



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

December 2020



*"My PHB sorted out practical things that were stressing me out... We talked about what would help me stay out of hospital. They really listened to me."*

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

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## ***Acknowledgments***

*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 qualitative evaluation. Their time and input was considerable and much appreciated, especially given workload and capacity issues.*

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## 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to ask for what they needed and making future plans - although there was some concern about PHBs ending or being withdrawn.





## 1. 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 both 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, 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.

This report includes informal updates on the impact 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.



## 2. What we did

Two members of the NDTi evaluation team visited the two sites in February and March 2020. They conducted evaluation interviews with eight personal health budget holders. NDTi's researcher conducted the interview and our graphic recordist made a 'real-time' illustration of each person's PHB story. The interviews were semi-structured and covered individuals' experience of the process and the impact of having a personal health budget (See Appendix 1 for interview questions). It is important to note that in most cases, the evaluation interviews took place at an early stage of the person accessing their personal health budget, and review meetings where issues are raised and dealt with had not yet occurred.

Potential participants who had accessed and were utilising a mental health personal health budget were approached by staff at the sites. They were given an information sheet and consent form explaining the nature and purpose of the evaluation interview, including the illustration element. Individuals had the option of accepting or declining an interview with or without the illustrator present. Care was taken to ensure that the interview method and process was ethical and sensitive to the fluctuating nature of mental health issues, taking into account power issues and the interviewer/interviewee dynamic. All documentation, including the interview tools and ethics application were coproduced with a person with lived experience of mental health issues who is on the NDTi evaluation team. This team member has also reviewed this report.

All eight interviewees agreed to the presence of NDTi's illustrator and they amended and/or approved their illustration at the end of their interview. Further consent for the comic strips and pseudonyms –created later - was sought and obtained from seven out of the eight interviewees. One person was in hospital and unable to approve the comic strip; his interview data is used in this report as prior consent was given.

A thematic analysis of the interview data was conducted relating to the process and impact of personal health budgets for these eight interviewees and is presented in this report. The NDTi team collaborated to discuss and refine the emerging themes across all the fieldwork.

This method was chosen to provide a rich, in-depth insight into these individuals' experiences and to emphasise the importance of their stories. It should be noted that this small sample was selected by the sites themselves and these individuals' experiences are not necessarily representative. Interviewing more PHB holders is likely to reveal new and different issues and concerns – as eight interviews were insufficient for data saturation.

Due to the pandemic, planned follow up interviews at each site did not take place. Instead, informal updates were provided by sites on individuals' progress in the months post interview.

**Table 1: interviews with Personal Health Budget Holders conducted by NDTi (February/March 2020)**

Site	Birmingham & Solihull	City & Hackney
Focus of PHB offer	Section 117 (Community Mental Health Teams)	Recovery Pathway (including section 117 and others)
Budget holders interviewed	4	4



### 3. What we found:

#### 3.1 Who and what?

Our small sample of eight interviewees did reflect some diversity of age, gender and ethnicity. In Birmingham & Solihull all four interviewees were female and all were over 45 years. Two were white and two were Black/African. In City & Hackney, three interviewees were male and one was female. They were younger than in Birmingham, three were under 45. One interviewee was white and three were Black/African/multiple ethnicities.

See **Report 3** for demographic information on the age, gender and ethnicity of people accessing PHBs at both these sites.

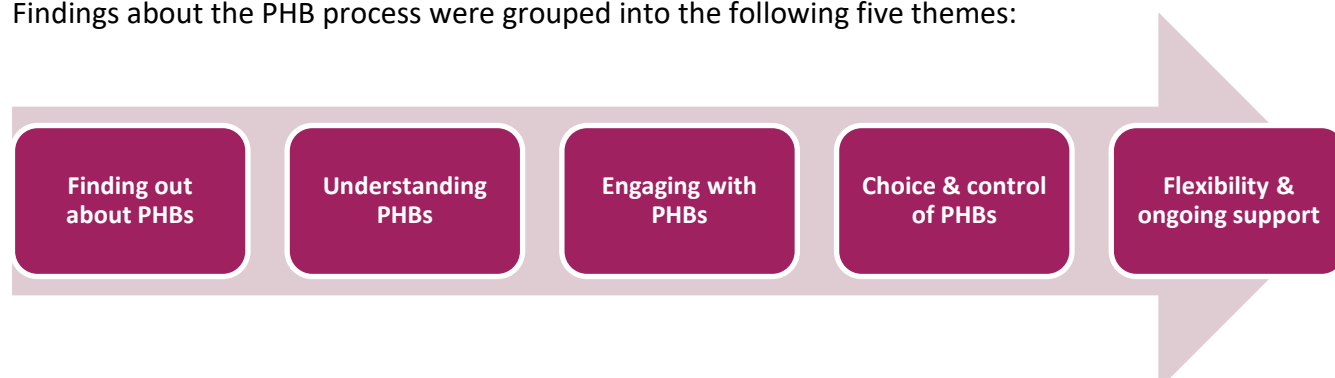
Our interviewees spent their PHBs on a wide range of activities and items, as illustrated in their stories below. City & Hackney's PHB offer was focused on the Recovery Pathway and was a time limited pilot project. PHB spending here tended to focus on one off items. In Birmingham & Solihull the focus was on people eligible for aftercare under Section 117 of the Mental Health Act. PHBs here tended to be ongoing support, often provided by agencies. Spending on PHBs at both sites fell into broad categories of: home support, arts and crafts, fitness/exercise, technical/computer equipment, education/training, self-care and well-being.

See **Report 3** for examples of the numerous other ways that people spent their PHBs at these sites to meet individualised outcomes.

#### 3.2 The PHB Process

All eight personal budget holders who were interviewed for this evaluation said that mental health PHBs were a good idea overall. Seven out of eight said the process had been positive for them. They all agreed that the focus on their life and their recovery outside of mental health services was important and helpful.

Findings about the PHB process were grouped into the following five themes:

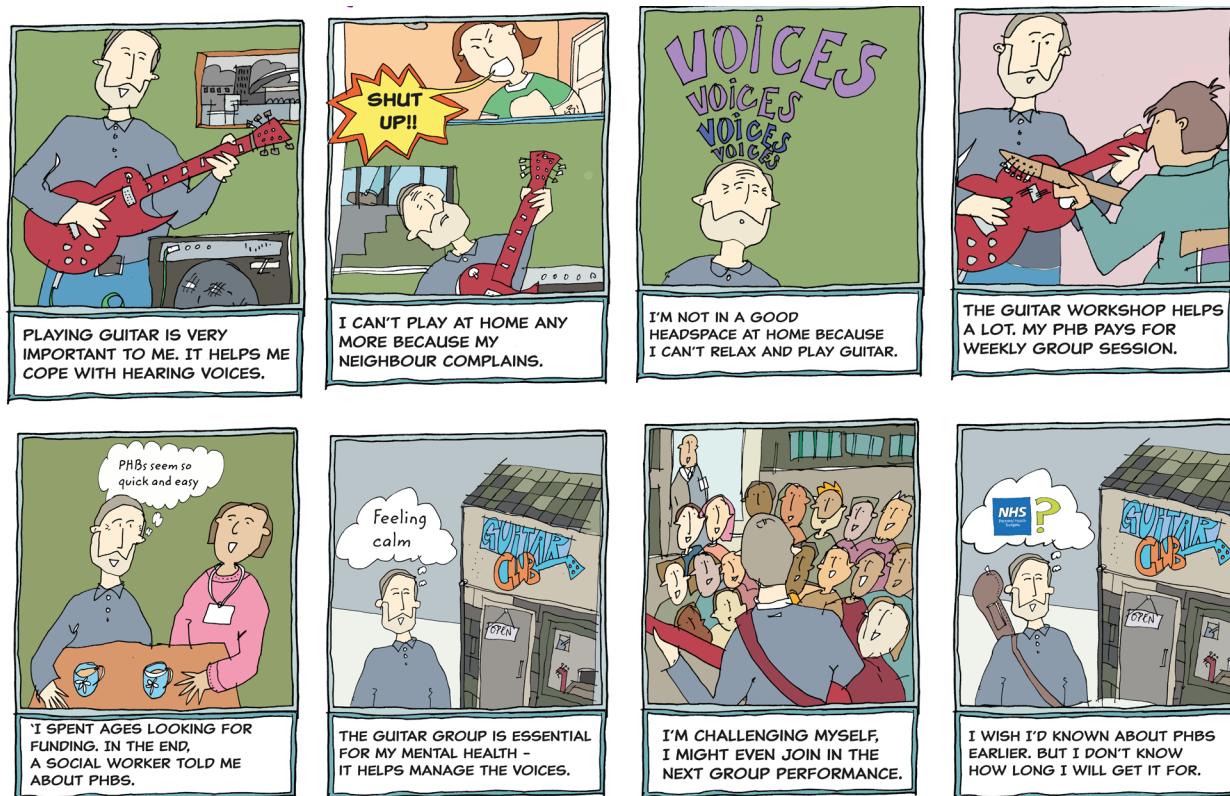


## Finding out about PHBs

None of the eight participants knew about or had asked for a PHB themselves. All were introduced to PHBs by a health or social work professional, often the care coordinator. At the time of our interviews, mental health PHBs had been available in these areas relatively recently - they were a new concept to our interviewees as well as to some professionals. Some clinicians were unaware of PHBs, others such as the Crisis Team in Hackney were proactive (see Trevor's story). Several interviewees said they were unenthusiastic or even suspicious when the idea of a PHB was first raised - explaining the offer in a way that gained peoples' interest and trust was important (see 'Engaging with PHBs' below).

Pete was the only interviewee who was pro-actively seeking funding after discovering the guitar class at Core Arts. His psychiatrist was seemingly unaware of PHBs, and he waited for a year before being told about them by a social worker. Pete is currently trying to get an extension to his PHB for when his guitar class resumes post COVID-19.

### Pete's personal health budget story



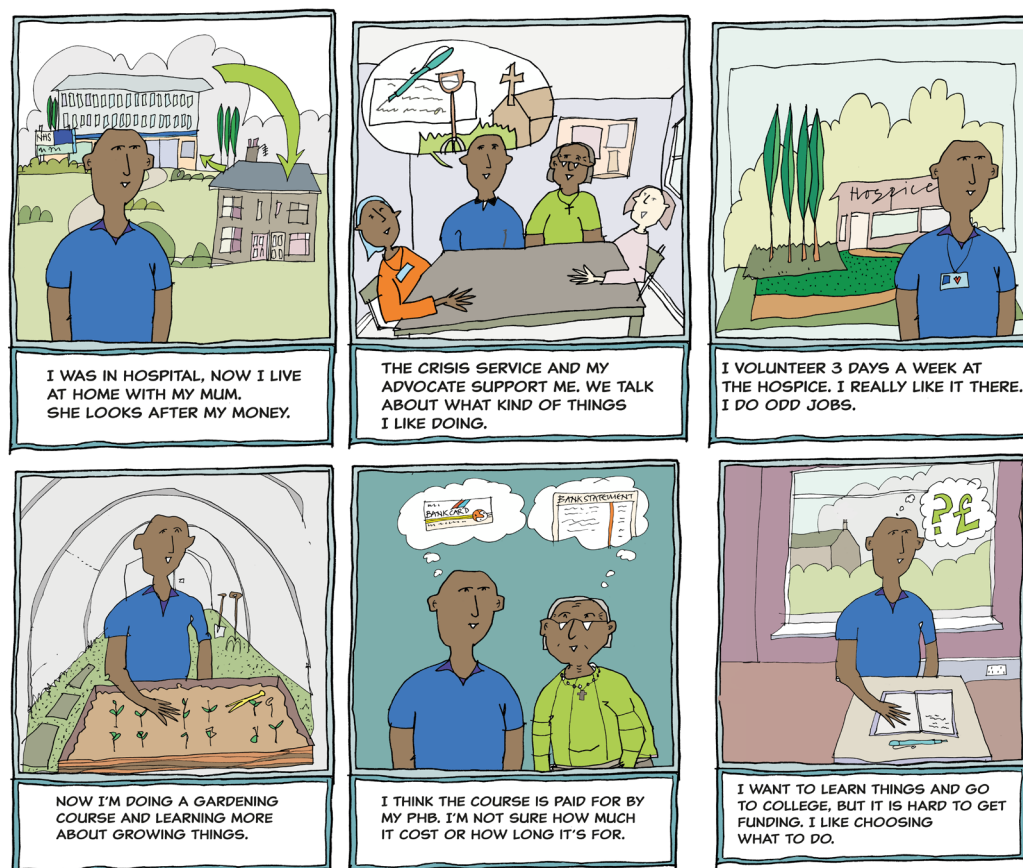
## Understanding PHBs

Most interviewees we spoke to said that the professionals who had told them about personal health budgets had explained their nature and purpose clearly. Several said the focus on recovery, staying well and avoiding hospital re-admission made sense to them. Some said the offer seemed too good to be true and others were surprised when they understood the broad scope of PHBs.

Some interviewees were confused or unsure about what a PHB could be used for, how much they were getting and how long it would continue for. Some saw it as a pot of limited amount of money for specific items, others as an ongoing or open ended fund to dip into. One interviewee lumped her PHB and her Personal Independence Payment (PIP) together and was unclear of the difference between them. Several interviewees were unsure of their scope and did not ask for things that were important to them. Alicia initially assumed it was not allowed, so didn't ask about visiting her daughter in hospital by taxi, but has since found that this is possible under her PHB.

Aisha and Trevor mentioned the importance of having a formal advocate to help them understand PHBs, clarify their options and choices, and help navigate the system. Trevor (see below) wanted to develop his creative writing and drawing skills but was unclear if his PHB could be used for this.

### Trevor's personal health budget story





## Engaging with PHBs

Several interviewees told us they were unenthusiastic or disinterested when they were first told about PHBs. For some, depression or anxiety resulted in them feeling negative or fearful of this new offer. Several told us they needed persuading that PHBs could be of benefit to them. Thinking outside the context of traditional services was new to our interviewees and staff, some interviewees were short of ideas of what to spend it on.

Pete was the only interviewee who knew from the start what he wanted to spend his PHB on. Carol was ambivalent about PHBs but agreed to try what was suggested by staff. Other interviewees such as Doreen and Alicia had ideas but didn't mention what was most important to them, assuming they would not be permissible under a PHB.

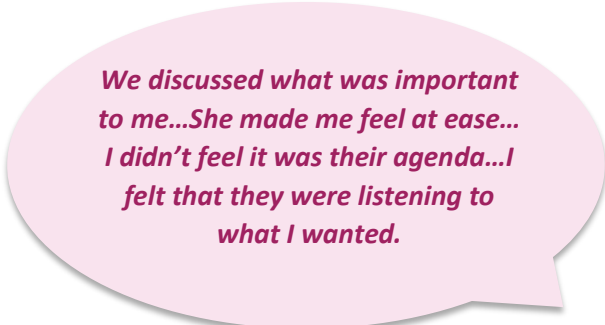
How PHBs were presented and delivered was important to engage the people in our small sample. Susan was reluctant to accept a PHB, until she was told that help at home was cheaper than returning to hospital. Aisha avoids new things and was worried about adjusting to a new laptop; she said that staff made sure to choose the model of laptop that was identical to her phone, for an easy transition. Susan suggested that involving a trusted family member or friend could help those who were reluctant to accept a PHB or who were unconfident or short of ideas.

Several interviewees showed growing confidence and ownership of the PHB process as it progressed. Aisha and Alicia had ideas for future PHB spends, and Carol told us she would raise her concerns about too much support (and too many supporters).

## Choice & control of PHBs

Several interviewees commented on the breadth, depth and sensitivity of the conversations they had about their life and what would help them stay well. The range of options and choices offered by the PHB felt different to what had gone before, and for many, the focus on practical barriers and stressors, enabled them to start to feel in control of their life.

Aisha said she has staff who know her well, who understand her fears and triggers and who support her to make the changes she wants. She said: ***'They guide me, not force me.'*** Good



*We discussed what was important to me...She made me feel at ease... I didn't feel it was their agenda...I felt that they were listening to what I wanted.*

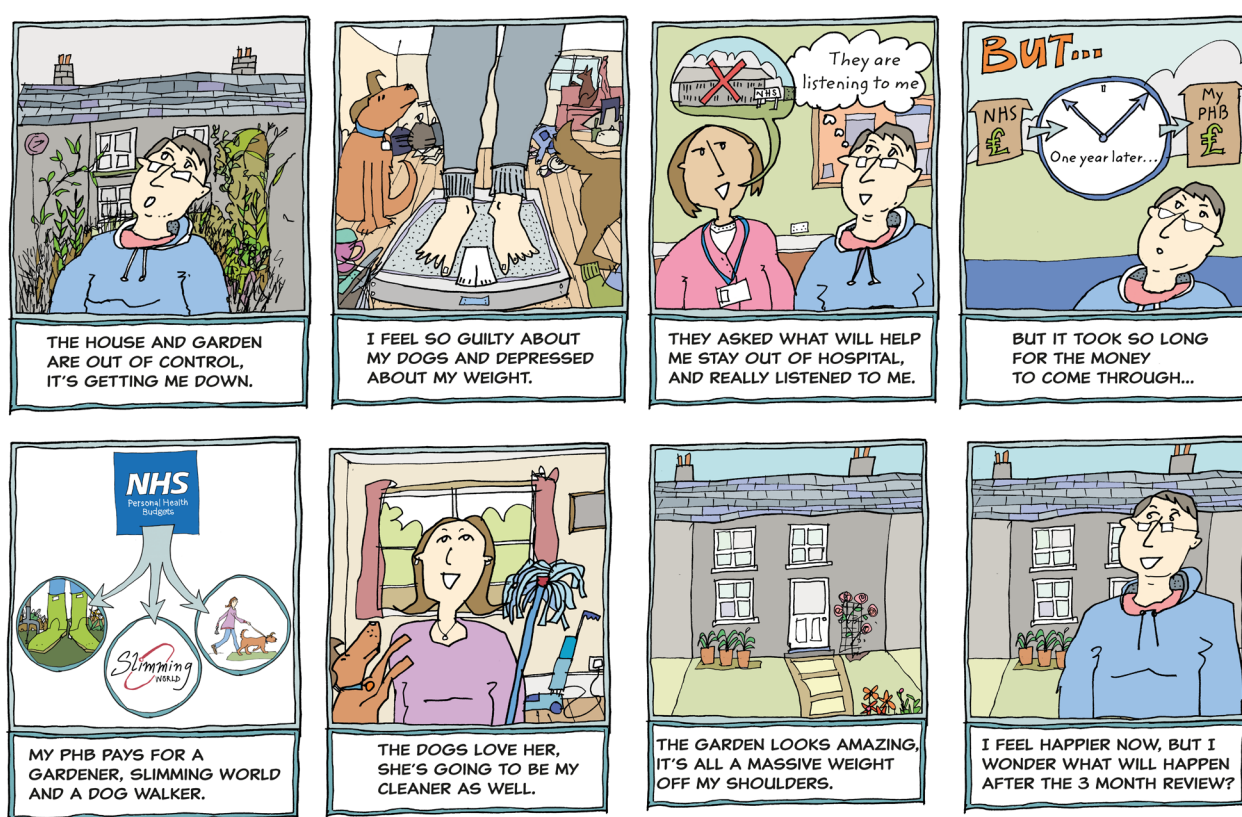
personalised conversations supported interviewees choice and control over the PHB process, but things were missed. Staff trod a fine line between suggesting things and offering genuine options and choices. Carol asked for one supporter (knowing she would find several intrusive) was told this was not possible, and she initially went along with staff suggestions.

Kai was unhappy with lack of choice in the PHB process. Having been told that the PHB would be his decision, he said staff did not allow his choice of a FIFA game, instead giving him a cinema card. He said he visits the cinema rarely and had not used the card at the time of the interview.

Kai suggested improving the process by putting people in control of their PHB spending, by giving them a set amount to spend every month on items of their choice.

Interviewees wanted different levels of control over their PHB. Many were hazy about the details of their PHB money and while some wanted more control, others said they appreciated having the finances dealt with by somebody else. Aisha said she never opened official letters or emails, and Trevor said a prior benefits overpayment had made him wary. Most of these interviewees chose not to get involved in their PHB finances, but as a result, some were uncertain about how much they were getting, or worried about how long it would last.

### Susan's Personal Health Budget story



### Flexibility & ongoing support

Interviewees highlighted the importance of the support they received throughout the personal health budget process from social workers, care coordinators, and the voluntary sector partners (Rowans and The Advocacy Project). This started with the initial conversations, and continued with ongoing involvement, including reviews and changes to their PHB.

Flexibility was important to our interviewees who commented that arrangements were not set in stone but could be adjusted as needed. Susan asked that her dog walker became her cleaner



(instead of another new agency person), and this was accepted. We were told that Carol's number of support hours was reduced at her review.

There were delays in approval/payment systems for PHBs in Birmingham & Solihull. Budget holders told us that staff communicated with them about this and were equally frustrated. Being kept informed of progress helped. In City & Hackney there was an online system in operation and several interviewees commented on this quick and easy approval and payment system.

An unanticipated benefit was that City & Hackney already had an online system in place and was able to respond quickly to the COVID-19 pandemic by adapting their PHB offer (see Report 3).

Several interviewees were fearful of their PHB coming to an end or being removed. Some said they did not know what to expect or what happens next. Upcoming PHB reviews were a worry to several interviewees. Ongoing support was important to interviewees for clarity and reassurance.

**Figure 1. What worked well for the personal health budget holders?**



### 3.3 Impact of personal health budgets

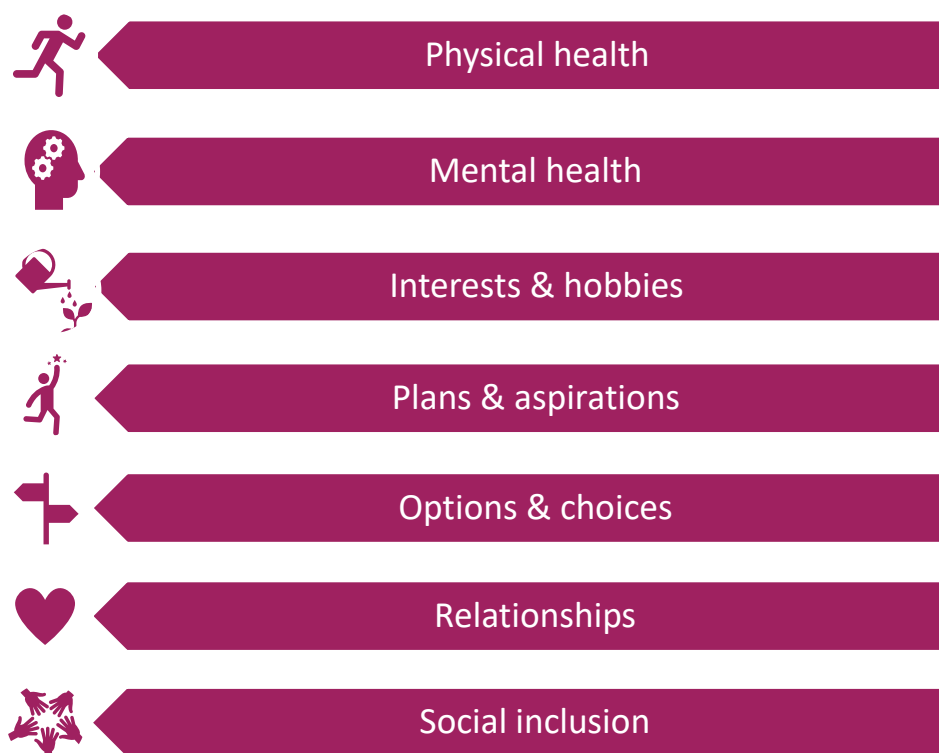
These interviews with personal health budget holders took place in February and March 2020. Some individuals had had their budget for a matter of weeks, others a few months. This meant that, especially for PHBs providing ongoing support, some issues were being ironed out and arrangements were still settling. Several people were awaiting their first review meeting where feedback, adjustments and info on impact would have been collected.

COVID-19 and the subsequent lockdown meant that some interviewees were unable to use their PHBs and/or their support will have changed. We were unable to do follow up interviews as planned and although we received informal updates for some individuals, we have limited data on the longer term impact. Pete struggled during the COVID-19 lockdown when his guitar class ended. He attends a weekly Zoom group and is seeking funding to continue attending when the class re-starts.

Almost all the personal health budget holders we spoke to said that their budget had had a positive impact on their life and most of those with ongoing support wanted it to continue. Nobody reported a negative impact of their PHB. One interviewee said it was too early to say and another was unhappy that he did not get his choice. However, even these two interviewees said they could see the benefit and value of PHBs and said they were a good thing for people with mental health issues.

Interviewees at both sites described the impact of personal health budgets in different areas of their life – these are explored below.

**Figure 2. Areas of impact for personal budget holders**





## Improved physical and mental health

Most interviewees said their physical and mental health had improved as a result of their PHB. Several said they were isolated at home and described how going out with a supporter improved their mood and their activity level. Susan, Doreen and Alicia all spoke of their supporters' visits giving them something to get out of bed for. For Susan, removing practical stress improved her overall health and wellbeing. Alicia said that help at home, trips out and a regular hairdressing appointment has lifted her mood and changed her life. Pete still has problems at home, but his guitar class helps him manage this anxiety and stress.

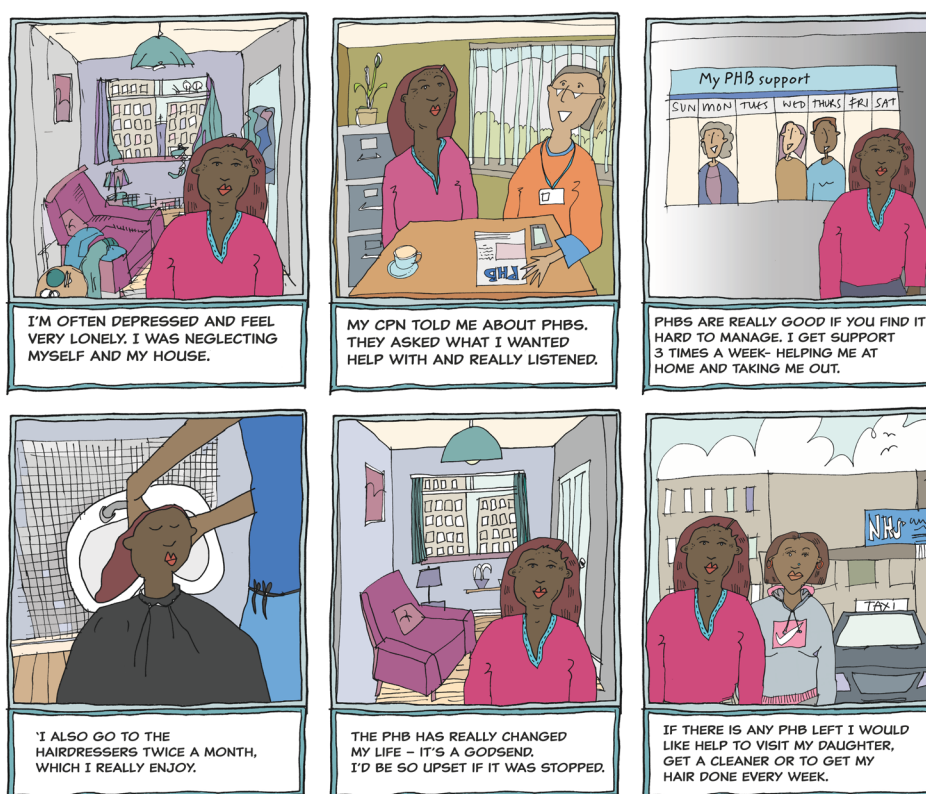
*The garden looks amazing. I'll be able to go outside now and chuck a ball for the dogs... it has really cheered me up....*

One-off items as well as ongoing support made a difference to interviewees' mental health and wellbeing. Doreen said a new dishwasher helped her anxiety and childhood trauma over beatings for dirty dishes, demonstrating a value greater than the item itself. Aisha feels more confident and less anxious about new things after her successful transition to a laptop. Her migraines have also reduced due to spending less time on her phone.

More recent feedback indicates that for our interviewees, the impacts of PHBs on health and wellbeing are sustained. Six months later Susan's Care Coordinator reported that Susan has now lost three stone, has become more active and has been able to take her dogs for a walk herself.

Alicia (below) was depressed, lonely and had been neglecting herself. Feedback from staff at the site is that after six months Alicia looks brighter, and her well-being score has increased.

### Alicia's personal health budget story





## Supporting interests, activities & hobbies

Interviewees described how their PHBs were supporting them in their hobbies and interests – both longstanding and new activities were being developed. Pete told us that solo guitar playing has long been essential for his mental health, but he is challenging himself in his weekly class by playing in a group and aiming for a performance. Aisha recently taught herself crochet online, and after some success in an exhibition run by the Autistic Society, is planning to develop an online business with her new laptop. Trevor described how the gardening course paid for by his PHB is building on his skills and interest arising from his voluntary work.

There was some indication that more in depth conversations with budget holders may have led to more creative ideas for PHB spends, including supporting new interests. Doreen is a photographer with a keen interest in music and a desire to learn flute or guitar. She did not ask for music lessons, and it was not picked up on. Kai's interest in gaming was not developed, and he was irritated with being steered towards a cinema pass that he said he will use infrequently.

### Aisha's personal health budget story





### Increasing options, choices and plans

Interviewees who had a good experience of PHBs told us that they felt more positive, had plans and ideas for the future. Several interviewees who were disengaged initially appeared to grow in confidence and had ideas for how to use any future personal health budgets they may be entitled to. Recent feedback from Aisha's care coordinator is that she has now set up her own business, is future-orientated and has many goals to improve her quality of life. Even Kai who was unhappy with the process said that a PHB could be a **'better alternative than medication'** for people with mental health issues.

*It's my money, it's my time.  
I can choose what to do.*

*I feel positive...I have  
something to get up for  
now...it feels good.*

Doreen gave powerful testimony to the fact that having money via her personal health budget gave her options and a new sense of security. For Doreen, brought up in poverty, having a PHB expanded her choices. She was able to afford good food for the first time in her life.

*I feel rich...it feels strange  
when I can afford what I  
need...it's like having a Mum  
and Dad.*

Several interviewees, used to managing on a very low income, commented on the widening options and choices that came with having money to spend. Beginning to believe that things might be different for them in the future was mixed with worry that the PHB support might be withdrawn.



### Supporting relationships and social inclusion

For isolated and anxious interviewees such as Alicia, Susan and Doreen, making new relationships with supporters, and social interaction outside the home, had a positive impact. They highlighted the importance of bespoke and culturally appropriate support, involving genuine connections and choices.

Carol felt she had too many new people in her life, but conceded that going out was easier with support, and said she enjoys the company of one particular supporter. Pete's weekly guitar class had become a lifeline, not only did playing guitar help him manage hearing voices, it was providing social opportunities and reducing his isolation.

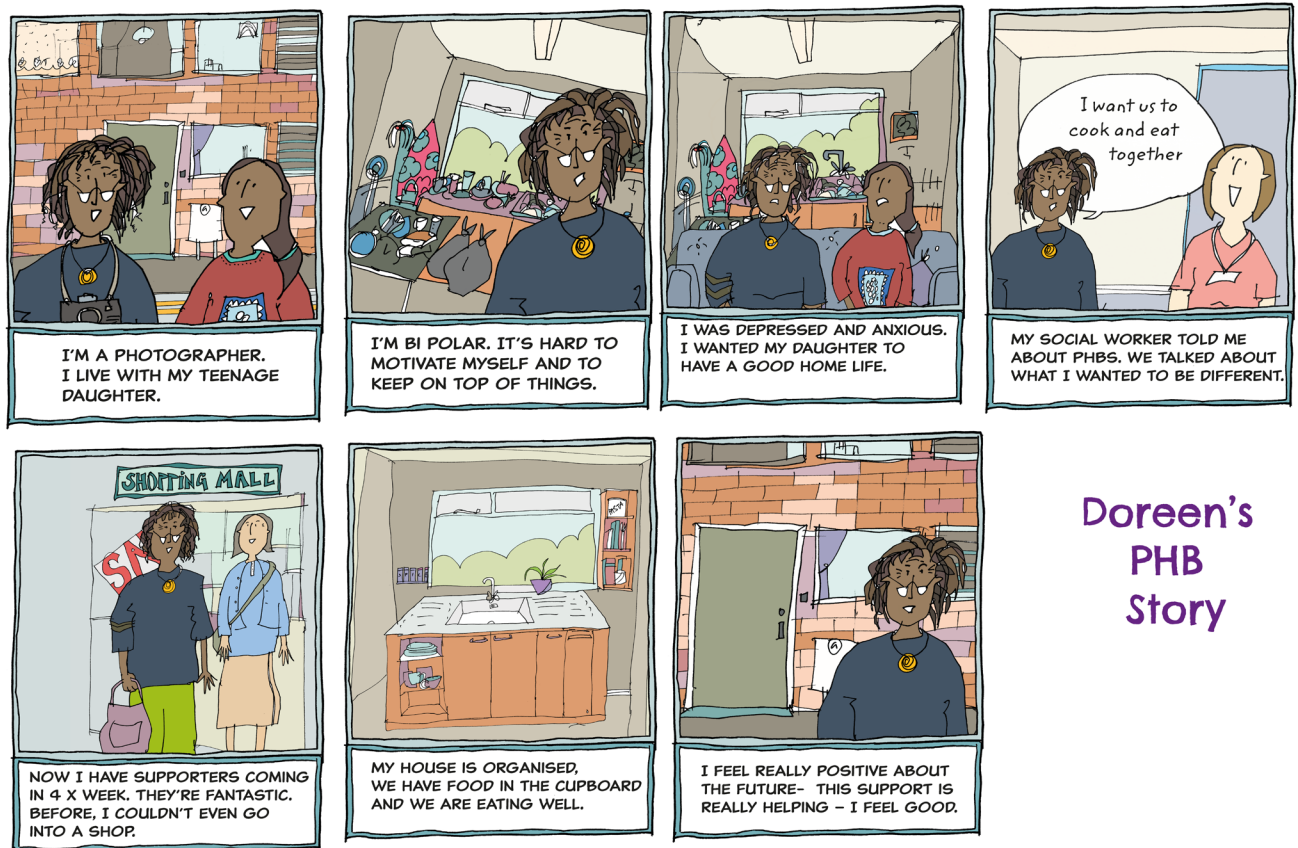
*Before this budget, I might not see or  
speak to anybody for 2 or 3 days, now  
there are people in and out. They  
treat me with respect, not like I have  
mental health problems. It's a two  
way thing.*



Aisha said her preference for spending time on her own was respected and understood, but she was forging connections online, related to her crochet.

Interviewees spoke of the impact of their budget on family relationships. Doreen's PHB meant she had food in the cupboards, achieving her aim of strengthening her relationship with her teenage daughter by cooking and eating together. Susan said her daughter was relieved that she was finally getting the help she needed and now enjoys visiting. Alicia wanted to use her PHB to visit her daughter who is in a long stay psychiatric hospital some distance away. Aisha had recently got custody of her three children and was feeling positive about making her online business work for them all.

### Doreen's personal health budget story



### Doreen's PHB Story



## 4. Reflections of an expert by experience

In the context of the current mental health system with its resource pressures, professional practices that disempower individuals and a historic focus on clinical outcomes above person-focused recovery approaches, this report inspires hope for the possibility of change.

These individuals speak of the benefits that personalisation through commissioning one's own solutions can bring. Everyone featured in these comic strips felt that they had enjoyed positive changes as a result of their PHBs. The opportunity to develop new, or remember old, skills, experiences and relationships speaks to the wider benefits of PHBs. They can set people on a life course encompassing education, employment or volunteering – things that remain well outside the remit of traditional mental health service provision. Likewise, the changes to physical health articulated in these personal stories will enable better outcomes and longer lives, whilst also impacting positively on other NHS services.

One of the reports most gratifying insights is the clear indication of a PHB reversing the infantilisation inflicted by the mental health system. The growth in confidence, agency and creativity of these PHB holders arises from the chance they had to decide and direct their own care and support, a crucial change to 'business as usual' in mental health services.

The report also highlights the importance of technology in facilitating the provision of mental health support. The innovative digital platform developed by City & Hackney brings recovery focused community support into line with what people have come to expect in the delivery of services. This improves the perception of the NHS as a 21<sup>st</sup> century organisation whilst increasing its resilience at times of change and need, such as during the current COVID-19 pandemic.



## 5. Conclusion

Having choices and control over one's own life is greatly reduced for people with mental health issues. These stories highlight how personal health budgets can improve peoples' options, aspirations and well-being. As well as improved mental and physical health, these budget holders talked of increased activities and involvements, a more positive outlook and improved social and family relationships. These stories demonstrate the value and impact of small items and tailored support identified by the person as important for their life and recovery. Knowing the background to each purchase is key to understanding how the value and significance to an individual outweighs the cost.

These interviews were undertaken at an early stage in the introduction of mental health personal health budgets, but there are signs that PHBs may have a role to play in reducing inherent health and social inequalities. PHBs offer the flexibility and freedom for bespoke support, rather than the one size fits all approach of mainstream services. These stories illustrate how knowing the person is fundamental to unlocking the potential of PHBs – aspects of culture, gender, religion and neurotype are all relevant and inform peoples preferences for support

Personal health budget holders commented on how it felt to be part of a process that involved staff listening and exploring what was meaningful to them, rather than fitting them into existing mental health services. These stories show how genuine personalised conversations resulted in better outcomes for people, but they also highlight where issues were missed, or people's wishes or concerns overlooked. There were low expectations initially, with some evidence that people were starting to ask for what they needed.

Finally, the impact of COVID-19 on personal health budget holders is still emerging and will require ongoing consideration and input. Our limited feedback indicated that some people will be unable to utilise their PHB as intended, some will have adapted to online versions of support and others will be struggling to cope. Further research will be required to assess the full impact of the pandemic and how mental health personal health budgets can support people in these challenging times.

### Learning points



- PHB holders (and staff) need support in rising to the challenge of thinking 'outside the box' and embracing the opportunities offered by PHBs
- Clarity about the nature, scope and longevity of the PHB offer is important to avoid worry and uncertainty for PHB holders.
- Budget holders want different levels of control over their PHB – responding to personal preferences and accommodating differences and changing circumstances is important.





## Appendix 1: Interview questions for PHB holders

### Evaluation of Mental Health Personal Health Budgets

#### Questions for PHB holders in City & Hackney and Birmingham & Solihull

Welcome – What sort of day are you having today?

[Check has seen read/ info sheet and consent form is signed].

#### Background

1. What do you know about personal health budgets (PHBs)?
2. Are you getting a PHB at the moment, or have you had one in the past?
3. How long have you had your PHB for?
4. Thinking back, why did you want a PHB?

[Prompt: Did you think they sounded like a good idea? Why?]

5. What (item) or how much money do you/did you get via your PHB?

#### PHB application process

6. Thinking back, how did you find out about or hear about PHBs?

[prompt: who told you about it, suggested you apply?]

7. How was the process of applying for your PHB overall?

[prompt: what did you have to do, form filling, how long did it take?]

8. Did you get help from a professional to apply for a PHB and write your support plan?

[Prompt: If so, who helped you, what help did they give? Was what was offered helpful? Why?]

9. Did you get told how much your PHB was worth in £? Did you get a copy of what was agreed/calculated ?

[prompt: How did you get told of the decision?]

10. Overall, for you, did the process work or not work? What could be improved about the process of applying for a personal health budget?

[prompt: any problems, how/were these overcome? Did it get better/ worse over time?]

#### PHB support & involvement

11. Thinking about the application process for your PHB, how/ were you involved in the planning process? Did you have family/friends/and advocate involved?

*[prompt: If yes, how If not, why not? Did you want others involved?]*

**12. How is your budget managed? What choices (if any) were you given about managing your budget?**

*[prompt: Do you manage the PHB yourself, help from staff, family members, broker, direct payment, sector/provider?]*

Using your PHB

**13. What items/activities do you use your PHB for?**

*[prompt; range of activities/providers available, can you use it creatively?]*

**14. Have you been able to use your PHB in the way you want to?**

*[Prompt: anything you wanted to do that was not possible or was refused? Availability and quality of suppliers? Other limits/restrictions on access to preferred activities ?]*

**15. Do you receive a personal budget from your local council? If so please tell us more.**

*[prompt: are they 2 separate processes? Does this work? impact on person of 2 budgets]*

Impact of your PHB

**16. Overall, how well is your PHB working, how could it work better?**

*[Prompt; why/how? Please give examples]*

**17. Can you think of any specific changes or achievements [good or bad things] that have come about due to having a PHB? Please tell us about these.**

**18. Overall, do you think that having a PHB has been a positive or negative thing for you?**

Whereabouts would you rate your experience of PHBs on a scale of 1 (negative impact) to 5 (positive impact)?

**19. Is there anything you can think of that could improve the experience of getting/having a PHB for other people with mental health issues?**

**THANK YOU FOR YOUR TIME. CLOSE THE INTERVIEW.**



## 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 at Birmingham & Solihull CMHT and City & Hackney CCG](#)

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