

# An Integrated Approach to delivering a Recovery Focused service: Lessons from a Vanguard Site

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Delivering Excellence in  
Recovery Oriented Services  
in Mental Health  
Monday 14th December 2015  
Hallam Conference Centre, London



# Background

- Metropolitan Borough in Greater Manchester
- 290,000 population
- A Vanguard site
- Multi-specialist community provider
- Includes social care, community health and a GP federation
- Most importantly voluntary and third sector under an Alliance contract
- Running in shadow form from April 2016
- Pooled budget of £220m
- Working to a capitation budget

# Lead for Community Empowerment

## Six Principles

- Care and support is person-centred: personalised, coordinating and empowering
- Services are created in partnership with patients and diverse communities
- There is a focus on reducing health inequalities
- Carers are supported
- Voluntary, community and social enterprise sectors are key enablers
- Volunteering and social action are key enablers

# Some Principles of the Vanguard Programme

- Change the balance of power
- Standardise what makes sense
- Customise to the individual
- Collaborate and cooperate
- Eliminate the walls
- Assume abundance- community and family assets
- Move from “what is the matter with you?”, to “what matters to you?”

# In the beginning.....

- Started a small scheme in one area of the borough
- Mental health pathways into and out of acute care
- Involved user-led organisation and extensive use of personal budgets
- Asset based approach
- Reduced caseload on CMHT
- Large number of stories on benefits of the approach
- Challenge is how to build this at scale



# Stockport 1

- Integrated team in a locality
- Focusing on older people
- In terms of the 1
  - One team
  - One assessment
  - One IT system
  - One pooled budget
  - One approach
- Short term pilot
- None of the team wanted to return to their substantive roles



## Drawn on Mental Health innovation to inform Stockport Together

- Cannot reduce demand in the system without a whole system approach
- Need to be radical, adopted burning platform with the VCS
- Nesta and the Cabinet Office : “This is an ambitious programme to ‘hard-wire’ social action into a transformed health and care system, and build co-production with people living with long term health conditions”
- Vanguard impressed by whole system change approach and emphasis on social movement
- New Prevention services- informed by People Powered Health and run as Alliance Contracts, tried and tested in Mental health



# Mental Health System- Background

- Delivered by statutory and voluntary services working in relative isolation
- Criteria tightening
- Little focus on outcomes and recovery or prevention
- Risk averse practice dominated
- People referred on and through- or get stuck, get ejected, fall between
- Delivered primarily in 'service land', excluded, detached



# Over time.....



- **Values Based Awareness**, 2002
- **Recovery** of a life, irrespective of the illness, 2003
- **Social Inclusion**- hopes and aspirations made possible, 2005
- **Personalisation**- choice and control, 2009
- **Outcomes** based commissioning, 2010
- **People Powered Health** and Coproduction, 2012
- **Collaboration** and redefined relationships, 2013
- **Social Action**- People Powered Places, 2015

# Times are changing

## Power with clinicians

- **Traditional interactions**
- **Expert knowledge creates behaviour change**
- **Goals are set by the clinician and success is measured by compliance with them**
- **Decisions are made by the clinician.**

## Co-production-power shared

- **Collaborative interactions**
- **Person is supported in defining their own goals. Success is measured by attaining those goals**
- **Meaningful choice and control**
- **Decisions are made as a service user-clinician partnership**
- **Use the assets in the system**

# What is People Powered Health?

## A set of principles...

- **A health and social care system that mobilises people** and recognises their assets, strengths and abilities, not just their needs
- **An ability to live well with long-term conditions powered by a partnership** between individuals, carers and frontline professionals
- **A system that organises care around the individual** in ways that blur the boundaries between health, public health, social care, and community and voluntary organisations

## ...underpinned by practical, outcome-focussed, interventions

- New forms of consultation
- Support for self-management
- Social prescribing
- Peer support and time banking
- Coaching, mentoring and buddying
- Health trainers and navigators
- Co-designed pathways
- Self-directed support
- Personal health budgets
- Integrated care through collaboratives, partnerships and alliances

# Barriers to a simple idea?

## **Organisational Related Barriers**

- Cultural – risk averse practice
- Commissioning approaches
- Governance
- Pricing and Payment(formerly Payment by Results)
- Statutory reviews including personal budgets

## **GP Related Barriers**

- Transfer of burden of work
- Expertise
- Funding

## **Policy Barriers**

- NICE Guidance

## **Service User and Carer Related Barriers**

- Fear of loss of support
- Stigma and discrimination
- Benefits and the Work Programme





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## MAKING PERSONALISATION PERSONAL IN STOCKPORT

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The Mental Health Prevention & Personalisation Service

Moving on Pathway

Supported by Stockport Metropolitan Borough Council

Pennine Care NHS Foundation Trust



DATA SUMMARY : THE PREVENTION AND  
PERSONALISATION SERVICE (THE MOVING ON PATHWAY)  
October 2015

- 245 people moving on, all with identified barriers
- 76 Cluster 11, 39 Cluster 12, 34 Cluster 2
- 133 discharged out of the system, 4 currently returned
- Includes 70 people from Clusters 11 and 12
- Peer supported drop-in key for assurance
- PROMs- 47% achieved, 37% progressing, 3% not achieved
- Wellbeing- 78.6% meaningfully improved at follow up
- 55 personal budgets ended through achieved outcomes (saving £115k 2015, further 22 identified as a barrier with a projected saving £30k)

# Cashable Savings and Benefits

- Fewer people in expensive services for shorter periods- **demonstrated**
- Improved productivity for clinicians in primary and secondary care- **demonstrated**
- Sustained outcomes and social returns- **demonstrated**
- Reduced use of personal budgets- **demonstrated**
- Capacity built in communities- **demonstrated**



# The Asset of Peers

- Tap into the power of peers- one area of growth still open to commissioners
- All Together Positive, User Led Organisation  
<http://www.alltogetherpositive.org/>
- Peer brokerage, Peer evaluation  
Peer reviewing of personal budgets
- ‘People Helping People: Peer Support that changes lives’ <http://www.nesta.org.uk/project/people-powered-health>





## **Distinctive principles of co-production and People Powered Health**

Co-production conceives of service users and staff as *active contributors* rather than passive consumers/workers (assets-based approach).

Co-production promotes *collaborative rather than paternalistic relationships* between staff and service users.

Co-production puts the focus on *delivery of outcomes* rather than just services.

**If we commission coproduction, shouldn't we also coproduce commissioning?**

# Alliance Contracting : History

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- Started in early 1990s in UK North Sea Oil projects
- Strategic alliances, partnerships and other attempts to drive collaboration had not changed behaviours
- Move to genuine risk share through alliance contracts led to outstanding results
- Since then 400+ alliances in Australasia
- Health service alliance contracts in New Zealand
- In UK, used in construction, infrastructure, defence and energy
- First UK alliance contract in health and social care – April 2013
- First UK alliance contract in health through open market procurement – April 2014

# More than a contract

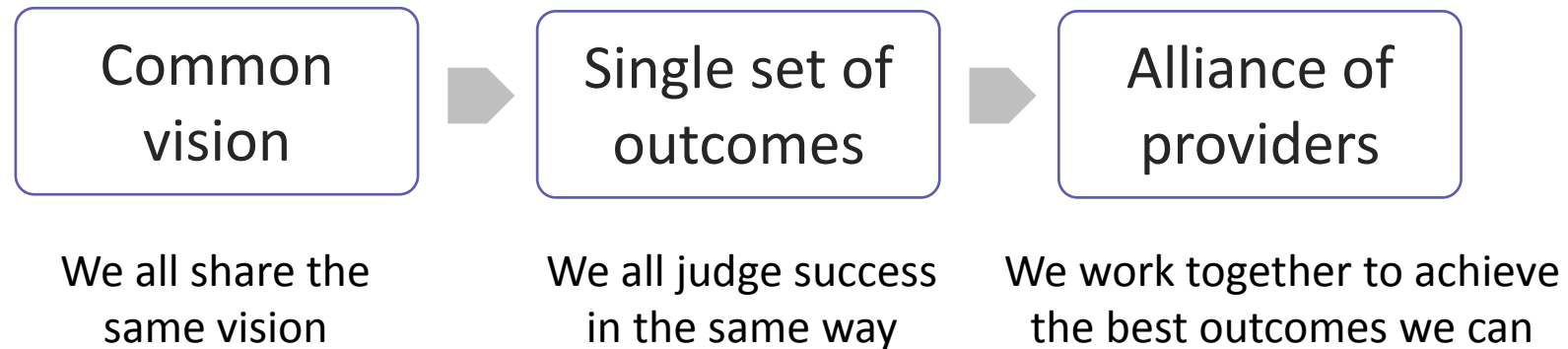
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**IT'S A WAY OF WORKING**

**FOCUS ON  
RELATIONSHIPS  
ALIGNMENT  
TRUST**

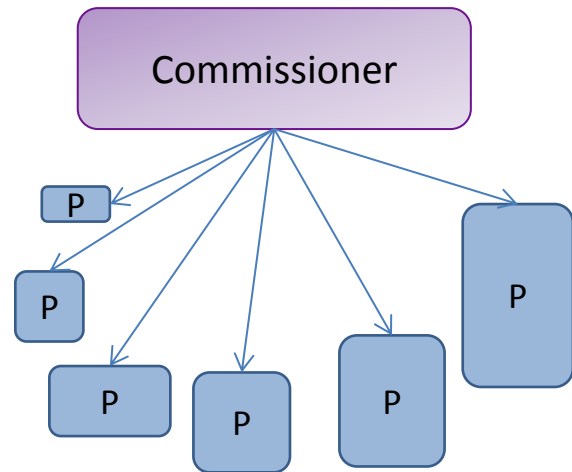
# Working together

- Collaboration between us creates value
- No one of us has all the answers
- Pooling our energy, ideas and resources will make us more than the sum of our parts



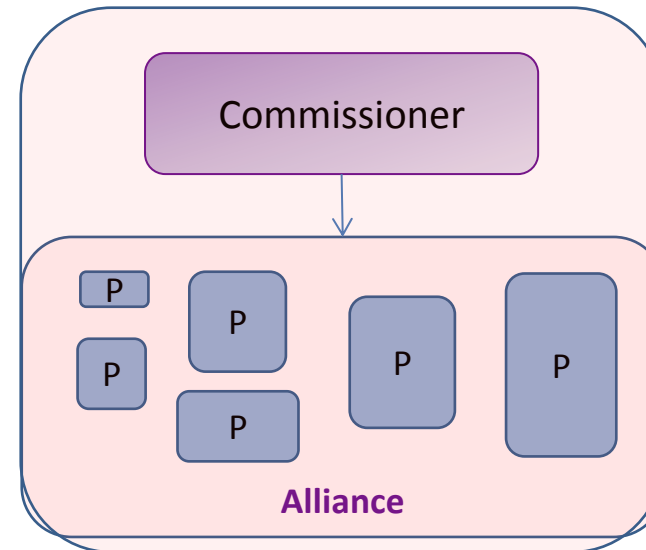
# Single contract

Traditional contract



- Separate contracts with each party
- Separate objectives for each party
- Performance individually judged
- Commissioner is the co-ordinator
- Provision made for dispute
- Contracts based on tight specification
- Change not easily accommodated

Alliance contract



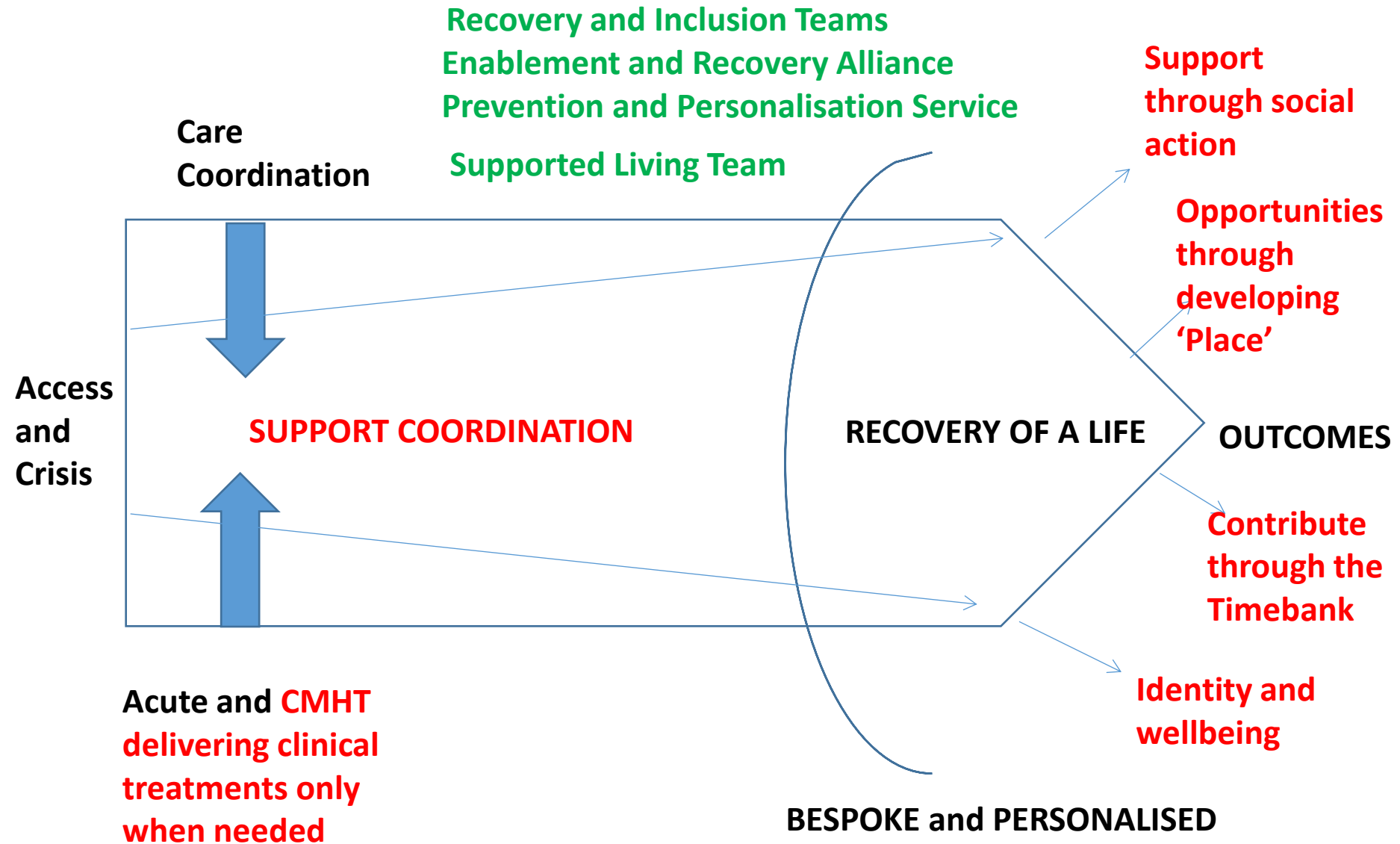
- One contract, one performance framework**
- Aligned objectives and shared risks**
- Success judged on performance overall**
- Shared co-ordination, collective accountability**
- Expectation of trust**
- Contract describes outcomes and relationships**
- Change and innovation in delivery are expected**

# The Alliance: Stockport Mental Health Enablement and Recovery Service, April 2013

- Sharing resources and skills
- Greater continuity and flexibility
- Every person has chosen goals
- Collaborative not competitive
- Incorporates social action
- Efficient, adding value, reducing duplication
- Outcome driven ( yet to be incentivised)
- Value £232k pa, growing to £332k pa with the Prevention and Personalisation Service April 2015



# Possible new model for community services?



A single Alliance Contract with multiple providers to deliver common outcomes. Support coordination as important as care coordination.

# Community Capacity and Social Movements

- Asset based community development
- Relationship Managers and Community Connectors
- Community Hubs, neighbourhood resources, digital offer
- People giving time, kinder communities, community conversations
- Timebanking, <http://give2gain.org/>
- Participatory budgeting and Kick start funding
- Social Enterprise
- Property offer, local Partnerships, Member role





# Postcard from Marple !



*Community capacity growth in the first hub*

*Opposite the Marple Memorial hub office is a Senior Citizens Centre built in 1967.  
– When we first started the Integrated hub ,we visited and spoke to people involved there. The centre looked dated , felt tired and was primarily serving a small and very distinct group of older residents with a dedicated but – weary –group of volunteers.*

*R.o.C. ( Redeeming Our Communities ),were working with us to develop **Community Capacity** and they started to initiate contacts , networks and activity. New groups emerged, **Marple People** and **Romiley People**. They had a novel idea for neighbours to give out **postcards with Tea bags** attached – encouraging people to make new friends and join in with the group via Facebook or email. We planned a **joint Community Conversation** specifically at this centre because the position, volunteers, facilities and history were such obvious **assets to the community**.*

*R.o.C. supported Marple People – to work with partners to create an event which could bring everyone together , share ideas ,information, postcards & **free home made cake** and discuss emerging activities such as developing **Social Enterprises** and **Timebanks**. **100+ people** turned up on a dark ,wet January evening, the place was packed. Over the evening **optimism** replaced the concerns people had that ‘**no one cares about other people around here**’. In May , **Romiley people** organised a **mobility scooter rally** .In June Marple people and partners have a **large volunteer cafe morning** starting at the centre coinciding with the local carnival and are setting up a **Timebank called 1 Good Turn**. Leisure services are starting cheap accessible new classes and many more plots, plans and conversations are happening. It feels like the **community has been mobilised** and we aim to help these vibrant oases flourish and spread.*

# The bigger picture

- Enabling people to recover a life needs agencies and services to come together- 'People live in places'
- Must grow community capacity and social action- with wider agencies, systematise 'People Helping People'
- The new Prevention Services use Alliance Contracting as the preferred commissioning framework- collaborate
- Outcomes must include social capital
- Culture change is critical, leadership matters
- Seek to give hope, through hope comes resilience
- Do not forget the opportunity to give back: "Recovery for me is knowing that when I die I have contributed something"

# Responses, Comments and Questions

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11 minute film: <https://vimeo.com/133542105>

3 minute film: <https://vimeo.com/133467212>

[www.nesta.org.uk/health-lab](http://www.nesta.org.uk/health-lab)

<http://www.stockport.gov.uk/newsroom/preventativecommissioning>

<http://www.stockport.gov.uk/services/socialcarehealth/adultsocialcare/workinginpartnership/healthandsocialcareinstockport/preventativecommissioning/>

[www.stockporttpa.org.uk](http://www.stockporttpa.org.uk)