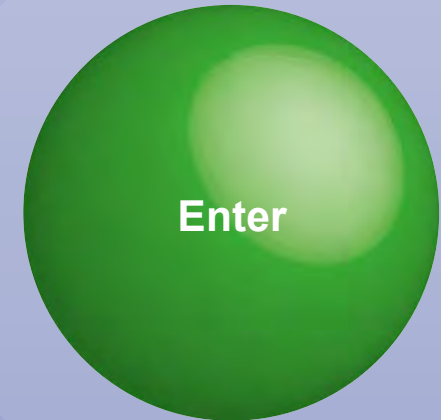




Paths to personalisation in mental health

A whole system, whole life framework



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Foreword

We are delighted to publish this version of Paths to Personalisation.

NDTi's work is fundamentally concerned with promoting inclusion and equality for people who risk exclusion and need support to lead a full life. For people with mental health problems – some of the most marginalised and excluded people in society – our work particularly aims to ensure services can and do support people of all ages with mental health problems to live full and inclusive lives in their local communities.

Paths to Personalisation is for us a significant contribution to achieving this. It is a practical document, which supports everyone with a stake in the mental health system to bring about the positive changes and outcomes personalisation can achieve.

It draws not only on our work with people involved in all aspects of mental health services, but also from our experience and expertise in enabling significant change in the areas of learning disabilities, older people and disabled children and young people. Most importantly, it calls upon the direct experience of people with mental health problems and their interactions with services – both good and bad – to describe what a personalised approach would look and feel like to them, and ultimately what impact it will have on all areas of their lives.

Paths to Personalisation underpins a large part of our mental health programme at NDTi, and we hope you find it of use in your work.

Rob Greig

Chief Executive, NDTi

Paths to personalisation in mental health

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The National Development Team for Inclusion (NDTi)

The National Development Team for Inclusion is a not for profit organisation concerned with promoting inclusion and equality for people who risk exclusion and who need support to lead a full life. We have a particular interest in issues around age, disability and mental health. The NDTi was commissioned to write this framework on behalf of the Department of Health through the National Mental Health Development Unit, which is now closed.

We would like to thank the Department of Health for its support in the development of this resource. Responsibility for further developing the framework has now transferred to NDTi as New Paths to Personalisation and the views now represented in the resource are those of the NDTi.



No Health Without Mental Health

New Paths to Personalisation is aligned with the vision and recommendations of No Health Without Mental Health, a cross government mental health outcomes strategy for people of all ages, published in February 2011. No Health Without Mental Health sets out six shared objectives to improve mental health and well-being and to improve outcomes for people with mental health problems through high quality services. It stresses the interconnections between mental health, housing, employment and the criminal justice system. It brings together organisations across national and local Government, voluntary and statutory agencies, as well as local communities and individuals to work towards a society that values and supports mental well-being as much as physical health.

Think Local, Act Personal and Making It Real

Think Local, Act Personal is a group of over 30 national partners (including the National Development Team for Inclusion) committed to real improvement in adult social care through personalisation and community-based support. The partnership has developed a set of markers called Making it Real which will be used to support those working towards personalisation. New Paths to Personalisation is now aligned with the Making it Real markers.



Using this document:

This PDF document has been created to help you make the most of the information it contains. The contents page will link the user directly to each numbered item. Click on the page arrows (bottom right of each page) to navigate within the document. Throughout the document there are references to external resources. These are listed in this column to the right of every page. Most of these are web links, and clicking on them will open that link for you.

 [Dynamic web link \(opens in new window\)](#)

A few of the references are documentary only - these are shown in dark red, as below.

 [External documentary reference \(passive\)](#)

Definitions:

Certain key words or phrases have been given definitions. These are **highlighted in pink** the first time they appear in the document. The associated definition can be found at the end of the document in the 'Definitions' section.

At the end of each section you'll find a list of 'Signposts'. These are further references that could be useful to you.

Links:

 [NDTi website](#)

 [No health without mental health](#)

 [Think Local, Act Personal](#)

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Introduction

Who and what is this framework for?

This guide has been produced to help all those involved understand how things will need to be done differently to make personalisation a reality for people with mental health needs. This is a whole system guide, so hopefully it will give some information, guidance and signposts for people, whoever and wherever they are. The guide provides information about what personalisation means for mental health services and supports, offers examples of what needs to be in place to make things work, and provides pointers to good practice and sources of advice and information.

There should be something of interest or useful links to be followed up for everyone, including:

- People with mental health needs and carers (particularly if they are in expert partner roles)
- Health and social care commissioners
- Providers
- Practitioners
- Care co-ordinators and staff from all sectors
- Community groups
- Senior managers
- Board and elected members
- Enthusiasts, advocates and leaders.

It is also intended to help people look across the system to recognise all the things that need to fit well together in partnership for a personalised approach.

The framework has been developed and tested with the help of an expert group, including people who use or have used mental health services. It starts from the point of view and perspective of someone with mental health needs and considers the range and nature of things that need to be in place. The first person statements, formed with the help of the group, are designed to consider the question 'What helps to make this happen?' The group felt that this approach would help focus attention on what needs to be in place to achieve the right outcomes for people, and on people's real experiences of systems and services. These statements also provide a whole system quality checklist for personalisation (see Section 12: Outcomes and quality framework).

The New Paths to Personalisation framework takes account of the Think Local, Act Personal Making it Real Key themes and criteria¹, designed to support all those working towards personalisation. The 'Signposts' part of each section provides links to further reading, websites, examples and further resources.

Links and references:



¹ Making it Real: Making progress towards personalised, community based support



Introduction

Mental health and recovery

What is mental health?

Mental health is as important as physical health. If we are mentally healthy we can learn, express and manage our emotions, form good relationships and cope with change and uncertainty.

The Mental Health Foundation² describes how mental health affects us all.

'How we think and feel about ourselves and our lives impacts on our behaviour and how we cope in tough times. It affects our ability to make the most of the opportunities that come our way and play a full part amongst our family, workplace, community and friends. It's also closely linked with our physical health. Whether we call it well-being, emotional welfare or mental health, it's key to living a fulfilling life.'

About 1 in 4 people in Britain experience mental distress at some point that affects their life and their ability to cope with its daily challenges. Diagnosing mental health problems can be complex. This is because, for example, people might have multiple symptoms with varying degrees of severity and these can impact on people in different ways, or because of additional needs (such as learning disabilities) or additional difficulties (such as alcohol or drug addiction). People may experience a severe episode of mental distress that does not recur, recurring distress or ongoing symptoms .

People experiencing mental distress can live a productive and fulfilling life - overcoming the challenges of managing their symptoms and dealing with stigmatising attitudes and behaviours and discrimination.

What is the recovery model?

*'Recovery is about building a meaningful and satisfying life, as defined by the person themselves, whether or not there are ongoing or recurring symptoms or problems'*⁴

SCIE describes the recovery model as:

*'A framework or guiding principle that focuses on working with the individual service user to identify their strengths and build resilience. It also focuses on working with individuals to regain control, support recovery, and to lead a life meaningful to them after experiencing a serious mental illness. It is not just about treating or managing their symptoms.'*⁵

Personalisation and the recovery approach to mental health have developed separately but they are both based on the need to build on strengths and hope for the future, self-management, the equality of relationships,

Links and references:

[W](#) ² Mental Health Foundation website

[W](#) ³ Introduction to Adult Mental Health services, SCIE (2012)

[W](#) ⁴ Making recovery a reality, Centre for Mental Health (2008)

[W](#) ⁵ Introduction to Adult Mental Health services, SCIE (2012)



Introduction

social inclusion and the role of family, friends and communities as partners. Both support goals *'to have meaningful activity; to have meaningful relationships; and to have a place to call home. Recovery and personalisation challenge the mental health system to support individuals to achieve these goals'*⁶

Successful recovery does not always mean that all the symptoms go away, or that people no longer have mental health support needs. For many people, recovery is about staying in control of their life and managing to balance autonomy and safety.

What is Personalisation?

The 21st Century has seen a developing change in approach in health and social care. At the heart of that change is a fundamental re-think of the relationship between citizens and public services.

The main messages are very clear. We should expect a personalised approach, which means a relationship with public services which ensures that:

- We are empowered to have more say and control in all aspects of public life and participate as active and equal citizens
- We have maximum control of our own lives, including control of our own health and health care
- We are supported to live independently, stay healthy and recover quickly
- We have choice and control so that any support we may need fits the way we wish to live our lives.

The government strategy **No Health Without Mental Health**⁷ emphasises the importance of personalisation:

'Personalisation is about respecting a person's human rights, dignity and autonomy, and their right to shape and determine the way they lead their life. Personalised support and services are designed for the purposes of independence, wellbeing and dignity. Every person who receives support should have choice and control, regardless of the care setting'

One way of giving us more control over the support we may need is to allocate an amount of money (a personal budget) so that we can decide for ourselves how it can best be used. (For more information see Section 3: Support for managing personal budgets) Having access to personal budgets has undoubtedly led to very positive outcomes for some people. In both the formal independent evaluations of personal budgets in social care⁸ and in the NHS⁹ the findings showed that having a personal budget was associated with better outcomes and higher perceived levels of control and people had more positive aspirations for their lives. Specific benefits for people with mental health needs were reported. The evaluation of personal health budgets showed that

Links and references:

- [6 Recovery, personalisation and personal budgets, Centre For Mental Health \(2012\)](#)
- [7 No Health Without Mental Health: A cross-government mental health outcomes strategy for people of all ages, DH \(2011\)](#)
- [8 Evaluation of Individual Budgets Pilot Programme: Final Report \(IBSEN\), SPRU \(2008\)](#)
- [9 Evaluation of the personal health budget pilot programme, PSSRU/DH \(2012\)](#)



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those with personal health budgets reduced their use of other health services, including in-patient admissions, and that this approach was particularly cost-effective. However, the evaluation also highlighted major barriers to take up for people with mental health needs. More recent research¹⁰ confirms these earlier findings and also shows that Direct Payments are least commonly provided for people with mental health needs^{11, 12, 13} and particularly for people with dementia¹⁴.

Money by itself does not guarantee choice or control. For example, the personal health budgets evaluation found that where pilot sites restricted choice and were less transparent about the process personal health budgets were less effective, than those who introduced them adhering to the values of personalisation. If opportunities are to be more generally available to people with mental health needs there will need to be radical changes to ensure that personal budgets are supported in the wider context of personalisation.

Personalisation means recognising and respecting us as individual citizens, family members and members of our community with the informal networks that provide most of our support, most of the time. It cannot be achieved without an energetic and effective partnership approach between and beyond health and social care. It requires partnership that concerns itself with improving the life and health of all citizens, and removing barriers so that there is access for all to activities, services and opportunities. This is an approach requiring comprehensive cultural and organisational changes to encourage creativity, innovation, positive risk taking and to change the balance of power between citizens and public services. Cultural and organisational barriers in these areas, particularly in mental health, will need to be addressed to make any real impact on the way many people with mental health needs currently experience public services.






“Personalisation? I know this is happening when I am treated with warmth, respect and honesty - when people listen to me, treat me as an equal and support me – and when I don’t have to fight all the time to get what I want to help me recover and live my life the way I choose to” (Mental health expert by experience)

A whole system, whole life framework for personalisation in mental health

This guide describes the wide range of things that need to be in place for a personalisation approach to be a common experience, not an exceptional one, for people with mental health needs. It proposes a whole system approach, looking at the way different elements and strands of activity work together and impact on one another to achieve better outcomes for people.

What people know and feel to be right sometimes gets lost in translation when filtered through the systems set up, in good faith, to provide help and support. However, it has always been the case that determined

Links and references:

-  ¹⁰ The National Personal Budget Survey, TLAP (2011)
-  ¹¹ Direct Payments: A national survey of direct payments policy and practice, PSSRU (2007)
-  ¹² Getting Personal: Making direct payments work in local authorities, Rethink (2011)
-  ¹³ Direct Payments and mental health: New directions, JRF (2005)
-  ¹⁴ Getting Personal: Making direct payments work for people with dementia, Alzheimer’s Society (2011)



Introduction

Individuals, staff and people using services, have managed to just get on and make the right things happen. This often involves working round processes and systems and the prevailing culture in order to do something different that meets an individual's unique and particular needs.

A whole system approach, looking at all the things that need to be in place, does not mean that people should stop driving ahead for individual successes while they wait for everything to be fixed. It simply acknowledges that we can only get so far, for a limited number of people, if we do not make progress on all the cultural and organisational changes that need to take place so that everyone can benefit as a matter of right and common practice.

This framework is only a guide and is not comprehensive. Like most frameworks, there is not a perfect fit for all the sections – they are all connected and there are overlaps. The aim of this framework is to provide a tool to start checking what needs to be in place for personalisation in mental health, and planning what action can be taken to ensure that it is. It highlights the need for refreshed and energetic partnership and collaboration across the whole system. The framework will be further developed to take account of learning from the experience of implementing personalisation as it progresses.

Anita Cameron Associate, NDTi

Note about terminology

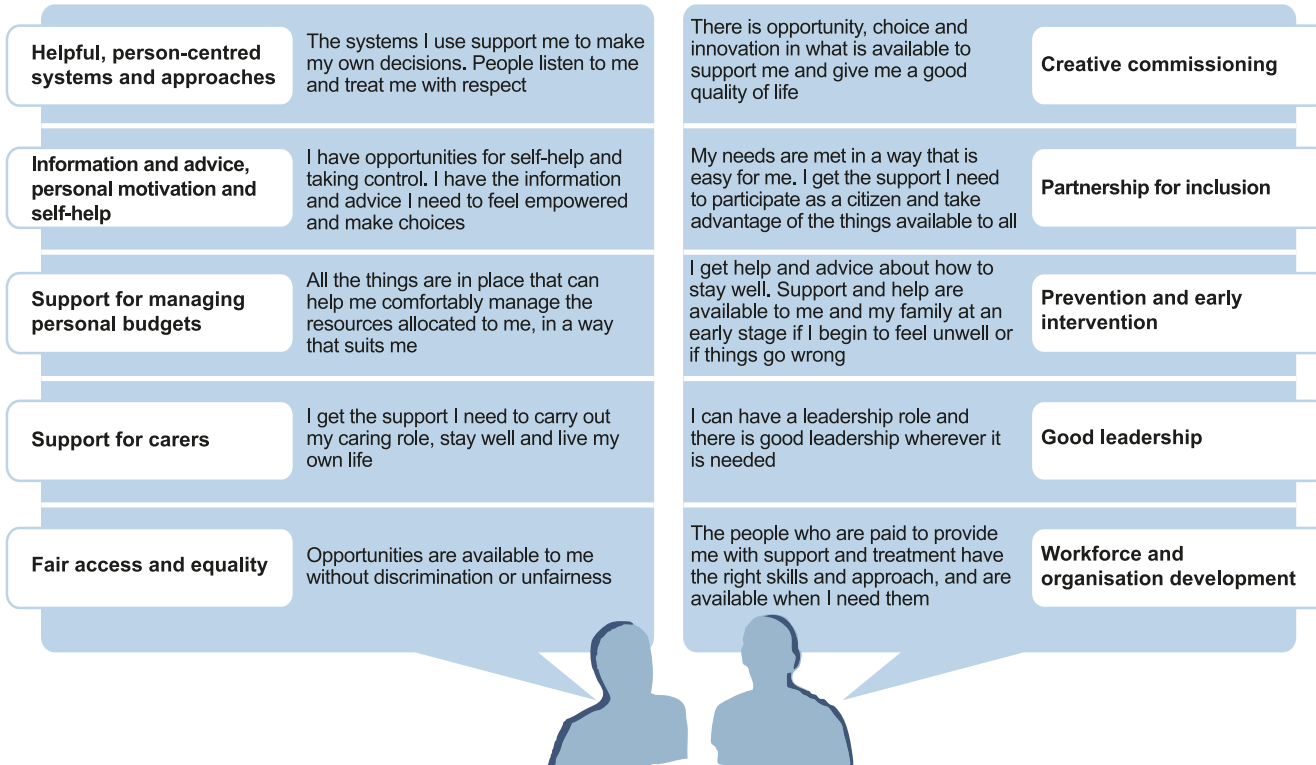
Ideally we would like to avoid labels altogether, but sometimes specific references are needed to focus on what is relevant for particular people.

Different terms are used for different purposes. On a personal level people may prefer to use different words, words may have a different cultural significance or may unintentionally exclude people. For example, someone who has an unpaid caring role may be a family member, but they may be a friend or neighbour. From their point of view the term family carers, or families might seem to exclude them as carers. With regard to mental health, different terms are used legally or medically, or are preferred by different individuals or groups.

We have therefore tried to use terms reflected in current policy where consultation has taken place, but acknowledge and respect that there may be different views about terminology.

Links and references:

A whole system framework for personalisation in mental health



This framework takes account of the Think Local, Act Personal partnership's Making it Real¹⁵. Links to Making it Real markers are indicated in the text. The Making it Real markers are:

1. Information and Advice: having the information I need, when I need it
2. Active and supportive communities: keeping friends, family and place
3. Flexible and integrated care and support: my support, my own way
4. Workforce: my support staff
5. Risk enablement: feeling in control and safe
6. Personal budgets and self funding: my money

Links and references:

 ¹⁵ Making it Real: Marking progress towards personalised, community based support. – TLAP, 2012



Section 1: Helpful person-centred systems and approaches

“The systems I use support me to make my own decisions”

“People listen to me and treat me with respect”

What helps to make this happen?

From the very first contact – by phone, on line, personal visit, or meeting – the messages that individuals or their friends or family members receive will have an impact on the way they feel about themselves and on the way they engage with organisations and professionals. A personalised approach will be evident in the language, attitudes and behaviour on initial contact and in all the processes that people go through. The simple test for this is to ask ‘How would I feel if this was what I, or a member of my family, experienced?’

Person centred approaches can be described as:

‘Activities which are based upon what is important to a person from their own perspective and which contribute to their full inclusion in society... Person centred planning is a process for continual listening and learning, focusing on what is important to someone now and in the future, and acting upon this in alliance with their family and friends.’¹⁶

The White Paper, Caring for our Future describes personalisation as being achieved ‘when a person has real choice and control over the care and support they need to achieve their goals, to live a fulfilling life and to be connected with society’.¹⁷

Person centred approaches enable people to plan their own route to recovery. Recovery has a specific meaning in mental health which is about staying in control and living a ‘satisfying, hopeful and contributing life’ (Anthony, 1993)¹⁸. It is an approach to mental health which supports person centred approaches and is not just about treating or managing symptoms.

“I have a good experience when I first seek information, help or support”

“I am treated in a respectful way that leads to the right outcomes for me”

People have a sense of being respected if they experience:

- A recovery approach that treats people as equal partners with the hope and expectation of a fulfilled life
- Assessment and self-assessment that is a set of personalisation principles, not just a document, and takes account of varied experiences, backgrounds and complexity of need

Links and references:

Section 1 lead link:

W **Making it Real, Marker 3**
Flexible integrated care and support

D ¹⁶ Valuing People: A new strategy for learning disabilities for the 21st Century, DH (2001) and Supporting Documents on Person-Centred Planning

W ¹⁷ Caring for our future: Reforming care and support, DH (2012)

D ¹⁸ Recovery from mental illness: the guiding vision of the mental health system in the 1990s, W. A. Anthony, Psychosocial Rehabilitation Journal 16(4):11-23, 1993



Section 1: Helpful person-centred systems and approaches

- Assessment that focuses on individual strengths and preferences and on what matters to people and what works or does not work for them
- **Co-production** as the everyday approach: this means people working in partnership with their family, carers and professionals to plan, develop, arrange or purchase the services and support that are appropriate to them
- **Person-centred planning** and reviews that put people in control and equip and empower them to make decisions about their own support and recovery
- People who genuinely listen, empathise and go at a pace that suits the person they are supporting: this will be reflected in outcomes and how close they are to what people want for themselves
- An integrated system that responds to people's diverse roles and needs (e.g. health, family, parenting, relationships, housing, employment, leisure, education) and does not only focus on times when people are unwell (for more detail see Link: Making it Real Marker 3) Flexible, integrated care and support: my own support, my own way)
- The right and appropriate support to help people be prepared and ready to take control and to plan for their own recovery.


Payment by Results is a payment system under which commissioners pay providers for each patient seen or treated, according to nationally determined currencies and tariffs¹⁹. These systems need to be sympathetic to a person-centred approach that starts from strengths and ambitions.

“People I come into contact with have the right approach and skills to treat me respectfully, help me recover and live my life the way I choose to”

Examples of what needs to be in place to support this:

- A culture that systematically promotes and nurtures the right approaches and skills, with all new staff routinely inducted into person-centred and recovery approaches and person-centred thinking
- Senior management commitment and enthusiasm to get the culture right
- Clarity about resources for training in person-centred systems, approaches and person-centred thinking (including for senior managers) and for developing good information and communications
- Learning and problem solving encouraged and built in to systems

Links and references:

 ¹⁹ Payment by Results: What does it mean for mental health?, Centre for Mental Health (2004)



Section 1: Helpful person-centred systems and approaches

- Clear local and government support for innovation and creative use of processes, practice and resources – so that staff are confident that this is a recognised and endorsed way of working
- (See also Section 10: Workforce and organisation development)

“There is a planned and balanced approach to crisis and risk that I feel confident in and that does not undermine my sense of being in control of my life and recovery”

Getting the balance right between creativity, personal control, aspiration and positive risk management is a key challenge to address for personalisation. Risk is something we all live with every day and is an important part of opportunity and change but responses to this in services can sometimes result in over-restrictive practices. On the other hand, significant risk, for example of self-harm or harm to others, needs to be acknowledged and worked with in a responsible way.

Although the IBSEN evaluation of the Individual Budget Pilots²⁰ did not demonstrate any increased risk to or by people using personal budgets, it did report concerns raised by care, social work and adult safeguarding staff around ‘the possible risks of financial abuse, neglect and physical harm’. Balanced against this is the evidence of people with mental health needs using personal budgets reporting ‘a higher quality of life and a possible tendency towards better psychological wellbeing’ and evidence from international research that ‘people using self-directed support instead of traditional services are generally more likely to report improved outcomes and satisfaction’.²¹

Examples of things that will help achieve this balance:

- Understanding of risk enablement throughout an organisation so that staff feel confident in supporting people with mental health problems to take positive risks, including innovative use of personal budgets
- Activity that promotes a positive risk taking culture in organisations, for example: involving people in developing a Choice, Empowerment and Risk policy, training for all, and support from senior managers
- Advance directive and crisis planning (such as Wellness Recovery Action Plans) and day to day person-centred risk management that is taken seriously so that people are confident that action will be taken with due regard to their plans and wishes
- Recognition that people’s needs are not constant and any risk agreements should be regularly reviewed and subject to change
- Self-regulation, with investment in resources to offer peer support and share feedback about, for example,

Links and references:

- ① ²⁰ Evaluation of Individual Budgets Pilot Programme: Final Report (IBSEN), SPRU (2008)
- ① ²¹ SCIE Research Briefing 20: The implementation of individual budget schemes in adult social care, SCIE (2009)

Section 1: Helpful person-centred systems and approaches



Links and references:

people's experiences of providers and personal assistants

- Involvement of people in setting up and carrying out quality assurance activities
- Sufficient time spent with people to help them design support that will be based on their choices and wishes, whilst recognising those risks that can be reduced
- Acknowledgement of carers needs and wishes and the sensitive balance of support for the rights of all involved.



Section 1: Signposts

Care programme approach and assessment

- Wellness Recovery and Action Plan, A practical approach to recovery
- Back on track: CPA planning for service users who are repeatedly detained under the Mental Health Act, Centre for Mental Health (2005)
- Generating person-centred outcomes for people with dementia. Mental Health Concern and Newcastle University (2011)
- Care management for older people with serious mental health problems, DH, 2002
- Re-focusing the **Care Programme Approach**: Policy and Positive Practice Guidance, DH (2008)
- Effective Care Co-ordination in Mental Health services: Modernising the CPA: A policy booklet, DH (2000)
- Take Control: Self-management in care and treatment planning, Mental Health Foundation (2012)
- Service users' experiences of recovery under the 2008 Care Programme Approach, NSUN (2012)

Recovery approach

- The Supporting Recovery Project: using 10 key indicators with organisations to support the recovery of people using mental health services (Centre for Mental Health)
- Implementing recovery through organisational change: Recovery colleges, Centre for Mental Health (2012)
- SCIE Position paper 8: A Common purpose: Recovery in future mental health services, SCIE (2007)
- Choosing Recovery: Towards Personalisation in Mental Health: A Resource to Support Local Implementation; Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust (2011)

- Implementing Recovery: A methodology for organisational change, Centre for Mental Health (2010)
- Making Recovery a Reality, Centre for Mental Health (2008)
- Recovery stories, Centre for Mental Health
- Recovery, personalisation and personal budgets, Centre For Mental Health (2012)

Positive risk-taking

- Independence, Choice and risk: a guide to best practice in supported decision making, DH (2007)
- Adult Services SCIE report 36: Enabling risk, ensuring safety: self directed support and personal budgets, SCIE (2010)
- Nothing Ventured, Nothing Gained: Risk Guidance for People With Dementia, DH (2010)
- A positive approach to risk and personalisation: A framework, ADASS, JIP West Midlands (2011)
- Positive Risk Taking Policy: Gateshead Council's Community Based Services example of a policy developed to ensure a consistent approach to the identification, assessment and management of risk across services
- Clinical Risk Management: A clinical and practitioner manual, Centre for Mental Health (2000)
- Practical approaches to safeguarding and personalisation, DH (2010)
- Whose risk is it anyway? Risk and regulation in an era of personalisation, JRF (2011)



Section 1: Signposts (2)

Person-centred approaches

- W Personalisation through person-centred planning, DH (2010)
- W Person-centred thinking with people who use mental health services, HSA (2005)
- W Co-production: an emerging evidence base for adult social care transformation, SCIE (2009)
- W The challenge of co-production: How equal partnerships between professionals and the public are crucial to improving public services, NESTA (2009)
- W Raising the bar: driving co-production through clinical commissioning, NHS Alliance (2011)
- W Person-centred thinking with older people: Practicalities and possibilities, OPP (2007)
- W Support planning resources
- W Outcome-focused reviews: A practical guide, DH (2009)
- W Person-centred approaches programme: National Development Team for Inclusion
- W Personalisation of services scoping study, SSCR (2012)
- W Personalisation briefing: Implications for personal assistants, SCIE/Skills for Care (2012)



Section 2: Information and advice, personal motivation and self-help

“I have the opportunities for self-help and taking control”

“I have the information I need to feel empowered and make choices”

What helps to make this happen?

Self care means having the opportunity to be responsible for your own health and to make the most of life and feel fulfilled.

“I have the opportunity to improve my knowledge of my mental health and self care options”

Examples of things that help with this:

- Access to local Expert Patient Programmes, especially those which have been designed specifically for people with mental health needs. These are self-management courses which enable people to gain the confidence, skills and knowledge to manage their condition and be more in control of their lives
- Support to develop a personalised self-care plan or support plan
- Information about, and access to, tools and assistive technology that could help people self manage (for example, to ensure that patients do not miss vital appointments or are reminded to take their medication through the use of text messages)
- Health and social care policies and staff guides about self-care
- Promotion of the role that pharmacies can have in providing self-care support with managing symptoms and medication
- Accessible information about mental health diagnoses and treatment options
- Opportunities to co-produce options for provision through the Payment by Results system
- Information about mainstream activities in the community, made available at the same time as information about more specialist supports and services.

Links and references:

Section 2 lead link:

W Making it Real, Marker 3
Information and Advice: having the information I need, when I need it

W Making it Real Marker 5
Risk enablement: feeling in control and safe



Section 2: Information and advice, personal motivation and self-help

“I can easily find the information I need about a wide range of things that are available in my locality”

Some people will already be clear what they want to help them live their lives and know where to find it. Other people will need different kinds of help and information to see what opportunities there are and what options they might have beyond their immediate knowledge of services. This might be about where to get help or to take up activities in the wider community (such as leisure activities, employment, or learning). The power to change things can be limited by lack of information. Even if you are clear about what you want, it can be very time consuming and exhausting searching for how and where to find it. This is particularly difficult for anyone who does not speak English, or who has specific communication or literacy needs, for example those people whose first language is British Sign Language (for more information see Section 5: Fair access and equality). Anyone working with people to help them put together support plans will also need reliable, easy to get at, information.

Examples of things that help with this:

- Partnership work within local authorities, across library and information services and social care services, to plan for and manage the information needs of all
- Reliable websites designed specifically to provide information for people putting together support plans and making informed decisions about how to meet their support and care needs
- Access to information technology, specific training and support to use it
- Dedicated staff who are trained and available to help people use computers and access the internet
- Support for local networks and peer groups for the informal exchange of information
- Meetings and discussion groups on a planned and continuous basis – not just one-off opportunities – so that there is a regular opportunity for people to ask questions and be given up to date information
- Use of local radio, community broadcasting and satellite channels that are designed for different communities and audiences
- Information available very locally, for example in local shops, pubs and GP surgeries
- Information related to times in people’s lives when help is needed
- Involving people with mental health needs in the design, implementation and evaluation of information services

Links and references:



Section 2: Information and advice, personal motivation and self-help

- Making sure that providers are clear about their responsibility to provide information
- Undertaking research into what really gets information to people
- Co-coordinating and managing information and knowledge that is held by service users, staff, organisations and communities

“There are people around who really want to help me fulfil my dreams and potential”

Examples of things that help with this:

- Enthusiasts, supporters and advocates who are positive and have high expectations and encourage people to be hopeful and see a positive future
- Inspirational figures, community entrepreneurs, mentors or leaders who work actively in their communities and organisations to promote mental health self-care and recovery
- Systematic organisation development programmes to promote a culture of positive approaches to mental health

Links and references:



Section 2: Signposts

Self care and self help

- W Research evidence on self care, Department of Health
- W Common core principles to support self care: a guide to support implementation, Skills for Care/Skills for Health (2008)
- W Self Care – A real Choice: Self-care support – A Practical Option, DH (2005)
- W Information about the Expert Patients Programme.
- W A peer-led self care training programme to help people with bipolar disorder learn to take action to prevent or reduce the severity of an episode
- W Mental Health Forum: a web community where members can get mutual support, and discuss mental health policy and service development issues
- W Mental Health Support: a website with advice and information about mental health issues and services for people with mental health difficulties, carers, health professionals and anyone else with an interest in mental health
- W Active Patient: The Case for self-direction in healthcare, Centre for Welfare Reform (2011)
- W Rethink Mental Illness website: A website providing advice and information for anyone affected by mental health difficulties
- W What works for you? How to help colleagues through tough times, Mental Health Foundation
- W Self Care Connect: a website with information on courses and materials, facts and figures and a support network

Enthusiasts and advocates

- W The National Advocacy Qualification is a qualification that has been funded and developed by the Department of Health, together with advocacy organisations and commissioners
- W Transforming adult social care: access to information, advice and advocacy, I&DeA (2009)
- W Mind guide to advocacy in mental health
- W SCIE Guide 21: Commissioning and providing mental health advocacy for African and Caribbean men, SCIE (2008)
- W Creating a stronger information, advice and advocacy system for older people, JRF (2009)
- W Mental health advocacy for black and ethnic minority mental health users and carers, JRF (2002)
- W User-led organisations project policy, DH (2007)
- W GOV.UK webpage on volunteering

One-stop shop and online information

- W Leicestershire County Council provides a website giving information to help people be independent and make their own decisions. The service includes a team to provide support and training for people with little or no previous experience or particular difficulties in using a computer.
- W Shop4Support is an online marketplace that provides information for people developing their own support plans and for those managing their own budgets. It includes information about support providers and services with a quality rating and feedback facility for people using them



Section 2: Signposts (2)

One-stop shop and online info, continued

- W Find me good care: A website developed by SCIE that helps people make choices about care

Accessible information

- W The Association of Social Care Communicators aims to develop and improve communication practice. It has a useful website with practical information, regional groups, networks, and a newsletter and runs conferences.
- W The Office for Disability Issues inclusive communications guide
- W SCIE Communication skills e-learning resource – looking at good communication skills and how to apply them in practice
- W Accessible Information webpage on the RNIB website: How to convey information in an appropriate or required format
- W Communication and people with the most complex needs: What works and why this is essential, Mencap (2010)
- W Action on Hearing Loss website

TV and video

- W Southwark TV: Web based community media for all – including mental health groups
- W Community TV: Trust – Offers consultation, training, facilitation and production
- W SCIE Social Care TV: short videos relating to a variety of topics, e.g. mental health, personalisation, dementia

Section 3: Support for managing personal budgets



“All the things are in place that can help me comfortably manage the resources allocated to me, in a way that suits me”

What helps to make this happen?

Personal budgets are available to people who are eligible for social care and support. A personal budget can come in different forms and be managed in different ways. It can be a cash, direct payment or notional budget. Someone can manage a budget themselves, and employ their own staff and directly purchase what they need, or someone else (for example an individual, agency, trust or provider) can do this on their behalf. A personal budget may be funded solely from a local authority or from a combination of sources.

A personal health budget is an amount of money to support a person's identified health and wellbeing needs, planned and agreed between the person and their local NHS team. This will enable people with long term conditions and disabilities to have greater choice, flexibility and control over the health care and support they receive. Following a three year pilot programme, personal health budgets will be rolled out nationally and people already receiving NHS Continuing Care will have a right to ask for a personal health budget from April 2014. The new clinical **commissioning** groups will also be able to offer personal health budgets to others that they feel may benefit from the additional flexibility and control. From later in 2013, when an affirmative resolution has been passed, the Direct Payment option will be available across the NHS; until then Direct Payment powers are only lawful in personal health budget pilot sites.

Joint health and social care personal budgets (sometimes called the 'dual carriageway' model of personal budgets) would make it easier for people to access personal budgets²². This could lead to more flexible and creative ways of integrating health and social care at an individual level.

However people choose to manage their personal budget, the idea is that they are encouraged to put together a support plan to meet the personal outcomes they want in their lives, and have maximum control over how the plan is put into action.

Links and references:

Section 3 lead link:

W [Making it Real, Marker 6](#)
Personal budgets and self-funding: my money

W ²² [Joint personal budgets: a new solution to the problem of integrated care?](#), NHS Confederation (2012)

Section 3: Support for managing personal budgets



“I get clear information that tells me what a personal budget is and the different ways of using it (including personal health budgets)”

“I get support to decide which is the best option for me”

Lack of information, or confusing information, can stop people taking advantage of opportunities for greater control. For example:

- People are concerned because they believe that having a personal budget means that they have to take on responsibility for employing staff and managing money and they are therefore reluctant to take up the offer
- People are anxious that the change to a personal budget will upset the arrangements they already have that are working well and valued by them
- Language or cultural differences are not taken into account and this leads to misunderstandings
- Staff use jargon and abbreviations that make it difficult to understand what the options really are

Examples of things that help with this:

- Clear information that is made available in ways and in places that suit different people
- Information and communication that makes clear:
 - the different ways in which it is possible for people to take control over decisions about how money that is allocated to them is managed and spent
 - that they do not have to directly manage the money themselves or employ staff if they do not want to and that other people can do this on their behalf
- Training and organisational culture which ensures that care
- Co-coordinators and staff are well informed, supportive, positive and hopeful about what people can do and achieve in their lives
- A partnership between mental health services, the Direct Payments or Personal Budgets team and learning providers to actively promote and support the uptake of personal budgets
- Integrated health and social care personal budgets
- Training courses for people with mental health needs that helps them to understand what is on offer with personal budgets, prepare and gain confidence to use them

Links and references:

Section 3: Support for managing personal budgets



“I get help with support planning if I want it and this includes support with positive risk taking”

“I get the support I need to turn the plan into reality”

When the money has been allocated and people have decided on a way to manage it that suits them, the next stage is to explore how to make best use of it to achieve what they want in their lives. Some people will want to design their own support plans without help. For others, getting the right kind of support to explore options, risks and make decisions will be a vital factor in achieving positive outcomes. Some people will be able to put their plans together quickly and some may want longer to explore options. Support for planning, and for sorting out the things that will make it happen can come from a range of people, for example, from family or friends, care co-ordinators, advocates, providers, independent brokers, or voluntary agencies. (For more information about positive risk taking see Section 1: Helpful, person-centred systems and approaches.)

Examples of things that help with this:

- Resources that are earmarked and allocated to support planning and **brokerage**, for example, to make sure information, advice and training is available for people in support planning and brokerage roles
- Capacity for support planning so that people can have a choice of who assists them
- There are a range of options available so that people can choose a way to take control that suits them, and can choose who they want help from
- **User-led organisations** are developed as an option to provide information, advice, guidance and support
- People are willing to learn from experience how to get the right balance between level of detail and time taken to develop a support plan
- **Risk enablement** as a core part of the self-directed support process with a shared adult personalisation and safeguarding framework to support this
- In thinking about how to put a support plan together, people are encouraged to do as much for themselves as possible and to take account of their existing networks of friends and relatives
- There is good communication when the support plan is complete about what people should expect to happen next, and how long it will take

Links and references:

Section 3: Support for managing personal budgets



“I can use the money allocated to me in new and creative ways”

Personalisation means supporting people to be more in control over decisions about what will help them recover, stay healthy and have a fulfilled life. Sometimes they will benefit, in thinking about this, from the help of their family and friends or an advocate, or advice and support from professionals. Personal budgets provide an opportunity to spend money on things that are unique, personal, creative and custom built. Generally speaking a personal budget can be spent on anything legal that meets the needs identified with someone through the care planning process and does not cause harm to the person themselves or anyone else²³. Councils may have different guidance about what they will not agree to (such as budgets being spent on gambling, debt repayment, or alcohol and tobacco). A personal health budget cannot, for example, be spent on core GP services. Whatever the local guidance is about this, it should be clear to all.

The exercise becomes frustrating and pointless if, at the end of the process, people (individuals and staff) are told: ‘I’m sorry but you can’t use the resources for that’.

Examples of things that help with this:

- Support plans that look as people want them to, rather than in a format that an organisation insists people use
- Culture and training that supports care co-ordinators and staff to feel confident about supporting people to come up with creative ways of using resources
- Senior management support for this approach and clear messages for staff
- Access to stories that show how things can be done differently and uniquely
- Focusing on what is important to the person
- **Outcome-based support planning** that helps people be clear about what is important to them. This helps focus on a simple test for the plan: ‘Will this (whatever it is) help me recover, stay healthy and have a fulfilled life?’ Focusing on outcomes will also provide essential clinical audit and monitoring information
- Resources for peer support to enable people to benefit from other people’s experiences.
- Wide ranging information about what is available in someone’s locality, beyond health and social care (see Section 2: Information and advice, personal motivation and self-help)
- Being supported to look beyond health and social care services to understand positive health and social care outcomes from things like being part of a community, employment, leisure, education, faith and culture

Links and references:

 ²³ Moving Forward: Using the learning from the Individual Budgets pilots, DH (2008)

Section 3: Support for managing personal budgets



- Support for **community participation**
- Ways of funding that are brought together to make things easier (such as Payment by Results and Resource Allocation Systems that are integrated)

“Information, support and training is available to help me be a good employer and understand fully what is involved”

“As a personal budget holder, and as an employer, I know where to go to get help and advice when I need it if problems arise”

Some people who opt to manage their own budgets and employ their own staff are able and prepared to do so and just want the opportunity to get on with it. Others will need different kinds of help and support to do this confidently and safely.

Examples of things that help with this:

- Access to information (see Section 2: Information and advice, personal motivation and self-help)
- Access to legal advice
- Local user-led organisations that can provide information, peer support and a ‘problem solving’ service
- Specific training, workshops, factsheets and sample documents on e.g. advertising, recruitment, making an offer, contracts etc.
- Resources planned and available for this kind of help and support
- A person-centred culture and the use of person-centred thinking tools

Links and references:



Section 3: Signposts

Projects and evaluations

- W Evaluation of “Putting us First” – a project dedicated to personal budgets for people who use mental health services, Mind/NRFC
- W Personalisation in mental health: A review of the evidence, Mind (2009)
- W Mersey Care NHS Trust Individual Recovery Budgets Project – evaluating the impact of offering a virtual budget to support individuals to secure items and services that enable people achieve recovery outcomes, University of Chester (2009)
- W Stockport self-directed support pilot in mental health, Final Report of the Evaluation (2010)
- W Chaos or empowerment? The impact of personalisation on the mental health voluntary sector and the people who use it, MHNE (2010)
- W Direct payments and mental health: New Directions, JRF (2005)

Personal Health Budgets

- W Information on the Department of Health personal health budgets pilot programme
- W Personal Health Budgets: Experiences and outcomes for budget holders at nine months, 5th Interim report, DH (2012)
- W Understanding personal health budgets: Information for people who want to know about personal health budgets, DH (2013)
- W Developing the market good practice guides, DH (2012)

Joint health and care personal budgets

- W Joint personal budgets: a new solution to the problem of integrated care?, NHS Confederation (2012)

- W The integration of personal budgets in social care and personal health budgets in the NHS: Joint position statement of the Royal College of Psychiatrists and ADASS (2013)

- W Integrating health and care personal budgets good practice guides, DH (2012)

Support for managing personal budgets

- W In Control website – for information on employing staff, and for stories
- W Personal budgets: Council commissioned services: Advice Note, ADASS/Putting People First (2010)
- W Support planning and brokerage for older people and people with mental health difficulties, DH (2010)
- W Direct Payments for people with mental health problems: A guide to action, DH (2006)
- W Keeping personal budgets personal: learning from experience of older people, people with mental health problems and their carers, SCIE (2011)

- W Mind guide to personal budgets

- W The independent broker role and training requirements: Summary report, NDTi (2009)

- W Skills for Care website and tools for supporting people who employ their own care and support

Research

- W The implementation of individual schemes in adult social care, SCIE (2009)

Positive risk taking and risk management

- W Enabling Risk, ensuring safety: self directed support and personal budgets, SCIE (2010)
(See also Section 1: Helpful, person-centred systems and approaches)

> > >



Section 3: Signposts (2)

Training

- W A Learning journey to Direct Payments as part of self-directed support: Is it for me? Information and resources for trainers and people in a position to make Direct Payments more accessible for people with mental health needs, NIACE



Section 4: Support for carers

“I get the support I need to carry out my caring role, stay well and live my own life”

What helps to make this happen?

When someone becomes unwell it is very often their immediate family or friends who provide much of the care that helps them to recover, or who support them through recurrences of mental illness throughout their life. Anyone could become a carer at any time during their life.

The National Carers Strategy²⁴ and the follow up Next Steps document²⁵ stress the importance of support based on personalisation principles and approaches. The strategy defines a carer as someone who:

‘Spends a significant proportion of their life providing unpaid support... This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.’

Many people do not think of themselves as carers and therefore do not seek support or are unaware of the support they are entitled to, including financial support. Carers themselves are twice as likely to have mental health needs if they provide substantial care^{26,27}. An estimated 6,000 to 17,000 children and young people care for an adult with mental health needs²⁸. Those providing 35 hours or more of care a week and those in receipt of Carer’s Allowance are more likely to be in the second lowest and middle income bands than the general population and working carers are more likely to be unqualified and less likely to hold university degrees than other people in employment. A draft Care and Support Bill was published in July 2012²⁹. It proposes a new duty for local authorities to meet carers’ eligible needs for support. This would provide carers with their first ever legal entitlement to support, on the same legal footing as the people for whom they care.

There is information relevant to carers throughout New Paths to Personalisation, but this section looks specifically from a carer’s perspective.

“I have easy access to information and advice to help and support me as a carer”

Examples of things that help with this:

- Information available very locally e.g. in local shops, pubs and GP surgeries
- Websites designed for carer information and support and access to the internet (and if needed, training and support to use information technology)
- Local networks and peer groups for support and exchange of information

Links and references:

Section 4 lead link:

W [Runs through all Making it Real markers](#)

W [²⁴ Carers at the heart of 21st century families and communities, DH \(2007\)](#)

W [²⁵ Recognised, valued and supported: Next Steps for the Carers Strategy, DH \(2010\)](#)

W [²⁶ Mental Health of Carers, Office of National Statistics \(2002\)](#)

W [²⁷ Hearts and Minds: the health effects of caring, Carers UK \(2004\)](#)

D [²⁸ Children caring for parents with mental illness: perspectives of young carers, parents and professionals, J Alridge and S Becker \(2003\)](#)

W [²⁹ Draft Care and Support Bill, DH \(2012\)](#)



Section 4: Support for carers

- Well informed staff who can give me the right information and advice, or direct me to other sources
- Health and social care telephone systems that are warm and responsive and can answer my questions or quickly direct me to the right place
- (See also Section 2: Information and advice, personal motivation and self-help)

“If I have to go through an assessment or self-assessment process it is easy to access and sensitive to my needs and wishes. If I am eligible, assessment leads to the support I want in a way that suits me”

“The contribution I make, and the informal family and friendship networks that support me and the person I care for, are recognised in assessment and support planning”

“It is clear what can reasonably be expected from me as a caregiver and I have choices about how and when I provide care. The processes I go through recognise that I can have a life of my own outside of my caring role”

Examples of things that help with this:

- Assessment systems and processes that are based on a set of personalisation principles, not just a document
- Person-centred tools and approaches that put people in control, recognise and respect the significant role of carer and acknowledge the support of family members and friends
- Being treated as an equal partner to develop support plans and find support
- Being supported to look beyond health and social care to consider things like being part of a community, leisure, education, employment, faith and culture
- Support for community participation
- (See also Section 1: Helpful, person-centred systems and approaches and Section 7: Partnership for inclusion)

“I get help and support when I need it and at times of crisis”

Links and references:

Section 4: Support for carers



Examples of things that help with this:

- Advance directive and crisis planning according to people's wishes, that people are confident will be carried out
- Acknowledgement of carers needs and wishes and the sensitive balance of support for the rights of all involved
- Creative commissioning that allows for flexibility and choice
- Carers control over how money allocated for their support is spent
- (See also Section 6: Creative commissioning and Section 1: Helpful, person-centred systems and approaches)

“I am given information about personal budgets. I get the support that I need, and that suits me, if I take on the management of a personal budget”

“I am not put under pressure to take on management of a personal budget if I do not feel comfortable with this”

Examples of things that help with this:

- Clear, accessible information in ways and places that suit different people
- Clarity about the choices in managing a personal budget or having it managed on your behalf
- Well informed, positive staff who are sensitive to the right kind and level of support needed to help people take control
- Support for person-centred care planning and finding what is wanted, if this is needed
- Support and training as a personal budget holder e.g. as an employer, managing the money, finding the right support
- (See also Section 3: Support for managing personal budgets)

Links and references:



Section 4: Support for carers

“I can get breaks from caring when I need them and in a way that suits me”

In the consultation for the National Carers Strategy, carers made it clear that the provision of breaks and replacement care were among their highest priorities. Carers who do not have breaks from caring are far more likely to have mental health needs.

Examples of things that help with this:

- Senior management support for innovation to develop ways of providing breaks in ways and at times that suit people
- Programmes that actively promote information about breaks, in ways that will reach people wherever, or wherever they are
- Expert carer commissioners and consultation that impacts on the way short breaks are provided and made available
- Resources that local and health authorities, in partnership, can invest in a range of ways to meet everyone’s short break needs, in response to expert advice from carers
- Personal budgets for carers to decide on and arrange their own ways of taking breaks
- Investment in assistive technology such as Telecare (e.g. sensors placed around the home that trigger alarms connected to help at the sign of unusual activity such as front doors opening at night).

“I am not forced into financial hardship as a direct result of having a caring role”

Examples of things that help with this:

- Information about benefits that carers are entitled to is easily available and there are programmes, campaigns and strategies to make sure that information reaches people
- Employers put into practice the requirements of the Work and Families Act 2006 for flexible working for employees who care for an adult
- Improving information about flexible job vacancies via **Jobcentre Plus**
- Specialist training for Jobcentre Plus Advisers and for health and social care staff
- Funding for replacement care that will allow people to take part in training and employment programmes
- Return to work support
- Information and support for employers to promote the positive benefits of employing carers.

Links and references:



Section 4: Support for carers

“I can continue my learning and personal development”

Examples of things that help with this:

- Replacement care that people are confident in and feel comfortable with, so that they can participate in training and personal development opportunities
- Training and further education opportunities that are designed to be flexible and fit in with caring responsibilities
- Careers guidance and advice services to help carers progress back to learning and work through skills and confidence building.

I am able to stay well as a carer

Examples of things that help with this:

- Regular breaks, a decent place to live and financial security
- Annual health checks for carers
- National and local projects providing emotional support for carers
- Training and guidance for General Practitioners to help them better understand the needs of carers
- Making sure carers can easily access information relevant to the needs of the person they are caring for – and training to help them in their caring role, if appropriate.
- Peer support in the form of local groups and networks and the opportunity to meet new people
- **Prevention and early intervention** initiatives (perhaps through Local Area Agreements) to reach carers who may not be aware of what is available to support them in their caring role
- Providing replacement care and finance for ‘caring for carers’ programmes – local and health authorities in partnership with the voluntary sector and local shops and services (e.g. relaxation, therapy and exercise services, drop in centres, meals out, carers cards that give concessionary rates in shops, leisure services and for transport etc.).

Links and references:



Section 4: Support for carers

“As a child, I am protected from inappropriate caring and have the support I need to learn, thrive and have a positive childhood”

Examples of things that help with this:

- Dedicated Young Carers projects that provide, for example, evening clubs, weekends away, days out, holidays, someone to talk to, information and advice
- High quality targeted support for young carers
- Support to have the time and space to learn and have friends
- Training and awareness raising initiatives for general practitioners and teachers
- Whole family approaches to support

“I am respected by professionals as an expert partner”

Examples of things that help with this:

- Support for involvement in consultation, including replacement care
- Flexible and innovative ways of including carers in consultation and planning
- **Experts by experience** paid as advisers and commissioners - in local and wider strategic planning and decision making, inspection and service design
- Carers are able to explore and discuss their concerns in an atmosphere of trust and:
 - given general factual information
 - helped to understand issues of confidentiality and any restrictions requested by the person they are caring for and how to access help
 - offered a chance to see a professional on their own
 - given confidence to voice their views
 - encouraged to feel a valued member of the care team
 - offered an assessment of their own needs
- (See also Section 6: Creative commissioning)

Links and references:



Section 4: Signposts

W A list of local carer support groups, and links to their websites

W There are many good local websites for mental health carers. An example is the website for mental health carers in the Bolton area.

W Princess Royal Trust website for young carers

W Mind Carers Factsheet gives information about the help and services that are available for carers of people with mental health needs

W Carers Direct: A website giving information, support and advice for carers and local mental health services

W Carers UK is a membership organisation of carers that campaigns on behalf of carers and provides information, support and advice for carers

W Carers and confidentiality in mental health: issues involved in information-sharing, RCP and Princess Royal Trust for Carers

W Carers and personalisation: Improving outcomes, DH (2010)

W The Triangle of Care: Carers Included: A guide to best practice in mental health care. NMH DU/Princess Royal Trust (2010)

W SCIE Guide 9: Implementing the Carers (Equal opportunities) Act 2004. Gives quick and easy access to information that aids the implementation of the act, including research, practice examples and further information, SCIE (2007)

W Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own, DH (2007)

W Recognised, valued and supported: Next Steps for the Carers Strategy, DH (2010)

W Department of Health website: Carers. This section of the DH website is aimed at health and social care professionals in the statutory and independent sectors who work with carers. It contains information on Government guidance and regulations affecting carers, details of the current projects and other relevant information on carers' policy.

W Partners in Care Partnership between The Royal College of Psychiatrists and The Princess Royal Trust for Carers to highlight the problems faced by carers of people with different mental health needs and learning disabilities, and encourage partnerships between carers, patients and professionals

W My care: A project for young carers of parents with mental health needs. Mental Health Foundation and The Princess Trust for Carers

W Employers for Carers: a membership forum for employers, offering a range of support

Training courses for carers

W Supporting carers videos on SCIE Social Care TV

W Resources on carers on the SCIE website

W Examples of carers as expert partners on the Think Local Act Personal website

W Overcoming barriers: Unpaid care and employment in England, SSCR (2012)



Section 5: Fair access and equality

“Opportunities are available to me without discrimination or unfairness”

What helps to make this happen?

There have been some positive developments in ensuring equality and fair access in health and social care services, supported by legislation, but recent evidence shows that we still have some way to go. Some examples of health and social care inequalities have been evidenced for black and ethnic minorities^{30,31}, lesbian, gay and bisexual people³², disabled people³³ and people with mental health needs and/or learning disabilities^{34,35}. Some of the barriers to equality that these studies identify are, for example, physical access, communication, stigma, and low expectations. People with mental health needs are also likely to experience higher levels of deprivation and poverty³⁶ and have a very high risk of failing to find and retain employment³⁷. All aspects of the framework outlined in this guide would need to be in place in order to ensure fair access and equality and improve opportunities and outcomes for people with mental health needs, but this section deals with some specific equality issues.

“My cultural background and communication needs are taken into account in assessment and self assessment and support planning”

“Enough time is given to me so that I can explain my needs properly, or for a family member or advocate to explain them on my behalf”

“There is continuity in the contact I have with professionals and I don’t have to keep explaining things over and over again”

Examples of things that help with this:

- In health and social care assessments a **whole life approach** is taken, which includes, for example, taking into account the importance of culture, faith, relationships, family, caring responsibilities, a decent place to live, finance and employment, social and leisure activities
- There is a streamlined approach to person-centred information that means people do not have to keep telling their stories over and over again
- Availability of interpreters, guides and advocates, including dedicated time slots where interpreters are on hand

Links and references:

Section 5 lead link:

W [Runs through all Making it Real markers](#)

W ³⁰ [GP Patient Survey, DH \(2007\)](#)

W ³¹ [No patient left behind: how can we ensure world class primary care for black and minority ethnic people? DH \(2008\)](#)

W ³² [Putting People First: Equality and diversity matters: Providing appropriate services for lesbian, gay, bisexual and transgender people, CSCI \(2008\)](#)

W ³³ [Putting People First: Equality and diversity matters: Achieving disability equality in social care services, CSCI \(2009\)](#)

D ³⁴ [Healthcare for all: Report into the independent inquiry into access to health care for people with learning disabilities, Mencap](#)

W ³⁵ [Equal treatment: closing the gap, Disability Rights Commission \(2006\)](#)

D ³⁶ [Social Deprivation and rates of treated mental disorder, Thornicroft G, The British Journal of Psychiatry, 158 \(1991\): 475-484](#)

D ³⁷ [Labour Force Survey, Office for National Statistics \(2003\)](#)



Section 5: Fair access and equality

- Flexibility in appointment systems to reflect an understanding that things may take longer if there are language or communication differences or if people have difficulty in speaking or expressing themselves
- Opportunities for people to find out about and easily access English for speakers of other languages courses
- Dedicated training for professionals in working with language and communication differences and working with interpreters
- Drop in facilities where people can get information in a range of formats and languages and check information they have received.

“There are no barriers to access and the quality of the services I am offered is the same for me as for everyone else”

“There is a good choice of opportunities and services that take account of my particular needs”

Examples of things that help with this:

- Information in different forms and from different sources (see also Section 2: Information and advice, personal motivation and self-help)
- Dedicated teams, and voluntary groups that speak a range of languages and actively work locally to improve access and outcomes (for example to employment and financial advice) and also work with health and other staff to increase awareness and understanding of cultural and other differences
- Anyone who is eligible for access to public funding for services is offered the opportunity to have a personal budget
- Promotion of information about personal budgets through local radio, community broadcasting and satellite channels that are designed for different communities and audiences
- Access to information technology and specific training and support to use it
- Availability of specialists with training and understanding of special needs
- Local organisations working with prisoners with mental health needs - for example, providing the opportunity to access training to talk about their experiences, so that professionals and services can have

Links and references:



Section 5: Fair access and equality

a better understanding and be more responsive

- Innovative approaches to involving people in planning and development, designed by people who use or have used services – for example, community events run by local people
- The involvement of mental health service user experts in the commissioning, **contracting and procurement** process
- Good, relevant information to feed into commissioning, including what is working and what is not working for people
- Specific equality targets in commissioning and contracting, including **equality principles** as part of the criteria for evaluating tenders
- Support and development of user-led services (see also Link: Making it Real Marker 2) Active and supportive communities: keeping friends, family and place)
- Dedicated action in helping people to recruit personal assistants who can meet cultural, linguistic and religious requirements – for example, advertising campaigns via local and community specific media
- Flexibility in the limitation in Direct Payments of payment to relatives (but ensuring that assumptions are not made that this might be the only option for some people)
- The NHS working with local authorities to tackle wider social issues impacting on health and well being such as housing and employment

“I get a fair choice and opportunities are available to me even though I live in a rural area”

About 9.5 million people live in rural areas in England and this is a growing number. There are particular difficulties for people living in rural areas, such as variability in provision, stigmatisation and isolation, rural racism poor transport and housing poverty.³⁸

Personal budgets could provide an answer to some of the difficulties that people who live in rural areas have in finding the right help and support to live their lives. However, there needs to be recognition that health and social care policies and programmes must ‘recognise and address rural circumstances’ and ‘ensure equitable outcomes in rural areas’.³⁹

Links and references:

 ³⁸ SCIE Research Briefing 22: Obstacles to using and providing rural social care, SCIE (2007)

 ³⁹ The personalisation of adult social care in rural areas, Commission for Rural Communities (2008)



Section 5: Fair access and equality

Examples of things that help with this:

- Geographical and community specific promotion of personal budgets, and the provision of the right advice, advocacy and support to take advantage of them
- Information made available locally – for example, in local shops, GP practices, or via church and parish magazines
- Good consultation and direction from people in rural areas about what is needed and what will work
- Community development and practical support for the development of local clubs and activities
- Community transport schemes
- Creative use of mobile services (e.g. mobile libraries) and of local venues (e.g. lunch clubs in local pubs)
- Market development and support for small, local voluntary groups and social enterprises
- Systems and services that can be flexible and adapt to local circumstances
- Good contingency planning for the management of crisis and if things go wrong

Links and references:



Section 5: Signposts

Equality and mental health

W The Equality Act, 2010 and mental health, EHRC

W Vision and progress: Social inclusion and mental health, National Social Inclusion Programme (2009)

W The National Equalities in Mental Health Programme. This programme looks at how outcomes can be improved and inequalities reduced for people with mental health issues

W How mental health loses out in the NHS, Centre for Economic Performance (2012)

Older people and mental health

W Brighter futures: Supporting mental health in later life, Mental Health Foundation (2011)

W SCIE Report 38: Supporting black and minority ethnic older people's mental well being: Accounts of social care practice, SCIE (2010)

W A long time coming: Part 1: Strategies for achieving age equality in mental health services, NDTi (2011)

W A long time coming: Part 2: Achieving age equality in local mental health services, NDTi (2011)

W How to look after your mental health in later life, Mental Health Foundation

W The NDTi Older Leaders for Change in Mental Health Project is designed to raise the profile of older people's mental health and wellbeing.

W SCIE Research Briefing 35: Black and minority ethnic people with dementia and their access to support and services, SCIE (2011)

W Update to Better Health Briefing 9: The health and social care experiences of black and minority ethnic older people

W BME communities - increasing the uptake of Direct Payments, Local Authority examples, TLAP

W Time to Change: a programme to overcome stigma and discrimination in mental health

Race equality and health

W No Patient Left Behind: how can we ensure world class primary care for black and minority ethnic people? DH (2008)

W Towards Race Equality in Health: a guide to policy and good practice for Commissioning Services, Race for Health (2006)

W Making progress on race equality in mental health, NHS Confederation (2012)

Local services

W Social Action for Health, a community development charity that works alongside marginalised local people and their communities

W Sharing Voices in Bradford, a community development charity that works with black and ethnic minority communities to provide culturally sensitive mental health services

W Rural Emotional Support (REST) service, Staffordshire, a service that provides emotional support and practical help for people living in agricultural communities

Rurality


W The personalisation of adult social care in rural areas, Commission for Rural Communities (2008)


W SCIE Research Briefing 22: Obstacles to using and providing rural social care, SCIE (2007)




Section 5: Signposts (2)

Lesbian, gay, bisexual and transgendered people

 Mental health issues for gay people, NHS Choices

 Lesbian, gay, bisexual and transgendered people, SCIE resources

 Putting people first: Equality and diversity matters: Providing appropriate services for gay, lesbian, bisexual and transgender people, CSCI (2008)



Section 6: Creative commissioning

“There is opportunity, choice and innovation is what is available to support me to have a good quality of life”

What helps to make this happen?

Commissioning is at the heart of developing personalised approaches and services. Getting it right has a significant impact on the quality of people’s lives and experiences. Commissioning also has some challenges for radically changing systems, processes and attitudes and for changing the balance of power to give people who use services the opportunity to set the agenda.

Commissioners will need to be willing to think imaginatively, innovate and take positive risks, working with people as equal partners to look beyond traditional health and social care services. They need to be fully supported by their organisations to ensure that people can direct their own support, and to develop co-production in commissioning in strategic locality based, area wide or regional commissioning. One of the key principles for personalisation is partnership – with individuals and their families, communities, commissioners and providers. (There is more detail on partnership working in Section 7: Partnership for inclusion.)

“I can influence strategic planning of services as part of consultation or as a paid worker and as an equal partner”

“The decisions and choices that I, and other people with mental health needs, make is captured and reflected in strategic planning”

Examples of things that help with this:

- When consulting:
 - Ensure and demonstrate that strategies for involving people who use services and public consultation impact on the way services are designed
 - Seek people’s views on the best way to consult
 - Make sure everyone is engaged – e.g. people with complex needs or who have difficulty expressing themselves, people with different ethnic or cultural backgrounds or language differences, travelling communities, gay and lesbian citizens
 - Engage people from the start before any plans are written, and then throughout the implementation, monitoring and evaluation processes
 - Ensure that consultation is imaginative and sensitive to different situations, locations and cultures

Links and references:

Section 6 lead link:

- Ⓜ **Making it Real Marker 2**
Active and supportive communities: keeping friends, family and place



Section 6: Creative commissioning

- Always complete the circle and let people know the outcome of consultations, monitoring and evaluation
- Commissioners work with partners to identify people's real needs and don't develop the market in a vacuum and for its own sake
- Commissioning is co-produced with people who use services and family and carers
- There is a system in place to ensure that what people have identified in their support plans is captured and used to ensure that the right supply of local services is available (local market development)
- Experts by experience are members of planning boards and forums, locally, regionally and nationally – and they have the personal support (financial or other) they need to be effective contributors
- Training is available to give people the knowledge and skills needed to influence decision making and policy making
- Training is available for all board and forum members on disability, mental health and diversity
- Expert commissioners and advisors are employed
- People who use or have used mental health services are engaged as expert commissioners
- Patient advisors are engaged to help re-design services, influence change and bring about local improvements
- **Strategic plans** are supported by action plans and financial plans and there is honesty about available resources and realistic timescales
- Commissioners plan with people for services they need over the course of their whole lives – and that all citizens will use, or potentially use, at some point
- Commissioners consider the needs of people that services are not currently meeting, for example, younger people and those from different cultural backgrounds.

“I am supported to take control, live more independently and have more choice through well-supported self care”

Self care means having the opportunity to be responsible for your own health and to make the most of life and feel fulfilled. In order to support self-care approaches, commissioners and providers need to work in partnership with people to achieve the best possible outcomes. (For more detail see Section 2: Information and advice,

Links and references:



Section 6: Creative commissioning

personal motivation and self-help.)

“I have the opportunity to be in control of health resources for my recovery and well being”

A personal health budget is an amount of money given to someone with a long-term condition, to help them put together their health care and support so that they have more control over the treatment provided.

Personal Health Budgets have been piloted over three years⁴⁰. An independent evaluation report⁴¹ by the personal health budgets evaluation (PHBE) team led by the University of Kent found that people’s quality of life had improved; and the amount of times people had to attend hospital decreased overall. Personal Health Budgets will now be rolled out over the rest of the country, initially for people who are already getting NHS Continuing Health Care (care provided outside hospital, arranged and funded solely by the NHS, for people with ongoing healthcare needs).

Examples of things that help with this:

- Commissioners and providers:
 - who are enthusiastic and motivated to support people to take up the opportunity for personal health budgets
 - who experiment and are innovative and also look outside the scope of traditional NHS commissioning practice
 - use learning from the personal health budgets pilot programme
 - work together positively to focus on outcomes for people (not just on processes and inputs)
 - have arrangements and contracts which allow for flexibility to respond to what people want.
- Commissioners making good links between personalisation and Payment by Results so that people can be offered real choices and also achieve cost effective, joined up commissioning
- Innovation and improvement in service design, with the full involvement of people with mental health needs
- Support and leadership from senior managers and clinicians to give commissioners and providers the confidence to boldly innovate
- Commissioners Learning Networks to share ideas, experiences and solutions to difficulties
- Personal health budgets seen as embodied in the context of health commissioning – not as a separate initiative.
- There are opportunities for people to pool their personal budgets to collectively buy the support or services

Links and references:

 ⁴⁰ Personal health budgets: First Steps, DH (2009)

 ⁴¹ Evaluation of the personal health budget pilot programme, PSSRU/DH (2012)



Section 6: Creative commissioning

Links and references:

they want.

“There is a wide range of things available so that I can make real choices and barriers to access are removed”

(For more detail on a partnership approach to broader commissioning see Section 7: Partnership for inclusion.)

Examples of things that help with this:

- Commissioning for the whole community. This means local authorities commissioning for the well being of communities with an integrated approach to commissioning **universal services** (such as housing, transport, leisure, culture, adult learning, employment services etc) and care and support services – and taking action on how barriers to universal services can be overcome so that they are accessible and available to all
- Co-produced commissioning strategies, ensuring that people are able to directly influence what is commissioned
- Support for smaller providers and **micro enterprises** as a vital part of choice in a managed market. Support services and projects to offer advice, networking and marketing support to small providers to ensure that they can offer a viable alternative to larger providers
- Services directly provided by health and local authorities have strategic development plans to ensure that they have personalised approaches and are of good quality
- Commissioners who have looked at the assets and resources in neighbourhoods and support people to make best use of them to provide creative solutions to meet their own needs
- Joint commissioning:
 - a joint strategic assessment of future needs with full community engagement (JSNA) - actively engaging with local communities, patients, people using services, carers and providers to develop a full understanding of needs to feed into commissioning
 - integrated local authority commissioning (universal and care and support services) and health commissioning
 - health and social care commissioners take the opportunity for a more personalised approach, working together in response to the Improving Access to Psychological Therapies programme (see link in Signposts below)
 - full advantage is taken of mechanisms for joint planning such as **Joint Strategic Needs assessment** (JSNA) and the development of health and well-being boards.



Section 6: Creative commissioning

- Ensuring that people still have the choice of group solutions e.g. in housing, social contact and activities, if that is what they want
- A sustainable financial model for a personalised service
- Using health commissioning creatively so that teams can work with people as partners to design personalised support, improve the effectiveness of prevention and early intervention services, develop a wider range of local services being delivered at times that are convenient, and supporting people to manage and protect their own health and well-being to help avoid unnecessary admissions to hospital
- Voluntary organisations coming together to pool expertise and offer a whole system approach – so people can move flexibly between or through services
- Commissioners ensure that they are planning for the needs of groups who are currently not well served, for example younger people and black and ethnic minorities with mental health needs.

“I have an opportunity to choose a user-led service or be involved in running one”

A user-led organisation is one in which the people who the organisation represents or provides a service to, have the balance of power on the Management Committee or Board and are accountable to members and service users. User-led organisations provide a range of services, for example, training, information and advice advocacy and peer support, support in using personal budgets, support to recruit and employ personal assistants, but their full potential is still being explored.

Examples of things that help with this:

- Commissioners, with the support of senior managers, who want to promote and encourage the development of user-led organisations
- User-led organisations as a clear part of commissioning strategies and plans for the development of the market
- Networks of user-led organisations and those representing different groups of people that can support one another, share information and experience, collaborate in change and develop new ways of doing things
- Personal support and learning and development opportunities if needed, for people to be employed by or participate in user-led organisations

Links and references:



Section 6: Creative commissioning

“I can see that services that I and my peers report are not good or not running in an appropriate style are supported to change, or are de-commissioned”

“I can see that commissioners have listened to people reporting gaps in service provision and these are planned for”

People with mental health needs often find it frustrating that they have to use and put up with services that they do not find useful and which do not behave in ways that treat them with respect. This presents significant difficulties for people when no new resources are available for alternatives or to fill identified gaps. Sometime this happens when services are block contracted and they do not provide the kind of individual choices that people want – for example, people can only have a personal assistant at a time that suits the service and not the person.

Examples of things that help with this:

- Regular feedback from people with mental health needs through, for example, marketplace internet sites where people can rate services that they experience
- Involvement of people with mental health needs in designing and carrying out **quality assurance** activities (including inspection and service review), in a consultation role and as paid workers
- Inclusion of the involvement of people with mental health needs as a quality measure in **inspection and audit**
- Key individuals (such as clinicians, senior managers and commissioners) should check for themselves what it is like, as a human experience, to get information, help or support from the organisations they work in and the systems they are responsible for. They should also routinely get feedback from people using those systems (service users and staff) about the nature of that experience and what changes could be made to improve it. This does not mean just dealing with complaints – but pro-actively seeking to improve the experiences people have by making the right changes
- Frameworks for measuring success that are designed to look at outcomes for people, not just outputs (e.g. not just the number of people with personal budgets)
- Using feedback to take action to improve or remove
- Data that is routinely collected and analysed to create an evidence base for successful provision that leads to the right outcomes for people and for decommissioning provision that does not
- There is a strategic understanding of gaps in services.

Links and references:



Section 6: Signposts

Projects

W Personal Health Budgets: the latest information about the learning from the pilot programme and about the roll out of personal health budgets

W Improving Access to Psychological Therapies (IAPT): programme to provide improved access to psychological therapies for people with mental health needs. It also responds to service user's requests for more personalised services

Mental health: commissioning vision and practice

W No Health Without Mental Health: A cross government mental health outcomes strategy for people of all ages, DH (2012)

W No Health Without Mental Health: Implementation Framework, DH (2012)

W A future vision for mental health: Discussion Paper ,The Future Vision Coalition (2008)

W The Future of Mental Health: A vision for 2015, Centre for Mental Health (2006)

W Mental health into the mainstream, ADASS Mental health, drugs and alcohol network (2008)

W Guidance on services for people with learning disabilities and challenging behaviour or mental health needs, DH (2007)

W From segregation to inclusion: Commissioning guidance on day services for people with mental health problems, CSIP (2006)

W Guidance for commissioning mental health services, Joint Commissioning Panel for Mental Health (2012)

W Practical mental health commissioning; A framework for local authority and NHS commissioners of mental health and wellbeing services, Joint Commissioning Panel for Mental Health (2011)

Involving people

W User driven commissioning: Building on the 'lived experience' of disabled and older people Disability Rights UK/Shaping Our Lives (2012)

W Working together for change: Using person-centred information for commissioning, DH (2009). How commissioning can be co-produced at a strategic level and using aggregated information from person-centred reviews.

W A commissioner's guide to service user involvement, Centre for Mental Health (2009)

W Involving people who use services in the commissioning process, DH (2006)

W Information on co-production and a Co-production Practitioners Network, NESTA website

W The freedom to be, the chance to dream; preserving user-led peer support in mental health, Together (2012)

Commissioning for communities

W Think Local, Act Personal is a national, cross sector leadership partnership focused on driving forward work with personalisation and community-based social care. It brings together people who use services and family carers with central and local government, major providers from the private, third and voluntary sector and other key groups

W Community Engagement to improve health: NICE Public Health Guidance 9, NICE (2008)

W Community engagement and community cohesion, JRF (2008)

W Chapter 1: Community Engagement in Vision and Progress: Social inclusion and mental health



Section 6: Signposts (2)

Commissioning for communities, continued

- D** The Inclusion Web as a tool for person-centred planning and service evaluation, S. Hacking and P. Bates (2008) *Mental Health Review Journal: Research, Policy and Practice*. Volume 13 Issue 2
- W** A Glass Half-Full: how an asset approach can improve community health and wellbeing, I&DeA (2010)
- W** Using the asset mapping approach to planning, Local Government Improvement and Development
- W** Joint Strategic Assessment: Guidance and tools for local partners, DH (2007)
- W** Volunteering: Unlocking the real wealth of people and communities, TLAP (2012)
- W** The Building Community Capacity project

Commissioning for personalisation

- W** Relentless Optimism: Creative Commissioning for Personalised Care, CSIP (2006)
- W** Commissioning for personalisation: A framework for Local Authority commissioners, DH (2008) and Commissioning for Support Planning and Brokerage, Putting People First Personalisation Toolkit (2008)
- W** No Health Without Mental Health: Guides for local services that set out the steps that local authorities and NHS commissioning groups can take to improve mental health care, treatment and support
- W** About time: Commissioning to transform day and vocational services, Centre for Mental Health (2008)
- W** Community Catalysts: stimulating and supporting the development of high quality and sustainable local enterprises
- W** Outcomes framework for mental health services, National Social Inclusion Programme (2009)

W Developing an outcome based approach in mental health, NHS Confederation (2011)

W Commissioning guides: Primary mental health care services, Liaison mental health services to acute hospitals, Dementia services, Young people making the transition to adult services: Joint Commissioning Panel for Mental Health (2012)

○ A commissioning framework for GP Commissioning is being produced and will be available to download from www.nmhd.org.uk and other websites.

Payment by results

- W** Getting it together for mental health: Payment by Results, Personalisation and whole system working, NDTi (2012)
- W** Payment by results: How can payment systems help to deliver better care? King's Fund (2012)
- W** A Simple Guide to Payment by Results, DH (2011)
- W** Policy Paper 4: Payment by Results: What does it mean for mental health? Centre for Mental Health (2004)
- W** Personalised care in mental health: A programme of studies to evaluate the effectiveness and cost-effectiveness of personalised care in mental health services
- W** Payment by results in mental health, NHS Confederation (2011)

Networking and peer support

- W** Peer support in mental health and learning disability
- W** Instant Mash: empowering communities through the web

> > >



Section 6: Signposts (3)

Networking and peer support, continued

- GP mental health network
- Social care governance: A workbook based on practice in England, SCIE (2011)
- Developing active networks in local communities: A review of Local Links, JRF (2008)
- The new wealth of time: How timebanking helps people build better public services, NEF (2008)
- For examples of timebanking see the Timebank website
- Volunteer mentors that provide support to young people aged 16-18 who are living with mental health issues like depression, anxiety or self-harm.

User-led organisations

- A commissioner's guide to developing and sustaining user-led organisations, SCIE (2010)
- User-led organisations project policy, DH (2007)
- User-led organisations: key issue, ripfa (2011)
- Department of Work and Pensions Strengthening Disabled People's User-Led Organisations Programme

Universal services

- Think Local Act Personal and Universal Services: Universal Matters, South East Joint Improvement Programme (2011)
- Personalisation of universal services: Library and information services, OPM (2010)

Quality assurance and inspection

- Driving up Quality in Adult Social Care. Think Local Act Personal (2013)
- Care Quality Commission: Regulation of mental health services



Section 7: Partnership for inclusion

“My needs are met in a way that is easy for me”

“I get the support I need to participate as a citizen and take advantage of the things available to all”

What helps to make this happen?

Partnership is the oxygen needed to give life to personalisation. Checking the strength and breadth of the partnerships an organisation sustains is a good indicator of how successful they are likely to be in implementing personalisation. There are some excellent examples of joint working between health and social care. Generally speaking, however, history demonstrates continuous and only partially successful government strategies and attempts to improve health and social care partnerships and make them work to achieve better outcomes for people.⁴²

Personalisation challenges health and social care services to more energetically and reliably improve their partnership but also:

- to embrace citizens as equal partners, so that they have more control over decisions in public services, and for their own care and support
- to reach beyond health and social care to forge and support strong partnerships with other agencies, communities and local groups.

The Health and Social Care Act⁴³ paved the way for the integration of health and social care professionals into integrated mental health teams within one organisation. The aim of this was to streamline processes and to have a more holistic approach to mental health practice. A report drawing on nine research projects carried out between 2003 and 2007 concluded that, in spite of a period of integration: ‘On balance... at the time of this investigation FACS implementation has revealed and reinforced a growing separation rather than an integration of mental health and social care ideas and practices’.⁴⁴ The report also highlighted differences in culture, priorities and budgetary considerations as ongoing problems. Any real progress towards personalisation requires a concerted effort from both agencies to finally address these challenges. A shift in power and control through the active participation of citizens with mental health needs will be one of the levers that is needed to break free from these organisational tensions and barriers.

Partnership working is particularly vital for people with complex needs who require a range of services from a range of professionals and agencies. As well as working across and beyond traditional agency and professional

Links and references:

Section 7 lead link:

W **Making it Real Marker 3**
Flexible, integrated care and support: my own support, my own way

D ⁴² Under Strain? Exploring the troubled relationship between health and social care, Glendinning, C. et al, Public Money and Management, Vol(25) 4 :245 -251 (2005)

W ⁴³ Health and Social Care Act (2001)

D ⁴⁴ Modernising Adult Social Care – What’s working?, DH (2007)



Section 7: Partnership for inclusion

boundaries, successful personalisation also requires working across and beyond the traditional single categories that people have been funnelled into. This requires ‘sophisticated partnership working to ensure that the experience of people using services is one of coherence and integration’.⁴⁵

“I am an equal partner in any health or social care assessment process, and it looks at my whole life, not just at problems and times when I am unwell”

Examples of things that help with this:


- A person-centred and whole life approach, taking into account, for example, people’s natural supports and the importance of culture, faith, relationships, family, caring responsibilities, a decent place to live, finance and employment, social and leisure activities (see also Section 1: Helpful, person-centred systems and approaches)
- A recovery approach that treats people as an equal partner with the hope and expectation of a fulfilled life
- Integrated care pathway approaches
- Investment in support for self-assessment and self-care
- Care co-ordinators who are knowledgeable about the range of opportunities available to people.

“I have good information and real choices so that I can recover and live life the way I want to”

Examples of things that help with this:

- Promotion of, and support for, combined personal budgets made up of health and social care funds for people with mental health needs
- A focus on wider partnerships and collaborations
- Support for projects that bring together opportunities, activities and information
- Commissioning that is led by information from people’s real experiences and preferences, and that impacts on the way services are provided (for more information see Section 6: Creative commissioning)
- Involvement of Experts by Experience as commissioners

Links and references:

 ⁴⁵ Keeping it personal: supporting people with multiple and complex needs, CSCI (2008)



Section 7: Partnership for inclusion

- Active input using the skills, expertise and mutual support of citizens (sometimes known as co-production) to build trust, peer support and social activism within communities
- Support for people to become more active citizens and volunteers
- Empowerment of local care managers, clinicians and teams to share ideas, work more creatively and to innovate
- Senior management support for this approach which gives staff the confidence to do things differently and do different things
- Good, easily accessible, information for staff and people with mental health needs about local life opportunities and options for support (see also Section 2: Information and advice, personal motivation and self-help)
- Support for people to choose to run their own services and support each other.

“I can get the support I need to live where and how I want to”


‘Good-quality, affordable, safe housing is essential to our wellbeing. Poor housing or homelessness can contribute to mental ill health or can make an episode of mental distress more difficult to manage. This may also be compounded by the fact that poor housing and homelessness are often linked to other forms of social exclusion, such as poverty. The housing charity Shelter has found links between overcrowded family housing and depression, anxiety, sleep problems and strained relationships.’⁴⁶

‘People who are homeless or living in temporary accommodation are more likely to suffer from poor physical, mental and emotional health than the general population, and ill health is often associated with poverty and homelessness... Drug and alcohol misuse and mental health problems are also prevalent amongst the homeless population, and many rough sleepers have multiple needs (e.g. a mental health problem plus one or more other issues, such as alcohol or drug misuse).’⁴⁷

The accumulation of rent arrears and lack of communication between housing, care and benefits staff or an unexpected hospital admission can be the cause of housing problems for people with mental health needs.

Ensuring that people’s housing needs are taken into account and choices offered that suit where people want to live and the way they want to live their lives, is vital for recovery and staying well.

Links and references:

 ⁴⁶ Mind guide to housing and mental health

 ⁴⁷ Sustainable communities; settled homes; changing lives, DCLG (2005)

Section 7: Partnership for inclusion



Examples of things that help with this:

- Person-centred CPA and support planning that looks at people's whole lives and support networks
- Mental health housing strategies based on partnership working and informed by good consultation, information from support plans and the views of experts by experience
- Partnership work to implement strategies that lead to the expansion of housing, care and support options
- Partnership and joint systems to ensure that care and support is co-ordinated from admission to hospital onwards or that systems are developed that divert people away from hospital admissions
- Innovative partnership arrangements which draw on partners expertise and knowledge to offer opportunities to think creatively
- Accurate mapping of needs and available supplies of housing and support services for people with mental health needs carried out in each locality
- Regional or sub-regional support to address shortages in specialist provision
- Shared approaches to assessing needs and collecting and sharing information
- Partnership, co-ordination and joint pathways across health, housing and homelessness services
- Support for innovation
- Guidance to housing authorities on lettings and stability for people with mental health needs
- Advice for social housing services on rent arrears management
- Improved access for all to advice and information about housing and support options
- Training for, health, social care and housing professionals to improve understanding of mental health and housing issues
- Feeling secure that your housing arrangements will not be threatened by any periods of being unwell, or financial difficulty
- Housing that takes account of family life.

Links and references:



Section 7: Partnership for inclusion

“I have the opportunity and support to develop my interests and learning and participate in cultural, creative, sports, leisure and community activity”

The Report of the Review of Arts and Health Working Group⁴⁸ concludes:

‘There is a large amount of evidence and good practice both from the UK and internationally that demonstrates the value of arts and health’ and that ‘spending on arts and health is and should be seen as a legitimate, integral part of good health care and good staff management, and entirely appropriate for NHS activity and investment.’

An outcomes study, as part of work on mental health and arts commissioned by the Department for Culture, Media and Sport and the Department of Health⁴⁹ has demonstrated that for people involved in arts activities:

- There were significant improvements in empowerment, mental health and social inclusion
- There was a significant decrease in the proportion of participants identified as frequent or regular service users
- Arts projects can benefit people with a range of mental health needs, including those with significant mental health difficulties.


There is also evidence⁵⁰ that:


‘Physical activity is effective in the treatment of clinical depression and can be as successful as psychotherapy or medication, particularly in the longer term’ and ‘ It may also help people with generalized anxiety disorder, phobias, panic attacks and stress disorders and can have a positive effect on psychological well-being in people with schizophrenia.’


Examples of things that help with this:

- Support from the Department of Health for arts and health by:
 - making clear statements and including arts and health in policies
 - creating an environment in which it is considered to be good practice to invest in arts and health
 - promoting the substantial evidence base for arts and health
 - forming partnerships with other Government Departments and other organisations to expand the contribution of arts and health.
- Health and local authority support for local arts and health by:
 - having a clear arts and health strategy
 - commissioning projects and investing in arts and health organisations

Links and references:

 ⁴⁸ Report of the Review of Arts and Health Working Group, DH (2007)

 ⁴⁹ Mental health, social inclusion and arts: developing the evidence base, DH (2007)

 ⁵⁰ At least five a week: evidence on the impact of physical activity and its relationship to health, DH (2004)



Section 7: Partnership for inclusion

- having dedicated activity to raise awareness and funding and engage with artists and arts organisations
- providing good information about local arts activities and projects.
- Partnerships between health, local authorities and sports and leisure organisations and providers to create innovative projects and opportunities for people to improve their health through sport and leisure
- Strategies and action through local planning structures that focus on opportunities for all to improve mental health and stay healthy.

“I am supported and encouraged to prepare for employment, find work and stay employed”

“I can gain the qualifications, skills and training I need to improve my employability and help me progress in my career”

People with mental health needs have one of the lowest employment rates in the UK even though consultations and research repeatedly report that the majority of people with mental health needs want to work⁵¹. Where people are properly supported into work, and to continue working, the impact on their recovery can be very significant. Professor Robert Drake, who helped to develop an individual placement and support approach in America, said in a speech at the Centre for Mental Health:

‘In following people for 30 years and then following patients who are in dozens and dozens of research studies that are sent around, it’s totally clear to me at this point that there’s nothing... that we study that helps people to recover in the same way that supported employment does. That doesn’t mean that we’ve had success with everybody... but it does mean that for a significant portion of people we’ve had tremendous success in the sense of helping them to get out of the mental patient role and recover meaningful lives.’⁵²

One key barrier to employability for people with mental health needs is poor access to further education and training due to stigma and discrimination, low expectations by others about what people can achieve and contribute and lack of support for achievement and success.⁵³

Examples of things that help with this:

- Individual placement and support schemes that focus on finding paid employment of an individual's choice that matches their skills and interests
- Responding to people who say they want to work and are ready for it, rather than subjecting them to

Links and references:

D ⁵¹ Challenging barriers to employment, training and education for mental health service users: The service user’s perspective, Secker J et al., Journal of Mental Health, Vol 10, 4:395-404 (2001)

W ⁵² Centre for Mental Health lecture: The future of supported employment, R Drake (2008)

D ⁵³ Mental Health and Social Exclusion, Social Exclusion Unit (2004)



Section 7: Partnership for inclusion

Links and references:

lengthy 'job readiness' assessment processes or eligibility criteria

- A partnership approach that brings together mental health clinical expertise and Department of Work and Pensions vocational and welfare benefits advice to support people to find work and stay employed
- Support that is not time limited and can continue once the person gets a job, and if necessary through their employment career
- Support for individuals to decide for themselves whether to disclose their mental health needs to employers
- Support for employers if this is required and in line with the person's wishes
- Programmes promoting positive attitudes and dispelling myths and misunderstandings among employers and their staff
- Local reviews of the current investment in mental health day services to ensure that there is sufficient investment in vocational services that support people into work and while they are working, social enterprise and services that can provide evidence of success
- Strategies and policies for inclusive learning, including building capacity in the further education system, encouraging and supporting people to access learning opportunities, ensuring equality of provision and raising the achievement levels of learners with mental health difficulties
- Support and resources for teachers and trainers to practice and promote inclusive learning.

“I can influence strategic planning of services as part of consultation or as a paid adviser or commissioner”

See Section 6: Creative commissioning



Section 7: Signposts

Arts and sport

-  The arts, health and wellbeing, Arts Council England (2007)
-  A prospectus for arts and health, DH with Arts Council England (2007). This prospectus celebrates and promotes the benefits of the arts in improving everyone's wellbeing, health and healthcare
-  An evidence review of the impact of participatory arts on older people, Mental Health Foundation (2011)
-  ARC (Arts for Recovery in the Community), an organization working with people who are experiencing emotional or psychological distress to give them opportunities to explore art
-  Start, an arts and mental health project in Manchester Mental Health NHS and Social Care Trust for people recovering from a period of serious and long term mental ill health
-  Mental health, social inclusion and arts: developing the evidence base, DH (2007)
-  Breakthrough: Reflections Art in Health, a user-led organisation that creates positive mental health through the creative arts
-  Be creative, be well: Arts, well being and communities: An evaluation: Arts Council England (2012)
-  The role of culture and sport in supporting adult social care to deliver better outcomes, LGID and National Culture Forum (2010)
-  At least five a week: evidence on the impact of physical activity and its relationship to health Department of Health
-  Open to all: Social inclusion and mental health awareness training for museums and galleries

Employment and learning

-  Mental health and further education
-  Doing what works: Individual placement and support into employment, Centre for Mental Health (2009)
-  Centre for Mental Health website with information on employment and mental health
-  Vocational services for people with severe mental health problems: commissioning guidance, DH (2006)
-  Improving services for people with mental health difficulties, Learning and Skills Council (2006)
-  Strategies for Creating Inclusive Programmes of Study (SCIPS), provides resources and strategies for teachers and trainers to promote inclusive teaching, learning and assessment
-  Employers for Carers is a service for employers to help them retain employees caring for a family member, and promoting the business benefits of supporting carers . It provides advice and support on carer friendly policy and practice
-  Managing mental health and employment: DWP Research Report 537, DWP (2008)
-  IMPROVE: An Individual Placement and Support project in the West Midlands
-  National Development Team for Inclusion: Employment and paid work programme
-  SCIE Knowledge Review 21: Supporting People in accessing meaningful work: Recovery approaches in Community Based Adult Health Services, SCIE (2008)
-  Centre for economic and social inclusion, promoting social inclusion in the labour market

> > >



Section 7: Signposts (2)

Employment and learning, continued

W Mental health, employment and the social care workforce, SCIE (2011)

Co-production and whole-life approaches

W Co-production: an emerging evidence base for adult social care transformation, SCIE (2009)

W Co-production and participation resources from SCIE

W Partners in Policymaking: A leadership training course for disabled adults and parents of disabled children, designed to give participants the knowledge and skills they need to influence decision making and policy making

W Working together for change: Using person-centred information for commissioning, DH (2009)

W The Collaborative: a collaborative approach to designing services in Lambeth involving people who use services, carers, key agencies, and professionals

Housing and housing support

W Housing and mental health, NHS Confederation (2011)

W Choice based lettings: information from Shelter

W Good practice briefing: Working with families with complex needs: Guidance for housing professionals, Shelter (2011)

W Breaking new ground: The quest for dementia friendly communities, Housing Learning and Improvement Network (2012)

W Mental health and homelessness: Planning and delivering mental health services for homeless people, NHS Confederation (2012)

W Sustainable communities; settled homes; changing lives, Communities and Local Government (2005)

D Bringing it all back home: mental health and housing, Housing, Care and Support (2008). This article calls for better co-operation and co-ordination between mental health and housing support services, and greater recognition of the important role of social housing in community mental health care

W Homelessness prevention: A guide to good practice, Communities and Local Government (2006)

W Camden Extra Care Housing for people with mental health needs

W Department of Health Care Network: information on housing and mental health

W Rethink factsheet on housing options for people with mental health needs

W Mental health and the experience of housing problems involving rights, P Pleasance et al. (2007)

W The Housing and Support Partnership (H&SP) is a housing and social care consultancy specialising in consultancy, training, development and research in housing where there is a connection with social care and health

W Mind resources on housing and mental health

W National Social Inclusion Programme resources on housing



Section 7: Signposts (3)

Supporting the voluntary and community sector and wider partnerships

W The Compact is an agreement between Government and the voluntary and community sector in England. This website explores the Compact and the five Codes of Practice which underpin it, recognizing shared values, principles and commitments and sets out guidelines for how both parties should work together

W Volunteering: Involving people in delivering and developing health and social care services, DH (2010)

W Communities in control: Real people, real power Communities and Local Government (2008)

W Creating strong, safe and prosperous communities: Statutory Guidance, Communities and Local Government (2008)

W Integrating community empowerment with service delivery – pointers to good practice, Local Government Improvement and Development (2010)

W NICE public health guidance 9: Community engagement to improve health, NICE (2008)

W National Development Team for Inclusion webpage on community inclusion

W Supporting people for better health: A guide to partnership working, Communities and Local Government (2006). A guide that draws attention to key issues that need to be considered when setting up services designed to cross-organisational boundaries, including practice examples

W Making ends meet: Partnership, Audit Commission website giving information, examples and resources about partnership working

W Making partnerships work: Examples of good practice, DH (2007)

W Making partnerships work for patients, carers and service users: A strategic agreement between the Department of Health, the NHS the voluntary and community sector (2004)

W Fulfilling potential: The discussions so far: Working together to enable disabled people to fulfil their potential and have opportunities to play a full role in society, DWP (2012)

W Fulfilling potential: Next Steps, DWP (2012)



Section 8: Prevention and early intervention

“I get help and advice about how to stay well”

“Support and help are available to me and my family at an early stage if I begin to feel unwell or things go wrong”

What helps to make this happen?

Prevention can include a whole range of services that aim to support independence, prevent or delay the deterioration of someone’s wellbeing (for reasons such as ageing, illness or disability) and delay the need for more intensive services that are usually also more costly.

No Health Without Mental Health describes one of its central aims as promoting wellbeing. It describes mental health and wellbeing as being associated with a range of better outcomes such as, for example, better physical health, better educational achievement, increased skills, reduced risk of mental health problems and suicide, improved employment rates and productivity, and higher levels of social interaction and participation.

SCIE⁵⁴ points out that:

‘Although there is no single universally agreed definition of wellbeing, it is usually seen as including important aspects of people’s lives, such as life satisfaction, a sense of achievement and purpose, and generally feeling that life is worthwhile. Although an absence of wellbeing is associated with depression, wellbeing is about more than not feeling depressed.’

Services and approaches that promote prevention are needed at different stages:

- Primary prevention: promoting wellbeing for all
- Secondary prevention: early intervention that aims to identify people at risk and to halt or slow down any deterioration and actively seek to improve their situation
- Tertiary prevention: aimed at minimising disability or deterioration from established health conditions or complex social care needs⁵⁵.

Activity and interventions would need to be planned across all three of these categories to achieve wellbeing outcomes that would meet the needs of all.

Getting help early on can be crucial⁵⁶ as the first few years of severe mental ill health carry the highest risk of serious physical, social and legal harm.

Links and references:

Section 8 lead link:

- W** **Making it Real Marker 2**
Active and supportive communities: keeping friends, family and place
- W** ⁵⁴ Supporting black and minority ethnic older people’s mental wellbeing: accounts of social care practice, SCIE (2010)
- W** ⁵⁵ Making a strategic shift towards prevention and early intervention: Key messages for decision makers, DH (2008)
- W** ⁵⁶ Association between duration of untreated psychosis and outcome in cohorts of first-episode patients: A systematic review, M Marshall et al., Lewis S, Arch Gen Psychiatry, 2005; 62:975-983.



Section 8: Prevention and early intervention

“As a citizen I have access to services that promote well being”

Examples of things that help with this:

- Partnerships (for example between leisure services, community development, supporting people programme, public health, community safety partnerships, housing, employers and employment services, fire service and community safety programmes, health and social care) that work with individuals and communities to provide:
 - Activities to address social isolation
 - Practical help, if needed, to run a home and keep it safe
 - Health living advice and support and access to local activities and opportunities that promote health
 - Community safety initiatives that tackle some of the things locally that may be causing anxiety and stress (e.g fire safety, crime prevention)
 - Housing choices and improvements
 - Transport options
 - Investment in employee health.

“I get help when I ask for it, even if I do not meet eligibility criteria”

“I get help before a crisis occurs”

“I get help to stay in my own home”

Examples of things that help with this:

- Pro-active work to identify people who could benefit from access to information and support e.g. older people at risk of developing mental health needs
- Information and support for people to access universal or voluntary sector services, such as ‘navigator’ services for signposting and self-help websites
- Community involvement projects that include funding for well being projects
- Support teams and programmes for those at risk of admission to hospital or to facilitate discharge from hospital
- Access to support and technology to remain at home (such as **reablement programmes and telecare**).

Links and references:



Section 8: Signposts

Prevention in mental health

- W** A window of opportunity: A practical guide for developing early intervention in psychosis services, Centre for Mental Health (2003)
 - W** Rethink website: information about early intervention
 - W** All stages diversion: a model for the future, Centre for Mental Health (2008) Describes a diversion model for people with mental health needs who enter, or are at risk of entering, the criminal justice system.
 - W** Care Services Efficiency Delivery (CSED) was a programme designed to help councils to identify and develop more efficient ways of delivering adult social care that ended in March 2011. There is still some useful information about learning from the programme on the DH website
 - W** Mental health promotion and mental illness prevention: The economic case, PSSRU (2011)
- ### Older people and prevention
- W** E-learning resource: An introduction to the mental health of older people, SCIE
 - W** Community Involvement Project, Performance Report, NHS Bradford and City of Bradford MDC (2009): Report on the Health in Mind project: a whole system approach that aimed to change services for older people with mental health problems
 - W** National Development Team Older people and ageing programme
 - W** Knowledge and research report 38: Supporting black and minority ethnic older people's mental wellbeing: accounts of social care practice, SCIE (2010)
 - W** Windows of opportunity: prevention and early intervention in dementia, SCIE (2011)

Reablement

- W** SCIE Research briefing 36: Reablement: a cost-effective route to better outcomes, SCIE (2011)
- W** Homecare re-ablement toolkit, Care Services Efficiency Delivery (2010)
- W** At a glance 54: A guide to reablement for families and carers, SCIE (2012)
- W** At a glance 52: Re-ablement: Key issues for commissioners of adult social care, SCIE (2010)

Policy

- W** Healthy Lives, Healthy People: White Paper: Our strategy for public health in England, DH (2011)
- W** No Health Without Mental Health implementation framework, DH (2012)

Predictive risk modelling

- W** Predictive Risk Modelling – Nuffield Trust
- W** Predicting who will need costly care: how best to target preventive health, housing and social programmes, King's Fund (2007)
- W** Predicting social care costs: a feasibility study, Nuffield Trust (2011)





Work and wellbeing

- W** Health, Work and Well-being is a Government-led initiative to protect and improve the health and well-being of working age people
- W** Improving health and work: Changing lives: The Government's response to Dame Carol Black's review of the health of Britain's working age population, DWP (2008)



Section 8: Signposts (2)

Telecare and telehealth

-  Telecare and telehealth technology, NHS Choices
-  Telecare Learning and Improvement Network: A national network supporting local service re-design through the application of telecare and telehealth to aid the delivery of housing, health, social care and support services
-  Telehealth evidence database: The King's Fund
-  At a glance 24: Ethical issues in the use of telecare, SCIE (2010)



Section 9: Leadership for all

“I can have a leadership role and there is good leadership wherever it is needed”

What helps to make this happen?

(See also Section 10: Workforce and organisation development)

Leadership is another essential ingredient in implementing personalisation. Service user participation and leadership is a key factor in culture and service change. Good leaders can, for example, bring clarity, create the right culture, encourage enthusiasm, increase trust by being open, keep the momentum for change going, make connections, bring people together, explore opportunities and encourage innovation, creativity and leadership in others. They will also encourage learning from experience in a risk aware (rather than averse) culture and be active in developing a citizen-led culture. Good leadership and good leaders should be found everywhere – for example, people with mental health needs, carers, elected members, board members, senior managers and executive teams, local managers and staff, professionals from all areas, clinicians, care co-ordinators, advocates, community and faith groups and individual citizens.

Working to put people first: the strategy for the adult social care workforce⁵⁷ identifies leadership as one of the key priorities in bringing about the changes needed to deliver personalisation:

‘Leadership, effective management and commissioning skills are crucial to transforming adult social care. Leaders will need to work together across sectors (adults and children, social and health care, housing, leisure, transport) to drive change, supporting and involving local communities... User-led organisations and networks will grow and provide strong voices for people seeking support and using services to help change the way services are delivered.’

The evidence that engaging people and promoting leadership leads to better outcomes is growing. The King’s Fund⁵⁸ makes the case that:

- organisations whose staff are engaged deliver a better patient experience, fewer errors and higher staff morale
- engaging patients in their care can ensure that care is more appropriate and improve outcomes
- increasing recognition of the importance of integrated care requires leaders to be effective across systems, both within and outside the NHS.

Links and references:

Section 9 lead link:

W Making it Real Marker 2
Active and supportive communities: keeping friends, family and place

W ⁵⁷ Working to put people first: The strategy for the adult social care workforce in England, DH (2009)

W ⁵⁸ Leadership and engagement for improvement in the NHS: Together we can, The King’s Fund (2012)

Section 9: Leadership for all



“I can have a leadership role and there is good leadership wherever it is needed”

Examples of things that help with this:

- Expert by experience consultants and advisers with leadership roles in organisations
- User-led organisations and networks that provide strong voices
- Leaders in key roles acting as role models in their behaviour and attitudes and keeping in regular direct contact with people who use services, carers and staff
- Leadership programmes for all (e.g. people with mental health needs, carers, elected members, board members, senior managers and executive teams, local managers and staff, professionals from all areas, clinicians, care co-ordinators, advocates, community groups and individual citizens), delivered in a variety of accessible ways
- Leadership training for people who use services and carers to help them develop confidence as equal partners with policy makers, commissioners and providers
- **Mentoring and peer support** programmes to encourage and support people in their leadership roles and bring about change
- Equality and diversity in leadership
- Publicly visible support for leadership capacity development from government, local politicians, and executive boards and teams in health and social care organisations in the public and independent sector
- Developing the leadership role of commissioners (for example, training, mentoring, learning networks, information about good practice etc.)
- Recognition of the need to support smaller organisations to access leadership and management courses
- A vigorous partnership approach (see Section 7: Partnership for inclusion)
- Clarity of vision for future development and direction (see Section 6: Creative commissioning)
- Celebration of excellence in examples of good leadership, by internal rewards and acknowledgement, and external accreditation schemes
- Further research to demonstrate the link between good leadership and high quality health and social care, and to develop good models
- Leadership from government on arts and health, to create an environment in which it is legitimate and considered to be good practice to invest in arts and health.

Links and references:



Section 9: Signposts

Citizens and families as leaders

- W The BME Leadership Forum, which aims to influence health and social care policy to promote race equality within the NHS. It also runs a number of initiatives which promote the benefits of diversity within health leadership, and support BME health service managers, board directors and leaders
- W Leadership and empowerment in mental health, a programme for people who have used mental health services and wish to develop the skills and knowledge to lead change and make a contribution to service development
- W Partners in Policymaking is an umbrella name for a number of leadership training courses for disabled people, parents and carers of children with disabilities, professionals and other service providers working in education, health and leisure. It has grown over the past 10 years into further leadership courses and the development of a national network of people

Leadership and development

- W SCIE resources on leadership and management
- W Leading Practice: A development programme for first line managers, SCIE (2009)
- W RCN Clinical leadership programme
- W NHS Institute for Innovation and Improvement. This site has information about programmes and projects for developing leadership skills and capacity in the NHS
- W SCIE Adult Services Report 27: Leadership for personalisation and inclusion in mental health, SCIE (2009)

Research

- W SCIE Knowledge Review 17. Developing Social Care: Service users driving culture change, SCIE (2007). Report on research of literature and practice around service user involvement, the extent to which service user involvement has brought improvements to social work and social care and where the change has become established practice
- W Employer-led leadership and management training in the social care sector, National Care Forum (2009)

Section 10: Workforce and organisation development



“The people who are paid to provide me with support and treatment have the right skills and approach, and are available when I need them”

What helps to make this happen?

(See also Section 9: Leadership for all)

Personalisation requires a fundamental culture shift across the whole system, new skills and knowledge, new roles and responsibilities and a different way of working, thinking and behaving. There are already some good building blocks for this change, such as the development of personal budgets, person-centred thinking and planning and recovery approaches, innovative commissioning and community projects, but much remains to be done. Skilled and experienced specialist professionals, who are valued and have a vital role in helping people recover and stay healthy, are facing the challenge of changes in their approaches and practice, and in overcoming barriers to making partnership right across the system work. At the same time professionals and staff in universal services (e.g. libraries, sports and leisure, culture, education, employment) have the challenge of making services accessible and available to all citizens and working in partnership to encourage innovation.

Some of the challenges are:

- Individual citizens are developing a different relationship with public services that empowers them to have more say and control
- For social workers there is a shift to be more focused on ‘advocacy and brokerage rather than assessment and gatekeeping’⁵⁹ and an increased drive to improve partnership working
- In the health service personal health budgets and the shift to more choice and control has significant implications
- As experts by experience become more commonplace in all areas their influence increases and brings about changes in attitude, relationships and approaches
- As former service users become employers of care staff (to varying degrees) or are involved in the development and running of user-led organisations, there is a major shift in roles and relationships and in personal and skills development needs
- The growth of personal assistants raises issues and challenges, for example, about supply, training, qualifications and quality monitoring, isolation, risk, terms and conditions and career development
- Staff involved in commissioning and contracting will need to re-think current ways of operating to accommodate a personalised approach, with more effective and dynamic consultation and user

Links and references:

Section 10 lead link:

W [Making it Real Marker 4](#)
Workforce: my support staff

W [⁵⁹ Transforming Social Care Local Authority Circular, DH \(2008\)](#)

Section 10: Workforce and organisation development



Links and references:

involvement, and a diverse market with more micro commissioning

- Health, education, housing and social care providers have to address the challenge of flexibility in providing personal services through more individualised approaches and contracts
- Communities and community groups have a new challenge for inclusivity, innovation and leadership
- Senior and local managers have the challenge of inspiring, leading change and encouraging leadership in others throughout the system
- Board members and trustees, elected members, local authorities, clinical commissioning groups, and national government need to embrace the full range and impact of these changes and provide clear leadership and action for change.

All of these changes have a system wide impact on workforce and organisation development and rely on good leadership to inspire and guide change.

“I have a good and positive experience of people involved in my treatment and support”

“Staff I come into contact with in organisations are helpful, treat me with respect and help me take control”

Examples of things that help with this:

- Active promotion of personalisation and training that inspires staff
- Good leadership that ensures staff are clear about their job and how it should be done and are supported to take calculated risks
- Removal of unnecessarily complicated bureaucratic systems and processes
- Staff that have been given the time, space and expert input to acquire the right skills and are themselves respected, valued and empowered
- Staff who have been encouraged see themselves as partners in better care and support
- Staff who are respected, encouraged, praised and properly rewarded when they get things right
- Staff with high expectations of what people can achieve and contribute

Section 10: Workforce and organisation development



- Experts by experience employed in all areas to influence and inspire new ways of working
- Staff across the system who have terms of employment that are reasonable, legal and fair
- Staff and unions involved in the process of developing personal budgets and of associated training programmes
- Job satisfaction as a result of these approaches.

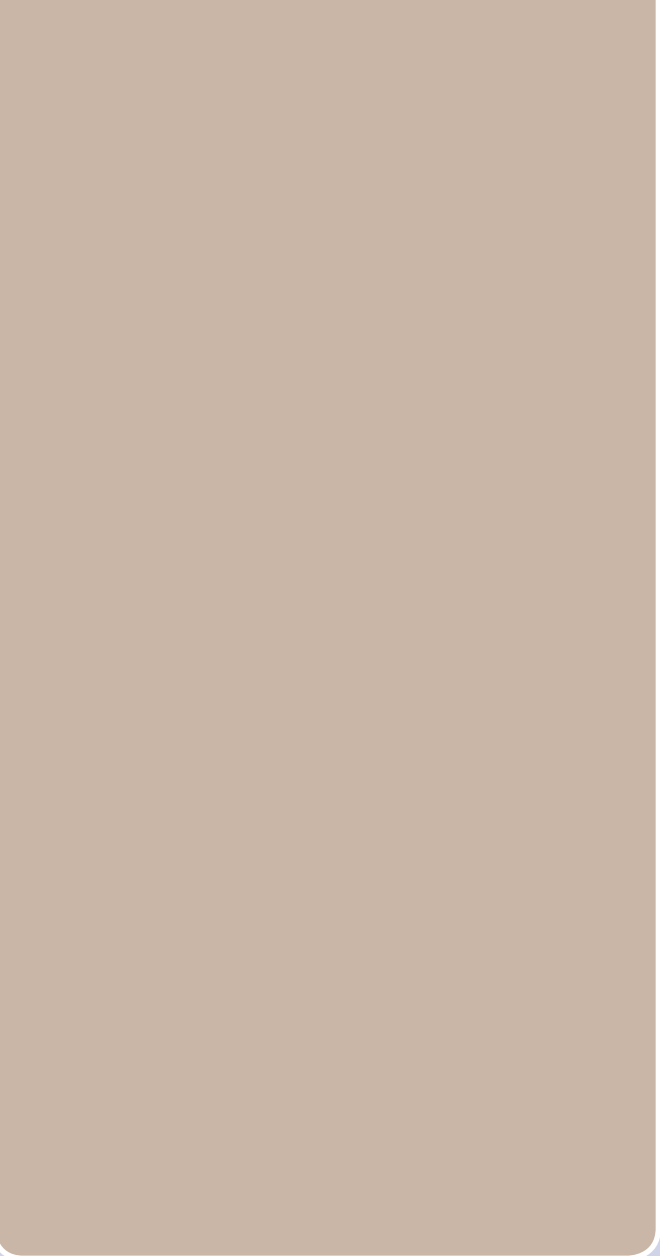
“I can get all the different treatment, information, advice and support I need smoothly and easily, no matter how complex my needs and situation are”

“People I rely on and respect for their specialist knowledge, skills and expertise are there for me when I need them”

Examples of things that help with this:

- Clear terms of reference for partnership working and partnership arrangements that all concerned have been involved in drawing up
- Training, job descriptions, policies, systems and performance management overhauled and revitalised so that they reflect new roles and responsibilities and new ways of working
- Addressing fears of losing specialisation and professional identity by recognising people’s specialist skills and expertise and giving time and space for people to use them, but also...
- Being clear about the need for willingness and openness to cross professional boundaries and act and collaborate beyond specialisms to solve problems together and achieve the right outcomes for people (rather than passing people around the system)
- Collaboration and partnership beyond health and social care
- Good information systems that can provide information and advice for all aspects of people’s lives, and for people who may not be eligible for publicly funded support and services
- Investment in active development work with communities and community groups
- Central and local government leaders and policy makers willing to address differences in eligibility criteria, priorities, performance indicators, referral systems, professional and organizational cultures

Links and references:



Section 10: Workforce and organisation development



- A positive approach to risk taking and risk management
- (For more information see Section 7: Partnership for inclusion).

I am trusted to make good decisions

People who are involved in giving treatment, information, advice and support and in commissioning and managing services are trusted to make good decisions

Examples of things that help with this:

- Senior managers, boards and elected members who rise to the challenge of personalisation and support an organisational approach based on trust – of staff in their judgments and of citizens in their choices and decisions
- Leadership styles based on trust and collaboration that empower people and allow them to learn from mistakes
- Recognising and supporting professionals as leaders and innovators, not as a barrier to progress
- Supporting people to identify their own learning and training needs
- The development of a different, more open and trusting, relationship between central and local government, between managers and professionals and between professionals and individual citizens

“People who are involved in treatment and support in health and social care services have the right approaches and skills”

“People I come into contact with in the community as part of my support plan have the right attitudes and approaches”

Examples of things that help with this:

- Professional and work based skills training that builds on person-centred approaches, respect, flexibility, enabling and empowering and cultural competence
- Access to knowledge of new ways of working

Links and references:

Section 10: Workforce and organisation development



- Shared practice networks that give people an opportunity to tap into ideas and information
- Organisation development programmes that encourage and support culture change
- Information and training that is available in different forms and at different times (e.g e-learning courses)
- Leadership from health and social care organisations in community development and positive promotion of inclusion
- Access to a structured programme of continuous development and support that builds on existing knowledge and expertise
- People who use services and carers involved throughout the design, delivery and evaluation of all relevant education and training.

“It is easy for me to find or purchase all the things I need in my personal support plan”

Examples of things that help with this:

- Creative, outcomes based, commissioning and contracting (see Section 6: Creative commissioning)
- Employing Expert by Experience commissioners
- Excellent partnership working (see Section 7: Partnership for inclusion)
- Good, accessible information (see Section 2: Information and advice, personal motivation and self-help)

Links and references:



Section 10: Signposts

Information and guidance

- Working to put people first: The strategy for the adult social care workforce in England, DH (2009)
- Options for Excellence: Building the Social Care Workforce of the Future, DH/DfES (2006)
- Capable, Confident, Skilled: A workforce development strategy for people working, supporting and caring in adult social care, Skills for Care (2011)
- Workforce Development for Assisted Living Technology (ALT): understanding roles, delivery and workforce needs, Centre for International Research on Care, Labour and Equalities (CIRCLE) (2012)
- The principles of workforce re-design, Skills for Care (2011)
- At a glance 29: Personalisation briefing – Implications for social workers in adults' services, SCIE (2010)
- Personal health budgets: Understanding the implications for staff, DH (2010)
- Only a footstep away? Neighbourhoods, social capital and their place in the 'big society': A Skills for Care workforce development background paper, Skills for Care (2010)
- Capabilities for Inclusive Practice, CSIP/NSIP/ DH (2007). Builds on The 10 Essential Shared Capabilities to look at values, characteristics and skills needed in a workforce capable of delivering inclusive opportunities for people with mental health needs
- Leadership for personalisation and social inclusion in mental health, SCIE (2009)

Training and consultancy

- How to commission the adult social care workforce: A practical guide for commissioners, North West Joint Improvement Partnership (2010)
- What does a commissioning framework look like?: A framework for delivering the future workforce, CSIP (2007)
- Working to Recovery offer training to deliver recovery-based services
- The ten essential shared capabilities: A framework for the whole of the mental health workforce, DH (2004)
- Personalisation of Health and Social Services: Leadership challenges and workforce development needs of the mental health voluntary sector in Leeds, Volition (2008)
- Service user- and carer-led research



Section 11: Stories and personal accounts

“I have opportunities for self-help and taking control”

“I have the information I need to feel empowered and make choices”

What helps to make this happen?

Personal stories of how personalisation and the recovery approach has made a positive difference in people's lives are very helpful in demonstrating what they mean in practice.

The links in the right hand column on this page have examples of personal accounts and stories.

Links and references:

- [In Control](#)
- [Personal budget stories: Think Local Act Personal](#)
- [Real stories: Rethink Mental Illness](#)
- [Support planning website](#)
- [Helen Sanderson Associates](#)
- [Recovery Stories: Centre for Mental Health](#)
- [Recovery stories: Hertfordshire](#)
- [Recovery stories: film by Michelle McNary on the South London and Maudsley NHS Trust website](#)
- [SCIE social care TV: A set of films presenting the experiences of people using services and their carers, as well as social care staff](#)
- [Recovery stories on The Lambeth Collaborative website](#)



Section 12: Outcomes and quality framework

1. Helpful, person-centred systems and approaches

The systems I use support me to make my own decisions. People listen to me with respect

- I have a good experience when I first seek information, help or support
- People I come into contact with have the right approach and skills
- There is a planned and balanced approach to crisis and risk that I feel confident in and that does not undermine my sense of being in control of my life and recovery.

2. Information, advice, personal motivation and self-help

“I have opportunities for self-help and taking control. I have the information and advice I need to feel empowered and make choices”

- I have the opportunity to improve my knowledge of my mental health and self care options
- I can easily find the information I need about a wide range of things that are available in my locality
- There are people around who really want to help me fulfill my dreams and potential.

3. Support for managing personal budgets

“All the things are in place that can help me comfortably manage the resources allocated to me, in a way that suits me”

- I get clear information that tells me what a personal budget is and the different ways of using it
- I get support to decide which is the best option for me
- I get help with support planning if I want it and this includes support with positive risk taking
- I get the support I need to turn the plan into reality
- I can use the money allocated to me in new and creative ways
- Information, support and training is available to help me be a good employer and understand what is

Links and references:

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Links and references:

involved as a personal budget holder

- I know where to go to get help and advice when I need it as an employer and budget holder and if problems arise.

4. Support for carers

“I get the support I need to carry out my caring role, stay well and live my own life”

- I have easy access to information and advice to help and support me as a carer
- If I have to go through an assessment or self-assessment process it is easy to access and sensitive to my needs and wishes
- If I am eligible, assessment leads to the support I want in a way that suits me
- The contribution I make, and the informal family and friendship networks that support me and the person I care for, are recognised in assessment and support planning
- It is clear what can reasonably be expected from me as a caregiver and I have choices about how and when I provide care
- The processes I go through recognise that I can have a life of my own outside of my caring role
- I get help and support when I need it and at times of crisis
- I am given information about personal budgets
- I get the support I need, and that suits me, if I take on the management of a personal budget
- I am not put under pressure to take on management of a personal budget if I do not feel comfortable with this
- I can get breaks from caring when I need them and in a way that suits me
- I am not forced into financial hardship as a direct result of having a caring role
- I can continue my learning and development
- I am able to stay well as a carer
- As a child, I am protected from inappropriate caring and have the support I need to learn, thrive and have

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a positive childhood

- I am respected by professionals as an expert partner.

5. Fair access and equality

Opportunities are available to me without discrimination or unfairness

- My cultural background and communication needs are taken into account in assessment and self-assessment and support planning
- Enough time is given to me so that I can explain my needs properly, or for a family member or advocate to explain them on my behalf
- There is continuity in the contact I have with professionals and I don't have to keep explaining things over and over again
- There are no barriers to access and the quality of services I am offered is the same for me as for everyone else
- There is a good choice of opportunities that take account of my particular needs
- I get a fair choice and opportunities are available to me even though I live in a rural area.

6. Creative commissioning

“There is opportunity, choice and innovation in what is available to support me and give me a good quality of life”

- I can influence strategic planning of services as part of consultation or as a paid worker and as an equal partner
- The decisions and choices that I, and other people with mental health needs, make is captured and reflected in strategic planning
- I am supported to take control, live more independently and have more choice through well supported self care



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- I have the opportunity to be in control of health resources for my recovery and well being
- There is a wide range of things available so that I can make real choices and barriers to access are removed
- I have an opportunity to choose a user led service or be involved in running one
- I can see that services that I and my peers report are not good, or not running in a appropriate style, are supported to change or are de-commissioned
- I can see that commissioners have listened to people reporting gaps in service provision – and these are planned for.

7. Partnership

“My needs are met in a way that is easy for me. I get the support I need to participate as a citizen and take advantage of the things available to all”

- I am an equal partner in any health or social care assessment process, and it looks at my whole life, not just at problems and times when I am unwell
- I have good information and real choices so that I can recover and live life the way I want to
- I can get the support I need to live where and how I want to
- I have the opportunity and support to develop my interests and learning and participate in cultural, creative, sports, leisure and community activity
- I am supported and encouraged to prepare for employment, find work and stay employed
- I can gain the qualifications, skills and training I need to improve my employability and help me progress my career
- I can influence strategic planning of services as part of consultation or as a paid adviser or commissioner.

8. Prevention and early intervention

“I can get help and advice about how to stay well. Support and help are available to

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me at an early stage if I begin to feel unwell or things go wrong”

- As a citizen I have access to services that promote well being
- I get help when I ask for it, even if I do not meet eligibility criteria
- I get help before a crisis occurs.

9. Good leadership

“I can have a leadership role and there is good leadership wherever it is needed”

- I can have a leadership role and there is good leadership wherever it is needed.

10. Workforce and organisation development

“The people who are paid to provide me with support and treatment have the right skills and approach and are available when I need them”

- I have a good and positive experience of people involved in my treatment and support
- Staff I come into contact with in organisations are helpful, treat me with respect and help me take control
- I can get all the different treatment, information, advice and support I need smoothly and easily, no matter how complex my needs and situation are
- People I rely on and respect for their specialist knowledge, skills and expertise are there for me when I need them
- People who are involved in giving me treatment, information, advice and support and commissioning and managing services, are trusted to make good decisions
- People who are involved in my treatment and support in health and social care services have the right approach and skills
- People I come into contact with in the community as part of my support plan have the right attitudes and approaches
- It is easy for me to find or purchase all the things I need in my personal support plan.

Links and references:



Definitions

Co-production

Co-production means public services professionals working in an equal relationship with citizens and communities at all stages of planning, design, delivery and reviewing services. Co-production uses the skills, knowledge, experience, networks and resources that individuals and communities bring.

Person-centred planning

Person-centred planning is a way of planning to find out what people want, the support they need and how they can get it. It has the person themselves at the centre, alongside family, friends and community and focuses on what is important to someone now and in the future. In this way people can make decisions about how they want to live their lives, the support they need to do this and, for example, how to spend their personal budget to achieve this.

Payment by results

Payment by results is a way of paying providers of health care. Instead of paying for a whole service, it is a payment for each patient seen or treated. The payment may be, for example, for an outpatient attendance or a stay in hospital or a year of care for a long term condition. The prices (known as tariffs) are set nationally. Payment by Results is different from other ways of rewarding good performance because an amount of payment is withheld until the results are delivered. This means that the payment is directly related to the level of success.

Self care

Self care is about people taking control of their own health and wellbeing and trying to keep fit and healthy. It is about how they avoid becoming ill, and the care people extend to helping their family avoid becoming ill. It is also about treating common, everyday illnesses, avoiding accidents, taking care of oneself after leaving hospital and seeking help when it is needed.

Brokerage

When people have been given a personal budget, they may need independent help to find and arrange whatever it is they need to help and support them to live their lives. This independent help may be called brokerage, or support brokerage. There are a number of different ways in which brokerage can be set up, but it should be designed to provide help, for example, with information about what is available, to shop around for what suits and is good value, to find and employ a personal assistant, or to decide the best way to manage the money.

User-led organisations

A user-led organisation (ULO) is an organisation which is set up so that the people the organisation represents, or provides services to, have at least a majority on the management committee or board, and where there is clear accountability to members and service users. There are different models for ULOs but they are all based on the principle of people using services having at least a majority in the decision making.

Risk Enablement

Risk enablement is an approach for considering and supporting positive risk taking. The aim is to achieve the right balance to support someone to be independent whilst also maintaining duty of care and safety. It is a way of making decisions in an open and informed way with shared responsibility between the person concerned, the local authority, family, providers and staff. The options could range from a light-touch approach, a risk enablement panel or full safeguarding process.



Definitions (2)

Outcome-based support planning

'Outcomes' is a word used to refer to what happens in someone's life as a result of the services they have used. Outcome-based support planning aims to set out the aspirations, goals and priorities that that person has identified for themselves. Decisions can then be made about how these can best be achieved. Outcomes can be used to measure whether or not services have achieved the goals identified in the support plan.

Community participation

Community participation is the active involvement of individuals and communities in decisions that affect their lives. It is more than consultation as it involves people playing an active part and having a significant level of power and influence in decision making.

Commissioning

Commissioning is a term used in public services to describe the process of:

- Finding out about what people want and what is needed to meet their needs and enable choice and control
- Making plans about how to make it available for people
- Finding the best way to make it available for people and making the best use of resources to do so
- Checking to see if people got what they wanted and if things went to plan
- Learning from this and making sure it helps to better understand and improve things

JobCentre Plus

JobCentre Plus is part of the Department for Work and Pensions. It provides services that support people of working age into work, and helps employers to fill their vacancies.

Prevention and early intervention

Prevention and early intervention means identifying and addressing needs at an early stage to prevent difficulties that would result in higher and more intensive services later. It means providing the right support at the right time to avoid things reaching a crisis point.

Experts by experience

Experts by experience are people with personal experience of using services as individuals or family carers. People with experience of using services are increasingly being paid to use their experience, for example in the design, development, delivery and inspection of services.

A whole life approach

A whole life approach is one that covers all aspects of someone's life in the context of their family, friends and community, and over the whole course of their life. It requires good partnership and shared approaches that do not only focus on one aspect of someone's life and needs.

Information technology

Information technology is the use of computers and networks to store, process and receive information (data).

Procurement and contracting

Procurement is the term used in public services for the process of purchasing goods and services. Once a provider of goods or services is identified a contract is drawn up as an agreement about what the provision is and, for example, payment and review.



Definitions (3)

Equality principles

Equality principles are based on the idea of equal life chances.

'An equal society protects and promotes equal, real freedom and opportunity to live in the way people value and would choose, so that everyone can flourish. An equal society recognises people's different needs, situations and goals, and removes the barriers that limit what people can do and be.' (Final Report of the Equalities Review, Cabinet Office)

Strategic plans

A strategic plan sets out how things will be developed to meet the wishes and needs of a population in a particular area. A written strategy helps to clarify the thinking of commissioners and is an important statement of intent for people who use services, carers and providers.

Micro enterprises

A micro enterprise is a small business that employs a small number of people (usually fewer than 10). It is started with a small amount of capital and specialises in providing goods or services for local areas.

Joint Strategic Needs Assessment

JSNAs are local assessments of current and future health and social care needs that could be met by local authority and health authorities. They are produced by health and wellbeing boards, and are unique to each local area. A JSNA should provide information about the health and wellbeing of local communities and define inequalities where they exist. It should also provide information about local community views and evidence of what has been successful to inform joint planning.

Universal services

Universal services are community facilities and services available to everyone within their community such as transport, leisure, education, housing and access to information and advice. Care and support services are those available, through the Local Authority, to people who meet the criteria agreed by the government to help decide who is eligible for support for and what their level of need is.

Quality assurance in adult social care

Quality assurance activities are designed to monitor and improve services. The quality of services starts from what matters most to those people using them. A quality service also pays close attention to areas which may be invisible to users, such as medicines management or workforce development. As such, achieving quality should balance:

- The individual experience of people receiving care and support and their personal expectations and outcomes
- Services which keep people safe through recognised standards, safeguards and good practice
- Things put in place to ensure the effectiveness of services including their value for money.



Definitions (4)

Inspection and audit

The Care Quality Commission is the independent regulator of all health and social care services in England. Their job is to inspect, and make sure that care provided by hospitals, dentists, ambulances, care homes and services in people's own homes and elsewhere meets national standards of quality and safety. Audit of local authorities, carried out by auditors appointed by the local authority, looks at how well they are performing with regard to economy, efficiency and effectiveness.

- *Economy* is about what the authority spends and how well costs are minimised without compromising results
- *Effectiveness* is about delivering successful services that meet objectives as completely as possible
- *Efficiency* is about ensuring resources are achieving maximum performance with as little waste as possible.

Audit of healthcare involves assessing how well healthcare professionals are meeting accepted guidelines or standard practice.

The Care Programme Approach

The Care Programme Approach (CPA) is the framework that co-ordinates the care and support from secondary mental health services for people with severe mental illness and complex needs. Secondary mental health services include Community Mental Health Teams, Crisis or Home Treatment teams. Department of Health Guidance on CPA sets out what professionals need to consider when deciding whether someone should come under CPA. If someone is eligible they should get a full assessment of their health and social care needs, a care plan and regular reviews.

Reablement and telecare

Reablement helps people learn or re-learn the skills they need for daily living, which they may have lost because of a deterioration in their health or an increase in their support needs. The emphasis in reablement is on helping to restore independence rather than doing things for people. A reablement programme usually lasts between 6–12 weeks working on, for example, washing, dressing and preparing meals.

Telecare has a number of definitions, but is generally used to describe a range of services that use technology to enable people to live with greater independence and safety in their own homes. Examples include being able to call for assistance, at any time of the day or night, motion centres that can detect falls or unusual behaviour or devices that can show whether or not a fridge has been opened to access food, or that monitors the water level in a bath to avoid flooding.

Mentoring and peer support

In Greek mythology, Mentor was the friend that Ulysses entrusted his young son to. Mentoring has since become a term that means sharing knowledge and networks with someone in a relationship of mutual trust. Mentors help someone to help themselves by offering support and advice gained from their own knowledge and experience. Mentoring programmes might offer support, for example, to people in the workplace, at college, in connecting with their community to form networks and friends, or re-establishing their life after time spent in hospital.

Peer support is the shared practical, social, or emotional support that people who have experience of a mental illness are able to give to one another. Peers can benefit from this support whether they are giving or receiving it.




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