

Report 1: Key findings and learning

December 2020

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NDTi's evaluation findings are presented in three linked reports, to be read as a set or standalone.

Key evaluation findings

People with personal health budgets (PHBs):



- Most interviewees reported that their personal health budget had a positive effect on their mental and physical health and wellbeing.
- Self-reported outcomes included increased activities and involvements, a more positive outlook and improved social and family relationships.
- Interviewees said they noticed the difference when they had open conversations about their needs and options. They said that full information about PHBs, responsive and flexible staff and systems gave them genuine choice and control over PHB decisions.
- There were signs of increased positivity amongst previously disengaged interviewees - some were starting to ask for what they needed and making future plans - although there was some concern about PHBs ending or being withdrawn.

The workforce:



- Staff at these sites said they are committed to delivering PHBs and believe they are beneficial – they reported improved morale and job satisfaction from seeing the difference PHBs have made.
- Staff said that input from voluntary sector partners and strong leaders inspired and supported them - although capacity and workload issues sometimes affected PHB delivery.
- The PHB process can enable culture change – but staff said that offering budget holders genuine choice and control requires a new way of working that can be unfamiliar and requires ongoing support and training.

The wider system:



- Mental health PHBs are not yet well known – clinicians and potential referrers may be unaware of them and people may not ask for PHBs themselves.
- Different systems and processes can work at different sites - but ongoing learning, flexibility and responsiveness to changing needs and concerns were key elements of successful PHB delivery
- These sites were at an early stage of implementing mental health PHBs and data on impact was incomplete - further evaluation is needed at local and national level to clarify the reach, impact and costs of PHBs.

Introduction and context

The roll out of personal health budgets (PHBs) is a key part of the personalisation agenda as detailed in the NHS long term plan. Direct payments in social care and personal health budgets in NHS continuing health care are available for people with physical health problems. Those with mental health issues independent of a physical health problem did not routinely access PHBs until December 2019, when the 'right to have' a PHB was extended to include people who are eligible for aftercare under section 117 of the Mental Health Act.

The purpose of a mental health PHB is to give people a greater degree of choice and flexibility in managing their mental health in the context of their daily life. They offer the chance to tailor support to specific stressors, interests or aspirations, as identified by the person themselves and can be personalised for ethnic, cultural, or religious preferences. PHBs are focussed on meeting identified health needs and can be spent on anything that provides an individual with appropriate care and support. People can choose the degree of control they have over their budget as PHBs can be managed by staff, paid direct to a service provider, money put on a cash card or paid via bank transfer.

NDTi were commissioned in late 2018 to undertake a qualitative evaluation of personal health budgets for mental health focussed in two areas that had recently launched this new offer: Birmingham & Solihull Community Mental Health Team (CMHT) and City & Hackney Clinical Commissioning Group (CCG). These two sites have high levels of multiple deprivation and a high prevalence of severe mental ill health, but they differ in size, approach and focus for their PHB offer. They also operate different processes and systems for implementation.

Birmingham & Solihull undertaking an ongoing roll out of PHBs, one CMHT at a time, across four different Trust localities with different funding arrangements. Their focus is on people who have been discharged from hospital under section 117 of the Mental Health Act. City & Hackney CCG are running a pilot project (for 12 months) with set funding amounts and one payment system across the patch. Their offer is focused on people within their Recovery Pathway – some of whom are section 117 eligible.

NDTi's evaluation findings are presented in three linked reports, to be read as a set or standalone reports.



Report 1: [A summary of findings from personal health budget holders and staff highlighting key findings and learning across these two sites.](#)

Report 2: [Findings from interviews with personal health budget holders at each site.](#)

Report 3: [Findings from visits and interviews with staff and partners at each site.](#)

COVID-19

In March 2020, the effects of COVID-19 and the subsequent restrictions impacted on the delivery of PHBs, the experience of the workforce, PHB holders and this evaluation. We were unable to undertake follow up interviews as planned and as a result we have little data on the longer term impact of the pandemic on PHBs. Where we have information, we outline how individuals and sites responded, but at the time of writing the full impacts of COVID-19 are still emerging. The pandemic will continue to have a huge impact on mental health. Further research and action will be needed to address this, including the impact of the pandemic on mental health personal health budgets.

Report 2 includes informal updates on the impact of COVID-19 on individuals, some of whom were unable to utilise their PHB or whose support changed due to the pandemic. Report 3 highlights how City & Hackney responded to COVID-19 with a fast track online 'Stay Connected' PHB offer.

Our evaluation approach

The aim of NDTi's qualitative evaluation was to explore the process and delivery, as well as the impact of having a mental health personal health budget. The primary focus was the experience of people who have accessed a PHB at these two sites. Understanding the experience of the workforce in implementing and delivering PHBs was also considered important.

Members of the NDTi evaluation team visited Birmingham & Solihull and City & Hackney to conduct qualitative interviews at the sites – at an early point in the development of their PHB offer:

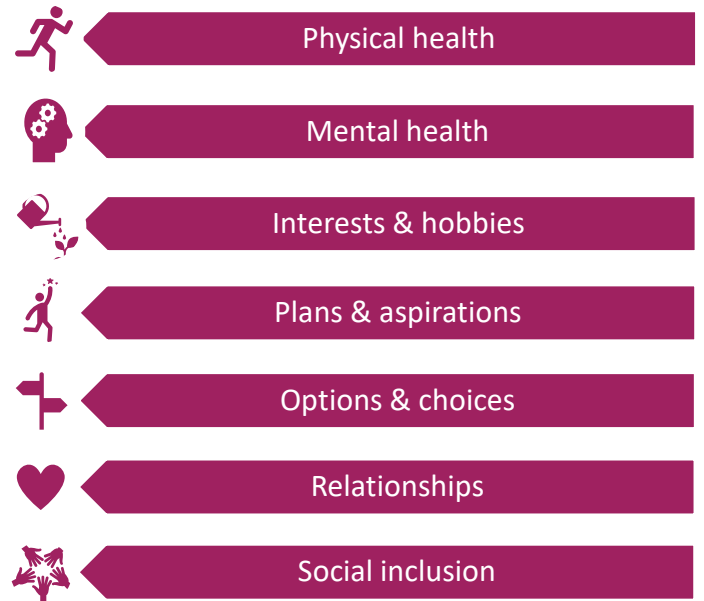


1. Eight individuals who had accessed a PHB were interviewed in February and March 2020. NDTi's graphic illustrator created an illustration of each person's PHB story that was later condensed into a comic strip/cartoon. Data from these interviews was thematically analysed. See **Report 2** for these findings.
2. Thirteen staff and partners were interviewed during October and November 2019. An interim evaluation report outlined early findings from both sites. Two focused case study reports were also produced for each site. These outputs are brought together in **Report 3**

What worked well for PHB holders?



Areas of impact for PHB holders:



What worked well for the sites?



Areas of impact for the sites:



Key learning

Details of the method and findings of the evaluation interviews are presented in Report 2 (PHB holders) & Report 3 (Sites). This section brings together the learning across personal health budget holders, staff and partners at both sites, identifying key ingredients for successful implementation of PHBs in mental health.

Information & confidence:



- Staff and PHB holders need clear information and ongoing support to embrace the potential of PHBs – and change old ways of operating.
- Having a clear focus on outcomes and goals helps clarify the PHB offer, as well as improving understanding and acceptance of PHBs.
- When staff and budget holders understand the nature and scope of PHBs and see or feel their impact – they can become engaged and positive.

Changing culture and practice:



- Enabling genuine choice and control involves time, skill and commitment – it can be daunting, for staff and budget holders.
- Training, resources and ongoing support for staff is needed to embed true personalisation - where people identify their needs and make their own PHB decisions.
- Involving advocates, partners from the voluntary sector and dedicated PHB staff helps to inspire staff, embed culture change and enhances capacity.

Improving systems and data:



- Simple, streamlined PHB approval, payment and monitoring systems help confidence and avoid confusion.
- Flexible systems with regular reviews and ongoing support is needed to enable adjustments to PHBs and help address budget holders changing needs or concerns.
- National and local data collection is needed to demonstrate the impact of PHBs on wellbeing, costs and resource use.

Acknowledgements

Our thanks and appreciation go to the eight individuals who participated in the evaluation, bringing it to life by telling us their PHB story and agreeing to be represented graphically.

We would like to thank staff and partners at both sites (Birmingham & Solihull CMHT and City & Hackney CCG), who assisted and supported this evaluation. Their time and input was considerable and much appreciated, especially given workload and capacity issues.

Evaluation of mental health personal health budget reports:

Report 1: [Key findings and learning](#)

Report 2: [The experience of personal health budget holders in Birmingham & Solihull and City & Hackney](#)

Report 3: [The experience of delivering personal health budgets in Birmingham & Solihull CMHT and City & Hackney CCG](#)

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