

Good Practice Case Study

Improving mental wellness through personalisation in the East Midlands ▾



East Midlands
Improvement and
Efficiency Partnership



NHS
East Midlands

directors of
adass
adult social services

DH Department
of Health

Increasing users of self-directed support ▾

An innovative drive to improve health and well being for adults with mental ill-health and their carers has been led by the East Midlands Joint Improvement Partnership (JIP). The focus has been to increase the number of people who have choice and control over their support packages (self-directed support).

All nine East Midlands local authorities worked with their Primary Care and Mental Health Trust partners to develop projects to achieve this overarching regional objective.

The project started in June 2009 and by March 2010, 543 additional people with mental ill-health were self-directing their support. This rose from 321 people in December 2009 and exceeded the project's 2010 target of 457.

While the focus is on personalising support to individual needs and lifestyles, there have been other benefits that have resulted from the project such as: improving social inclusion, decreasing hospital admissions and importantly, evidence that this can be delivered for the same cost as a traditional care package.

“The Mental Health and Personalisation project has shown that giving people choice and control in their lives is empowering and can assist with long-term recovery in a way that a more rigid system might not. It encourages creativity due to its flexibility and provides a form of delivering what a customer really needs to improve their health and well being.”

Jill Guild
Strategic Relationship Manager
Strategic Health Authority
Sponsor for the Mental Health &
Personalisation Project

The Mental Health and Personalisation project ▾

The JIP provides senior leadership and joint funding for a range of projects that improve both the quality and efficiency of social care.

National drivers

Increasing choice and control for people eligible for social care is a national priority. Personal Budgets and Direct Payments are important tools that can help make this happen. The differences between a self-directed support process and the previous system are:

- When someone is assessed as being eligible for social care they quickly receive an up-front indicative allocation of money available to spend on their support
 - This can then be used flexibly to create their own support plan (with help if needed) to meet outcomes that are agreed with the local authority
- People can choose to manage the money in different ways, including; taking the money and purchasing support themselves (a Direct Payment), nominating someone to do this on their behalf, or the local authority can arrange their support

Lincolnshire County Council and Leicester City Council have taken part in a national pilot for self-directed support. The national pilot found it is generally more difficult to make the change to this system in services for both working age and older people experiencing mental ill-health. There are a number of reasons for this, including:

- Working to achieve a culture change across the processes and systems of social care as well as health
- Understanding how to safely manage issues of risk and capacity whilst maximising people's control over their lives
- A lack of easy-to-use information for people on what their choices may be

Mental health was therefore identified as a regional priority within the Personalisation Work Programme. In June 2009, the JIP established a year-long project with £150,000 of funding from the NHS, split equally between each of the five sub-regions. Each project agreed a joint plan across health and social care outlining how they would achieve their target, for 30% of people living in the community with mental ill-health to receive self-directed support. (This would feed into their overall performance on National Indicator 130.) Progress was reported bi-monthly to the JIP Personalisation Programme Board.

Key lesson: Although the £30,000 available for each sub-region was comparatively small, it enabled priority to be given to developing joint strategies and put in place additional capacity and resources, such as training to support changes. The projects have demonstrated that small amounts of funding can have a significant impact on driving change.

Empowering through flexibility

Self-directed support enables people to have a greater range of creativity and flexibility on how they can use the money.

For example, attending a day service with other people who have mental ill-health can be replaced with support to build confidence to attend an art class in the local community. This creates an opportunity to become accustomed to social situations, develop social networks and learn new skills, all of which can improve well being. The outcomes are reviewed regularly with the local authority, allowing for progress to be monitored and any issues resolved, if necessary.

Key lesson: Due to the nature of personalisation, an emphasis should be made on flexibility when dealing with each individual situation.

“If you are in good health and need a break, you wouldn’t have just one place to visit and then spend it with people in a similar situation to you.... Why should this be the case for people who suffer from mental health illnesses? This is how personalisation has such positive benefits on general well being due to its ‘tailored’ approach, as customers can explore avenues that improve their wellbeing.”

John Lloyd
Mental Health Complex Care Manager
Northamptonshire County Council

Changing cultures

A key aim was to embed the values and ethos of personalisation into integrated health teams which required a significant culture shift.

It is important that as many people as possible are helped to regain and maintain positive mental health. People often become socially isolated as their mental health fluctuates and their ability to engage in social activities reduces as a result. They need information and support to keep aware of the range of local opportunities available to them and to access these. Being able to draw on any resource or expertise to help design their support plan will increase their chances of successfully engaging or re-engaging with their community and participate socially.

It is also necessary for a range of options, such as a sufficient supply of support workers to be available. This can mean shifting money from existing services that people choose not to use, to develop the market in areas of greater demand. A self-directed support system that promotes access to these services and involves people in their local communities needs to be embedded.

The regional senior leadership drive to develop this work was delivered in localities by partners using a range of methods such as running their own tailored communication strategies, training and engaging front line staff and providing additional capacity to review systems and processes across health and social care.

Key lesson: Although initial apprehensions regarding cultural change and perceived risks with personalisation can be a barrier, policies to support positive risk management and proactive education has been seen to result in more awareness and openness from staff.

Northamptonshire County Council: The ‘personal’ touch ▾

Prior to the regional project, Northamptonshire County Council was already making significant headway due to an overall transformation programme it was running. From October 2008, a joint system between health and council systems was introduced to streamline payments and increase the number of people accessing self-directed support. There already existed a good relationship between the Council and Primary Care Trust, which undoubtedly helped mainstream personalisation objectives and keep staff informed.

Impressive results are already apparent:

- Against a target of 250 people accessing self-directed support by April 2011, 100 people are already accessing self-directed funding
- Another 70 have applied and are currently being assessed
- To help allocate funding, a resource allocation system was introduced based on customers’ needs, with more points and associated funding going to people with higher needs
 - Levels of funding are diverse. In Northamptonshire users receive anything from £50 up to £600 a week, depending on their needs
 - During the customer testing period, it was costing £7.37 a point for the ‘traditional’ mental health package. Through Personal Budgets this has been reduced by more than 45%, to £4 per point

Just some of the key successful initiatives to assist mainstreaming self-directed support include:

Developing support plan brokers: Accredited training was run for people from non-social care backgrounds such as carers or personal assistants. The Authority contracts them to assist customers outline their support plans. This was part of a broader Council initiative, but was mostly used by the Mental Health department.

Creating ‘Champions’: To date 20 people have been trained to become advisors for self-directed support. They are a main point of contact for all matters relating to support plans.

Stakeholder day: In early 2010, 110 stakeholders attended an event for people with an interest in self-directed support such as: Healthcare Trust and County Council staff, support people (e.g. from Joint Commissioning), providers and carers interested in becoming Champions.

Pure Innovations: A specialist agency in helping people find employment was brought in to provide assistance to people with mental health problems in finding work. They assess what the individual has to offer, rather than simply what vacancies are available. This reinforces personalisation’s essence of building on strengths.

Northamptonshire has found that self-directed support works particularly well with certain client groups, for example younger people with dementia and their families, and those with a diagnosis of Asperger’s syndrome.

However, all client groups have found it beneficial having support more tailored to their needs.

The team is now looking to build on these successes through various means such as:

- Exploring the possibility of combining social care and health care budgets
- Looking at developing a web-based tool to pool information

- Creating Wellbeing Hubs with Primary Care Trusts, providing a one-stop-shop for sharing information and expertise

Key lesson: Hearing people's experiences of how they have used their budgets, and the difference it has made to their lives is one of the most effective ways of explaining what this is all about.



my life: it's about me

Personal Budget: A Northamptonshire Perspective

Jean is 44 and has had a diagnosis of binge eating disorder, anxiety and depression since she was 15 which has had a serious affect on her health. She agreed to be a voluntary patient in a specialist eating disorder hospital and had been there for nine months when her discharge was being considered. Personal Budgets were discussed and Jean thought it would be a good idea. She researched all areas of her plan herself and sought expert advice where necessary.

She spent her budget on items such as an exercise bike (chosen with her physiotherapist) plus supported living, which provided a stepping-stone to having her own home. Additionally, staff could support her to access the community and increase her self-confidence going out in public. She also purchased a distance-learning course and bought text books.

Jean's personal budget has allowed her to not only be discharged from hospital in a way that clearly met her individual needs and helped her make life changes but she has had no re-admissions to hospital since. Jean continues to aim to work on her weight loss, improve general health become more confident in managing her home life and access the community.

To see a video created by Northamptonshire County Council showing other people's experiences of using self-directed support, go to:
www.youtube.com/watch?v=ftWILCxno7E

Leicestershire County, Leicester City and Rutland County Councils: Focusing on the practice of self-directed support ▾

A six-month post was created for a project officer to assist Leicestershire County Council, Leicester City Council and Rutland County Council to embed self-directed support within Adult Mental Health.

They took a bottom-up approach, wholly focusing on front-line staff, primarily through training so as to enable a knowledgeable and confident team to deal with support plans and the corresponding administrative tasks. It was key for team managers to lead by enthusiasm.

Key ways in which the system was embedded include:

Practical Briefings: It was identified by managers that health staff often saw social care as very separate to their own department. A programme of briefings has been introduced to increase understanding of self-directed support. So far 40 health staff, who work in community mental health teams, have been trained and feedback shows that staff valued practical approaches that could then be applied to individual cases.

Champion Networks for Community Mental Health staff: Staff often reported that they felt unconfident working with Direct Payments and wanted more support. The support officer facilitated a peer support group, which meets monthly and entails:

- Bringing together frontline staff to share issues
- Creating a knowledgeable community for working effectively with Personal Budgets and Direct

Payments with a focus on ‘person-centred’ thinking

- Encouraging the group to consider practical cases and share lessons learnt
- Supporting staff to feel confident about any issues, therefore enabling them to support service users more effectively. It is hoped that both service user and provider networks will develop in the future

Ensuring practice based effective communication: A key to successfully relaying messages about self-directed support was to not rely on the traditional channels of communication such as email or team briefs. Rather, the personal delivery of information through team meetings and away days, enabled questions and anxieties to be addressed to support confidence amongst workers and managers. Using practical local examples, along with presentations from peers on how outcomes are being achieved, enables workers to see how personalisation is a practical approach to achieve positive outcomes and not just ‘what the programme says’.

Empowerment for workers has come through increased knowledge as well as having a breadth of understanding and support when outlining a Personal Budget to service users. Feedback has shown that staff now feel less detached as they become more confident and so are able to be involved with service users in a more constructive way.

Reflecting on the journey so far.... ▾

Embedding such a different process and culture change was never going to be easy. The provision and encouragement of self-directed support to individuals often led to apprehension of associated risk due to a perceived 'loss of control' by professionals. However, some of the initiatives used in the projects and the positive impact this has had on individuals' lives demonstrates how benefits can be achieved.

Other key lessons include:

Leadership: Some issues that have emerged cannot be fully addressed by front-line staff alone and require joint senior level decisions.

Having no blueprint invites innovation: Personal Budgets have not yet been fully mainstreamed in any locality nationally so staff have been able to 'experiment' and be innovative. Front line workers and service users could work together in their sub-regions to find new ways of doing things without being tied to any formal centralised methodology.

Preventative measures: Although difficult to quantify, people often use Personal Budgets in a preventative way, for example to maintain good mental health and reduce the need for hospital admissions or other intensive support.

Be aware of the impact of change: Creating a range of alternative support options can impact on the businesses of some existing providers. Thought needs to be given as to how the local authority will support the development of their local market, sharing information on any gaps in provision and assisting providers to personalise services. Decisions need to be made regarding which local services are to be funded directly by health and social care (for example crisis services) and what range of support needs to be stimulated for people to be able to buy with their budgets.

Ongoing monitoring is crucial: Mental health problems can fluctuate, so plans need to be dynamic and able to respond to this. Some people set aside an amount of their funding for use only if their health starts to decline.

Personalised cost effectiveness: Support packages through Personal Budgets can be delivered for the same, or less, than budgets of a traditional package. However, some areas have seen an increase in demand from people who did not want to use the traditional services offered but will take up support when they can arrange their own.

As a result of this project, areas are continuing the work to fully mainstream self-directed support and there are, no doubt, many more inspiring results to be seen.

For all the latest news, guidance, good practice case studies and video case studies visit our website:

www.eastmidlandsiep.gov.uk

Contacts ▾

For more information, please contact:

Name:

Sue Batty

Job Title:

Programme Manager
for Transformation of Social Care

Organisation:

Department of Health
East Midlands

Tel: 0115 9714 771

Email: sue.batty@dh.gsi.gov.uk

Web: www.dh.gov.uk

Name:

Ian Redfern

Job Title:

Social Care Consultant

Organisation:

Leicestershire County Council

Tel: 0116 232 3232

Email: ian.redfern@leics.gov.uk

Web: www.leics.gov.uk

Name:

John Lloyd

Job Title:

Mental Health Complex Manager

Organisation:

Northamptonshire County Council

Tel: 01604 236 236

Email: john.lloyd@northants.nhs.uk

Web: www.northamptonshire.gov.uk

Name:

Helen Richmond

Job Title:

Programme Manager
(Care Services)

Organisation:

East Midlands Improvement and
Efficiency Partnership

Tel: 07921 491 696

Email: helen.richmond@nottsc.gov.uk

Web: www.eastmidlandsiep.gov.uk



East Midlands Improvement and Efficiency Partnership Case Studies

The East Midlands Improvement and Efficiency Partnership (EM IEP) held and administered the £150,000 NHS funding for this project, on behalf of the Joint Improvement Partnership.

EM IEP is committed to celebrating the successful, innovative and imaginative project work that exists in the East Midlands region.

The EM IEP Support Team publish case studies showing how East Midlands councils are improving services and delivering significant improvements and efficiencies.

The case studies are intended to inspire councils in the region, and indeed nationally, to transform services and benefit from the processes developed by those councils that have pioneered the way forward.