

## How Personal Health Budgets align with The THRIVE Framework for System Change

### Question and Answers

#### Question 1.

How is each STP or ICS measured to ensure that personalised care is delivered in their footprint to deliver 2.5 million Personal Health Budgets (PHBs) to children, young people and adults?

#### Answer 1.

There are memorandums of understanding (MOU) being negotiated as we speak, however there has been a delay during the COVID period, but this work is underway now. Each region has an NHS England team who will be negotiating with each Sustainability and Transformation Partnership (STP)/Integrated Care System (ICS), what they are calling their foundation MOU for personalised care, and with that there is a COVID-19 annex, there are requirements around counting for Personal Health Budgets, Personalised Care and Support Plans and the referrals into social prescribing in primary care.

#### Question 2.

We now have provider collaboratives that have the budget for CAMHS, how do patients and the public start a conversation for change towards Personal Health Budgets (PHB)?

#### Answer 2.

Firstly, memorandums of understanding (MOU) have been put in place and negotiated between the two parties. The foundation of these MOUs is personalised care and includes personal health budgets (PHBs) and social prescribing. In our locality this has been paused in light of COVID-19, but will resume shortly.

#### Question 3.

I am involved locally with services such as IAPT and the mental health crisis line 24/7, but services for children and young people soon to extend to 25 years old means CCG's need to be mandated to offer PHB's to mental health patients discharged on Section 117 aftercare. Can you help me to understand how to hold my Sustainability and Transformation Partnership (STP; soon to be Integrated Care System (ICS)) accountable to deliver PHB's?

#### Answer 3.

From local experience the conversations need to be held with your commissioners and this could be from CCG, STP or ICSs, but most of these areas including the age bracket will be negotiated when the MOU is negotiated. Our advice would be to contact your local lead for personalised agenda and have a conversation with them, they should be able to help with implementation.

#### Question 4.

What data, qualitative or quantitative, is there about how the THRIVE Framework has supported sections of the community that do not usually benefit from services e.g. BAME, LGBTQ?

#### Answer 4.

Different localities have some degrees of data collection on the populations they have supported, there isn't a standard when it comes to the THRIVE Framework, to find out more about this please contact the National i-THRIVE Programme team on [iTHRIVEinfo@taviport.nhs.uk](mailto:iTHRIVEinfo@taviport.nhs.uk) and we can support you. Health inequalities in personalised care is high on the agenda. NHS England started a piece of work last year with the Race Equality Foundation who have produced a starter report looking at Section 117 PHBs and the ways in which they can be utilised to meet the needs of the BAME population. The report has some clear recommendations that we will be following up over the year. There is quite a lot of work in the health inequalities arena about meeting people's needs more effectively. Please contact Janet Blair for more information [janet.blair@nhs.net](mailto:janet.blair@nhs.net).

#### Question 5.

Can you explain the difference between social prescribing and personal health budgets? Is it that some can afford to seek the social elements themselves that can positively impact health needs and some require CCG funding to do so?

#### Answer 5.

The two offers are different but most certainly interlink. You would always start with a shared decision making conversation with someone and at that point you may become aware of a particular interest someone has that is not being met, so you might access social prescribing and look in the community to see what is available and might meet the person's needs. The budget, in Thurrock, they did this process and of 40 young people, 34 were allocated activity through social prescribing and only 6 needed a PHB. This has been used where whatever they have locally either doesn't meet the person's needs or it just isn't available.

#### Question 6.

As we move towards Population Health Management PHB's should have a wider remit.

#### Answer 6.

The NHS Futures page was created to extend the reach of PHBs, it also includes the findings from previous pilots they help us to focus on good practice and what has already been achieved. New findings will also be added to this.

#### Question 7.

On the One Page Profile, I can't see the part that focuses on goals, hopes and ambitions as described when talking about the slide, is there another part to this profile template?

#### Answer 7.

This is not a one size fits all tool, this document is an enabler for conversations to be initiated between a professional and a young person for support planning, such as talking about their goals, hopes and ambitions. It is also a workforce enabler and helps localities to think more widely on how best to engage with young people.