Sunderland City Council

Item No. 7

REPORT TO ADULTS PARTNERSHIP BOARD

17 JANUARY 2012

BY HEAD OF STRATEGY AND PERFORMANCE FOR PEOPLE AND NEIGHBOURHOODS

PERSONAL HEALTH BUDGETS

1. PURPOSE OF THE REPORT

1.1 To brief the Adults Partnership Board of developments relating to Personal Health Budgets, demonstrating the link with Personalisation in Social Care and highlighting the pilot Personal Health Budgets Programme.

2. BACKGROUND – PERSONALISATION

2.1 The concept of personalisation is not a new one, having begun in Health and Social Care some 20 years ago. Direct payments were introduced into social care in 1996 and were expanded in the piloting of individual budgets to include other funding streams. Personal health budgets build on both the experiences of personal budgets in social care and personalised care planning for people with long term conditions, and are seen as the next step in providing people with the choice and control over the services and care they receive.

2.2 A Personal Budget or a Personal Health Budget is an amount of money allocated to an individual to allow them to meet their health and wellbeing needs in the way that suits them best. The aim of this is to provide the individual with:

- choice and creativity over the health and social care services they receive
- the ability to tailor services around their own individual needs
- control over the money spent on their own health and wellbeing.

2.3 A personalised budget can be managed in three ways:

- A notional budget, held by the commissioner where individuals are aware of chosen options and the financial implications of their choices
- A budget managed on behalf of the service user by a third party
- Direct payments, where the service user receives a cash payment to buy services.

2.4 Personalised budgets will not be appropriate for everyone, and nor will an individual be forced to have a personalised budget if they do not wish to have one. Nationally it is suggested that they are ideal for people with long term health conditions (e.g. diabetes) or who have a mental health condition. Personal Health Budgets can not be topped up by individuals as an individual cannot spend their own money on the NHS care. However, if a person

wishes to buy additional services (e.g. more physiotherapy sessions than thought to be clinically necessary) this can still be done.

3. PERSONALISATION IN SOCIAL CARE

Aims and Objectives

Sunderland City Council has committed priorities to the personalisation agenda, at a corporate and directorate level, as follows.

Council Strategic Outcome:	People will have greater choice and control of the support they receive
Health, Housing and Adult Services Key Aim:	Choice and control
HHAS Key Outcome:	We will ensure people who need help from HHAS will have greater choice and control over the support they receive and the money that is used to pay for it as we improve out services during the next three years

Health, Housing and Adult Services provide support to individuals through three main approaches:

- Prevention
- Reablement
- Personalisation of services

The Adults Partnership Board will oversee the development of personalisation in the wider community. The newly established personalisation governance framework will embed service user/carer involvement throughout the whole process.

At the individual level people needing ongoing care and support are engaged through a seven step process to directing their own support:

1. Assessment
2. Agreeing your personal budget
3. Planning your support
4. Agreeing a support plan
5. Managing your personal budget
6. Setting up your support
7. Reviewing your support plan.

Personal Support Plans should take a holistic approach to a person's well-being and should consider what support they can receive not just from statutory services and their family, but also from community groups or

Voluntary and Community Sector organisations, and also what strengths and abilities the individual has. This maximises the impact of the resources available through the personal budget.

There are 3 ways to manage a personal budget:

1. Taking all or part of the personal budget as a cash payment
2. Telling Adults Services what is needed and they manage the budget
3. A combination of 1 and 2.

The amount that an individual receives is based on a financial assessment that will determine how much an individual can afford to contribute towards their care. This is based on income, capital and outgoings.

Future Developments

There is a key government target for 100% of eligible people to be directing their own support through a Personal Budget by April 2013. The government has also stated its expectation that the greater proportion will take their Personal Budget as a direct payment.

The council – through the Personalisation Service, within Health, Housing and Adult Services - is simplifying and streamlining the processes to improve the customers' experience of accessing personal budgets and direct payments.

The council is continuing an ongoing training and development programme to support frontline staff in assisting people to exercise greater choice and take control of the money available to meet their needs.

From February there will a publicity campaign promoting Personalisation and self-directed support to the wider population in Sunderland, raising awareness and encouraging people to come forward for support at an early stage.

Recent research projects indicate that personal budgets can have a real positive impact on people's lives, though the way in which council's implement these budgets varies massively. There is now a much better understanding about elements of good practice and where improvements are needed. The research paper *"Personal Budgets: Taking Stock, Moving Forward"* carried out by Think Personal Act Local, October 2011, sets out the following areas for improving personal budgets:

- Reducing unnecessary process and restrictions and increasing flexibility
- Improving equality of access
- Providing good information and advice about personal budgets and how they can be used
- Improving delivery of both direct payments and managed personal budgets
- Developing and engaging the provider market.

4. PERSONAL HEALTH BUDGETS

Aims and Objectives

At the heart of a personal health budget is a care plan (or also known as a support plan) which sets out the person's health and wellbeing needs and desired outcomes, the amount of money in the budget and how this will be spent. This care plan should be developed in partnership with either the health care professional or the person taking the lead, but it must be signed off by the PCT. The only restrictions set by the DoH are that personal health budgets cannot be spent on things that are inappropriate for the state to fund, such as alcohol, tobacco, gambling or debt repayment. Primary and emergency services are also excluded from a personal health budget – primary and emergency services. It could cover things such as therapies, personal care, lifestyle advice and self-management courses.

The aim of a personal health budget is to give people more choice and control over the money spent upon meeting their health care needs. They can potentially result in improved health outcomes, improved patient experience and satisfaction, and reduced overall cost to the NHS.

They can also help facilitate the cultural change within the NHS which is needed to deliver the vision of a more personalised, patient focused NHS. Personal Health Budgets transfer some of the control to a person around what services or care best meets their needs. This helps decisions to be made which incorporate the knowledge of both the person and the healthcare professional. It will give people the opportunity to develop solutions to their health care needs, to have a plan that is individual and tailored to them.

The Pilot Programme

The Pilot Programme for Personal Health Budgets was proposed in 'Personal Health Budgets: first steps' in 2009. Through the pilot programme (2009-2012) practical issues will be analysed, such as how best to set a budget, how best to support people through the whole process and how to develop the market so people have real choice. An independent evaluation of the pilot programme is due to report in October 2012. A list of the Pilot sites and their areas of interest is attached as Appendix 1

The Pilot Programme is considering the practical and operational challenges around setting a Personal Health Budget. Options have included:

- looking at existing spend on the individual
- carrying on a newly devised needs assessment
- through an outcome based approach
- a combination of the above three options.

Through the Pilot programme the following techniques have been used in determining the value of personal budgets:

- Developing an outcome-focussed cost-setting matrix, based on the cost of hourly, half hourly or unsocial hourly services that the individual requires, based on the social care model and the history of previous block contracts
- Using the cost of existing care packages as a basis for an approximate cost of each service used

- When it was not possible to calculate accurate costs, pilots used their best 'guesstimates' as a basis for budget setting. The estimated costs were used to either:
    - Derive an indicative amount for each service
    - Derive an overall indicative amount for each budget holder
    - Derive a cost range depending on the severity of the health condition.

The Personalised Health Budgets Pilot programme has reported the following early experiences of users:

- many who were offered personal health budgets responded positively, but the prospect of budget-holding caused confusion and anxiety for others
- a lack of information before and during the care planning process exacerbated the problem
- two thirds of participants were not told how much money they had been allocated before they were asked how they would like to spend it
- many were not given a choice of how their budget would be managed and in some cases were not given illustrative examples of permissible expenditures
- some patients were disappointed when their requests were refused, or when the care planning process led to long delays in the delivery of agreed services
- some interviewees had already experienced positive outcomes from their personal health budget, resulting in better health, improved morale and motivation, and enhanced social inclusion. This also has a positive impact on other family members as their care responsibilities were reduced
- Personal Health Budgets could also bring indirect benefits, for example if assessment processes led to medication reviews, or in-depth discussions of health problems with a health professional.

Case studies highlighting the various ways Personal Health Budgets have been used are attached as Appendix 2

Key challenges and other factors for consideration

- Budgets:
    - A separate piece of work within the Department of Health is looking at the costing of NHS services as currently there is not enough information on the cost of NHS services at the level of individual patients. This has implications for the costing of Personal Health Budgets
    - Developing processes for setting personal budgets and effective care planning
    - Managing potential, initial double running costs linked mainly to block commissioned services
    - Having the finance department on board at an early stage to manage the changing process for who services are paid for
    - Managing the inevitable double running costs, i.e.
        - Where a service user with a personal health budget procures a service already paid for through a block contract, or
        - Disaggregating the cost of services that cannot be decommissioned, for example primary or acute health services.

- The July 2011 evaluation report of the pilot programme reported that, after discounting costs that would have been incurred without personal health budgets and the resource associated with the pilot process:
  - An overall average cost of £93,280 within the first year would be required to implement the initiative. However, with mainstreaming this would decrease
  - The average cost of the project board was £52,760 with an additional cost of 319,150 for direct expenditure (purchasing a brokerage service and setting up a direct payment service)
  - On average £37,600 was required to develop local systems
  - £15,880 to develop the workforce
  - £21,850 to develop the support planning process
  - 313,550 for developing the market (reported by 1 pilot site).

- Staffing:
  - The move to Personal Health Budgets is as much a cultural change as a process change
  - There will be an impact on jobs where service users access alternative services rather than traditional NHS provision
  - Professional and clinical accountability of staff needs to be maintained
  - Ensuring the terms and conditions, i.e. job security and remuneration of staff are equivalent to those of mainstream NHS services
  - Ensuring effective support mechanisms for staff working in these areas
  - Ensuring staff can engage in continuous professional development.

- Quality:
  - Ensuring the quality of services to patients, but at the same time supporting NHS staff to relinquish control and see individuals as being the best judge of what services they need
  - Ensuring service users have a wide choice of services in the absence of a clear and developed market
  - Flexibility in terms of what can be procured by the service user, examples include conventional services such as employing a carer, physiotherapy or speech therapy sessions, and the more unconventional such as reflexology sessions or music lessons
  - Understanding where accountability for delivering good outcomes lies
  - Personal budgets are still in their infancy, but as take up grows and patient choices diversify, some traditional NHS services may become non-viable
  - Clinical benefits of outcomes with personal health budgets must be clear
  - Potential disparity in equality between patients who do, and those who do not, have the confidence and capacity to take on individual budgets.

5. JOINING UP PERSONALISATION

5.1 Personal Health Budgets are different budgets to those offered by social care services, although both have the same/similar objectives. Joining the two together and agreeing a joint health and care plan for service users may be a route to achieving even greater flexibility, increasing satisfaction levels and securing good outcomes. Within the pilot programme the added value of this is being explored.

5.2 Within the pilot, personal health budgets have been helpful for people who have a social care personal budget and have become eligible for NHS continuing health care funding, following a reassessment of their needs. Until recently, this could mean a loss of choice and control over the support they received. The introduction of personal health budgets means that people who employ their own care and support staff using a personal budget can continue to do so using a personal health budget. However, there has been little evaluation of this area of the Pilot Programme to date and is an area that requires further monitoring. In some of the few examples where joint working and integration of care packages has been trialled, the results have included "cross-pollination of services and skills" and a degree of market development.

5.3 Whilst there are undoubted benefits of joining up personalisation programmes, commissioners and service providers need to be aware of the difficulties which may arise – for example, the logistics of ensuring two assessment processes complement each other, the logistics of ensuring that the business processes and systems, including IT systems, complement each other. Social care may also adopt the NHS directive that personal budgets cannot be used to buy things that it would not be right for the Government to fund like alcohol, tobacco or anything illegal. In addition, personal health budgets cannot be used to buy emergency care - for example x-rays for a broken leg or services that a GP already provides, i.e. health checks or prescriptions. Other services recommended by GPs, like physiotherapy, could be included.

Source: Personal Health Budgets website
http://www.personalhealthbudgets.dh.gov.uk/About/faqs/

6. FUTURE CONSIDERATIONS

6.1 The Personalisation agenda, and in particular Personal Health Budgets, need to be viewed in the current political context and the proposed NHS reforms.

6.2 Until the evaluation reports in October 2012 it is unclear if the Government will further role on Personal Health Budgets. It would be appropriate therefore for the Adults Partnership Board to maintain a watching brief on developments to learn from the experience of the Pilot Programme.

7. RECOMMENDATION

7.1 That the Board notes the content of the report.

APPENDIX 1 List of Pilot Areas

PCT	Direct payments pilot	In-depth pilot	Site scope
Ashton, Leigh and Wigan	Yes		NHS continuing healthcare (including end of life care, learning disabilities, mental health, physical disabilities)
Avon, Gloucestershire, Wiltshire and Somerset Cardiac and Stroke Network (Swindon, Gloucestershire, Somerset and Wiltshire)	Yes		Stroke
Barking and Dagenham	Yes	Yes	Diabetes, chronic obstructive pulmonary disease
Barnsley	Yes		Patient transport services for renal dialysis
Bassetlaw			NHS continuing healthcare
Bedfordshire	Yes		Stroke, diabetes, chronic obstructive pulmonary disease
Berkshire West			NHS continuing healthcare
BHWP -Birmingham East And North (with South Birmingham) – LTCs bid	Yes		Diabetes, chronic obstructive pulmonary disease
Birmingham (Heart of Birmingham)			MS -Multiple Sclerosis
Birmingham East And North – mental health bid			Early intervention in mental health (psychosis)
Blackburn with Darwen			NHS continuing healthcare; long term conditions; mental health
Central And Eastern Cheshire			NHS continuing healthcare; long term neurological conditions (acquired brain injury, motor neurone disease, multiple sclerosis); young people in transition
Central West London - Hammersmith and Fulham, Kensington and Chelsea, Westminster	Yes	Yes	NHS continuing healthcare, chronic obstructive pulmonary disease, diabetes, mental health (dementia), stroke and neurological
Croydon	Yes		Substance misuse (mental health)
Derbyshire	Yes		Disabled children; young people in transition

PCT	Direct payments pilot	In-depth pilot	Site scope
Doncaster	Yes	Yes	NHS continuing healthcare, Mental health
Dorset	Yes	Yes	NHS continuing healthcare, long term neurological conditions, end of life, chronic obstructive pulmonary disease, diabetes
Dudley			Long term conditions
Eastern And Coastal Kent	Yes	Yes	Maternity, end of life, NHS continuing healthcare, mental health
Gloucestershire			Disabled children; young people in transition
Halton & St Helens PCT			NHS continuing healthcare; long term conditions (physical and sensory)
Hampshire (continuing health care)	Yes		NHS continuing healthcare (physical disabilities -adults)
Hampshire (mental health)			Mental health
Haringey Teaching			Learning disabilities; young people in transition
Hartlepool & Stockton	Yes	Yes	NHS continuing healthcare, long term neurological conditions, chronic obstructive pulmonary disease
Havering	Yes	Yes	End of life, stroke, NHS continuing healthcare, diabetes, mental health (dementia), long term neurological conditions, chronic obstructive pulmonary disease
Herefordshire			NHS continuing healthcare; end of life care; long term conditions; children & young people with complex health needs; young people in transition
Hull Teaching	Yes	Yes	End of life, diabetes, neurological, continuing health are, chronic obstructive pulmonary disease
Islington	Yes		NHS continuing healthcare
Lambeth	Yes		Mental health
Manchester	Yes	Yes	NHS continuing healthcare
Medway	Yes	Yes	Chronic obstructive pulmonary disease, long term neurological conditions, mental health (dementia), stroke

PCT	Direct payments pilot	In-depth pilot	Site scope
Merseyside (joint bid – Sefton, Knowlsey and Liverpool)	Yes	Yes	Mental health
Mid Essex			Dementia; mental health; mental health with a chronic condition
Middlesbrough, with Redcar and Cleveland	Yes		Chronic obstructive pulmonary disease
Norfolk	Yes	Yes	NHS continuing health care, mental health, chronic obstructive pulmonary disease, neurological
North East Lincolnshire Care Trust Plus	Yes		Cancer; circulatory disease; NHS continuing healthcare; end of life care; learning disabilities; long term physical and neurological conditions; mental health; respiratory diseases; stroke
North Yorkshire and York			NHS Continuing healthcare
Northamptonshire Teaching	Yes	Yes	NHS continuing health care, mental health, stroke, neurological
Northumberland			NHS continuing healthcare
Nottingham City	Yes	Yes	NHS continuing healthcare, mental health (dementia), long term neurological conditions
Oldham			Acquired brain injury; NHS continuing healthcare; learning disabilities; mental health; motor neurone disease; multiple sclerosis; physical disabilities
Oxfordshire	Yes	Yes	NHS continuing healthcare, end of life
Portsmouth City Teaching			NHS continuing healthcare
Rotherham			NHS continuing healthcare
Sandwell			End of life
Sheffield			NHS continuing healthcare, with a particular focus on end of life care, learning disabilities, mental health and young people in transition
Solihull Care Trust			Cardiovascular disease; chronic obstructive pulmonary disease; diabetes; long term neurological conditions; musculo-skeletal conditions; stroke; young people in transition

PCT	Direct payments pilot	In-depth pilot	Site scope
Somerset	Yes		NHS continuing healthcare (including people with learning disabilities, long term neurological conditions and young people in transition)
Southampton City – Alcohol misuse and mental health			Alcohol misuse
Southampton City - CHC			NHS continuing healthcare
Southwark			End of life
Staffordshire (North Staffordshire and South Staffordshire)	Yes		Learning disabilities; long term conditions; physical disabilities; young people in transition
Stockport			NHS continuing healthcare; mental health
Stoke On Trent	Yes	Yes	Diabetes, chronic obstructive pulmonary disease, mental health
Torbay Care Trust	Yes	Yes	NHS continuing healthcare, mental health, long term neurological conditions
Wakefield District – Mental Health			Mental Health
Walsall			End of life care; NHS continuing healthcare
Warwickshire			Learning disabilities; mental health; NHS continuing healthcare
West Sussex	Yes		Carers of people with dementia; children with disabilities; end of life care; long term neurological conditions (motor neurone disease, multiple sclerosis); stroke
Western Cheshire			NHS continuing healthcare (motor neurone disease, multiple sclerosis, neurodegenerative conditions, Parkinson's disease); end of life care

APPENDIX 2 Personal Health Budget Case Studies[1]

Case Study 1: Haris's Story

Haris, aged 53 and living in Kent, has Parkinson's Disease, heart disease and has had several strokes. Physically, he is dependent on carers for his everyday needs. With a direct payment for health care, Haris can take more control of his health, care and finances:

"I live on my own and have no family members who can help look after me. So I depend on paid carers to meet my everyday medical and care needs.

I used to have a social care package provided by Kent County Council. The funds to cover this care came to me as a direct payment into a separate bank account under my control. This gave me a choice to decide how to pay for my required care. But when my health deteriorated last year responsibility for my care came under NHS Continuing Healthcare. So, health broker Rebecca and I sat down to consider how my health care needs could be met, and she suggested a personal health budget.

We drew up a care plan, detailing how care would be provided and associated costs. Above all else, there was no way I wanted to end up in a nursing home. I am only in my fifties.

But I am completely reliant on outside assistance – I need help getting up in the morning, showering, preparing breakfast, lunch and dinner, assistance me with my medication, taking my blood pressure every day, and help getting to bed at night.

After my application was signed off, I was allocated a personal health budget in the form of a direct payment for health care. This enables me to cover care visits to my home every day – two hours in the morning, 45 minutes at lunch and one hour 45 minutes in late afternoon. Plus, it covers someone to do three hours of shopping for me per week, and a six-hour social call per week.

Before the piloting of personal health budgets was introduced, people in my circumstances would not have been able to have a direct payment for their health care. Yet, I wanted to retain the sense of control of my care and finances that a direct payment enables. It's my life. That's why a direct payment for health care works for me. The personal health budget money goes into a separate bank account, and it is my responsibility to pay the agency which presently supplies the carers.

Looking forward, Rebecca and I are now examining the option of me employing one, or a number of, personal assistants directly, rather than using an agency. This is because with an agency there can be a lot of inflexibility. For example, if I cancel a care visit I still get charged for it. Also, carers do not always stay with an agency for very long. I once lost two carers within four months. Plus, with an agency I have to give one week's notice if I want to change the time of an afternoon visit. By employing a personal assistant I can avoid many of these problems.

[1] Case Studies provided by: www.dg.gov.uk/personalhealthbudgets

With Rebecca's support, I will be responsible for advertising for a personal assistant, paying for their CRB (Criminal Records Bureau) checks, and organising PAYE. Rebecca is going to provide me with application forms to send out to prospective personal assistants.

A personal health budget has also opened up the possibility of me having respite by going to stay with my brother in London. Until now I've have not been able to organise a week or two away from the solitude of my home which can make me liable to become depressed. But Rebecca is helping me organise logistics such as finding a doctor and carer for me when I am in London.
Above all else, my personal health budget enables me to have both the medical and social care I need at my home. And when I move to employing my own personal assistant, having a familiar face helping me every day will make my care more consistent and personalised – more like normal home life. This is so much more preferable than ending up in a nursing home and is, overall, an immense benefit to my general health and wellbeing."

Dr Greg Rogers, a GP in Cliftonville, Kent says: "Personal health budgets will form a useful new way of giving patients more ownership and control over their ongoing healthcare. It is encouraging that the early feedback from the pilot sites suggest that the outcomes for someone using personal health budgets are improved too.
I think we should welcome the opportunity to work closer in partnership with patients and their health care providers to get the best results for their long-term health care."

Case Study 2: Pat's Story

Pat, 64, from Birmingham, uses her personal health budget to make significant improvements to her health and wellbeing. To manage her chronic obstructive pulmonary disease (COPD) she bought an exercise bike which she shares with other members of her COPD support group.

"Breathlessness is the most severe COPD symptom I have. I cannot walk far. I just seize up and am unable to breathe properly. This can make me very anxious. I have also had a heart attack, and have problems with my weight. Before receiving my personal health budget I was also struggling with depression which was related to the disabling effects COPD has on my life. The only help I used to receive was when I went to my GP to discuss my medication, including inhalers. I also occasionally went to a professional-led pulmonary rehabilitation class for people with COPD. It was at this group that it was suggested I apply for a personal health budget.

Sandra, a COPD nurse, discussed my health needs with me and an assessment was carried out. Sandra also visited me at home when we talked about how I could manage my symptoms and improve my general health and mental health. With Sandra I drew up some health objectives. These included being able to walk to my local bus stop within the next 12 months, treating my depression, losing one stone within six months and increasing my confidence. I was granted a personal health budget which was particularly used to buy an exercise bike and complimentary therapies to help with my anxiety.

Doing regular exercise is vital to enable me to improve my health and confidence so I can walk to places. Exercise also prevents the symptoms of COPD from worsening. As well as using the bike myself I lend it to a patient-run pulmonary exercise/support group which I attend. It has around 12 members. We set this group up after the professional-led pulmonary rehabilitation class I used to attend had to close for financial reasons.

We use the bike together during our meetings so we can all benefit. Everyone had to sign a liability disclaimer, for insurance purposes, which Sandra helped me with. We rent a room in a school and every so often we organise a physiotherapist to give us a talk. And we will socialise over a cup of tea and biscuits. I have dry legs with bad circulation and the reflexology, which helps relieve my anxiety around my breathlessness, has also helped my circulation.

Sandra has been fantastic throughout the whole process of organising my personal health budget. Before I met Sandra I did not have anyone to talk to about my depression. But Sandra was that person. She's been unbelievable. The help and advice she gave has turned my life around. She realised I was depressed, and advised me to see a GP who prescribed medication. This has really helped. I can now walk to my local bus stop, and my confidence is so much better. The next thing is for me to lose more weight. Overall, my physical and mental health has improved dramatically. "

Sandra is Pat's COPD nurse, and works for Birmingham Community Healthcare NHS Trust:
"When I met Pat to undertake her personal health budget assessment I had real concerns about her low mood and how her COPD and breathlessness was adversely affecting her quality of life. She had a poor social life and only left her home twice per week to carry out essential tasks.

The personal health budget is managed by Birmingham Community Healthcare NHS Trust. This arrangement works well for Pat. The patient-run pulmonary exercise/support group has not only improved Pat's health, it has become an activity through which she's developed a good social network. Importantly, provision of the exercise bike has enabled the support group to continue to function and has helped Pat and the whole group to manage their breathlessness better. Attending the exercise group has also helped her to lose some weight.

Before the personal health budget process began Pat said she was becoming more and more withdrawn and low in mood. The process allowed us to look beyond the normal services that are available and to decide together what could improve Pat's quality of life and wellbeing. For example, the provision of reflexology to help her manage her depression and anxiety in conjunction with the support and medication she received from her GP was most beneficial.

Indeed, the whole personal health budget process has helped Pat. She is so much more confident about managing her disease and is less fearful about her breathlessness. This has resulted in her being less anxious, exercising more and having a far better quality of life with increased social interactions. All in all, Pat is a different lady. "

Case Study 3: Razia's Story

Razia*, aged 32 and from Merseyside, used her personal health budget to purchase a computer, enabling her to study at home and also maintain supportive email contact with her family. A bus/train pass ensured she could attend vital appointments with mental health professionals:

"I was in an abusive relationship and had to escape. So first I went to a hostel and then was moved to accommodation of my own. But I was traumatised by what had happened and needed counselling and support. Unfortunately my accommodation was in an area where I knew no one. I felt really isolated and did not have contact with anyone. My social worker felt I could benefit from a personal health budget, and so I had meetings with an independent health broker. Their job is to support people to decide the best way personal health budget funds can be used to meet a person's needs. Together, we discussed what would help me, and what would improve my mental health. We decided a laptop would be of benefit, as it would mean I could stay in touch via email with my family in Pakistan.

I also enrolled on a foundation course at a local college where I am studying "Prepare to Teach in the Lifelong Learning Sector" which covers the basics of teaching in adult education, including how to plan lessons and motivate students. It is a first step towards gaining a teacher qualification. But without email access and a computer I would be unable to keep up the course work. I have to travel a lot but was finding it too expensive and travel time extremely lengthy and complicated.
I was referred to a mental health service specialising in helping people in my situation and offered anytime-access to the service, but because of travel costs I could not go. I also attend counselling on a weekly basis with an Urdu-speaking counsellor specialising in helping people who had suffered domestic violence, and go to hospital for physical problems related to the domestic abuse I suffered. To get to college I had to travel weekly by bus – a return journey of more than three hours – and I need to get to mosque. So, it was decided that a bus/train pass would be really important to enable me to get to all these places. The pass enables me to often take one train, instead of many – and slower – buses.

The personal health budgets for both the laptop and bus/train pass were one-off direct payments. They are of such help to me in building a new life, following the trauma and upheaval of the last 18 months. Being able to stay in contact with my family, and keep up to date with my studies is so good. It's keeping me sane, really! And without the bus/train pass I would not be able to access the support that is helping me recover and move on."

Martha*, Razia's consultant clinical psychologist says:
"Razia was really isolated. There was racism in the area she had to move to, and no culturally-specific services or opportunities. To access these she needed to be able to travel out of the area. She fled from a very abusive situation. She was frightened for her life. So being able to keep in contact with her family has been extremely important for Razia. Both the laptop and the bus/train pass, paid for by a personal health budget, have helped Razia immensely, including attending the additional mental health services she needs. "