



# Digital Innovations through COVID-19

## National i-THRIVE Programme

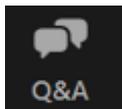
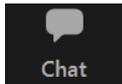
*“If we keep on doing what we have been doing, we are going to keep on getting what we have been getting”*



# Welcome and house keeping



- Welcome from Dr Rachel James, Clinical and Programme Director of the National i-THRIVE Programme.
- **Please note: this webinar will be recorded.** Only the presenters will be visible, and following the webinar we will send a link to enable you to share with colleagues who may not have been able to join.
- If you need to communicate a technical issue please use the chat function, this is monitored by one of the team and we can attend to this ASAP.
- If you have a question or reflection on the content of the presentations please submit this using the Q&A function, and indicate who you would like to address it to. You can select to submit anonymously if you do not want your name to be included.

  
 Send Anonymously 

- If you have any questions or reflections you would like to share following the webinar please feel free to send them to the i-THRIVE National Programme team at [ithriveinfo@taviport.nhs.uk](mailto:ithriveinfo@taviport.nhs.uk)
- You will be sent the slides following the webinar.



# Agenda



| Time  | Item   | Presenter  |
|-------|--|--|
| 10:00 | Welcome  | Rachel James   |
| 10:10 | Introduction to Digital Innovation within the NHS                          | Rose McCarthy  |
| 10:25 | Top tips for remote working: Learning from the National i-THRIVE Programme | Neelam Solanki   |
| 10:35 | Level Up: Safe steps to secondary school programme                         | Laverne Antrobus,<br>Rachael Humphries                     |
| 10:55 | <b>Comfort break</b>   |  |
| 11:00 | NHS Digital – NHS England and Improvement                                  | Nadia Yegorova-<br>Johnstone, Hilary<br>Tovey, Emma Storey |
| 11:40 | Q&A with presenters  | All  |
| 12:00 | Close  | Rachel James   |



# Introduction to Digital Innovation within the NHS

Rose McCarthy  
Clinical Trainer, National i-THRIVE Programme

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



# Introduction



- Rapid change to a digital NHS delivery
- Building on technologies already developed
- Need for a system change?

# Smartphones and Wearables



- 78% of people in the UK own a smartphone, rising to 95% among 16-24 year-olds ([OFCOM, 2018](#))
- Apps – Increase Accessibility and Reduce Stigma
  - NHS App
  - Kooth
- Large scale research – Improve Outcomes
  - In 2016 more than 4,000 people enrolled for a Parkinson’s disease study ([100 for Parkinsons](#))
  - In 2018 more than 400,000 people enrolled for a atrial fibrillation study ([The Apple Heart Study](#))

**Reference:** The King’s Fund (2020): *The digital revolution: eight technologies that will change health and care.*

# Virtual Communication Aids



- Telemedicine – Shared Decision Making and Partnership Working
- Digital Therapeutics – Accessibility and Outcome-Informed
- Computerised CBT - Accessibility and Outcome-Informed

**Reference:** The King's Fund (2020): *The digital revolution: eight technologies that will change health and care.*

# Staying Connected



- Peer to Peer support networks – Reducing Stigma, Common Language
  - MedHelp
  - PatientsLikeMe
  - HealthUnlocked
  - Facebook
- Data Donors – Accessibility and Reducing Stigma



# Top Tips for Remote Working

Neelam Solanki  
National i-THRIVE Programme

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

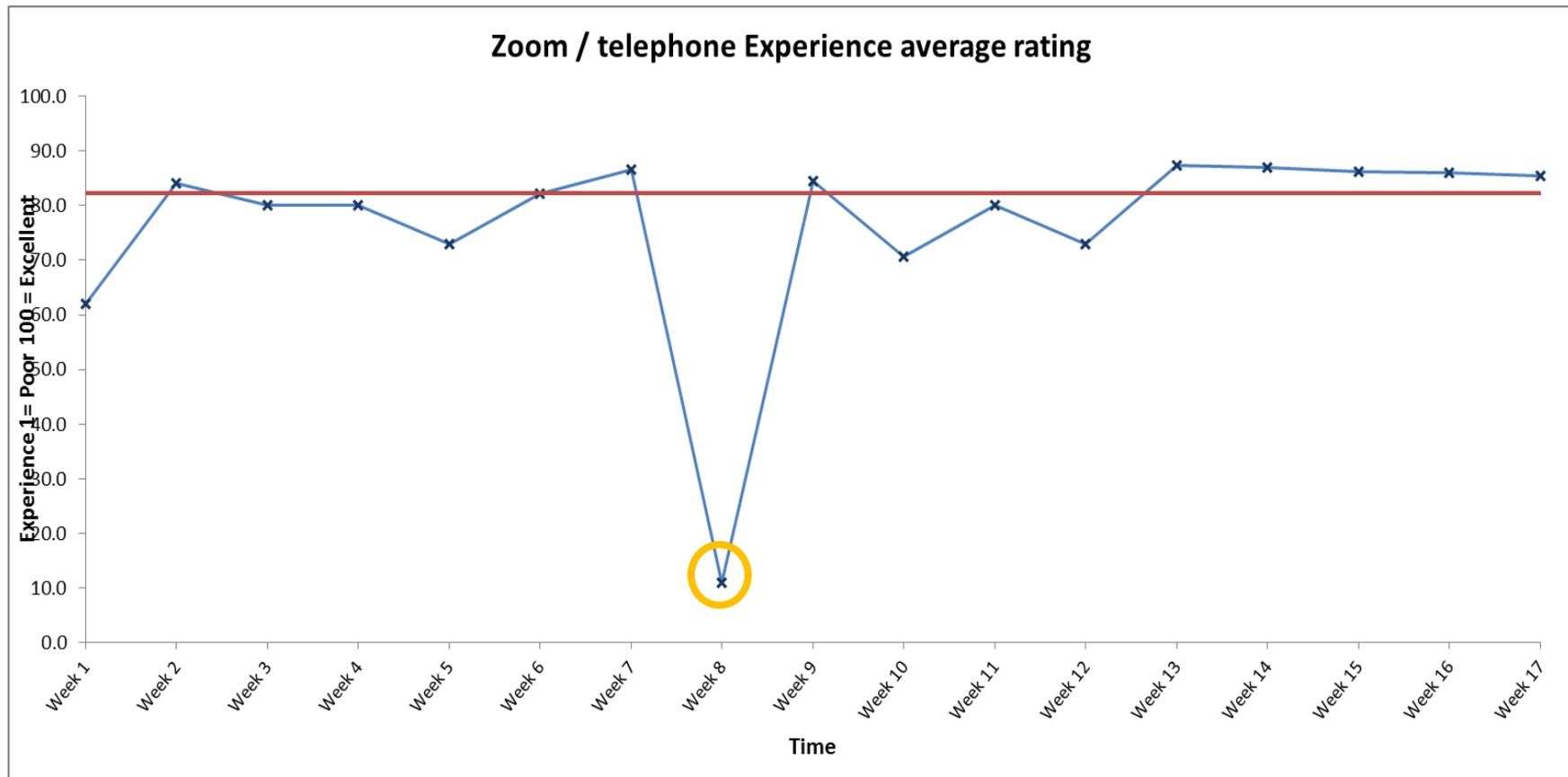


# Quality Improvement: The i-THRIVE Programme Teams' Remote Working Project



|          |                         |  |
|----------|-------------------------|--|
| 100 - 90 | Superior                | The experience was better than face-to-face appointments   |
| 90 - 81  | High quality            | The experience was at least as good as face-to-face appointments   |
| 80 - 71  | Good quality            | Some very minor difficulties but generally good quality and useful   |
| 70 - 61  | Small issue             | A small issue in just one area, such as sound quality or timing of session   |
| 60 - 51  | Several small issues    | Issues occurring in more than one area, such as finding a private space or occasional glitching                                |
| 50 - 41  | Bigger problem          | Major impairment to success in one domain, such as not being able to hear or see properly or frequent talking over one another |
| 40 - 31  | Several bigger problems | Major impairment to success in more than one domain  |
| 30 - 21  | Severe difficulties     | Some contact was made but it was not sustainable and the contact had to end in an unplanned way                                |
| 20 - 11  | Extreme difficulties    | It was not possible to start or continue the meeting   |
| 11 - 1   | Impossible              | It was not conceivable to work in this way   |

# Run chart of 1-100 average ratings across 17 week period



# Top tips and key considerations



1. Consider the time and cost implications of travel
2. Balance face-to-face work with remote meetings
3. Prioritise Zoom security
4. Choose your Zoom account type accordingly
5. Breaks!
6. Consider potential technological Issues
7. Be agile
8. Get creative



# LEVEL UP: Safe Steps to Secondary School

- FUNDED BY THE YOUTH ENDOWMENT FUND (YEF) AND EVALUATED BY THE ANNA FREUD NATIONAL CENTRE (AFC)
- SUPPORTS YEAR 6 CHILDREN MOVING TO SECONDARY SCHOOL WHO MAY BE AFFECTED BY YOUTH CRIME.
- AIMS TO EQUIP THESE CHILDREN WITH THE SOCIAL AND EMOTIONAL SKILLS REQUIRED TO NAVIGATE, AND FEEL CONNECTED TO THE SAFE, SUPPORTIVE AND ENGAGING ASPECTS OF THEIR COMMUNITIES.

Watch the Level Up [Sneak Peek](#)

# Who we are:



- ▶ **Laverne Antrobus** Consultant Child and Educational Psychologist & Team Manager
- ▶ **Rachael Humphries** Specialist Community Nurse & CYP IAPT Systemic Family Practitioner
- ▶ **Dr Jessica Powell** Child, Community & Educational Psychologist
- ▶ **Dr Natalie Kseib** Clinical Psychologist
- ▶ **Jamie Williams** Art Therapist & CYP IAPT Systemic Family Practitioner
- ▶ **Nicola Moses** Lead Team Administrator
- ▶ **Andreea Constantin** Team Administrator

- Recruiting the team
- Initial plans and outline of the programme; booklet, summer holiday group sessions
- Identifying primary schools
- Consult with Tavi & YEF; decide to deliver intervention online
- Plan for challenges of online working including feasibility, accessibility & risks
- Search for suitable design agency
- Deadline for primary schools to submit teacher SDQs
- Continue developing online sessions with Collective over teams
- Co-production sessions start over zoom
- Groups / activities launched!
- Manage technical difficulties with activities/ accessing zoom
- Send parent sound cloud links, art tutorial videos and supplies



- Bid won for Camden, Haringey & Islington
- First draft of the booklet completed
- First contact with primary schools and community organisations identified
- Lockdown due to Covid-19 (23<sup>rd</sup> March); schools shut; decision as to whether program is postponed or delivered online
- Inform commissioners and primary schools that programme will be delivered remotely
- Convert draft booklet into online activities
- Meet with YEF and Anna Freud over teams
- Meet with Collective for the first time over teams
- Enlist a co-production group of year 6/7 students
- Enrol parents of selected pupils onto programme; collect outcome measures
- Continue running co-production sessions, allocate groups and plan group sessions
- Write and record videos & parent podcasts

# How Level Up aligns with the THRIVE Framework for system change

## Thriving

- ▶ Level Up targets children who meet the following criteria;
  - ▶ are under the radar of statutory services,
  - ▶ have a Strengths and Difficulties Questionnaire (SDQ) total difficulty score between 6-18,
  - ▶ struggle with peer relationships,
  - ▶ make risky or poor decisions,
  - ▶ and whose parents or carers are worried about their transition from primary to secondary school.
- ▶ As outlined above, the programme engages with children and their families providing a holistic range of prevention and promotion strategies that meet their needs both at home and in an education setting.
- ▶ An independent evaluation of the programme is being undertaken by the Anna Freud National Centre for Children and Families, which will provide evidence on the success of the prevention and promotion strategies and influence the national roll-out of the programme.



## Getting Advice and Signposting

- ▶ Although impacted by COVID, an integral part of the programme is building on the strengths, resources and resilience of the community by providing advice and signposting to community groups for emotional health and wellbeing support.
- ▶ By sharing information about what is available to children and their families in their community, Level Up is empowering children and families to find the best ways of supporting their mental health and wellbeing.
- ▶ A key aim of the programme for its second year is to maintain links with other services such as Mental Health in Schools Teams (MHST), Early Intervention for Psychosis Services (EPS), Youth Early Help and SENCO forums, and engage with more community organisations linking in with other services.



# How Level Up aligns with the THRIVE Framework for system change

## Partnership Working

- ▶ A great amount of work has been carried out by the programme to build and maintain effective partnership working across the system to support the children and families that they are working with.
- ▶ This includes supporting transition by making contact with secondary schools in September to inform them which pupils took part in the programme, and to hand over any necessary additional information.
- ▶ A testament to the relationship building that has happened in the first year of the development programme is that several of the schools have signed up to take part in the second year of the programme.

## Needs-led

- ▶ Co-production was key to shaping the content and 'look and feel' of the online activity aspect of the programme which ensured that the voice of children was central and the offer was needs-led.
- ▶ Feedback from the co-production sessions included:
  - ▶ "Didn't mind the amount of text, but reduce the amount on each page so that it doesn't feel overwhelming."
  - ▶ "Learnt that he is part of more communities than he thought of."
  - ▶ "Learnt that he can talk to many more people than just the police."



**DO YOU HAVE ANY PETS?**

Yes  
 No  
 I used to...

NEXT >

**HOW MANY BROTHERS AND SISTERS DO YOU HAVE?**

NEXT >

**HOW MESSY IS YOUR BEDROOM?**

Spick and span  
 You can juuuust about see the floor  
 Total Bomb Site.

NEXT >

**HOW GOOD ARE YOU AT TENNIS?**

A-ma-zing  
 I'm pretty good  
 Let's just say... I'm still learning...

Drag → if you love it  
Drag ← if you don't

**FOOTBALL**

Drag → if you love it  
Drag ← if you don't

**ATHLETICS**

**WHICH OF THESE DO YOU LIKE TO DO?**

(tick as many as you want)

Sprinting  
 Long-distance running  
 Long jump  
 High jump  
 Throwing things as far as I can  
 Relay races

Drag → if you love it  
Drag ← if you don't

**TENNIS**

**ARE THERE ANY OTHER SPORTS YOU LIKE?**

**DO YOU LIKE ENGLISH?**

Hate it!  Love it!

**HOW DO YOU FEEL ABOUT SCHOOL? DROP THE SLIDER WHEREVER FEELS RIGHT.**

**AND HOW ABOUT MATHS? DO YOU LIKE IT... OR NOT SO MUCH?**

Hate it!  Love it!

**HOW WELL DO YOU THINK THE FOLLOWING WORDS DESCRIBE YOUR PERSONALITY?**

POLITE   FRIENDLY   CLEVER  
 LONELY   ANGRY   CHEEKY  
 NAUGHTY   BRAVE

Hate it!  Love it!

**WOULD YOUR FAMILY DESCRIBE YOU AS...**

BRAVE   LONELY   CLEVER  
 FRIENDLY   FUNNY   CHEEKY

Nope  Yeah, totally



**SESSION ONE, COMPLETE**

THANKS FOR TAKING PART IN LEVEL UP, FRED. IT'S BEEN GREAT GETTING TO KNOW YOU.

WE'LL SEND YOU A TEXT OR EMAIL WHEN YOUR NEXT LEVEL UP SESSION IS READY IN A FEW DAYS.

# In our 1<sup>st</sup> year we learned that ...

- ▶ First contact with schools and parents really important for parental engagement
- ▶ Children and parents responded well to the group sessions
- ▶ Groups of 4-5 children and parents worked particularly well
- ▶ Mixed and same primary school groups worked well
- ▶ Some children and parents needed additional support to get on-line
- ▶ Some siblings and family friends joined in place of parents or helped to translate
- ▶ Session 2 – The ‘Thinking brain and the alarm brain’ concept landed well with both parents and children
- ▶ Some children would have preferred to complete online activities as a group rather than independently
- ▶ Glitches with online activities to be ironed out
- ▶ Consider Zoom etiquette/rules/expectations i.e. camera on or off, parent presence.
- ▶ Parental engagement is important

## In our 2<sup>nd</sup> year we aim to ...

- ▶ Work closely with primary schools to identify children and engage parents
- ▶ Increase number of children and parents completing the programme
- ▶ Streamline screening, referral and on-boarding process
- ▶ Review and update session content, where necessary
- ▶ Better understand what technology (laptops/internet) families can access
- ▶ Maintain links with other services such as MHST, EPS, Youth Early Help, Outreach Teachers and SENCO forums etc.
- ▶ Engage with more community organisations

# Child & Parent Feedback

"I liked that there were little tasks  
[for the children] to do"  
Parent

When you talk in a group, you  
get to express your feelings  
and you get to feel part of a  
community

Year 6/7 child

It helps to think about  
secondary school with  
people that have already  
been through it.

Year 6/7 Child

It gets rid of the  
butterflies in your  
tummy

Year 6/7 child

"A huge thank you"

Parent

The team are "actually quite good listeners"

Year 6/7 Child

The website was good, particularly  
the different kinds of questions that  
it asked.

Year 6/7 Child



# Comfort break

10:55-11:00

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



The Tavistock and Portman  
NHS Foundation Trust



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



**The Dartmouth  
Institute**  
for Health Policy  
& Clinical Practice

## Digital transformation in Children and Young People's Mental Health Services

Nadia Yegorova-Johnstone, CYP MH National Team NHSE&I

Hilary Tovey, Head of Digital Mental Health, Deputy Head of Mental Health NHSEI

Emma Storey, Project Manager, Digital Mental Health, NHSEI

NHS England and NHS Improvement



## Overview

1. Digital transformation and why it's important to Children and Young People's Mental Health services
2. NHSX and NHSEI CYP MH Digital Transformation work to date
3. Testing our next steps with you and opportunities to work together

# 1. Digital transformation and why it's important to CYP MH

# What do we mean by digital?

## NHS Long Term Plan policy ambition (by 2024):

- 100% of mental health providers meet required levels of **digitisation** and are **integrated** with other parts of the health and care system, for example through a local shared health and care record platform.
- Local systems **offer a range** of self-management apps, digital consultations and digitally-enabled models of therapy.



**Self-management apps, digital consultations and digitally-enabled therapy** for personalised MH care



**Digital options for accessing care** to support swifter referral and build NHS.uk information which signposts to NHS and non-NHS services



**Tools to support decisions on care** using machine learning to identify need, understand individual crisis/suicide risk and support caseload management



**Digital assessment and records** across primary and secondary and physical and mental health; users can access their own information



**Tools to make best use of assets and resources** to show available beds and manage out of area placements; e-whiteboards and 'at a glance' boards



**Electronic prescribing and medicines administration** improving safety across inpatient and community MH settings



**Clinical and business intelligence** to reduce variation, support innovation and inform planning and identify best practice



# What does this mean for CYP services?

“We need a digital front end\*\*”

\*or: portal, platform, app, single front door etc...

By ‘digital’ we do not mean an app or a website...

- We mean embracing the mindset, culture, business models, process and technology of the Internet era to respond to people’s raised expectations.
- We have the opportunity to rethink the ways that we deliver services, using technology to create new models of care to meet the needs of those that use services and the staff that work within them.

## Services

End to end experiences designed into a meaningful journey for users.



## Sub services/products

Individual products, transactions, interactions which make up a service



## Service patterns

Repeatable and reusable ways similar services work



## Capabilities

Discrete, reusable building blocks that deliver those things



## Technology

Common systems which are scalable, interoperable, usable and flexible

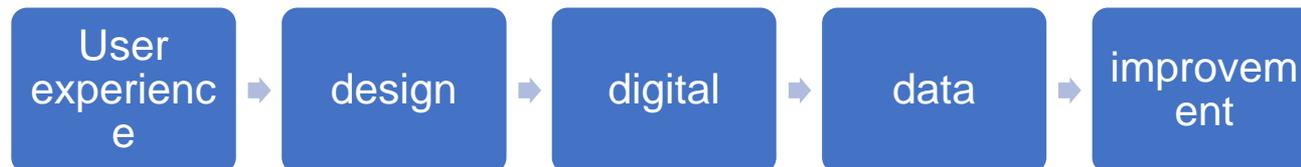


## Data

Secure, accurate, well managed, supporting many services equitably

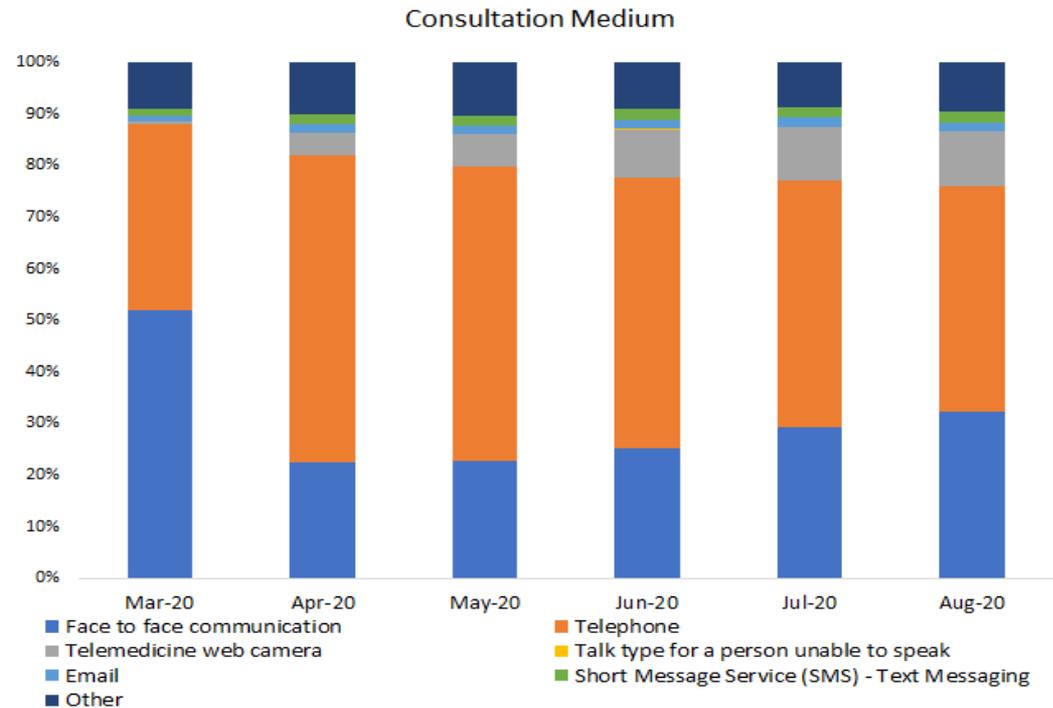


## ‘Good’ digital transformation starts with user centred design



# The pandemic has challenged CYPMH to accelerate the digital transformation agenda

- The initial drop in referrals during Covid is beginning to rise, as is the acuity and complexity.
- We saw a rapid move to virtual consultations – see table to the right.
- Rapid commissioning of technologies in certain localities
- Tailored offers from digital mental health products and services around anxiety related to COVID/lockdown – e.g. ThinkNinja



Source: Mental Health Services Dataset

# What we have learned during Covid-19



## Service user considerations:

- Whilst time together has had some benefits, privacy matters, and is hard to manage for both parents and children / young people
- Digital inclusion is not just about having a smart phone – complex problem
- Blended digital and traditional modes of delivery preferred – and providing choice for service users between the different modes will be important as we move forward
- Peer support important – who and how/where
- Parenting support for managing behaviour at home

## Workforce considerations:

- Better understanding of skills that staff could/should have around using confidently using technology
- Staff confidence is critical alongside access to hardware
- Can't always continue to do the same therapeutic work, but might be able to do other work



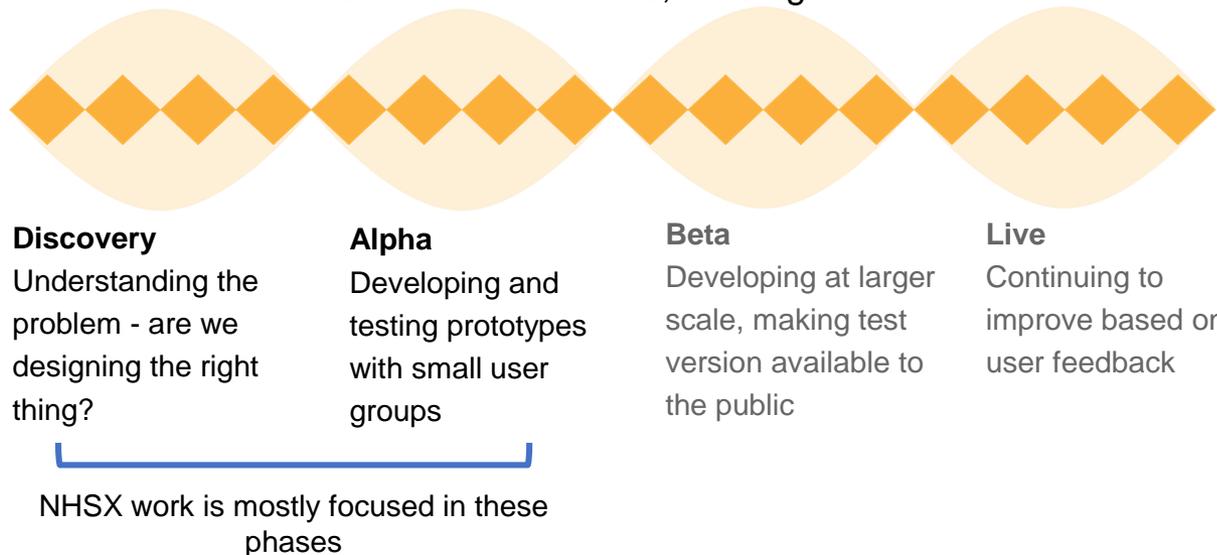
## Provider / commissioner considerations:

- Rapid adoption of technology is possible
- Usability of product – no perfect swiss-army knife “video consultation” platform at the moment
- User research and good service design approaches aren't just a luxury for “Business as usual” and can be done, with limitations, in a rapid response to a situation by a multi-disciplinary team

## 2. NHSX and NHSEI digital transformation work to date

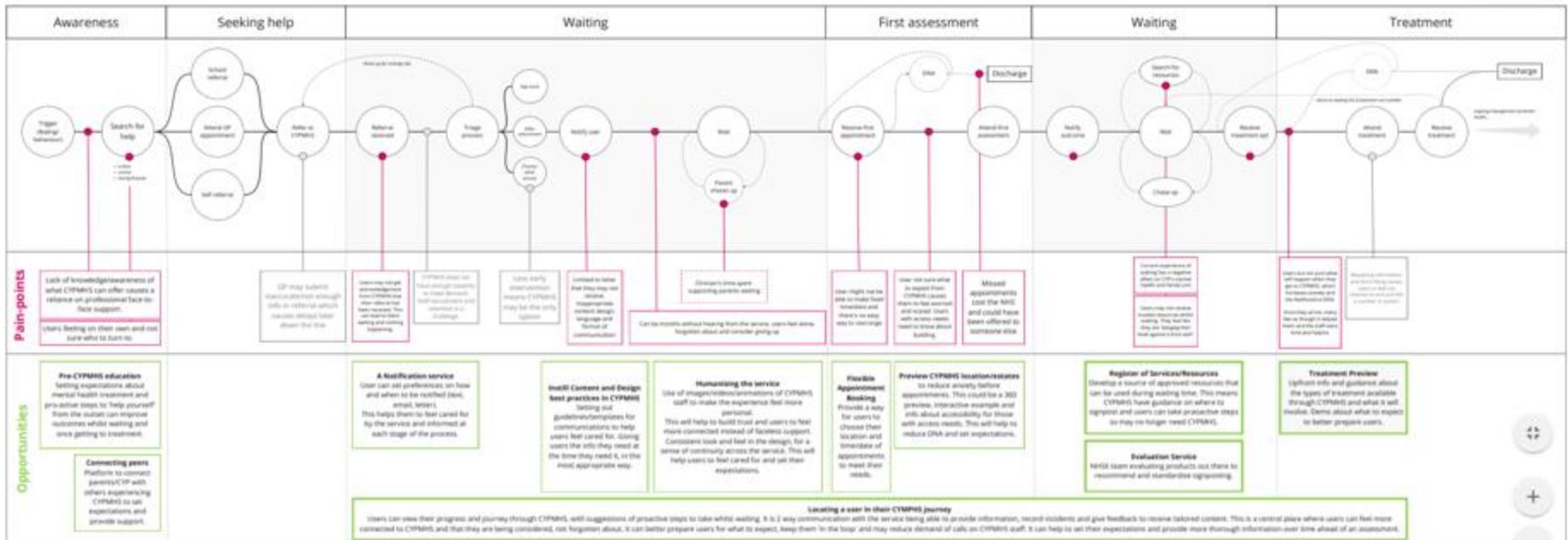
## Since 2019, NHSX has been working with NHSEI to accelerate digital transformation within CYPMH services

- This work has involved testing and documenting new reusable service design approaches through work with local pilot NHS trusts.
- The longer term goal of this work is to develop a model for supporting the improvement and transformation of end to end services with more NHS trusts.
- This has become increasingly important for supporting local services in their response to the COVID-19 pandemic and in the inclusive restoration of services, building back better.

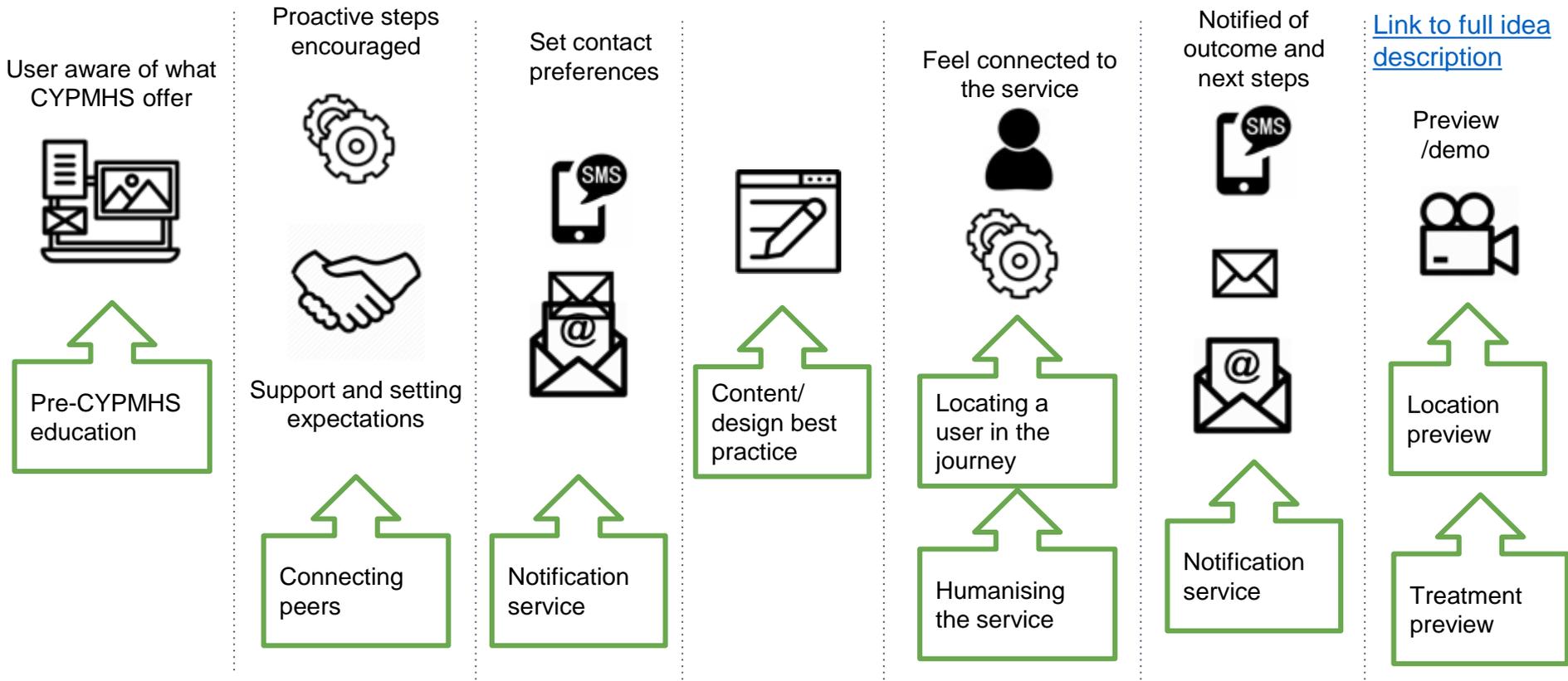


# In Discovery, we worked with users and professionals to map out the end to end service journey and identified opportunities to make it better...

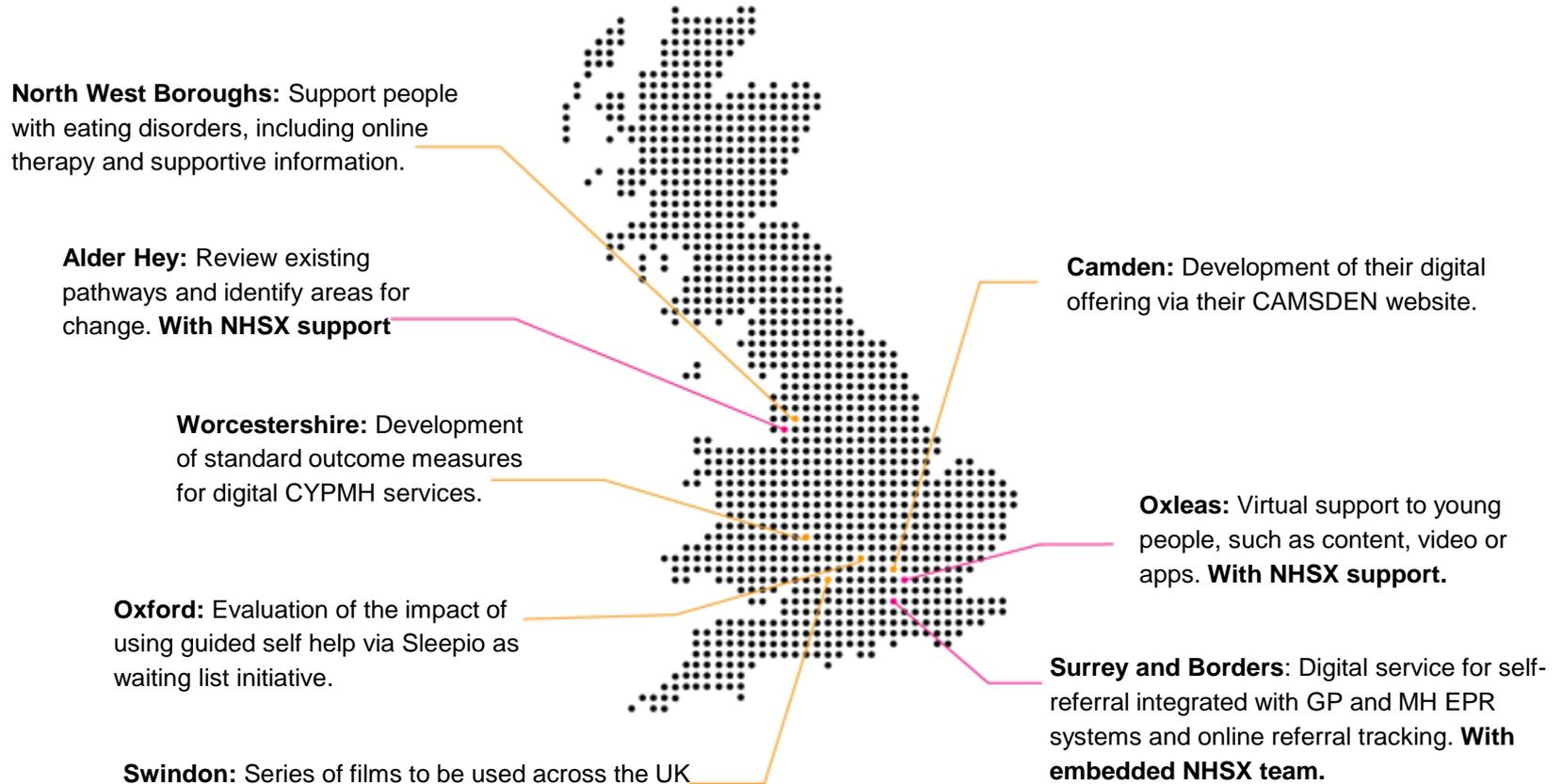
Mental Health Discovery: Example As-is Service Map



# ...and defined a target 'end state' for a digitally enabled pathway from referral to first appointment



# Then in Alpha, we funded, supported and worked in partnership with local NHS trusts to test these ideas in reality





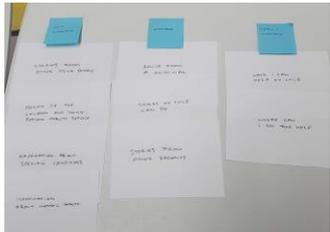
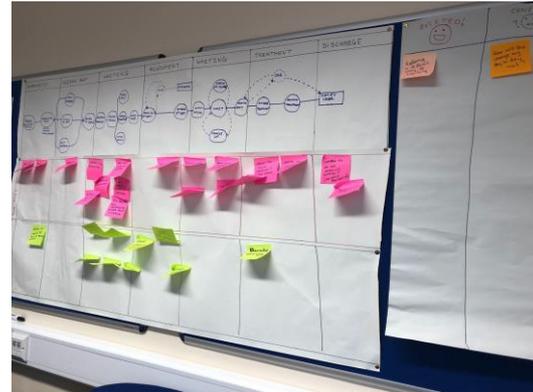
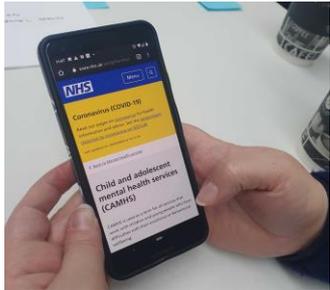
## User research and co-design

The team carried out user research and co-design sessions throughout the 8 weeks on site. Some of these were individually and as a group.

This included work with children, young people, their families, professionals, GPs and partner organisations

These interviews were to test the needs as well as the prototyped solution with end users.

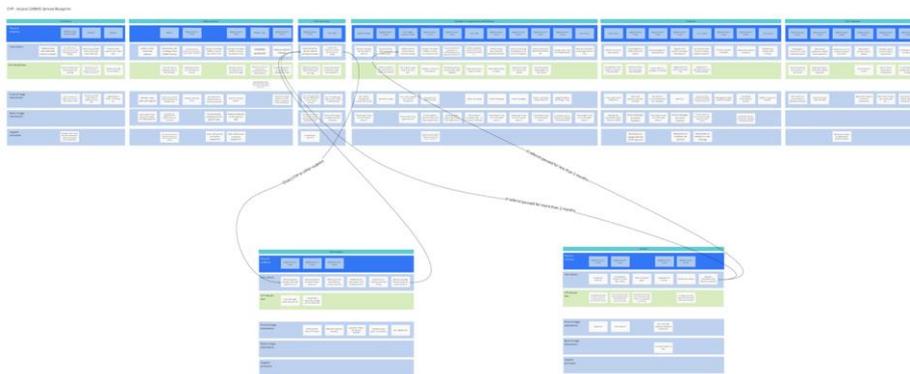
The team also worked with stakeholders in the trust to show them ideas, ideate, challenge ideas.



|             | Setting help                |  |  |  | Make request for help  |   |  |  | Waiting  |   |   |  | Get help                                |                     |
|-------------|-----------------------------|--|--|--|--|---|--|--|--|---|---|--|---|---------------------|
| Icons       |                             |  |  |  |  |   |  |  |  |   |   |  |   |                     |
| Parent goal | Be concerned about my child | Easy find the right place online to get help           | Determine online the level of my CYP's need - crisis, treatment, other help  | Explain treatment options and timescales   | Enter my details, my CYP's details and why I am contacting CYPHS | Choose preferred communication method   | Create Account   | Receive notification of referral info received               | Given appointment date & info about the consultation | Receive advice about how to help CYP before appointment | Updated via health of progress, any appointment changes                               | Be able to change or cancel referral appointment       | Consultation appointment with Clinician | Forward plan agreed |
| Parent need | Did it was easy to find     | Reassured I am in the right place                      | Reassured by friendly and welcoming content that my CYP will be treated well | Able to make decision whether to continue, referred by options and likely wait times | Method of requesting details is easy, clear instructions         | Expecting that I will be able to check progress within the account              | Encouraged that my submission has different items received and that it will be attended to |  |  |   | Good that we've not been forgotten. Reassured that something's happening              |  |   |                     |
| Outcomes    |                             | Direct people out of CYPHS if CYPHS does not meet need | Direct people out of CYPHS if CYPHS does not meet need                       | Direct people out of CYPHS if CYPHS does not meet need                               | Direct by default, to enable GoHelpify                           | Account enables 'user' save where professional, number CYP etc. can collaborate | Initial direct content to CYP start of their 'parent-referred' journey                     | Info provided to child directly too. Video, map of location, |  |   | Updates could be removed additional info from teacher, manual additional info from GP | Child has ability to cancel appointment themselves too |   |                     |

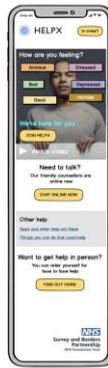
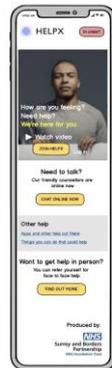
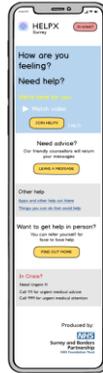
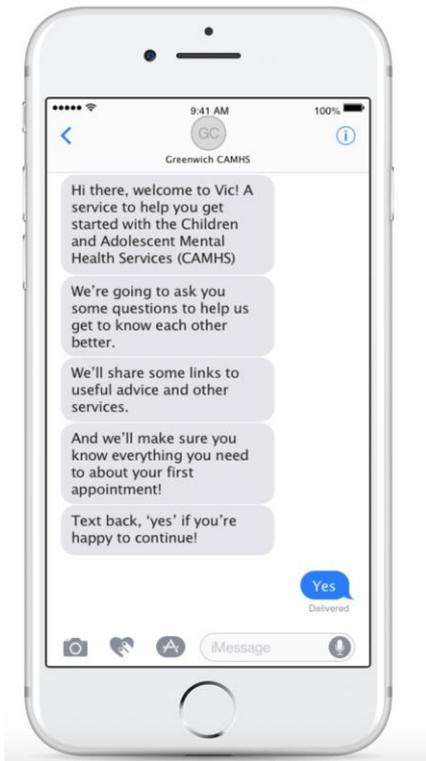
## Journey maps

The team created journey maps for CYPs and parents to show how the current service operates and find areas of improvement and what the future state could look like.



## The service blueprint

The service blueprint illustrates how the future journey for accessing the service will function and be supported. The blueprint describes the steps a CYP will make while accessing services, including the digital and physical touchpoints they will use during their journey and suggestions for how the service elements they encounter are supported by the trust, technology and other resources.



## Prototypes

We created prototypes and clickable demos to get rapid user feedback and to iterate quickly.

1 For an SMS service that would:

- Ask questions related to assessment, learning more about the young person ahead of the appointment
- Give daily messages to track progress
- Providing useful information and resources over the waiting period

2 Parent request a call back from a mental health professional to reduce parent's wait time and CAMHS-SPA backlog

3 Parent entry point for referrals and access to other support methods and resources

4 CYP self-referral entry point

5 Service for CYPs to understand their point in the referral journey and access other resources and support

The learning from work on the ground with these trusts has contributed to a proposed service model which we are developing further

**Vision** as a model for doing

**Hypotheses** to test

**Measures** for impact

**Patterns** to build with

**Design principles** to guide decisions

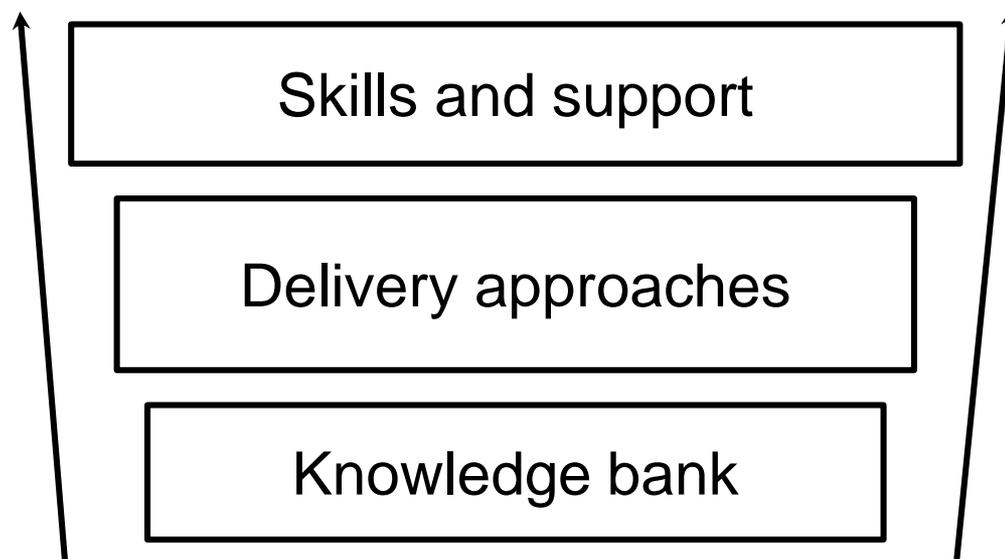
**Prototyping** to make ideas, concepts and ways of working real

**Team & leadership development** to support change

**Engagement** to communicate with stakeholders

### 3. Testing our next steps with you and opportunities to work together

We are planning to build out and scale these approaches for CYP MH digital transformation



# Discussion

From your experience of leading transformational change and spreading best practice across children and young people mental health services:

- How can we most effectively engage with services through this work?
  - Which roles/members of staff should we be targeting?
  - What is the role of STPs/ICSs in your view?
- Of the resources and approaches we have talked through, which aspects do you think sound most valuable? What are the gaps or limitations?
- What is an effective way for us to roll out skills development and support for services?

Thank you for listening and contributing your thoughts.

If you would like to be involved with this work or to find out more, please contact:

- Nadia Yegorova-Johnstone, Programme Manager, CYP MH Team, NHSEI, [nadia.yegorova-johnstone@nhs.net](mailto:nadia.yegorova-johnstone@nhs.net)
- Emma Storey, Project Manager, Digital Mental Health, NHSEI, [emma.storey@nhs.net](mailto:emma.storey@nhs.net)

# Questions and reflections



- Please insert any questions or reflections you have in the chat box.



# Mentimeter

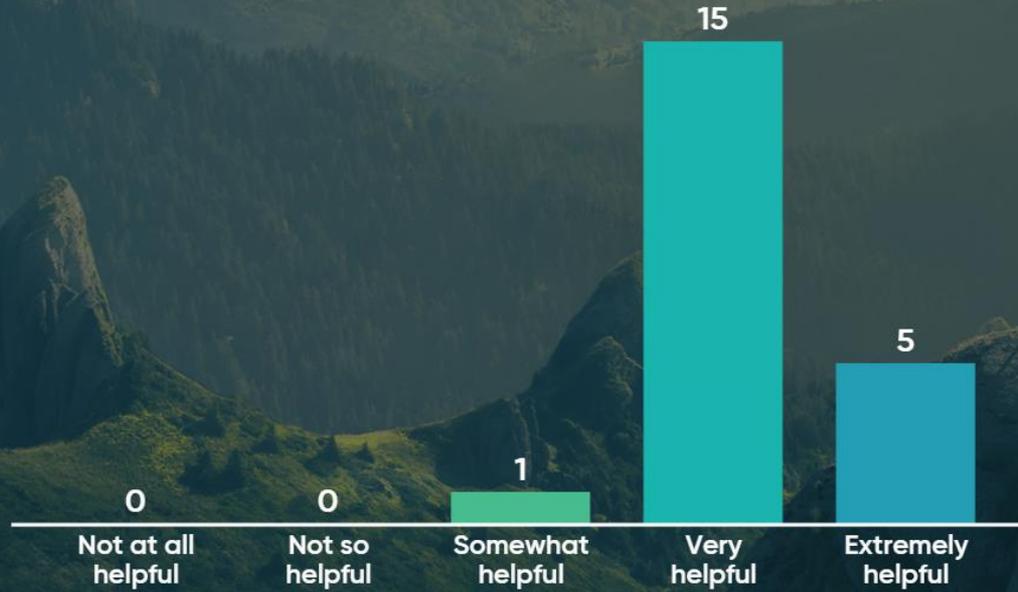


- Please visit [www.menti.com](http://www.menti.com) and insert the code: **44 98 89**



# Mentimeter

# How helpful was this webinar for you?



# Are there any particular areas that were helpful?

Level Up

Hearing examples

Learning about the Level Up work

Being able to hear updates and chat/raise issues

The last presentation - opportunities

Outcome measures

Hearing how some of the other teams dealt with the trans into digital work

Really great to hear about implementation stories, hearing about level up was great. Digital stuff also grtat

I thought all the presentations were helpful!

discussion around how we can implement technology effectively

# Are there any particular areas that were helpful?

digital work

about level up was great. Digital stuff also grrat

Level Up's detail was great and hearing more about the help that's coming from NHSE/X is really encouraging

Outcomes related information

discussion around how we can implement technology effectively into our work and give us tips around this. Also the level up work is amazing

That there will be a recording available! :)

Level Up transition and lovely feedback - this really does work

Being mindful of diversity issues. We have to have a blended approach to our work. f2f still v important

# Are there any areas that could be improved?

I like the idea of breakouts around topics with quick tasks and discussion

Unsure, this was really enjoyable

Would prefer this to be on the Microsoft Teams platform! :)

It would be good to start mapping what is happening in different ICS areas - lessons learned and new projects

N/A I would like to see the network meet regularly to track the progress. Happy for webinars to be extended and for break outs

Not that I can think of, well designed and informative in a new way of working for everyone

Digital outcomes and CORC

Really good presentations, a bit of interaction and discussion would be good

Maybe it was my Zoom settings but not able to see who else in the meeting which would have been

# Are there any areas that could be improved?

Digital outcomes and CORC session would be very helpful as this is a major issue for our service too.

Really good presentations, a bit of interaction and discussion would be good

Maybe it was my Zoom settings but not able to see who else in the meeting which would have been helpful.

Session on how to improve engagement with users who use/offered virtual session in place of face to face

For more information: i-THRIVE



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

Sign up to the National i-THRIVE Community of Practice and receive monthly updates. Email:

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