



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

December 2020

*"These are aspirations we should help with: meaningful activity for a purposeful life."*



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

Authors: Geraldine Cooney, Jenn Layton Annable, Kate Linsky & Ewa Woodward





**National Development Team for Inclusion**

First Floor  
30-32 Westgate Buildings  
Bath BA1 1EF

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

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## ***Acknowledgments***

*Our thanks and appreciation also 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

### 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.



## 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 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.

Report 2 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. This report highlights how City & Hackney responded to COVID-19 with a fast track online 'Stay Connected' PHB offer.

### The sites and their personal health budget offer

City & Hackney Clinical Commissioning Group (CCG) covers a vibrant culturally diverse inner city population of 260,000 with high levels of deprivation and high incidence of mental health. In 2018 the CCG identified that people were getting 'stuck' on their recovery pathway with existing commissioned services not providing the right support to help people achieve their recovery goals. Some of these are eligible for section 117 aftercare funding, others are not.

Birmingham & Solihull Community Mental Health Team (CMHT) and the Assertive Outreach service covers a large area that includes a transient population, with issues around trauma and adverse life events. The absence of support in the community has impacted on the workload of CMHT. Their focus for the PHB offer is on targeting people who have been discharged from hospital under section 117 of the Mental Health Act.

Birmingham & Solihull CMHT and City & Hackney CCG operate different processes and systems for the implementation and delivery of personal health budgets. The process at each site has been summarised for context (see Appendix 2 & 3). It is important to note that both sites were at an early stage in the implementation and delivery of personal health budgets when this evaluation was conducted. This will have impacted on the findings as teething problems emerged, were resolved and systems and processes became embedded.



## 2. What we did

A member of the NDTi evaluation team visited the two sites in October and November 2019 to conduct semi-structured interviews with a range of staff and local partners in different roles. (See Appendix 1 for interview questions). These evaluation interviews with staff took place when PHBs had been in operation for just nine months in Birmingham & Solihull and five months in City & Hackney.

The purpose of the site visits was to build a picture of how PHBs are delivered in each area, explore the delivery models, and gather the workforce perspective on how PHBs are working. NDTi specified a wide range of roles for these interviews (see Figure 1) and staff were selected by the sites. Staff were asked to be as open as possible, assured of confidentiality and anonymity, although a limitation is that some could be identified by their roles. Analysis of emergent themes was shared and discussed with NDTi colleagues. Findings were triangulated between interviewees and verified with the sites before publication of the case studies. By the end of these thirteen interviews key messages were being reinforced across the sites, indicating data saturation may have been reached, although staff perspectives on the impacts of PHBs were different depending on their roles.

Drawing on this interview data, NDTi produced an interim evaluation report outlining early findings across both sites. In addition, two focused case study reports were produced detailing the experience of each site (see Appendices 4 and 5). The focus of this report is to the rich qualitative data gathered from thirteen face to face interviews at two sites (see Figure 1).

**Figure 1: Site interviews conducted by NDTi (October/November 2019)**

Site	Birmingham & Solihull	City & Hackney
Focus of PHB offer	Section 117. Community Mental Health Teams & Assertive Outreach team	Recovery Pathway (including section 117 and others)
Staff interviewed	6	7
Staff roles	PHB lead, CCG commissioners, members of CMHT workforce 3 <sup>rd</sup> sector partners (Rowans)	PHB lead, Recovery Lead, CCG commissioners, 3 <sup>rd</sup> sector partners (Advocacy Project, Core Arts), members of local CMHT

These two sites had been collecting quantitative data on numbers and types of personal health budgets, demographics and outcomes. Some of this data (up to August 2020) is utilised here for context. This data collection has been challenging, with considerable variation between sites in what has been collected and submitted. Lack of follow up data has resulted in lower sample sizes than anticipated, making comparison between sites difficult and resulting in incomplete impact and outcome data.



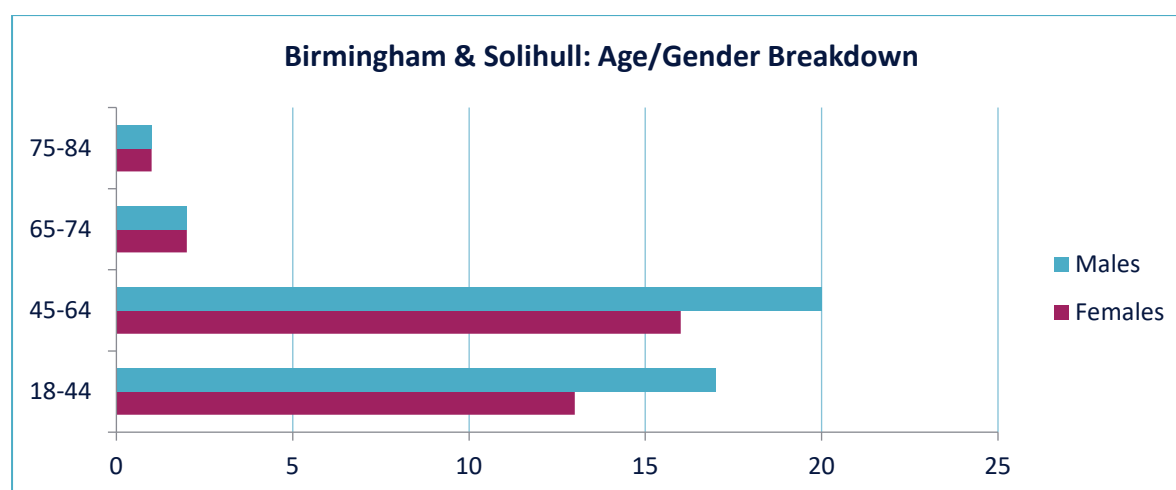
## 3. What we found

### 3.1 Who accessed a PHB?

Figure 2 includes demographic data on who accessed a PHB (up to August 2020) at these sites. It is based on 72 budget holders in Birmingham & Solihull and 242 people in City & Hackney.

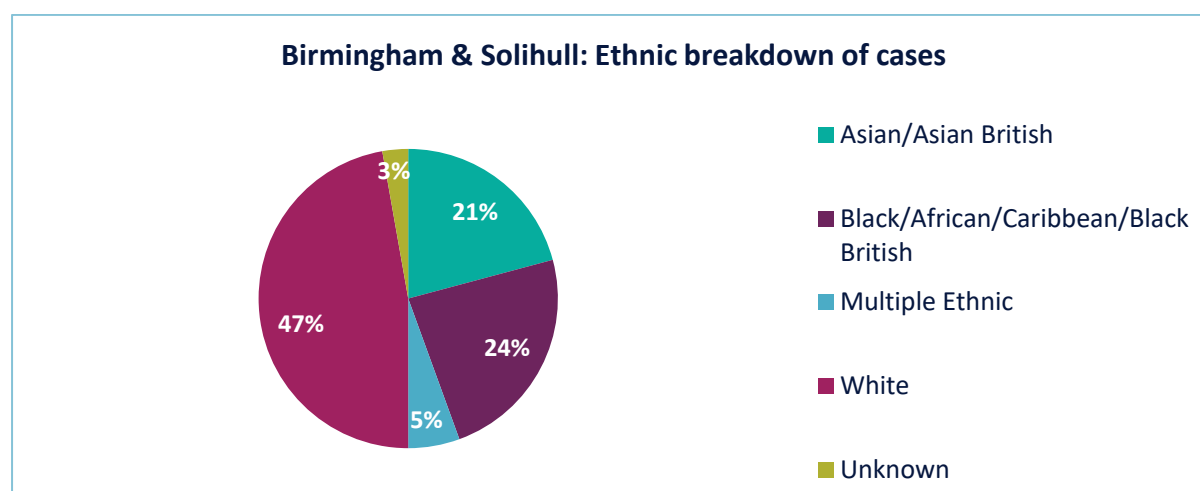
In Birmingham & Solihull males are slightly in the majority, with most recipients of PHBs being over 45 years. The largest cohort of males was in the 45-64 year old group while for females it was also the 45-64 year old group.

**Figure 2: Birmingham & Solihull: Age & Gender Breakdown**



The largest single ethnic group of PHB holders at this site is white but people of Asian, Black and Multiple Ethnicities combined make up 50 % of budget holders (see Figure 3).

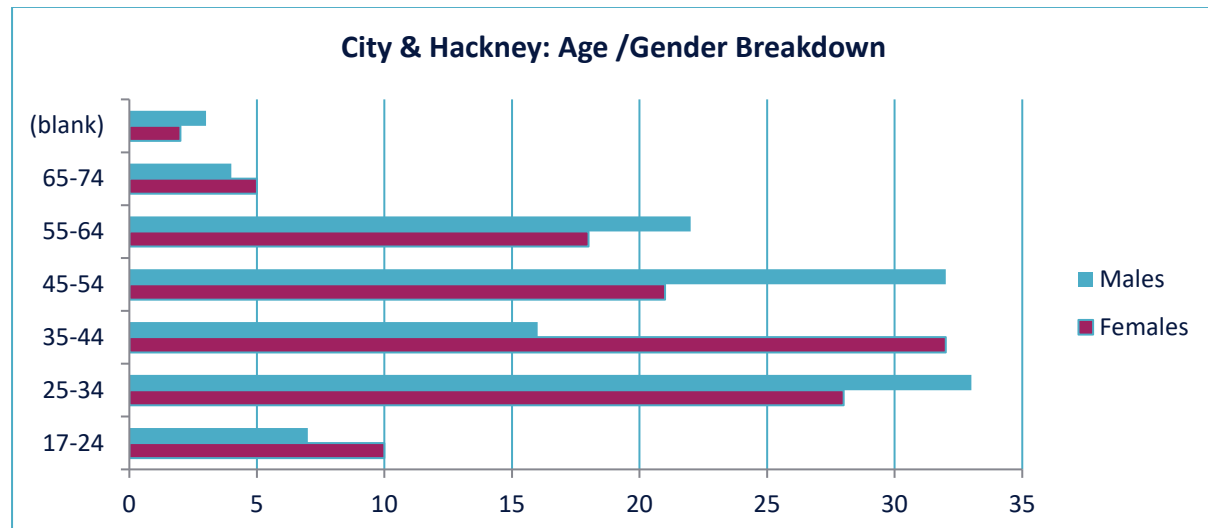
**Figure 3: Birmingham & Solihull: Ethnic breakdown of cases**





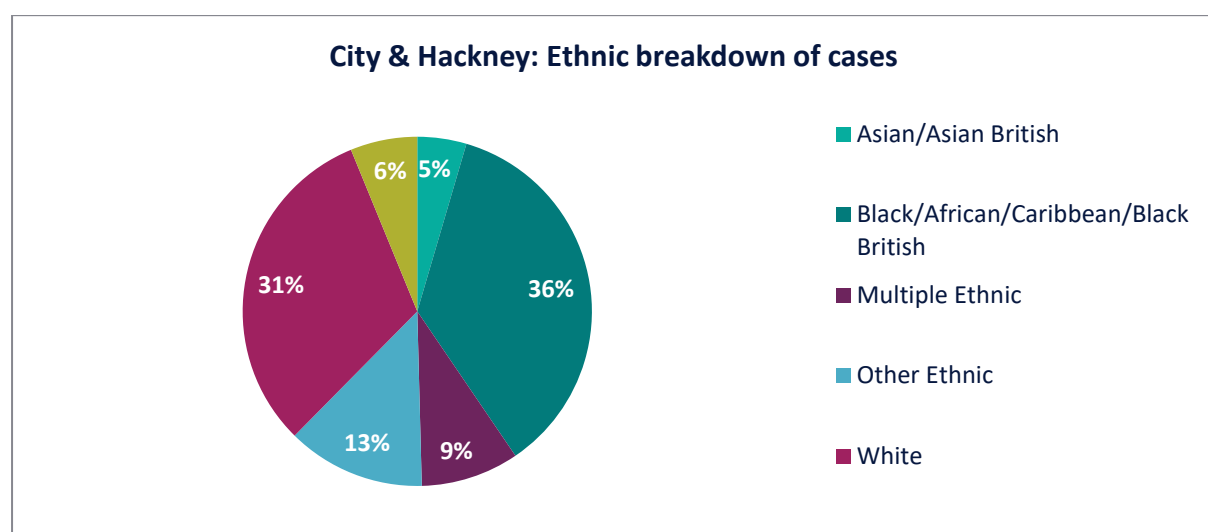
In City & Hackney similar numbers of males and females are accessing PHBs, but the age of recipients is younger. The largest cohort of males was in the 25-34 year old group while for females it was in the 35-44 year old group. See Figure 4.

**Figure 4: City and Hackney: Age/Gender Breakdown**



The largest ethnic group in Hackney is Black/African/Black British. Whites make up 31% of the cohort and other ethnicities making up over 60% of cases. Most female PHB holders are Black/African/Caribbean/Black British aged 35-44. Most males are Black/African/Caribbean/Black British aged 25-34. See Figure 5.

**Figure 5: City & Hackney: Ethnic breakdown of cases**



## 3.2 What are personal health budgets spent on?

These two sites reported a wide variety of PHB spends (see Figure 6). City & Hackney's PHB spending tended to focus on one off items. In Birmingham & Solihull, the focus was ongoing support, often provided by agencies.

Across the sites, spending on PHBs fell into broad categories of:

- home support
- arts and crafts
- fitness & exercise
- technical & computer equipment
- education & training
- self-care & well being

**Figure 6: Use of personal health budgets**



Other examples of PHB spends across both sites include: a snooker cue, an orthopaedic mattress, a shed, a Parkinson's chair, driving lessons, crochet equipment, gym membership, a cooking class, a meditation course, a yoga class, a gaming laptop, an art gallery pass, psychotherapy, certificate in housing practice and a microphone.

During the COVID-19 pandemic, City & Hackney CCG used their digitalised system to fast track a 'Stay Connected' PHB offer. This facilitated quick access to mobile phones and/or sim cards to enable people to take part in remote support services, online community activities and to stay in touch with family and friends during lockdown and beyond.

### 3.3 The personal health budget process

#### Birmingham & Solihull CMHT

This area is undertaking an ongoing roll out of PHBs, one Community Mental Health Team (CMHT) at a time, across four different Trust localities with different funding arrangements. Third sector partners, the Rowans have a short term brokerage role in each CMHT. Their PHB offer focuses on people eligible for section 117 aftercare. Most PHBs here pay for ongoing support and most clients have opted not to hold their own budgets. See Appendix 2 for a summary of their PHB process.

#### City & Hackney CCG

This pilot project (for 12 months) has set funding amounts and one payment system across the patch. Third sector partners are The Advocacy Project and Core Arts. The PHB offer focuses on recovery related goals to support people's self-management of their mental health. Most PHBs are direct payments for one off items. See Appendix 3 for a summary of their PHB process.

The issues and themes regarding the process that emerged across the two sites are grouped under the headings below:



#### Capacity and Commitment

The workforce at both sites were under extreme pressure with a high incidence of mental health issues and heavy caseloads. Staff said there were some mixed feelings when personal health budgets were introduced. Mental health professionals understand that true personalisation takes time, and they were concerned about being overloaded. Staff told us that once they could see the benefits and value of PHBs, their commitment and conviction increased, and it became something they believed in and wanted to deliver.

*Oh god, it's something else we have to do...its more work.*

*You need the courage of your convictions...it's the right thing to do.*

Staff stressed the importance of leaders who had 'bought into' and were committed to the delivery of personal health budgets in their area. We found there was strong leadership at both City & Hackney and Birmingham & Solihull who 'got it' and had the energy to inspire and deliver.

Both sites worked alongside voluntary sector partners to deliver PHBs – The Advocacy Project and Core Arts in City & Hackney, the Rowans in Birmingham & Solihull. We were told the input of these partners was invaluable; they helped to share the workload and provided support and input at all stages of the PHB process for both staff and budget holders. As well as performing advisory and brokerage functions, these voluntary sector partners were an inspiration for staff modelling how to deliver a personalised PHB.

Staff said that capacity issues are ongoing and will continue to impact on the delivery of PHBs. Co-locating the Rowans team within each CMHT in Birmingham helped embed the approach, but was short term, lasting only three months in each area. In City & Hackney staff got excellent support from the Advocacy Project's PHB adviser but warned against relying on a single post or person too heavily, saying all staff must be involved in and engaged with PHBs.



### **Clear design and PHB offer**

Sites told us that clarity around the PHB offer and process including who was eligible was an essential part of implementation and delivery. Both sites stressed the benefits of coproducing the PHB process with experts by experience, voluntary sector partners and other stakeholders. City & Hackney said their recovery focus and asking the question 'What would help you to get and stay well?' helped to clarify their PHB offer for staff and potential budget holders.

Staff admitted to some uncertainty in the early days, about what PHBs were for, what could be purchased, and how to present PHBs to patients. This uncertainty appeared to trickle down to budget holders some of whom were also confused (see Report 2).

Sites agreed that they needed to work on improving awareness of PHBs, getting referrals from other teams and that people should be asking for a PHB themselves. They also pointed out that ongoing reviews are an important part of the PHB process – and said that people should be asking for changes and adjustments as their circumstances change.



## Innovation and creativity

Staff told us that PHBs support innovation and creative thinking. They said they introduce more freedom and flexibility into the local offer, enabling people to access support outside of mainstream services that is tailored to their gender, ethnicity or sexuality. There was a feeling that with PHBs, staff had something different to offer individuals who had been in the system for many years, or those for whom other options had failed.

*It's like having a plate with one biscuit on it and now there's four to choose from.*

Whilst some staff (and PHB holders) commented that PHBs were almost too good to be true, it was clear that this working differently was also challenging. Staff had to think 'outside the box' and to engage with people who were depressed or institutionalised (see Report 2). Some staff were conscious of how the PHB spend might look to others out of context. The support offered by voluntary sector partners throughout the PHB process helped staff with these issues; they also shared ideas and sourced varied options for people.

*To have something wide open like this is a little bit scary. A bit daunting.*

We were told that sharing success stories between staff and between sites was an important part of the PHB process that helped embed a culture change (see page 15).



## Flexible systems & finance

Sites talked about the importance of having a simple, non-bureaucratic system for approving and paying PHBs. Staff were also concerned that monitoring was in place to avoid misuse of funds. We were told that the Rowans in Birmingham & Solihull and The Advocacy Project in City & Hackney were invaluable in supporting staff (and PHB holders) through the payment process. They also had a role in reassuring nervous staff who were in the new position of signing off budget amounts themselves. Staff were clear that process, pathways and payment systems should be flexible to respond to people's changing needs and preferences.

Both sites said that systems don't have to be perfect but need to be open to adjustment. In Birmingham & Solihull the PHB process was refined as it was rolled out across the area in an iterative process. Different finance systems for approval and payment caused delays and were ironed out as it progressed. City & Hackney benefitted from a smaller area with the money for PHBs already allocated. The process was managed online with digital decision making resulting in a faster and more streamlined payment system.

**Figure 7. What worked well in the PHB process for sites?**



### 3.4 Impact of personal health budgets

Staff and partners at both sites were asked for their views on the actual and potential impact of the implementation of personal health budgets on PHB holders, the workforce and impact on the wider mental health service.

*Note: Some quantitative data was collected and analysed on patient reported outcome measures, cost and resource use at each site. However, sites varied in what outcome measures they used, and what resource data they collected. Further data collection with agreed tools over a longer time period will be needed for a meaningful quantitative analysis of impact.*

**Figure 7. Areas of impact for sites**





### Staff perspectives of impact on PHB holders

Whilst acknowledging some teething problems and the fact that it was early days, staff and partners interviewed at both sites were certain that PHBs can have a positive impact on peoples' lives. Staff said that people were finally getting help in overcoming barriers and issues that were not addressed by traditional services.

Staff told us that a personal health budget means much more than the item or the amount of money

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

spent;  
knowing  
the

background to the person's life was crucial in understanding the PHBs impact.

*That's the beauty of PHBs...an  
opportunity for people to  
overcome practical hurdles so  
they can focus on their  
recovery....*

In the site interviews, and in more recent follow up with staff, we were told of a difference in demeanour and attitude of some PHB holders. People who had been disengaged were feeling more positive about their future, and in some cases, were asking for what they needed.

Staff described the impact that they had observed in the following areas of PHB holders' lives: physical and mental health, education and training, social inclusion and family bonding. Staff views about these impacts was supported and evidenced in our interviews with eight personal health budget holders. These findings are presented in **Report 2**.

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

Feedback/examples from staff and the experiences of PHB holders at both sites indicate that PHBs may have a role to play in reducing health and/or social inequalities. Staff pointed out that PHBs can target appropriate support to specific individuals or groups. Demographic data in City & Hackney indicated that PHB offer was accessed by young black males who were previously an under-represented group. Examples of PHB offers that addressed cultural, gender and religious preferences were also highlighted as important for redressing inequalities and unconscious bias.



### Impact on workforce

Staff at both sites were enthusiastic about the introduction of PHBs, saying it has improved what they can offer and how they feel about their work.

*I think it's a fantastic  
initiative. When it was first  
introduced, I thought it  
was too good to be true!*



We were told that the PHB process and offer felt different to what had gone before. Staff said they were finally able to help people address practical issues or life aspirations via a PHB. Staff and budget holders told us that the open conversations they shared were unusual, and they were clearly good for staff morale.

*It feels a lot more authentic. And definitely feels more person centred.*

Staff said that PHBs have introduced more flexibility and freedom, they were able to respond and had more to offer, especially when working with people who have been in the system a long time and for whom all existing services/routes have been explored.

Staff at both sites shared their success stories and said how seeing the impact PHBs have had on peoples' lives has impacted on their morale and job satisfaction.

*I've got people in college after being out of work for 20 years!*

*She's got her freedom...I can see a real difference... she phoned me yesterday to tell me she'd been to the hairdressers!*



### Impact on Values and Culture

Staff at both sites described how implementing PHBs had facilitated a shift in culture and practice – a change from a paternalistic approach where things are done to people, to having broader conversations, enabling people to take control of their own life and recovery. Staff clearly saw the benefit of this new approach, where people identified what was important to them in the context of their own life and this was supported by a PHB. Staff pointed out that once people were freed from a discussion restrained within the context of current mental health service provision, they came up with new and innovative solutions to their problems and issues.

*I think the value base is a bit different. I would say we are a bit more recovery focused rather than being paternalistic...we have a focus on self-determination.*

Staff told us that the input and support of their voluntary sector partners helped change the culture at their site for the better. In City & Hackney, Core Arts embedded a creative approach to recovery. In Birmingham & Solihull, the Rowans modelled good conversations in peoples' homes.

These partners sourced innovative PHB spends, demonstrated creativity and a different attitude to risk management. We were told they helped embed the shift towards a personalised culture, not just in their role, but in the way they carried it out.

*You need the courage of your convictions...it's the right thing to do.*

*These are aspirations we should help with: meaningful activity for a purposeful life.*



### **Impact on systems and costs**

City & Hackney have calculated that their average PHB spend per person is £374 (across 242 people). Their most frequent cost is £135. Fifty five people were awarded this amount as part of their fast track smartphone offer that was introduced during the COVID-19 pandemic.

It is too early to say whether PHBs are reducing people's reliance on or use of existing services. Birmingham & Solihull collected some information on resource use showing appointments at community and other mental health services pre and post uptake of a PHB. This data involved 52 people and indicated there was reduced use of these services. However, data on the uptake of other services including primary care and accident and emergency is proving harder to ascertain. A larger sample is needed over a longer period of time in order to demonstrate the impact of PHBs in these areas.

Staff indicated that PHBs are bringing positive change in enabling frontline services to focus on value in terms of peoples' outcomes achieved rather than the item or money spent.

*Guard against counting the cost of everything and the value of nothing...*



## 4. Conclusion

The two sites involved in this evaluation were at an early stage of implementing mental health PHBs - further evaluation will be needed at local and national level to clarify their reach, impact and costs.

This small scale evaluation found that 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. However, a cultural shift does appear to happen when they are known and delivered appropriately. Staff at these two sites said they are committed to PHBs and believe they are beneficial – they reported improved morale and job satisfaction from seeing the difference PHBs have made. Staff described how their commitment and understanding has increased when they see the value and impact of PHBs in terms of peoples' lives – demonstrating outcomes are better when people are fully involved in their own recovery. We were told that clarity and confidence around the PHB offer is important, so that staff and PHB holders can focus on the outcomes, rather than the cost or item purchased. This understanding enables all involved to embrace the freedom and creativity offered by PHBs in contrast to traditional mental health services.

Both sites have reported benefits from being involved in this evaluation of mental health personal health budgets; they said it has supported local learning and embedded the PHB offer in their areas. Sites have been learning and adjusting to feedback and data in real time. Changes have been implemented and staff have become more familiar and confident with the PHB offer at these sites. The impact of COVID-19 on the delivery and implementation of PHBs, the experience of the workforce and PHB holders alike will also need to be carefully considered as the effects of the pandemic continue to emerge.

### Learning points



- Enabling genuine choice and control and supporting people to reach their goals is no easy task – it requires time, skill and resources in terms of training and support.
- Clarity about the scope and nature of the PHB offer, combined with a flexible and responsive system engenders confidence in staff, referrers and PHB holders.
- Support from the voluntary sector helps capacity and to embed changes in culture and practice –capacity and workload issues mean ongoing support is needed.



## Appendix 1: Interview questions for the workforce

### Evaluation of Mental Health Personal Health Budgets

#### Discussion guide for site visits to City & Hackney and Birmingham & Solihull

##### Introduction

NHS England have commissioned the National Development Team for Inclusion (NDTi) to provide a qualitative evaluation of how Birmingham and Hackney are delivering their Personal Health Budgets (PHBs) for people with mental health conditions. The purpose of these site visits is to build a picture in relation to how PHBs are delivered in each area, which will explore the current model, how well it is working and for whom. This will include finding out about: any frameworks currently being used, how people and their families are involved in the PHB process, how teams are organised, whether and how the process involves other agencies as well as the funding arrangements and mechanisms. We will also explore the context in each local area, and the internal and external factors that shape practice and affect results and outcomes.

##### Questions for discussion

##### Principles

1. Is there a local vision for the PHB process for people with mental health problems?
  - a. If 'yes', what is it and how was this developed and with who? Were you involved in the design?
  - b. If 'no', would it be useful to have one? Why? How do you think this should have been developed and with who?

##### Role

Ask people if they were involved in the set-up or just the delivery of the PHBs. We can then ask questions relevant to individuals. Not all questions will be relevant for everybody.

2. Please describe your role in general as well as in relation to PHBs
3. Please describe the structure and approach of your team and any other teams involved in arranging and delivering the PHBs.
4. Are any partners involved in the PHB process, that you know of? For example, CMHT, AOT, local authority, voluntary sector, brokerage, finance, CCG (*list to reflect locality*)
5. What are the factors that help the different team members involved in the process to work (well) together? Including those from partner organisations, where this applies

##### The PHB process

6. Please describe how the process works.
7. Which staff / provider staff are involved in the assessment/discussions?
8. Who conducts the assessment/discussions/care planning process? Is it recovery-focussed?
9. Who else is involved? i.e. other staff, family members as well as the people themselves?
10. Where do discussions take place? How is this decided? How many sessions does it usually take?
11. Who receives a copy of the plan/agreement? E.g. Providers, family members, people themselves?
12. How is the budget decided/agreed? How flexible are the options available? How is the amount calculated?

13. How is the budget managed – and by whom? Do you use a brokerage arrangement? What mechanisms are put in place to make sure the agreed actions happen? Who takes responsibility for this? How risk enabling are the activities funded by the PHBs?
14. Overall, how well does the process work? Could it be improved? If so, how?
15. Can you share an example of how a PHB has worked well – and one where it has worked not so well?

#### Involving friends and family carers and external involvement

16. Do family carers/friends get involved in the PHB assessment and planning process? Have you had any situations where someone has had input from family/friends? What does this bring?
17. Do you bring in other external support? E.g. voluntary sector, peer supporters
  - a. If so, how and why? Can you give an example of where this has been useful?
  - b. If not, why not? Do you think it would be useful?

#### Impact for the budget-holder

18. Do you currently track or record outcomes?
  - a. If 'yes', how do you do this? Who does this? What does it provide in way of understanding what is happening?
  - b. If 'no', do you think this is something you should be doing? Why?
19. Can you tell me about any examples of good outcomes? What is it about the PHBs that help these to happen?
20. What would help to achieve better outcomes for people?

#### Impact for the service

21. What impact has there been of PHBs on the wider mental health service?

#### Impact for the staff

22. What has the impact been on your role? Do PHB's increase your workload? If so, how?
23. What are the key barriers to improving the quality of PHBs or of outcomes? E.g. quality of providers, lack of innovative options, capacity
24. What was your view when you started being involved in the PHB process? Has that changed over time? And how?

#### Next steps / future development (for senior staff and commissioners)

25. Are there any plans for future development in this locality?
26. Any key opportunities to support these plans? Or any key threats that might undermine them?
27. Is there any capacity or resource available to implement these plans, or other potential developments?

**Thank you for your time. Close interview**

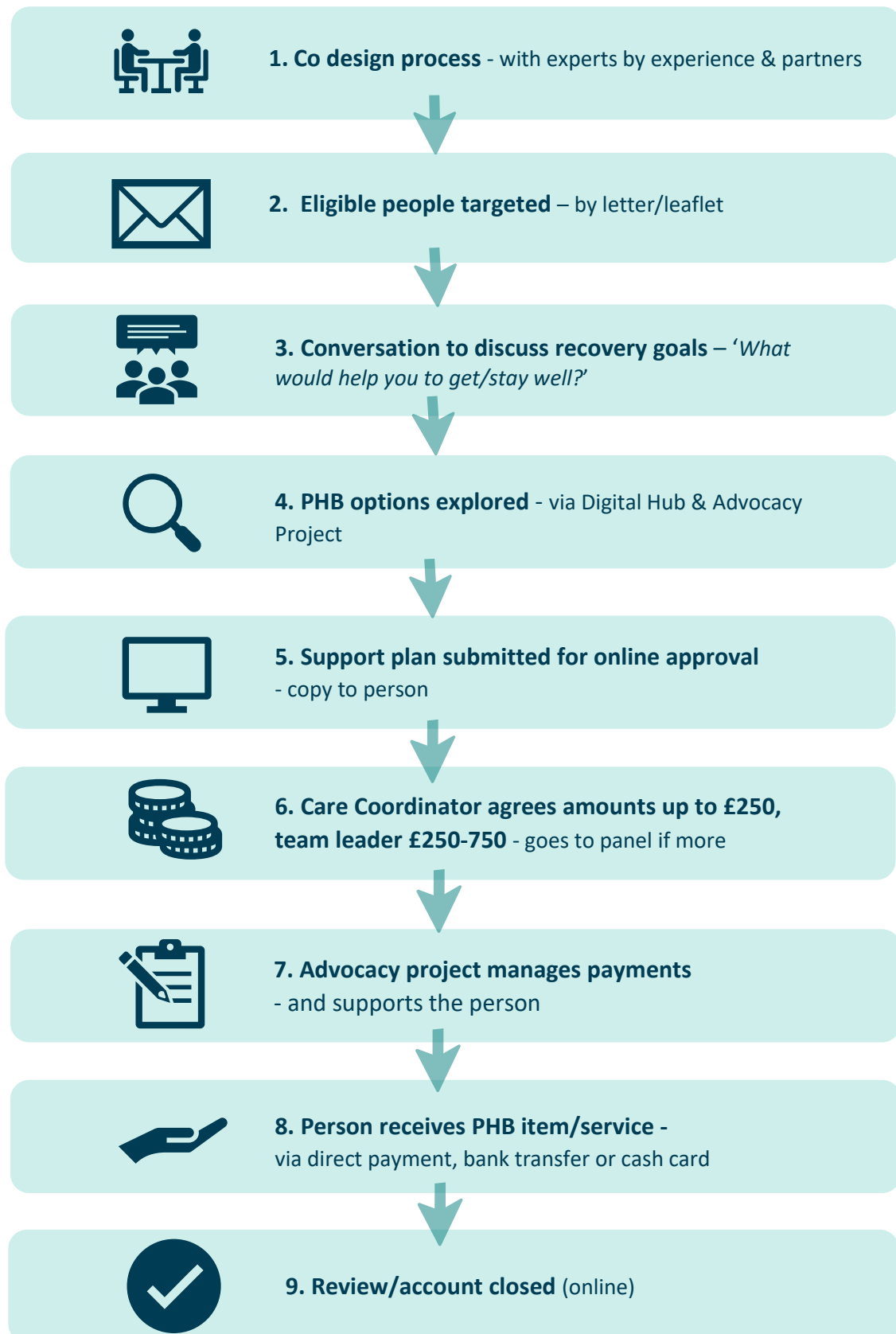


## Appendix 2. Birmingham & Solihull mental health personal health budget process





## Appendix 3. City and Hackney mental health personal health budget process





## Appendix 4. Birmingham and Solihull CCG case study

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



January 2020

### 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.



## Getting Personal Health Budgets working

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

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

### Contact

Kate Linsky  
NDTi Programme Lead: Mental Health  
[Kate.Linsky@ndti.org.uk](mailto:Kate.Linsky@ndti.org.uk)  
Tel: 01225 789135

National Development Team for Inclusion  
First Floor  
30-32 Westgate Buildings  
Bath BA1 1EF





## Appendix 5. City and Hackney CCG case study

### 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)

National Development Team for Inclusion  
First Floor  
30-32 Westgate Buildings  
Bath BA1 1EF

### Contact

Kate Linsky  
NDTi Programme Lead: Mental Health  
[Kate.Linsky@ndti.org.uk](mailto:Kate.Linsky@ndti.org.uk)  
Tel: 01225 789135







## Evaluation of mental health personal health budget reports:

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

**Report 2:** [The experience of 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](#)

### Contact:

Geraldine Cooney, NDTi  
[Geraldine.Cooney@ndti.org.uk](mailto:Geraldine.Cooney@ndti.org.uk)

National Development Team for Inclusion  
First Floor  
30-32 Westgate Buildings  
Bath BA1 1EF

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

