NDTi are undertaking a qualitative evaluation across sites participating in an evaluation of Mental Health Personal Health Budgets.

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Birmingham and Solihull CCG Case study

"It'll never get started if we are waiting for everyone to agree a process"

We all know the saying that culture eats strategy for breakfast. But listening to people in Birmingham last month made me realise that systems can make a much larger meal out of it.

I was there interviewing staff about their experiences of delivering Personal Health Budgets (PHBs) with people who'd previously been in hospital under specific sections of the Mental Health Act (MHA). Section 117 of the MHA gives people admitted under these sections a legal right to aftercare. Aftercare is broadly defined as services that reduce the risk of their mental health condition getting worse and resulting in the need for them to go back into hospital. Such services are funded by the local Clinical Commissioning Group (CCG) and the Local Authority (LA) – meaning it's one of the areas where disputes can arise about the proportion of funding that meets medical rather than social need and vice versa.

The 'right to have' a Personal Health Budget came into effect for all patients eligible for Section 117 in December 2019. As with their social care equivalent, Personal Health Budgets are a way of introducing a greater degree of choice and flexibility into supporting a person's mental health. Everyone has different circumstances, needs and interests and the ways to support people to keep well are different for each individual.

There will also be differences in how areas set up and arrange the process that sit behind the delivery of PHBs.

The mental health commissioner at Birmingham and Solihull CCG has taken a values-driven but entirely pragmatic approach; rolling out gradually across the four different Trust localities and learning along the way. His view is: "Let's have a go at this. If you're waiting for the perfect solution, you'll never get started".

It's clear that this style of leadership, along with personal commitment and continued involvement, has helped keep the work moving forwards. The same could very much be said of the dedicated Personal Health Budget lead within the Trust.

Learning along the way has enabled the external social brokerage team to be centrally involved in the process design not just its delivery. They're a small but energetic team of two people on a job share who are employed by the Rowan Organisation, a national charity that supports people with Direct Payments and Personal Budgets. As far as they know, it's the first time in the Rowan's 20 year history that their role has been physically based in the same team as their NHS or LA partners.

Co-location has been a success. The Rowan's team have built strong relationships and earned respect within the West Community Mental Health Team (CMHT). They have worked closely with Care Co-ordinators; following up referrals, holding initial discussions, undertaking joint visits, writing up and sharing support plans and sourcing alternative offers. This all takes time. But the paperwork is kept simple and the focus is on a meaningful conversation. It enables people to talk about past and present interests rather than just their medical condition:

"You get a sense of the person, not just their case."

The Rowan's staff have helped influence and embed the approach, as well as share the success stories – all vital ingredients in helping others see the value and support the use of PHBs. Crucially, they have also added capacity. The West CMHT covers an area of high deprivation and has a caseload of around 1,800. The community has changed in recent years and is now more transient. People often don't have any family or friends involved as they've moved into the area, increasingly, as a result of migration, human trafficking or needing to use the prison bail hostels. There are higher incidents of trauma and adverse life events – including Female Genital Mutilation and trafficking.

The Hub Manager told me you need to understand your population, the type of issues it's facing and the wider community context; for example, presence or otherwise of Citizen's Advice Bureaux, the increasing dependence on Food Banks for those on low wages or no wages etc. The absence of alternative support in the community has impacted on the workload of the CMHT.

Vacancy rates, sickness levels and agency staff will impact on any Trust's ability to deliver PHBs alongside existing statutory requirements. As the Rowan's staff move onto working in another locality, it will be left to those stretched care co-ordinators to find the time to do things differently.

Most people who the Rowan Organisation have worked with are keen to have a PHB to support them to get out and about. The debilitating impact of social isolation is well documented. In a 2015 research article J Holt-Lunstad and colleagues described it as having the same damage to health as smoking 15 cigarettes a day. PHBs have provided people with the opportunity to get out and take part, supported where needed by a personal assistant. They are doing the things that the rest of us take for granted: shopping, visiting the hairdressers once a month, buying a laptop to Facetime family members abroad, going to the gym - building relationships and confidence. People are not asking for much, but a little can make a big difference.

We will be interviewing people about their own experiences of having a PHB, to provide more detail. But everything I heard about the impact of PHBs was life-affirming. Not least the person who got in touch with the Rowan Organisation to ask whether they could help find her a 2-for-1 offer so she could afford to take her personal assistant out for tea as a thank you. Clearly a single example doesn't form an evidence base, but it provided a soft landing for the commissioner's later advice:

"To guard against counting the cost of everything and the value of nothing. You need the courage of your convictions: it's the right thing to do".

Taking time with person-centred conversations

Conviction is something that everyone I spoke to in Birmingham had in ample amounts. Staff in the CMHTs admitted they had first thought:

"Oh God, it's something else we have to do. Why can't it be tied into the existing offer? It's more work".

But once they started working alongside the Rowan's staff they could see, at first hand, the benefit and value.

It is difficult to overestimate the positive impact of the Rowan's staff on others. Not just their role, but how they carry it out. Taking account of cultural differences, helping vulnerable clients open up, never judging nor being risk averse, always helpful and finding solutions that work for people.

"That was so brilliant about the Rowan Organisation. They were ace. They really were."

The Rowan Organisation, together with the driving force of key CCG and Trust staff, have significantly supported the cultural shift needed to successfully implement PHBs. It is the NHS's own internal systems that have proved the biggest obstacle. Described by the commissioner as "a massive frustration" the finance side of things has led to long delays in getting agreed funding released. The Rowan Organisation, who manage all the budgets because no-one has chosen to manage their own, needed to be set up as a new provider on the finance system. Further delays have occurred in waiting for finance to release the agreed PHB monies to the Rowan's.

Helping to speed up the process in Birmingham and Solihull is the fact that the sign off of all PHBs costing less than £400 a week rests with the CCG commissioner - only amounts over that go to the former CHC Panel. In reality this means that there are very limited delays in waiting for approval. But a sizeable number of people are still waiting to have their approved PHB actually funded, months after its sign-off.

Some, but not all, of the problem has been that people referred to the Rowan's by the Trust have turned out to be the financial responsibility of a different CCG, one that needs a different (paper) administration process to the one worked out with Birmingham and Solihull. Even with the commitment and buy-in of senior CCG managers, it has been difficult getting the agreed money transferred.

It is generally agreed that the system is improving and the process getting smoother, but the issue of sustainability is one that still looms. The Rowan's team are on a short-term contract, currently funded until the end of July 2020. They will move between Hubs to influence and embed good practice. But that organisation also provides an important back office function - managing the payment of PHBs and the contracting arrangements of (currently) two care agencies, as well as developing other market opportunities in the different areas. Without them the CCG and Trust will need to support those necessary roles in other ways. Joint Resource Allocation System arrangements are under discussion with the council, to streamline the process for those getting social care budgets as well, but there is a wider packed agenda: investment in the voluntary sector, Recovery Hubs, Crisis Cafes, bringing people home from out of area.

I asked the commissioner to pass on his Top Tips to others looking at how to introduce PHBs in their areas. He rattled off the learning very quickly. The first and the last items seem especially important, for Birmingham, as well as everywhere else.

Top Tips...

Top Tips to others looking at how to introduce PHBs in their areas:

1. Get like-minded people who get it and have the energy to deliver.
2. Start smallish – but do something.
3. You don't need to have the perfect solutions.
   Work things out as you go along.
4. An external organisation has helped put a different perspective on things.
5. Engage finance team to support and own it.
6. Stick at it!

The next stage

This will involve interviews with Personal Health Budget holders to explore their experience of the process and the impact of receiving a PHB. Where people agree, these will be graphically facilitated to enable their stories to be shared more easily.

Further Reading
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