



National i-THRIVE Community of Practice Event

Summary: 18th September 2019

Date: Wednesday 18th September 2019

Venue: Tavistock and Portman NHS Foundation Trust, 120 Belsize Lane, London, NW3 5BA

This document summarises the presentations and discussions from the ninth National i-THRIVE Community of Practice event which took place on Wednesday 18th September 2019 in London. Thank you to all the presenters and everyone who contributed to discussions on the day.

Overview

1. [Welcome and Introductory Activity](#) with Rachel James
2. [i-THRIVE Local Mapping: Seven Sisters Primary School](#) with Emma Murray
3. [Transforming Primary Care aligned with the THRIVE Framework for system change: Wigan GP Referral Pathway](#) with Graham, Sarah, Becky, Amy and Chris
4. [Implementation Learning from the Greater Manchester i-THRIVE Programme](#) with Paul Wallis
5. [Q&A Panel](#) with presenters
6. [Collaborative Problem Solving Workshop: Local implementation of the THRIVE Framework](#)
7. [Closing Reflections](#) with Rachel James
8. [Event Feedback](#)

1. Welcome and Introductory Activity

Rachel James, i-THRIVE Clinical and Programme Lead, welcomed delegates to the ninth National i-THRIVE Community of Practice event and provided a brief overview of what the presentations would cover.

Delegates were then invited to take part in an ice breaker exercise; Liberating Structures: Mad Tea, in order to reflect on their own journey to implementing the THRIVE Framework for system change and sharing strategic thinking to enable this to go forward. When reflecting on completing the exercise one delegate commented 'We are all at different stages of implementation which provides good opportunities to learn from each other about what went well and what didn't'.

2. i-THRIVE Local Mapping: Seven Sisters Primary School

Emma Murray, Headteacher at Seven Sisters Primary School, started her talk by setting the context within which the school sits which included the high level of need of both the children and families, that 81% of pupils having English as a second language, and that there is 35% mobility. At the school there is a big focus on early intervention to enable children to be in a place where they are ready to learn. This is supported by a pastoral support team that includes a designated safeguarding lead, health mentor, therapeutic wellbeing practitioner, child and family intervention mentor and behaviour support worker.

Emma described how a need to identify what was going on in the school and what was accessed through partner agencies to support the emotional health and wellbeing of the children and their families created an opportunity to map the offer, both in school and borough wide, according to the THRIVE Framework needs based groupings. This was supported by National i-THRIVE Programme and there is an [implementation story](#) about this work.

Due to the success of the mapping highlighting what help and support was available at Seven Sisters and in the local area, Emma recommended her Network Learning Community of 10 or so schools in



Haringey also undertake the mapping workshop, which was funded and attended by the Children's Mental Health Commissioner from Haringey CCG. The mapping workshop, aligned with the THRIVE Framework needs based groupings, is now being rolled out to all schools in Haringey as part of the Green Paper Trailblazer work. The Haringey SEND Local Offer is currently being updated and will include information collected from the workshops and will be aligned with the THRIVE Framework needs based groupings.

3. Transforming Primary Care aligned with the THRIVE Framework for system change: Wigan GP Referral Pathway

The speakers, Becky, Graham, Sarah, Amy and Chris, opened by highlighting that they represented the cross system implementation of the THRIVE Framework in Wigan. Sarah Marshall, Wigan CCG, spoke about how [The Deal](#), an agreement between Wigan Council and the local residence, is empowering communities and supporting staff to collaboratively redesign how they work in response to the needs of individuals and communities. Sarah also noted how the aims of the The Deal 2030 are aligned with the key principles of the THRIVE Framework, such as: building on community strengths, building resilience and ensuring the right support is provided at the right time. See a [report](#) by The King's Fund for more information.

Graham Doubleday, Wigan Council, spoke about the aims of Healthier Wigan Partnership and taking an asset based approach, including how teams are co-located to support partnership working. Sarah went on to share how children and young people are at the heart of local transformation work and are being consulted about how they want mental health provision locally to change. Becky Seddon, North West Boroughs NHS Foundation Trust, discussed the local THRIVE Framework implementation journey so far and how for the last 18 months they have had a tierless, whole team approach, in CAMHS. The presenters then introduced the Getting Advice and Signposting pilots that are underway – the school link team, GP referral pathway, and the multi-agency referral hub, all of which have had great outcomes.

4. Implementation Learning from the Greater Manchester i-THRIVE Programme

Paul Wallis, Greater Manchester i-THRIVE Clinical Lead, shared with attendees the progress being made to implement the THRIVE Framework across the 10 CCG localities in Greater Manchester (GM) using transformation money for children and young people's mental health innovation. Paul outlined key achievements to date including having recruited a dedicated implementation programme team who are supported by the National i-THRIVE Programme, launching a GM i-THRIVE Community of Practice to share implementation learning and best practice, establishing a training programme to deliver the i-THRIVE Academy modules and recruiting cross sector Subject Matter Experts. He then went on to discuss what the different needs based groupings look like in individual practice and at a locality level, risks and issues with implementation, solutions and enablers to support them and next steps.

5. Q&A Panel

Questions to Emma, Seven Sisters Primary School

1. *In Suffolk we are looking to implement some school teams, can you share what needs to be considered for planning and implementation?*
 - 1) Within education settings we are professionals too. A good way to approach this is to get a small cohort on board and then spread the teams.
 - 2) Listen to what the headteachers need, they know their children. Take this back and work from this model.
 - 3) Schools need to know where to turn if they need extra support.
 - 4) What helped with the mapping workshops with the Network Learning Community was having the Haringey commissioner present This showed that there was genuine strategic sign up.



Questions to Wigan

1. *How did you overcome issues with multi-agency working e.g. governance and information sharing, and overcome sharing a child or young person's story across so many systems?*

Consent to share information is collected at different time points. A consent form is completed with the GP at the start and includes sharing information with Start Well and Social Care. Referrals from GPs are taken as self-referrals and come into a secure NHS account. The duty team who triage the referrals are co-located with Social Care and Early Help. We have also introduced a new system called Graphnet which data feeds into and provides a single view for the whole of Greater Manchester, not just the locality. When setting up the GP referral pathway pilot we consulted with legal and governance as you of course can't share information without the child or young person's consent.

2. *How have you implemented the THRIVE Framework in inpatient settings?*

There is acute hospital representation in our Future in Mind cross sector group which implementing the THRIVE Framework is delivered through. They also provide Getting Help through the all age mental health liaison at the hospital. The acute hospital is part of the CAMHS transformation work and are very much linked in.

3. *What is the evidence base for Sensoriel beyond infancy?*

What we do doesn't vary across the age range as tactile play continues. With young people we look at self-help and relaxation techniques for particular situations and to use at home. Young people interact with sensory tools and our sessions are led by the child or young person.

4. *How does Sensoriel measure impact?*

We collect feedback from school staff, professionals and families. We also do session reports and have a review at the end of the intervention.

5. *How is the work in Wigan held together in planning and commissioning, is there a single alliance? What were the significant barriers that held you back?*

The plan and strategy blueprint is the CAMHS transformation plan that is linked to The Deal. This has become more THRIVE-like over the years and while it is an overarching plan, children and young people's mental health is high up on the health and social care transformation plan. Governance is held by the Future in Mind group that feeds into the Health Partnership.

IT was a barrier as the referral form was built into the GP database, as such we had a lot of consultation about it. To use the system needs training and as it is a shared inbox we need to make sure that processes are put in place so that no one is missed. The GP referral pathway was only piloted in one area of Wigan so the full evaluation needs to be complete before we can identify how much it would cost to roll out across the locality. From the evaluation we can build a business case.

6. *Do young people give permission for their case to be discussed in a multi-disciplinary team?*

The child or young person needs to consent for the GP to send the form and it be taken as a self-referral. When the child or young person is interviewed by Start Well consent is taken again and is recorded on the system. We also have a leaflet to inform young people that their referral will be taken to a multi-disciplinary team forum.

7. *In Suffolk we have a 0-25 years Single Point of Access, we have a challenge in contacting self-referrals or those referred by their GP. How was this overcome in Wigan?*

We write to people if we can't contact them or call around at their home address, however you have to be careful because of GDPR. We have a good relationship with the GPs so can go back to them for more updated records or for a parent's phone number.



8. What's been your experience of moving from a tiered approach to a tierless, THRIVE-like, approach in CAMHS?

A challenge is moving away from the old tiered language but the positives are every referral has a multi-disciplinary team (MDT) discussion to make sure the child or young person is on the right pathway for them. Through the MDT discussions we now have the ability to explore the cases more.

Questions for Paul, GM i-THRIVE

1. Did you create the training package?

The training is delivered through the National i-THRIVE Programme's i-THRIVE Academy modules that were created as a result of doing a needs assessment of the current training available to support the implementation of the principles of the THRIVE Framework. The National i-THRIVE Programme are exploring alternative learning methods such as e-learning.

Questions for the panel

1. In Suffolk we have a gap in parent mental health and wellbeing services, how is this being approached in your localities?

- 1) Graham: In Wigan we are piloting some parent groups but they are not targeted at their mental health support.
- 2) Emma: At Seven Sisters Primary School we work with the Tottenham Hotspur Foundation who run courses for parents which our early years extended lead helped shape the content of. This includes back to work support, healthy cooking and parenting workshops. It helps the pastoral team get to know the parents.
- 3) Paul: A THRIVE-like system should include life skills within their offer e.g. in education or community settings. In Greater Manchester there is interest in applying the THRIVE Framework across the lifespan.

6. Collaborative Problem Solving Workshop

To support the development of new ideas for thinking about particular issues related to implementing the THRIVE Framework, delegates completed the De Bono's Six Thinking Hats exercise. Delegate's feedback that the exercise provided good discipline and that although it was not always comfortable to complete it was helpful for implementation planning going forward.

7. Closing Reflections

Rachel James gave her closing reflections: 'The introductory activity was to help everyone get to know each other and learn about the different stages participants are at in their implementation journeys and the opportunities to learn from each other's reflections and strategic insights. Emma Murray presented about the implementation of the THRIVE Framework in an inner city education context and the challenges that presents, alongside the opportunities the THRIVE Framework brings in enabling and supporting an integrated offer across the school system that is integrated into the wider cross-sector offer. There is an accompanying [implementation story](#) for more information.'

Cross sector representatives from Wigan gave an overview of their cross-sector approach to improving services across Wigan and the focus on being positive, accountable and courageous on their THRIVE journey. The insightful children and young people's video emphasised the range of help and support needed at the right time and the presenters spoke about the already fantastic outcomes being achieved from their Getting Advice and Signposting pilots – the schools link offer and the GP referral pilot. Paul Wallis from the Greater Manchester (GM) i-THRIVE team discussed their ambitious project to implement across the 10 localities and in collaboration with partners across the entire children's landscape in GM. There have been a huge number of achievements, with thinking to support ongoing sustainability.



The collaborative problem solving workshop gave participants the opportunity to reflect on their learning from the day, consider next steps and help with developing a pledge to take forward in their own sphere of influence as an agent of change. The National i-THRIVE Programme hope attendees found the day useful for taking the implementation of the THRIVE Framework forward locally.'

8. Event Feedback

67% of delegates completed the feedback form for the event. Delegates rated the presentations and the event on a scale of 1-5, with 1 being poor and 5 being excellent.

Figure 1. Presentation feedback

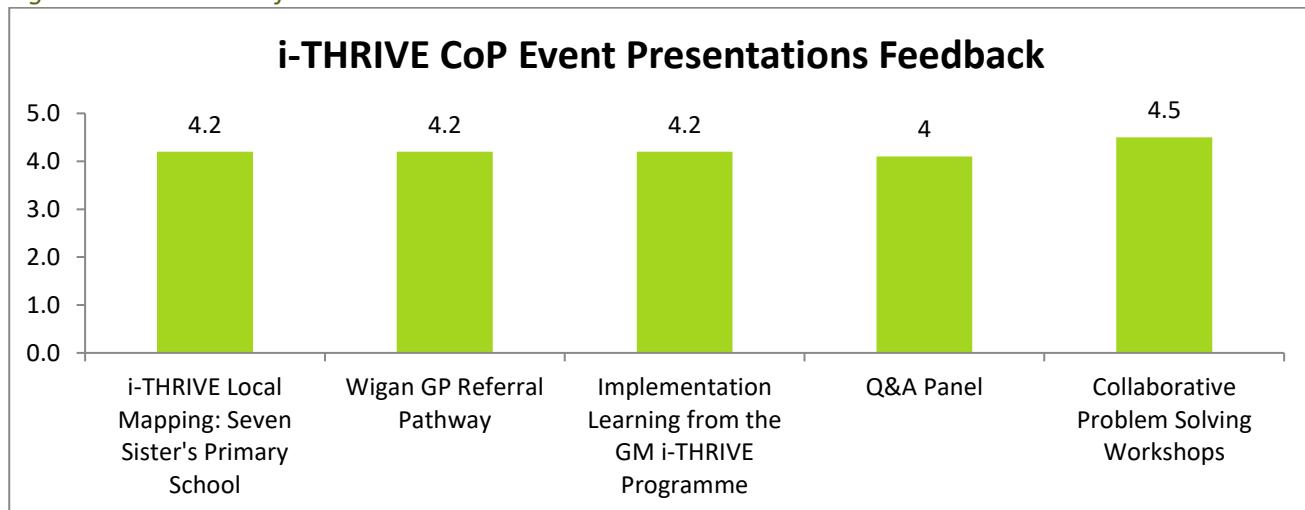
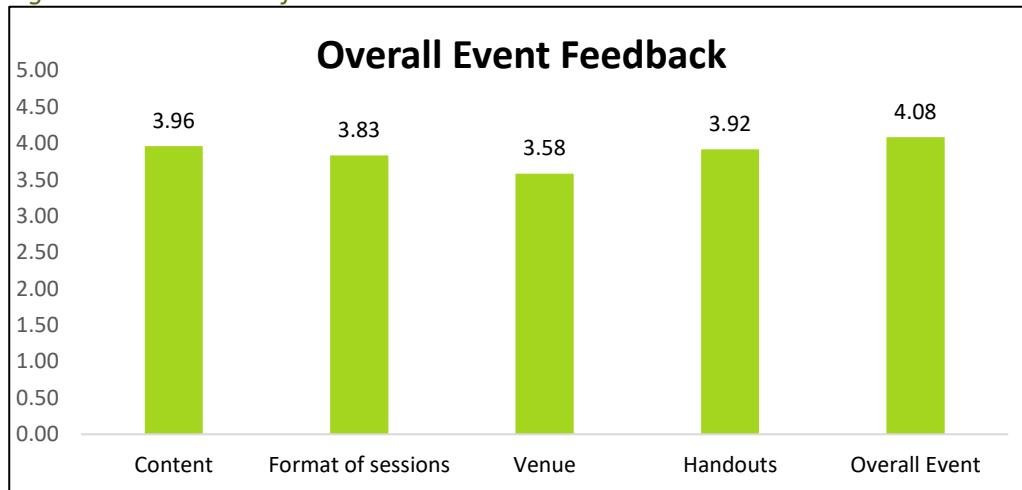


Figure 2. Overall event feedback



Thank you for attending this National i-THRIVE Community of Practice event.