



Transcript

Personal Budgets

(TC: 00:00:10)

Male Narrator:

In the last few years, the number of people managing their own care through personal budgets has continued to rise, but personal budgets are much less common for people with mental health problems. In this film, we look at the work of Stockport Council and Pennine Care NHS Foundation Trust, which have enabled hundreds of individuals with mental health problems to access self-directed support. We'll see how it can be used to provide innovative support in challenging cases. Some would see the approach as bold and unusual. The local authority has approved the use of personal budgets for expenditure on holidays or to start a social enterprise.

TITLE: Personal Budgets. RISK ENABLEMENT AND MENTAL HEALTH

(00: 00: 58) Nick Dixon:

In 2007, 2008 the service was very limited. We were probably very good at medication, at the medical side of services, we were relatively good at the talking therapies and psychological treatments, we got increasingly good at risk management because we didn't want any more inquiries. What that created was a very risk averse agenda, so we tried to balance the medical, the psychological with the social, the recovery, and move away from this risk averse practice which just restricted people, and begin to take positive risks.

(00:01:34) Narrator:

In 2009, Stockport launched a pilot to enable people with mental health problems, who might be considered high risk, to access a personal budget known as self-directed support. When positive risk taking is encouraged, staff can come up with innovative ways to support people.

(00:01:53) Nick Dixon:

The vast majority are doing something very different with their money, so we've come a long way from when we first jumped in at the deep end. By jumping in we managed to find the solutions, because we had to do. We're in a very strong, healthy position now.

(00:02:07)Narrator:

A holiday in America gave a boost in confidence to Jenny, who has bipolar affective disorder, she used her personal budget to fund the trip, and the outcome was positive. Jenny is now back in education. Since her holiday, she has started a college course in travel and tourism. Jenny also volunteers once a week at the mental health team office.

(00:02:29) Jenny:

I get very nervous about travelling, and doing these things and meeting new people, and flying is a big fear of mine, so I was hoping that when I applied for self-directed support, if I got given it, that I would be able to overcome some of these fears and boost my confidence.

Narrator:

Carmel Bailey is the social care lead in the Stockport Mental Health Team.

Carmel Bailey: What you up to? Have you got them pictures yet of your holiday?

Jenny: I do. My trip to America.

Carmel Bailey: It seems ages ago

Jenny: Here they are. This is gorgeous, that road went on for miles. I loved being out there in the desert.

(00:03:06) Carmel Bailey:

We tried not to look at what she was buying with it or what the object was, but what the aims were for her and what it would mean for her. That was about her having a separate identity from being somebody who had a mental health problem and moving on from that so she became more integrated into the community and was seen as a person in her own right, and that a mental health problem might be there somewhere. That has definitely worked with the package that she has had.

Narrator:

For Jenny, being awarded a budget to plan a holiday has played a big part in helping her take control of her life.

(00:03:41) Jenny:

I'm looking to the future now and looking at getting a full time job in the next couple of years, which is not something that I really ever thought that I'd be able to do. I've talked at a conference about self-directed support in front of a room full of people, which was terrifying, but again something that I felt had improved because of this holiday that I got

Narrator:

The way the payments are made vary on an individual basis, but generally they're put into a bank account in the service-user's name.

(00:04:10) Terry Dafter:

What people have bought is stuff that really helps them belong in the community, which gives them that social inclusion. So, it might be education, it may be leisure, it may be transport, it may be personal assistance. They haven't gone wild and, you know, gone buying ridiculous things, they've bought things which actually meet real, genuine outcomes for them.

Narrator:

Gerry, a former paramedic, who has post-traumatic stress and depression after a violent incident on duty, used his personal budget to develop his interest in photography.

(00:04:46) Julie Pepper:

When he came to us, he was keen to get involved in some of the group work that we run in the team, and got involved with the Painting with Light Photography project, and they're now looking at developing a social enterprise and all this has come about following his SDS package. He has bought photography equipment with it and is looking to use it for developing his social enterprise.

(00:05:14) Gerry:

It's made me think about what I wanted to do more, whereas I'd quite happily, you know, troll along doing what I needed to do to get right, but this has given me an idea to do it myself. You know, it's things that I wanted to do, not what other people have wanted to do, so it has helped me in that respect.

Narrator:

Staff in Stockport believe that this creative approach to support will improve long term outcomes for Gerry.

(00:05:39) Julie Pepper:

He's less likely to relapse. If he does relapse, he knows where his support networks lie. Hopefully, as the business progresses, he will become more and more self sufficient financially as well as emotionally.

(00:06:01)Narrator:

Brian is 50 years old and has depression as well as an alcohol related medical condition. Though he cannot manage his own budget, Brian is supported to control his own care with the help of his sister and supported living team manager, Barry Tildsley.

Barry Tildsley: How are you?

Brian: Do you want to come in, mate?

Barry Tildsley: Thanks.

Narrator:

Brian's self-directed support funds regular visits from support workers who help Brian with cleaning, shopping and managing his finances.

(00:06:27) Barry Tildsley:

As part of the support team, we realised that Brian was starting to use alcohol excessively. This created problems for him managing in his own home and obviously his behaviour then became a little bit more unmanageable and impacted on the local community. At that point, we had to take quite a drastic decision in terms of getting support in very quickly, otherwise the alternative for Brian could have been a custodial sentence or remand.

Narrator:

The use of self-directed support enables a flexible approach, where additional care can quickly be put in place in times of crisis.

Barry Tildsley: There may be times that you may become unwell and you may start using alcohol, and we felt that we should build in some contingency plan for that.

Narrator:

This adaptable approach to funding Brian's support has helped create stability in his life.

(00:07:23) Barry Tildsley:

For Brian, at the moment, he has got aspirations about undertaking voluntary work in the future and getting more involved in his community. For him, it's a positive experience. Without SDS, I don't think he'd be able to manage by himself in his own home.

(00:07:41) Brian:

Well, I'm able to make my own decisions to some extent, but I tend to be given prompts which I accept more often than reject, but I'm still able to say, 'Well, I think this is a better idea.' So, I'm given my own way in certain things, but I do accept that there are positions and circumstances where I need the help and advice of the team and that's what I get. I accept that and appreciate it.

(00:08:10) Narrator:

Risks and safeguarding are considered at a core group meeting. Today, Brian's case is being discussed. An advocate for the service user is invited to the meeting. The fortnightly meeting sees professionals from across social care discuss any concerns or risks associated with personal budgets and support plans.

Barry Tildsley: He feels that he doesn't need as much support and that is our own in-house services have now withdrawn in the evening visits because he's doing so well. He hasn't drunk for about four months.

Female: Brilliant.

Narrator:

Creating an environment where staff talk openly about risk has been the key to success in Stockport.

(00:08:52) Nick Dixon:

I can't overstate how difficult this journey was to begin with to take clinicians and practitioners with us on this journey. We had to be able to put in place a safeguard around the practitioners. We've got a core group and we have a risk enablement panel. The risk enablement panel in three years has only met twice. We had to have it to reassure staff at the beginning because they were very frightened, some of them, about what might happen if things went wrong. I'm pleased to say nothing has gone wrong, but what we have got are some very positive outcomes.

Narrator:

With around 350 people with mental health problems currently on a personal budget in Stockport, managers see the benefits in the change in the way the services are delivered to people.

(00:09:34) Terry Dafter:

People with mental health problems can often feel very powerless in the system, and that is a self-reinforcing cycle that is not good for their health. By giving people much

more control over their money, control over their commissioning generally, and their own individual situation then I think the opportunity to flourish and grow is tremendous.

(00:09:55) Nick Dixon:

Instead of maintaining people at some expense, we can help them to become contributing citizens, and people have gone on to get jobs and employment out of services, as a result of the kick start that personalisation gave them. Just a small amount of money can transform somebody's life, that's what we've found.

(TC: 00:10:10)