



**BEYOND  
LIMITS**

# **Good planning, good lives**

**Breaking down the barriers and  
supporting people placed in out of  
area Specialist Hospitals to return to  
their local communities**

# My background

- Social Worker for people with learning disabilities and mental health needs
- CSCI (CQC)
- Change Team Cornwall (changing housing and support that had gone badly wrong)
- Cornwall PCT continued to improve quality
- Bournemouth NHS Campus re-provision
- United Response improving quality
- Developed 'Hands Off Its My Home – a path to Citizenship'
- Director for Beyond Limits with Doreen Kelly
- Columnist for Learning Disability Today

# Beyond Limits

- 3 year project with NEW Devon CCG Personalising Commissioning
- Using Individual Service Funds (3<sup>rd</sup> Party)
- Using Service Design & Working Policy
- 20 people currently in Hospital placements
- 20 people with big reputations
- 20 people with complex health needs
- 20 people who will get a tailor made service
- 20 people who will get a life that makes sense to them

# Assessment & Treatment?

- When the 'person' (gifts, talents, hopes and dreams) is ignored bad things can happen
- Health needs are not necessarily treated/stabilised (epilepsy)
- People come out with less coping skills than when they went in
- People come out with new 'behaviours' (ways to get people to listen)

# People Involved

- Total years in Hospital 195 years
- Average admission is 9.75 years
- People with complex health needs
- 13 people abused – half of those sexually, physically, emotionally
- Have moved between 3-25 Institutions
- Longest admission 15 years (and still on-going)
- Shortest admission 5 years
- First admission to an Institution aged 14-22
- All on MHA Section for between 5-14 years
- All families have felt loss of control, marginalised and physically unable to stay in touch
- All people have the same hopes and dreams as all of us

**Why do people end up in  
Hospitals miles from Home  
and loved ones?**

- Reactive traditional commissioning
- Help not provided when families needed it (often in adolescence)
- People not 'listened to' or understood
- Families are seen as the problem
- Lack of local resources and expertise
- Risk averse systems and professionals
- Statutory Agencies don't see Providers as partners

**So where do we start in  
righting the wrong?**



# You can't plan without a Budget!

- A service fund (Individual health budget)
- Planning and pre-move transition is funded (one off payment clawed back through reductions from years 2 onward)
- On-going budget (slight increase in year 1)
- A pot for emergencies is kept for the person
- Greatest reductions after year two and three



# The 'What' bit!

## Service Design

### (The solutions are in the detail)

- Take time getting to know person and significant others
- Telling their story (history)
- Gifts and talents
- Hopes and Dreams
- How their budget will be used
- 'Dream Team' characteristics, hobbies, interests, make up and skills (including support from loved ones)
- Housing needs
- What my day, week and year will look like
- How others will work together
- My gifts and skills
- My hopes and dreams for the future

# The 'how to' bit!

## (Working Policy)

- Many great plans are made and fall down because they are not followed up by a detailed 'how to' bit.
- It is fundamentally important that once a service is designed a 'how to' plan is written. Partners for Inclusion and Beyond Limits call this a Working Policy.
- Involves the person (if they wish), present and past professionals and family. It covers every eventuality and so can be distressing

# A story (then)

- Woman aged 32
- Lived and in and out of in Institutions since aged 15 including prison and semi-secure Hospital
- Took us two and a half years to get her out
- Was over 300 miles from her family
- Psychiatrist there and home would not accept her
- Self-harming to get attention
- Secluded, restrained, medicated and described in terms of her behaviours
- A freedom fighter

# A story (Now)

- A dedicated matched team who spent 12 weeks getting to know her at the Hospital
- Shared ownership house
- Plans in place with acute hospital and police
- Mum can visit for a Roast
- Made friends with neighbours
- Applying for jobs
- It's a scary world – different from the one she was in
- The perceived need for Institutionalisation still kicks in every now and again
- I visit her for some peace and quiet!

# It is not all a 'bed of roses'

- Only 6 (9) people have made it home so far although we have planned with 20 and been awarded contracts for 11
- People often come out more damaged than they went in
- Without life skills (been in a false environment for far too long)
- Picked up behaviours they did not have before going in
- Professionals still blocking discharge and people still are not coming home
- Teams take a while to 'bed down'
- The reality of moving from living within 4 walls to a world of freedom and choice can be scary
- Its hard work!!!
- Even with detailed planning there are still things you have to learn about people every single day!

# We all still have a long way to go to achieve a better World!



- People's health is more at risk whilst away from home
- Some people die
- Hospital doesn't work long or medium term
- Hospital doesn't mean a person will get 'better'
- Hospital away from home NEVER works
- Being away from family and community is destructive
- Build futures on the positives
- Cultural change is required
- People want lives!

# My Contacts



Sam Sly

Beyond Limits

[sam@beyondlimits-uk.org](mailto:sam@beyondlimits-uk.org)  
[sam.sly@enoughisenough.org.uk](mailto:sam.sly@enoughisenough.org.uk)

07900 424144

[www.beyondlimits-uk.org](http://www.beyondlimits-uk.org)