

Learning from Mental Health PERSONAL HEALTH BUDGETS in STOCKPORT



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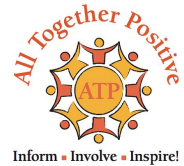
With Contributions from
People who have a Mental Health Personal Health Budget
in Stockport

LEARNING FROM MENTAL HEALTH

PERSONAL HEALTH BUDGETS

IN

STOCKPORT



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Executive Summary

Stockport has been successful in developing personalisation and individualised budgets in mental health services over the last four years and was identified as a demonstrator site by NHS England to develop and implement Personal Health Budgets (PHB) in mental health.

Young people with complex needs who met the identified criteria for whom it was thought having a PHB would be the key to unlocking their complex needs, creating simple, more achievable solutions. Whilst not addressing their underlying health difficulties PHB's provide better means of managing them, creating an opportunity to improve their lives. Conventional services were not able to provide such individualised solutions.

All Together Positive, (ATP) a local User-Led organisation was commissioned by Stockport Clinical Commissioning Group (CCG) to undertake PHB Planning with people and they developed a PHB Pathway. Individual prospective candidates who frequently attend the local ED or use a local charity for young care leavers were encouraged to self-refer to ATP for assistance with planning their PHB. During the life of the project a total of 10 people engaged in the planning process, leading to the uptake of a PHB, the original plan had been for ten to fifteen people.

At the onset of planning with people, indicators demonstrated an immediate reduction in the use of emergency services and a reduction in self-harming behaviours even prior to receipt of the budget.

Two key elements which helped things to happen quickly were a weekly Core Group meeting (to discuss complex issues and agree final plans) and the use of an independent finance broker (already providing services to the CCG).

Adopting a recovery model approach to planning enabled individuals to think beyond symptoms and risk, to establishing a more meaningful life, looking at wider issues with solution focussed thinking utilising the means and technology to overcome isolation, increase communication, develop circles of support, housing, employment, transport and most importantly capitalising upon natural resources.

The average cost of an individual budget was relatively small (approximately £750) and items in general easily acquired, boosting moral and increasing confidence. Equally, any delay in receipt of a PHB adversely affected the level of trust, confidence and hope impacting on people's expectations.

Referrals from the original target cohort were slow in being identified at the beginning of the project therefore the age range was extended to people who met the criteria and were deemed to be in crisis.

Individual testimonies eloquently describe the positive changes that have occurred as a result of receiving a PHB both by the individual and from family members.

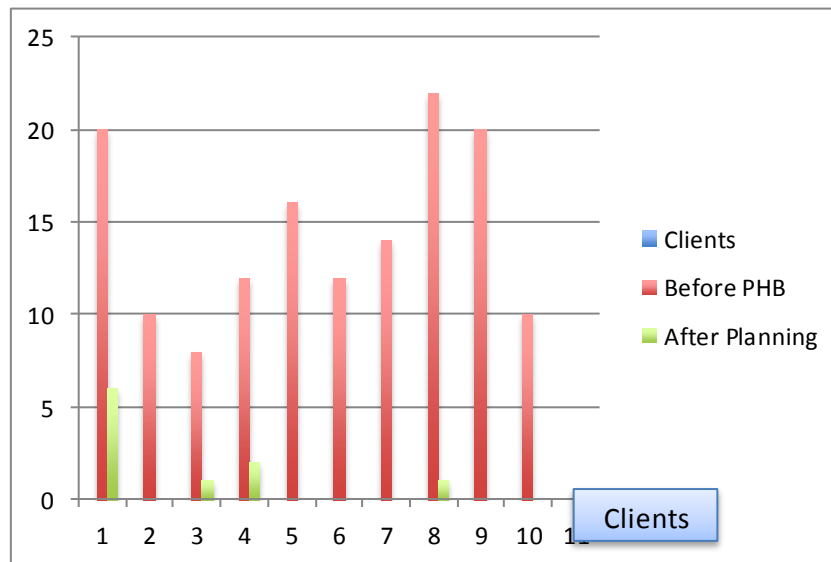
PHB's provided a creative opportunity for staff working in crisis services and related support organisations utilising potential solutions previously denied to them.

Core Group members are convinced that PHB's have brought about positive behavioural changes, enhanced quality of life and better recovery outcomes.

Cost Effectiveness

As a result of the PHB Pilot, it was estimated from this cohort that some 144 ED episodes were prevented at a minimum cost of £114 (see page 15) enabling a possible saving to the NHS of £16416 to occur. The associated costs of other treatment characteristics (dressings and clinical activity) may well amount to around £400-600 per person therefore the potential savings may well have been much higher.

Emergency Department Attendance



Conclusions

1. Evidence gained by the PHB project confirmed people's reliance on costly emergency services at times of crisis yet they had a strong reluctance to engage further with traditional services.
2. Reliance on emergency services dramatically reduced once planning began and self-defined, individualised, alternative support solutions were planned to meet outcomes.
3. The cohort were seen as complex and costly prior to receiving a PHB, yet interestingly enough they only required modest budgets to meet their outcomes and reduced reliance on traditional emergency services.
4. The reduction in use of emergency services after the PHB planning process emphasises the importance of people being in control and being encouraged and supported to find more personal, practical and easily managed solutions and alternative coping strategies.
5. Using solution-focused thinking led to people searching for their 'perfect-fit' solution to changes they wanted and needed to make in their personal circumstances, once funding was released they were easily implemented.

6. Opting-in to the PHB process, person-centred planning and individualised goal setting enabled the person to be fully involved, having choice and control over their support solutions from the beginning of their involvement.

7. Testimonies show the significance placed on the PHB approach 'feeling different' to traditional service responses, by using the values of co-production, personalisation and recovery, focusing on assets and resilience and having motivational conversations developed confidence in the process.

Recommendations

Stockport's experience highlights the positive impact that personal health budgets can have on people's lives and on the NHS in the context of mental health. People clearly gained great benefit and significantly increased their level of wellbeing within this project;

It is strongly recommended that consideration is given to:

1. Continuance of provision of PHB's to people living in crisis as a result of mental or psychological ill health in Stockport whose needs are not easily met through existing service provision.
2. Provision of a framework for ongoing monitoring and review of people who have already received a PHB, those whose PHB plans have been approved and those whose plans are not yet completed or approved.
3. Provision of training to further increase the capacity and capability of a programme of ongoing delivery of PHB's in Stockport, to include other Voluntary & Charitable organisations in order to capitalise on the contributions, capabilities and energies.
4. Underpinning both the pilot programme and further roll out of personal health budgets will be the need for a significant culture change. As this is the most challenging aspect of implementing personal health budgets it needs to be carefully considered in order to prevent stagnation and impairment of any possible progress.

Footnote

The model that was utilised in Stockport was deemed by NHS England and other demonstrator site members as an uncomplicated and person focussed model not driven by a budget allocation model, but driven by the changes the individual needed and/or aspired to make in their lives that would reduce the level of their ill health and increase the level of wellbeing. The Stockport contingency were complimented for the foresight in developing a less bureaucratic and minimal structured model which put the individual at the heart of planning and ensuring optimum choice and control over PHB Plans.

1. Background

In 2014, NHS Stockport CCG in partnership with Stockport Council, All Together Positive (ATP) and Pennine Care NHS Foundation Trust, having been identified as a demonstrator site by NHS England, began work around the development and implementation of Personal Health Budgets (PHB) in mental health. A cohort of people with complex needs was identified for whom it was thought having a PHB would be particularly beneficial, with an expectation to plan a PHB with ten to fifteen individuals over the course of the project.

This cohort was seen as; people who are aged 16 years and over, who experience prolonged distress by risk to self and other, and who exhibit behaviours which cause concern and for whom a personal health budget will assist in improving their quality of life and support their personal recovery journey. People who may benefit from a PHB but may have been seen in a number of settings including the Emergency Department, Primary Care and Mental Health Services.

A Strategy Steering Group was formed from respective service areas, experienced voluntary sector participants and Emergency Department Personnel, to help provide early guidance, direction and oversight to a small project development team, with responsibility for developing and implementing a pathway process for inviting people to have a PHB. Project Management Support was provided by an External Consultant with experience in the development of individualised budgets.

2. Focus Cohort

It was intended that early work would focus on young people aged 16-30 years, who had attended the local Emergency Department a minimum of three occasions in the last twelve months, as a result of self-harm, alcohol or drug abuse or attempted suicide. Information and data produced by the North East Public Health Observatory show that Stockport has a higher than average rate for emergency hospital admissions for self-harm and that there is also a higher than average proportion of 16-18 year olds not in employment, education and training (NEETS). Key data from the local Rapid Access Interface Discharge Team (RAID) indicates that whilst all attendees are offered a follow-up appointment, only a small number of young people actually return.

Additional information from local teams indicates that this target group tend not to respond to routine services, so other innovative approaches were considered that would encourage them to make contact.

It is against this background that the use of a self-directed PHB was deemed to be potentially the most flexible and personalised option and one that may have more effective and longer lasting outcomes for the individual person.

Discussions with Managers from the local Emergency Department and RAID Team led to the process by which potential PHB candidates could be identified and information provided for them about Personal Health Budgets. Further developments in this area will be mentioned later in the report.

There were 13 requests for support received by ATP, who have supported ten people to complete their PHB plan. Out of these thirteen people, one person moved out of area, another was signposted on to another more appropriate service and one person was un-contactable despite multiple attempts by email, telephone, text and letter. Out of the remaining ten people, three people were signposted via Pure Insight peer support charity, six from the Emergency Department and one person contacted ATP directly from the Mental Health Prevention and Personalisation Service.

Emergency Dept.	Pure Insight	Self-Direct	Moved out of Area	Signposted	Unable to contact
6	3	1	1	1	1

Figure1 applications for a PHB

3. Framework

All Together Positive, (ATP) a local user-led social enterprise was asked to provide the main planning support framework for developing a PHB for the chosen cohort of people in Stockport. ATP developed an outline PHB pathway identifying key process points including the release of monies from an independent broker, identified in the PHB to pay for, or purchase the chosen elements of support that the individual believed would improve their personal life circumstances.

ATP has experience in Person Centred Support Planning particularly in the local Self-Directed Support Pilot, championing individual/personal/health budgets and personalised services. ATP has been supported by a local Personalisation Coordinator working in the Mental Health Prevention and Personalisation Service.

The following stages are a brief description of the pathway process:

Steps	Action	Detail
<u>STEP 1</u> Individual self refers to ATP using information pack provided	Develop information pack, include contact details & options and The Making A Difference (MAD) opt-in form & sae	Develop response framework, i.e. who, how, when
<u>STEP 2</u> ATP make contact with the person and introduce a support planner when person gives consent	Offer the individual the choice to determine when & where to meet and any other people that they choose to be present	Consider Lone Working and Keeping People Safe policies
<u>STEP 3</u> Planning with each person is undertaken to develop draft Personal Plan	Draw out from discussion with the person what they wish to change in their lives that will make a difference	Identify outcomes to be achieved and how they will improve health & wellbeing for the person. To include low cost/free community based networks and support
<u>STEP 4</u> Proposed Personal Plan is examined to determine desired outcomes to be achieved	Discuss at Core Group meeting outcomes to be achieved and appropriateness in relation to persons predicament	Consider validity of outcomes, use of public finances and money management
<u>STEP 5</u> Any appropriate changes or amendments are made to the plan, having considered the needs of the individual and the likelihood of the proposed outcomes for the person actually being achieved	Collective thinking and expertise are utilised to support creativity and maximise chances of improving lives to refine potential outcomes	Consider how these proposals align to other supports being offered and or provided.
<u>STEP 6</u> After the individual approves any changes their Personal Plan it is sent to CCG Commissioner for final approval and authorisation of funding release	Final draft of Personal Plan is submitted for funding to be made available and determine likely start date	Consider/resolve any issues that may arise and work towards finding a solution
<u>STEP 7</u> Personal Plan is sent to an Independent Money Management Service (Broker) identified by the CCG, who will meet with the person and agree how purchases or payments are to be made	Discuss with Broker key elements of plan and timescales to be achieved. Ensure any technical details (IT equipment) are clearly identified to ensure effective purchase or acquisition	Consider any additional support elements, i.e. set up or assembly process, installation of equipment, internet use
<u>STEP 8</u> Agree with person a date by which a review meeting might take place, including location and other persons the individual may want to be present	This enables opportunity to collect information/data about how the outcomes were achieved, what impact this made on the person's life, alterations in the plan delivery, what worked, what didn't	Ask person permission to share their individual story/comments and ask if they would be prepared to write a testimonial

Figure2 The pathway process

4. Methodology

Information packs were developed by All Together Positive (ATP) to introduce Personal Health Budgets and invite individuals to complete a very simple Opt-in form, called the Making a Difference Form (MAD Form). This form requests ATP to get in touch, with the person, to explore how a PHB may help bring about better health and wellbeing. Files containing information packs were placed in the local Emergency Department (ED) and also at a local Charity, 'Pure Insight' which is funded by the CCG to provide peer support to young people in or leaving Looked After Children's Services (LACs).

To distinguish between these two different service areas, ED packs were numbered and Pure Insight packs were alphabetised.

Workers were asked to offer a pack of information to people who met the criteria and to encourage them to use the MAD Form to start the process. This starts the person centred planning journey. From the outset the process was meant to feel different and that choice and control remained with the individual. Once contact has been made, a Personal Planner from ATP contacts the individual directly to make arrangements to meet at a place and time of the person's choice and they could choose any other people they wished to be present. At the initial meeting the Personal Planner would explain the process and potential benefits of having a PHB and give examples of possible outcomes that might be achieved.

Guidance given by NHS England in its publications about Personal Health Budgets suggested that it was essential to start this process off by informing the individual how much money they were entitled to in their personal budget. Much thought and debate was given to this principle in relation to the proposed cohort and it was then decided that there was to be no initial indicative budget for each person, an important difference to other PHB sites. There were two principle reasons for taking this approach, the first being that there was no immediate existing cost framework available for people who presented with such complex needs. The second and more important principle was that the personalised planning model was never about the money, all conversations were focussed on what would '**make a difference**' to the persons current circumstances.

The Stockport Model encouraged individuals to explore existing support options 'including natural, social and community resources, friends and family. What they needed to do differently to help themselves and how a PHB could enable those changes to happen. Currently, there is no exposure to PHB in Child and Adolescent Mental Health Services (CAMHS) in Stockport.

When a draft outline plan begins to take shape, the Personal Planner would bring this to a weekly Core Group meeting. This was set up to provide the planner with support, guidance, risk management and governance oversight, to ensure plans utilise funding from the Clinical Commissioning Group (CCG) appropriately and within the CCG's Audit protocol frameworks.

5. Making the process work and early findings

The Core Group was made up of ATP Planners, CCG Commissioner, Personalisation Coordinator and External Consultant. Other external people were able to attend if they wished to discuss any relevant matters or share information. This enabled the core group to develop an overarching knowledge base, pool experience and expertise to enhance the quality of the planning process.

Project Group members agreed an initial pathway process. It identified the key stages that needed to take place in order to have a plan initiated, developed, proposed, approved and implemented. See *Appendix 1*

A key element was to share intentions with other key stakeholders i.e. RAID team, ED, Access & Crisis Team, Child & Adolescent Mental Health Services (CAMHS), Transition Team. Two information sharing sessions were held at Stepping Hill Hospital Mental Health Unit, for this purpose. Information packs were distributed at this point to enable the process to commence. Adequate time for a question and answer session enabled collaborative work to overcome any identified barriers.

Two variations of the packs were developed one for the ED to use with clients who turned up in crisis and the other for Pure Insight clients who met the access criteria for a possible PHB. The information packs were presented to each organisation in a file.

The two Files contained 25 packs of information each one included:

- An information sheet for the worker regarding PHB's and the process being developed in Stockport See *Appendix 2*
- A MAD form for each individual See *Appendix 3*
- A stamped addressed envelope to enable the individual to send off the MAD Form to ATP
- An easy read document all about PHB's for each individual to keep See *Appendix 4*

When individuals were completing their MAD Form they were offered a number of options for ATP to make the initial contact, these included telephone, text or email. This ensured that there was no cost to the individual.

There was a need for independent money management in compliance with CCG audit protocol. Independent Living Brokerage Partnership (ILBP) was the chosen organisation as the existing preferred provider used by the CCG. This enabled access to funding as soon as a plan had been finally approved and a copy of each plan was sent to ILBP to inform them of how the money was to be used to implement the PHB Plan. A 'Funding Process Pathway' was developed to facilitate access to a budget See *Appendix 8*

Another key element was the need for effective communication between the Personal Planner and the Finance Broker to ensure any problems that arose were speedily resolved to prevent any undue delay in the persons plan becoming actioned. It was always prudent to be mindful that the people who were planning their PHB were often in crisis and time was critical in developing, proposing, approving, and implementing the plan. Early experience has shown that on completion of a plan the individual has developed increased expectations and becomes more positive and hopeful about their future, and any unwarranted delays

cause them added stress and lack of belief that they could be helped. Reviews are essential to the PHB process. They are crucial for reconnecting with people, collecting and collating data, monitoring and adapting the use of the budget. They provide time for people to reflect upon their journey, celebrate achievements and change the direction of the journey if necessary to meet new outcomes. Needs change and the Individual's Plan may need to be altered at Review to meet more achievable outcomes. Reviews can make sure the person understands what is expected of them; provide clarity around any changes as well as validating progress and planning personalised outcomes for the future.

Reviews are a formal record of how public money has been used. They provide a statement about the outcomes achieved and crucially what impact was made on the person's level of independence from statutory services.

Using this personalised approach, it was reported by the planners that people became more positive when engaging with the planning process and the person's level of crisis began to reduce; equally when the process suffered any delay it had a negative impact on the person. An example of this is demonstrated in one person's testimony. See *Appendix 5*

Maintaining regular contact with individuals once their plan had been approved and passed by the CCG commissioner ensured that ATP could pick up any issues or delays as they occurred, to offer reassurance and find solutions as speedily as possible. ATP calls this Enhanced Planning.

6. Outcomes for People

From the beginning of planning with the first person, there was an immediate and dramatic decrease in the dependency on and use of Hospital and Emergency Services. It emerged that discussing problems in a non-service environment encouraged the person to believe that their circumstances were about to change for the better. The key principle here was that people felt they were empowered to have some control over aspects of their life. ATP Planners ensured that the outcomes the person was seeking to achieve were of their own choice, enabling the changes which the person actually needed in their life. ATP Planners concentrated on positive solutions, hope for the future and encouragement to make choices and take personal control. This 'different conversation' with people helped them to see a different, brighter future and having a PHB enabled changes to be made.

All of the people who planned for a PHB reported a positive and often dramatic improvement in their emotional and mental wellbeing and a level of confidence, helping them to have a more positive and meaningful outlook on their life in general. They have reported increased interest in the world around them, greater physical activity and more social interaction. This has been also noted by people close to PHB participants.

Carer feedback reported:-

"Since being with 'All Together Positive' my son has stopped self-harming which is a huge positive step forward as this has been going on for several years. His confidence is growing and he is a more relaxed and happier person. I have been really pleased with this service, as a parent it has been a huge relief to find someone that has actually had an impact on supporting my son to turn his life around and to look forward to the future.... This service

has helped my son to get back on track with his life; they listened to what he was saying, been very supportive and encouraging. This type of service has definitely made a difference."

The positive affect of having 'a different conversation with people' has been noted by other PHB demonstrator sites:-

"So that is what inspires me about PHB's. It's not just about the money, it's about conversations that happen in the working out of a plan to achieve something, not just deal with problems. Sometimes those conversations can lead to unexpected results"

Manda Williamson providing a PHB Blog in Devon

There was a reported improvement in each person's use of more appropriate coping strategies when in distress, reducing their level of self-harm which included burning, cutting, alcohol, drugs, overdoses etc.... and a dramatically reduced use of emergency services.

The following chart shows the reduction in the number of visits to the ED after planning with people. The cost of each individual PHB is relatively modest yet the cost savings to all emergency services is significant.

Comparison of Emergency Department (ED) Attendance

Previous ED attendance = **prior to planning**

Current ED attendance = **after planning**

Clients	Referral Entry Route	Previous ED Attendance	Current ED Attendance	Cost of PHB £
C1	ED	20	6	1800
C3	ED	10	0	550
C5	ED	8	1	409
C7	ED	12	2	884
C8	ED	16	0	1153
C9	ED	12	0	600
SD6	PPS	14	0	970
PA	PURE	22	1	3024
PC	PURE	20	0	545
PD	PURE	10	0	1000
Totals		144	10	£10,091

Figure 3 ED attendances

We have compiled a table of Complexity Indicators for people with a PHB in Stockport to demonstrate the type of complex issues each individual is coping with, and a star rating to show a scale from mild to severe. *See Appendix 7*

Whilst planning with people, it was necessary to try to establish their level of mental wellbeing at two stages during planning, at the beginning of PHB planning and again at the review stage in order to compare the results. The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) self-assessment tool was chosen for this purpose.

WEMWBS is a scale of 14 positively worded items, with five response categories, for assessing a population's mental wellbeing. Warwick and Edinburgh Universities were commissioned to develop it in 2006. Assessing the mental wellbeing (positive mental health) of the population requires validated scales that reflect current concepts of mental wellbeing. WEMWBS covers both hedonic and eudaimonic perspectives.

The 14 positively worded WEMWBS statements are:-

1. I've been feeling optimistic about the future
2. I've been feeling useful
3. I've been feeling relaxed
4. I've been feeling interested in other people
5. I've had energy to spare
6. I've been dealing with problems well
7. I've been thinking clearly
8. I've been feeling good about myself
9. I've been feeling close to other people
10. I've been feeling confident
11. I've been able to make up my own mind about things
12. I've been feeling loved
13. I've been interested in new things
14. I've been feeling cheerful

Participants are asked to consider their thoughts and feelings over two weeks.

The statements are scored 1 to 5 and the scores are added together for a total

1= None of the time 2= Rarely 3= Some of the time 4= Often 5= None of the time

The total score indicates: - 0-32=Low 32-40= below average 40-59= Average 59-70= Above Average.

The scores initiate a discussion about the evidence based steps 'Five Ways To Wellbeing'

1. Get active
2. Connect with others
3. Keep learning
4. Be aware of yourself and the world
5. Give to others

People were asked to complete them at the start of planning and again at their review meeting with a discussion about the five ways to wellbeing. The results on the second WEMWBS demonstrated significantly increased scores on their wellbeing/positive mental health.

See Appendix 6 - Individual WEMWBS Results

Warwick-Edinburgh Mental Well-being Scale (WEMWBS) comparison chart

WEMWBS 1 taken at the beginning of planning and WEMWBS 2 taken at review- *Appendix 6*

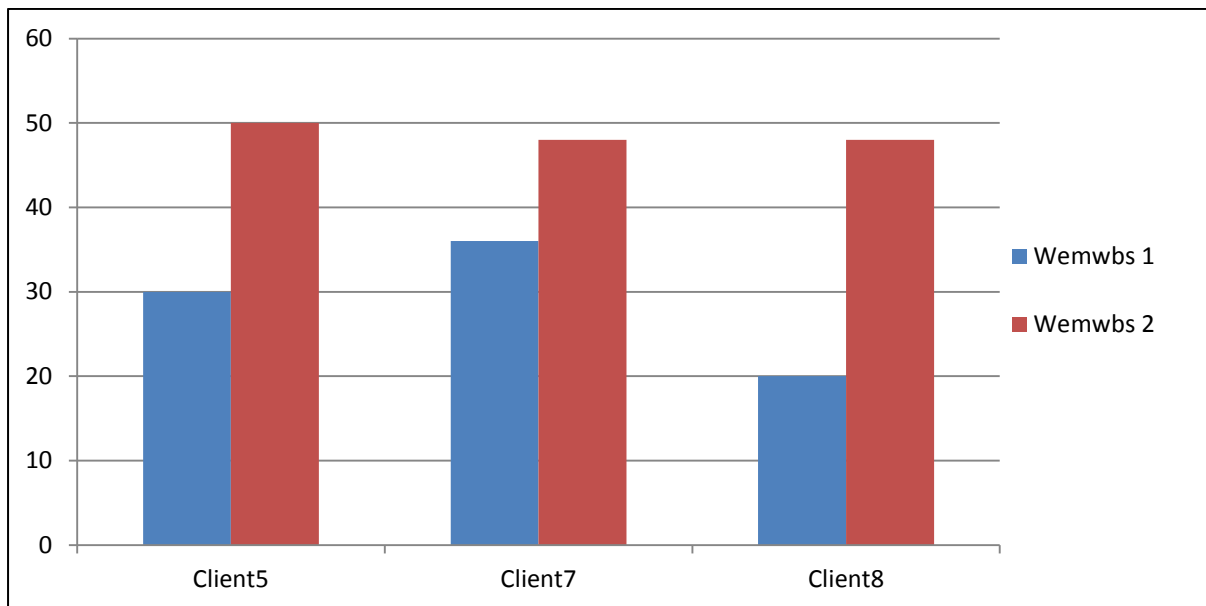


Figure 4 WEMWBS comparison scores

If a participant's score is increased by 3-8 points it would demonstrate that Mental Health Wellbeing for the person has significantly improved.

The results speak for themselves

- ✓ Client 5=20 point increase
- ✓ Client 7=12 point increase
- ✓ Client 8=28 point increase

It is pertinent to note that for this very small cohort of people, not only did they achieve the initial outcomes in their plans, but they reported a number of additional positive aspects to their lives E.g.

1. Improved insight into their health and wellbeing
2. Improved coping strategies
3. Improved interaction with others (friends and family)
4. Improved conversations with their GP's
5. Reduced use of self-harm

7. Outcomes for Services

It is difficult to quantify the actual impact cost to services prior to the start of this work, but the PHB plans and choices people made at an individual and collective level made a tangible impact on the reduction of local emergency and health services.

The following list indicates the outcomes achieved during the project.

1. Reduction in attendance at Emergency Department
2. Reduction in unwarranted GP appointments
3. Reduction in use of NHS supplies i.e. dressings, sutures and sundries

E.g. one person used burning as self-harm and needed specific dressings only available to her through the ED. Her plan included purchasing her own supply of these specific burn dressings - she hasn't attended ED since planning with ATP and interestingly has not self-harmed - finding alternative coping strategies. **Information accurate at time of report compilation*

4. Reduction in the number of follow up appointments being made
5. Reduction in use of emergency services- Ambulances, Paramedics, Police, Fire Services
6. Cost and time reduction impact on NHS, Mental Health and local authority staff teams
7. Introduction of alternative pathways for support where traditional services have not been able to be effective
8. Better use of NHS funding to promote preventative strategies and reduction in access to services
9. The average amount of an individual's PHB was £750 and is a fraction of the anticipated cost's which are incurred by services before PHB planning was introduced

Principally the use of PHB's provide staff with an opportunity to look with the individual, for more effective, easily achieved support solutions that services are usually unable to consider, and can capitalise on the person's natural talents, abilities and determination!

This facility also has the potential to alleviate the frustrations that staff may suffer when possible solutions are evident but not accessible to them through usual service responses.

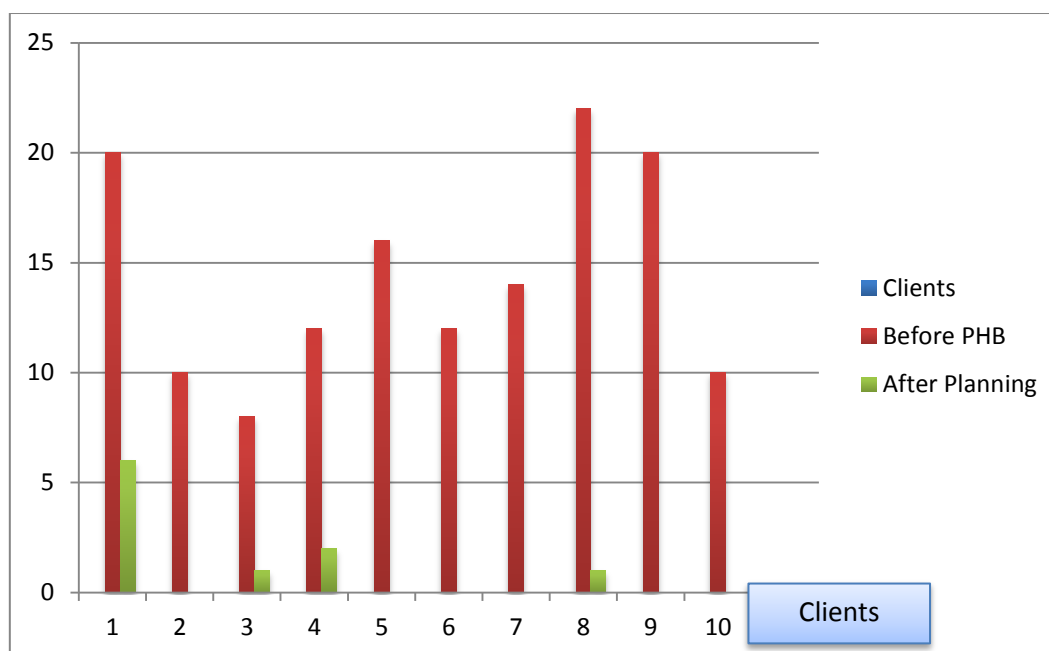
Therefore the use of PHB's has a great empowering capacity for both those who are able to access them and also those who assist them.

How much might be saved by preventing unwarranted Emergency Department episodes?

In the comparison of Emergency Departments (ED) Attendance Table, (page11) figures suggest that during the period between planning for, and acquiring a PHB there was a reduction in the ED attendance rate of approximately 144 episodes. It is

difficult to provide actual costs per patient journey; however, indicators of probable cost can be projected.

Emergency department attendances



Figures provided by the Department of Health Report, **Reference Costs** 2013, suggest that the cost of an average A&E attendance was £114 per episode, but there is no additional data available to show any other associated or related costs, throughout the patient journey.

A number of people in the PHB Cohort presented with physical injury (self-harm) and or drug/alcohol ingestion, along with their level of mental ill health at ED. The following table seeks to illustrate possible additional cost areas that are known to have been involved during a number of ED episodes involving PHB clients in crisis.

Area	Known Cost £	Unknown Cost	Possible cost £	Total
ED Admission	114			
Triage/Assessment		*	45	
Wound/Injury Care		*	30	
Treatment Packs		*	40	
Dressings		*	20	
Medications		*	60	
Surgical procedures		*	*	
X Ray/Scan		*	*	
Mental Health Assessment		*	45	
Follow up apt at RAID		*	60	
CMHT Practitioner			45	
GP Appointment		*	90	
Prescriptions		*	60	
	114		495	609

As a result of the PHB Pilot, it was estimated that some 144 prevented ED episodes at a minimum cost of £114 enabled **a possible saving to the NHS of £16,416** to occur. The associated costs of other treatment characteristics may well amount to at least £400-600 per person per episode.

This does not take into account the costs of in-patient admission for those people where it actually occurred previously, but now prevented by the use of Personal Health Budgets!

PHB Case Study- costings

One person was hospitalised for over 7 days following a suicide attempt which necessitated police & fire service personnel having to break down her door and then transported her to the hospital's ED department, this episode was as a result of traumatic spiral of depression following the loss of her companion and best friend, namely her pet dog.

Services used in this individual case are shown in the following table to illustrate probable cost: (The latest figures available are over 2 years old but are a near approximation of actual cost)

Type of Service	Minimum cost £
Fire Engine & crew of 4 circa £160/hr (Ref: Nottingham Fire Service)	160
NHS Ambulance & crew of 2 circa £144-£216/hr (Ref: National Audit Office)	144
Police Patrol Car with crew 2 circa £120/hr (Ref: Staffordshire PCC)	120
NHS Emergency Department Admission (Ref: Department of Health)	114
NHS Hospital Admission to 8 days @ £232 (Ref: PSSRU)	1856
Probable Combined Cost of Services	2394

*Note 1: This does not include the costs of emergency or prescription medication or other related services.

*Note 2: Since she has acquired her PHB, she has been able to source a new puppy and purchase a mobile Nebulizer, both of which have enabled her to continue to manage her depression more appropriately and avoid the need for accessing emergency services.

**Footnote: A number of people in this cohort have made several suicide attempts and each of these episodes have necessitated the involvement of numerous service personnel across different service areas and the cost of these episodes can only be guessed at.

Without the benefit of a detailed study, the potential costs savings made by preventing ED episodes can only be assumed and if a figure of £500 per person/episode were used for this cohort, then the total savings would amount to some £72,000

Reference: 'Reference Costs' Department of Health 2013

- 2012-13 reference costs cover £55.2 billion of NHS expenditure, an increase of £1.7 billion (3.2%) over £53.4 billion in 2011-12
- This represents 54% of £102.6 billion NHS revenue expenditure in 2012-13
- 5.6 million data items were submitted by 244 NHS trusts and NHS foundation trusts
- Detailed costs were provided for 2,100 treatments or procedures covering over 15 million FCEs within admitted patient care alone
- The average cost of a day case is £693 (£682)
- The average cost of an elective inpatient stay excluding excess bed days is £3,366 (£3,215)
- The average cost of a non-elective inpatient short and long stay combined excluding excess bed days is £1,489 (£1,436)
- The average cost of an excess bed day is £273 (£264)
- The average cost of an outpatient attendance is £108 (£106)
- The average cost of an A&E attendance is £114 (£108).

8. Conclusions

8.1 Evidence gained from working with this small number of people confirmed that they relied heavily upon costly emergency services whenever they were in crisis. However, non-attendance at follow up meetings demonstrated that they did not want to engage with a traditional service solution.

8.2 After planning with people, looking at self-defined outcomes and finding alternative, individualised, support solutions, reliance on traditional services was dramatically reduced.

8.3 It is interesting to note that despite this cohort's complexity and costliness previous to receiving a PHB, individuals only required a modest budget to meet their outcomes and reduce their reliance on traditional services.

8.4 The related reduction in use of local services clearly indicates that having a 'different conversation', supporting people to determine personalised supports as alternatives to traditional service responses, only seeks to reinforce the importance of self-directed support and of people being in control of their own solutions and alternative coping strategies.

8.5 Encouraging individuals to use solution focused thinking led to people choosing their own individual 'perfect-fit' response to what they wanted to change. This led to the development of straightforward and uncomplicated personal solutions, which were easily implemented as soon as funding was released.

8.6 When people choose to opt in to the PHB process and engage in person centred planning, and design their own goals by identifying personalised outcomes, this empowers the person to have choice and control over their support solutions.

8.7 By utilising the values and principles of co-production and personalisation, and using facilitation and motivational conversations, focussing on peoples assets and resilience, individuals have been able to gain trust and confidence in the PHB planning process, and have valued and respected the approach used to help the work towards resolving their original difficult. This is evidenced in people's individual testimonies and comments.

9. Peoples Stories – Testimonies - Comments

The following story has been collected from Pure Insight from PHB Client C

"I felt like crap all the time.... before I got a health budget. I used the budget to get a bike and a mobile phone and I'm hopefully going on a short break soon. My bike has made so much difference as I had been unemployed since 2007. I got help from Pure Insight to get a paid job and now my bike is here I can get to work on it. It takes me 20 minutes now instead of nearly an hour which makes a lot of difference to me. It has changed my life, really it has. I can get around everywhere for free, I was struggling to afford a bus pass so now I can ride my bike even up to the hills, it makes me feel good! I still have days when I don't feel great but I can escape now. Having a bike and an up to date phone has helped me get back into work again and I know I can keep this job now whereas before I might have run out of money and not been able to afford the bus. Now that won't happen, thanks to Ian from ATP and all the people who helped me get a budget! It has changed my life! "

"A great result for Client C"- by SS, Manager of Pure Insight

Comments taken at review stage:-

"I have gained more independence through the help from this project, and met two people; Shirley & Doreen from ATP which I felt understood me for the first time in a long time. Thank You ATP for a great help in my mental health and for the opportunities you and my PHB have given me"
Client 5

"I have been a lot more positive and haven't attended A&E at all. I am able to distract myself to stop self-harming behaviours and have been in contact with my old friends via Skype. I also understand my own illness better"
Client 8

"Since having my personal health budget things have been far better for me, as I regularly use the things that have been paid for, for me. It has dramatically improved my life. When times are hard or even when they are good, I have wonderful things to use. Thanks for all the genuine support from Shirley and Doreen from ATP."
Client 7

Comments from carers of people with a PHB

"This service has been brilliant as it listens to the person to see how they can be supported rather than the person fitting in with the services that are currently on offer. The appointments take place at home rather than in a hospital setting which is a lot more relaxing. This service has helped my son to get back on track with his life, they listened to what he was saying, been very supportive and encouraging. This type of service has definitely made a difference."

"Yes this is the first service which my son has responded to. He has attended several appointments with health professionals and has not responded to or opened up to like he has with Shirley and Doreen. It has given him hope and a chance to get out of the rut he was in by providing the things he needed in order to turn his life around. He was able to purchase a new computer in order to search for another job, he had a bike and a gym pass which improved his self-esteem and increased his confidence. Since being with 'All Together Positive' my son has stopped self-harming which is a huge positive step forward as this has been going on for several years. His confidence is growing and he is a more relaxed and happier person. I have been really pleased with this service, as a parent it has been a huge relief to find someone that has actually had an impact on supporting my son to turn his life around and to look forward to the future."

"One suggestion I would like to make is, would it be possible for a couple of more visits as my son really benefitted from talking to Shirley and Doreen as they listened and had an understanding of where he was at in his life."

*' When people spoke, we listened but did not judge
When people were lost in the dark, we walked with them towards the light,
When people wanted to move forward, we gave them a gentle hand
And when people needed practical assistance -
We did a bit of person centred planning! ' by ATP*

Kazz has written about her Personal health Budget Experience

KAZZ.

CASE NO: 121

I met Shirley & Doreen from All Together Positive and with their patience and listening felt I had made a connection which is not easy for me.

I rely on my computer for most of my daily social dealings like shopping and receiving my household utility bills and also paying bills, I also rely upon my computer to keep in touch with friends as I could not go out for long especially on my own and the computer is my main link to the outside world beyond these four walls.

I am also heavily dependent on a nebuliser machine up to 6 times a day as I have very bad Asthma and Bronchietisis and COPD. This had a big impact on my life as I was limited to where I could go like shopping when I can get out and for how long I could stay out, this made me feel like a prisoner and along side my other illness' I felt I had no control over my own life, in some case I still haven't however in a big way thanks to ATP I now have a little more control over the illness's rather than the illness's controlling me.

Me and Shirley and Doreen went through an assessment the first day they visited and for a few visits after that. We talked about the items and things that I would need to improve my mental health as my mental health was suffering since my computer had broken and I was on a restriction as to where and when I could go out. I felt I had no choices in

my life as far as my freedom and as far as trying to at least get myself that little bit better and be able to smile a little by me taking control of my limits that had been put upon me through physical and mental health issues.

I like to learn new creative skills as this keeps my mind occupied and focused however without been able to go out and do other things and also learn new hobbies again I felt I had no choice but to accept the way things were, however I can start to see that this is not the case and I can live some sort of relative normal life whatever is normal but to me normal is able to go out on a good day and chat and make new friends.

I have Grand Mal Epilepsy also and did not know anybody else to confide in or chat with and compare difficulties and ways to cope. I can now with the aid of my new computer go on the websites that have chat forum with other epileptic sufferers and have a chat when things get me down and also be there for other sufferers if they need a listening ear.

My new nebuliser allows me to do things I had resided to accept I could not or the illness' would not let me do again before I had no restrictions regarding health. However now thanks to ATP I can finally see that it does not always have to be like it was before and this has been a big if not life changing improvement to the way I think and feel in which case you can say has greatly helped my mental health as I can now think differently as to what I can now achieve that I did not think possible. Ever since I have gotten my illness' I had felt so alone trying to cope, yes it did not always work out as I am a self-harmer and although I no doubt

always will be at least I can be in touch with someone who can help me through. All Together Positive is a life changing scheme that I am certain will benefit so many people like me and at least like it has for me give them a chance to learn new things and help with their daily needs to live a more relaxed life, they like me will have their bad days and their good days however at least on their bad days whichever help they receive from ATP they are not alone as I have found out.

Many people suffer mental health issues and this is not and will never be to say "you can help and all your worries will go" as we have to face reality and the reality for us sufferers is help will not make us feel so isolated and alone. If I had not received help like my computer to keep in touch with my friends and the outside world and my nebuliser to give me that little bit of freedom and also the creative things I have now learnt to do like I have learned to make medicine charts to mark off to remember that I have to and have done took my medication, I have also learned how to make calendars with all my precious photographs that I will be able to look at every day in each and every month which reminds me that no matter what as I also have memory loss due to seizures I will always see what and who is important to me.

I had a dog for 9yrs and he was a black and tan German Shepherd boy and he was a if not the biggest part of my life. Zeus died 2 and 1/2 months ago and my mental health took a turn for the worst and I ended up in hospital. I thought to myself that my strength to stay strong was gone forever however thanks to my computer and been able to go on the internet I found another source for strength and that is Jerri-Leigh

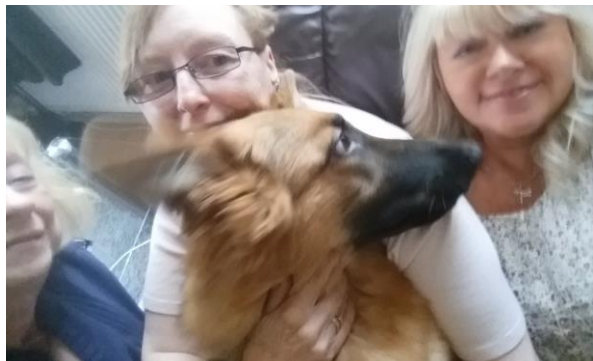


my 15wk old German Shepherd girl. So you see with my portable nebuliser and my new found strength and ATP I have some positive goals that I can go to reach which I felt had left me forever.

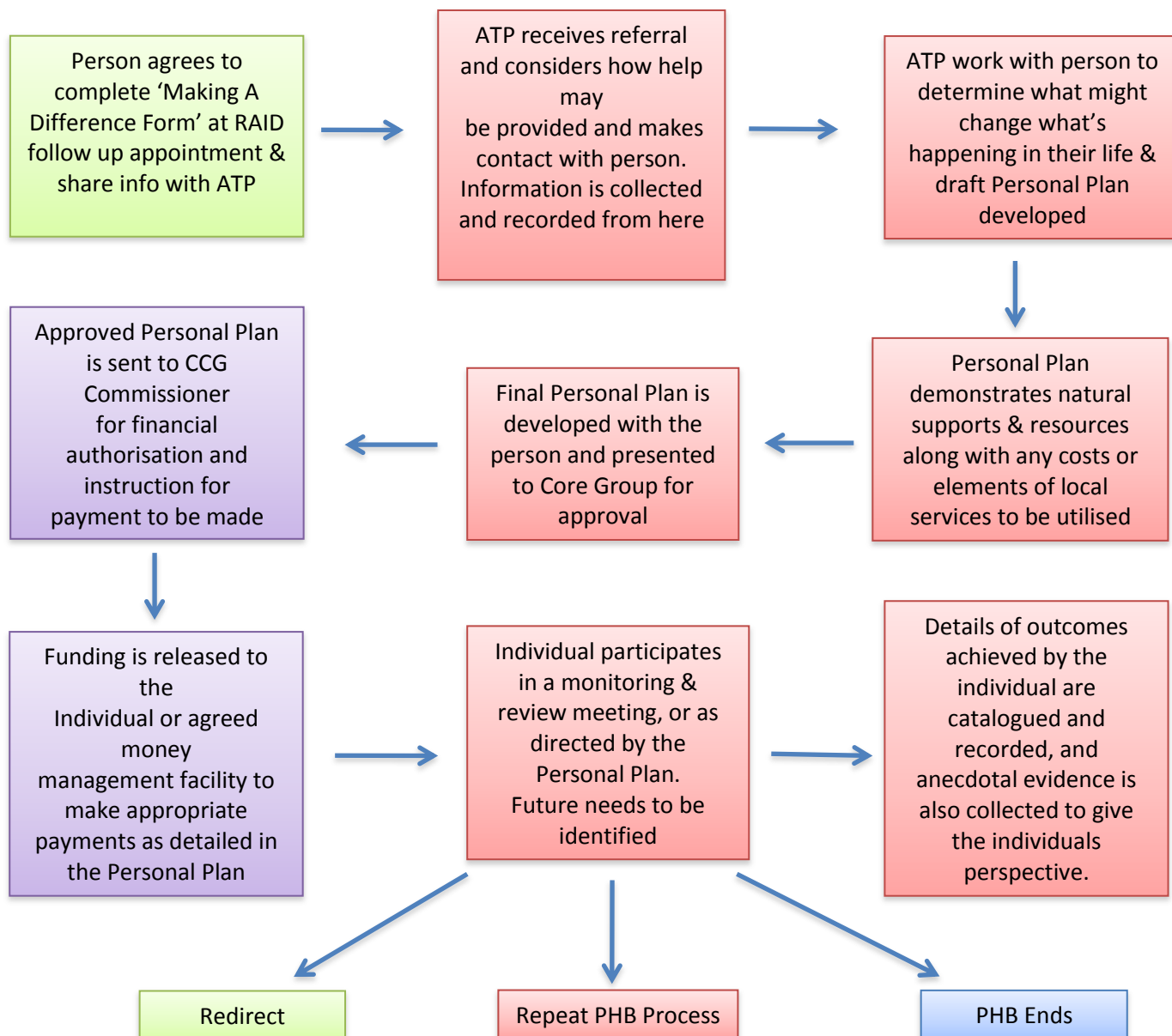
I would just like to express my utmost gratitude that the ATP scheme was given the opportunity to at least see if it would make a difference to a person's life and I can without a shadow of a doubt fully 100% say yes it has made an enormous impact for the better on my life as I can now see a glimpse of freedom and also not go through struggles alone thinking there is no hope of getting out of the dark into some even a dim light to start with as this scheme will prove as I feel it has with me that with the generosity and help there is a world beyond four walls and coping alone as there are now groups I can be involved in thanks to my portable nebuliser which will improve my mental processing of coping.

Finally I would like to extend my utmost thanks to Shirley and Doreen for all their understanding and patience and also to the people who made the decision to grant my budget and to the person who set up this pilot scheme as you have made my illness' not coping alone and less fearful and that is the greatest gift anyone could ever receive. Thank you to everyone who was involved in giving me the hope of freedom to live and not just exist and have the chance to help others learn new arts and feel that they are not alone too. God bless you all as you truly are heaven sent for the gift of changing my existence which is now LIFE...

THANK YOU...



Proposed Personal Health Budget Pathway Process



Appendix 2 – PHB information sheet for staff to use with people at the first meeting

Getting Help

Did you know that from April 2014, that people who have health needs which affect their general quality of life and interfere with day to day living, may be able to get help to try and change some of the things that are causing the person distress

How does this work?

If you want to have help to look at what is causing your distress or difficulty, and explore what kind of things you would want to change in your life, there are people available who have experience in supporting people develop personal plans to do this.

These people work on the outside of services and provide valuable assistance through their own experience of services, or through family members, and who are helping to lead the change process in the delivery of person centred supports as an alternative to traditional services. They have been involved in planning with people in Stockport for several years and have helped many people to find their own recovery solutions

What does this mean for you?

If you agree to have someone help you explore what might make your life better, and feel comfortable completing the simple 'Making A Difference' form and post it using the stamped addressed envelope, someone will make contact with you with a view to meeting up with you to see how you may be helped.

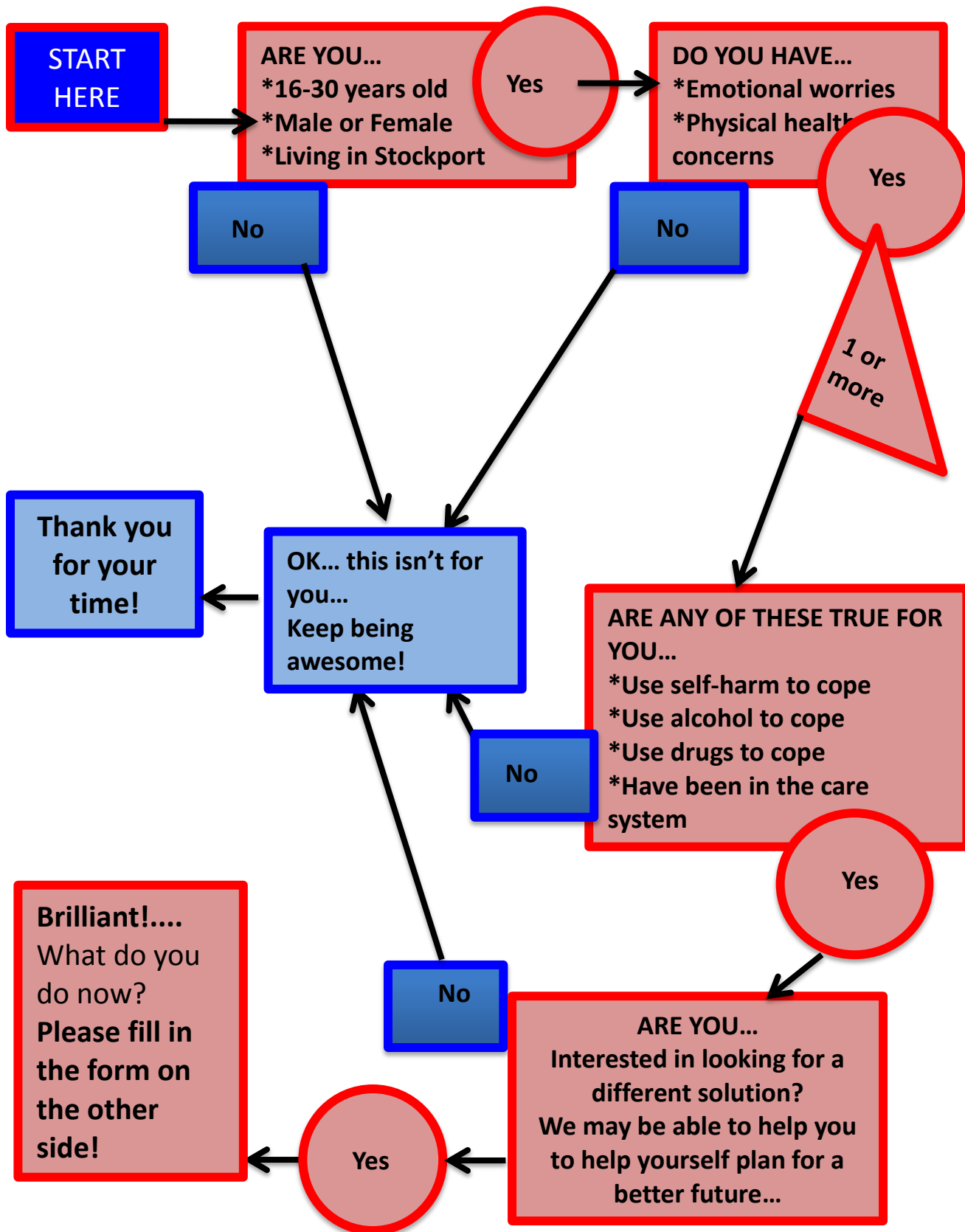
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This document is for staff use only

Please do NOT remove from the folder

This script is intended to assist staff to have an initial conversation with people who fit the criteria of the project to introduce them to the idea of a Personal Health Budget

Appendix 3 – Making a Difference Form (MAD Form) Criteria sheet for opt in



<u>Personal Health Budget</u>	
<u>Making A Difference Form</u>	
Name:	Date of birth:
Address:	Contact details:
Phone	
Email	
How would you prefer us to contact you?	Phone Text Email Don't mind
<p>All Together Positive (ATP) are here to help you write your Plan for a Personal Health Budget.</p> <p>Please read the information in the guide.</p> <p>This is what YOU do next:</p> <ol style="list-style-type: none">1. Please fill in this 'Making a Difference Form' and send it off as soon as possible - in the stamped, addressed envelope provided2. ATP will be in touch with you to help you to write your plan	
<p>Please tell us about the following:</p> <p>What is not working in your life?</p>	

What needs to change?

What would you need to fix it?

Please provide any additional information that you think is important

I give consent for All Together Positive to hold and share information with other collaborative partners to support my application for a Personal Health Budget

E: alltogetherpositive@yahoo.co.uk T: 01616672720 M: 07789094161

Signed.....

Please Print Name

Date.....

My Personal Health Budget Guide

Stockport

What Is a Personal Health Budget?

A Personal Health Budget is an amount of money that can be used to support your identified healthcare and wellbeing needs, planned and agreed between you and your Personal Planner. At the centre of your Personal Health Budget is your 'Personal Plan'.

Your Personal Planner works for an independent organisation called All Together Positive. They will work closely with you to develop your individual 'Personal Plan' that reflects the changes that you want to make to your life so that you continue to have choice and control.

Writing a Personal Plan helps you think through and decide your health and wellbeing goals and it will set out how your budget will be spent to enable you to reach your goals and keep you healthy, safe and well.

You don't have to change the healthcare and support that is working well for you, but if there is something that isn't working, you can change that.

What kinds of things could I spend my Personal Health Budget on?

- ✓ Purchase of personal exercise equipment e.g. treadmill, exercise bike, bicycle
- ✓ Personal Health trainer
- ✓ Massage to improve circulation and pain relief
- ✓ Alternative therapies such as aromatherapy for pain relief and relaxation or to relieve anxiety
- ✓ Alternative approaches to smoking cessation- hypnotherapy, acupuncture
- ✓ Ways of promoting healthy eating, or weight loss e.g. kitchen equipment, bathroom scales, cookery courses, the cost of joining a slimming club
- ✓ Ways of getting out and about and meeting other people. This could include leisure activities/hobbies that would keep you occupied or stimulated and involve accessing the local community- providing opportunities to socialise
- ✓ Equipment for leisure activities/hobbies - art materials, study books, sporting equipment
- ✓ Travel expenses to access some services or to pursue leisure activities
- ✓ Funding to enable you to be accompanied on an activity if you need it
- ✓ Equipment to improve access around the home, ramps to improve access to different parts of your home or garden for wheelchair users

These are meant as examples to give you an idea of what your budget could be spent on. If there is something else that you think would make a real difference to your health and wellbeing discuss it with your personal planner.

What you can't spend your Personal Health Budget on

There are a few things that you can't spend your Personal Health Budget on:

- Emergency or acute services, which are already provided by the NHS to everyone in the country without charge
- The vast majority of primary healthcare services (including visits and assessments) As GP's provide a comprehensive, registration-based service, which is free at the point of access
- Anything illegal
- Gambling
- Debt repayment
- Tobacco
- Alcohol
- Treatments (like medicines) that the NHS would not normally fund because they are not shown to be cost-effective

Personal Health Budget- Personal Stories

Razia's story.

Razia from Merseyside needed hospital treatment and counselling after leaving an abusive relationship. She was given accommodation in an area where she didn't know anyone and she felt very isolated. In order to attend college and keep her medical and counselling appointments she was able to pay for transport. She was also able to buy a computer to help with her studies and to maintain supportive e mail contact with her family overseas.

Susan's story

Susan is suffering from agoraphobia, she had a session once a week for three years with a support worker who took her shopping at the local supermarket.

When Susan decided to take up the offer of a personal health budget, she was asked if she wanted to retain the support workers on this basis.

Susan said no. At the current time she didn't like going shopping with the support worker and was so anxious about it she didn't sleep the night before the appointment. She asked if she could use her allowance to buy a laptop computer instead.

It was decided to approve her request. Although the purchase would not assist in reaching a cure for her condition, it would support her in feeling confident in managing it.

With her laptop computer Susan is not only able to do her own shopping online, she is able to overcome her feelings of isolation through using Skype to talk with family abroad, and by participating in online communities which provide a network of support.

Cost of providing weekly support worker session over a year=£1200. One off cost of laptop=£400. Susan's Plan was better at meeting her personal needs, it was cost effective and most importantly it was chosen specifically by Susan herself after considering a range of options.

Appendix 5 – Clients testimony outlining difficulties related to delays in finance

To Whoever

I start a process of applying for a personal budget because I believed it would help. Help change my life and give me things to do, purpose to communicate with the world, my friends and family and my support. I don't have a family near me, I don't have friends near me and my support is scattered thru the world.

I was given a chance to have a computer and things to do, things I love. A short, simple process but 3 months later I have no idea what's going on. What I have done wrong again to have promises broken to have dreams ripped from under my feet? I question who hates me enough to do this??

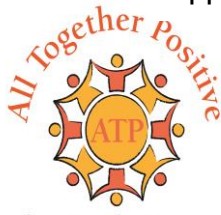
The want and need to punish myself for feeling this, the guilt I feel because people are trying to do nice things for me and I still have delusional thoughts and want to do what people like Barry (Personalisation Co-ordinator) and Rashida are trying to prevent.

Telling my whole life to another strange person re-living the hell triggered weeks of flashbacks. I started to question if everything that is around me is real, are the people I see there – all from the small thought if I had really applied for a personal Health Budget. To question if I have even spoke to a human is destroying my mind.

I would like to personally thank the people who made the process what it has been up to now, for what felt could have been a life changing thing but now it has become another situation I don't understand, can't control, when I feel too many things in my life are out of my control like food. The one thing people can't stop me from controlling. So, I don't eat and I make sure the effects aren't noticed because it is my thing and letting people in, trying to control the thought process to change the sub-conscious reaction to events in my life feels like I would have nothing – so thanks from a very messed up boy.

This message was written prior to receiving any PHB funds- The waiting time to receive funding was three months and clearly felt to be much too long.

Appendix 6 – Warwick-Edinburgh Mental Well-being Scale (WEMWBS)



Inform • Involve • Inspire!

All Together Positive - ATP
 T: 01614756219 M: 07789094161

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)© NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved.

Name: _____ Date: _____ Score: _____

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

Below are some statements about feelings and thoughts.
 Please tick the box that best describes your experience of each over the last 2 weeks

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time	Sub Total Score
	1	2	3	4	5	
1. I've been feeling optimistic about the future						
2. I've been feeling useful						
3. I've been feeling relaxed						
4. I've been feeling interested in other people						
5. I've had energy to spare						
6. I've been dealing with problems well						
7. I've been thinking clearly						
8. I've been feeling good about myself						
9. I've been feeling close to other people						
10. I've been feeling confident						
11. I've been able to make up my own mind about things						
12. I've been feeling loved						
13. I've been interested in new things						
14. I've been feeling cheerful						
Total Score:						

RESULTS

0-32 points

Your wellbeing score is very low. Most people have a score between 41 and 59. You may want to begin by talking to a friend or health professional about how you can start to address this. There are five evidence-based steps we can all take to improve our mental wellbeing. They are:

- Get active
- Connect with others
- Keep learning
- Be aware of yourself and the world
- Give to others

32-40 points

Your wellbeing score is below average. Most people have a score between 41 and 59. Why not take action to improve your mental wellbeing?

There are five evidence-based steps we can all take to improve our mental wellbeing. They are:

- Get active
- Connect with others
- Keep learning
- Be aware of yourself and the world
- Give to others

40-59 points

Your wellbeing score is average. Most people have a score between 41 and 59. You can still improve your mental wellbeing by taking action. There are five evidence-based steps we can all take to improve our mental wellbeing. They are:

- Get active
- Connect with others
- Keep learning
- Be aware of yourself and the world
- Give to others

59-70 points

Good news, your wellbeing score is above average. Most people have a score between 41 and 59. Continue doing the things that are keeping you happy. There are five evidence-based steps we can all take to improve and maintain our mental wellbeing. They are:

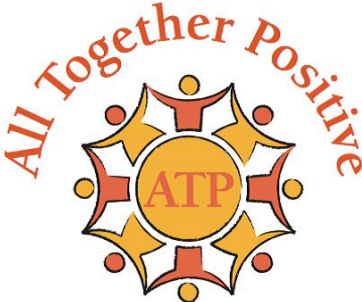
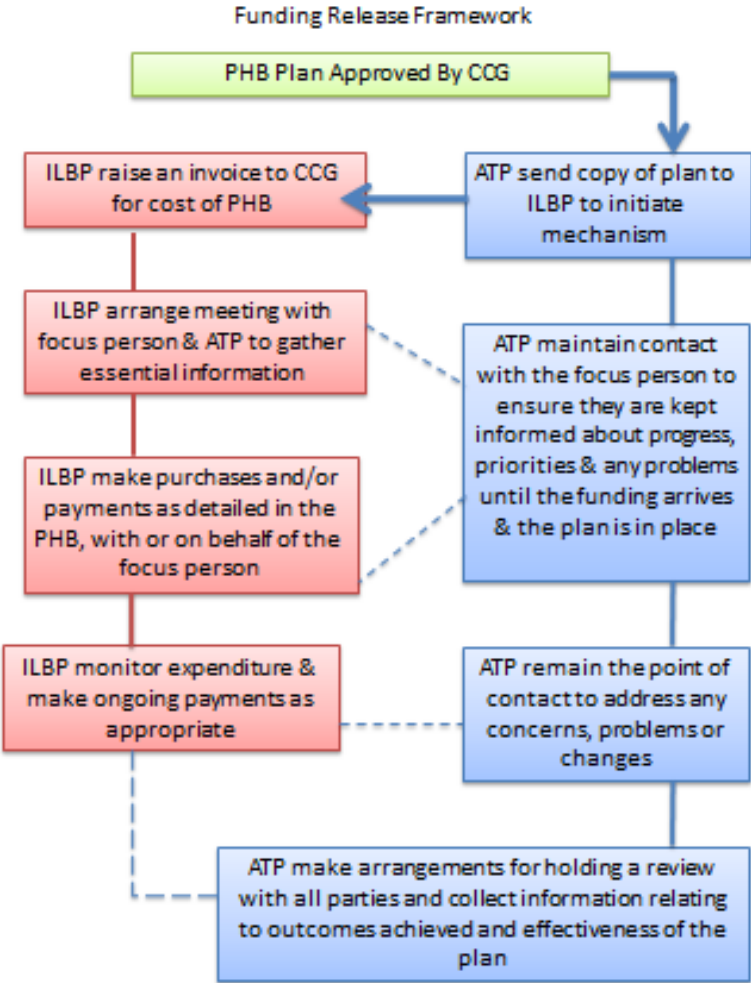
- Get active
- Connect with others
- Keep learning
- Be aware of yourself and the world
- Give to others

Appendix 7 - Demonstrating the complex issues people with a PHB are dealing with and a star rating to show a scale from mild to severe

Table of complexity indicators for people with a PHB in Stockport

Client	Frequent ED Attender	Drug &/or Alcohol Abuse	Overdose	Self-Harm	Abuse History	Suicide Ideation	Multiple Health Concerns	Mental Health Concerns	LAC History	Homeless
1	***	***	**	**		***	**	*		
3	*	***	*	*	*	*		*		
5	**		***	***	*	***	***	**		
6	**	**	**	***		***	***	***		
7	**	***	*	**		*	*	**		
8	**	*	*	**	**	*	***	**	*	
9	*	*	**	*			**	**		
A	***			***	*	**		**	*	*
C	**	*		**		**		**	*	*
D	***	**	*						*	*
B	**	**		*		**			*	*
	B Moved out of area after plan completed									
2	Referred to the Prevention & Personalisation Service									
4	No contact after initial application despite multiple attempts to make contact									
*	MILD									
**	MODERATE									
***	SEVERE									

Appendix 8- Funding Release framework



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