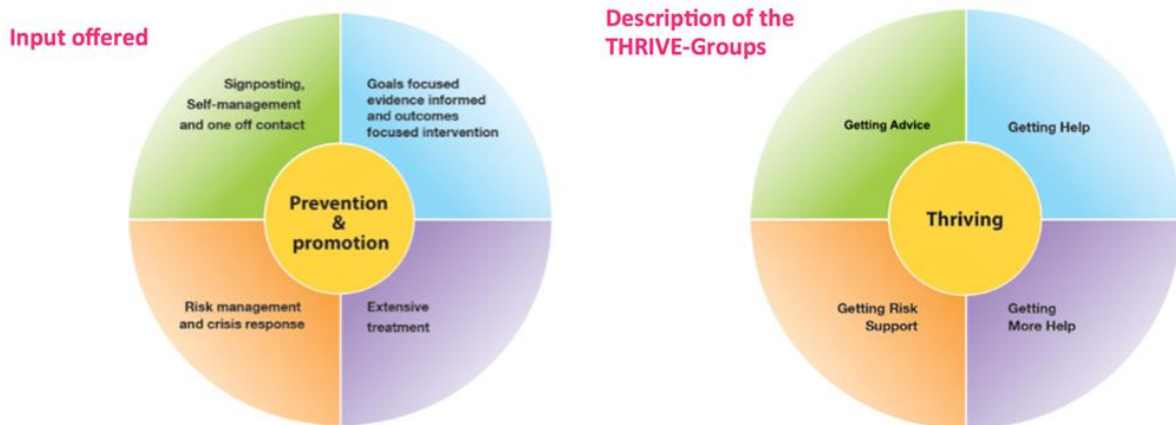


Greater Manchester i-THRIVE - Communication and Engagement Strategy

July 2018 – June 2021

Background and context

The THRIVE Framework (Wolpert et al. 2016) illustrated below seeks to re-conceptualise the multi-agency system supporting Children and Young People’s psychological and emotional wellbeing. In contrast to the tiered model of healthcare that has prevailed for the past 20 years, THRIVE emphasises cross agency and system-wide factors as key to ensuring that young people thrive, and that good quality care for psychological and emotional well-being is provided to CYP across all sectors. The THRIVE Framework endorses multi-agency definitions of mental health promoting practices (MHPPs). The implementation of THRIVE - known as i-THRIVE - provides a mechanism to deliver a population/whole-system approach to promote “Thriving”, and seeks to improve outcomes and deliver better value for money in relation to children and young people’s mental health and wellbeing.



The THRIVE Framework encompasses service values and principles that enable self-help/management, access to advice and signposting, early intervention, and getting help and more help without a prolonged journey of escalation through different services. THRIVE recognises that CYP people mental health services are only a small part of a bigger system in ensuring appropriate and safe risk support.

THRIVE seeks to develop a common language not solely defined by health. Within each of the THRIVE needs based groupings, a range of appropriate and high quality interventions may therefore be relevant beyond currently recognised “therapeutic approaches” delivered by “trained mental health professionals”. THRIVE-like services draw on the networks around the child, seeking to maximise the young person’s potential for engagement and accommodate their individual preferences, wherever possible. Help can take the form of intervention in which any professional – mental health or not – takes responsibility for input directly, or indirectly, with a specified individual or group related to a mental health need.

Implementing THRIVE – The Greater Manchester (GM) i-THRIVE Training Academy

The GM i-THRIVE Training Academy will work with each of the 10 GM localities and their Local Transformation Partnerships (LTPs) and the GM Future in Mind Implementation Group (reporting to the GM CYP MH Board) to enable the delivery of the GM CYP mental health transformation programme. This will be achieved by strengthening and developing closer relationships with leaders within provider and commissioning networks, supporting the identification of a range of local implementation leads and the creation of “THRIVE informed” local teams to better support the local implementation process. The i-THRIVE training academy will bring system partners together to offer training in a GM toolkit for CYP Mental Health and wellbeing, with the following aims and anticipated outcomes:

AIMS of implementing i-THRIVE

Promoting thriving, resilience and an asset-based approach for all Children, Young People and their Families (CYPF) in GM.

Transforming culture, values, and practice across GM facilitating the development of a shared language and understanding in relation to the delivery of services for children and young people's mental health and emotional well-being.

Promoting collaborative and partnership working across agencies in the health, education, social care and voluntary sectors to ensure that the mental health and emotional well-being of CYPF is effectively met as early as possible.

Bringing together GM system partners to share learning and examples of good practice, whilst simultaneously address gaps in provision and develop greater clarity in terms of existing and future provider roles, to develop clearer pathways to reduce the likelihood of CYPF falling between gaps in current service configuration.

Utilising a train the trainer model to disseminate knowledge of the THRIVE Framework, implement change and evaluate outcomes across the range of GM services and sectors working with CYPF.

Developing a clear, consistent, user-friendly GM offer of advice and signposting for CYPF mental health and emotional well-being.

Enhancing access to high quality supervision and consultation to support the delivery of evidence-based, interventions across sectors, delivered at the right time by the right service/professional.

Enabling all relevant services to support CYPF who present as needing risk support.

Optimising the use of specialist CAMHS services by supporting others to deliver appropriate interventions at different stages of the care pathway

Improving clinical efficiencies, reduce waiting times, improve the quality of services and CYPF's experience of care.

OUTCOMES

Whole-system collaboration

Choice and knowledge for CYPF of services available

Skills, knowledge and competence in the wider children's workforce, supported by supervision and consultation frameworks leading to more timely access to advice, signposting and intervention in a wider range of service providers

Partnership working, particularly for young people requiring risk support, and those CYPF exiting specialist services.

Routine outcomes measurement (ROMS) across sectors.

CYPF involvement in decision-making regarding their own care.

Aims and Principles

The aims of this strategy are to:

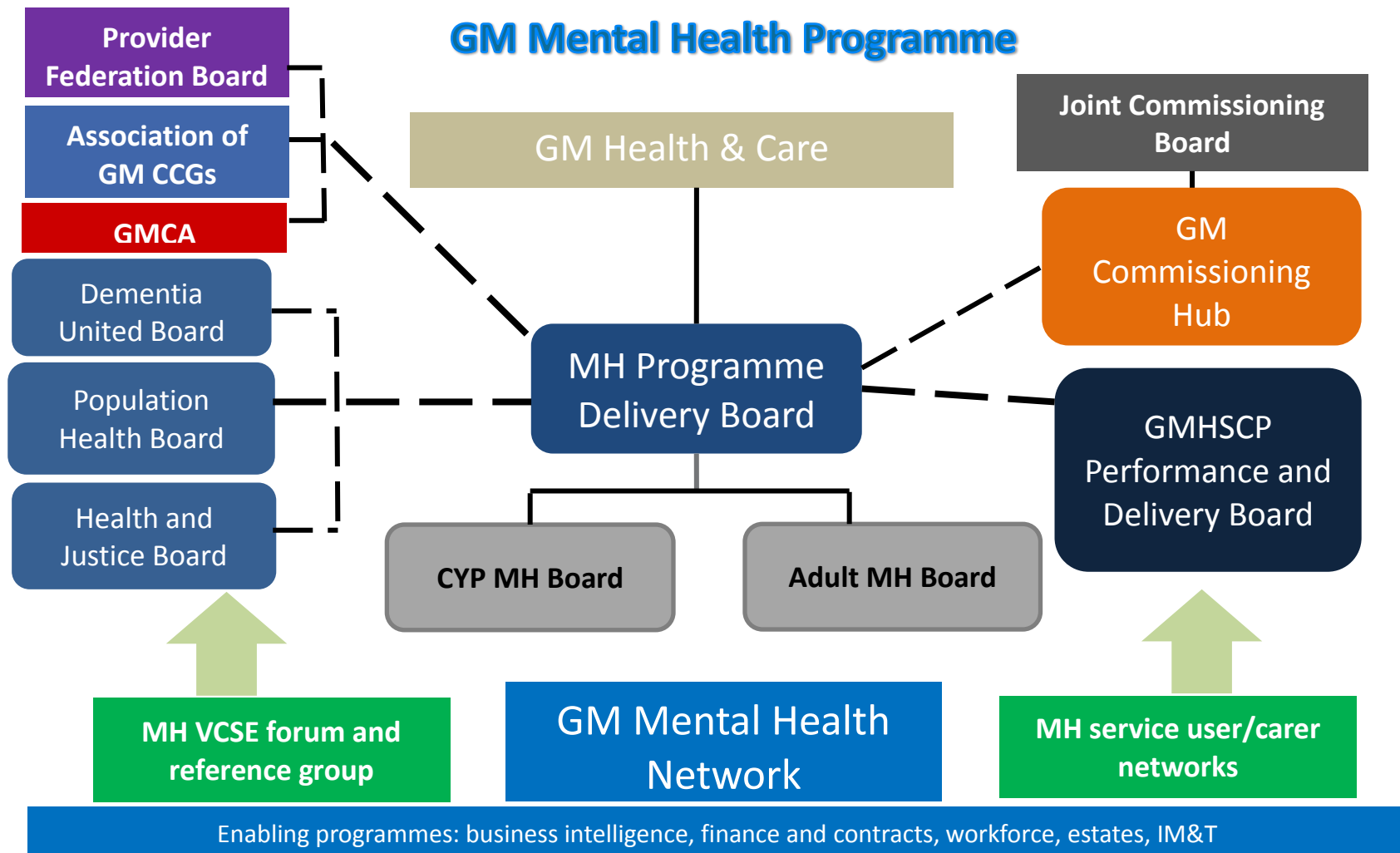
- Ensure that the GM i-THRIVE programme is appropriately publicised and that key stakeholders are engaged and involved in discussing its implementation
- Promote widespread understanding of the THRIVE Framework and the system changes required to improve outcomes and deliver better care based on CYP needs.
- Engage with services to shape and deliver i-THRIVE

The key principles of this strategy are to ensure all communication and engagement is based on transparency, inclusivity and partnership working with our key stakeholders. The responsibility for communications and engagement will generally be led by local leads and centrally coordinated by the GM i-THRIVE Steering Group as per the programme plan.

Communication and Engagement with key stakeholders

Communication and engagement about the GM i-THRIVE programme will be tailored to the stakeholder groups below.

Stakeholders at GM level



Themes

Adverse Childhood Experiences (ACE)

Communities of Identity/ Equalities

Growing the voice of young people and families

Working with VCSE and faith sectors

Chief Officer, GMHSCP Locality Assurance meetings

CYP MH Board
(Chair: Sandeep Ranote/
Charlotte Ramsden – DCS Link)

4 x Transformation Fund programmes:

- CYP MH community-based access and crisis care programme
- Perinatal and parent-infant MH programme
- THRIVE and CYP workforce development programme
- Mental and emotional wellbeing in education settings up to age 18 project

CAMHS (Future in Mind) Non-Transformation Fund programmes:

- ADHD
- Eating Disorders
- Service transitions

1 x Additional Non Transformation Fund Projects:

- Student MH

- Specialised commissioning (adults, children and young people)
- MH Workforce (adults, children and young people)
- Finance, BI and contracts (adults, children and young people)
- Estates, IM&T and Digital innovation (adults, children and young people)

Stakeholder	Where	Methods	Frequency (see timeline in appendix)
CCG	<ul style="list-style-type: none"> • AAG • Future in Mind Group • C&YP Mental Health Delivery Board • Representative on Steering Group 	<ul style="list-style-type: none"> • Highlight report • Newsletter • Expectation that representative on steering group to feedback to colleagues • Ad hoc reports • Community of practice 	<ul style="list-style-type: none"> • Monthly • Bi-monthly • Monthly • When necessary • Bi-annually
Directors of Children Services	<ul style="list-style-type: none"> • GM DCS Board • C&YP Mental Health Delivery Board • Representative on Steering Group • Health and Justice Board C&YP • GM Safeguarding Board 	<ul style="list-style-type: none"> • Highlight report • Newsletter • Expectation that representative on steering group to feedback to colleagues • Ad hoc reports 	<ul style="list-style-type: none"> • Monthly • Bi-monthly • Monthly • When necessary
Directors of Public Health	<ul style="list-style-type: none"> • GM DPH Board • C&YP Mental Health Delivery Board • Representative on Steering Group 	<ul style="list-style-type: none"> • Highlight report • Newsletter • Expectation that representative on steering group to feedback to colleagues 	

Stakeholder	Where	Methods	Frequency (see timeline in appendix)
		<ul style="list-style-type: none"> Ad hoc reports 	
GMCA	<ul style="list-style-type: none"> Reform Board 	<ul style="list-style-type: none"> Regular meetings with Assistant Director PSR Social media Trauma Informed (ACEs) Task and Finish Group 	<ul style="list-style-type: none"> Regular posting
GM Health and Social Care Partnership	<ul style="list-style-type: none"> C&YP Mental Health Delivery Board SCN network (representative on steering group) 	<ul style="list-style-type: none"> Highlight report Reports through the C&YP Mental Health Board Expectation that representative on steering group to feedback to colleagues Community of practice Social media 	<ul style="list-style-type: none"> Monthly When necessary Monthly Bi-annually Regular posting
Mental health services providers (4 trusts)	GMMH Pennine MFT NW Boroughs	<ul style="list-style-type: none"> Highlight report Reports through the C&YP Mental Health Board Reports through FiM group Community of practice 	<ul style="list-style-type: none"> Monthly When necessary When necessary Bi-annually

Stakeholder	Where	Methods	Frequency (see timeline in appendix)
		<ul style="list-style-type: none"> • Social media 	<ul style="list-style-type: none"> • Regular posting
VCSE	<ul style="list-style-type: none"> • C&YP Mental Health Delivery Board • Representative on Steering Group 	<ul style="list-style-type: none"> • Highlight report • Newsletter • Expectation that representative on steering group to feedback to colleagues • Community of practice • Social media 	<ul style="list-style-type: none"> • Monthly • Bi-monthly • Monthly • Bi-annually • Regular posting
i-THRIVE leads from each locality	<ul style="list-style-type: none"> • GM i-THRIVE leads group • LTP's 	<ul style="list-style-type: none"> • Highlight report • Newsletter • Regular meetings/contact with the leads • Community of practice 	<ul style="list-style-type: none"> • Monthly • Bi-monthly • Monthly • Bi-annually
Children, Young people and families	<ul style="list-style-type: none"> • Aim to work with C&YP who have received CAMHS interventions to produce C&YP survey 	<ul style="list-style-type: none"> • Newsletter • Adhoc reports 	<ul style="list-style-type: none"> •

Stakeholder	Where	Methods	Frequency (see timeline in appendix)
	<ul style="list-style-type: none"> • Aim to work with C&YP who have received CAMHS interventions to co-deliver Shared Decision Making training for January 2019 • Combined Authority Health Working Group 		

Stakeholders within Localities

The key stakeholders identified in this programme of work within localities have been categorised into six broad groups:

- Children, Young People and their Families
- Mental Health Services
- Local Authority and Health Services
- Voluntary, Community and Social Enterprise
- Education (schools, colleges etc.)
- Emergency services

We will work with the i-THRIVE lead for each locality to help provide the narrative to share with their stakeholders. How these stakeholders are engaged within each locality will be decided by the locality.

Key Messages

The following are suggested key messages about the GM i-THRIVE Programme to be shared with stakeholders and the wider public where appropriate and applicable;

- GM i-THRIVE is the mechanism required to deliver the 'Five Year Forward View for Mental Health' strategy and is in line with 'Future in Mind'.
- We need to change the way mental health support is provided to CYP and focus this based on needs and not service provision in the health sector. We need to move to a 'no wrong front door' policy, where a CYP can access support they need, when they need it.
- We are working in a complex system that can be perceived as confusing for CYP and their families when trying to navigate through services – the THRIVE Framework will allow easy access to services as they work more closely together.
- There are 5 main elements of the THRIVE Framework:
 - Thriving
 - Getting Advice and Signposting
 - Getting Help
 - Getting More Help
 - Getting Risk Support
 -

The aim is for services across GM to develop their offer and pathways in line with this model and work collaboratively across agencies to provide the care needed within each of these clusters, as per CYP and their families' needs.

- The GM i-THRIVE Programme will aim to redesign how services are aligned to one another and shift the focus to ensuring CYP remain in the 'Thriving' section of the framework. Where the need for services arises, CYP and their families are aware of what is available, how to access and can link in through schools, GPs etc. to get the **right** support.

- Partnership working across agencies will be crucial to the success of the implementation of the GM THRIVE model.
- To promote the work being undertaken and encourage engagement, the communication strategy aims to elevate the profile by reaching the wider public through various platforms – including social media, local newspapers, and internal newsletters in agencies, existing project groups and participation groups.

Evaluation

This programme, strategy and the activity related to it will be monitored on an ongoing basis by the GM i-THRIVE Steering Group.

In July 2019, during the first year of implementation, as part of the progress review, the communication and engagement strategy will also be considered, with a view to refining the strategy in preparation for year 2.

