

# City and Hackney Case Study



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

September 2020

## Summary

Over the last twelve months, City & Hackney Clinical Commissioning Group (CCG) and its partners have delivered over 180 personal health budgets to support people in Mental Health services on their recovery journey. This case study is drawn from interviews with staff five months into their pilot.

Personal health budgets (PHBs) in City & Hackney are not intended to replace services but instead, as the commissioner described, they are *“the salt and pepper seasoning on top of everything else”*. They are shaped around what is already on offer in the community that can meet each individual’s own recovery goals.

To make a request for a PHB people need to be receiving treatment from the local provider of mental health services and moving towards recovery. They might be receiving Section 117 aftercare, but that is not essential. The key criteria are:

- a diagnosis of a mental illness which is cluster 4 or higher (eg severe), and
- a person’s readiness to move towards discharge and a life supported by what is available in the community.

## Covid19

Covid 19 has changed just about everything, for everybody, everywhere. But having the PHB offer in place has enabled City and Hackney to respond flexibly to the needs of local people. The entire PHB process has become digitalised and a fast track ‘Stay Connected’ PHB offer has been developed, providing access to mobile phones and/or sim cards for people with an SMI who need them.

This means that people have been able to stay connected to family and friends as well as receive remote support services and taking part in online community activities.

The pilot was designed with vision, leadership, creativity and collaboration. It continues to be delivered with the same ingredients for success and has demonstrated that having a PHB process can be invaluable in extraordinary times – as well as more ordinary ones.

## Background

In 2018 the CCG identified that people were “*getting stuck*” on their Recovery Pathway and remaining in secondary services longer than necessary. This was because the range of commissioned services, including those of the local authority and voluntary sector, was not able to fully meet the needs of each person. The commissioner is clear that discharge from secondary services is the basis of a successful treatment programme. It represents a route to autonomy that can result in people leading their own lives with support from within the community and primary care settings.

The pilot in City and Hackney was set up to test whether personal health budgets (PHBs) could support that transition for people. The vision for PHBs is to help achieve a specific mental health recovery goal rather than being an offer of long-term support.

## Budget Amounts

The move towards autonomy is underpinned by the financial payment, which is usually taken in the form of a Direct Payment. A notional budget is used if a person chooses to access the range of opportunities already commissioned by the CCG from [Core Arts](#), a local mental health creative education centre where, as one member of staff said “*we raise expectations and we help meet them*”.

As the PHBs are short term vehicles for recovery, the value of the budgets is not large and delegated sign off arrangements are in place:

- Each clinician can sign-off a single payment up to £250.
- The Team Lead needs to co-sign an amount between £250 and £750.
- Any PHB plans that exceed £750 go for E-Approval, where the request is reviewed by a person with lived experience, the PHB Lead Clinician and the CCG Commissioner.

This digital decision-making reduces administrative delay and saves on the staff time needed to present a case in person to Panel. It is just one example of City and Hackney harnessing the advantages that digital approaches can bring, not just in this pilot but more widely.

Another important time-saving decision has been the allocation of a set amount of total funding to pay the Direct Payments. The budget was organised and set up before the pilot started and is managed by a voluntary sector organisation, [The Advocacy Project](#).

Identifying and agreeing a budget in advance has meant the gap between authorisation and payment can be a matter of days or weeks. A quick turnaround builds confidence in the PHB process, both for staff and people receiving them.

## Co-production

Much of City and Hackney's success in meeting their target of 180 people in the pilot's first year has been due to good planning and an inclusive process developed in partnership, prior to launching the PHB offer.

PHBs need a process that works for the different parts of the system, most importantly, the person themselves and to ensure this was the case, initial design workshops were organised. These included people with lived experience, staff from Core Arts, East London Foundation Trust and other VCSE organisations in the borough, commissioners from the CCG and local authority, as well as members of the NHS England and NHS Improvement's Personalised Care Group team. The process was built around the question:

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*“What would help you to get well and to stay well?”*

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The workshops provided space to absorb information, identify problems and find solutions. Staff are clear they also created opportunities for early communication across all key organisations and gave the approach both transparency and ownership.

A key factor for the success of the pilot's design and process is attributed to the energy and style of the lead whose role sits outside of the delivery partners and enables her to *“get into the detail and create change rather than be a dominant force for change”*.

## The process

City and Hackney have illustrated the PHB recovery journey being piloted to help people understand the process for accessing one locally (please [click here](#) for further details).

Care Co-ordinators are responsible for supporting the people they work with to consider more widely what could help them reach their goals. Whilst this is easy to say, it is not as easy to do. It is a new approach that is needed, one that explores what is meaningful to the person themselves, each of whom has their own individual interests and ideas.

PHBs can be single items, such as crocheting equipment that enables someone who can't easily leave the house to do what she loves at home; a microphone for someone who used to be a rap artist in the 90s and wants to create music again; or a laptop to enable access to online courses or to use to develop their artistic or musical talents. The conversations that take place are a chance to explore people's lives and help them rediscover lost interests and also find new ones.

## The process (continued)

One Care Co-ordinator commented:

*People who haven't been interested in anything for years are thinking for themselves.*

She also pointed out that the PHB was a chance to tailor an offer to someone's specific interests, for example wanting to undertake a cooking class specific to their cultural background. There is a real sense of the potential for PHBs to provide support that suits a person's ethnic, cultural and religious requirements, in a way that generic mental health services sometimes struggle to do.

PHBs have helped people back into the community without having to take part in 'mental health' specific activities, which some people are unwilling to do because of the associated stigma.

One Care Co-ordinator commented:

*"I've got people in college after being out of work for 20 years". She thinks "it's an absolutely fantastic initiative. When it was first introduced, I thought it was almost too good to be true".*

The Advocacy Project were commissioned to provide an independent infrastructure to support, from referral through to payment – with a PHB Advisor overseeing the whole process. They are a highly valued partner:

*They're amazing. So proactive. They really want it to work too. They're willing to go beyond what the role is, to what the role needs to be.*

Most of the time the PHB Advisor supports staff who are concerned about the delegated responsibility for personally signing off budgets with expenditure up to £250. **"To have something wide open like this is a little bit scary. A bit daunting"**. People need to be supported to understand and make this culture change. Staff need to be reassured they are doing the right thing and helped to start thinking about the outcome that will be achieved rather than the money provided.

The Advocacy Project are clear:

*Our focus is to make sure the person is at the heart of the whole process. It's not about the transfer of money. It's about people's lives.*

The pilot is being evaluated and people are asked to complete measures, including start/midpoint/end reviews according to the timeline of their PHB activity. People also receive a regular clinical review of their needs, where discussions will take place about the impact of the PHB and some time will be spent exploring options for the future, for example self-funding or social care budgets.

## Summary

Collectively there is a real ambition to make the pilot work, not just as a stand-alone process but one that is integrated with the rest of the local mental health service offer. There is demonstrable leadership to make sure that budgets are as individual as the person themselves and that recovery goals can be met creatively. Some examples include:

- An African clothes-making course for someone who wants to build on their self-taught clothes designing skills to pursue a career in this field.
- A laptop for somebody who started GCSEs in English and Maths and needed one to complete the coursework. They are now using it to launch their own business.
- Sikh clothing for somebody who wants to embrace their identity and feel more connected to their culture.
- A table tennis bat for someone who would like to attend table tennis clubs to meet new people and build confidence.

The Engagement Lead is absolutely spot on when she says:

*It's not about the purchase.  
It's not about the value. It's  
about the recovery you're  
going to achieve.*

### Top Tips from City and Hackney's Commissioner are:

1. Embed PHBs in a good recovery planning process that is person centred and wider than the PHB itself.
2. Create a mix of all payment options – don't rely on just one.
3. Ensure that organisations delivering PHBs have the right skill set.
4. Ensure that organisations are motivated to engage with the new and different ways of working that are needed.
5. Ensure properly structured and funded monitoring systems for Direct Payments to avoid misuse of funds and to ensure that PHBs are properly used.

### Further Reading

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

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