



How the THRIVE Framework and Personalised Care align

“If we keep on doing what we have been doing, we are going to keep on getting what we have been getting”



Agenda

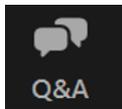
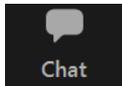


Time	Item	Presenter
11:00	Welcome	Rachel James
11:05	How Personal Health Budgets align with the THRIVE Framework for system change	Janet Blair
11:20	Examples of Personal Health Budgets in practice	Janet Blair PHB Mentors
11:40	Shared Decision Making: One Page Profile	Sarah Bisp
11:50	Q&A	All
12:00	Close	

Welcome and house keeping



- Welcome from Dr Rachel James, Clinical and Programme Director of the National i-THRIVE Programme.
- **Please note: this webinar will be recorded.** Only the presenters will be visible, and following the webinar we will send a link to enable you to share with colleagues who may not have been able to join.
- If you need to communicate a technical issue please use the chat function, this is monitored by one of the team and we can attend to this ASAP.
- If you have a question or reflection on the content of the presentations please submit this using the Q&A function, and indicate who you would like to address it to. You can select to submit anonymously if you do not want your name to be included. We have dedicated 10 minutes at the end to review comments and respond to questions.



Please input your question

X Send AnonymouslySend

- At the end of the session there will be a brief poll for us to collect feedback on your experience of the webinar. We would like to thank you in advance for supporting us with this.
- If you have any questions or reflections you would like to share following the webinar please feel free to send them to the i-THRIVE National Programme team at ithriveinfo@taviport.nhs.uk
- You will be sent the slides following the webinar.

The THRIVE Framework for system change



Description of the THRIVE groups



Input offered



- Distinction between advice/support and evidence based 'treatment'
- The five needs based groups are distinct in terms of the:
 - needs and/or choices of the individuals within each group
 - skill mix of professionals required to meet these needs
 - resources required to meet the needs and/or choices of people in that group

THRIVE Framework for system change (Wolpert et al., 2019)

Comprehensive Model for Personalised Care

All age, whole population approach to Personalised Care

INTERVENTIONS

TARGET POPULATIONS

OUTCOMES

Specialist

Integrated Personal Commissioning, including proactive case finding, and personalised care and support planning through multidisciplinary teams, personal health budgets and integrated personal budgets.
Plus Universal and Targeted interventions

Targeted

Proactive case finding and personalised care and support planning through General Practice. Support to self manage by increasing patient activation through access to health coaching, peer support and self management education.

Plus Universal interventions

Universal

Shared Decision Making.
Enabling choice (e.g. in maternity, elective and end of life care).
Social prescribing and link worker roles.
Community-based support.

People with complex needs
5%

People with long term physical and mental health conditions
30%

Whole population
100%

INCREASING COMPLEXITY

PEOPLE MOVE AS THEIR HEALTH AND WELLBEING CHANGES

Empowering people, integrating care and reducing unplanned service use.

Supporting people to build knowledge, skills and confidence and to live well with their health conditions.

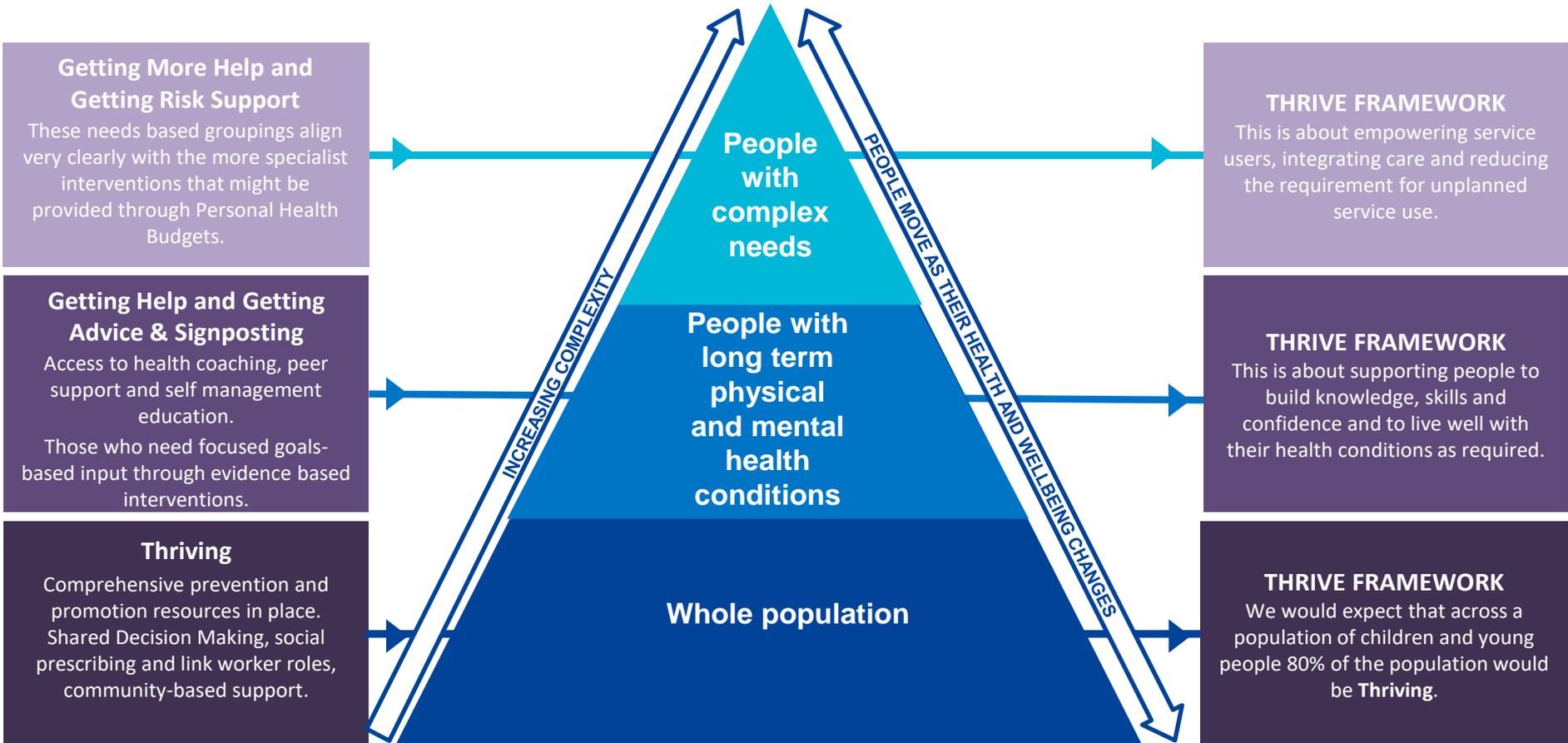
Supporting people to stay well and building community resilience, enabling people to make informed decisions and choices when their health changes.

THRIVE Framework alignment with the Comprehensive Model for Personalised Care

INTERVENTIONS

TARGET POPULATIONS

OUTCOMES

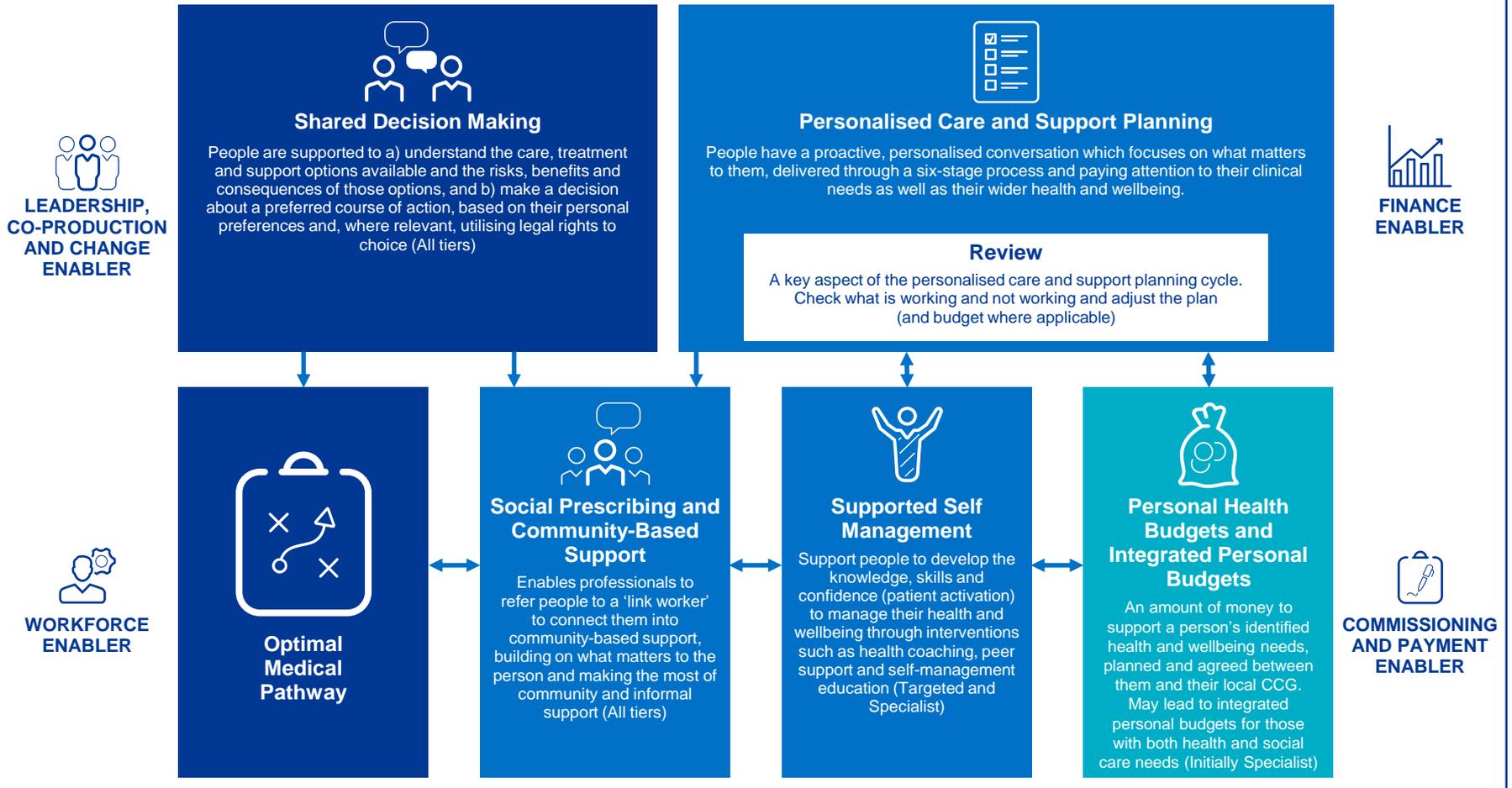


Personalised Care Operating Model

WHOLE POPULATION
when someone's health status changes

30% OF POPULATION
People with long term physical
and mental health conditions

Cohorts proactively identified on basis of local priorities and needs



What Personalised Care means to me



SHIFTS TO...



Being asked 'What's **the matter** with you?'

SHIFTS TO...



Being asked 'What **matters** to you?'



Not having the information and support you need to make informed health and wellbeing choices and decisions.

SHIFTS TO...



Being **told** what is wrong with you and how your health needs will be met.

SHIFTS TO...



Being valued as an **active partner** in conversations and decisions about your health and wellbeing.



Having the information and support you need to make **informed choices and decisions**.

Personalised Care: A shift in relationship between health and care professionals and people.



Health and care professionals believing **they have all the knowledge**, expertise and responsibility for your health and wellbeing.

SHIFTS TO...



You and your health and care professional **sharing knowledge**, expertise and responsibility for your health and wellbeing.



Feeling **powerless** against a complex health and care system.

SHIFTS TO...



Working in partnership with health and care professionals and **sharing power**.



A '**One-size-fits-all**' approach to meeting your health and wellbeing needs.

SHIFTS TO...



Having to tell your story **again and again**.

SHIFTS TO...



Only needing to tell your story **once**.



Having more **choice and control** so your health and wellbeing needs are met effectively in a way that makes sense to you.



Thriving



- We would expect that across a population of children and young people 80% of the population would be **Thriving**.
- This fits within the personal health budget agenda as part of the “universal offer”:
 - supporting people to stay well, build community resilience and enable people to make informed decisions and choices when their health changes.
- To enable to whole population to thrive you need comprehensive prevention and promotion resources in place.

Case examples

A young person who has used the PHB is over the moon they have dropped three dress sizes and started other keep fit classes at the gym. They have been promoted at work and greatly reduced substance misuse and stopped all medication for depression and anxiety.

A young person was assaulted, which led to them experiencing depression and anxiety. They went to their GP, who referred them for IAPT, but there was a 3 month waiting list. Their Social Worker referred them for personal care & support planning, and it was agreed that the young person would use a PHB for singing lessons. Through accessing the singing lessons, the young person decided they didn't want or need IAPT any more, as they felt that the singing had helped them to manage their mental health.



Getting Advice and Signposting and Getting Help



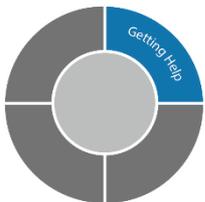
- Within the Comprehensive Model for Personalised Care, the **Getting Advice and Signposting** and **Getting Help** needs based groupings align very much with the “target offer”. This is about supporting people to build knowledge, skills and confidence and to live well with their health conditions as required.

Case example

Islington consulted across the system to establish what children & young people (CYP) wanted and needed from local mental health and wellbeing services. Young people requested wellbeing services at all levels of need, including early intervention for emerging difficulties with wellbeing. They wanted these services to be rooted in existing community youth provision as this was where CYP said they already had connections and felt safe.

The role of the Emotional Wellbeing Worker (EWB) was created within the council’s Social, Emotional and Mental Health pathway, which also included CAMHS and commissioned counselling services. A local VCSE organisation was commissioned to provide the EWB service. Developing a personalised care approach within the newly-formed team gave further scope and opportunity to use budgets creatively in small ways which could have a big impact on CYP.

The use of Personalised Care & Support Planning (PCSP), social prescribing/link working and the additional use of budgets resonated strongly with the aims of the project as Emotional Wellbeing Workers work in a personalised way with young people. The service aligns with the THRIVE Framework’s **Getting Advice and Signposting** and **Getting Help** needs based groupings, and core elements of the Personalised Care Model including PCSP, Social Prescribing, and Personal Health Budgets.



Getting Help



Case example

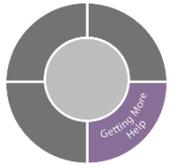
Thurrock identified an issue within their CAMHS (Tier 3) provision whereby children and young people (CYP) were remaining on therapist caseloads for longer than clinically necessary. This was largely due to clinician's concerns about CYP being more vulnerable and subject to re-referral once discharged from CAMHS. They decided to offer a personalised care approach & recruited a local MIND-employed worker to be based within their local CAMHS (Tier 3) provision. This worker develops Personalised Care & Support / wellbeing Plans in conjunction with the CYP, family/carers and CAMHS clinical staff, focusing on meeting identified health needs.

A community assets or social prescribing / link working approach enables CYP to be matched with local provision, where this exists, and supported by the MIND worker to access additional resources. Out of 40 CYP referred to the MIND worker to date, 34 have accessed local community services. Only 6 CYP have accessed a PHB. However, knowing PHBs are available has enabled more personalised conversations focussing on the outcomes important to the CYP and their family/carers.

The wider system impact of the PHB offer has led to: improved integrated working between CAMHS and community services; improved skill and development sharing across the system; improved linking families into adult services (including parents/carers) where needed e.g. housing/debt management support, and; earlier identification of gaps in services to support future commissioning arrangements.

Thurrock - Changing young peoples lives through personalised care

<https://youtu.be/U7wLOUMiGH0>



Getting More Help



Case example

Tower Hamlets CAMHS observed a sharp increase in the number of children with an Autistic Spectrum Condition (ASC) &/or; with a learning disability who are referred to Child & Adolescent Mental Health Services (CAMHS), with higher risk of crisis and /or of admission to specialist services.

Tower Hamlets do offer a range of specialist, targeted and universal services however these currently don't meet the demand in a timely fashion, especially for children who don't meet the thresholds for a diagnosis but do have emotional and/or mental health needs.

The team felt that a Personal Health Budget might greatly enhance the support package offered by statutory services for children and young people with an ASC &/or a learning disability, or significant traits, who are within CAMHS waiting for services.

The team felt this would enable CYP to be more in control of their own wellbeing; for them, and their families/carers, to have access to tools and support tailored to their needs and wishes, and; to live better with their condition.



Getting More Help and Getting Risk Support



The **Getting More Help** and **Getting Risk Support** needs based groupings align very clearly with the more specialist interventions that might be provided through Personal Health Budgets (PHBs). Here, PHBs are about empowering service users, integrating care and reducing the requirement for unplanned service use. Within these needs based groupings of the THRIVE Framework, there is a genuine alignment with the Comprehensive Model for Personalised Care.

Case example

One Gloucestershire: [The girl who climbs](#)

Update: Nikki got in touch at the beginning of C19 lockdown to ask if she could use her PHB in a different way. She and her family are currently shielding and she was mindful to avoid a decline in her mental wellbeing.

Nikki has dogs that she fosters and others that live with her permanently. She wanted to ensure the garden was a safe space for her and for them during lock down where they could maximise the use of being outdoors.

She is still climbing - the tree in her garden and secured a grant for climbing equipment that she can practice with. She remains motivated and forward looking.

Shared Decision Making



A key principle of the THRIVE Framework is **shared decision making**. This is fundamental to the type of help or support offer that the child, young person or their family receive. The evidence base is clear: if people are supported to make an active and informed choice about the type of help or support they engage with, they are much more likely to have improved outcomes.

Tool developed for Personalised Care & Support Planning to support shared decision-making:

One page profile

My one-page profile		
Who are the most important people in your life? How often do you see them and what do you like to do together?	What makes a good day and what makes a bad day?	What stresses you, upsets you or makes you unhappy and what can others do to help?
What do you do each day or each week that you would miss if you didn't do?	What possessions would you never leave home without?	What is it your friends and family like & admire about you?

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Key messages



- Whoever is supporting a child or young person with mental health and wellbeing needs, should at the very least know where to signpost to, and understand what the range of help and support options are available in their locality.
- The voice of children, young people and their families is central. The shared decision making process of choosing the type of help or support option according to a needs based grouping is key.
- Within the THRIVE Framework and the PHB agenda, proactive prevention and promotion is fundamental in enabling whole communities to support mental health and wellbeing, including the most vulnerable and targeted populations.

Personalised Care & Personal Health Budgets



Contacts NHSE:

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For access to mentors please email Janet Blaire

‘FutureNHS Collaboration Platform’ - you will need to ‘request access’ to the Personal Health Budget page

<https://future.nhs.uk/PCCN/view?objectID=15766032>

Once you have access: Personal Health Budget - Mental health:

- CAMHS Development Programme
- S117

Twitter: @NHSPHB @Pers_care

#PersonalisedCare #PersonalHealthBudgets

For more information: i-THRIVE



www.implementingthrive.org

Sign up to the National i-THRIVE Community of Practice and receive monthly updates. Email:

ithriveinfo@tavi-port.nhs.uk



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