

**T**he difficulties faced by mental health trusts, councils and service users in trying to introduce self-directed support in mental health services are well rehearsed. As well as responding to the challenging target for the universal offer of personal budgets by 2013, if personalisation is to be a meaningful reality for people with mental health problems and offer them a fundamentally different relationship to services at the same time then commissioners and providers must adopt a radical change in approach.

It is clear that if service users are given a solid stake in service development and the delivery, running, commissioning and control of the services they receive, then this in itself has spin-off benefits in their mental health and wellbeing. The proposition is to make the 'chore' of hitting the 2013 personal budgets target – that

everyone who is eligible for one should be offered the chance to have a personal budget – the driver for making real service transformation. But the shift required is to move from chasing targets to chasing visions. Get these right and the achievement of the targets will follow.

This article sets out some top tips on the key questions that need to be addressed and the groundwork that needs to be done with stakeholders to create an environment within which personalisation can be successfully rolled out for people with mental health problems, their relationship with services transformed accordingly and the benefits maximised. It does not offer a quick fix but a creative way forward in implementing personalisation, which, if followed, can unlock the process and present opportunities.

### **Identify the stakeholders**

Firstly, it is essential to identify who the stakeholders

Turning personalisation for people with mental health problems into reality has been difficult for some local authorities, but Phil Woods offers some tips on how it can be achieved



are. Traditionally, discussions are limited to trusts, councils, commissioning groups and, if they are lucky, service users. Fine so far as it goes, but why stop there? Families, community groups, housing providers and local businesses are some of the other groups with significant roles to play.

### Commitment to personalisation

Once they have been identified, the first question that needs to be asked of all local stakeholders is whether they are committed to making personalisation real. It is relatively easy to find ways of meeting targets by 'ticking the boxes' without actually changing much. The temptations to go down this route are great, but successful and innovative partnerships have the opportunity to deliver significant health gains at reduced cost.

### Open and honest communication

Creating an environment in which people can express their hopes and fears about personalisation safely is essential. Fears can only be confronted once they are acknowledged and shared. All those involved need to be able to take stock of where they are in relation to personalisation and be clear about their aspirations and apprehensions. For each stakeholder these will be different. They may be well-founded and formed but frequently have remained unspoken. For example:

- How do we reconcile the need for control with freedom of choice?
- Is there a risk to my professional status and job?
- Do we really want to expose the difficulties in reconciling Fair Access to Care Services (FACS) with the Care Programme Approach (CPA)?
- How do we protect ourselves from risk?
- How do we contain costs?
- Will professionals listen to what I am telling them?
- How will I handle being able to make choices?

Given the right environment, others will emerge to be addressed. In order to move forward, everyone involved needs to be committed to listening to, understanding and addressing issues with which they may not identify or even agree. It also needs to be acknowledged that every stakeholder will have limits beyond which they cannot go. It is essential that they are clear about what these limits are, and why. This is not a quick process, but is an essential precursor to successful implementation.

### Set your objectives

Once everyone knows where they are and how others stand, it is time to get creative.

- What do we all want out of personalisation and what should it look like?
- What is the vision?
- What benefits can we expect?

With the right preparation, this can be the fun part of the process and can produce unexpected collaborations and creative solutions in the form of wholly new and innovative services.

The key to success is the retention of open minds and respect for other people's ideas. In one part of the country, this has led to local employers becoming significant players in the development of support. They see advantages to being part of a system that supports and maintains the health of their current and future workforce, be they people who may directly need services or their families. In other places, people have pooled their direct payments in order to commission their own support through music projects, social clubs etc.

### Identify delivery and support models

The key message is that the potential models for delivery of support are virtually unlimited providing that there is good facilitation by the agencies traditionally charged with commissioning, arranging and providing services. The hard work for

trusts and local authorities then begins:

- Determining FACS/CPA pathways
- Deriving a workable resource allocation system
- Helping community teams move from care management and input monitoring to outcome-focused planning
- Examining the future of in-house services
- Re-balancing the risk agenda
- Reconciling the council personalisation agenda with the NHS clustering and payment by results guidance etc.

### Learn from the experiences of others

It may seem daunting, but it is worth bearing in mind that innovators up and down the country are working on the same things and rising to the challenge and making good progress. There is a wealth of knowledge and experience that can be drawn on to help.

In this process the presentation of hard and soft outcome evidence, including personal experiences, to potentially sceptical professionals and service users is important. Listening to the evidence of people who have found real benefit from personalisation is a powerful tool.

Already the earliest adopters are reporting benefits as service users are encouraged and assisted to take control of their support and make their own choices. The potential for efficiency savings through reduction in need for intensive support services is particularly attractive to commissioners and providers.

Although at an early stage, the evidence base is growing through personalisation networks such as The East Midlands Mental Health and Personalisation Network, among others. It is essential to access and contribute to these emerging networks and learn from exemplar authorities such as Buckinghamshire/Oxfordshire, Cumbria and Tower Hamlets.

Following this approach with the right attitudes, commitment and support can make personalisation the key that unlocks the door to the most significant step forward in a generation for people who are affected by mental illness. ■

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