



Developing a THRIVE-aligned Outcomes Framework

National i-THRIVE Programme

11th February 2021

“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 and uploaded online.** Please keep your camera turned off and mute yourselves unless you are asking a question.
- 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 chat 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.
- You will be sent the slides following the webinar, as well as a link of the recording to enable you to share with colleagues who may not have been able to join.
- If you have any questions or reflections you would like to share following the webinar please feel free to send them to the National i-THRIVE Programme team at ithriveinfo@taviport.nhs.uk



Agenda



Time	Item	Presenter
10:30	Welcome	Rachel James, National i-THRIVE Programme
10:40	Outcome measures for use at different levels across the system	Kate Dalzell, CORC
11:00	Developing a system-wide outcome framework in Greater Manchester	Angela Daniel, Greater Manchester i-THRIVE Programme Team
11:20	Comfort Break	
11:25	Developing an arts and culture outcome framework	Kat Taylor, Greater Manchester i-THRIVE Programme Team
11:45	Q&A with presenters	All
12:00	Close	Rachel James

Equality, Diversity and Inclusion



- The National i-THRIVE Programme are committed to Equality, Diversity and Inclusion and we look forward to encouraging all prospective sites to collaborate further in embedding this across the locality and provision to actively promote equitable access.
- We want to support the use of representative outcomes across the system which enable us to evaluate holistic outcomes.
- Outcome tools need to be valid and meaningful for the needs of the target population.



Outcome measures for use at different levels across the system

Kate Dalzell

Head, Child Outcomes Research Consortium (CORC)

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





National i-THRIVE Community of Practice

Using outcome measures across the system

Kate Dalzell
Head of CORC

The Child Outcomes Research Consortium

The Child Outcomes Research Consortium (CORC) is the UK's leading membership organisation that collects and uses evidence to improve children and young people's mental health and wellbeing.

Our members include mental health service providers, schools, professional bodies and research institutions from across Europe and beyond.



CORC's **vision** is for all children and young people's wellbeing support to be informed by real-world evidence so that every child thrives.



Who we are

... that collects and uses evidence to enable more effective child-centred ... and young people's mental health and wellbeing. We have over 15 ... edge on outcome measurement and relating this to the insights ... ing with children and young people on the ground.

Training & events

6 Feb 2020

5 Mar 2020

Commissioning

CORC Training Session



Why look at outcomes cross-system?

Selected key principles in the THRIVE Framework..

Common Language: a common conceptual framework

Needs-led: explicit in defining needs

Partnership Working: shared responsibility, accountability, and mutual respect

Outcomes-Informed: clarity and transparency from outset about children and young people's goals, measurement of progress, and explicit discussions if goals are not achieved



9 The Tavistock and Portman
NHS Foundation Trust



Anna Freud
National Centre for
Children and Families



UCLPartners



The
Dartmouth
Institute
for Health Policy
& Clinical Practice

Central role for outcome measurement in Future in Mind and Local Transformation Plans

- **Local leadership** to deliver national ambitions
- **Commissioner** led, in collaboration with **providers, schools** and **service users**

Transparency and accountability

- Clear information about investment and local population needs

Principles for service transformation

- Rigorous focus on outcomes and an evidence-based approach
- Collaborative practice with CYP and families
- Regular feedback of outcome monitoring - to children, young people, families, and in supervision

Monitoring improvement

- Developing a robust set of metrics - access, waiting times and outcomes – and benchmarking

The case for embedding a cross-system outcome framework

- Having a clear, shared understanding of the outcomes commissioners and providers are working towards
 - holding in balance different aspects of quality of life for a thriving population, and of appropriate help and support (that meets the preferences of) for those who need it.
 - a key component in effective partnership working and system mobilisation, acknowledging the contribution made by all players (education, social care, family, health)
- An opportunity to put the goals, outcomes and values that matter most to children, young people and families at the heart of decision-making, to be responsive to feedback

The actual starting point in most areas

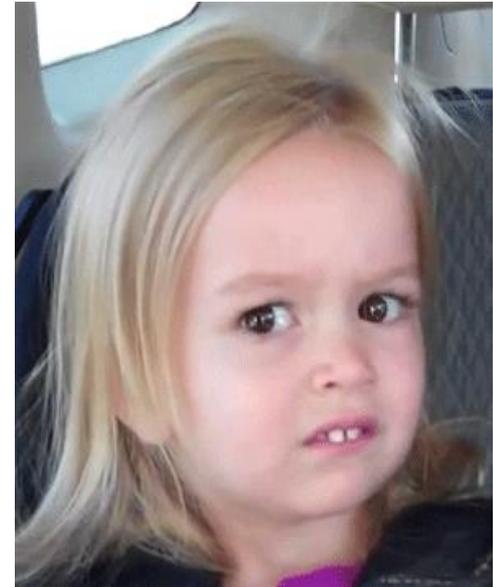
- Services/ organisations with specific statutory responsibilities, deliverables and commissioning targets, visions, charitable missions etc
- Practitioners and professional people have specific skills, professionalisms, training, experience that lead them to focus on particular things
- Children, young people, families and carers have needs that don't fit neatly into boxes or service parameters; that are unique, complex, difficult to measure

While everyone has the best interests of children and families in mind

- people prioritise or focus-in on particular outcomes, and particular measures of success

And even(!)

- they don't enjoy thinking about their work in terms its outcome, and are perhaps reluctant to get into measuring things..

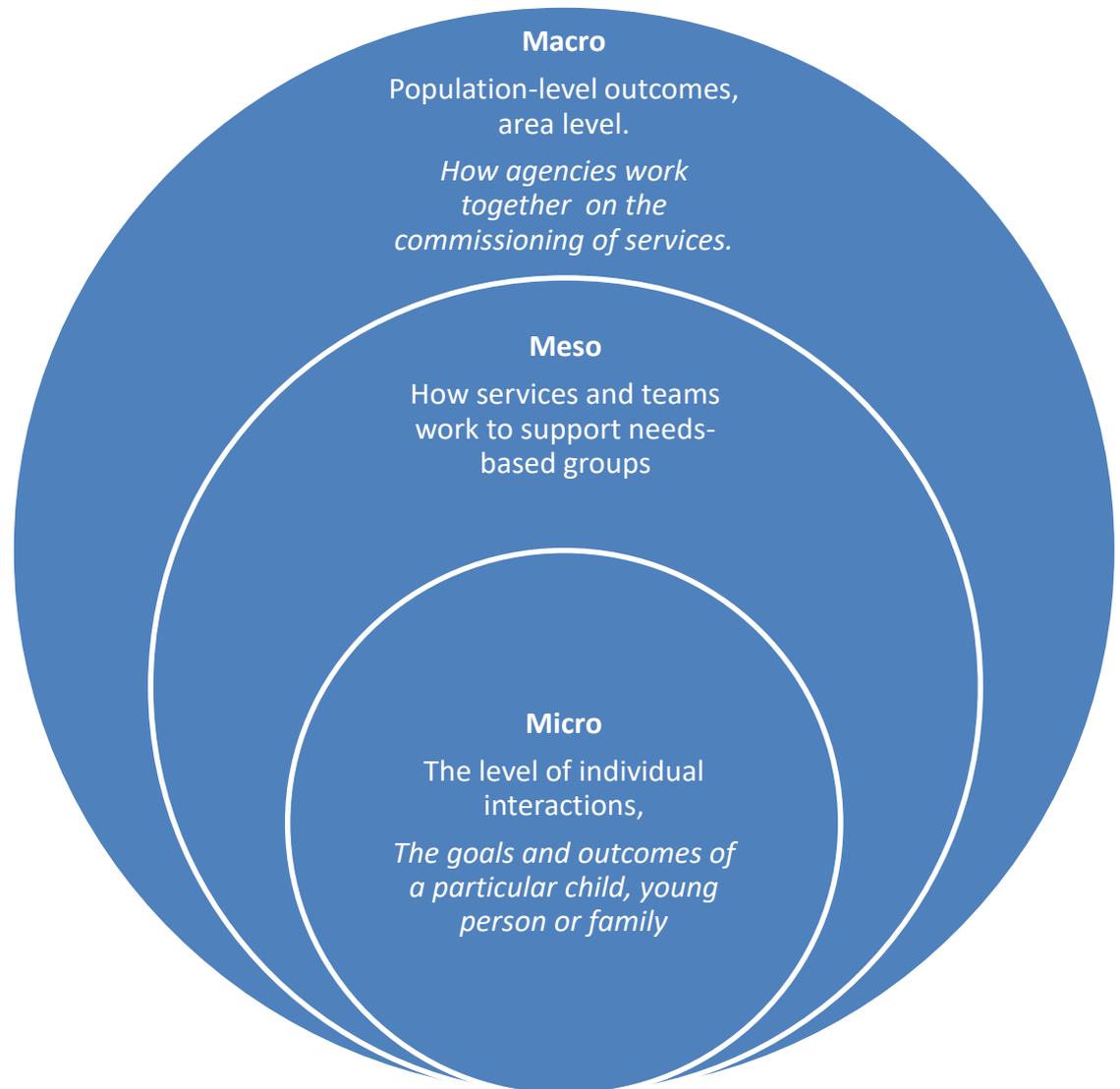


So where to start? Values and principles to hang onto

- **Relevant and meaningful**
 - Co-produced to reflect different perspectives and hold these in balance
 - Buy-in from everyone
- **Useful, purposeful**
 - Connected to decision making/ action at all levels
 - Strategic governance; management; direct care and support; outward engagement.
 - Practical – fit for the purposes you are using it for (prioritisation? lead indicators? Proportionality)
- **Engaged and connected**
 - Accessible and understandable, to support common language, communication, collaboration
 - Inclusive, so anyone can see where they fit in
 - Clear feedback loops
- **Information is used intelligently and collaboratively**
 - Services, service users and commissioner contribute to interpreting complex data, triangulating different types of data to build a more informed perspective



Consider different levels of the system

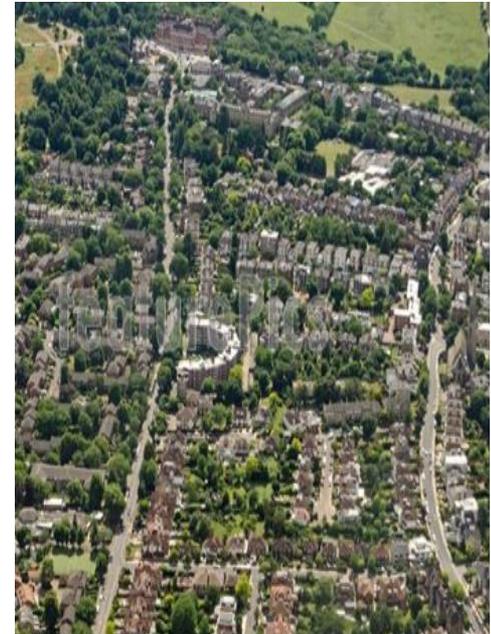


Macro level

- Key for strategic decision-making, e.g. strategy development, commissioning plans
- Provide a 'state of the nation' style strategic picture of the wellbeing the community
- Responsibilities are shared, solutions may be complex
- Change may not be easily attributed

Examples

- Population-level surveys of quality of life/ wellbeing
- Number of children in poverty
- Number of young people not in education, employment or training
- Incidence of low birth weight

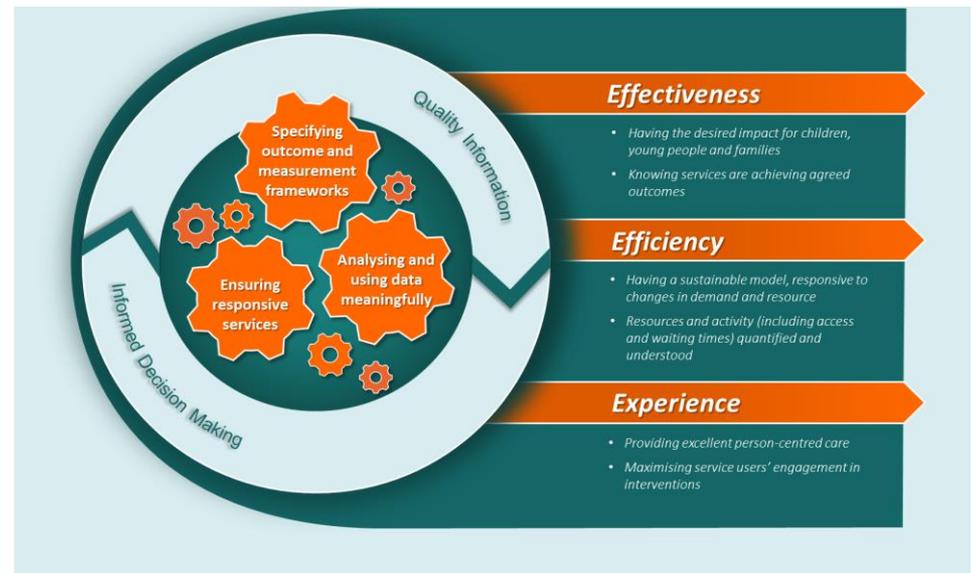


Meso level

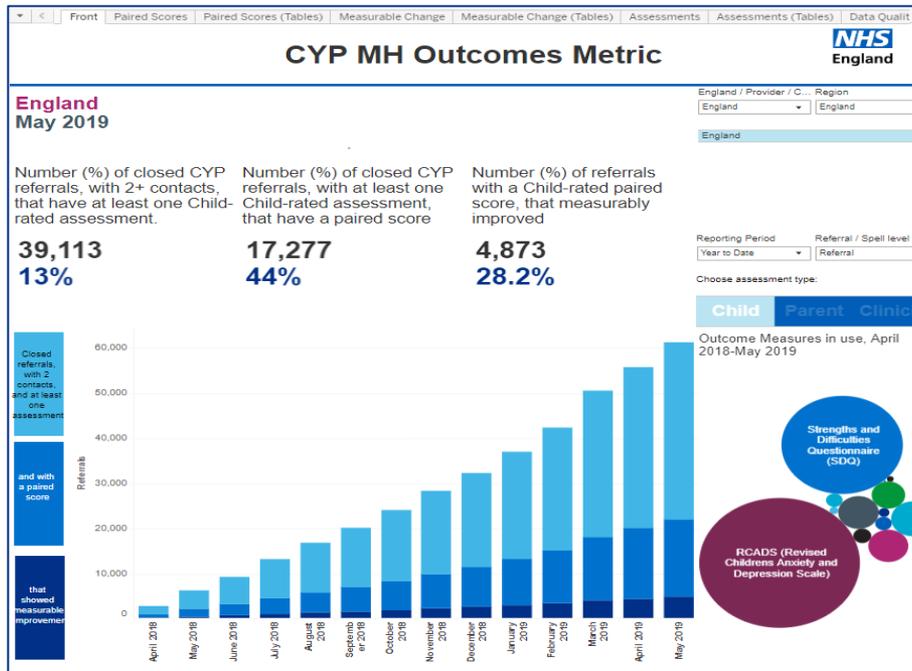
- Services and teams responding to the needs of the children, young people and families they support
- Will also speak to specific reporting requirements, responsibilities
- But may be a mixture of specialised measurement tools, and measurement tools that can be used more collaboratively across services – e.g. in some areas goals-based tools, SDQs, school attendance

Information should be a mixture of

- Outcomes (what results as a consequence of support offered)
- Experience (quality of care e.g. ESQ, DNA)
- Activity (productivity - number of people seen, using different pathways etc)



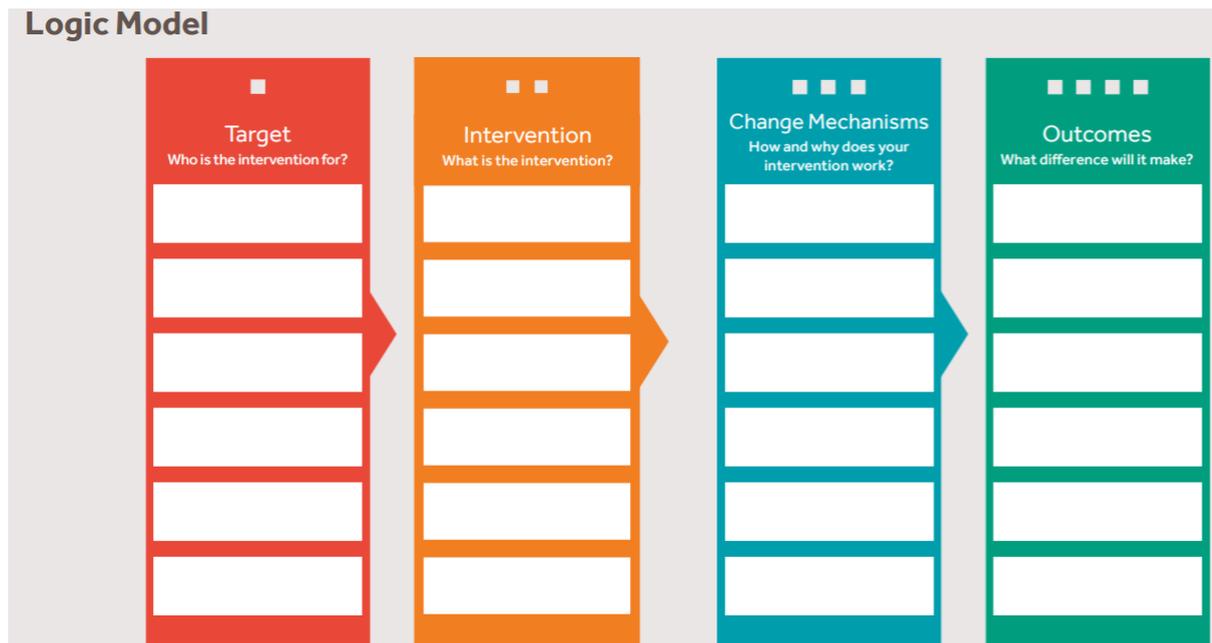
Data – CYPMH Outcomes Metric



- The new dashboard has been launched on the FutureNHS Collaboration Platform – highly interactive and enables view by provider and commissioner, work underway to include view by ICS/STP.
- Focus continues to be on improving data completeness of outcomes data, particularly for paired scores.

Mechanisms – e.g. system transformation

- Additional to this, are questions about monitoring the impact of a new initiative, of a change or transformation effort. For many in the Community of Practice, this question may be for example, 'are we successfully embedding the THRIVE Framework in the way we intend?'
- It may be that embedding the THRIVE Framework is a key part of your logic model – the mechanism by which you will achieve better outcomes



Micro level

Principles of good practice are to use feedback and measurement questionnaires in a way that is **meaningful** and **integrated** and **be transparent**

Every time you ask a question you are sending a message

Young people said:

- Explain why you're asking me to fill it in, go through the results, make the questionnaire feel like part of our session
- Think about what it will be like to fill it in and support or help me if I need that
- Be clear that a questionnaire score is only part of building a bigger picture of who I am and how I am feeling
- Give me choice where you can – don't assume how I'll feel about the questionnaire

You asking me to fill in the questionnaire is impacted by our relationship: if I trust you, and understand where you are coming from, it will be more meaningful.

Let's Get Real: https://www.youtube.com/watch?v=bU4n_WApmHc



How do you go about developing this?

Areas have different needs and different journeys in developing and rolling out outcome and measurement frameworks. Beneficial to separate out..

DEVELOPING AN OUTCOME FRAMEWORK

INVOLVES:

- Establishing joint commitment
- Reviewing strategic documents and plans
- Engagement and consultation

SUCCESS FACTORS:

- Strategic vision and leadership
- Buy-in
- Clear scope
- Communication

DEVELOPING A MEASUREMENT FRAMEWORK

INVOLVES:

- Researching best practice in measuring and monitoring identified outcomes
- Reviewing current measurement practice
- Considering how information will be collected, reported, used

SUCCESS FACTORS:

- Realism and prioritisation
- Holding implementation considerations in mind
- Measures that are meaningful to delivery

OPERATIONALISING THE FRAMEWORK(S)

INVOLVES:

- Ensuring infrastructure, processes and training for gathering, collating, reporting information are in place
- Developing reports (accessible, useful, transparent) and beginning to use these in meetings
- Ensuring feedback loops are in place

SUCCESS FACTORS:

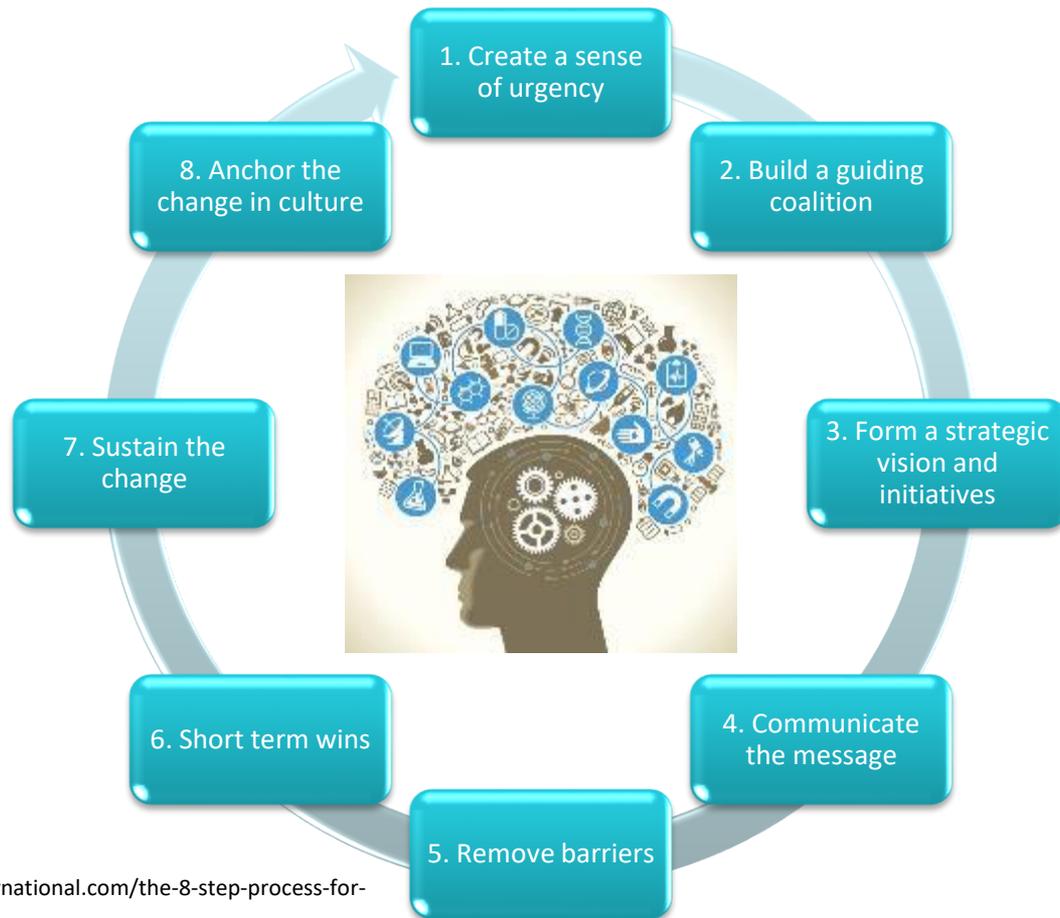
- Staggered approach
- Continued leadership commitment
- Communication
- Follow through

Examples of different approaches

- Introducing common measures across providers
 - Focus on having a shared ethos; focus on area-level reporting
 - E.g. a simple measure of functioning like the CORS
- Using goals as a common thread to hold the voice of children and young people at the heart
 - Ensuring use of a goals-based measure at all levels of the system
 - Using young person priorities – e.g. ‘I statements’ - to structure a framework



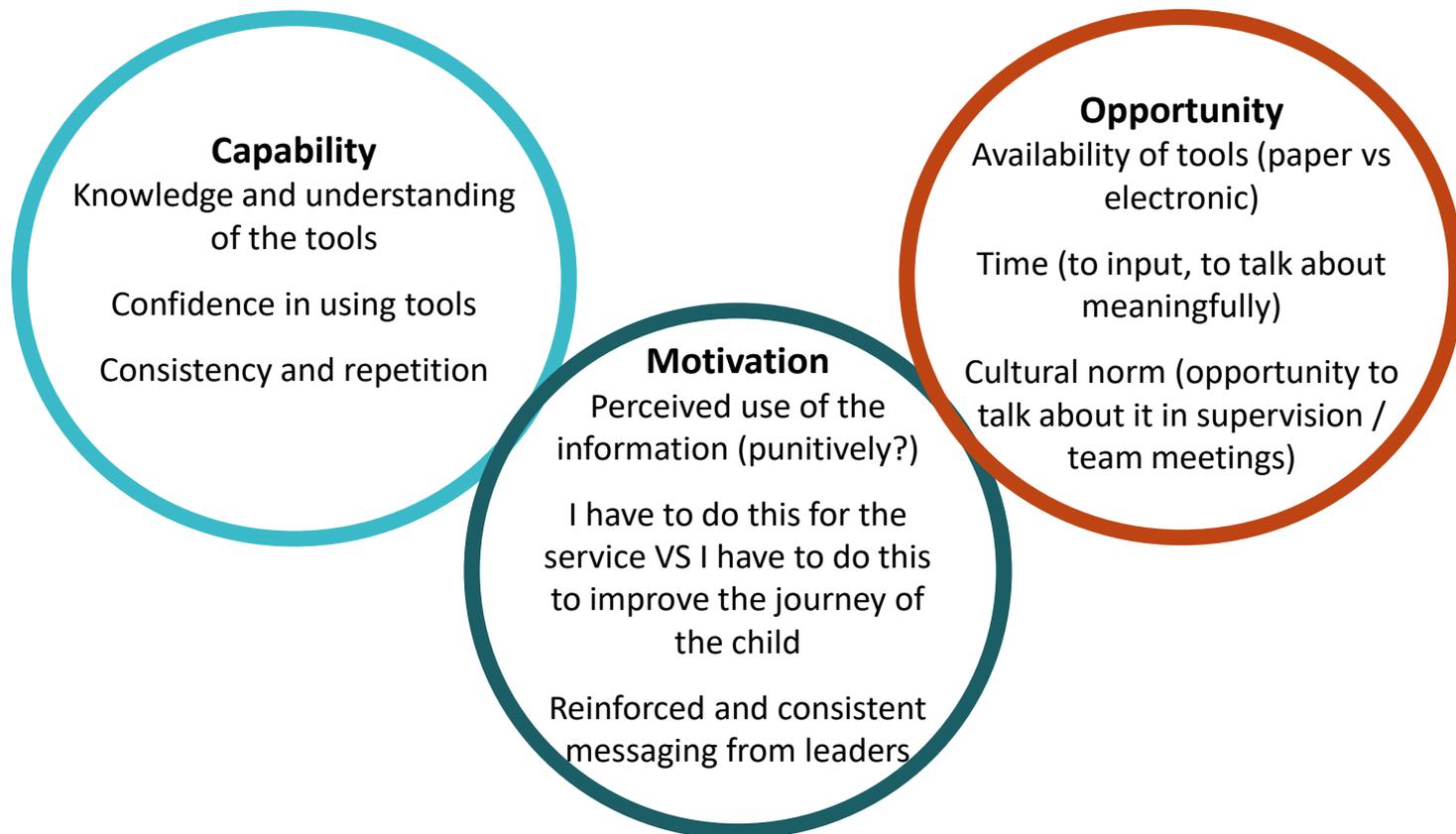
8 Steps to implementing change



Kotter (1996)
www.kotterinternational.com/the-8-step-process-for-leading-change/

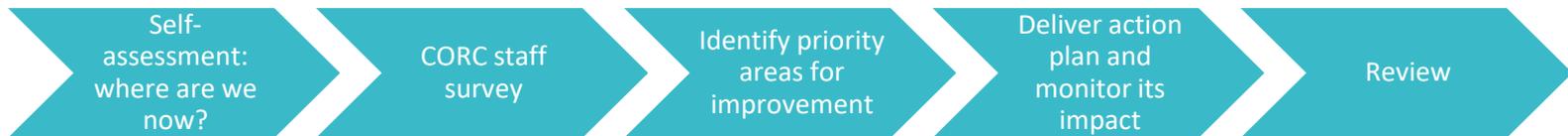
Removing the Barriers:

Categorising the barriers to outcome measurement



CORC Best Practice Framework

- Designed to promote a ‘whole system’ approach to implementation of measures
- Based on evidence to date of what makes for effective use of outcomes and feedback data to inform quality service provision



What does it look like?

LEADERSHIP AND MANAGEMENT	Stage achieved			
	1	2	3	4
Organisational vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organisational commitment to collection and collation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organisational commitment to interpretation and use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organisational culture supportive of use and learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STAFF DEVELOPMENT	Stage achieved			
	1	2	3	4
Understanding of different data sources (including measures)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training and Continued Professional Development (CPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review of measures and feedback in supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INFRASTRUCTURE AND INFORMATION MANAGEMENT	Stage achieved			
	1	2	3	4
Enabling use of data in direct practice with clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enabling use of data at practitioner level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enabling use of data at team level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enabling use of data at service level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SERVICE USER EXPERIENCE	Stage achieved			
	1	2	3	4
Service user's understanding of measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication with service users about measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaborative setting of goals and choice of measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service user's feedback on support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you

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Developing a system-wide outcome framework in Greater Manchester

Angela Daniel

Programme Manager, Greater Manchester 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”



Capturing the implementation and impact

Angela Daniel



Framework



Surveys



Implementation Stories



Implementation Plan



Training

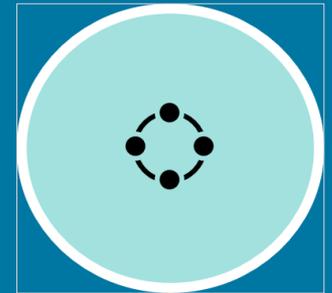
Self Assessment



Strategic Outcomes



System Change



CAMHS Data

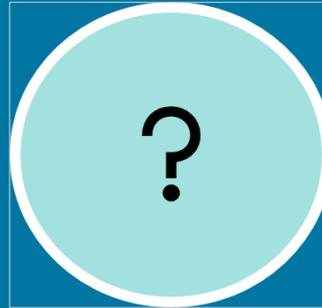


Young People

Self Assessment



What can this show us?



Overview **Self Assessment**

[Click for Self Assessment instructions](#)

Top	Macro					Meso					Micro						
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	6	7

Macro Principle 1

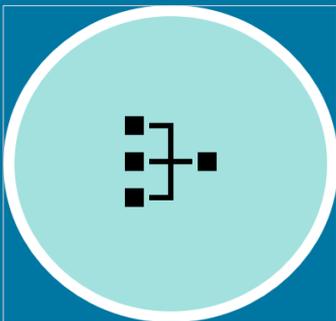
Macro Principle 1

Thrive Principle	Measure Used (Where relevant)	Level 1 (Some way to achieving Thrive-like practice)	Level 2	Level 3	Level 4 (Practice is very Thrive-like)
Macro Principle 1	There are no specific measures relating to this principle.	No policy on how a locality will deliver improved outcomes for CYP mental health.	There is a policy on how a locality will deliver improved outcomes for CYP mental health. However this is not jointly created with all agencies.	There is a policy on how a locality will deliver improved outcomes for CYP mental health. Creation has involved some of the relevant agencies, but not all.	There is a policy statement/ document that clearly articulates the locality's approach to delivering improved outcomes for children and young people's mental health. This is jointly created between health, care and education, with clear third sector input.
A locality's mental health policy is interagency.		Child mental health is not included in the Sustainability and Transformation Plans (STPs) or Local Transformation Plans (LTPs).	There is no clear implementation plan in place sitting alongside this policy.	Child mental health is included in both the LTP and STP.	Child mental health is included in both the LTP and STP.
		There is no implementation plan in place.	Child mental health is included in either the LTP or STP, but this is not comprehensive.	There is an implementation plan in place that sits alongside this, however this does not span all agencies in the locality.	There is a clear plan for implementation associated with this.

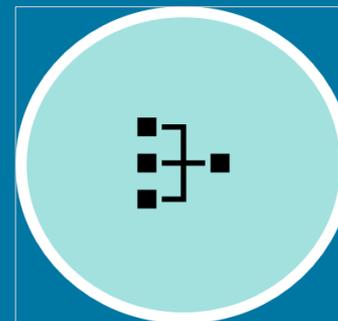
Rating					
Circle the rating level that best describes your service. Capture key points in the deliberation and note particular areas of strength or opportunities for improvement.					
Thrive Principle	1	2	2	4	Notes



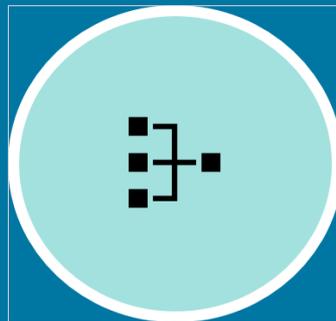
Macro



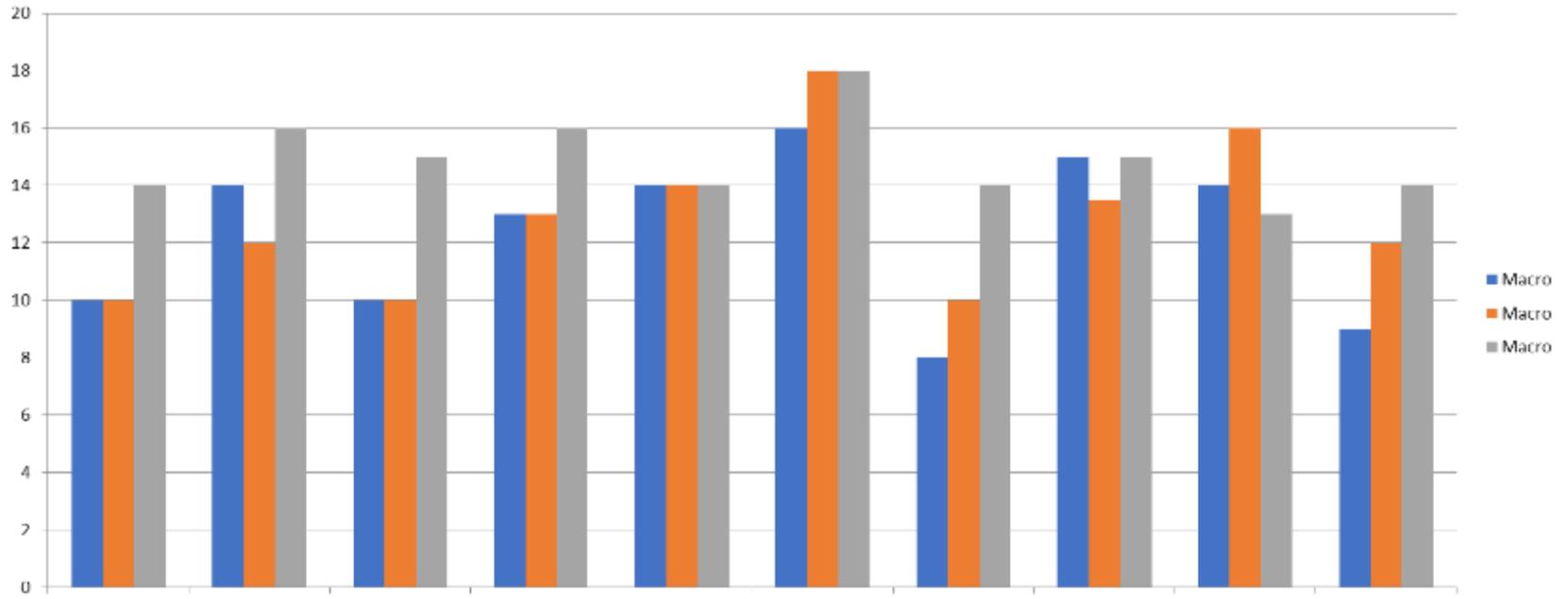
Micro

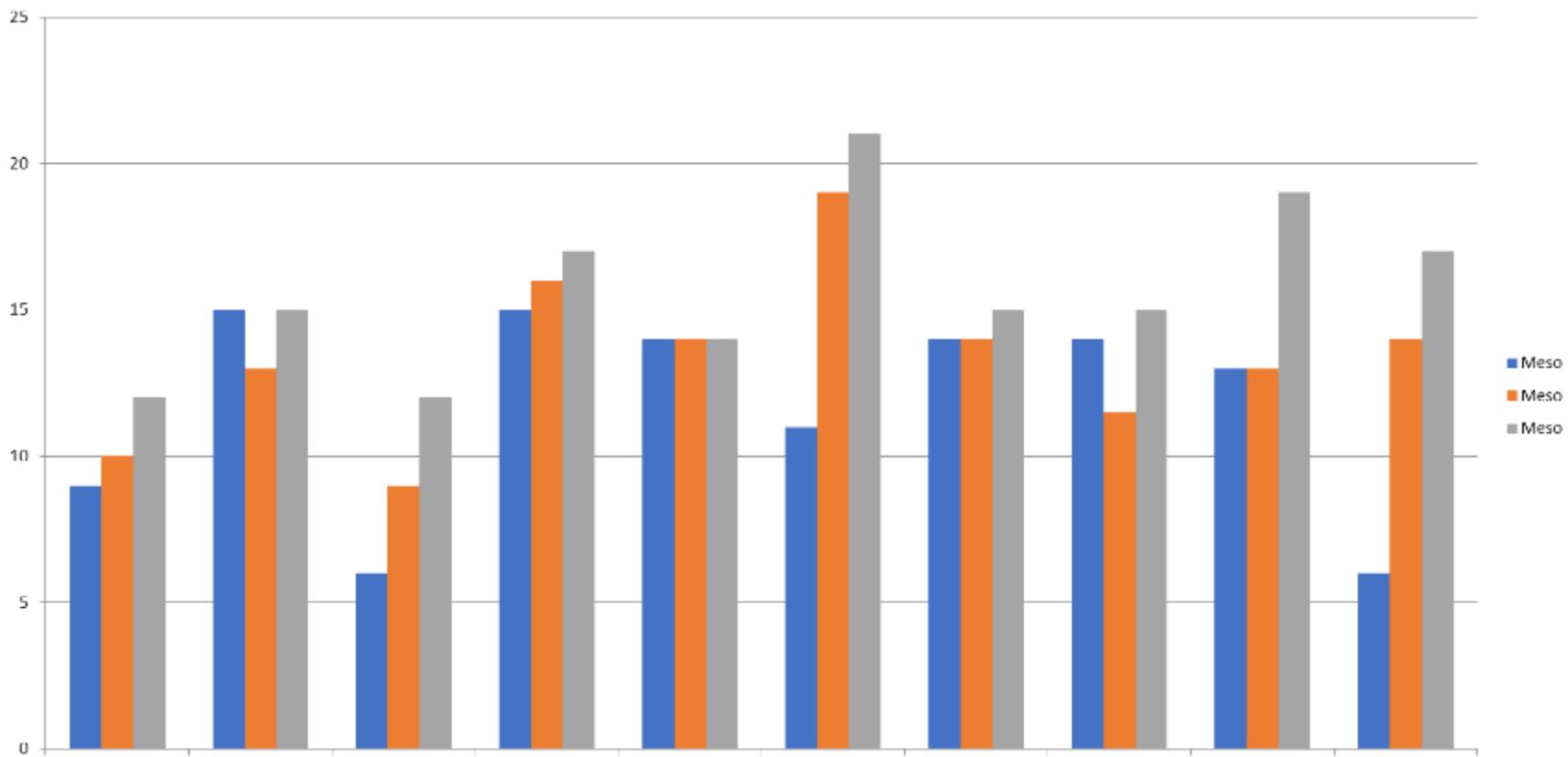


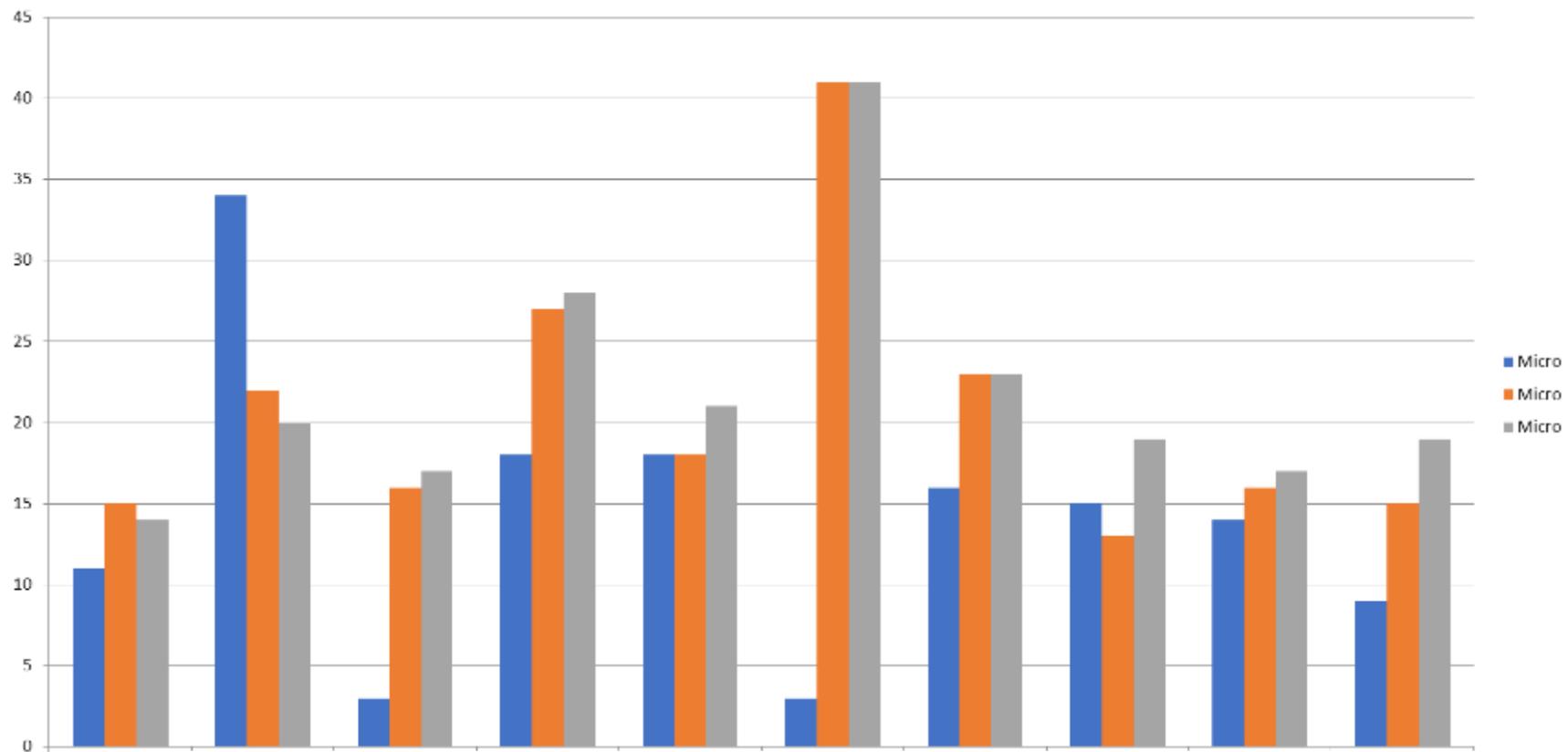
Meso



In localities:







Overview

GM iTHRIVE- CAMHS Output Data

Data/intelligence: information that helps contextualise and describe how well the system is working but which does not constitute performance data – constitutes a measure of quantity

Ref	Outcome	Source	Frequency	Comment
COD1	Number of new Referrals- per week/per month	Tableau / Current View		Access to current view data required
COD2	Referral- Population	Tableau / Current View		Access to current view data required
COD3	Number of CYP from identified Vulnerable group	Current View		Access to current view data required
COD4	Referral source	Tableau	Monthly	Data available
COD5	Referral Category-Routine/ Urgent			Unknown data source (provider-level reports)
COD6	Number of appropriate / inappropriate referrals to triage			Unknown data source (provider-level reports)
COD7	Re-referral	Tableau	Monthly	Data available
COD8	Waiting Time (1st appt)	Tableau	Monthly	Data available
COD9	Waiting Time to assessment(2nd appt)	Tableau	Monthly	Data available
COD10	Waiting time to treatment start	Tableau	Monthly	Data available
COD11	Time to follow appt from assessment	Tableau	Monthly	Data available
COD12	Number of RTT breaches	Tableau	Monthly	Data available
COD13	Number CYP on Clinicals Case load			Unknown data source (provider-level reports)
COD14	DNA	Tableau	Monthly	Data available
COD15	Average length of stay in service	Tableau	Monthly	Data available
COD16	Average length of treatment	Tableau	Monthly	Data available
COD17	Total Numbers in treatment	Tableau	Monthly	Data available
COD18	Number of Discharges in a week/ month	Tableau	Monthly	Data available
COD19	Reasons for discharge			Unknown data source (provider-level reports)
COD20	Were treatment outcomes met			Unknown data source (provider-level reports)
COD21	Number of YP with an agreed transition plan			Unknown data source (provider-level reports)

H13

SUS (secondary Uses Services - NHS Digital)

Overview

Strategic Outcomes

Key:

Strategic outcomes: refer to those cross-cutting indicators which are affected by multiple services/agencies but which improved emotional health and wellbeing will be a contributory factor - if emotional health and wellbeing services are functioning effectively, gives an indication of quality

Ref	Outcome	Source	Frequency	Measured by other pathways (such as crisis care, PIMH, school readiness etc.)	Comr
SO1	Number of presentations at A&E - mental health	SUS (secondary Uses Services - NHS Digital)		Crisis Care	
SO2	Number of presentations at A&E - self-harm	SUS (secondary Uses Services - NHS Digital)		Crisis Care	
SO3	Number of hospital admissions for self-harm (5 – 18)	SUS (secondary Uses Services - NHS Digital)		Crisis Care	
SO4	Number of hospital admissions for mental health	SUS (secondary Uses Services - NHS Digital)		Crisis Care	
SO5	Number of admissions – tier 4	Spec Comm		Crisis Care	
SO6	Number of occupied bed days – tier 4	Spec Comm			
SO7	Number of CYP re-admitted to tier 4 within 12 months	Spec Comm			
SO8	Number of suicides	LA			
SO9	Number of school absences (where mental health is a primary factor)	LA			
SO10	Number of school exclusions (where mental health is a primary factor)	LA			
SO11	Number of exclusions of CYP with EHC plan (where mental health is a primary factor)	LA			

Overview v1

Self Assessment Instructions

Self Assessment

CAMHS Data

Strategic Outcomes

Young People Outcomes

System Change



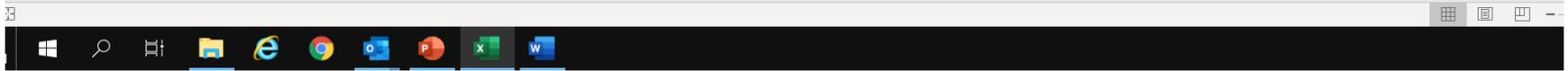
Ref	Outcome	Source	Comment
YP1	I knew what services are available to me and how to access them when I need. My family do too.	Surveys	
YP2	I don't face discrimination based on my (mental) illness. The people around me are confident to challenge stigma.	Surveys	
YP3	I can get access, care and support for my health at the right time and right place for me	Surveys	
YP4	I can have a say in how the services I use are run and can make decisions in my treatment, in ways I feel comfortable. To do this communication will be in the right way for my needs.	Surveys	
YP5	The places and spaces I get support are safe and welcoming. They offer different treatments and services in places that are accessible to me (this can include outreach, in my local area, online, at home, at school)	Surveys	
YP6	All the staff I meet have got the right skills and knowledge to work with me. Everyone is friendly and approachable and I know who is responsible or supporting me	Surveys	
YP7	If I have complex situations going on in my life I won't be forgotten or missed (vulnerable groups and LGBTQIA)	Surveys	
YP8	The services in my area join up and talk to each other when I need support and treatment so I don't have to repeat things.	Surveys	
YP9	I know what is happening and whom I am working with whenever I move out of treatment or care. I know if outreach support is available	Surveys	
YP10	I am respected and everything I need and say has value and is taken seriously. This includes my information being confidential	Surveys	
YP11	I can play an important role in looking after my health and staying well. I can support my peers too	Surveys	
YP12	I know how to improve my emotional health and wellbeing	Life Readiness Survey GMCA	



GM i-THRIVE Outcome Framework: System Change

- Back to Top
- Thriving
- Advice/Signposting
- Getting Help
- Getting More Help
- Risk Support

Ref	Desired THRIVE system change	What does success look like?	What is measured?	How is this collected	Frequency	Youth Charter Statement	Comment
SC1	Tiers are replaced with whole system approach and needs based groups	Strategies include THRIVE like practice and specific reference to THRIVE.			Annually in April		
		Needs based groupings are recorded in assessments	Children are recorded in quadrants in CAMHS systems	Thive Assessment Tool			
		All staff in scope understand the i-THRIVE model and can identify where a child sits within that model in regards to the child's mental health needs	% of staff in scope trained on needs based quadrants	Polls in Newsletter			
SC2	Children and young people are active decision makers	Tools to actively engage children and young people in decision making are consistently used.	Staff trained in Shared decision making.			YP4, YP6 & YP9	
			Staff using CollaboRATE	Staff survey (CAMHS)			
			ChildYP record that they feel they were active decision makers	C&YP survey (CAMHS)			
SC3	Clear understanding by all in scope of the limitations of treatment	All staff in scope understand the limitations of treatment	Staff in scope report that they have clear understanding of the limitations of treatment	To be defined locally			
				Staff survey (wider system in scope)			





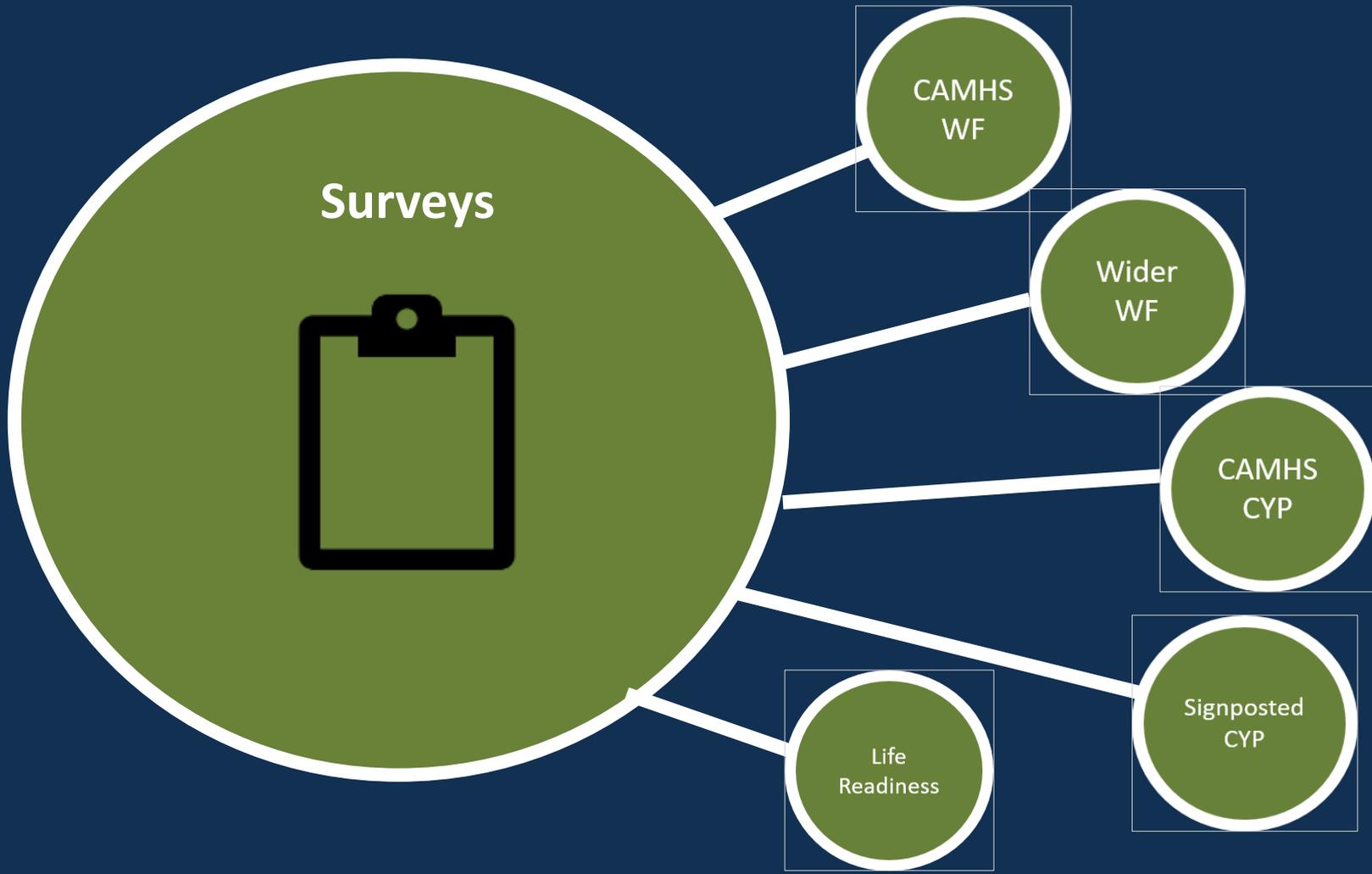
Yes
No
Partially
Planned
Unknown

Locality	Bolton		Bury		Manchester		Oldham		Rochdale		Salford		Stockport		Tameside		Trafford		Wigan	
Year	18	19	18	19	18	19	18	19	18	19	18	19	18	19	18	19	18	19	18	19
Named lead	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Partially	Yes	Yes	Yes	Yes	Yes	Yes
Multi-agency programme board	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Stakeholder mapping	Partially	Partially	Planned	Yes	Yes	Yes	No	Partially	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Stakeholder event	No	Yes	No	Yes	Partially	Yes	Partially	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Planned
Multi-agency working group	No	Yes	No	No	Yes	Yes	Planned	Planned	No	Planned	Yes	Yes	Partially	Partially	Yes	Yes	Yes	Yes	Yes	Planned
Multi-agency pathway mapping	No	Partially	No	Yes	Planned	Yes	No	Yes	Yes	Yes	Yes	Partially	Partially	Partially	Partially	Partially	Yes	Yes	No	Yes
Consultation with staff	Partially	Partially	Partially	Partially	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Consultation with C&YP	No	No	No	Planned	Yes	Yes	Yes	Yes	Yes	Planned	Yes	Planned	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Qualitative review of feedback	Partially	Partially	No	Planned	No	Yes	Yes	Yes	Partially	Partially	No	Planned	Yes	Yes	Yes	Yes	Partially	Partially	No	Planned
Service performance review	No	No	No	Planned	No	Partially	No	No	Yes	Yes	Planned	Yes	Partially	Partially	Yes	Yes	Yes	Yes	No	Yes

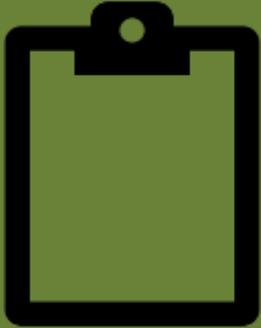
More complex than just a redesign workshop hence whole system view presentation and design of GM i-THRIVE standards

Locality	Bolton		Bury		Manchester		Oldham		Rochdale		Salford		Stockport		Tameside		Trafford		Wigan	
Year	18	19	18	19	18	19	18	19	18	19	18	19	18	19	18	19	18	19	18	19
Completed i-THRIVE assessment tool	Blue	Green	Blue	Green	Blue	Green	Blue	Green	Blue	Green	Orange	Green	Blue	Green	Blue	Green	Yellow	Green	Blue	Green
Assessment tool workshop	Blue	Blue	Blue	Blue	Blue	Orange	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
Pulled together pathway mapping and data analysis	Blue	Blue	Yellow	Yellow	Blue	Green	Blue	Blue	Orange	Orange	Orange	Orange	Blue	Blue	Orange	Orange	Orange	Orange	Blue	Yellow
Identified key priorities	Orange	Orange	Blue	Yellow	Green	Green	Blue	Blue	Blue	Blue	Green	Green	Orange	Orange	Green	Green	Green	Green	Blue	Blue
Undertaken redesign workshop	Yellow	Yellow	Blue	Blue	Yellow	Green	Blue	Blue	Yellow	Yellow	Yellow	Yellow	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
Review of staff skills	Blue	Orange	Blue	Green	Blue	Green	Blue	Green	Blue	Green	Green	Green	Blue	Orange	Orange	Green	Green	Green	Blue	Green
Review of staff capacity for delivery of new model	Blue	Yellow	Blue	Blue	Blue	Orange	Blue	Blue	Blue	Blue	Orange	Orange	Blue	Blue	Orange	Orange	Blue	Blue	Blue	Blue

Moved to GM i-THRIVE standards 2020



Surveys



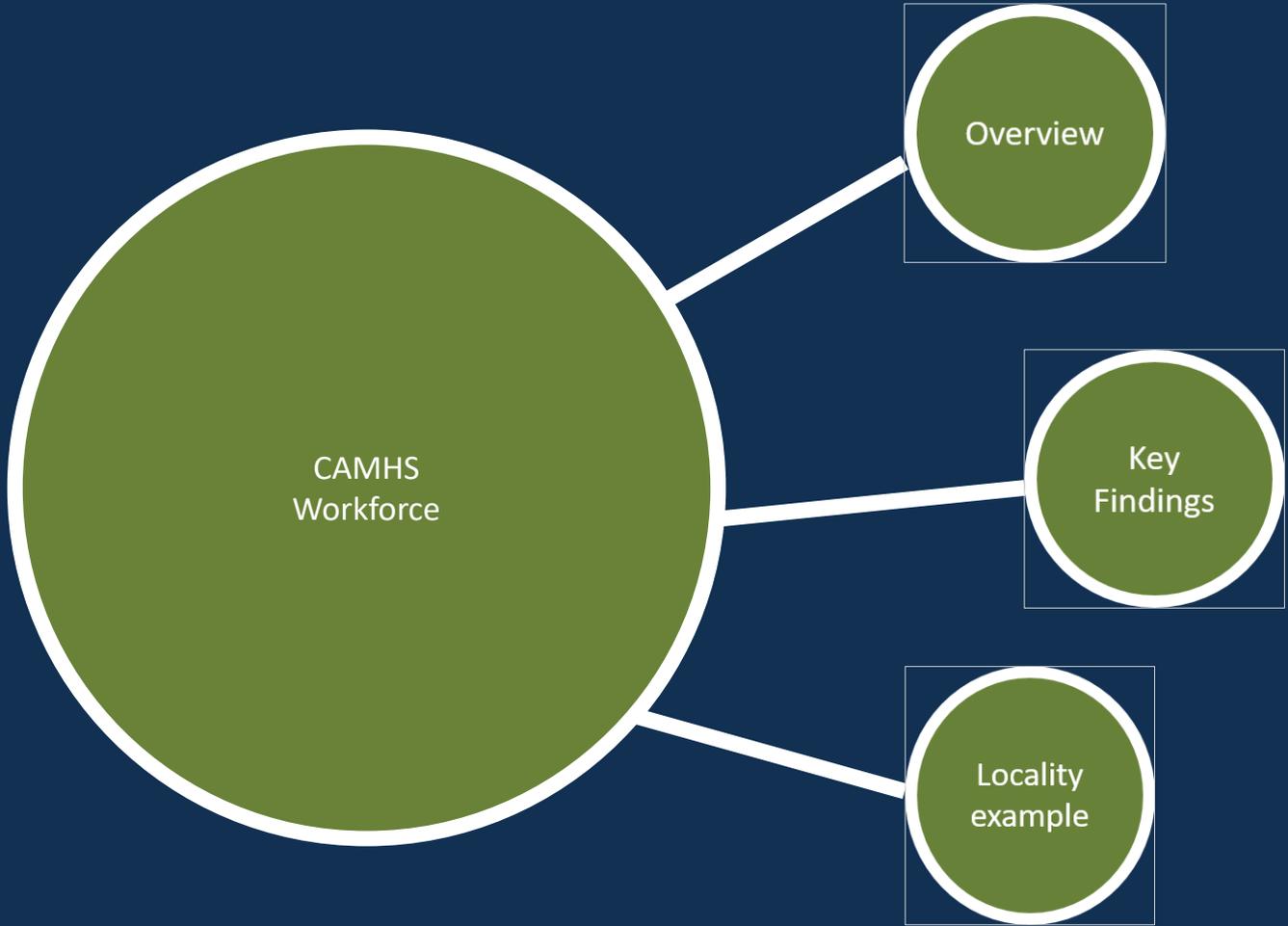
CAMHS
WF

Wider
WF

CAMHS
CYP

Signposted
CYP

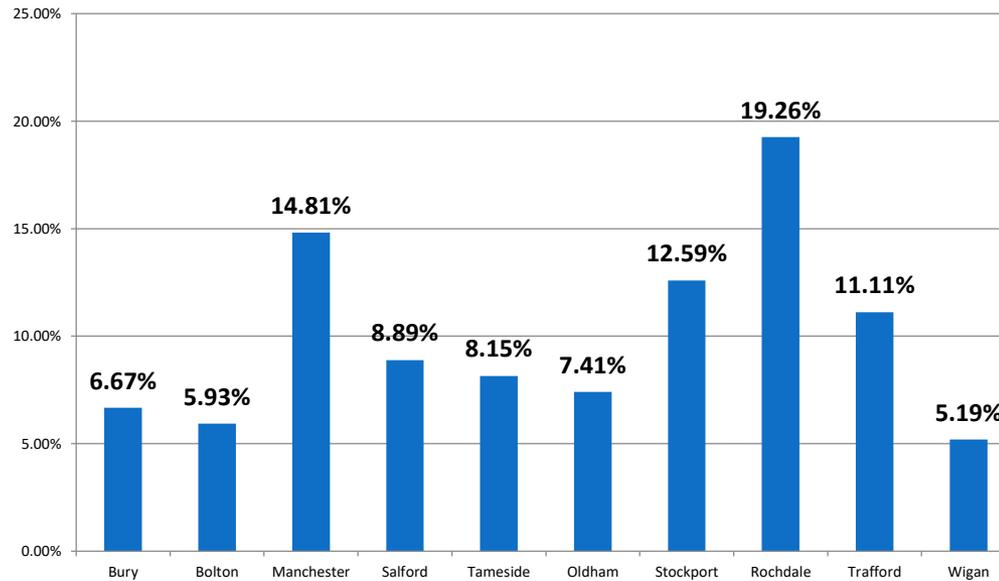
Life
Readiness





Surveys: CAMHS Overview

% of total selections



Total sample: 104



CAMHS Overview

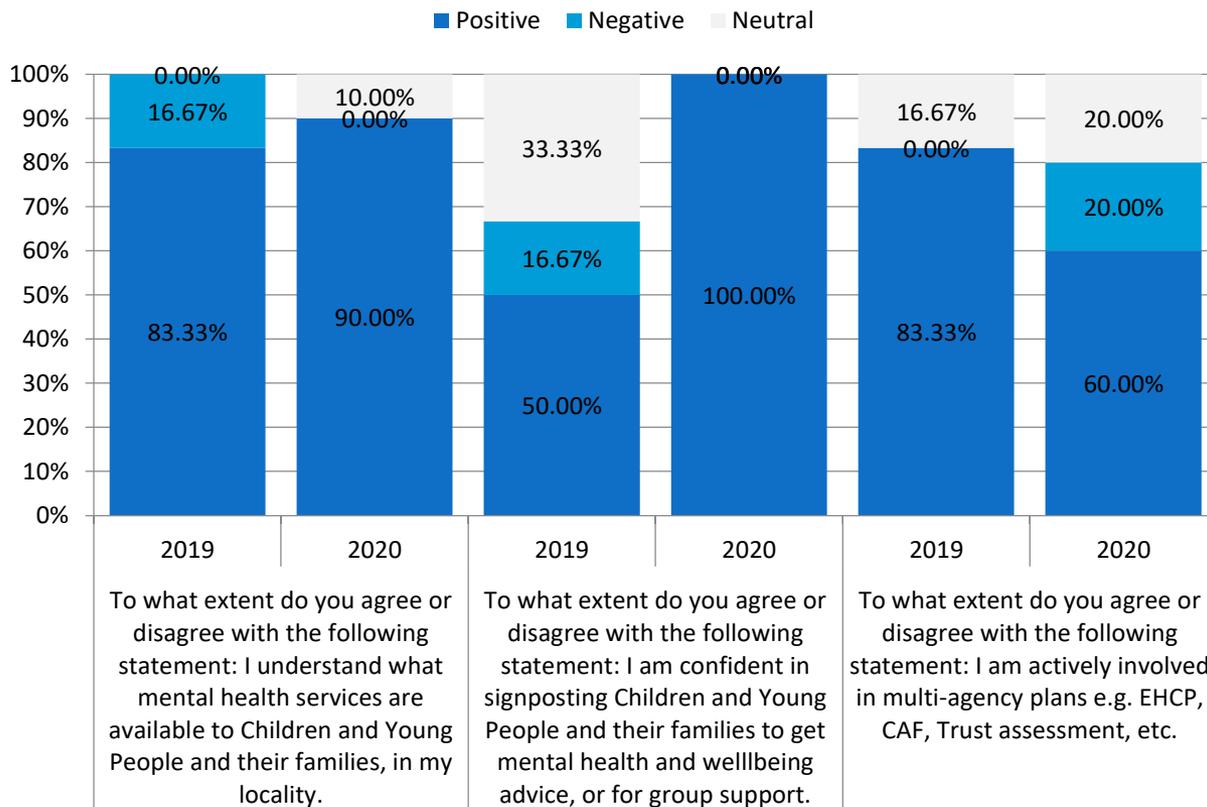
Key Findings

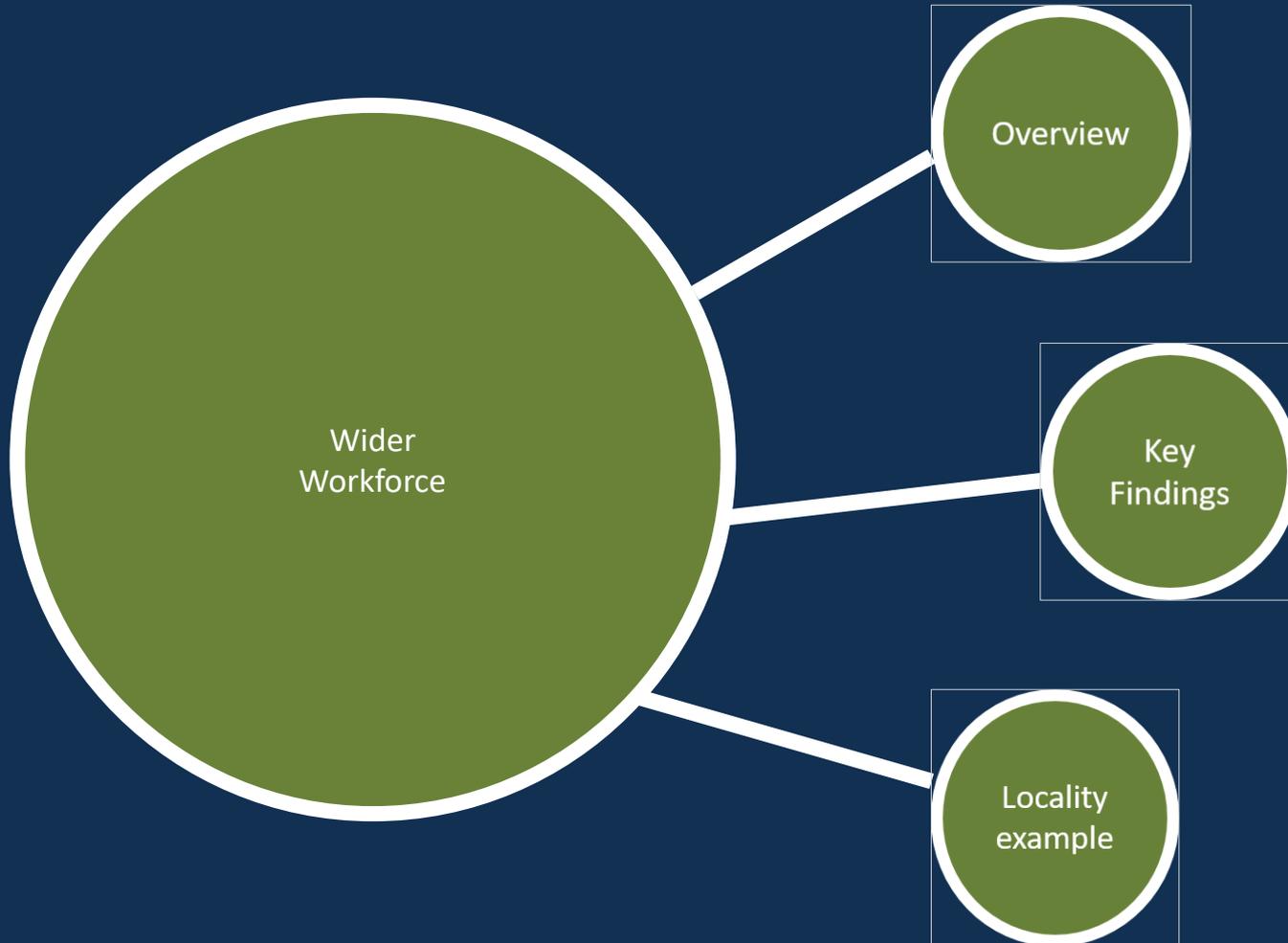
- When respondents were asked whether they knew what mental health services were available to CYP, over 90% selected Strongly Agree or Agree.
- When asked whether they were confident signposting CYP to other services, over 75% selected Strongly Agree or Agree.
- Over 66% selected Strongly Agree or Agree when asked if they were confident carrying out shared decision making.
- Over 75% selected Strongly Agree or Agree when asked if they were confident having conversations related to ending treatment.
- A little over 53% selected Strongly Agree or Agree when asked if they felt confident delivering the key aims of Thrive.
- When asked which Thrive training sessions would be most beneficial to their current work, the most popular selection were Getting Risk Support, Advice and Signposting and Shared Decision Making.
- 25% selected Strongly Agree or Agree when asked whether they believed the Thrive framework is embedded into everyday practice.



CAMHS Overview

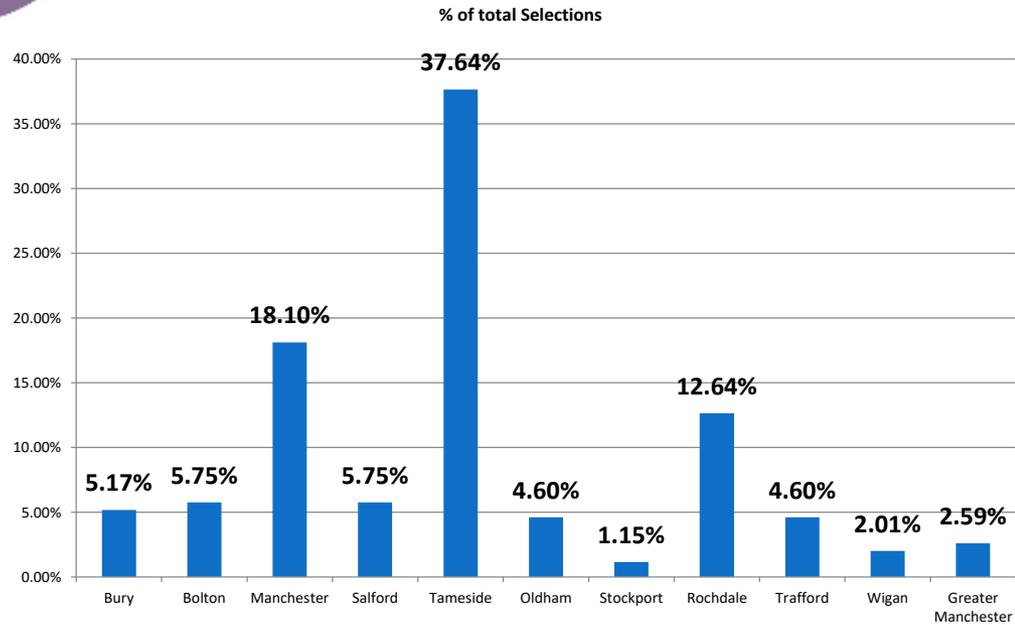
Bolton







Workforce Overview



Total sample: 319.



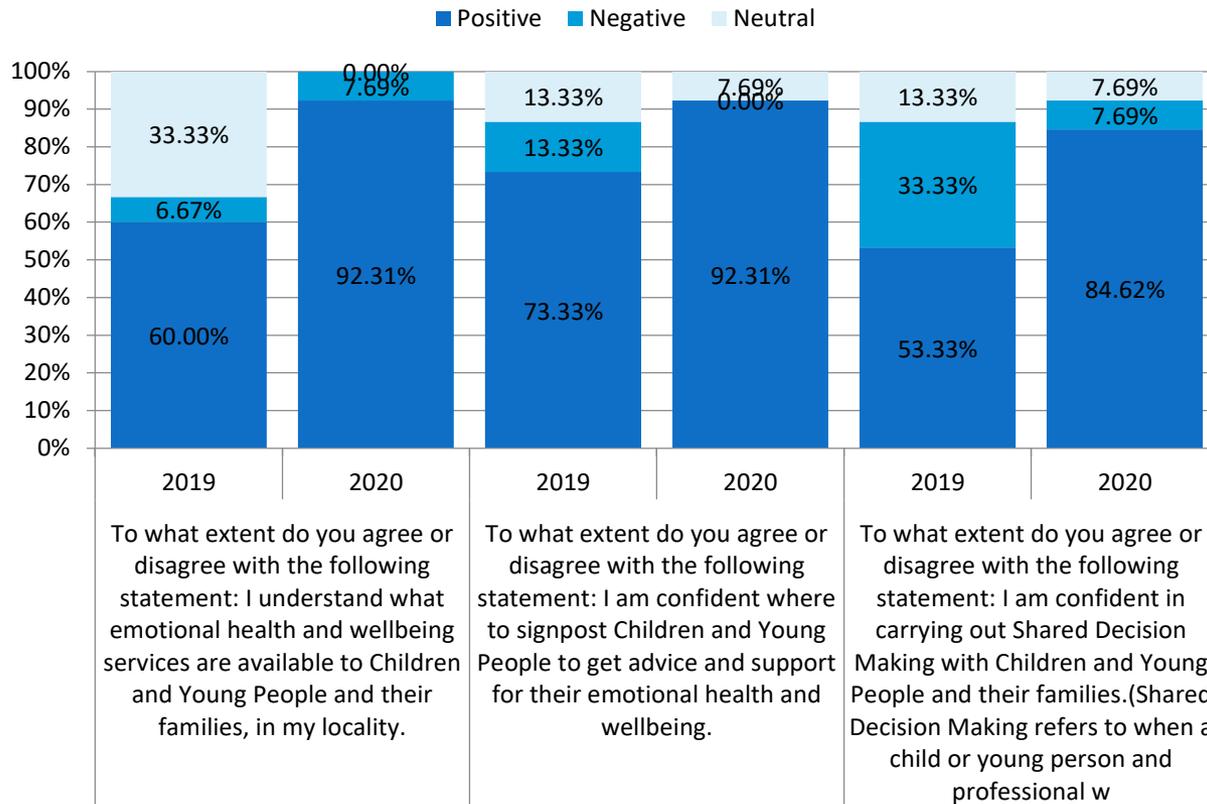
Workforce Overview

Key Findings

- Over 40% rated their knowledge of Thrive as Not well at all or Not Well, suggesting additional work is necessary to ensure the key principles of Thrive are made available to the wider workforce.
- Over 60% selected Strongly Agree or Agree when asked if they knew what services were available to CYP.
- Over 56% selected Strongly Agree or Agree when asked if they were confident signposting CYP.
- Over 30% selected Very Familiar or Familiar when asked if they were familiar with the different emotional health and wellbeing support pathways. This suggests improvements can be made in signposting the wider workforce to the available pathways in each locality.
- Over 50% selected Strongly Agree or Agree when asked if they believed they worked in an environment that supports CYP with their emotional health and wellbeing.
- 19% selected Very Confident or Confident when asked if they were confident delivering the key aims of Thrive. This suggests more training and resource need directed to the wider workforce to ensure the principles and aims of Thrive are understood.

Wider Workforce Overview

Bolton





YP CAMHS Overview

Key Findings

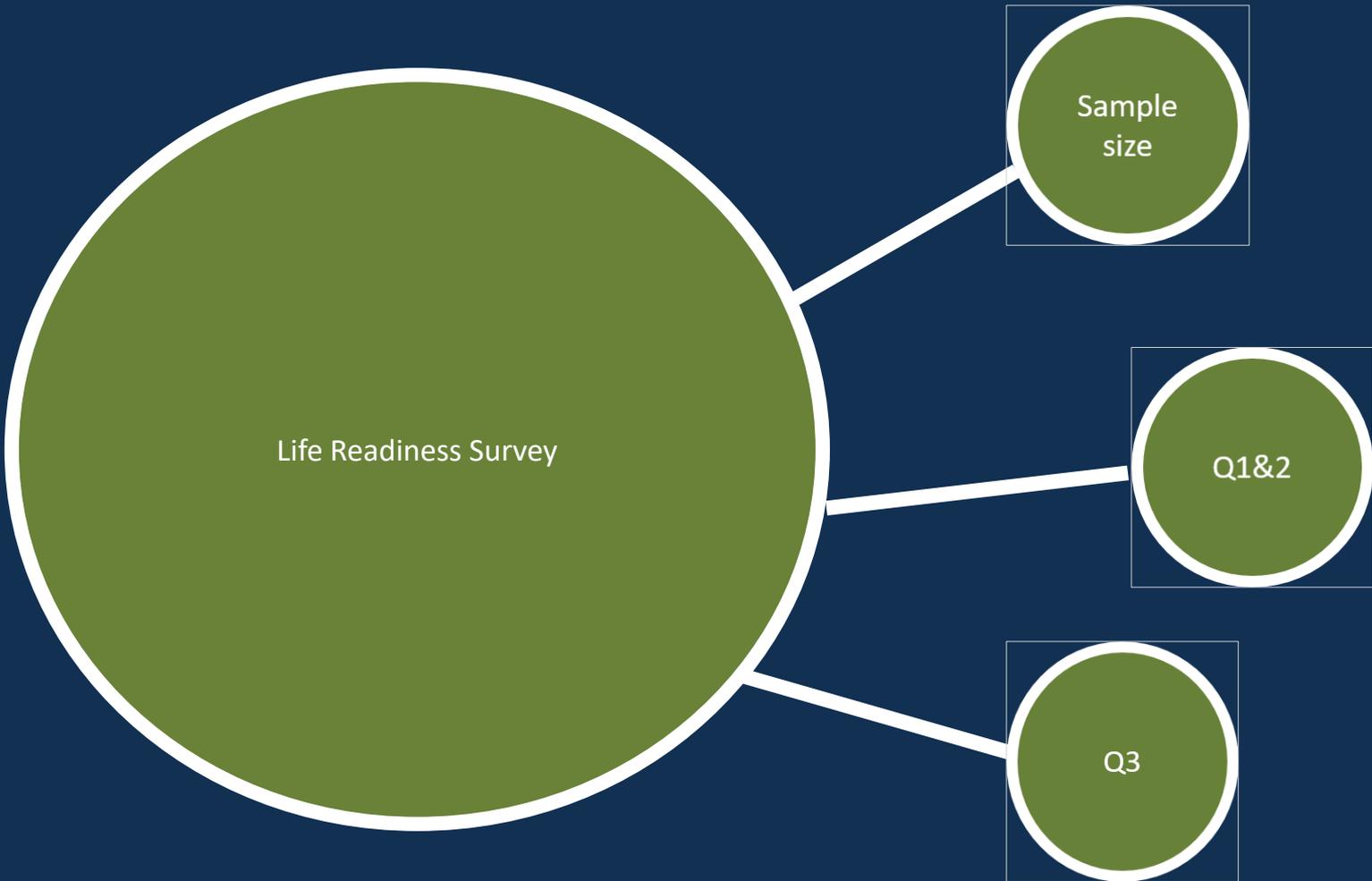
- 56% do not know of other services available to help support their emotional health and wellbeing (Q4)
- 50% say they are getting the right support for their mental health (Q6)
- 71% would prefer to access emotional health and wellbeing support in person while 14% would prefer to use digital technology (Q7)
- 45% believe they were involved in making decision about their treatment. (Q11)
- 35% believe they understood how long it would take to achieve their treatment goals. (Q13)
- 28% feel that services speak to one another and that they do not have to repeat anything. (Q14)
- 39% know how to reconnect with CAMHS / HYM. (Q18)
- 36% of children and young people replied positively when asked how satisfied they were the wait time for their first treatment appointment.



YP Signposted Survey Overview

Key Findings

- 55% of children and young people responded positively when asked whether they knew how to improve their emotional wellbeing (Q3).
- 75% would prefer to access health and wellbeing support in person. (Q4)
- 50% know what support is available in their area (Q5)
- 82% are able to access the services they were signposted to (Q8).
- 64% are involved in decisions about their care (Q9).
- 62% believe they are getting the right support for their emotional health and wellbeing.
- Just over a third believe that services in their area talk to one another (Q11).
- 41% believe their schools offer an emotionally friendly environment (Q13).





GMCA: Life Readiness Survey

A survey of Year 10 Pupils across Greater Manchester to find out whether young people have hope and feel optimistic about their future.



7591 Year 10 pupils across Greater Manchester completed the survey, 24% of pupils studying at GM schools.

Locality	Sample Size	% Female, % Male
Bolton	657	54%, 46%
Bury	293	60%, 40%
Manchester	1,401	51%, 49%
Oldham	1,241	54%, 46%
Rochdale	706	54%, 46%
Salford	310	41%, 59%
Stockport	949	48%, 52%
Tameside	592	63%, 37%
Trafford	492	74%, 26%
Wigan	949	54%, 46%



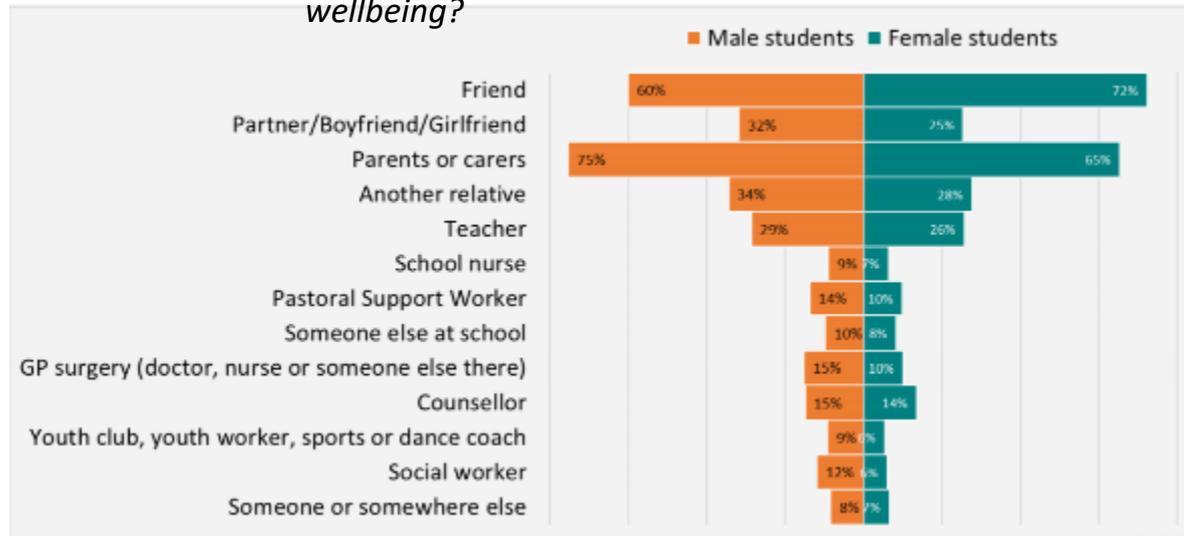
GMCA: Life Readiness Survey

	% Agree or Strongly Agree		% Agree or Strongly Agree
'I know how to improve my emotional health and wellbeing'		'I know where to go and/or who to speak to if I need help in improving my emotional health and wellbeing'	
All Students (n = 7,591)	71%	All Students (n = 7,591)	77%
Male (n = 3,185)	80%	Male (n = 3,185)	82%
Female (n = 3,775)	65%	Female (n = 3,775)	73%
Ethnic Background - White (5,029)	69%	Ethnic Background - White (5,029)	77%
Ethnic Background – BAME (2,017)	76%	Ethnic Background - BAME (2,017)	77%
Disability of Learning Difficulty (1,272)	62%	Disability of Learning Difficulty (1,272)	70%
Live in a neighbourhood in top 10% deprived (1,248)	75%	Live in a neighbourhood in top 10% deprived (1,248)	79%



GMCA: Life Readiness Survey

Who would you ask, or where would you go, for help with your emotional health and wellbeing?





Training Academy

- In 2019 - **297** professionals from across the system of support for children and young people's mental health have received training in at least 1 of the modules.
- In 2020 (COVID) –**332** professionals from across the system of support for children and young people's mental health have received training in in at least 1 of the modules (additional modules included i-THRIVE Grids and Consultation).
- Total **628 trained**
- Since moving two of the core Thrive modules (When to End to Treatment and Getting Advice and Signposting) to online delivery, 93% of attendees rated their experience of training as either Good or Very Good.
- 86% of those attending the online training stated that the content of the training either Met or Exceeded their expectations. In addition, 91% stated that the content of the training was either Relevant or Very Relevant to their work



Evidence of
THRIVE?

Implementation
Stories

There are examples in all localities of the THRIVE Framework for system change being implemented and making a difference.

- There are examples of SPoA being implemented or already implemented
- Transformational change happening within place
- Support into vulnerable groups – localities are looking at what consultation offer their CAMHS services can give
- Broadening the offer – looking at VCSE, arts and culture
- THRIVE directory & THRIVE grids
- THRIVE into schools
- THRIVE navigators being implemented or already implemented
- THRIVE into pathways
- Digital frontdoor
- Digital offer (advice & signposting & getting help)
- Mapping advice and signposting – most localities
- Training being implemented – most localities
- Service information out to families aligned to THRIVE

	Examples of what is happening in localities – implementation stories
System change	The innovative #Thrive service in Rochdale
Service	<p>How did Heywood, Middleton and Rochdale's Healthy Young Minds Service become an NHS Benchmarking Top Performer?</p> <p>A Virtual Mental Health Team supporting Manchester's CYP</p> <p>Manchester's Virtual Mental Health Team for Our Children with Disabilities</p> <p>Salford Building an emotionally friendly environment</p> <p>New Service Care Pathway in Tameside and Glossop to better support vulnerable Children and Young People</p>
Pathway	<p>Aligning Greater Manchester's Eating Disorder Pathway to the THRIVE needs based groupings</p> <p>Manchester and Salford's Integrated Access and Care Pathways</p> <p>Oldham's whole system offer for children and young people requiring support with emotional regulation</p> <p>Developing a Consultation Care Pathway to better support Children and Young People in Stockport's Specialist Schools</p> <p>Tameside and Glossop's offer to children and young people who require emotional health and wellbeing help and support</p> <p>Transforming care: Wigan's GP referral pathway</p> <p>Manchester's Children and Parents Service: A model of best practice in sustainably building an integrated support pathway for families</p> <p>Transforming Care: Pathway in Stockport to better support Parents and Infants</p>
Supporting advice and signposting	<p>Salford's Emotional Health: Directory of Services for Children and Young People</p> <p>Developing a Single Point of Access in Heywood, Middleton and Rochdale</p>
Culture change	Salford's Emotional Health and Wellbeing Workforce
Consultation	Longdendale High School's whole school curriculum to support the emotional health and wellbeing of students, staff, and the wider community
Broadening the offer	<p>Company Chameleon: how using Arts and Culture can help to increase support for children and young people</p> <p>How Unity Radio is promoting engagement and resilience in Manchester's young people</p>
CYP Engagement	Oldham Bees development

What next?

- Supporting localities in evaluating THRIVE i.e. M THRIVE hubs
- Include parent/carers

Comfort Break





Developing an arts and culture outcome framework

Kat Taylor

Greater Manchester 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”



GM Youth Mental Health Arts & Culture Evaluation Kit



Dr Katherine Taylor
Clinical Psychologist

GM i-THRIVE Arts, Culture and
Mental Health Programme
Manager



Manchester University
NHS Foundation Trust

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www.artthouwell.com



- What: background to the programme & kit
- Why: our goals
- Who: the working party members
- How: the process
- The evaluation kit + database
- Unexpected outcomes
- Applications



**Young people want and need more than ‘traditional’
‘treatments’**

Towards broadening the mental health offer:

Arts-led interventions can offer safe, empowering, and cost-effective approaches toward positive and sustainable change.

GM Arts, Culture & Mental Health Programme



**1. MAP
CURRENT
PROVISION**



**2. PROOF OF
CONCEPT
PROJECTS**



**3. DEVELOP
CROSS-SECTOR
EVALUATION
FRAMEWORK**



**4. DEVELOP
AND DELIVER
TRAINING**

What is the GM Youth Arts & Culture Evaluation Kit?

An adaptable method to help articulate some of the impact that arts and cultural activities have on children and young people's mental health

- The kit delivers **consensus minimum outcomes** when delivering arts and culture programmes
- We have tried to achieve this through a unique 12-month **cross-sector partnership**

Why: our goals

- To co-produce an outcomes framework and a name
- To address that (1) the cultural sector is advised that evidence is lacking and (2) the health sector is limited in its ability to commission creative programmes without a **consensus approach**
- To work with the arts sector to support use of common outcomes that are **easily applied and appropriate** to setting.
- To support the arts sector to be able to demonstrate these specifics – as well as creative outcomes and stories – to (1) develop the evidence base and (2) facilitate the commissioning of effective arts and cultural options, providing a more holistic offer

Centre for Cultural Value

- [Ben Walmsley](#) and [Anne Torreggiani](#) explain how the new Centre for Cultural Value will support funders, policymakers and the cultural sector to make more effective use of research and evaluation:
- “We have an important role to play in signposting and synthesising the best evidence out there. We can stop hard-pressed cultural practitioners straining to prove what has already been proven – or otherwise – and instead help them build on what is already known. We can nurture a culture of evidence-sharing which currently struggles to thrive in an anti-failure environment. Most powerful of all, we can help to address the “so what?”. In order to get a real sense of social and public value we need to work as a collective, combining our stories, evidence, findings and experience to make what we know to be a compelling case.”
- Full article: <https://www.artsprofessional.co.uk/magazine/article/working-together-articulate-cultural-value> April 2020



GM i-THRIVE

ARTS, CULTURE AND MENTAL HEALTH

GREATER
MANCHESTER
COMBINED
AUTHORITY

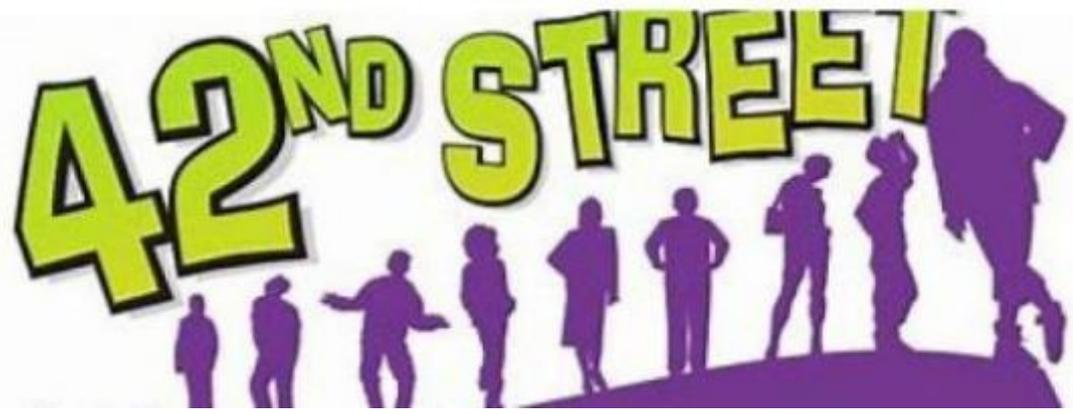
GMCA



lime.



arts in health through
innovation and creativity



The University of Manchester

How: the process

- A series of 5 workshops, around 2 hours long
- Attention to data and outcomes that practitioners, clinicians and decision-makers are interested in:
Demographics, ROMs, qualitative tools, creative outcomes
e.g. waiting times, number of sessions, DNAs, postcode
- A decision-making processes to facilitate understanding of the challenges, and identify must-haves and could-haves

Issues to address

- Knowledge and beliefs around the value and accuracies of outcome measures
- Understanding of what to collect and record, and how
- Issues around use of measures in terms of who is or feels 'qualified' to use certain tools
- Sense of fit between different ways of working e.g. language, approach, methods
- Licenses to use them

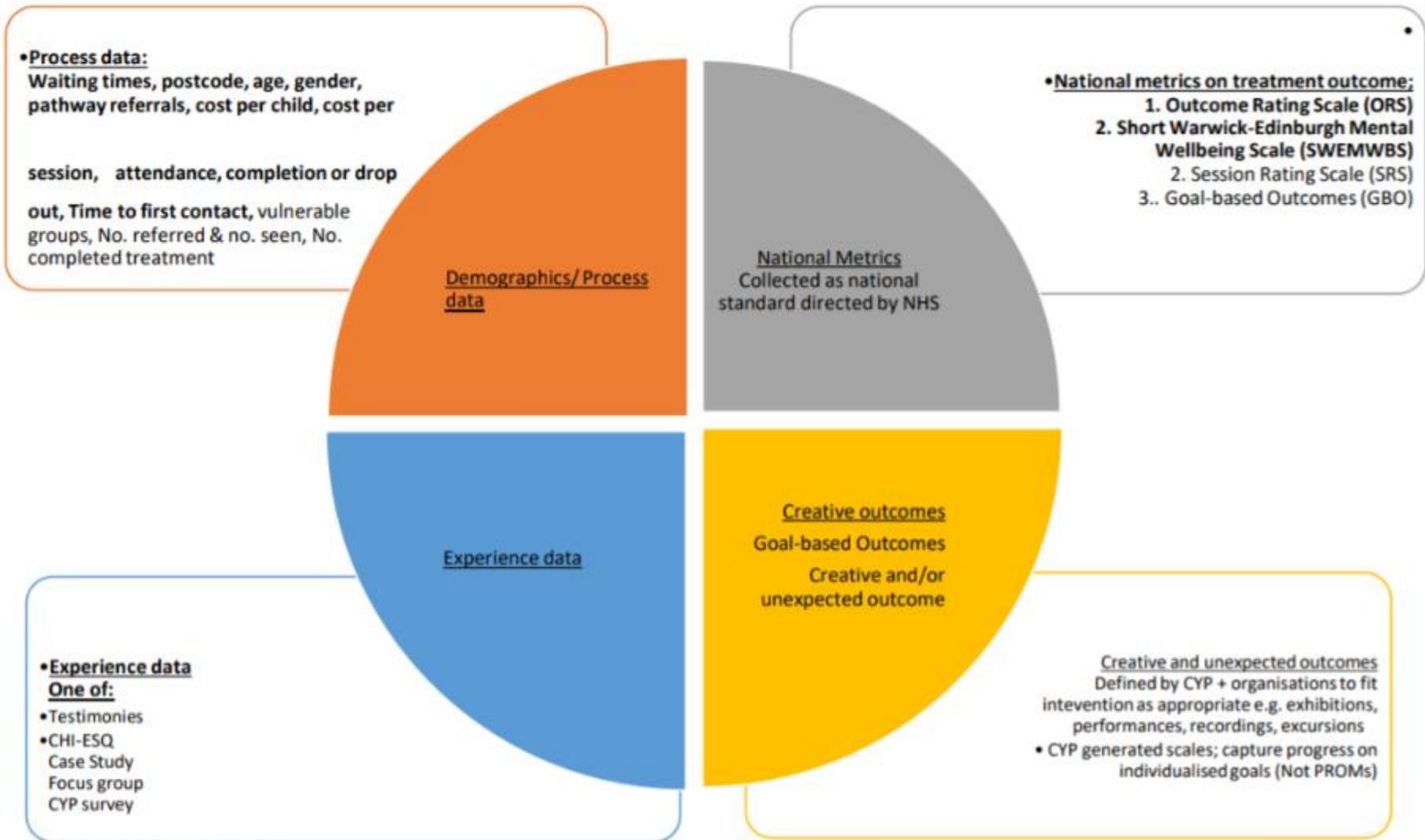
New tool to understand impact of arts-led interventions in healthcare

We know that not all outcomes of cultural sessions can be captured - but that you need to demonstrate impact.

The Greater Manchester Youth Arts & Culture Evaluation Kit was co-developed to help understand the journeys you take with the young people you work with.



Evaluation Kit on a page – all data and measurements in bold to be collected and recorded as a minimum



Arts organisations are good at...



Using creative activities to support children's mental health

Commissioners are good at...



Using evidence to identify needs for services



The GM Youth Mental Health Arts & Culture evaluation kit is good at



Capturing evidence of the impact of creative activities on mental health

Request a copy of the evaluation kit from GM i-THRIVE

<https://mailchi.mp/a45df8e873c3/evaluation-kit-request>

What's included in the Kit?

- A copy of the **evaluation kit** for use in your organisation – available to all
- A **tailored database** to capture and generate KPI reports enabling you to better understand and demonstrate your impact in a formal, consistent way that appeals to commissioners – only available in GM
- The capability to use a **mixed-methods approach and metrics used by NHS services, demographic data and creative outcomes**

Unintended outcomes

- Ongoing collaboration between partners
- Delivery of training between sectors
- Collaborations between academic and arts partners
- Further funding bids and SIGs
- Articles in national publications

Policy recommendations

- **Strengthen structures & mechanisms** for collaboration between sectors, co-fund programmes
- **Routes of referral:** ways from health & social care to arts programmes, e.g. social prescribing
- **Training:** support the inclusion of arts & humanities education in healthcare training
- **Research** longitudinal and at scale

GM i-THRIVE

GM i-THRIVE:

<http://implementingthrive.org/greater-manchester-i-thrive/gm.thrive@mft.nhs.uk> and [@gmithrive](https://twitter.com/gmithrive)

Request Kit: <https://mailchi.mp/a45df8e873c3/evaluation-kit-request>

Royal Society for Public Health:

<https://www.rsph.org.uk/about-us/news/breaking-new-ground-in-children-s-mental-healthcare-through-culture-and-the-arts.html>

Arts Professional: [Taking Up the Evaluation Challenge](#)

Churchill Trust: [Embedding the arts in healthcare](#)

Centre for Cultural Value, Leeds: [5 Minutes with our speakers](#)

Join as an Arts, Culture and Mental Health Ambassador:

[https://mcusercontent.com/fedc531fccb82642add874e3c/files/4b16cb8b-8bfd-43e3-b667-ba1c91e903c9/Arts and MH ambassador poster.pdf](https://mcusercontent.com/fedc531fccb82642add874e3c/files/4b16cb8b-8bfd-43e3-b667-ba1c91e903c9/Arts_and_MH_ambassador_poster.pdf)



GM YOUTH MENTAL HEALTH ARTS & CULTURE EVALUATION KIT

Dr Katherine Taylor
Clinical Psychologist

GM i-THRIVE Arts, Culture and Mental Health Programme
Manager



Manchester University
NHS Foundation Trust

Request Kit: <https://mailchi.mp/a45df8e873c3/evaluation-kit-request>

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Questions and reflections



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



Mentimeter



- Please visit www.menti.com and insert the code: **61 63 80 9**



Mentimeter

How helpful was this webinar for you?



Upcoming National i-THRIVE Programme Webinars



Date	Title
Thursday 11 th March 10:30am-12pm	Open consultation - a chance to troubleshoot with implementation peers and the National i-THRIVE Programme. Register for your place here .
Thursday 13 th May 10:30am-12pm	Equality, diversity and inclusion in a THRIVE-like system
Thursday 10 th June 10:30am-12pm	Approaches to enhance children, young people, and families' understanding of the THRIVE Framework
Thursday 8 th July 10:30am-12pm	Applying Quality Improvement methodology to support THRIVE Framework implementation
Thursday 9 th September 10:30am-12pm	Open consultation - a chance to troubleshoot with implementation peers and the National i-THRIVE Programme.

For more information: i-THRIVE



www.implementingthrive.org

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

ithriveinfo@tavi-port.nhs.uk



@iTHRIVEinfo

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National i-THRIVE Programme



The Tavistock and Portman
NHS Foundation Trust



Anna Freud
National Centre for
Children and Families

UCLPartners



The
Dartmouth
Institute
for Health Policy
& Clinical Practice