Personalised care planning for mental health offers a better quality of life and more effective services

Summary
- Traditional models of healthcare are not appropriate for people with long term conditions, particularly those with mental illness
- Health and care organisations in Stockport sought to re-think the approach for people with chronic mental health conditions
- Service users are now guided to develop their own personalised care pathways, supported by a wide range of services from networked providers
- The scheme has improved the quality of life for people with mental health problems, increased the numbers discharged from specialist care, and is saving the NHS costs

Background
As more people live longer lives, with more long term conditions, it is clear that traditional models of healthcare – with a focus on treating individual episodes of acute illness - are not working for these people. This is particularly true for people with mental illness.

Health and care organisations in Stockport sought to re-think their approach to the care of patients with long term chronic mental health conditions. They wanted to move away from the traditional GP-led approach to one where patients were guided to new activities to give them a sense of purpose and increase their involvement in their local communities.

Action
Stockport CCG and council worked together with Pennine Care NHS Foundation Trust and a consortium of local charities and voluntary agencies, to support the users of mental health services to create their own individual care pathways. The pathways are underpinned by a wide range of services from networked providers including peer groups, debt and housing advice and clinical support.

Through the Prevention and Personalisation Service (PPS), pathway planners guide service users through the three stages of the pathway planning process:

1) Initial emotional support – talking through why the service user is there, how they feel about themselves and their life, including their mental health but also wider quality of life issues.

2) Identifying aspirations – supporting service users to identify their goals, which could be health outcomes or related to other aspects of their lives.

3) Overcoming barriers – working through issues that are preventing service users from achieving their aspirations, or are keeping them in secondary care.

In addition, a drop in centre was established by the PPS, run in conjunction with local mental health charities and a faith group, where people could receive additional advice and support. This included support to re-engage in the local community, for example putting service users with specific skills in touch with local businesses or charities who can use those skills. The drop in service is run by service users in recovery themselves.

Service users discharge themselves from the PPS when they feel ready.
Impact
Preliminary results show that the scheme has improved the quality of life for people with mental health problems, increased the numbers discharged from specialist care, and is saving the NHS costs.

The initiative has helped to reduce the use of secondary services. Within 18 months of the scheme starting, over 100 patients were discharged from specialist care who would not otherwise have been.

The project is also successfully creating a bank of recovered patients who have found their voice, regained their purpose in life, and can work with others as peer supporters to show them the way.

Nick Dixon, Mental Health Commissioning Manager at Stockport Council, said: “This is where the solution to our problems is going to come from. It doesn’t lie in the NHS or social care – we haven’t got the resources even if it did – it lies in the communities in which people live.”

Further information
For more information, please visit:
http://www.stockport.gov.uk/services/socialcarehealth/adultsocialcare/workinginpartnership/nesta2014

Contact
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