



i-THRIVE Approach to Implementation

Phase 1: Understanding Your System

THRIVE Assessment Tool

How THRIVE-like is your current system?

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



Agenda



1. Overview of the THRIVE Framework and Implementing THRIVE (i-THRIVE)
2. Phase 1: Understanding your system
3. THRIVE Assessment Tool
4. Top Line Prioritisation



Overview of the THRIVE Framework for system change (Wolpert et al., 2019)

*“If we keep on doing what we have been doing, we are going to
keep on getting what we have been getting”*



The THRIVE Framework for system change



The THRIVE Framework for system change (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.

The Tavistock and Portman **NHS**
NHS Foundation Trust

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

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/>

THRIVE
Framework
for system change



An essential framework for communities who are supporting the mental health and wellbeing of children, young people and families

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 Framework for system change (Wolpert et al., 2019)



THRIVE Framework Key Principles

Common Language

- Common conceptual framework (five needs-based groupings: *Thriving, Getting Advice and Signposting, Getting Help, Getting More Help, Getting Risk Support*) shared across the system.

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.



THRIVE Framework Key Principles Continued...

Partnership Working

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

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 for children and young people in practice?



- No 'wrong door', meaning that anyone that a child or young person talks to about their mental health, whether they are a teacher, a GP or school lunchtime assistant, are able to provide them with support, or at the very least, signpost them to available support options.
- Whoever is helping a child or young person with their mental health knows the best ways to ask for their views about what is important to them and what they want to be different, so that there is genuine shared decision making about ways of helping.
- Signposting the child or young person, and their family and friends, to ways that they can support their mental health and wellbeing needs.

Continued...



- Whoever is giving a child or young person more specialised mental health help will support the child or young person to evaluate their progress towards their goals and check that what is being tried is helping.
- Supportive and transparent conversations about what different treatments are likely to lead to, including their limitations



Implementing the THRIVE Framework (i-THRIVE)

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



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?

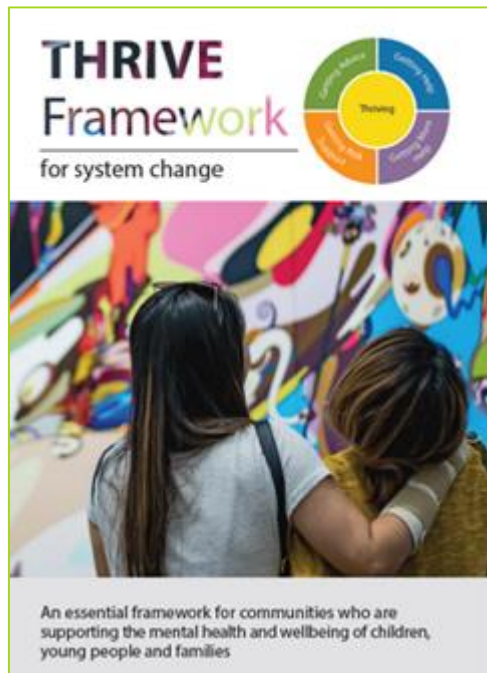
Can we access support for implementation?

How should we design services to reflect the principles of the THRIVE Framework?

How do we implement the concepts?

National i-THRIVE Programme

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 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

Membership and participation is voluntary:

Promotes a “bottom-up” approach to service improvements, with dynamic multi-professional membership evolving over time

Direct support to sites:

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

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

Free access to resources:

Continually evolving i-THRIVE Toolkit, evidence based tools to aid implementation

Regular interaction:

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

i-THRIVE Illustrated:

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



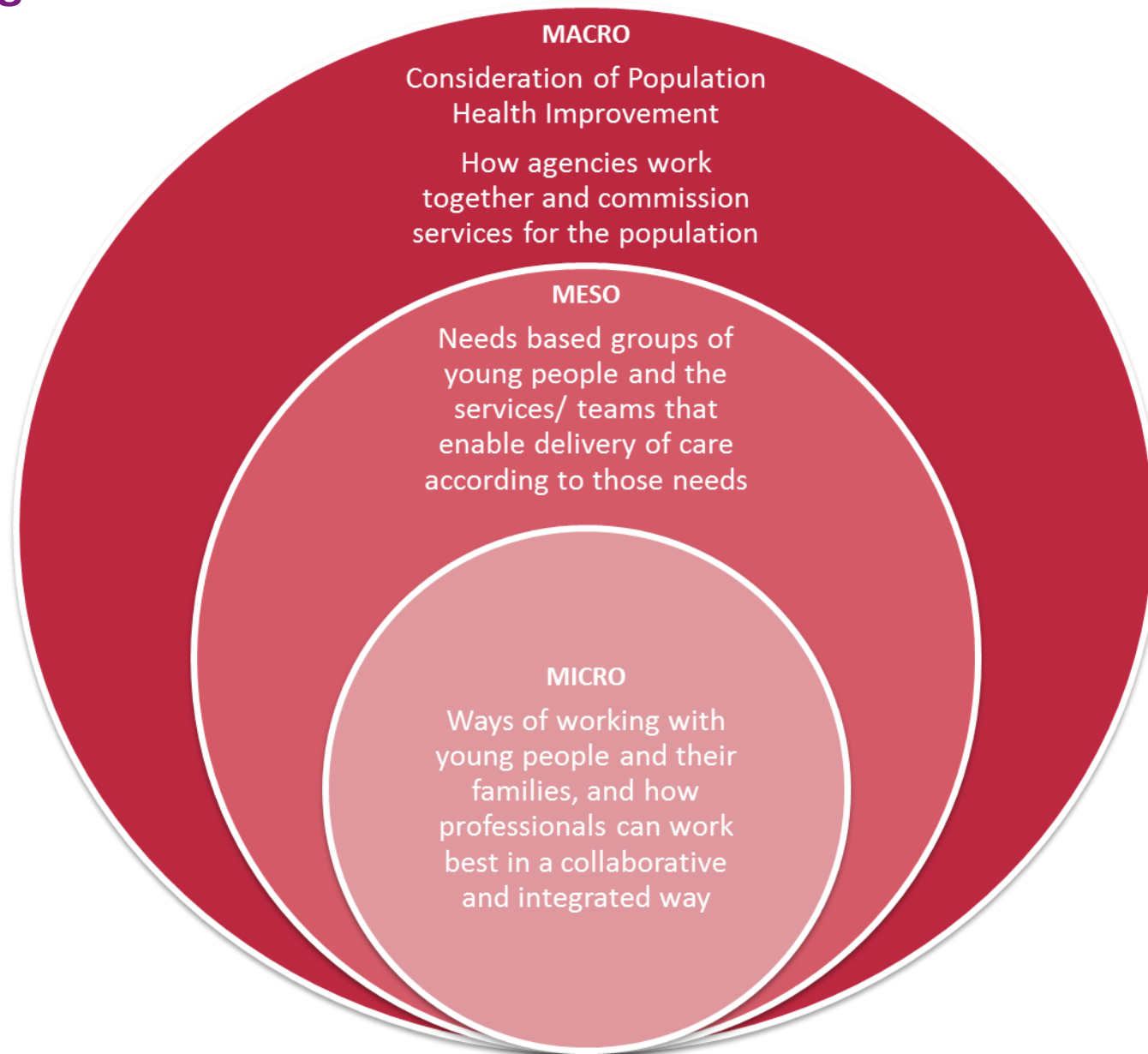


Core principles and components of the i-THRIVE model of care

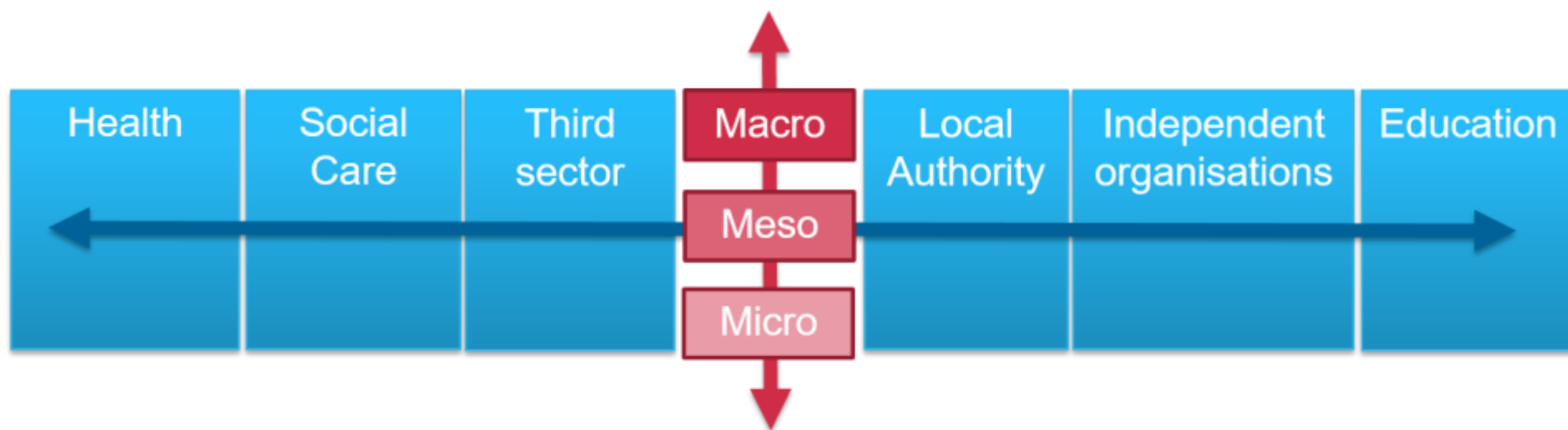
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i-THRIVE Approach to Implementation: whole system change



i-THRIVE Approach to Implementation: whole system change





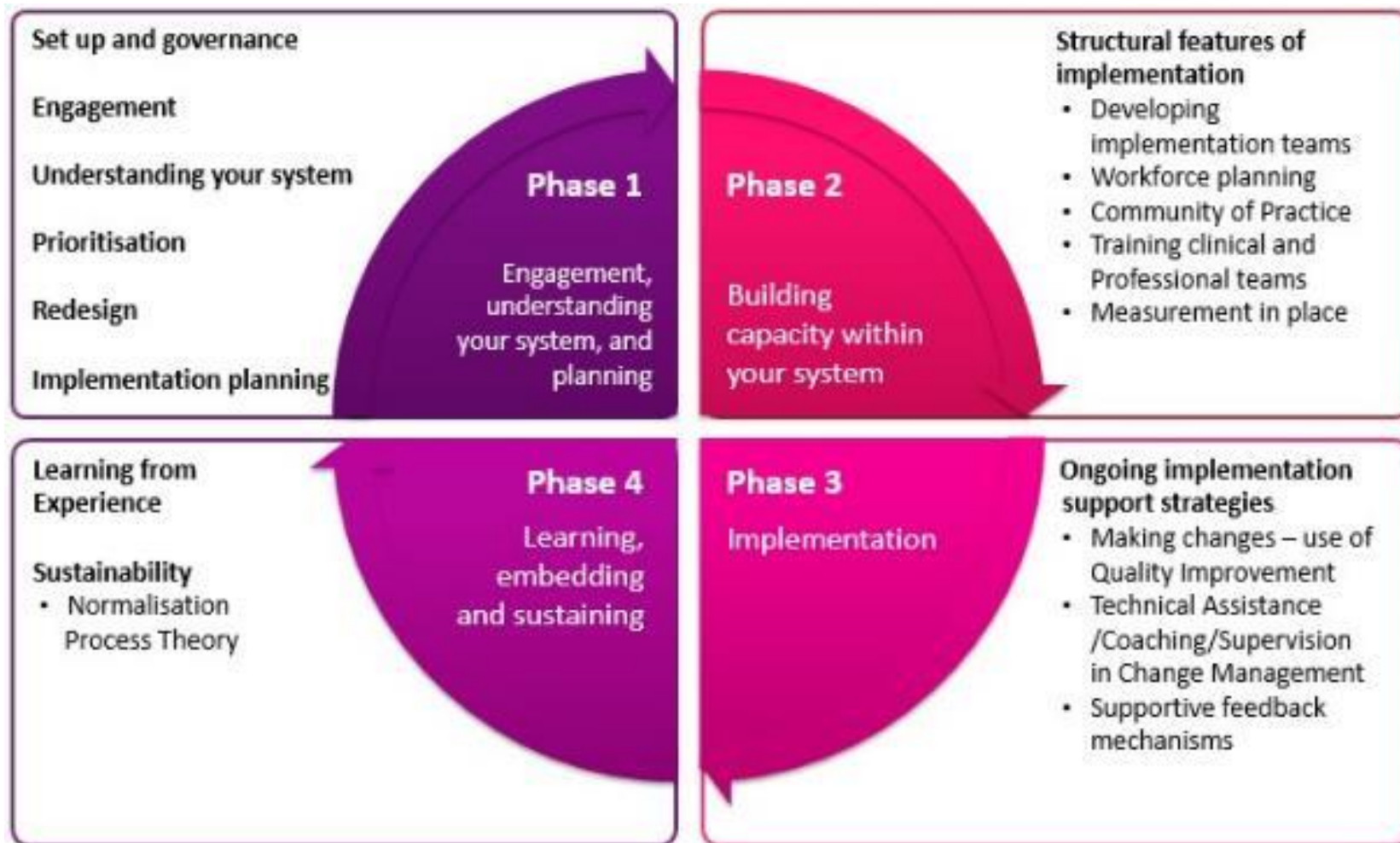
i-THRIVE Approach to Implementation

Phase 1: Understanding Your System

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i-THRIVE Approach to Implementation



Phase 1: Understanding Your System and Agreeing Your Priorities



1. Establishing a team who will oversee this process ✓

- Senior oversight, includes commissioners and providers of health, care and education.

2. Initial engagement with the system ✓

- Communication and engagement across the system, from senior leadership to team leads and those working with children and young people day to day.
- Aim for agreement from the system, to increase awareness of issues as well as understanding of the possible approaches to improvement.

3. Analysis of your existing systems

- i. Pathway Mapping ✓
- ii. Data Analysis ✓
- iii. Qualitative Understanding ✓

4. THRIVE Framework Baseline: How THRIVE-like are we currently?

5. Agreeing priorities for improvement

- i. What are our collective aims?
- ii. What are the priority areas that will help us improve on these areas?

6. Transformation Design and Implementation Planning

Detail of Delivery of Phase 1



Set up and communication across the whole system

Series of three workshops

1. Pathway Mapping and Analysis
2. Understanding system together, THRIVE Assessment and Prioritisation
3. Re-design

Data gathering

- Quantitative: how is the system performing?
- Qualitative: what are the perceived strengths and weaknesses? (staff & CYP)
- Pathway structures
- Workforce Analysis

Outputs

- Phase 1 analysis report and Implementation Plan



i-THRIVE Approach to Implementation

Phase 1: Understanding Your System

THRIVE Assessment Tool

How THRIVE-like is your current system?

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How THRIVE-like is our service?

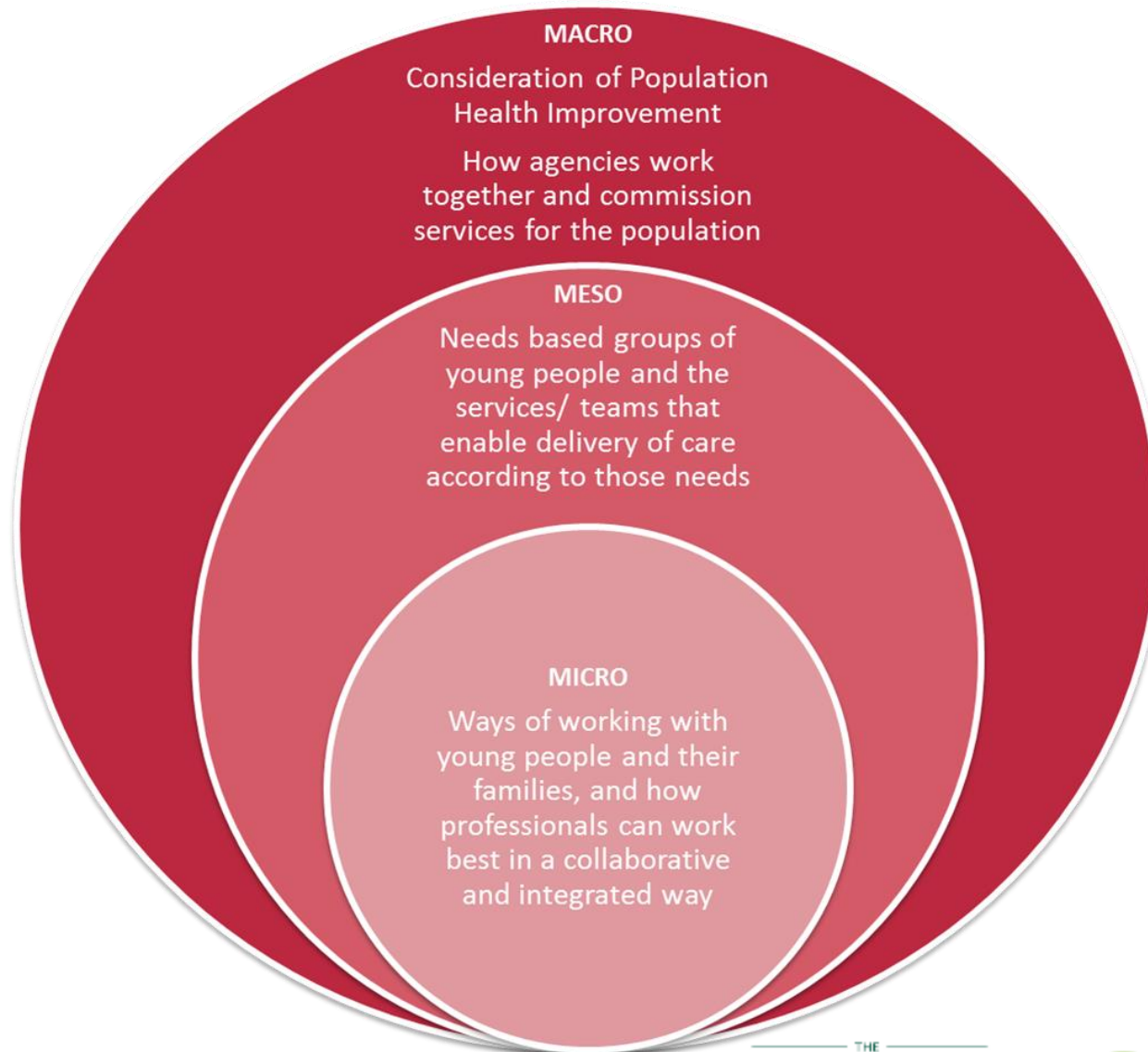
- An important part of developing a plan for implementation is to understand where to focus your energies and prioritise activity.
- The THRIVE Framework sets out a range of core principles, many of which will be already really well implemented already in your service. Some of which may not be in place at this point in time.
- Implementation of the THRIVE Framework does not involve scrapping all the good work that has already been done in your locality to provide good quality care, rather it aims to identify good practice and build on this.
- The first step of this process is to analyse your existing pathways and systems, using the system analysis you have recently undertaken, to identify areas where your service is already working in a THRIVE-like way, and to identify those areas that would benefit from improvement.

Analysing your system taking a 'Whole-System Approach'

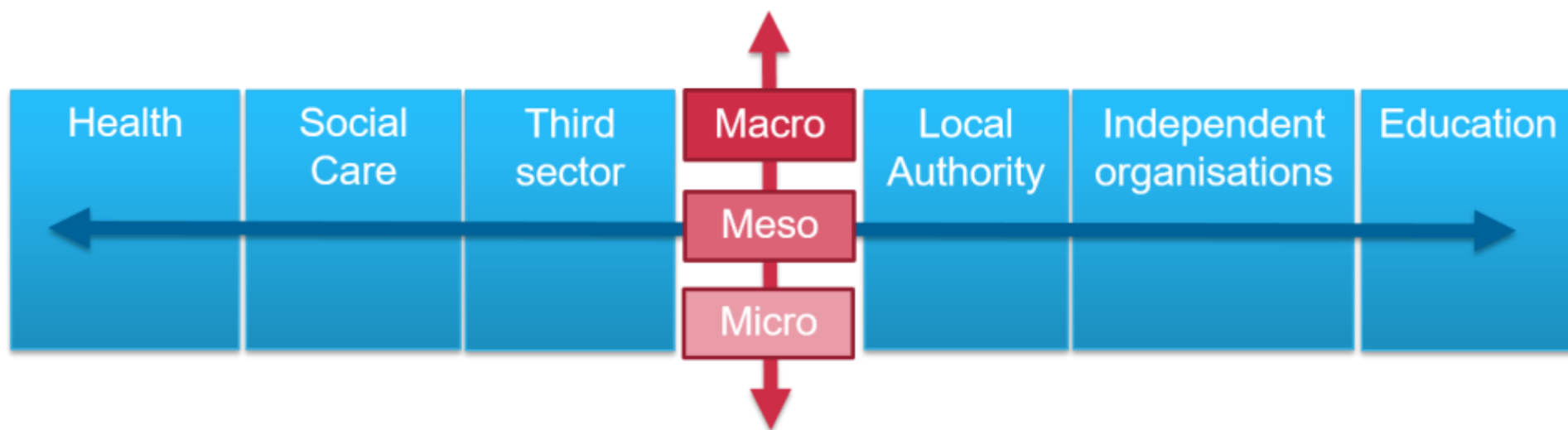


- Delivering good quality care that is efficient cannot be achieved successfully by looking at a single service or set of professionals, rather it needs to consider all the parts of the system.
- This involves not only thinking about all the agencies that are involved in providing services, but also 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' levels of the system.
- The THRIVE Framework 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.

Consideration of the Different System 'Levels'



Consideration of the Different System 'Levels'



Identifying the Population Groups and Services within System Levels



	Children and Young People	Services	Example
Macro System	All children and young people within a locality	Commissioners (health, social care and education), agencies that deliver care (health, local authority, education, independent and voluntary sectors)	CCG, Council NHS Trust, Council, YoungMinds
Meso System	Needs based groupings of young people who require care for a mental health concern. These are the 5 needs based groupings identified in the THRIVE Framework.	The services that provide care for the needs based groupings of children and young people	Single point of access (SPA), ADHD services, locality teams, school counselling services
Micro System	Individual children and young people receiving care for a mental health concern	The teams and individuals within those teams who provide care for children and young people in their services	Individual therapists giving CBT, members of the SPA assessment team in a particular setting

Using the THRIVE Assessment to plan your transformation work



- With a better understanding of how THRIVE-like your system currently is it is then possible to begin thinking about your plans for transformation and service improvement.
- The areas scoring a 3 or 4 are working well already and should be protected during any transformation planning.
- The areas scoring 1 or 2 are the main areas for improvement and are all potential areas to focus improvement efforts on.
- Discussions when using the THRIVE Assessment Tool may also highlight gaps in current data or information. This can help you to establish any further data collection that needs to take place in order to truly understand your current system.
- Using the THRIVE Assessment Tool at key stages throughout your transformation work will allow you to establish the progress made in implementing the THRIVE Framework in your locality.

THRIVE Assessment Tool



- The THRIVE Framework is made up of a set of core principles that relate to these three parts of the system: the macro, meso and micro levels of the system.
- The THRIVE Assessment Tool explains each of these principles and provides four descriptions for each principle, which range from a very THRIVE-like system, to one that has some way to go before it can describe itself as 'THRIVE-like'.

THRIVE Assessment Tool: Group Exercise



One hour

- Each table will focus on one part of the system (macro, meso or micro system) and the relevant principles of the THRIVE Framework.
- For each of the principles of the THRIVE Framework, draw on the understanding of your system that you have and discuss how 'THRIVE-like' your system is **currently**. Be honest about your strengths and areas for improvement.
- Circle the number that represents the best fitting description of the principle in question.

One hour

- Feedback to the group as a whole what you have scored each of the principles of the THRIVE Framework for your section of the system (macro, meso or micro).
- Agree consensus on scoring with the other table focusing on your section of the system (macro, meso or micro).

Prioritisation



Now that you have assessed the current system in your locality using the THRIVE Assessment Tool discuss the following points:

- What are your immediate thoughts around what your key priorities could be?
- Are there any areas that scored poorly (scored at a 1 on the THRIVE Assessment Tool) that need to be addressed immediately?
- Are there any quick wins where things are already working well (scored at a 3 on the THRIVE Assessment Tool) could be made excellent with a small amount of work?
- Are there any projects or pieces of work that are already underway to address some of the principles outlined in the THRIVE Assessment Tool?

Straw poll of everyone in the room



Next Steps

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



Next Steps

- Slides from today to be shared
- Any further questions?



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:

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