



Personalisation Mental Health Services

Rebecca Harrold

Background

- In Control
- Our Health, Our Care, Our Say (Jan 2006)
- Putting People First: A shared vision and commitment to the transformation of Adult Social Care (Dec 2007)



More recently

- Think Local, Act Personal
- A Vision for Adult Social Care: capable communities and Active Citizens
- Social Care Reform Bill anticipated Spring 2012



Personalisation is more than direct payments and personal budgets

It supports a wider perspective that many have taken in addressing mental health issues. In many areas mental health is ahead of the game.



The Self Directed Support process

- Assessment & FACS eligibility
- Agreed objectives or outcomes
- Estimated (“Indicative”) budget
- Support Planning & considering risk factors
- Plan agreed, final budget is approved, contributions are calculated and the plan can start
- Monitoring



How the budget can be set up

- Direct Payment
- Commissioned Services
- Mixed Direct Payments and Commissioned services
- Individual Service Funds (in the future)



Direct Payments

Something like...

- 49 MH DPs out of 528 total DPs = 9%
- 18-64 yr olds = 2/3rds of the MH DPs
- 20% of 18-64 yr olds with MH have a DP compared to 5% of 65s and over



Timetable

- Duty team 30th November 2010
- Care Management N & S teams mid-Jan
- Hospital and MH teams in March 2011



What's different for MH?

- AWP Integration project in progress
- Perception that Personal Budgets are not appropriate for MH
 - Engaging individuals in planning solutions may be difficult
 - Individual Service Funds may not be activated by individuals
- Personalisation matches the 'Recovery' model well



Recovery

What does recovery mean for a system designed to provide support to people?

- Focus on people rather than services.
- Monitoring outcomes rather than performance.
- Emphasising what people can do rather than what they can't do.
- Educating people who provide services, schools, employers, the media and the public to combat stigma.
- Collaboration between those who need support and those who support them as an alternative to coercion.
- Enabling and supporting self-management, promoting autonomy and, as a result, decreasing the need for people to rely on formal services and professional supports.

NIMHE Guiding Statement on Recovery (January 2005)



Questions?

