



National Mental Health
Development Unit

Mental Health and Housing: Resources for Commissioners and Providers

Localism and the Big Society

Briefing

1.0

CONTEXT

“Citizenship isn’t a transaction – in which you put your taxes in and get your services out. It’s a relationship – you’re part of something bigger than yourself and it matters what you think and feel and do.”

– Rt. Hon David Cameron
5th October 2010

1.1

The Coalition’s Programme for Government set out that deficit reduction, and continuing to ensure economic recovery is the most urgent issue facing the UK. The Government aims for public sector net debt as a percentage of GDP to be falling by 2014 / 2015 thus ensuring that the public finances have been placed on a sustainable footing. The deficit reduction plan has been designed to provide the impetus for redefining the relationship between the individual and the State. This will require a cultural shift in attitudes and behaviours towards service design and delivery.

1.2

The Government’s Big Society agenda places emphasis on taking action at a local level. Citizens are increasingly being urged to take more responsibility for themselves, their families, their neighbours and their communities. They are encouraged to expect less from the State and not to wait for the State to act on their behalf.

1.3

Local Authorities have an important role in developing this. As the Conservative Party Manifesto for the May 2010 General Election said, “Building the Big Society is not just a question of the State stepping back and hoping for the best : It will require an active role for the State. The State must galvanise social renewal. We must use the State to help remake society”. In as much it is yet possible to define the Big Society there are a number of themes that have influenced the Government’s thinking :

- i) transferring power from central to local government;
- ii) empowering local communities to address local issues;
- iii) encouraging local people to take an active role in their communities;
- iv) supporting organisations that have a social purpose;
- v) increasing the transparency of local government by putting more information into the public domain.

- 1.4 There are strong links between the Big Society agenda and the drive for personalisation in adult social care. Both involve empowering people to be active citizens who control their care and support and can contribute to their communities. Co-production of care and support, the drive to give people more ownership and control, and enabling people using care and support services to determine its quality and value (including how it is regulated), can be facilitated through the Big Society agenda.

2.0 THE LOCALISM BILL

- 2.1 On December 13th 2010 the Government published the Localism Bill. This they said was intended to herald a “ground breaking shift in power to councils and communities”. The Government intends to achieve this through a package of measures that will devolve power and freedoms to local authorities and neighbourhoods, establish new rights for communities, reform the planning system and give communities more control over housing allocation decisions.
- 2.2 This presents opportunities to find newways for services to interact. However, one person’s localism is another person’s postcode lottery. Use of real-time performance data and peer review has been suggested as a way of reducing variations in care and what is on offer whilst allowing local people to prioritise what is available in their area.
- 2.3 The Localism Bill wishes to create a different environment in which public services operate. There are arguably three themes to this :-
- i) Doing More for Less**
A belief in the need to create a more mutual relationship between users of services and service providers. It will look for way in which users can add value to the business. It seeks to leverage volunteers, local philanthropy, social enterprises and other forms of community action to ensure that the services that local people most value can be delivered at lower cost.
 - ii) Innovation**
A belief that centralised, state funded monopolistic providers stifle innovation and experimentation. The reforms are designed to allow a more diverse range of providers to come with services that best meet the needs of the locality for which they are intended.
 - iii) Engaged Communities**
As we can see in the quote at the head of this paper, Prime Minister has called for a relational approach to citizenship. There is an expectation that we will all have to do more for ourselves and for each other as well as having fewer expectations of the state to solve our problems.

- 2.4 The Bill has significant implications for the services that are important to people with mental health problems. Additionally it is not clear how the measures set out in this Bill will relate to those set out in, for example, the Commissioning Green Paper and the Health and Social Care Bill. It is likely that new structures such as Health and Wellbeing Boards will be key places where local commissioning conversations and decisions will take place between partners. The abolition of regional housing strategies, local planning reform and the community right to build and the strengthened role of communities in planning decisions will all transform the local landscape in which the transfer of care into community settings will take place.

DEVELOPING A WHOLE SYSTEM VIEW

- 2.5 All of this calls for a revitalized approach to place-based solutions. This will only work if we can move money and resources across financial, service and institutional boundaries. This has to start by developing a better understanding of what resources are available at a local level and a local evidence base of what works. Citizens need to feel that engagement is authentic and delivers real change. We may need to accept that some will be looking to engage in more conflictual ways whilst others are looking to create new methods for influencing commissioners and providers and are taking things into their own hands. We need to look at the places where people are currently organising and how people use their own resources – how we can enhance this.
- 2.6 It is extremely important to spend time building relationships if whole system working is going to be effective in a downturn. This relationship building takes time. The challenge is in learning to share the territory differently. With the collapse in funding there is a real fear that the whole thing could explode. People have everything to gain from co-operating and everything to lose from competing. However, this needs a framework similar to that of Common Pool Resources with its clear set of rules² to manage clearly defined boundaries, congruence between appropriation and provision rules and local conditions, conflict resolution mechanisms and minimal intervention by external bodies.

2 Ostrom, Elinor. Common Pool Resources

CONCLUSION

- 2.7 If we are going to create a whole system at a local level with recovery at it's heart then we need to develop a common purpose which will be deliverable through a shared operating framework that helps us to understand our appetite for risk and recognizes peoples' lives by including their need for housing, employment and social networks.
- 2.8 So, in the stories we tell and the pictures we create we need to be more balanced between health and social care and to create a band width that reflects the lived experience of the user whether that means including housing, employment, leisure, transport or whatever. If we remember the resistance to getting people out of long term mental health institutions. It took ages to build understanding of the value of having people out in the community and the need to generate that social capital.
- 2.9 If we are going to cope effectively with the financial challenges ahead and with the impact that the recession is likely to have on those who experience mental health problems then we are going to have to share resources in new ways. At it's best the localism agenda provides opportunities to develop a really robust community based system that is less fragmented, with a single point of access and generic teams that enable people to stay healthy, to do more for themselves, keeps them out of institutional care, gets them into hospital quickly when that is what they need but also gets them out quickly again. Above all it is a system that is trusted by the user to be focused on recovery as they see it.



National Mental Health
Development Unit

This briefing was produced by Peter Molyneux and Andrew van Doorn.

The National Mental Health Development Unit (NMHDU) is the agency charged with supporting the implementation of mental health policy in England by the Department of Health in collaboration with the NHS, Local Authorities and other major stakeholders.

Wellington House (Area 305)
133-135 Waterloo Road
London SE1 8UG

T 0207 972 4803
E ask@nmhdu.org.uk
W www.nmhdu.org.uk