

CoolTan Arts Personalisation Conference 25th September 2009

Final Summary of questions and answers on the day to the four Panel members:

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Sena Shah – LB Southwark

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Jean Cozens – CoolTan Arts Trustee

Panel members kindly agreed to provide written answers to questions raised on the day after the event when time ran out. The 16 questions are listed below. An orange underlined question-mark indicates those questions where further information would be appreciated. Thank you again for your time and assistance. Replies can be sent to qin@cooltanarts.org.uk and/or phil@cooltanarts.org.uk

***NB Please indicate if a reply is given In Confidence, or for limited circulation only. Reasons, if possible, for such requests would be appreciated.**

****CoolTan Arts would hope to distribute information from the conference to as wide an audience as possible, and we are happy to discuss this further if desired.**

1 Roisin: Is there any way for the general public to get the same information as presented today?

Robin: You could refer to websites e.g. DOH, In Control, Southwark Council & Robin's conference presentation notes

In Control - www.in-control.org.uk

Department of Health – Personalisation

http://www.dh.gov.uk/en/SocialCare/Socialcarereform/Personalisation/DH_080573

Department of Health – Putting People First – Summary (The Whole Story)

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089665

National Centre for Independent Living - www.ncil.org.uk

SCIE – The Rough Guide to Personalisation

<http://www.scie.org.uk/publications/reports/report20.asp>

Department of Health - Personal Health Budgets

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_101857

2 Jean: how does gaining independence and personal budgets fit with Community Treatment Orders? (CTO)

[In first year of CTO regime, 450 people were expected to be subject to these by Government reckoning, the actual figure over 600 in first six months).

Pauline: Personalisation: Local Authority Funding, NOT NHS funded * it's about social care funding* Two people in Lambeth pilot have both social care and health care (NHS) funding, however.

Robin: After 9th of November 2009, it is possible that a person on a Community Treatment Order might have a personal budget/direct payment. The extension of direct payments comes into force on that day and this removes the previous exclusions. From this date the duty local authorities have to make direct payments to people willing and able to use them and who are eligible to receive them includes people on Community Treatment Orders, EXCEPT in relation to any specified service which is a condition of the section itself. If there is such a requirement under the section to receive a particular type of service, then the LA has the discretion (i.e. 'power) to make a direct payment in respect of that service, but does not have to, even if the person satisfies all the criteria for receiving one. However, for any other service a person might receive which is not specified as a condition of the section, the duty with regard to direct payments will apply.

3 Roisin: How will criteria be drawn up to enable people to plan spending? What criteria will be used to say whether it can be spent or not, from a Local Authority point of view?

Robin: Local Authorities will outline the processes it will expect with regard to Support Planning, but are likely to leave the detail to individuals as far as possible. Local councils often use variations on the 7 principles published by in-Control for their support planning.

A good example of an approach to this is attached (Stockport's SDS leaflet).

4 Ann: Personal budgets - How short-term or not are activities purchased be to be measured - what evidence + how "measured"

*Southwark is currently developing criteria models - mainly social care money.

*Long term "outcomes" built into evaluation and review, to be answered by the "service user".

Sena offered to take the comments and question back to Southwark Council.??

"It is a journey...Desired outcomes can be reviewed and changed".

Robin: Personal budgets are a way of managing resources, and as such they are in existence for as long as the individual is in receipt of resources.

The type of activities that they are used to purchase will be highly varied, since the emphasis is on a person achieving the 'outcomes' agreed, i.e., their agreed ways of meeting their needs, rather than on how they do that. It is, however, true to say that some local authorities are being more controlling than others over how personal budgets are used.

5 Sharon: Are these kinds of personalisation services transferable to LB Lewisham?

Ans from Pauline – this is a national initiative, so LB Lewisham will be taking the changes on. But as Local Authority funding is used, everyone is at different stages.

6 Roisin: requests further details of the 20 people currently in Lambeth Pilot – any positive impacts to report yet?

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7 Rory: Criteria for direct payments –18 months ago 2 disabilities were 'needed' to qualify – is this still correct?

- Day centres/day services – what will happen to them?

Robin: I have never heard of anything like this 'criteria'!

It has no basis in law or in guidance.

8 Sandy: Are personalisation services available in Kent?

Robin:

Lewisham: I'm still trying to find out the contact person's name.

All I have so far is the Lewisham direct payments webpage and telephone number: 0208 314 7239

<http://www.lewisham.gov.uk/HealthAndSocialCare/AdultSocialCare/DirectPayments/>

Kent: The person I last had as a contact for Kent in respect of mental health was: **derek.seymour@kmpt.nhs.uk**

Kent has a Self Directed Support page:

<http://www.kent.gov.uk/SocialCare/about-social-care/self-directed-support/>

There is currently a Self-Directed Support (SDS) stakeholder group that meets monthly and has representation from members of the public. However we will be holding other events and meetings with members of the public in the future, please email alfa@kent.gov.uk if you would like further information or would like to get involved.

An SDS factsheet is at: <http://www.kent.gov.uk/NR/rdonlyres/B1007D63-6F6F-450C-B821-737E5D5EDBC7/17791/sdsfactsheet2.pdf>

Sena to send Southwark and Lewisham details to Gin.??

9 Michelle: Where does personalisation fit, or not, with current circumstances e.g. Disability Living Allowance (DLA)?

Ans – technically not at all at present. but not so straightforward...a grey area. Charging policies being introduced, plans floated by government also to change role of DLA.

10 Michelle: If £1 in every £3 is removed as planned from NHS ..what will happen to personalisation, and what impact will this make?

Robin: Whilst I can not find anyone else making such a dramatic prediction, my view is that, whatever the amount of funding available, a system which is based on the principles of Putting People First will be a more cost-effective use of limited funds than one which simply perpetuates our existing care processes. Therefore whilst support and services will necessarily be affected

by the amount of resources available, my belief is that a reduction in spending will not mean a change in the policy direction.

11 Michelle: Where does personalisation money come from?

Robin: It is the same money as is currently funding the care system, but apportioned to people with needs for support (above a certain level as determined by each council) in a different way; a way that is designed to significantly increase the opportunities each person has to exercise control over how their support is received.

And a general comment from Michelle – CoolTan Arts wants to be CONSULTED!

12 Roisin: How are trust and protection issues being addressed? Checks and opportunities for feedback? Risks of abuse? Carers have big responsibilities too.

Robin: Please look on the following page for some useful general information:

<http://www.dhcarenetworks.org.uk/Personalisation/Topics/Browse/Risk/>

13 Rory: Are people having a lot of trouble with anti-psychotic medications? Will there be more choice available?

Jean: I have personally tried six different anti-psychotic tablets and one depot injection over the past twenty-five years and found them all unpleasant and some unbearable. I particularly had trouble with akathisia, a deep-seated feeling of restlessness and inability to concentrate. The one I am currently being prescribed, Olanzapine, is not so bad for this as some others. I know some people find anti-psychotic drugs helpful for symptom relief but I have not found them helpful. Jim Read, in his new book, *Psychiatric Drugs, Key Issues and Service User Perspectives*, quotes research published in 2004 which found that 26% of people taking antipsychotics found them unhelpful. It doesn't say how many of these people were being coerced to take them anyway. This rose to 43% of people on depot medication finding it unhelpful. **<http://www.amazon.com/Psychiatric-Drugs-Issues-Service-Perspectives/dp/0230549403>**

Robin: There should be more choice as people become more involved in determining how best their needs can be met. However, some people are suggesting that new commissioning guidelines will make it difficult to be flexible in what mental health 'treatments' are made available.

14 Michelle: Can you spend your budget on your choice of psychiatrist etc?

Robin: At present, the answer is definitely no! Personal Budgets are for 'social care' and this would not include the services of a medical practitioner.

15 Michelle: How does personalisation interact with the Mental Health Act?

e.g. public versus private choice?

Jean: I understand that people being treated under the Mental Health Act Community Treatment Orders (CTO's) are entitled to direct payments. I personally find it galling that the government should be using the rhetoric of personal independence, personal responsibility, choice and personal growth whilst simultaneously extending compulsion into the community. According to the BBC news website, ten times as many people have been put on CTO's in the first year as the government predicted, and I am sure that not all of them pose a risk to others. I am sure of this because one of them is me. I understand from my solicitor that very few, if any, appeals against CTO's have been successful, because unlike section 3, for example, pressure on beds is not a consideration.

"Medics 'break' community care law"
<http://news.bbc.co.uk/1/hi/health/8278581.stm>

16 Michelle and others: How much £allocations are available in Southwark per individual assessment?

- Is this new money for Southwark?

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www.personalisation.org.uk

<http://icn.csip.org.uk/personalisation/index.cfm?pid=907%C2%A0>

www.socialinclusion.org.uk

www.directpayments.csip.org.uk

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