Prioritisation of THRIVE Principles: Exercise

This exercise is part of the i-THRIVE Phase 1 (Gap Analysis) workshop. Please see [www.implementingthrive.org](http://www.implementingthrive.org) for the slides for the workshop.

THRIVE is made up of a set of core principles that relate to these three parts of the system: the macro, meso and micro system.

The THRIVE Assessment Tool explains each of these principles and provides four descriptions for each principle, which range from a very THRIVE-like system, to one that has some way to go before it can describe itself as ‘THRIVE-like’.

You have already scored each of the THRIVE principles based on your understanding of the current system in [enter place name].

In order to prioritise your top five THRIVE principles to focus on moving forward, it is helpful to have each of the THRIVE principles individually on a piece of paper so that they can be ordered and reordered as you discuss how you are going to set your priorities.

The THRIVE principles are set out below. Cut each of the THRIVE principles out and ensure that you have enough copies so that each group or table has all 17 principles to priorities.

MACRO PRINCIPLE 1:

A locality’s mental health policy is interagency

MACRO PRINCIPLE 2:

All agencies are involved in commissioning care (education, health, social care, third sector)

MACRO PRINCIPLE 3:

Contracting of services, and the performance management of these, is informed by quality improvement information

MACRO PRINCIPLE 4:

Use of population level preference data is used to support commissioning decisions.

MACRO PRINCIPLE 5:

Services working closely together such that service users experience integration of care positively

MESO PRINCIPLE 1:

Comprehensive network of community providers is in place

MESO PRINCIPLE 2:

Quality Improvement (QI) data used to inform decisions, and this involves multiagency consideration of the data

MESO PRINCIPLE 3:

Help delivered using conceptual framework of five needs based groups

MESO PRINCIPLE 4:

Focus on strengths and family resources wherever possible

MESO PRINCIPLE 5:

Evidence based practice available and aligned to need using the 19 sub categories of Needs based groups as relevant e.g. from Payment Systems

MICRO PRINCIPLE 1:

Shared Decision Making (SDM) at the heart of all decisions

MICRO PRINCIPLE 2:

People (staff, CYP and families) are clear about which needs based group they are working within for any one person at any one time and this explicit to all

MICRO PRINCIPLE 3:

People (staff, CYP and families) are clear about parameters for help and reasons for ending

MICRO PRINCIPLE 4:

Outcome data is used to inform individual practice with the purpose of improving quality

MICRO PRINCIPLE 5:

Any intervention would involve explicit agreement from the beginning about the outcome being worked towards and the likely timeframe. There would be a plan for what happens if it is not achieved.

MICRO PRINCIPLE 6:

Most experienced practitioners inform advice and signposting

MICRO PRINCIPLE 7:

THRIVE plans used to help those managing risk