i-THRIVE: Year One of Implementation

Annual Report May 2017

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i-THRIVE is delivered in partnership by the Tavistock and Portman NHS Foundation Trust, the Anna Freud National Centre for Children and Families, the Dartmouth Institute for Health Policy and Clinical Practice and UCLPartners

Foreword from Paul Jenkins OBE
Chair of the i-THRIVE Partnership

Improving the mental health and well-being of children and young people is a key priority for the NHS, social care, education and other agencies.

The THRIVE framework, jointly developed by the Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust, has provided a systematic and population focused approach to improving outcomes for children, young people and their families. The i-THRIVE Partnership has been committed to putting the principles of the THRIVE framework into practice and is working with a range of sites across the country.

Together as a partnership we have seen significant growth in those interested in implementing THRIVE and those that want to share their progress and learning through the i-THRIVE Community of Practice. The Community of Practice has now grown from the original ten accelerator sites to 44 CCG areas, with a broad mix of professionals from different sectors and organisations.

We are supporting sites with their implementation of THRIVE through hands on advice and expertise, delivering training and development modules for over 200 professionals and through the creation of a suite of tools to aid implementation. Our new website, launched in October 2016, enables sites to access information about the programme and the ten national accelerator sites, case studies from our Community of Practice, and practical guidance for implementation.

The i-THRIVE Community of Practice shared learning events have been a real highlight, with sites showcasing their innovative approaches to implementing THRIVE in their local areas and the impact that this has had on how they support children, young people and their families.

As we move into our second year of the programme, we look ahead to the evaluation of the impact of i-THRIVE and in particular the impact of the creation of i-THRIVE grids to aid shared decision making. We also want to continue to work with sites to learn about how they are approaching the implementation of THRIVE and how it helps them to achieve the goals set out in *Future in Mind* and other strategic objectives.

Paul Jenkins
Chief Executive of the Tavistock and Portman NHS Foundation Trust
Chair of the i-THRIVE Partnership

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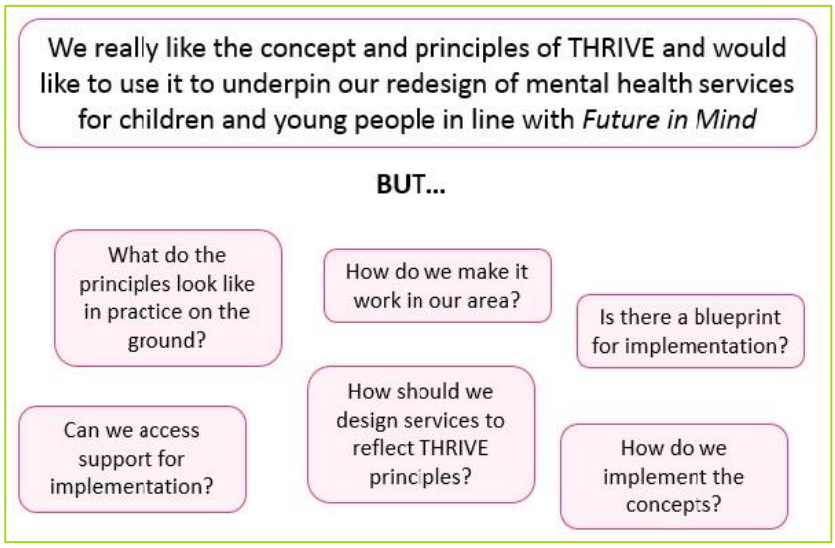
For further information about i-THRIVE please visit www.implementingTHRIVE.org and follow us on Twitter: @iTHRIVEinfo.

i-THRIVE: Year One of Implementation

1. Original Vision for i-THRIVE

The i-THRIVE programme was established in October 2015 with thanks to the NHS Innovation Accelerator programme. The NHS Innovation Accelerator (NIA) is an NHS England Initiative delivered in partnership with England's 15 Academic Health Science Networks (AHSNs), hosted by UCLPartners. By successfully achieving NIA status, i-THRIVE became one of 17 innovations that was identified for scaling up within the NHS.

i-THRIVE grew out of demand for support with how to implement the THRIVE conceptual framework (Wolpert et al, 2016), a new needs-based and whole system approach to supporting children and young people's mental health and wellbeing. The THRIVE conceptual framework was developed by a collaboration of authors from the Tavistock and Portman NHS Foundation Trust and the Anna Freud National Centre for Children and Families and was highlighted in *Future in Mind* as one way to develop a tier-less model of support for children and young people's mental health.



Commissioners and providers of support to children and young people wanted to know if there was guidance on how the concepts and principles of the THRIVE framework could or should be put into practice on the ground; how services could or should be designed and delivered in order to provide support in a way that fits with the THRIVE conceptual framework and to achieve the expected benefits of this new approach.

The i-THRIVE programme was established to support local areas with the translation of the THRIVE framework into a model of care that fits their local context using an evidence based approach to implementation and to disseminate and share learning about that implementation.

1.1 Key principles of i-THRIVE

i-THRIVE supports the provision of services using a whole-system approach to the delivery of child mental health services. This involves taking a population approach to delivery of care; enabling integration across health, care, education, social care and third sectors, and a central focus on delivering improved outcomes for children and young people.

i-THRIVE involves:

- Implementing a novel approach to assessment using shared decision making that works with young people and their families to identify their needs, determine which THRIVE group they fit into, identify the preferred type of support, identify where that support is delivered and to set goals.
- Using validated tools to support implementation of shared decision making.
- Creating a comprehensive and integrated network of community providers facilitated by digital signposting services.
- Implementation of local peer-support networks.
- Utilising goal based measures.
- Shared outcomes measurement across health, care, education and the voluntary sector.
- Implementing a multi-agency approach to risk management and the use of THRIVE plans identifying a single individual and agency as responsible for coordinating care, whilst taking a shared approach to managing risk.

i-THRIVE builds on existing successful models such as CAPA and CYP IAPT, adding a systematic approach to implementation to create integration across sectors in order to improve outcomes for young people with respect of their mental health and wellbeing.

1.2 i-THRIVE is a Whole System Approach

i-THRIVE has been designed to enable delivery of services that move a step further on from integrated care towards delivery of a population health model for child mental health.

The approach taken can be described across three system levels: **macro**, **meso** and **micro**.

The macro level relates to population health improvement, how agencies work together and the commissioning of services.

The meso level is the five needs based groups of children and young people (set out in the THRIVE framework) and the services that support them.

The micro level relates to interactions between professionals and children, young people and their families, and also interactions between professionals.

Macro level

At a macro level, i-THRIVE involves organisations working together to improve outcomes for child mental health. Unlike typical approaches to integrated care that focus primarily on groups that are frequent users of health and care services, i-THRIVE aims to improve young people's health across the whole of the population, as well as specific targeted interventions for those more likely to need support.

Key features supporting the systems at a **macro** level include:

- Population-level data to understand need across populations and track outcomes
- Population-based budgets to align financial incentives with improving population health
- Collaborative working across health, care, education and the third sector
- Community involvement in managing health and designing local services
- Involvement of a range of partners and services to deliver improvements in population outcomes

Meso level

At a meso level, i-THRIVE is developing different strategies for providing needs-based care grouping young people with similar needs together and tailoring services and interventions accordingly, this approach recognises that improving the health of young people with different needs requires a different set of approaches and services, and involvement from different system partners to be effective.

Key features that support the systems at a **meso** level include:

- Population segmentation and risk stratification to identify the needs of different groups within the population (the five THRIVE needs based groupings)
- Targeted strategies for improving the wellbeing of different population groups
- Developing 'systems within systems' with relevant organisations, services and stakeholders to focus on different aspects of the population's health, depending on its needs

Micro level

At a micro level, i-THRIVE delivers a range of interventions aimed at improving the health of individuals and their families. These interventions are many and varied, and involve input from a number of organisations and services. They may include digital intervention, peer-support, self-help, providing advice, help with housing or education support, exercise programmes and other lifestyle support as well as more traditional health and care services.

Key features that support the systems at a **micro** level include:

- Effective shared decision making during assessment and throughout care, to understand what matters most to young people about their care, as well as supporting and empowering individuals to manage their own health
- Integrated health records and care plans to co-ordinate young people's care (THRIVE plans)
- Scaled-up primary and community care systems that provide access to a wide range of services and co-ordinate effectively with other services

- In-reach into a range of settings, including schools and communities
- Close working across organisations and systems to offer a wide range of interventions to improve health

Across these three system levels, i-THRIVE illustrates what the shift towards population health means in practice.

Achieving a whole system approach: key elements

i-THRIVE describes the practical aspects of developing a whole system approach to child mental health and sets out the following key elements for sites to aim for:

- Shared goals for improving health and tackling inequalities based on an analysis of need and linked to evidence-based interventions
- Segmentation of the population to enable interventions and support to be targeted appropriately according to need
- Local leadership, drawing on skills from different agencies and sectors based on a common vision and strategy
- Effective engagement of communities and their assets through third sector organisations
- Pooling of data about the population served to identify young people's needs and preferences for care, as well as the challenges to good quality care
- Pooling of budgets to enable resources to be used flexibly to meet population health needs, at least between health and social care but potentially going much further
- Paying for outcomes that require collaboration between different agencies in order to incentivise joint working on population health

1.3 Expected Benefits of i-THRIVE

We anticipate the following impact as a result of the implementation of THRIVE as a local model of care:

Effective signposting will increase use of community services, self-care and peer-support networks

The mode number of contacts of services will relate better to need

Waiting times will reduce

Routine measurement of clinical outcomes will improve and there will be an improvement in the use of goal based measures

We expect to increase the proportion of young people accessing CAMHS, with higher proportional improvement in vulnerable groups due to outreach and the location and accessibility of assessment services

Engagement with services will improve, with young people being involved in co-designing services, their care and in peer-support networks

Costs of CAMHS services will not be reduced, but efficiency will improve by increased throughput

The quality of the decision making process, as well as whether the decision is subsequently implemented, is expected to improve and as a result patient experience measures will also improve

The NIHR CLAHRC North Thames funded evaluation of i-THRIVE is expected to be complete by the end of 2018. For further information about the evaluation of i-THRIVE please see section 9.

1.4 i-THRIVE Offer to Implementation Sites

In order to support sites with their implementation of THRIVE, the i-THRIVE programme has developed a number of work streams and activities throughout 2016 that sites can access and draw from:

i-THRIVE aspires to be a true community of shared learning, with the Community of Practice being a crucial part of this. Feedback is collected routinely from sites within the Community of Practice and this will continue to shape and develop the i-THRIVE offer so that it can be as beneficial as possible to those requiring our support.

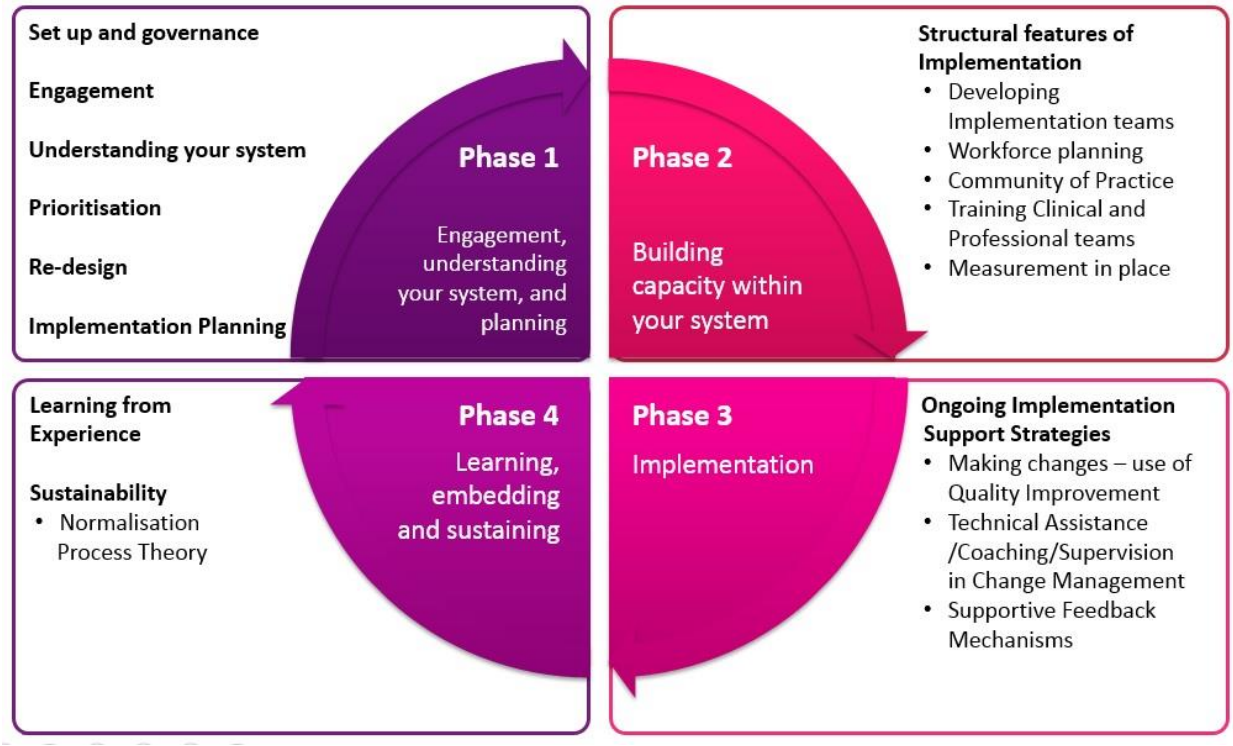
Details of the individual work streams and the offer to sites can be found in the relevant sections throughout this report. If you would like further information about the support on offer please contact elouisy@tavi-port.nhs.uk.

2. i-THRIVE Approach to Implementation

The i-THRIVE Approach to Implementation has been developed in line with and drawing on a growing evidence base set out in the implementation science literature about what helps an implementation project to be successful. It has been developed to provide an approach that is locally led, co-created, pragmatic, evidence based and is designed to address local context.

The i-THRIVE partnership acknowledges that successful implementation is also dependent on a range of contextual factors including: leadership, local approach, culture, funding and the local starting point so the i-THRIVE Approach to Implementation is flexible enough to meet the needs of a locality.

The i-THRIVE Approach to Implementation is based on the Quality Implementation Framework (Meyers, Durlak and Wandersman, 2012) which outlines four phases that are considered crucial for the successful implementation of a programme:



These four phases can be undertaken sequentially, or sometimes sites will choose to overlap the phases, for example capacity building in phase two may start before phase one has been fully completed.

2.1 Stages of Implementation

Phase 1: Engagement and understanding your system, and planning changes

In this phase, localities will form a comprehensive picture of their current system of services for children and young people's mental health, understand the problems it faces and assess

the particular needs of their local population of children and young people. This will include three types of information: *qualitative* (what service users, the public and staff think about existing services), *quantitative* (data that demonstrates demand, capacity, flow, identifies bottlenecks, efficiencies and inefficiencies) and *pathway mapping* (a full description of the pathways across a whole locality, including how services are working and interacting together or not). Sites will develop an idea of how 'THRIVE-like' services are currently and prioritise the changes that they want to make.

Localities will also decide who will lead on implementation, identify i-THRIVE champions and create a robust implementation plan, as well as working towards the development of jointly owned outcome frameworks.

Phase 2: Capacity Building

In phase two implementation sites will develop their understanding of the training requirements of staff who are implementing the changes and ensure that there are feedback mechanisms in place so it is possible to know the impact of the changes being. In addition, localities will understand the gaps in capacity for delivery within the existing clinical workforce. There will be a phase of building capacity and competency within the staff groups who will be working with young people, including introducing them to 'THRIVE-like' working. There is also the opportunity to think about building up and further developing the local leadership within a THRIVE-like system.

Phase 3: Implementation

The third phase of implementation involves the roll out of system changes. This will involve a variety of methods, including change management and Quality Improvement approaches. It will involve establishing information and quality infrastructures within providers, and setting up a system to enable collaborative assessment of progress and identification of any arising issues so that these can be tackled across the locality.

Phase 4: Learning, embedding and sustaining

The purpose of this phase is to ensure that changes are sustained and that they become 'business as usual' within a locality once the transformation programme is completed. This will involve developing an understanding of what has worked well and reflection on what has been learned from implementing the changes. There is also the opportunity to feedback and share the site's learning with the i-THRIVE Community of Practice.

A number of tools have been developed to support sites with the implementation of THRIVE in-line with the i-THRIVE Approach to Implementation.

2.2 The i-THRIVE Toolkit

Sites are supported through the i-THRIVE Approach to Implementation by a range of tools developed as part of the i-THRIVE Toolkit. The purpose of the i-THRIVE Toolkit is to provide useful information, resources and guidance for sites implementing THRIVE. The

tools are a mixture of workshop plans and agendas, exercises, data proformas and slide sets plus links to external publications and resources that are considered useful for the implementation of THRIVE.

Sites can use the i-THRIVE Toolkit even if they are at varying stages in their thinking about i-THRIVE. For those at the beginning of their i-THRIVE journey, a clear path is mapped out for approaching phase one, while sites that have already undertaken steps towards implementing THRIVE can use the tools to review implementation so far.

The i-THRIVE Toolkit will continue to evolve over time as sites implement THRIVE in their local systems. Feedback from sites is used to further refine and develop the current national tools and site may also adapt those national tools to suit their local context.

Below is an overview of the tools already developed to support sites in their implementation of THRIVE in line with the i-THRIVE Approach to Implementation:

Senior leadership engagement

We encourage sites implementing THRIVE to have key people from across the system (education, social care, local authority, CCGs, third sector and CAMHS providers) at the macro, meso and micro levels of the system involved in planning and implementation.

All sites, as part of their CAMHS transformation programme, will have a multi-agency steering group that oversees its planning and implementation. The core principles of THRIVE address the key challenges faced by CAMHS detailed in *Future in Mind* and so any sites working to implement THRIVE in their localities will benefit from i-THRIVE being directly linked to local transformation plans. It will be this group's responsibility to make decisions and guide their i-THRIVE journey. Tools available include a list of senior leaders to engage, slide sets to introduce THRIVE and i-THRIVE to senior leaders and an overview of the i-THRIVE programme.

Wider stakeholder engagement

One way to engage stakeholders in THRIVE transformation is to hold an event to introduce the THRIVE framework and the planned implementation approach. Ideally the event would take place over the course of a day and would be attended by stakeholders from across the system of services for child and adolescent mental health. The aim is to by the end of the event, get 'agreement' from stakeholders to proceed with i-THRIVE. Tools available include an event agenda, slide set, group exercise for a large whole system event and video about the THRIVE conceptual framework from Professor Miranda Wolpert MBE.

Pathway mapping

The pathway mapping workshop enables sites to understand the structure of their whole system and how it is working currently, including how the different services fit together into pathways. This workshop is for health, local authority, education, primary care, third sector and private provider professionals, with a mix of senior managers, team leaders and those

who work with young people day to day. Tools available include a workshop agenda, slide set, exercises and examples of pathway maps created by other implementation sites.

Qualitative analysis

Developing a thorough understanding of what different groups think of services and how well they are working is critical in order to understand the reality of the local system. This includes young people and families as well as practitioners, team leaders and service managers. A range of focus groups, interviews and surveys can be undertaken to build this picture. Tools available include semi structured interviews and surveys to undertake the data collection and a workshop plan and slide set to support discussion of the data.

Quantitative analysis

In addition to capturing feedback from different groups engaged with the system it is important to understand how the pathway is working in terms of service data. For example are there areas that have particular issues with waiting lists, high demand, or referrals? Are there areas that have a particular problem with staffing? How are each parts of the system financed? Is there a mismatch between financing and demand or need? Is there a way that finances could be distributed differently within the system to deliver improved outcomes? Can we resource preventative care and still meet demand and deliver improved outcomes for those with mental health needs now? Tools available include a data collection workshop plan and slide set. Sites should contact the i-THRIVE national team if they would like a list of suggested data collection measures.

THRIVE Assessment Tool

The aim of the THRIVE Assessment Tool is to bring together the information and knowledge already gained about the system in order to understand how ‘THRIVE-like’ the system is currently. This will help sites to make decisions about where to focus their efforts for improvement and to identify priorities for redesign. The THRIVE Assessment Tool should be completed in a workshop with a range of stakeholders including commissioners, providers, leaders, team managers and professionals working with young people. Tools available include a workshop plan, slide set, exercise and the THRIVE Assessment Tool.

Prioritising areas for improvement

Bringing together the pathway mapping, quantitative and qualitative data and the results from the THRIVE Assessment Tool, sites are then able to identify opportunities for their system. Sites will agree what they are looking to achieve through their transformation (short medium and long term goals) and identify steps that are critical to moving forward with the intended improvement. The end point should be collective agreement on the key priorities that the site will work towards as a whole (health, education, local authority and the third sector).

Once the priorities are agreed it is important for sites to establish ‘how will we know if we have achieved this?’ Sites should discuss existing data and quality improvement systems within the locality and begin to develop outcome frameworks that fit with the agreed

priorities. These need to be agreed and co-owned across the system including both commissioners and providers. Tools available include a workshop plan, slide set and prioritisation exercise.

Gap analysis

Once the priorities for improvement have been identified, an implementation site can then work through the gap analysis exercise to establish what is currently in place, what is in development, identified gaps, what training might be useful and recommendations for transformation. Tools available include a workshop plan, slide set and gap analysis exercise.

Redesigning the system

Redesigning the system requires determining as a group what new services will look like in the local area. This will involve focusing on the site's identified priority areas and working with examples of best practice and evidenced based models of care to plan for delivery of each of the THRIVE needs based groupings and in line with THRIVE principles. Tools available include a workshop plan and slide set.

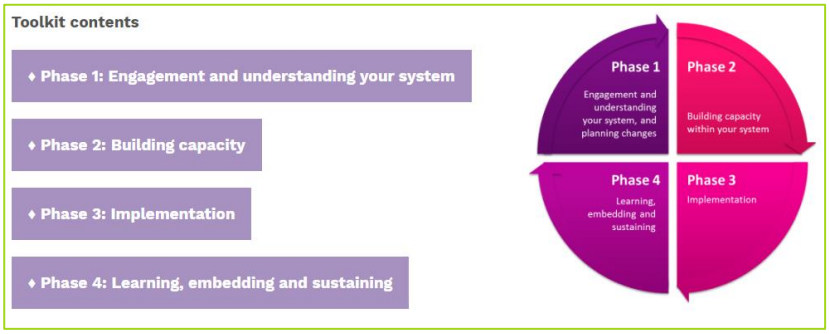
Implementation planning

With all previous steps undertaken and complete, a clear plan for implementation can be drawn up, including any requirements for workforce up skilling and capacity building. Sites can request a template project plan and implementation plan from the national i-THRIVE team.

Workforce planning

Part of the second phase of the i-THRIVE Approach to Implementation involves understanding the current capacity within the system as a whole. Tools available include a workforce survey for CAMHS staff and a workshop survey for the wider system.

Additional tools will continue to be added to the i-THRIVE Toolkit and made accessible via www.implementingTHRIVE.org over time. If you have any feedback on the i-THRIVE Toolkit or any specific elements within it please contact ilse.lee@annafreud.org.



3. i-THRIVE Accelerator Sites

Ten national accelerator sites were successfully selected to be a part of the NHS Innovation Accelerator funded i-THRIVE programme in October 2015.

In order to be appointed with the status of 'national accelerator site' each locality had to outline why they wanted to implement THRIVE and what they expected THRIVE to be able to help them deliver.

Bexley

Bexley CCG and Oxleas NHS Foundation Trust are working together on their CAMHS transformation which has been shaped by the THRIVE framework. Bexley has focused on services which support children and young people who are 'Thriving', 'Getting Advice' and 'Getting Help' according to the THRIVE framework.

Key successes for Bexley to date include a new website called Headscape where children and young people can access information about mental health and get signposted to local services and other helpful websites, and the design of a new community CAMHS service which has been designed to meet the needs of children and young people in the 'Getting Advice' and 'Getting Help' needs-based groups. The i-THRIVE workstream is linked in with the CYP IAPT group in Bexley which meets once a quarter.

Shared decision making between young people, families and their clinicians is core to the THRIVE framework. While Bexley already felt they had a good culture of shared decision making in their services, they chose to further build on this by having two of their clinicians attend a shared decision making training delivered by the i-THRIVE Academy in June 2016.

One of the challenges has been in helping people to understand the difference between the tiers and the THRIVE groups. Bexley is keen to not simply replace existing tiers with the THRIVE needs based groups.

Cambridgeshire and Peterborough

Cambridgeshire and Peterborough chose to use the THRIVE framework to guide their CAMHS transformation because of a desire to move away from the existing tiered model of child and adolescent mental health services.

Task and finish groups for each of the THRIVE needs-based groupings have been created and there is agreement to use THRIVE across the emotional, mental health and wellbeing pathway. 'Thriving' was an initial focus for Cambridgeshire and Peterborough, with a website called Keep Your Head developed to improve the information that was available for children, young people and their families who may need help and to support with self-help and promote emotional wellbeing.

Cambridgeshire and Peterborough have been keen from the beginning to use the THRIVE framework across the whole system for children and young people. One success in this vein so far is the local authority adopting THRIVE as a framework to structure their services. One of the challenges of taking a whole-system approach is that engagement with implementing THRIVE varies across the organisations involved.

New Wellbeing Leads have been recruited to improve the knowledge and skills of GPs, teachers and support workers and provide advice and support to those professionals.

Cambridgeshire and Peterborough were supported to successfully win a grant from Health Education England so that they could improve support for children, young people and their families who are 'Getting Advice' and being signposted to helpful services by improving assessment skills within primary care and localities.

In December 2016, professionals from across Cambridgeshire and Peterborough that support children and young people with their emotional wellbeing and mental health needs undertook a full review of how their local system currently works. This was carried out with the support of the i-THRIVE team and using the THRIVE Assessment Tool. Key priorities were identified as a result of this exercise including increasing the use of outcome measures in commissioning and providing further mental health guidance and training for schools.

Camden

The Tavistock and Portman NHS Foundation Trust is the provider of child and adolescent mental health services in Camden and is home to five of the THRIVE authors. The four key priorities for Camden are 'Getting Risk Support', setting up 'Getting Advice' appointments, having robust systems of clinical oversight and review for cases in 'Getting Help' and 'Getting More Help', and embedding shared decision making across all categories of need.

Camden have used an AMBiT model to develop their approach to supporting children and families who are receiving 'Getting Risk Support' and have successfully implemented a new set of multi-agency local agreements to have collective responsibility and accountability for the support of this group of children and young people by creating one single multi-agency plan. To facilitate the development of 'Getting Risk Support' the CAMHS service for vulnerable children is collocated with Local Authority services, and multi-agency reflective practice meetings are now commonplace. The experience of receiving multi-agency support is being evaluated using a new measure from the Dartmouth Institute for Health Policy and Clinical Practice, called IntegRATE. This project is supported by a grant from Health Education England.

Camden is also at the forefront of improving shared decision making with a Health Foundation funded project to develop, design and trial the use of a decision aid for young people and their families. These 'i-THRIVE grids' were developed in collaboration with the Dartmouth Institute for Health Policy and Clinical Practice and are currently being piloted in clinical teams.

In addition to this, the THRIVE needs based groupings have been embedded into the electronic clinical record system used by CAMHS with a view to 80% of children and young people having a THRIVE plan by the end of the financial year.

The implementation of THRIVE is ongoing, and the impact of THRIVE will continue to be properly evaluated.

ELFT (incorporating Bedfordshire, Luton and Tower Hamlets)

The East London NHS Foundation Trust (ELFT) is the provider of child and adolescent mental health services in Newham, Tower Hamlets, Hackney, City of London, Luton and Bedfordshire. ELFT first chose to become an i-THRIVE accelerator site in order to support their service transformation aim of moving towards more integrated care, reducing barriers to access support and becoming more needs-led.

ELFT have focused on ensuring that their 'Getting Advice and Signposting' service is first class and are now giving advice to other accelerator sites about how they have improved this part of their service, with ELFT rated outstanding by the CQC in 2016.

Tower Hamlets in particular is working with local CCG commissioners in linking their trial of the Power Up app, developed by EBPU, with its CYP IAPT programme and its drive towards goal-based outcomes, shared decision-making and improvements in service-user participation.

Implementation of THRIVE within Tower Hamlets CAMNS has progressed through:

1. Educating clinicians about THRIVE and conceptual shift away from the tiered model: There is an ongoing programme of staff training events to discuss the THRIVE framework and principles; with a particular focus on shared decision making. Clinicians have also attended the i-THRIVE Academy modules and will be involved in sharing these ideas with the wider team.

2. Embedding THRIVE terminology and thinking into how clinical work is conceptualised: The needs based groupings of the THRIVE framework were added to the Current View tool completed by every clinician when opening, reviewing and closing a case, as a way to embed THRIVE thinking in how cases are conceptualised. ELFT is part of the CYPMH Currency Development pilot, which develops this categorising of cases further into need based groupings linked to the THRIVE groups – this pilot begins in April 2017.

Another initiative that has embedded THRIVE concepts and terminology has been the re-structuring of the service to reflect THRIVE. For example, the newly formed Triage Team has been redefined as the Front Door Team. This team has been more heavily resourced to operate effectively in meeting the needs of children and families considered to be 'Getting Advice'. The Front Door team conducts all the duties associated with meeting the needs of children and young people who are 'Getting Advice' including signposting, consultation to the extended network and brief psychoeducation, assessment, intervention and advice on self-management. This has been a highly successful initiative that has reduced CAMHS

waiting times to five weeks from the time a referral is received and decreased 'did not attend' rates despite reduced staff numbers and increased referrals. It has also improved the accessibility to CAMHS and ensured that we are able to proactively provide early support to both families and the wider network for a much larger cohort of families.

3. Supporting and monitoring shared decision making in routine clinical practice: The Goal Based Outcome tool was adapted (with permission from Dr Duncan Law) to include a shared care plan which was developed in consultation with young people. It was hoped that this would enhance collaborative practice and improve shared decision making.

To monitor the effectiveness of the shared decision making initiative the CollaboRATE measure was given on two separate occasions to a group of young people at the beginning of their work with CAMHS. On both occasions favourable feedback was received. The plan is to repeat this in six months to monitor if this has continued to improve.

These initiatives were supported by funding from the local CCG. Now that this has finished a group of clinicians have been identified to continue to support the implementation of THRIVE. One of the next steps is to share experiences and learning with partner agencies.

Hertfordshire

Hertfordshire chose to use the THRIVE framework in their transformation because a recent review of their child mental health services suggested that the current tiered system was acting as a barrier for children and young people to receiving help. The THRIVE framework offers the five needs groups as a different way to think about and organise services. THRIVE has provided a very useful framework to engage partners and professionals in developing needs based provision.

Hertfordshire focused on engaging the whole system, with a particular focus on schools as its first priority. CAMHS Transformation Schools Link Managers are working to support the development of emotionally healthy whole school approaches as well as encouraging consistency, quality assurance and recording of outcome measures. The transformation programme is supporting schools and other commissioned providers of care to develop THRIVE-like practice within their own organisations.

Hertfordshire held a multi-agency engagement event in October 2016 that was delivered in collaboration with the i-THRIVE team and included an assessment of how THRIVE-like Hertfordshire currently is. The event helped to begin to disseminate a wider understanding of i-THRIVE and how it would be the vehicle for delivering better support for the emotional wellbeing of children and young people in Hertfordshire.

A big success for Hertfordshire so far has been their introduction of a CQUIN (Commissioning for Quality and Innovation) target of 28 days to assessment and also the pilot of a new 'Nurture Group' at a local primary school to support those children in the 'Getting Risk Support' group which is now a case study for the i-THRIVE Community of Practice.

The Hertfordshire Young People's Substance Misuse Service and Families First Early Help multi-agency service was developed using THRIVE principles to support needs-led multi-agency collaboration. Hertfordshire have also submitted collaborative bids for Adoption Support and CYP IAPT using the THRIVE framework as a basis.

Work in progress for Hertfordshire includes the development of workshops to support innovation and collaboration within each of the THRIVE needs based groupings and the production of a THRIVE-like emotional and mental health and wellbeing continuum of provision to support the transformation programme.

Four Band 4 workers have now been recruited into multi-disciplinary early help teams. They will be supported by three additional Band 7 workers who will provide triage, assessment and up to six weeks of interventions. In response to feedback from children, young people, families and professionals this assessment will be the single trusted assessment that accesses all emotional and mental health services within the Hertfordshire continuum.

One next step for Hertfordshire is to formalise the THRIVE programmes in development and embed them within service delivery and commissioning. Hertfordshire aims to showcase the benefits and impact of the changes to date for children, families and professional networks to encourage continued development of collaborative working to deliver needs-led provision. Hertfordshire will also be reviewing their THRIVE developments to share good practice and identify further opportunities to strengthen existing provision to ensure the needs of children and young people are at the forefront of service delivery.

Manchester and Salford

Central Manchester University Hospitals Foundation Trust (CMFT) provides child and adolescent mental health services for Manchester and Salford. They believe using the needs-based approach of the THRIVE framework, along with the i-THRIVE Approach to Implementation will help them to deliver on the aims set out in *Future in Mind* including increasing access to services for children and young people. For them, a major advantage of using the THRIVE framework to guide their transformation is that it will foster a shared understanding across the system about the services available to meet the needs of children and young people 'Getting Advice', 'Getting Help', 'Getting More Help' and 'Getting Risk Support'.

The arrival of the first 'THRIVE' practitioners will be in spring 2017, employed by a third sector organisation and sitting within the early help offer bases of Children's Services. Specialist CAMHS will offer duty/on call support to the team and one-day input from a Consultant Psychiatrist.

CMFT is using i-THRIVE's suggested evidence-based approach to implementation by first establishing an in depth understanding of their current system, including what young people and staff from all agencies think about how it is working now. They have started by engaging with staff across their system in pathway design, defining the services and teams that will provide care for the children and young people in each of the THRIVE needs groups.

The engagement of the wider system is being led by local commissioners and the Greater Manchester Collaboration so as to increase ownership of wellbeing responsibilities of all providers rather than a continued reliance on specialist services, enhancing a culture of celebrating being able to 'thrive'. Specialist CAMHS are visible and have a greater presence within the Children's Services operational meetings, such as Early Help Hubs and At Risk of Care, so that advice is more timely and appropriate referrals are picked up earlier.

A key success for Manchester and Salford to date has been the development of its integrated access and care pathways which were designed to improve the smoothness of care for children, young people and their families. They now operate a self-referral system for any age. A case study on the development of these pathways is available to read on the i-THRIVE website.

Manchester and Salford staff from CAMHS, Early Help Hubs and third sector have attended the first two i-THRIVE Academy training modules. The 'When to Stop Treatment' module provided attendees with tools to facilitate discussions with children, young people and their families about ending treatments and interventions. The 'Risk Support' module provided attendees with ways to support families with multiple needs where interventions have not produced change.

CMFT CAMHS is developing its school and college offer. This will be built on the success of the CAMHS school pilot post two years ago in Salford, training school leads in effective referrals to CAMHS and utilising the HEE-funded CYP Health and Well Being Practitioner training (three posts) to review and support the college offer, with matched funding from Education and Health.

After a year of the THRIVE framework being worked through, there is a greater sense of true multi-agency working and an increased awareness and understanding across all agencies of their roles and responsibilities, with a shared plan in place.

Stockport

i-THRIVE leads in Stockport believe that implementing the THRIVE framework will enable them to fulfil the drive in *Future in Mind* to move away from a tiered system of services for children and young people's mental health to one that can organise care around the needs of children and young people.

Stockport's priorities are to reduce silo working and the boundaries between services to reduce the likelihood of children falling through the gaps. An initial plan is to integrate current tier two and three CAMHS teams across health, education and social care. Another focus it so strengthen joint commissioning for CAMHS between the CCG, local authority and schools using the language of the THRIVE framework and the i-THRIVE Approach to Implementation.

Stockport sees value in the THRIVE framework being an easily understandable conceptual framework that can be used across all children's services. Stockport have established an

Integrated CAMHS Partnership which meets regularly to develop plans and monitor developments around children and young people's mental health. The Partnership is embedding the i-THRIVE Approach to Implementation into their planning and will be further developing the knowledge and skills of the partnership in relation to i-THRIVE.

To date, implementing the THRIVE framework has helped Stockport to move beyond a rigid tired structure and enabled better conversations between agencies about cases. THRIVE has helped to better articulate the needs of the children and young people for whom significant improvement in their mental health is currently unlikely. This has allowed for packages of care to be developed which focused on maintaining the person's wellbeing and managing risk.

Stockport have used the THRIVE framework to map their care pathways and have commissioned a piece of work to enhance the role of the voluntary sector in providing community support for children and young people. The THRIVE framework has also started to be used in schools to improve and better co-ordinate mental health support in schools.

Stockport has used the children and young people's mental health growth monies to allow their CAMHS to develop a more outward facing role. This has involved developing CAMHS capacity to reach into key services to provide support and consultation to key teams (e.g. Multi Agency Safeguarding and Support Hub, Local Integrated Children's Service, schools and care leavers team). Task groups have been created to lead on specific areas including parent/infant mental health and mental health in schools in addition to an independent sector forum.

Waltham Forest

Waltham Forest CCG applied to be an i-THRIVE accelerator site because it was interested in using the THRIVE framework to guide CAMHS transformation.

Waltham Forest CCG, with support from the Child Outcomes Research Consortium (CORC) have completed an in-depth analysis of the current system of services for children and young people's mental health. Main priorities for transformation are to improve support for children and young people 'Getting Advice' and 'Getting Risk Support'.

Some real progress has been made already with the development of an app by North East London Foundation Trust (NELFT) called 'My Mind', which children and young people linked to a CAMHS service can use to more easily communicate with their clinicians, track their progress and set their own goals. If you would like to learn more about this app, a case study has been developed and is available on the i-THRIVE website.

Since the start of their transformation process, Waltham Forest have seen a 15% decrease in referrals to their CAMHS and have seen increased referrals to CAMHS from schools.

Waltham Forest CAMHS are also a part of the Health Foundation 'Scaling up Improvement' project (see section 8) which is taking place over the next two years. In this project, the core

set of THRIVE principles will be translated into a model of care across Waltham Forest and the three other CAMHS localities provided by NELFT.

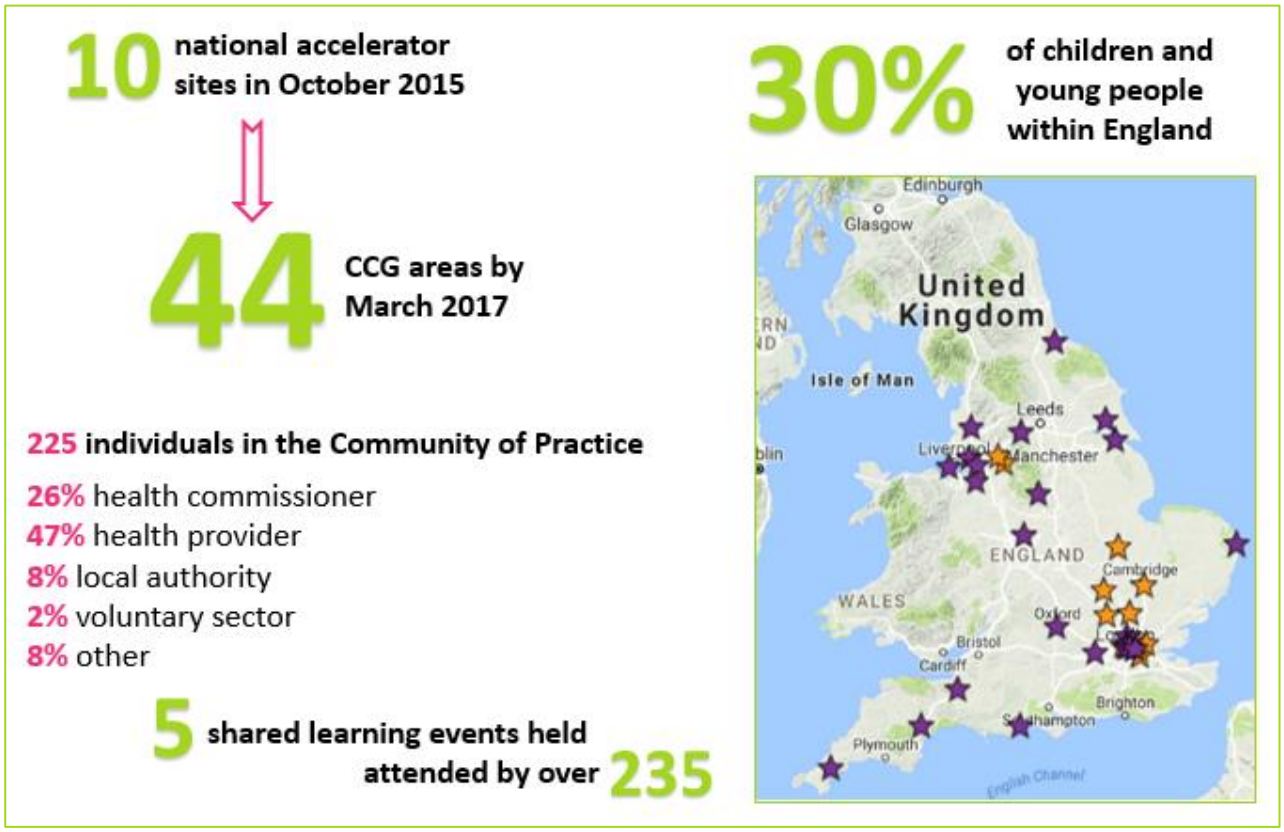
Further details:

For further information about the national accelerator sites and the relevant site lead to contact please visit www.implementingTHRIVE.org.

4. i-THRIVE Community of Practice

The i-THRIVE Community of Practice has grown significantly since its creation in October 2015. The Community of Practice was launched with the ten national accelerator sites and has now grown to 44 CCG areas (as at 30 April 2017). 30% of children and young people in England live within a locality that is a member of the i-THRIVE Community of Practice.

There are now 225 individuals in the Community of Practice receiving regular updates about THRIVE, the implementation of THRIVE and sharing learning about local implementation. These individuals within the Community of Practice represent a variety of sectors including health commissioners (26%), health providers (47%), local authorities (8%), the third sector (2%) and other (8%).



A further 200 individuals in the i-THRIVE Community of Interest receive updates on the progress of i-THRIVE.

In addition to working with sites across England, events have been held with Northern Ireland Health and Social Care Board and with Healthcare Improvement Scotland to discuss how THRIVE could potentially be adopted in Northern Ireland and Scotland. The national programme team continues to receive requests from sites wishing to access support and join the i-THRIVE Community of Practice.

4.1 Community of Practice Shared Learning Events

Five Community of Practice shared learning events have been held between November 2015 and April 2017. The next shared learning event is scheduled for October 2017.

These events are designed to support the sites to deepen their understanding of the THRIVE conceptual framework and the i-THRIVE Approach to Implementation, whilst also giving sites the chance to showcase progress and work through challenges.

Below is an overview of the events hosted to date.

Introduction to THRIVE and i-THRIVE: 27 November 2015

The i-THRIVE Community of Practice launched with its first shared learning event in November 2015. Attendees were welcomed by Paul Burstow, Chair of the Tavistock and Portman NHS Foundation Trust who then set out the i-THRIVE Partnership's vision for the Community of Practice.

Dr Anna Moore introduced the members of the Community of Practice; Bedfordshire, Bexley, Cambridgeshire and Peterborough, Camden, East London Foundation Trust, Hertfordshire, Luton, Manchester and Salford, Stockport and Waltham Forest.

Take away messages: The sites outlined what they would like to work on throughout their implementation of THRIVE:

Rebuilding from fragmentation and dispersed services	Being more needs-led	Measurement
Partnership	Single point of access / directory of services	Shared decision making
Culture change		

Professor Miranda Wolpert then introduced the THRIVE conceptual framework and led a discussion of the key themes. This was followed by a more in-depth workshop to explore the five needs based groupings 'thriving', 'getting advice', 'getting help', 'getting more help' and 'getting risk support' led by THRIVE authors Peter Fuggle, Sally Hodges, Andy Wiener and Rita Harris.

A shared decision making workshop was hosted by Glyn Elwyn from Dartmouth and Dr Ann York including an overview of the CollaboRATE and Option Grid tools. This was followed by an overview of the i-THRIVE Approach to Implementation given by Dr Anna Moore which consists of 14 steps split into four stages. Sites were also given information about the support available to them throughout their implementation journey, including the i-THRIVE Academy, the i-THRIVE Toolkit and coaching and support for local leadership.

Getting Advice and Signposting: 15 March 2016

The second shared learning event was attended by commissioners, service providers and clinicians from across the country who were starting to implement THRIVE in their localities. The morning focused on how commissioners and service providers can use measurement and outcomes to gain a greater understanding of how well a service is working and delivering care. The afternoon focused on the 'Getting Advice and Signposting' needs-based grouping of the THRIVE framework, especially on the use of signposting.

Kate Dalzell, Practice Lead at Child Outcomes Research Consortium (CORC) led a workshop on how we would know if we are a THRIVE-like service and the types of measures that could be used. **Take away messages:** It was agreed that data can also be used to drill down and explore emerging hypotheses about the way services are currently working. Data such as in JSNAs, service mappings, activity data, feedback from staff and service users and outcome data can all contribute to answering how THRIVE-like services are currently.

Professor Miranda Wolpert outlined the importance of using outcomes in child and adolescent mental health before introducing the 'Understanding Your Model' logic model. **Take away messages:** Feedback from attendees at the end of the event indicated this was found to be a useful framework for thinking about interventions and outcomes that could be applied to a wide variety of settings including mental health interventions in schools and specific outcome measures that they wanted to improve e.g. reduction in self-harm, early identification of mental health problems and increased resilience.

Spotlight on progress: Updates from the Community of Practice relating to 'Getting Advice and Signposting' came from Camden and Islington Public Health, Manchester and Cambridgeshire and Peterborough.

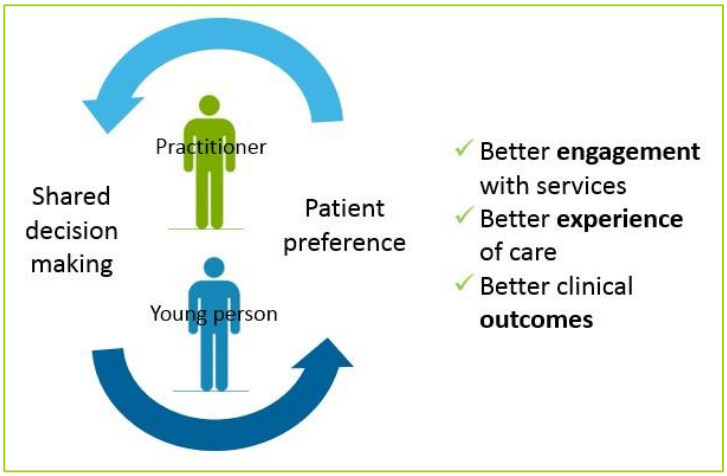
Dr Anna Moore led a discussion on some of the challenges of delivering 'Getting Advice and Signposting' in practice. **Common challenges:** Attendees felt that at the macro level, integration across services was highlighted by some sites as an area for improvement. At the micro level, sites identified that a culture change may be necessary for improving clinician's approaches to 'Getting Advice and Signposting'.

Shared Decision Making: 14 June 2016

This third shared learning event focused on co-creation of services with children and young people and shared decision making between clinicians and young people. The event was well attended with 46 professionals taking part on the day.

YoungMinds led a discussion on the ways in which different services and organisations have used participatory approaches. **Take away messages:** Everyone agreed that the best participation approaches are the ones that involve the voices of the people currently using services, not just alumni. It was felt that a whole-system approach and a culture of participation can provide some of the answers to identified challenges.

Professor Peter Fonagy outlined the importance of the role of shared decision making in giving children and young people agency in their recovery and to enable clinicians and professionals to harness the motivation of the patient to improve outcomes. **Common challenges:** It was noted that shared decision making is core to THRIVE and i-THRIVE but that it can be complicated to implement in a system as complex as CAMHS and the broader system of services that support the wellbeing of children and young people.



The i-THRIVE Partnership then welcomed our partners from the Preference Laboratory at Dartmouth; Manish Mishra, Stuart Grande and Aileen Lem, to introduce their approach to

shared decision making in practice and the tools that they had developed. **Take away messages:** It was agreed that shared decision making was critically important but there were mixed views on the extent to which it is being achieved currently. It was accepted that shared decision making is more challenging where staff have strong opinions about what they think would be helpful for a particular child or young person and there is an added complexity of having to take into account the views of both the child or young person and their parents. It was identified that there is a risk that shared decision making is perceived as undermining clinician practice in some ways when instead it should be viewed as something that can enhance practice.

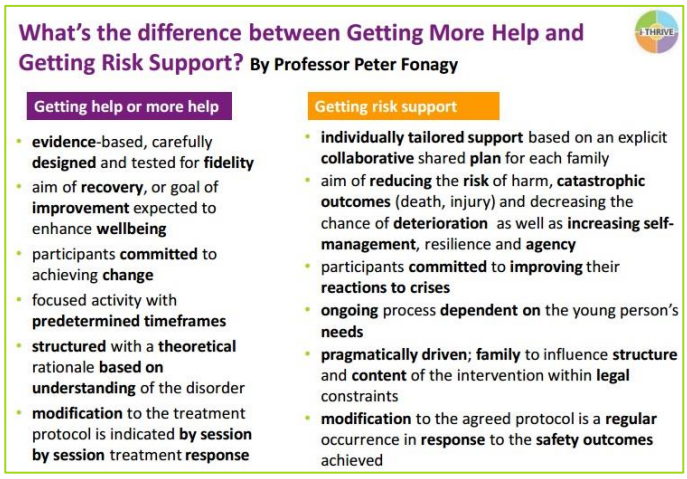
Spotlight on progress: Updates were given by Eastern Cheshire, St Helens, Cheshire and Wirral and Camden on progress with their implementation of THRIVE in line with the principles of shared decision making.

Getting Risk Support: 14 November 2016

In November 2016 we hosted the fourth i-THRIVE Community of Practice shared learning event which focused on the 'Getting Risk Support' needs based group. This event was our largest to date, with over 80 members of our Community of Practice in attendance and was our first shared learning event outside of London, held in Manchester. 58% of those attending stated that this was their first Community of Practice event, likely to be as a result of the growth of the Community of Practice and that the first three events were held in London.

The event focused on the delivery of 'Risk Support' for children and young people as a number of Community of Practice members had expressed a desire for more information on how they should be approaching this locally.

We were joined by Professor Peter Fonagy who spoke about how the THRIVE framework conceptualises 'Risk Support' and its importance in the current context of supporting children and young people today.



Common challenges: The difference between 'Getting More Help' and 'Getting Risk Support' was explicitly discussed as this has been a question frequently raised by members of the Community of Practice.

Spotlight on progress: Practical examples of how 'Getting Risk Support' can be delivered locally were given by Dr Andy Wiener and Dr Rachel James from the Tavistock and Portman NHS Foundation Trust who presented two live case studies.

Dr Peter Fuggle who provided an overview of Adolescent Mentalisation-Based Integrative Therapy (AMBiT) which is identified as one way in which to design and deliver support to the 'Getting Risk Support' needs based grouping.

An update by Professor Miranda Wolpert on the latest iteration of THRIVE Elaborated was presented by Dr Rachel James. This showcased the new foreword that highlights THRIVE's emphasis on multi-agency working.

Takeaway messages: Many attendees stated in their feedback that they will be sharing what they had heard throughout the day with colleagues and senior leadership including their CAMHS transformation boards.

One Year of i-THRIVE: 4 April 2017

The fifth shared learning event took place on 4 April 2017 with a focus on progress made during the first year of implementation of THRIVE.

Paul Jenkins, Chair of the i-THRIVE Partnership opened the event and reflected on the key challenges facing child and adolescent mental health services including a 44% increase in demand over the last 4 years and highlighted the importance of a population-based approach to service improvement.

Paul outlined a number of challenges facing sites implementing THRIVE currently.

1. Keeping focus on i-THRIVE with everything else that is going on
2. Embedding THRIVE into other programmes
3. Consolidating learning
4. Developing ways to measure and report the impact of i-THRIVE

The THRIVE framework and the i-THRIVE approach to implementation is aligned with the drive towards whole-system working and the development of prevention strategies.

Accelerator sites showcased successes and highlighted key focuses as they move into year two of implementation. Updates were presented by Cambridgeshire and Peterborough, Manchester and Salford, Stockport and Camden. More information about the progress of accelerator sites during their first year of implementing THRIVE can be found at www.implementingTHRIVE.org.

Attendees also had the opportunity to ask questions to a panel of THRIVE authors in a bid to try and obtain clarity in relation to some of the more tricky clinical concepts including how 'Risk Support' fits with statutory duties and how you ensure THRIVE doesn't replace tiers with a similar threshold based system.

Finally, Liz Simes, i-THRIVE Trials Coordinator, gave an overview of the new NIHR CLAHRC North Thames funded evaluation of i-THRIVE which will take place over two years. Sites were asked to give feedback with their thoughts on the data that will be collected as part of the project.

If you would like further information about the individual shared learning events please contact ilse.lee@annafreud.org.

4.2 Direct Support for i-THRIVE Community of Practice Sites

The national i-THRIVE team has supported 15 Community of Practice sites directly by delivering events, workshops and providing support through 1:1 meetings with a number of events already scheduled up until summer 2017.

Sites can access support from the programme team as they continue to plan for and implement THRIVE locally. More information can be found in section 11.

5. i-THRIVE Academy

Funded by Health Education England, the i-THRIVE Academy supports sites with their delivery of *Future in Mind* by providing education and training for those leading on their local transformation, as well as through developing a range of training modules specifically helpful for sites implementing THRIVE. It identifies key competencies required to deliver care in a THRIVE-like way and translates these into learning and development modules and resources.

5.1 Support to Leaders of Local Transformation

Coaching and support to accelerator sites and i-THRIVE Community of Practice sites has been delivered by the i-THRIVE Lead, the i-THRIVE Clinical Lead and the i-THRIVE Programme Manager since March 2016 on request. This can include guidance on a one to one basis or assistance with the process of planning for implementation, support for stakeholder engagement or proposing of potential outcome measures along with access to the latest thinking from THRIVE authors. Sites can continue to access support from the national programme team.

5.2 i-THRIVE Learning and Development Modules

Four development modules were developed over the course of 2016 in collaboration with THRIVE authors and leaders in the field of child and adolescent mental health. This involved firstly identifying core competencies and behaviours required to deliver quality improvement in line with the principles of THRIVE and the objectives of *Future in Mind* across CAMHS and the wider system.

Once the core competencies were established, current training provision was evaluated to identify any gaps where further work was needed to ensure that the workforce have the right skills to deliver high quality care in line with the principles of THRIVE and objectives of *Future in Mind*.

Four key training and development needs of the workforce were identified as:

- assessment and signposting
- shared decision making
- building confidence in letting go and knowing when to stop treatment
- managing risk across the whole system

These four identified training and development needs were then shaped into one day training modules to be delivered in three different sites to ensure a wide spread of attendance from the i-THRIVE Community of Practice.

An overview of the individual modules is set out below:

Getting Advice: Assessment and Signposting

The THRIVE framework encourages the promotion of resilience, to build the ability of a community to prevent, support and intervene successfully in mental health issues. Health input with those in this group should involve some of the most experienced workforce, bringing their expertise to inform shared decision making about whose needs can be met by this approach and how best to help them.

To support sites wanting to work in a THRIVE-like way this training will address:

- How to consider which THRIVE group may be most appropriate and to collaboratively explore and decide on options
- How to share a common language across sectors and with children and young people
- How to support self-management when this is the agreed approach
- How to keep up to date with what is available locally

Delivered by: Dr Ann York, Child and Adolescent Psychiatrist and co-founder of the Choice and Partnership Approach (CAPA), and the Child Outcomes Research Consortium (CORC).

Content was developed by Professor Miranda Wolpert MBE and Dr Ann York.

Shared Decision Making in CAMHS

The THRIVE Framework puts young people and families at the heart of decision making and Open Talk has developed a shared decision-making model in partnership with children and young people. This workshop, combining THRIVE and Open Talk, will be co-delivered with young people. It has been designed to build on the existing skills and expertise of professionals in CAMHS, supporting them to apply shared decision making to more complex and challenging situations. This module introduces potential tools and resources that may help facilitate shared decision, including i-THRIVE Grids, and explores ways of measuring this.

To support sites wanting to work in a THRIVE-like way this training has been developed to address:

- How to engage in decision making with young people and families in complex and challenging scenarios?

- What tools facilitate shared decision making, and where these may fit in the treatment process?
- The variety of decisions that can be made, by who and when
- Understanding and exploring levels of influence within decision making
- Using QI to embed learning of tools and techniques
- How do we assess and monitor decision making through clinically meaningful feedback and outcomes?

Led by: Kate Martin, Director of Common Room and Daniel Hayes, Project Manager for the i-THRIVE Grids Project

When to Stop Treatment: Building Confidence in Letting Go

The THRIVE Framework sets out that treatment should involve explicit agreement at the outset as to what a successful outcome would look like, how likely this is to occur by a specific date, and what would happen if this was not achieved in a reasonable timeframe. Feeling comfortable with "endings" has been raised as a concern for a number of i-THRIVE implementation sites, particularly within the context of some children and young people not being "better" at the end of treatment.

To support sites wanting to work in a THRIVE-like way this training has been developed to address:

- Current practice and dilemmas in relation to conceiving and discussing endings
- Ethical and pragmatic reasons for having such conversations and potential barriers to doing so
- Possible ways to develop our clinical vocabulary in order to have better conversations and enhance our clinical techniques, including if such issues can be raised at the beginning of treatment
- How do we know when to stop therapy or other interventions?
- Ending treatment and risk management: how can individuals and teams develop confidence in letting go?

Led by: Professor Miranda Wolpert MBE, Professor of Evidence Based Research and Practice, UCL; Director of Evidence Based Practice Unit, UCL and Anna Freud National Centre for Children and Families; Director of Child Outcomes Research Consortium and Lead Author of the THRIVE Framework

Working Together to Support High Risk Families

The THRIVE framework encourages recognition of the needs of children, young people and families who are at risk to themselves or others but where there is no current health intervention available. This practice development module delivered by the i-THRIVE Academy supports attendees to learn how to best support families with multiple or severe needs.

In this practice development module, attendees will:

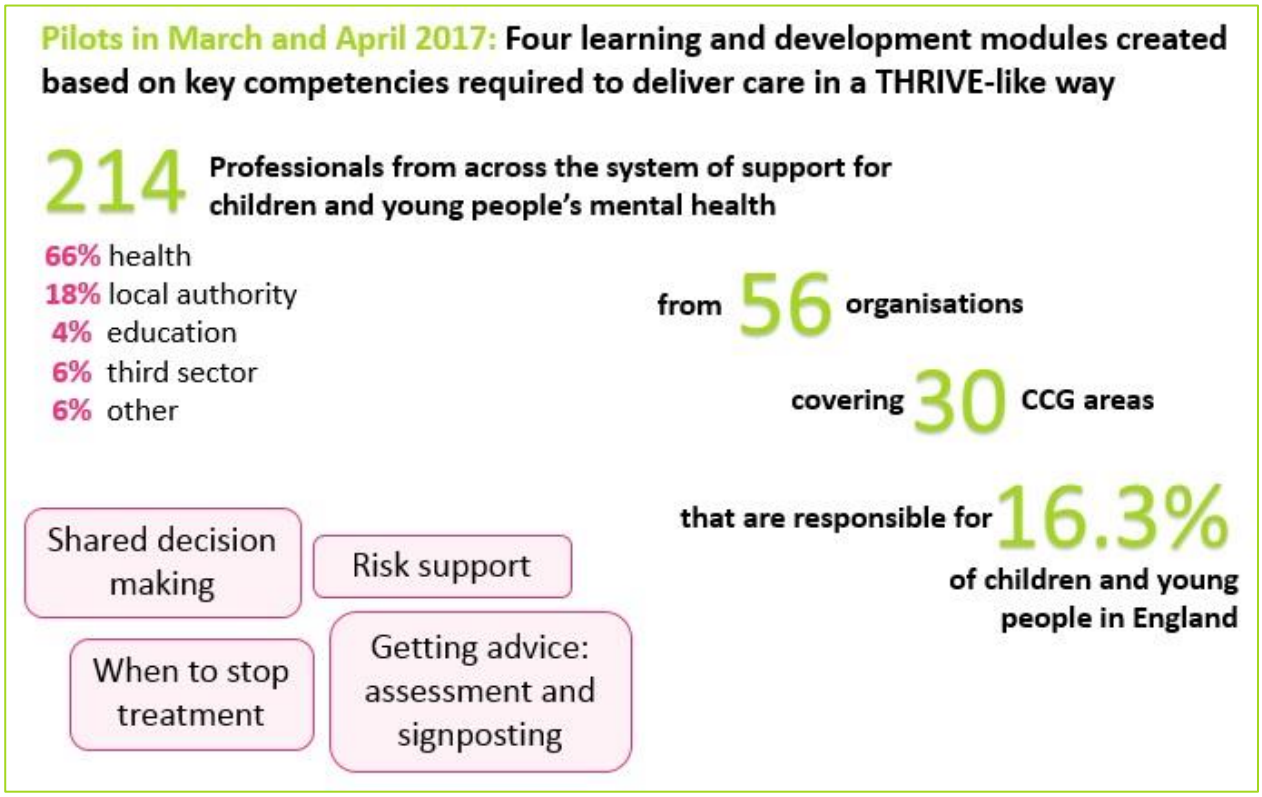
- Discuss problems commonly faced while supporting families with multiple/severe needs

- Discuss real-life case studies of children and families in detail
- Learn to overcome some of the barriers to effectively supporting families that require risk support
- Learn about Adolescent Mentalisation-based Integrative Therapy (AMBiT) from one of AMBiT's co-developers
- Practice and build on their skills
- Receive actionable steps to take away and continue the conversation back in their home organisations

Course leaders: Dr Peter Fuggle, Director of Clinical Services and AMBiT Co-Lead, the Anna Freud National Centre for Children and Families and Dr Andy Wiener, Consultant Child and Adolescent Psychiatrist and Associate Clinical Director, the Tavistock and Portman NHS Foundation Trust

Pilots of the four Academy modules ran across March and April 2017 in three sites with 300 training spaces for professionals from all agencies that support children and young people.

Overall, 214 professionals from 56 organisations attended the 12 one-day i-THRIVE Academy modules. These organisations cover 30 CCG areas within England which are responsible for 16.3% of the children and young people population in England.



Overall, participants reported that the content of all four modules was extremely relevant to current practice with an average rating of 4.39 out of a possible 5.

Participants also reported that the majority of the information presented in the four modules was new information that they had not previously received with an average rating of 3.44 out of 5.

Knowledge of the principles of the THRIVE framework also increased across all four modules, with an average confidence score of 2.47 pre-modules compared with a score of 3.56 post-module.

A full report on the delivery of the i-THRIVE Academy pilot modules will be available in early June 2017.

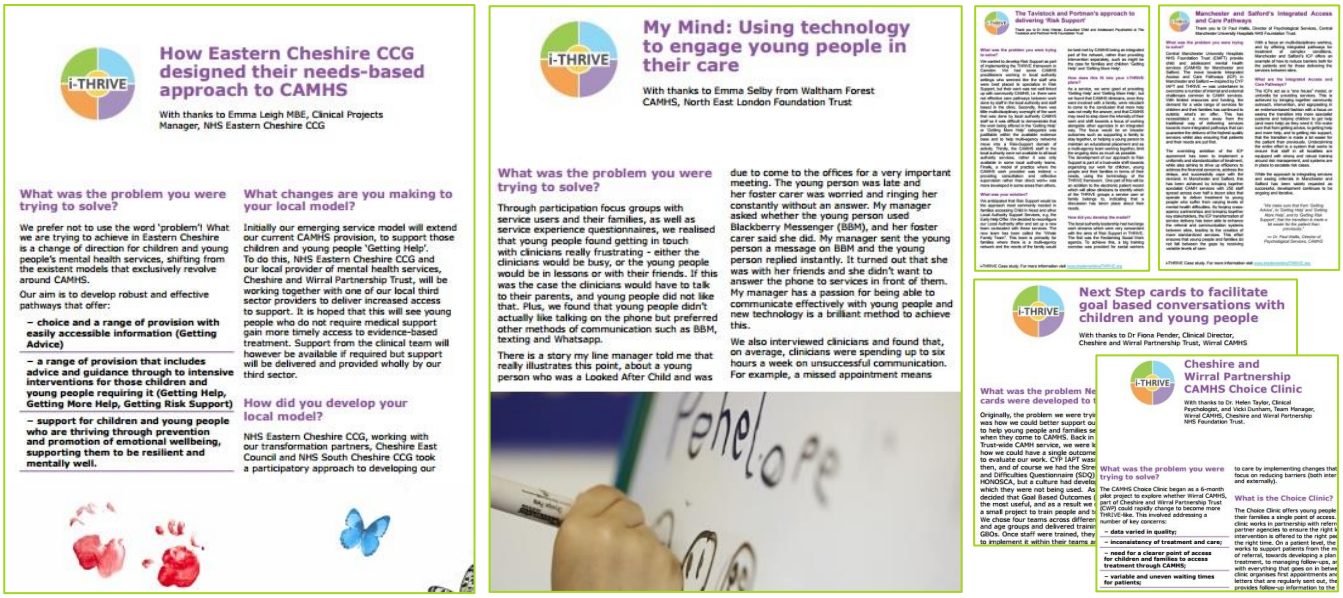
The i-THRIVE Academy is funded by Health Education England.

6. Dissemination of i-THRIVE and Sharing Learning

As outlined above in the Community of Practice section (section 4), i-THRIVE has grown significantly from the ten original accelerator sites to now cover 44 CCG areas within England. The approach to dissemination and sharing of learning is undertaken through three key activities; case studies, the i-THRIVE website and events.

6.1 Case Studies

Six case studies have been developed and published to date, with a further three soon to be available. These case studies show how sites have approached the implementation of THRIVE in their local area and some of their innovative ideas to date.



As the i-THRIVE Community of Practice continues to grow and sites progress with their implementation of THRIVE the number of case studies available will increase.

All case studies are available at www.implementingTHRIVE.org.
If you would like to feature in a case study please contact ilse.lee@annafreud.org.

6.2 i-THRIVE Website

The i-THRIVE programme website launched at www.implementingTHRIVE.org in October 2016.

The website gives an overview of i-THRIVE and its key principles, the i-THRIVE Approach to Implementation and accompanying i-THRIVE Toolkit. It also explains the relationship between i-THRIVE and the THRIVE conceptual framework and the sets out the make-up of the i-THRIVE Partnership Board.

Information about the ten national accelerator sites and the work currently being undertaken in them can be found along with an overview of the wider Community of Practice. Specific information about our funded projects is available and examples of how sites implementing THRIVE across the country have approached implementation can be accessed via downloadable case studies.

Implementation sites can access the i-THRIVE Toolkit which will aid them as they begin to think about introducing i-THRIVE to their colleagues, assessing their current services and plan for service transformation. They can also access information about the i-THRIVE Academy modules and Community of Practice shared learning events.

As i-THRIVE continues to grow, more information, additional i-THRIVE Toolkit tools and further case studies will be added to the site and Community of Practice members are encouraged to feedback any recommendations to ensure that it is as useful a platform as possible.

6.3 Events

The i-THRIVE programme has hosted five shared learning events for the Community of Practice and has delivered ten events for eight individual sites from November 2015 – April 2017. An additional three events are planned in the months leading up to summer 2017.

i-THRIVE has been presented to audiences at events hosted by Academic Health Science Networks (AHSNs) and the Health Foundation in various locations across the country and it is intended that the findings of the i-THRIVE Grids project (see section 7) will be presented at two international conferences later in 2017.

6.4 Future Development: Publications

i-THRIVE intends to publish findings from individual funded projects (see sections 7 and 8) and the full scale evaluation funded by NIHR CLAHRC North Thames (see section 9).

7. Funded Project: Supporting Shared Decision Making with Option Grids in Child Mental Health

Shared decision making is a key feature of the THRIVE conceptual framework and was highlighted as a priority for child and adolescent mental health in the Department of Health/NHS England Taskforce report Future in Mind. However, implementation of shared decision making within a CAMHS setting remains problematic with barriers including training, medical culture, concern about time required and fear of loss of practitioner autonomy. While many clinicians believe they are already participating in shared decision making with clients, a rapid internal audit of CYP IAPT CAMHS service users in 2015 indicated that only 30% of young people felt that they were given enough information at assessment to make a choice about the treatment they received.

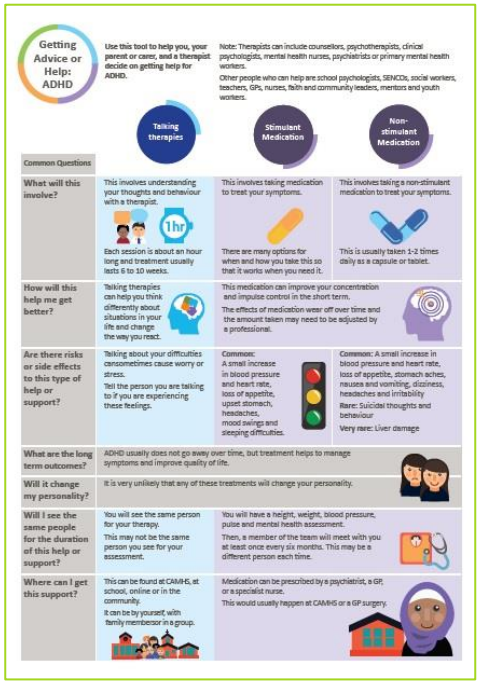
Camden CAMHS (specifically the Tavistock and Portman NHS Foundation Trust) have implemented shared decision making as part of their assessment clinics and this work fed into the development of the THRIVE conceptual framework. However, there is still variability in patient experience of shared decision making in Camden. Evidence shows that tools supporting the shared decision making process can improve its quality (Stacey et al., 2012).

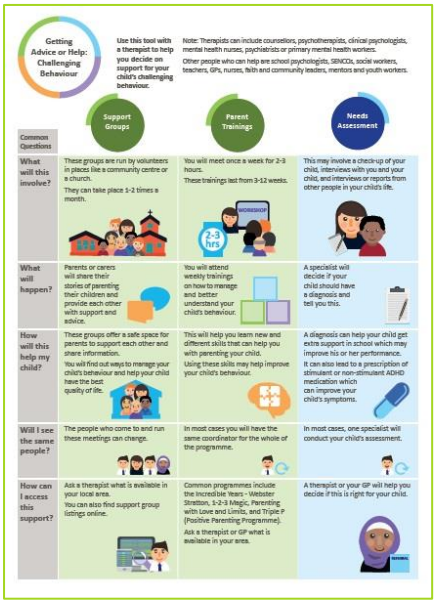
In this project, the Tavistock and Portman NHS Foundation Trust, the Anna Freud National Centre for Children and Families and the Dartmouth Institute for Health Policy and Clinical Practice are translating the Option Grids™ concept into encounter decision aids designed as comparison tables to support young people and their families to make an informed decision about their treatment or care.

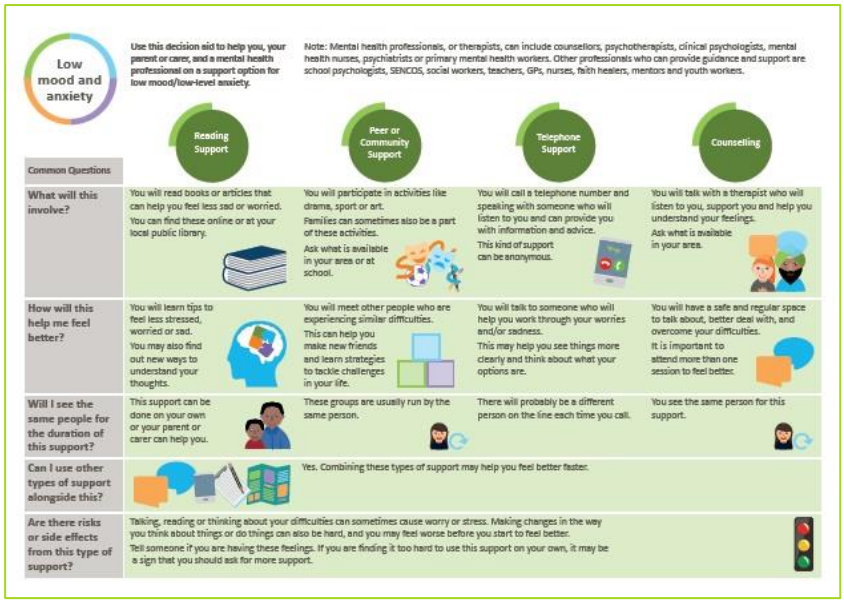
Option Grid decision aids are a trademarked shared decision making tool that helps patients and health providers compare alternative treatment options. We have adapted Dartmouth's rigorous process for producing Option Grids™ to create our young person-friendly i-THRIVE Grids.

As part of the project, four i-THRIVE Grids have been developed and are currently being piloted in three assessment clinics in Camden. This follows extensive baseline data collection from November 2016 to February 2017 during which shared decision making and experience of service were measured within the clinics.

The grids were developed from June 2016 to February 2017 with extensive input from young people, service users, parents, clinical experts, and other professionals with knowledge of young people's mental health. The grids are separated by support for particular presenting difficulties that is either available inside or outside of the NHS. Two of the grids address support for low mood/depression, and the other two address support for difficulties sitting still or concentrating/ADHD. Two additional grids for self-harm are also being developed.







It is anticipated that as a result of this quality improvement project, experience of care and patient involvement will be improved, more patients will be signposted to a wider range of providers and intervention types, and more children and young people will engage in self-help. Measurement of this is through a variety of evaluation tools including psychometric symptomatology scales.

Quantitative methodology

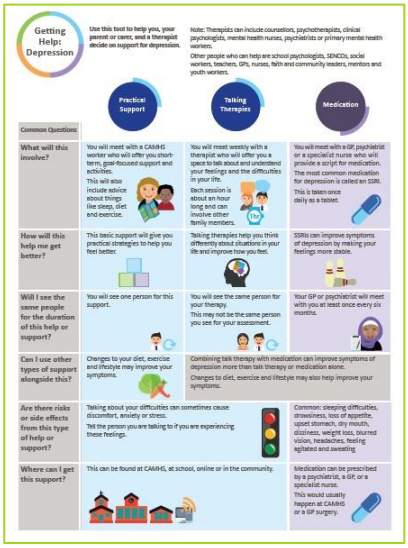
- A shared decision making measure (CollaboRATE, Barr et al., 2014)
- A service satisfaction measure -- Commission for Health Improvement Evaluation of Service Questionnaire (CHI ESQ, Attride-Stirling 2002) (some qualitative elements)
- A behavioural problem screening measure – the Strengths and Difficulties Questionnaire (SDQ, Goodman, 2001)
- A measure for assessing anxiety and depressive disorder – the Revised Child Anxiety and Depression Scales (RCADS, Weiss and Chorpita, 2011)

Qualitative methodology

- Interviews and focus groups with service users and clinicians
- Feedback from PDSA cycles at the clinics (Plan-Do-Study Act, a quality improvement method)

Baseline data has been collected via CollaboRATE. Data was collected from 33 parents and 22 young people who attended one of three assessment clinics in Camden from November 2016 to March 2017. The overall mean of the CollaboRATE score (ranging from one being the lowest and nine being the highest) was 8.15 for parents and 7.60 for young people. Also calculated was the “Top Score” percentage which was the proportion of participants who gave a perfect score (nine on all questions) to the total number of participants. For the “Top Score,” 39% of parents gave perfect shared decision making scores while only 14% of

young people gave a perfect score. These scores will be used to look at change over time and to determine if the i-THRIVE grids improve shared decision making within these clinics.



If you would like further information about this project please contact:

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This project is part of the Health Foundation's Innovating for Improvement programme. The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.

8. Funded Project: Implementing THRIVE in North East London Foundation Trust

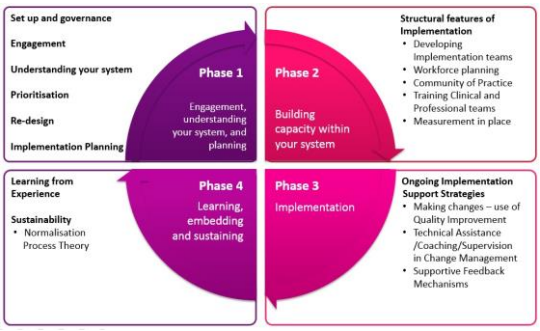
The i-THRIVE in North East London Foundation Trust (NELFT) project aims to translate the core set of THRIVE principles into a local model of care across four localities in NELFT using an evidence-based approach to implementation already utilised in Camden.

The i-THRIVE Approach to Implementation supports sites to translate the principles of THRIVE into a model of care that fits local context, tackling some of the barriers to implementation while building on the strengths of the local area.

The project is led by Tavistock and Portman NHS Foundation Trust, in partnership with NELFT and the Anna Freud National Centre for Children and Families and evaluated by Roehampton University and UCL.

The i-THRIVE Approach to Implementation

Implementation of THRIVE in NELFT is following the i-THRIVE Approach to Implementation; a structured and evidence based approach depicted to the right. This is a structured approach to implementation but still with the ability to be locally led, co-created and designed to address local context in each of the four sites. More information on the Quality Implementation Framework can be found in section 2 of this report.



The local context

Each of the four localities; Havering, Barking and Dagenham, Redbridge and Waltham Forest CAMHS, are experiencing a number of macro, meso and micro challenges. These include pressure to transform service in line with *Future in Mind*, simultaneous significant budget cuts and staffing consultations, increasing demand on service, and young people presenting with increasing complexity.

Despite these challenges, each of the four services with support from the i-THRIVE implementation team are currently working towards the design of their implementation plans. These plans provide clarity (despite complexities and difficulties) in the system regarding how each site will progress over the next year.

In order to facilitate the production of these plans the implementation team have focused on three core areas:

1. Facilitation of local sites' thinking around implementation priorities via the delivery of three workshops in each borough. These workshops focused on:
    - Understanding the system and pathway mapping with the following lenses: outcomes, service user viewpoint, quality/best practice and operations
    - Self-assessment using the THRIVE Assessment Tool
    - Reflection on the current system and identification of priorities for system redesign planning
2. Attendance and facilitation at strategic planning groups
3. Bringing additional capacity into the services via proactive engagement with the wider system on behalf of the services

Qualitative interviews were also conducted between October and December 2016 across the following sectors: CAMHS, local schools, local authorities, the voluntary sector and CCGs. These interviews have been coupled with proactive engagement with the wider system – presenting at school SENCO forums, GP learning events and meeting with public health, local authority, and CCG partners – and have been essential in fostering a sense of clarity and shared purpose across a fragmented system.

One Head Teacher summed up the impact of THRIVE and i-THRIVE in NELFT with the quote below:

> ***"We have a tsunami coming, need is rising and services are depleting, we need to work together and THRIVE is giving us the framework with which do it"***

Next Steps

Local Implementation Plans are in various stages of completion which is a reflection of the pressures each site is under. Over the coming months these plans will be finalised and sites will begin implementing a co-created locally adapted i-THRIVE model from May onwards. We will be taking a quality improvement approach to implementation ensuring that each site's approach to i-THRIVE is locally owned, and sits within and in-depth understanding of

the local system and culture. Via robust measurement frameworks we will be testing, learning from the data and adapting the i-THRIVE system changes so that we can ensure measureable impact on outcomes for young people in North East London.

If you would like further information about this project please contact:

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This project is part of the Health Foundation's Scaling Up Improvement programme. The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.

9. i-THRIVE Evaluation

The evaluation of i-THRIVE includes the evaluation of the impact of implementing THRIVE within localities, as well as the effectiveness of the translation and implementation process.

A full scale evaluation funded by NIHR CLAHRC North Thames began in February 2017 to assess the impact of implementing THRIVE in the ten accelerator sites. This will be completed by the end of December 2018.

The aims of the i-THRIVE evaluation are:

- To evaluate whether i-THRIVE implementation can be replicated at other sites
- To evaluate the effects of implementation of i-THRIVE when compared to sites without i-THRIVE
- To evaluate whether more effective implementation of i-THRIVE is associated with greater improvements in CAMHS services

Data on key site-level outcomes is collected at baseline and then quarterly for two years thereafter. As well as collecting data from the accelerator sites, site-level outcomes data is also collected at baseline and then quarterly from ten comparable non-i-THRIVE sites that have been matched for demography, resource and clinical variables. Collecting and analysing this data will allow us to evaluate whether implementation of THRIVE leads to improvements in the delivery of CAMHS services.

The site level data collected is service performance data that directly relates to each of the five needs based groupings of THRIVE and to shared decision making.

In addition to site level data collection, semi structured interviews based on the THRIVE Assessment Tool are undertaken with accelerator sites on a six monthly basis. This allows sites to assess how THRIVE-like their systems are at regular points and allows us to track progress made in the implementation of THRIVE principles that should underpin all service redesign.

For further information on the i-THRIVE Evaluation project funded by NIHR CLAHRC North Thames please contact Liz Simes, i-THRIVE Trials Coordinator at e.simes@ucl.ac.uk.

Evaluation for the wider Community of Practice

Annual baselining/benchmarking for all Community of Practice members to demonstrate their improvements as a result of using the approach is available through the THRIVE Assessment Tool and further tools to aid evaluation are in development to help sites to capture the impact of THRIVE and the implementation methods.

Evaluation in North East London Foundation Trust

Separately, a full independent evaluation of i-THRIVE is taking place across four localities in North East London Foundation Trust through the Scaling Up Improvement grant awarded by The Health Foundation.

10. Plans for Year Two of Implementation

The i-THRIVE programme intends to grow and develop throughout 2017 with a real focus on capturing learning about the adoption of the i-THRIVE Approach to Implementation and how sites are designing a THRIVE-like system within their local context.

National accelerator sites

We will continue to support accelerator sites with their implementation of THRIVE and learn from their progress. The learning from accelerator sites will be shared with the wider Community of Practice. The i-THRIVE Evaluation project will continue throughout 2017 and up until the end of 2018, collecting data on the implementation of THRIVE in these sites.

i-THRIVE Community of Practice

The next shared learning event will take place on 12 October 2017. The i-THRIVE programme team will continue to support individual sites with events, workshops and planning for implementation as requested. We hope to continue to grow the Community of Practice and to build up our evidence base of case studies to share with sites.

i-THRIVE Toolkit

Working in partnership with the four i-THRIVE partner organisations, more tools and resources will become available to sites implementing THRIVE and will be accessible via www.implementingTHRIVE.org.

i-THRIVE Grids

The i-THRIVE Grids will continue to be piloted in Camden and refined further based on feedback from children, young people and their families and clinicians. The findings from the project will be published in autumn 2017.

Implementing THRIVE in North East London Foundation Trust

The i-THRIVE in NELFT project will continue throughout 2017 and up until mid-2018. Sites will move out of the capacity building phase and into the implementation phase and Quality Improvement cycles will begin from May 2017. All learning from this project will be shared with the Community of Practice.

i-THRIVE Academy

The pilots of the four modules have now been delivered. A review of feedback and content will now take place, with improvements and changes made where required. The finalised modules will then be ready for roll out nationally for sites that wish to access the training.

For information about our plans for continued growth and development please contact elouisy@tavi-port.nhs.uk.

11. Accessing Support from the i-THRIVE Team

The national i-THRIVE Programme Team is available to support sites with their implementation of THRIVE.

Available support to sites includes:

- Initial meetings with senior management teams to outline THRIVE and the i-THRIVE programme and to answer any questions about the adoption of i-THRIVE locally
- Clinical guidance from the i-THRIVE Clinical Lead, Dr Rachel James
- Delivery of initial engagement events with the wider system
- Design, planning and delivery of phase one workshops, including pathway mapping, understanding your data, THRIVE Assessment Tool, gap analysis, prioritisation and redesign
- Coaching and support for local leadership from the i-THRIVE Lead, Dr Anna Moore
- Production of implementation plans to fit specification of local sites
- Training and development as part of the i-THRIVE Academy

More in-depth and collaborative work with sites can also be requested by sites, for instance creating shared outcome frameworks and commissioning models, project management for individual phases of implementation and support with bid writing and grant applications.

To request support with any of the above or to discuss any other support you might like please contact Emma Louisy, i-THRIVE Programme Manager at elouisy@tavi-port.nhs.uk.

Members of the i-THRIVE Community of Practice are also able to attend shared learning events hosted by the i-THRIVE partnership. To find out more about joining the i-THRIVE Community of Practice please contact Ilse Lee, i-THRIVE Research Officer at ilse.lee@annafreud.org.

Further information about THRIVE, the i-THRIVE programme, case studies from implementation sites and tools to support implementation can be found at www.implementingTHRIVE.org.

12. Further Information

i-THRIVE is the implementation of THRIVE – a conceptual framework for child and adolescent mental health services

THRIVE: a conceptual framework for CAMHS was developed by a collaboration of authors from the Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust.

The THRIVE framework is an integrated, person centred and needs led approach to delivering mental health services for children, young people and families. It proposes to replace the tiered model of children's mental health care with a conceptualisation of a whole system approach. THRIVE addresses the key issues in children's mental health care and is aligned to emerging thinking on payment systems, quality improvement and performance management. It conceptualises need in five categories; Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support. Prevention and the promotion of mental health and wellbeing is emphasised and a clearer distinction between treatments on the one hand and support on the other is highlighted. Children, young people and their families are empowered through active involvement in decisions about their care through shared decision making, which is fundamental to the approach.

THRIVE Elaborated Second Edition (Wolpert et al, 2016) can be downloaded here: THRIVE Elaborated (Second Edition)

Further information can be found here: http://www.annafreud.org/service-improvement/service-improvement-resources/thrive/

i-THRIVE

i-THRIVE is the implementation of the THRIVE conceptual framework, translating the THRIVE core principles into models of care that fit local contexts. Key to this process is the use of evidence based approaches to implementation.

i-THRIVE supports the provision of services using a whole-system, or place-based, approach to the delivery of child mental health services. This involves taking a population approach to delivery of care; enabling integration across health, care, education and third sectors, and a central focus on delivering improved outcomes for children and young people.

Choice and personalisation of care are core values and these are delivered in part through the systematic implementation of shared decision making. To support this, a range of validated measures, tools and educational programmes have been developed by partners and are included in the i-THRIVE Implementation Toolkit, including the CollaboRATE measure, i-THRIVE Option Grids and shared decision making training.

i-THRIVE is delivered in partnership by the Tavistock and Portman NHS Foundation Trust, the Anna Freud National Centre for Children and Families, the Dartmouth Institute for Health Policy and Clinical Practice and UCLPartners.

i-THRIVE Partnership Board

The i-THRIVE Partnership Board holds strategic oversight of the i-THRIVE Programme and is made up of representatives from i-THRIVE partner organisations and leading experts in child mental health:

Paul Jenkins, OBE (Chair)
Chief Executive of the Tavistock and Portman NHS Foundation Trust

Professor Peter Fonagy, OBE
Chief Executive of the Anna Freud National Centre for Children and Families

Professor Miranda Wolpert, MBE
Director of Evidence Based Practice Unit

Professor Al Mulley
Professor of Medicine and of Health Policy and Clinical Practice at Dartmouth

Hilary Ross
Director of Strategic Development at UCLPartners

Dr Sandeep Ranote
Strategic Clinical Network Lead for CAMHS for NHSEngland

Sarah Brennan, OBE
Chief Executive of YoungMinds

Dr Anna Moore
i-THRIVE Lead

Dr Rachel James
i-THRIVE Clinical Lead

Links to i-THRIVE Partners Organisations

The Tavistock and Portman NHS Foundation Trust

www.tavistockandportman.nhs.uk

Anna Freud National Centre for Children and Families

www.annafreud.org

THE Dartmouth INSTITUTE FOR HEALTH POLICY & CLINICAL PRACTICE

http://tdi.dartmouth.edu/

UCLPartners Academic Health Science Partnership

www.uclpartners.com