



## i-THRIVE: Year Two of Implementation Annual Report 2018

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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.



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For further information about i-THRIVE please visit [www.implementingTHRIVE.org](http://www.implementingTHRIVE.org) and follow us on Twitter: [@iTHRIVEinfo](https://twitter.com/iTHRIVEinfo).

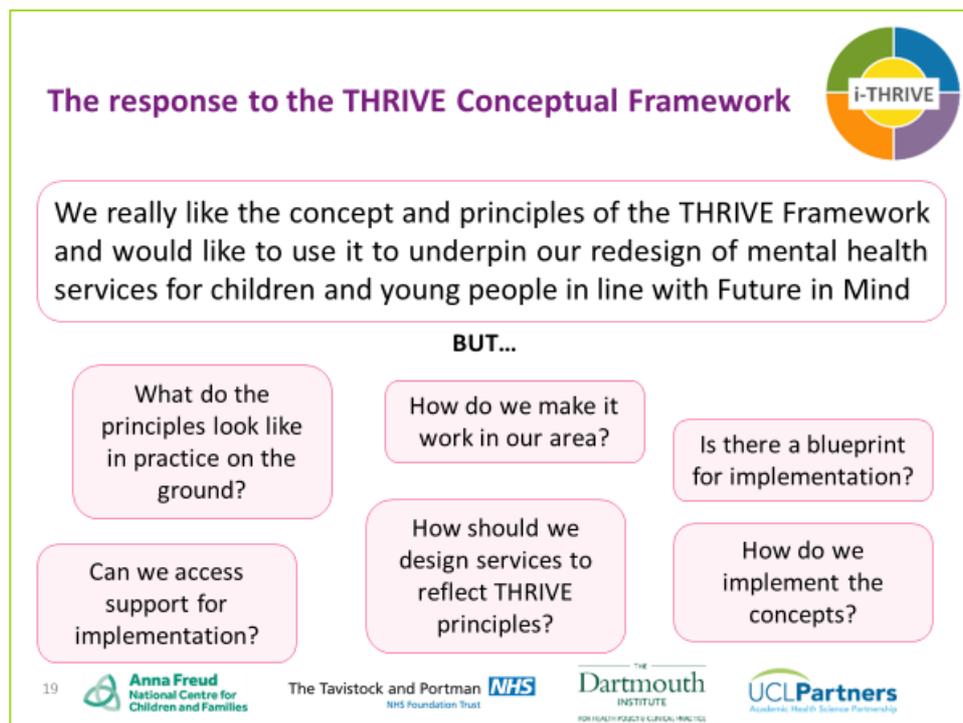


# i-THRIVE: Year Two of Implementation

## 1. Original vision for i-THRIVE

The National 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 (2015) and the Green Paper (2018) as one way to develop a tier-less and integrated 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 National 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 and adolescent mental health services. This involves taking a population approach to delivery of care; enabling integration across health, education, social care and voluntary 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 Framework needs based grouping 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, social care, education and the voluntary sector.
- Implementing a multi-agency approach to risk management and the use of the THRIVE Framework 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 Expected benefits of i-THRIVE

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

- 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

### 1.3 i-THRIVE offer to implementation sites

In order to support sites with their implementation of the THRIVE Framework, the i-THRIVE Programme has developed a number of work streams and activities from 2016-2018 that sites can access and draw from:



i-THRIVE aspires to be a true community of shared learning, with the National i-THRIVE Community of Practice being a crucial part of this. Feedback is collected routinely from sites within the i-THRIVE 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 Bethan Morris at [bmorris@tavi-port.nhs.uk](mailto:bmorris@tavi-port.nhs.uk).

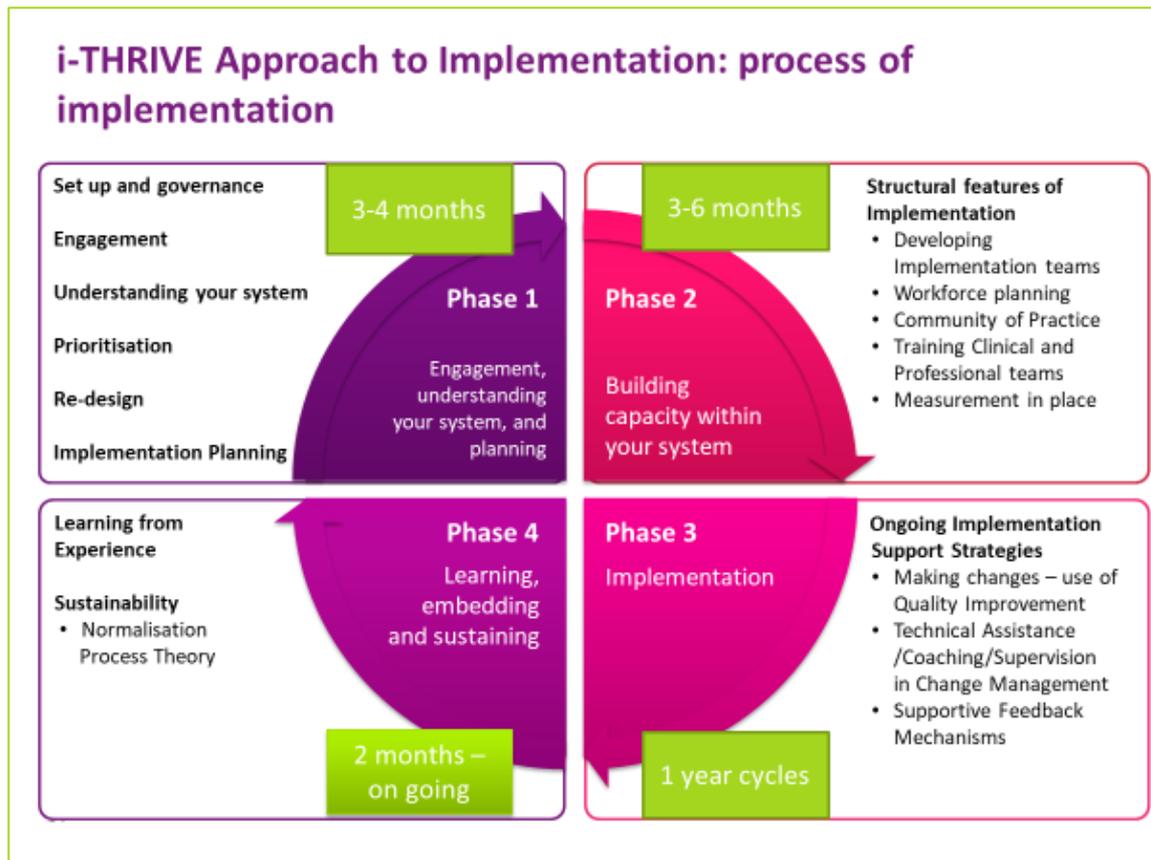
## 2. The i-THRIVE Approach to Implementation

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 Phase 1, localities will form a comprehensive picture of their current system of services for children and young people's mental health, understand the problems the system 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). Localities will develop an idea of how 'THRIVE-like' services are currently,



create a baseline prior to the start of implementation and prioritise the changes 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 developing jointly owned outcome frameworks.

Phase 1 of implementing the THRIVE Framework involves:

- Engagement
- Understanding Your System
- THRIVE Assessment
- Prioritising Improvement
- Redesign and Implementation Planning

### ***Phase 2: Capacity building***

In Phase 2 localities will understand the training requirements of staff who are implementing the changes and ensuring there are feedback mechanisms in place so it's possible to know the impact of the changes being made and whether to make adjustments. 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 and further developing the leadership within a 'THRIVE-like' system.

The i-THRIVE Academy supports sites to develop their workforce so that staff have the right skills to deliver care aligned to principles of the THRIVE Framework. There are modules on Shared Decision Making, Getting Advice and Signposting, Risk Support, When to Stop Treatment and Using i-THRIVE Grids to Improve Shared Decision Making. Click [here](#) to learn more.

Two workforce surveys have been developed and used to build up a picture of the capacity and capability to meet the needs of children and young people in schools and in the wider children's workforce.

### ***Phase 3: Implementation***

Phase 3 involves the roll out of the 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 commissioners, and setting up for a collaborative assessment of progress and identification of issues that arise so that these can be tackled across the locality.

### ***Phase 4: Learning, embedding and sustaining***

The purpose of Phase 4 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 understanding what has worked well and reflecting on what has been learned from implementing the changed. It is also important to share learning with other localities who are starting to implement the THRIVE Framework.



## 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 the THRIVE Framework. 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 the THRIVE Framework.

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 1, while sites that have already undertaken steps towards implementing the THRIVE Framework can use the tools to review implementation so far.

The i-THRIVE Toolkit will continue to evolve over time as sites implement the THRIVE Framework in their local systems. Feedback from sites is used to further refine and develop the current national tools and sites 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 the THRIVE Framework in line with the i-THRIVE Approach to Implementation:

- Phase 1:
  - Stakeholder engagement:
    - THRIVE and i-THRIVE Overview
    - 7 Minute Briefings
    - Introduction to the THRIVE Framework video
    - Brief overview of the i-THRIVE Programme
    - Mapping current provision against the THRIVE Framework needs based groupings workshop
  - Pathway mapping workshop
  - Quantitative data collection workshop
  - THRIVE Assessment Tool
  - Prioritising Improvement and Gap Analysis
    - Prioritising improvement workshop
    - Gap analysis workshop
  - Redesign
    - Redesign workshop
    - i-THRIVE Implementation Plan Template
    - Implementation checklist for a 'THRIVE-like' system workshop
- Phase 2:
  - 5 i-THRIVE Academy modules
  - Education workforce analysis survey
  - Wider children's workforce survey
- Phase 3:
  - Quality Improvement resources
  - i-THRIVE Illustrated
  - Top tips for successful implementation of the THRIVE Framework
  - i-THRIVE Implementation Plan
  - Plan-do-study-act template
  - 'Five Whys?' Technique overview



- Phase 4:
  - Reflection questions
  - Learning organisations overview

Additional tools will continue to be added to the i-THRIVE Toolkit and made accessible via [www.implementingTHRIVE.org](http://www.implementingTHRIVE.org) and the National i-THRIVE Community of Practice monthly newsletter over time. If you have any feedback on the i-THRIVE Toolkit or any specific elements within it, please contact Bethan Morris at [bmorris@tavi-port.nhs.uk](mailto:bmorris@tavi-port.nhs.uk).

### 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 the THRIVE Framework and what they expected the THRIVE Framework to be able to help them deliver.

As of February 2018, Warrington CCG has replaced Bedfordshire CCG as an i-THRIVE Accelerator site. They are being included in the i-THRIVE Evaluation and are starting the data collection process.

#### *i-THRIVE Accelerator Sites:*

- Bexley
- Manchester and Salford
- Waltham Forest
- Warrington
- Luton
- Cambridgeshire and Peterborough
- Camden
- Tower Hamlets
- Hertfordshire
- Stockport

#### *Further details:*

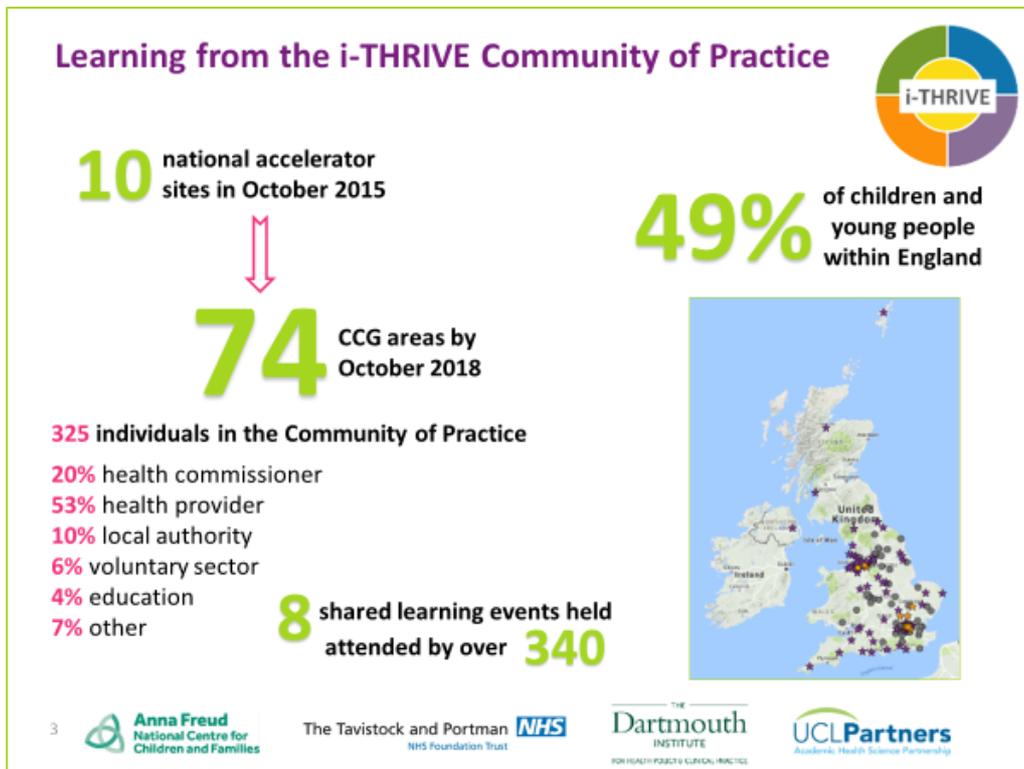
For further information about the national accelerator sites and the relevant site lead to contact please visit the i-THRIVE Accelerator Site webpage [here](#).

### 4. National i-THRIVE Community of Practice

The National i-THRIVE Community of Practice has grown significantly since its creation in October 2015. The National i-THRIVE Community of Practice was launched with the ten national accelerator sites and has now grown to 74 CCG areas (as at 29th October 2018). 49% of children and young people in England live within a locality that is a member of the National i-THRIVE Community of Practice. In addition, the i-THRIVE Community of Practice now covers sites in Scotland and Northern Ireland.



There are now 325 individuals in the National i-THRIVE Community of Practice receiving monthly newsletters about the THRIVE Framework, resources to support the implementation of the THRIVE Framework and case studies that share learning about local implementation across the nation. These individuals within the i-THRIVE Community of Practice represent a variety of sectors including health commissioners (20%), health providers (53%), local authorities (10%), the voluntary sector (6%), education (4%), and other (7%).



A further 202 individuals are in the National i-THRIVE Community of Interest and receive quarterly updates on the progress of i-THRIVE.

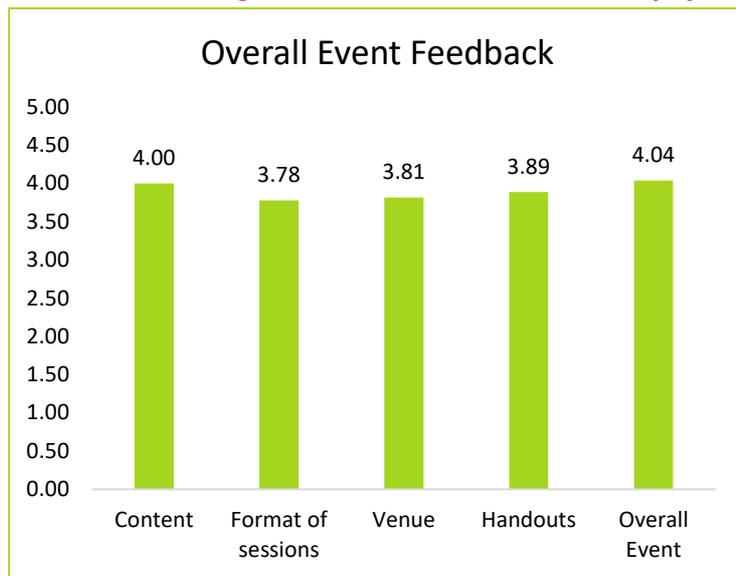
#### 4.1 National i-THRIVE Community of Practice shared learning event

The eighth National i-THRIVE Community of Practice Event took place on Thursday 28th June at the Tavistock Centre. The theme for the event was 'Ways to Support Treatment Endings' with the keynote presentation delivered by Miranda Wolpert and Kate Dalzell.

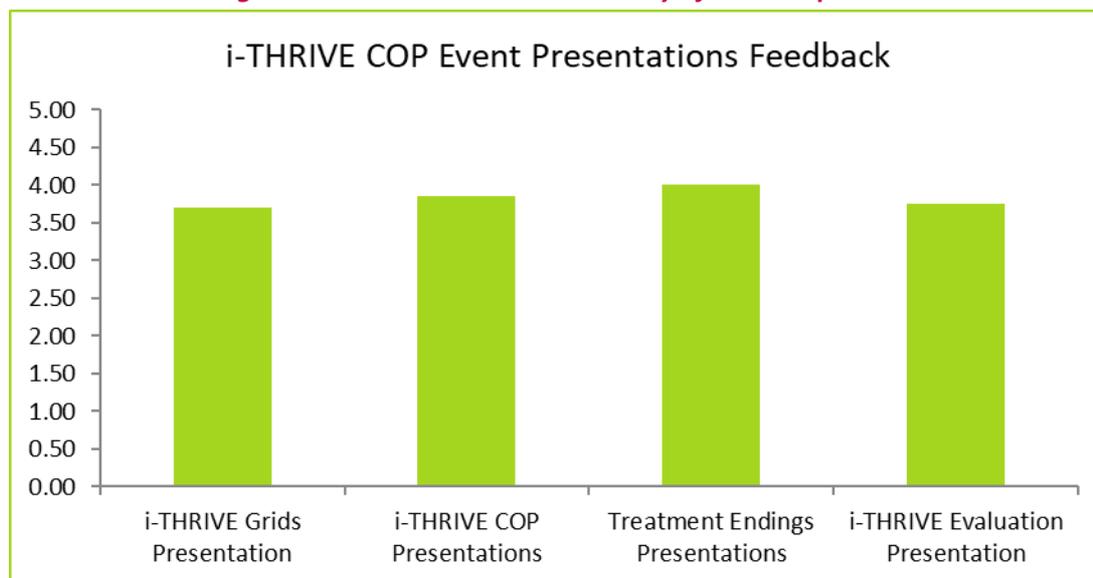
- 40 delegates attended the event from across the UK, including representatives from Scotland and Northern Ireland
- Delegates represented 23 separate organisations including; NHS Trusts, an Academic Health Science Network, Local Authorities, Clinical Commissioning Groups, Health Improvement Scotland and the voluntary sector
- 77% of the delegates had not attended an i-THRIVE Community of Practice event before
- Feedback was collected from 27 (68%) of the 40 delegates.



**Feedback on the eighth National i-THRIVE Community of Practice Event**



**Feedback on the eighth National i-THRIVE Community of Practice presentations**



The next i-THRIVE Community of Practice event is taking place in Manchester on 31<sup>st</sup> January 2019.

If you would like further information about the individual shared learning events, please contact Bethan Morris at [bmorris@tavi-port.nhs.uk](mailto:bmorris@tavi-port.nhs.uk).

**4.2 Direct support for i-THRIVE Community of Practice sites**

Since October 2015, when the National i-THRIVE Programme started, the team has supported 72 CCG areas directly by delivering events, workshops and providing support through one-to-one meetings, with a number of events already scheduled throughout 2019.

Sites can access support from the National i-THRIVE Programme team as they continue to plan for and implement the THRIVE Framework locally. More information can be found in Section 11.



## 5. i-THRIVE Academy

Health Education England funded a pilot in 2017 of four i-THRIVE Academy modules across different localities in 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 the THRIVE Framework. 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 i-THRIVE learning and development modules

Four learning and development modules were developed over the course of 2016 in collaboration with THRIVE Framework 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 the THRIVE Framework 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 the THRIVE Framework and the objectives of Future in Mind.

Four modules were developed:

- [Getting Advice and Signposting](#)
- [Shared Decision Making](#)
- [When to Stop Treatment](#)
- [Risk Support](#)

An additional module, '[Using i-THRIVE Grids to Improve Shared Decision Making](#)' was developed and piloted across 4 sites in 2018. The training includes:

- An overview of the concept of shared decision making
- A recap of the THRIVE conceptual framework (Wolpert et al., 2016) and i-THRIVE
- An introduction to the i-THRIVE Grids
- Skills development activities to practice using the i-THRIVE Grids
- Accreditation to use the i-THRIVE Grids.

Sites across the country continue to commission the delivery of the i-THRIVE Academy modules individually or in sequence according to local need. If you would like further information about the i-THRIVE Academy modules, please contact Bethan Morris at [bmorris@tavi-port.nhs.uk](mailto:bmorris@tavi-port.nhs.uk).

## 6. Dissemination of i-THRIVE and shared learning

As outlined above in the National i-THRIVE Community of Practice section (Section 4), i-THRIVE has grown significantly from the ten original accelerator sites to now cover 74 CCG areas within England. The approach to dissemination and sharing of learning is undertaken through three key activities; i-THRIVE Illustrated case studies, the i-THRIVE website and events.



### 6.1 i-THRIVE Illustrated, implementation case studies

There are now 30 case studies and 6 Q&A's with implementation site leads available on the website, with more in development. Sites are continuing to share learning through developing case studies to showcase the THRIVE-like work they are doing and to support local cross-sector engagement with the implementation of the THRIVE Framework.

#### *Case Studies completed in 2018*

- [An example of a THRIVE-like service specification from North West Boroughs Healthcare NHS Foundation Trust](#)
- [Examples of best practice: Digital front end](#)
- [The innovative #Thrive service in Rochdale](#)
- [The Camden CAMHS in Schools Service](#)
- [Developing a Resilience in Schools Programme in Luton](#)
- [Aligning Greater Manchester's Eating Disorder Pathway to the THRIVE needs based groupings](#)
- [Using i-THRIVE Grids to improve shared decision making: i-THRIVE Academy Module pilot evaluation](#)
- ["What does a fantastic CAMHS inpatient unit look and feel like for you?" – Co-designing a new inpatient service with young people in Humber](#)
- [Developing a THRIVE-like digital front end in North East London Foundation Trust](#)
- [Minding the Gap transitions service in Camden](#)
- [Youth Mental Health Ambassadors: Young people's participation in Waltham Forest](#)
- ['Camden Model of Social Care': enhancing capacity in a children's social work service through live systemic supervision](#)

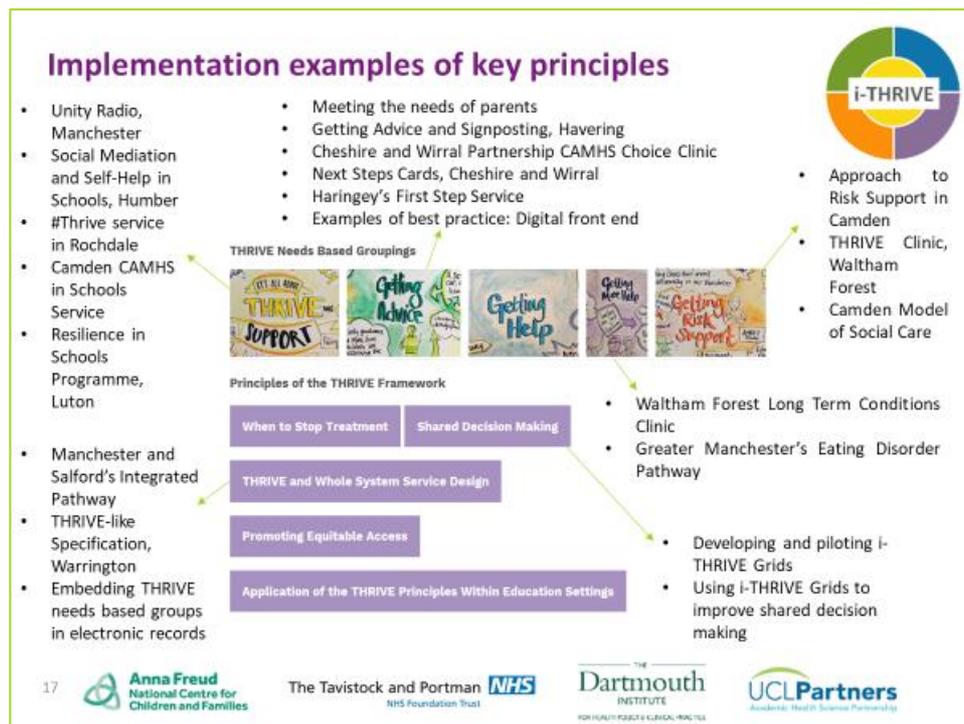
#### *Q&A's with implementation site leads completed in 2018*

A series of Q&As are underway with people who are working to implement aspects of the THRIVE Framework in their services to provide insight into how local leaders of implementation are approaching i-THRIVE.

- [Q&A: Blackpool. David Eaton, Service Manager of Blackpool CAMHS, Blackpool Teaching Hospitals NHS Foundation Trust](#)
- [Q&A: Cumbria. Anne Sheppard, Strategic Manager of Emotional Wellbeing and Mental Health Services in Cumbria, and Joyce Hawthorn, Early Help Service Manager for Cumbria](#)
- [Q&A with Jeni Page: the i-THRIVE Approach to Implementation in North East London Foundation Trust](#)

This year we have re-categorised the case studies on the website by theme, so sites can easily identify areas of learning they are interested in. The themes are:

- Thriving
- Getting Advice and Signposting
- Getting Help
- Getting More Help
- Getting Risk Support
- When to Stop Treatment
- Shared Decision Making
- THRIVE and Whole System Service Design
- Promoting Equitable Access
- Application of the THRIVE Principles Within Education Settings



As the National i-THRIVE Community of Practice continues to grow and sites progress with their implementation of the THRIVE Framework the number of case studies and Q&A's available will increase.

All case studies are available on the i-THRIVE Case Study webpage [here](#).

If you would like to feature in a case study, please contact Bethan Morris at [bmorris@tavistock.nhs.uk](mailto:bmorris@tavistock.nhs.uk).

## 6.2 i-THRIVE Website

The i-THRIVE programme website launched at [www.implementingTHRIVE.org](http://www.implementingTHRIVE.org) in October 2016.

The website provides an excellent resource for sites who are implementing the THRIVE Framework. The site provides 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 by them can be found along with an overview of the wider National i-THRIVE Community of Practice. Specific information about our funded projects is available and examples of how sites have approached implementing the THRIVE Framework across the country can be accessed via downloadable case studies.

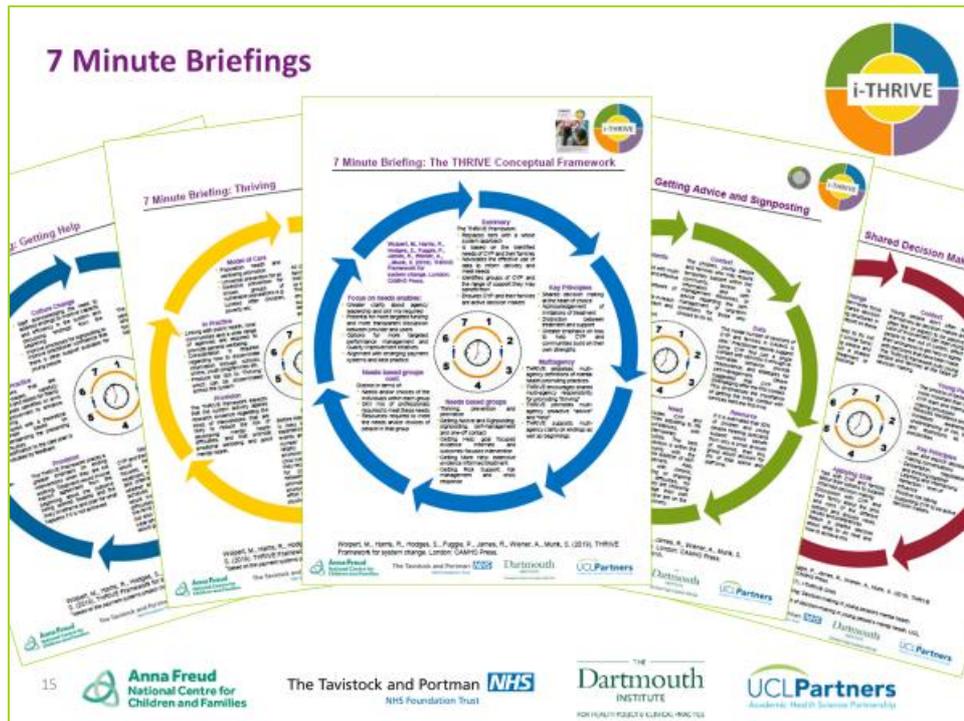
Implementation sites can access the i-THRIVE Toolkit which will aid them as they begin to think about introducing i-THRIVE to their colleagues, assessing their current services and



plan for service transformation. They can also access information about the i-THRIVE Academy modules and National i-THRIVE Community of Practice shared learning events.

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

**Example resource found in the i-THRIVE Toolkit**



**6.3 Future development: Publications**

i-THRIVE intends to publish findings in 2019 from individual funded projects (see Sections 7 and 8) and the full-scale evaluation funded by NIHR CLAHRC North Thames (see Section 9). In addition, the THRIVE Framework authors are due to publish a THRIVE Framework summary document including learning from the National i-THRIVE Programme's work supporting implementation sites across the country.

**7. i-THRIVE Grids**

The i-THRIVE Grids are paper-based decision aids co-produced with young people, parents, and mental health professionals. The grids were funded by a Health Foundation 'Innovating for Improvement' grant. They have since been introduced in the North East London NHS Foundation Trust (NELFT) as part of the i-THRIVE Scaling Up Improvement Project, also funded by the Health Foundation. These tools can be used with a young person, a parent, and a mental health professional to facilitate conversation around treatment or care. To date, eight one-page grids have been developed covering low mood, self-harm, ADHD, and generalised anxiety. Five of the grids have received endorsement from NICE as of June 2018.



In response to growing requests to access the i-THRIVE Grids an i-THRIVE Academy module was developed and piloted in 2018 that provides attendees accreditation to use the grids. More information can be found in Section 5.

This project was 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. Implementing the THRIVE Framework in North East London NHS Foundation Trust

The i-THRIVE in North East London Foundation Trust (NELFT) project, funded by the Health Foundation, completed in October 2018 with the aim to translate the core set of the THRIVE Framework principles into a local model of care across four localities in NELFT using an evidence-based approach to implementation already utilised in Camden.

The project was 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 Health Foundation report will be published at the start of 2019.

This project was 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.



### 8.1 Overview of Economic Evaluation of Barking and Dagenham i-THRIVE

This project forms part of the Health Foundation evaluation and is due to be reported in spring 2019. The evaluation will focus on the development of i-THRIVE in Barking and Dagenham.

### 8.3 Research questions

1. What are the impacts on service costs of the proposed new pathway of care, i-THRIVE, in Barking and Dagenham to deliver mental health services for children and young people compared to current service costs incurred by patients eligible for i-THRIVE in Barking and Dagenham?
2. What are the cost implications for different aspects of the system, for example NHS, local authority and primary care?
3. What are the relative costs of different patient groups?

### 8.4 Study design

This study utilises a linked data set. It brings together patient level data from primary care, local authority and NHS. We are working with clinicians in NELFT to identify patients that meet the criteria for the Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support THRIVE Framework needs based groupings, as defined by NELFT. We are aiming to identify 25 young people from each of the four categories. We will ask clinicians to create a summary of each of the patients, including diagnosis and needs at assessment. This will enable us to determine the characteristics of the patients that are included in each of the groups and understand consistency in the interpretation of each group across clinicians.



We will use the joint data set to calculate the actual cost of their treatment under the old pathways, including NHS, local authority and primary care. We will then estimate the cost of providing care under the new approach developed by the Trust through the i-THRIVE Programme. This will approach will enable us to:

- Provide a detailed narrative of the pattern and cost of young people that meet the criteria for each of the four needs based groupings in the old pathway.
- Enable us to describe the differences in expected service use in the new model, together with an estimate of the cost.
- Calculate the difference in cost compared to the old and new pathways.

## 9. i-THRIVE Evaluation

The national i-THRIVE Evaluation is funded by the NIHR CLAHRC North Thames and is currently in its second year. The project will report in March 2019 following a three month funding extension. The evaluation is seeking to understand the impact of the transformation of CAMHS including the effect of different models on outcomes; the different approaches to implementation taken by sites and to explore the barriers and facilitators to implementation of different models of care for the i-THRIVE and control sites.

### 9.1 Research Questions

1. Does the THRIVE Framework lead to improvement in outcomes in children and young people's mental health services, and in what contexts?
2. What other models and approaches have been taken, how effective are they, and in what contexts?
3. Who benefits and what are the consequences for equity?
4. What approaches to implementation have been employed by sites, and are there any that work particularly well?
5. What are the barriers and facilitators to implementation?
6. What resources are required?

### 9.2 Study Design

Mixed methods case control study comparing 10 i-THRIVE sites recruited from the i-THRIVE Programme and 10 matched control sites recruited through the NHS Strategic Clinical Networks. We have used the MRC Guidelines on Evaluation of complex systems to structure the approach. In line with this, the evaluation will include consideration of outcomes, the service structure, context and approach to implementation.

#### Quantitative outcomes

- Partnership with NHS Benchmarking
- Anonymised patient and service level data collected from participating sites
- Data collected at four time points (2015/2016, 2016/2017, 2017/2018, 2018/2019)
- Outcomes include patterns of service use, patient and staff satisfaction, clinical outcomes and demographics

#### Qualitative Evaluation

- Interviews exploring the local CAMHS transformation plan, approaches to implementation, and barriers and facilitators to implementation
- i-THRIVE Assessment Tool completed with NHS staff to assess how THRIVE-like services are, providing an assessment of fidelity



### Pathway Mapping

- Map the services and pathways for participating sites at the beginning of transformation and in 2018. Includes pathway structure and staffing
- Document review to be completed by the evaluation team with a follow up interview to be completed with the transformation lead

### Context and Implementation

- Adaptation of the Consolidated Framework for Implementation Research (CFIR) to guide our assessment of the context in which implementation has taken place at sites. The team will be using this framework to explore barriers and facilitators for implementation.
- Implementation will be evaluated using the Reach Effectiveness Adoption Implementation Maintenance (RE-AIM) framework, a validated framework to assess the impact of complex interventions. This will help us to understand quantitatively the extent to which context and implementation processes impact on the outcomes achieved by services and to identify useful approaches to implementation.

## 10. Plans for Year Three of Implementation

The i-THRIVE Programme intends to grow and develop throughout 2019 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 implementation sites*

We will continue to support sites across the country with their implementation of the THRIVE Framework and learn from their progress. The learning from sites will be shared with the wider National i-THRIVE Community of Practice. The i-THRIVE Evaluation project will end in 2019, collecting data on the implementation of the THRIVE Framework in the 10 accelerator sites.

### *National i-THRIVE Community of Practice*

The next shared learning event will take place on 31<sup>st</sup> January 2019 in Manchester. The National 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 National i-THRIVE 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 the THRIVE Framework and will be accessible via [www.implementingTHRIVE.org](http://www.implementingTHRIVE.org).

### *i-THRIVE Academy*

The i-THRIVE Academy will continue to expand with modules on leadership and implementation in the pipeline. The i-THRIVE Programme are exploring additional ways to deliver the modules alongside the current face-to-face training model. The modules are available for roll out nationally for sites that wish to commission the training.

For information about our plans for continued growth and development, please contact Bethan Morris at [bmorris@tavi-port.nhs.uk](mailto:bmorris@tavi-port.nhs.uk).



## 11. Accessing support from the National i-THRIVE Programme Team

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

Available support to sites includes:

- Initial meetings with senior management teams to outline the THRIVE Framework and the i-THRIVE Programme and to answer any questions about the adoption of i-THRIVE locally
- Clinical guidance from the i-THRIVE Programme and Clinical Lead, Dr Rachel James
- Delivery of initial cross sector engagement events with the wider system
- Design, planning and delivery of Phase 1 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 Programme team
- 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 Rachel James, i-THRIVE Programme and Clinical Lead at [rjames@tavi-port.nhs.uk](mailto:rjames@tavi-port.nhs.uk) or Bethan Morris, i-THRIVE Assistant Psychologist at [bmorris@tavi-port.nhs.uk](mailto:bmorris@tavi-port.nhs.uk).

Members of the national i-THRIVE Community of Practice are also able to attend bi-annual shared learning events hosted by the i-THRIVE Partnership. To find out more about joining the National i-THRIVE Community of Practice please contact Bethan Morris, i-THRIVE Assistant Psychologist at [bmorris@tavi-port.nhs.uk](mailto:bmorris@tavi-port.nhs.uk).

Further information about the THRIVE Framework, the i-THRIVE Programme, case studies from implementation sites and tools to support implementation can be found at [www.implementingTHRIVE.org](http://www.implementingTHRIVE.org).

## 12. Further information

### *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 and adolescent 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
- Dr Rachel James i-THRIVE Programme and Clinical Lead and i-THRIVE Academy Lead



- Professor Al Mulley, Professor of Medicine and of Health Policy and Clinical Practice at The Dartmouth Institute for Health Policy and Clinical Practice
- Kate Hall, Director of Capability Development at UCLPartners
- Dr Sandeep Ranote, Strategic Clinical Network Lead for CAMHS for NHSEngland
- Deirdre Kehoe, Director of Training and Services at YoungMinds
- Dr Anna Moore, i-THRIVE Evaluation Lead

*Links to i-THRIVE Partnership organisations*



**Anna Freud**  
National Centre for  
Children and Families

[www.annafreud.org](http://www.annafreud.org)

The Tavistock and Portman   
NHS Foundation Trust

[www.tavistockandportman.nhs.uk](http://www.tavistockandportman.nhs.uk)

THE  
**Dartmouth**  
INSTITUTE  
FOR HEALTH POLICY & CLINICAL PRACTICE

<http://tdi.dartmouth.edu/>



**UCLPartners**  
Academic Health Science Partnership

[www.uclpartners.com](http://www.uclpartners.com)