The THRIVE Framework:
A model of service transformation

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

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Overview of the THRIVE Framework

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Future In Mind and the FYFV for Mental Health

UCLPartners
Academic Health Science Partnership

By 2020, for people of all ages we want to see:

Improved crisis care for all ages: right place, right time, close to home

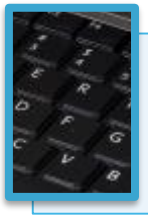
Improved transparency, **leadership** and **accountability** across whole system

More visible and **accessible** support

Improved public awareness **less fear**, **stigma** and **discrimination**

Timely access to **clinically effective** support

More **evidence based**, **outcome-focused** treatments



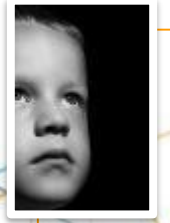
Better use of data and information across the network

And for children and young people specifically:

Professionals who work with children and young people **trained in child development** and mental health

Model **built around the needs** of children and young people, and a move **away from the 'tiers' model**

Improved **access for parents** to evidence-based programmes of intervention and support



A better offer for the **most vulnerable** children and young people

Peter Fonagy, 2018.

Publications Gateway
Ref. No. 03250

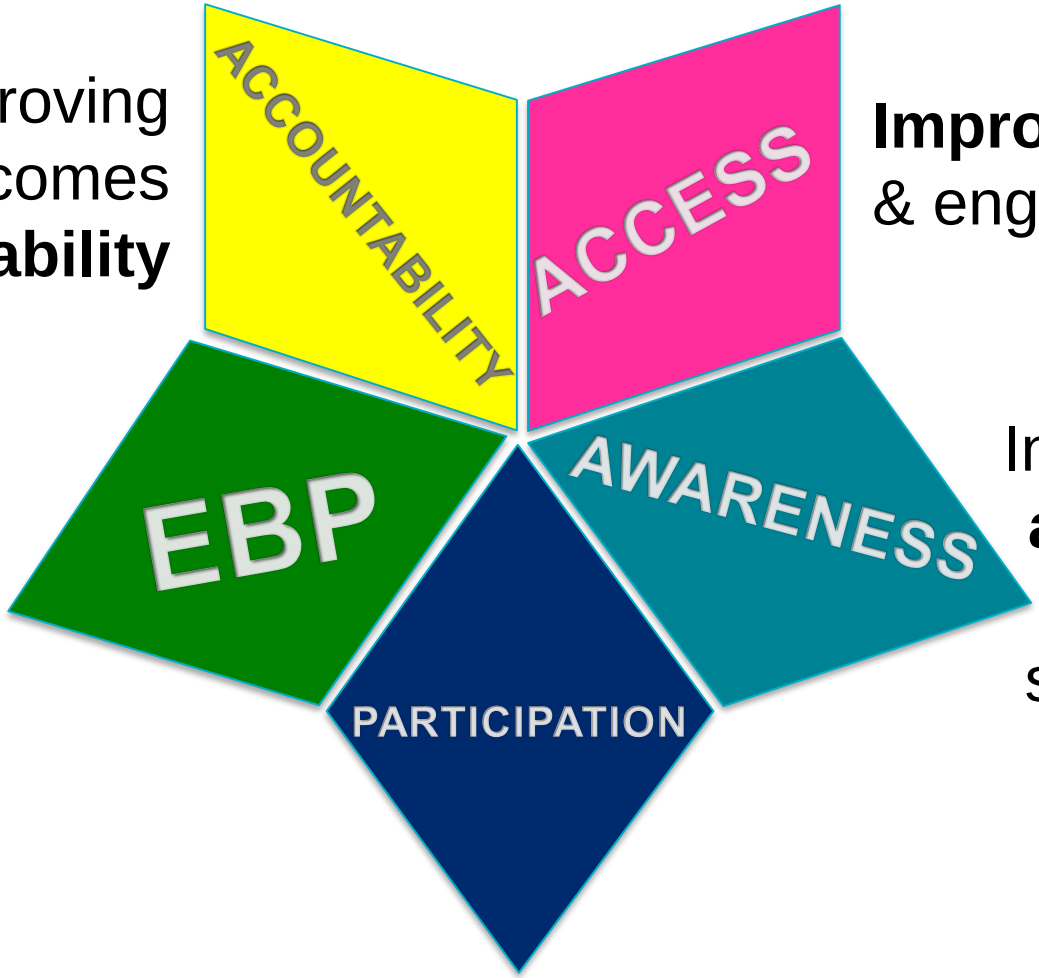
We know what makes it work better

Improving outcomes **accountability**

Improving access & engagement

Delivery of **evidence-based** practices

Increasing **MH awareness** & decreasing stigmatisation



Enhancing youth, carer and community **participation**

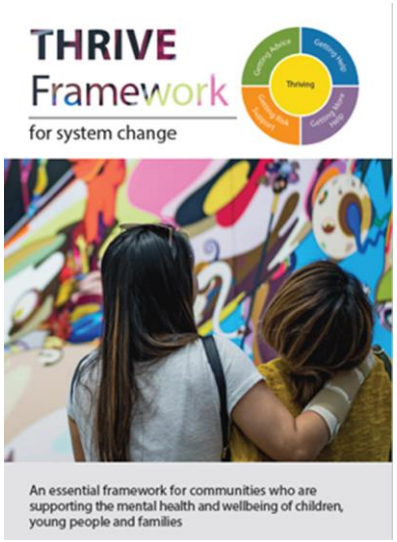
Peter Fonagy, 2018.

The THRIVE Conceptual Framework

The THRIVE conceptual framework (Wolpert, et al. 2019) was developed as a collaboration between the Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust.

Built on learning from:

- Child Outcomes Research Consortium (CORC); use of patient reported outcome measures to transform practice: www.corc.uk.net
- Choice and Partnership Approach (CAPA); how to manage flow and embed shared decision making: http://capa.co.uk/
- Payment Systems in CAMHS development; 19 case mix adjusted groupings: http://pbrcamhs.org/final-report-published/



The THRIVE Conceptual Framework

Description of the THRIVE groups

Input offered

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

THRIVE Elaborated, Second Edition (Wolpert et al., 2016)

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THRIVE Framework Key Principles

Common Language

- Common conceptual framework (five needs-based groupings: *Thriving, Getting Advice*, *Getting Help*, *Getting More Help*, *Getting Risk Support*) shared across all target groups.

Needs-Led

- Approach based on meeting need, not diagnosis or severity. Explicit about the definition of need (at any one point, what the plan is and everyone's role within that plan). Fundamental to this is a common understanding of the definitions of needs-based groupings across the local system.

Shared Decision Making

- Voice of children, young people and families is central. Shared decision-making processes are core to the selection of the needs-based groupings for a given child or young person.

Proactive Prevention and Promotion

- Enabling the whole community in supporting mental health and wellbeing. Proactively working with the most vulnerable groups. Particular emphasis on how to help children, young people and their communities build on their own strengths including safety planning where relevant.

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THRIVE Framework Key Principles Continued…

Partnership Working

- Effective cross-sector working, with shared responsibility, accountability, and mutual respect based on the five needs-led groupings.

Outcome-Informed

- Clarity and transparency from outset about children and young people's goals, measurement of progress movement and action plans, with explicit discussions if goals are not achieved.
  - Discuss the limits and ending of interventions
  - Differentiate treatment and risk management
  - Consider full range of options including self or community approaches.

Reducing Stigma

- Ensuring mental health and wellbeing is everyone's business including all target groups.

Accessibility

- Advice, help and risk support available in a timely way for the child, young person or family, where they are and in their community

What does the THRIVE Framework mean to young people?

- No ‘wrong door’, meaning anyone they went to see for advice, whether they were a teacher, a GP or the school lunchtime assistant, would be able to provide support or to signpost a child.
- Whoever is offering them help would know the best ways to ask for their views about what was important to them and what they wanted to be different, so that there is genuine shared decision making about ways of helping.
- There will be a particular emphasis on looking at different things the young person, their family and friends could do to help including accessing community groups and resources, from drama, to sport, to volunteering.

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Continued…

- Whoever is providing targeted specific help to address the mental health difficulties would support the young person to evaluate progress and to check that what was being tried was helping.
- There will be supportive but transparent conversations about what different treatments were likely to lead to, including the limitations of treatment and the possibilities of needing to put in place management of ongoing difficulties as relevant.

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Expected outcomes of the THRIVE Framework

What difference will it make?

- Improve functioning and life chances of all children, young people and families in the area
- Children, young people and families more empowered to manage their own mental health and make the best use of the resources available, including managing any ongoing mental health issues
- Children, young people and families feel more involved in decision making about their help and support
- Children and young people's mental health needs identified earlier and appropriately responded to earlier
- Professionals working to support children, young people and families report more positive experience of partnership working
- Improvement in access to appropriate mental health help and support: reduction in waiting times for specialist mental health and wellbeing help across the system e.g. fewer inappropriate referrals and discharges
- Increased engagement and attendance across the system with greater opportunities for support to be provided within the community where appropriate and preferred
- Reduction in children and young people passed from one place to the other via interagency referrals through a greater interagency understanding and vision of what can be helpful in supporting children and young people's mental health and wellbeing
- Greater openness and a shared understanding between all target groups about when to end help
- Shared outcomes framework understood by all target groups

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7 Minute Briefings

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The THRIVE Framework

for system change

The THRIVE Framework provides a set of principles for creating coherent and resource-efficient communities of mental health and wellbeing support for children, young people and families.

It aims to talk about mental health and mental health support in a common language that everyone understands.

The Framework is needs-led. This means that mental health needs are defined by children, young people and families alongside professionals through shared decision making. Needs are not based on severity, diagnosis or health care pathways.

Download the summary here.

Implementation examples of key principles

- Unity Radio, Manchester
- Social Mediation and Self-Help in Schools, Humber
- #Thrive service in Rochdale
- Camden CAMHS in Schools Service
- Resilience in Schools Programme, Luton

- Meeting the needs of parents
- Getting Advice and Signposting, Havering
- Cheshire and Wirral Partnership CAMHS Choice Clinic
- Next Steps Cards, Cheshire and Wirral
- Haringey's First Step Service
- Examples of best practice: Digital front end

- Approach to Risk Support in Camden
- THRIVE Clinic, Waltham Forest
- Camden Model of Social Care

THRIVE Needs Based Groupings

Principles of the THRIVE Framework

- When to Stop Treatment
- Shared Decision Making
- THRIVE and Whole System Service Design
- Promoting Equitable Access
- Application of the THRIVE Principles Within Education Settings

- Waltham Forest Long Term Conditions Clinic
- Greater Manchester's Eating Disorder Pathway

- Manchester and Salford's Integrated Pathway
- THRIVE-like Specification, Warrington
- Embedding THRIVE needs based groups in electronic records

- Developing and piloting i-THRIVE Grids
- Using i-THRIVE Grids to improve shared decision making

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Implementing THRIVE (i-THRIVE)

The THRIVE Framework, in the words of Benjamin Zander is:
"A possibility to live into"

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The response to the THRIVE Conceptual Framework

We really like the concept and principles of the THRIVE Framework and would like to use it to underpin our redesign of mental health services for children and young people in line with Future in Mind

BUT…

What do the principles look like in practice on the ground?

How do we make it work in our area?

Is there a blueprint for implementation?

Can we access support for implementation?

How should we design services to reflect THRIVE principles?

How do we implement the concepts?

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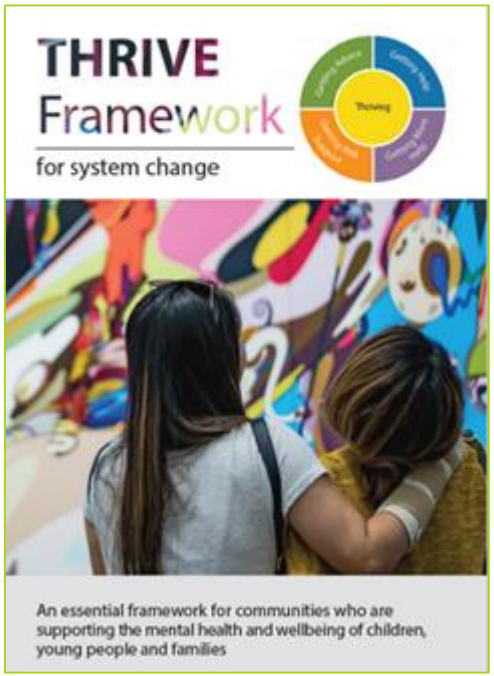
National i-THRIVE Programme

TheAHSNNetwork NHS England
NHS Innovation Accelerator

i-THRIVE is the implementation programme that supports sites to translate the THRIVE Conceptual Framework into a model of care that fits local context.



The National i-THRIVE Programme is a collaboration between the Anna Freud National Centre for Children and Families, the Tavistock and Portman NHS Foundation Trust, Dartmouth Institute for Health Policy and Clinical Practice, and UCLPartners.

i-THRIVE is a 'Whole-Systems Approach'

- Delivering good quality care that is efficient cannot be achieved successfully by looking at a single service or set of professionals, rather it needs to consider all the parts of the system.
- This involves not only thinking about all the agencies that are involved in providing services, but also considering how well the different 'levels' of the system are working together.
- One way of thinking about these levels is to think about it in terms of three parts, all of which are dependent on each other and interact with each other.
- These are the 'Macro', 'Meso' and 'Micro' systems.
- THRIVE focuses on providing care according to the needs of young people, and helps services to provide that care according to those needs identified.
- Given this, when developing a view of the system, it is necessary to understand which patient groups that are being considered at each level in the system, as well as the services that are providing care to that patient group at that level.

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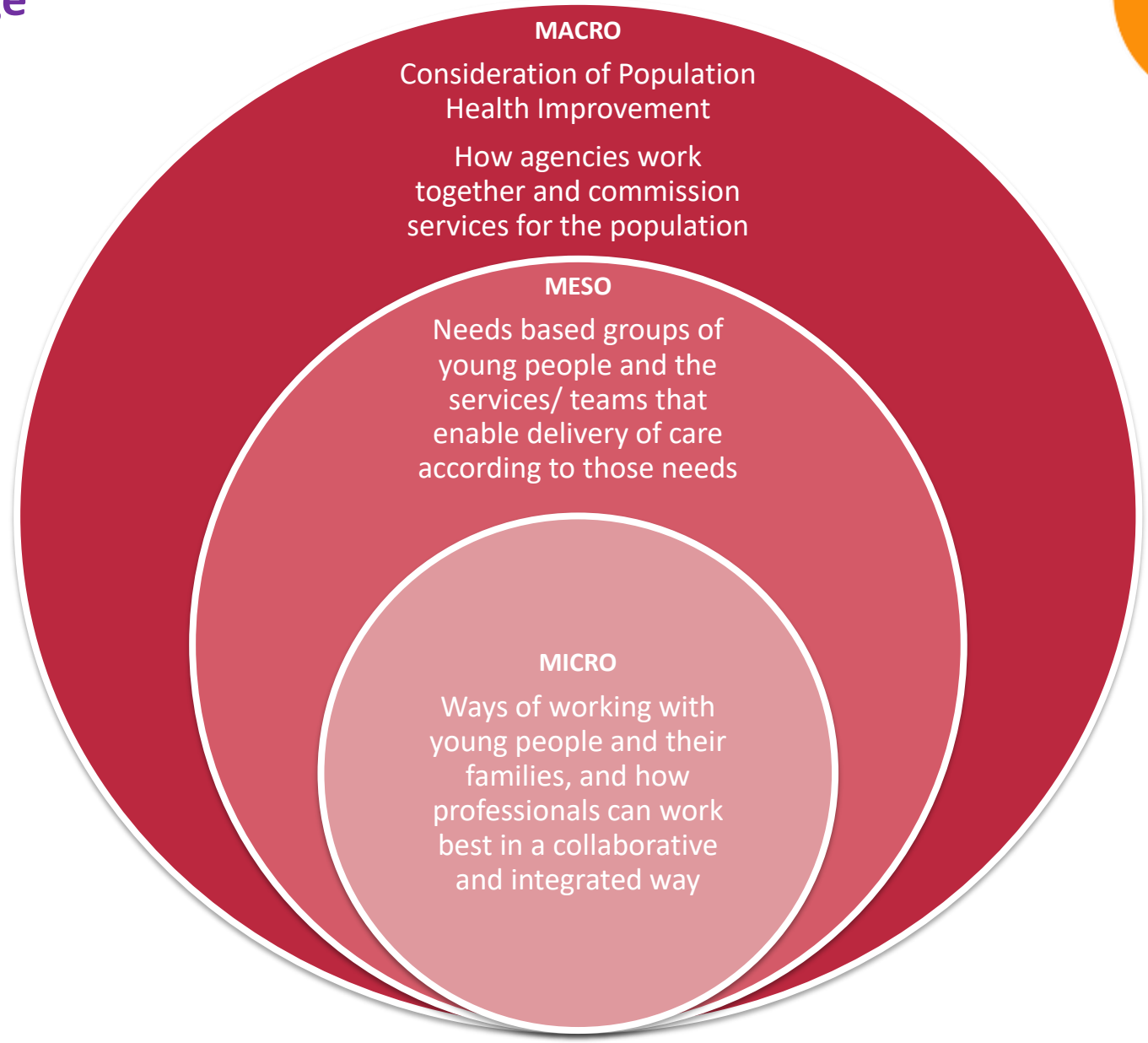
i-THRIVE Approach to Implementation: whole system change



THRIVE Illustrated: Case Studies

Aligning Greater Manchester's Eating Disorder Pathway to the THRIVE needs based groupings

We spoke with Dr Sandeep Ranote, Consultant Child and Adolescent Psychiatrist and Greater Manchester CAMHS Clinical Lead, about the Greater Manchester Eating Disorder Pathway.

Background

"What does a fantastic CAMHS inpatient unit look and feel like for you?" - Co-designing a new inpatient service with young people in Humber

Peter Flanagan

Mapping local provision against the THRIVE Framework needs based groupings and the role of Children's Wellbeing Practitioners

Seven Sisters Primary School, London Borough of Haringey, and the Tavistock and Portman NHS Foundation Trust

Emma Murray, Headteacher and Tara Welch, Assistant Headteacher Inclusion, at Seven Sisters Primary School discuss their rationale for mapping their in-school provision against the THRIVE Framework needs based groupings, incorporating the role of the Tavistock and Portman NHS Foundation Trust Children's Wellbeing Practitioners based within the school.

Background

The London Borough of Haringey and NHS Haringey CCG are using transformation and pre-existing resources to develop integrated provision for children and young people's mental health and wellbeing in line with the principles of the THRIVE Framework (Wolpert et al., 2016). Details on how this is being achieved can be found in their Local Transformation Plan. In addition, the London Borough of Haringey CAMHS Transformation Board were successful in being awarded funding from Health Education England for three Children's Wellbeing Practitioners (CWPs) through the London CYP-IAPT Collaborative. Part of the Haringey CWP offer is to provide low intensity emotional health and wellbeing help and support for children, families and education staff within Seven Sisters Primary School. Emma Murray and Tara Welch were therefore interested in mapping their in-school offer against the THRIVE Framework needs based groupings to clarify the range of resources available to support the emotional health and wellbeing of children, young people and families attending Seven Sisters Primary School. In addition, they wanted to consider the role of CWPs within this whole school offer, potentially bridging the gap between the in-school offer, specialist Child and Adolescent Mental Health Services (CAMHS), and more holistic provision across the wider system within the London Borough of Haringey. An additional aim was to support shared decision making with the help and support available to children and their families, and to ensure timely and equitable access across the system.

THRIVE needs based grouping mapping exercise

In November 2018, the i-THRIVE Programme Team facilitated a mapping workshop at the school to identify: successes, resources available, and priorities for taking forward for each of the THRIVE Framework needs based groupings. The workshop was attended by the pastoral team, staff with lead roles in supporting the emotional health and wellbeing of the children, young people and families attending the school and liaison with external services and agencies, the CWP service lead, and a representative from Haringey CHOICES, to provide clarity and additional insight into the external resources available in the locality.

An example of crisis provision and Risk Support across the system: Camden Adolescent Intensive Support Service (CAISS), Tavistock & Portman NHS Foundation Trust

Antonia Carding, CAISS Team Manager and Head of Child and Adolescent Mental Health Services Nursing at the Tavistock and Portman NHS Foundation Trust (TPFT) describes how the Camden CAISS service provides crisis provision and risk support across the system.

Background

In Camden referral boundaries between CAMHS teams have been removed, meaning children and young people (CYP) can access clinical expertise from different parts of the service at the same time, in which ever configuration best meets their needs. All records are kept on the Carenotes Electronic Record System, meaning that when a request for help with a case comes in to one part of the service, an integrated offer is supported.

Figure 1. Camden CAMHS services

What was the service hoping to achieve?

Camden does not have an inpatient setting within the Borough. As a result of young people often having long stays adolescent inpatient units, a long way from home, CAISS was set up in April 2016 to address the specific need of adolescents in crisis in Camden, and to ensure equity of access to crisis provision across the Borough.

How does this fit into local I-THRIVE plans?

CAISS provides Getting More Help to young people with significant mental health needs. However, within this group there are young people whose mental health needs have not improved as a result of interventions, or are not able to engage with interventions for a number of reasons, alongside those who are recovering from a mental health crisis but where other risks remain. Therefore, some CYP whose needs fall within the Risk Support needs based

The innovative #Thrive service in Rochdale

The way in which the #Thrive service in Rochdale was designed and is being delivered is aligned to the THRIVE Framework (Wolpert et al., 2016). This case study was written based on a conversation between the i-THRIVE team and Karen Kenton, Associate Director of Integrated Commissioning for Children at Heywood, Middleton & Rochdale CCG/Rochdale Borough Council, Laura Beesley, Programme Manager for Joint Commissioning and Integration, Rachel McDonald, Children's Commissioning Project Manager and Jason Smith, Operational Manager of #Thrive at Rochdale Borough Council and Healthy Young Minds Associate Directorate Manager, Pennine Care NHS Foundation Trust.

Background Information

The #Thrive service based in Rochdale is an early help, mental health service for children and young people (CYP) between 0-19 years. The service is jointly provided by Pennine Care NHS Foundation Trust, a local third sector service 'Youth in Mind' run by Mind, and leisure provider Link4Life. It was commissioned by Heywood, Middleton and Rochdale (HMR) CCG through an innovative collaborative commissioning process and won the Redesign of Care in Mental Health Award in the Healthcare Transformation Awards 2017.

w was the service designed?

ouple of years ago Karen and Laura secured funding to support them to fulfil their aim of blishing more collaborative commissioning and ensure the processes were led in boration by CYP. They worked with the Innovation Unit for 18 months to develop and test h approach to collaborative commissioning and co-production in their development of an help offer for the mental and emotional health and wellbeing pathway for children and people in Rochdale.

ocess led them to develop the #Thrive service which was completely different to that they had commissioned before. They were originally thinking about extending havement service and counselling offer but the insights distilled from the engagement children and young people showed that this wasn't what was needed. #Thrive is e about building social resilience and confidence, trust in adults and a peer support

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Support available to i-THRIVE sites

i-THRIVE Community of Practice: Offer

Funded projects:
Individual projects, e.g., Inpatient Forum, Development of local CoP's, e.g., Greater Manchester, Northern Ireland, South West England

Co-ordination by i-THRIVE Programme Team:
Support sites to self-organise and manage

i-THRIVE Academy:
Learning and development support and training modules for sites

Membership and participation is voluntary:
Promotes a "bottom-up" approach to service improvements, with dynamic multi-professional membership evolving over time

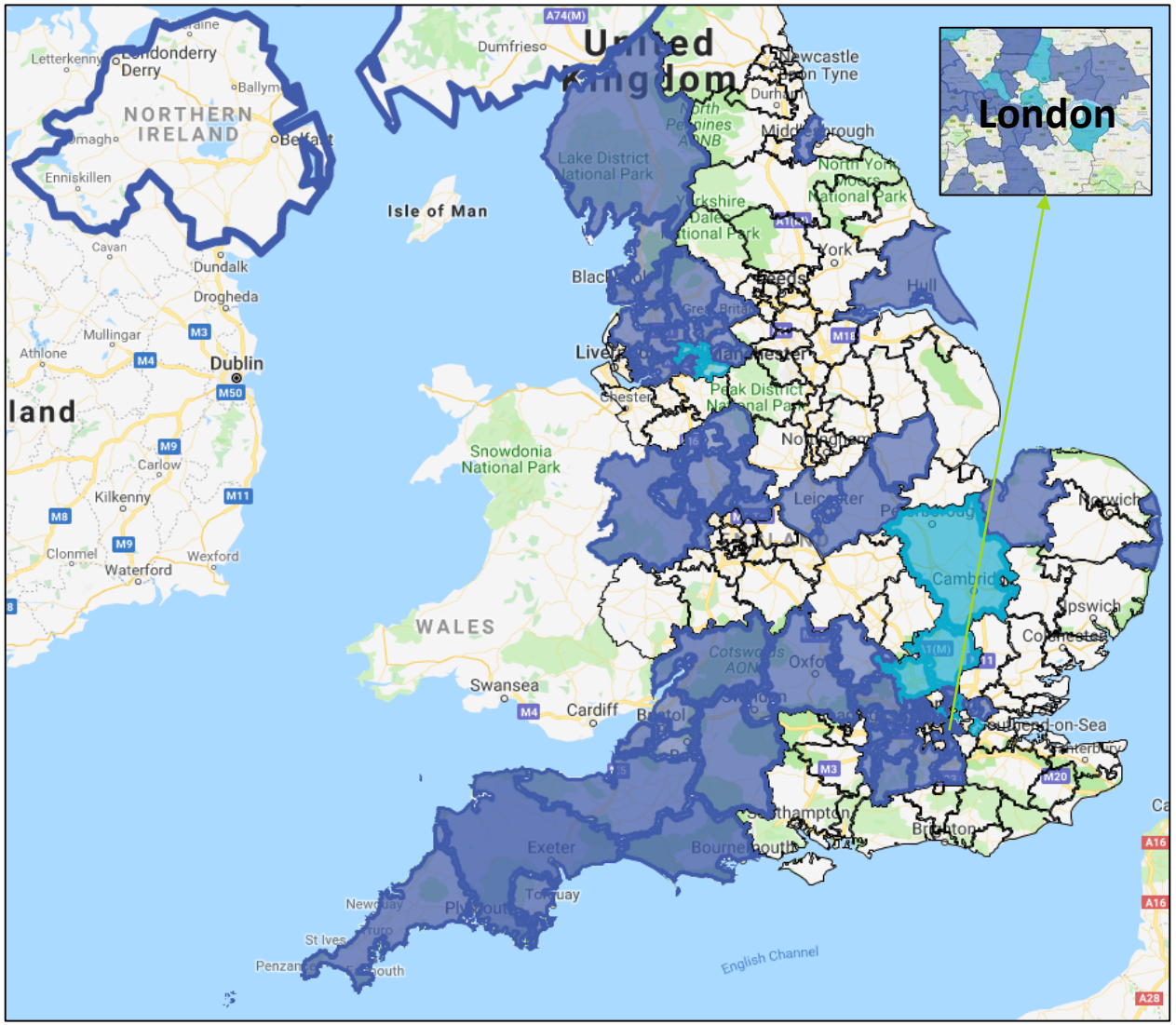
Free access to resources:
Continually evolving i-THRIVE Toolkit, evidence based tools to aid implementation

Direct support to sites:
From the national programme team: Includes regular liaison, coaching, consultation and practical support

i-THRIVE Illustrated:
Series of co-designed case studies highlighting how sites have approached implementing the THRIVE Framework

Regular interaction:
Nation-wide shared learning events, a forum for sites to share experiences about implementing THRIVE, peer support, E-newsletters

i-THRIVE Programme Input across England



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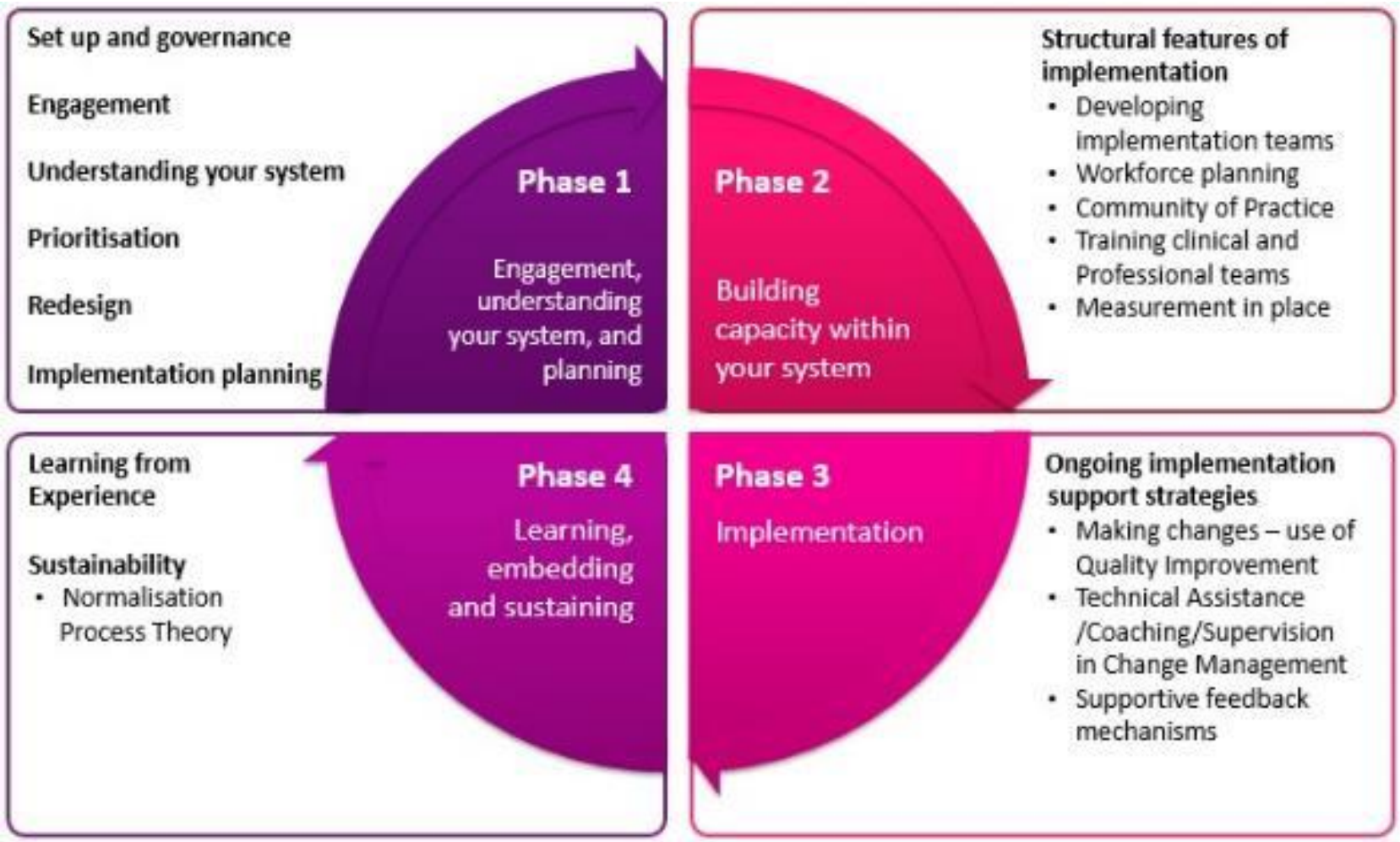
i-THRIVE Approach to Implementation



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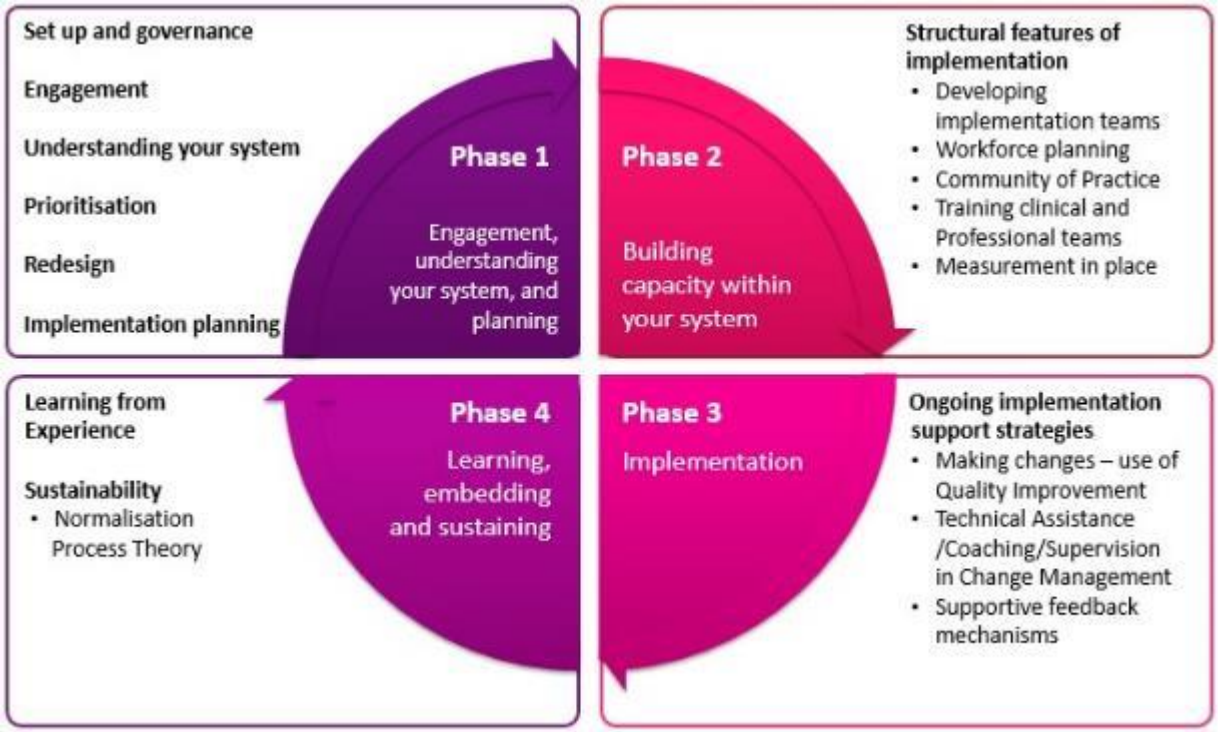
Support for implementation sites

A range of tools to support an evidence based approach to implementation in line with the i-THRIVE approach.

Available at www.implementingTHRIVE.org



- Pathway mapping
- Quantitative data
- Qualitative data
- THRIVE Assessment Tool
- Gap analysis
- Prioritising areas for improvement
- Redesign
- Implementation planning

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For more information: i-THRIVE

www.implementingthrive.org

Sign up to the National i-THRIVE Community of Practice and receive monthly newsletters. Email Bethan Morris at: bethan.morris@annafreud.org

@iTHRIVEinfo

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