National i-THRIVE Community of Practice event: Learning from implementation of the THRIVE Framework across Complex Systems

Thursday 7th March 2024

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

Housekeeping

- Slides will be shared after the event

- Fire assembly point

- Toilets

- Comfort breaks

- We will be taking photos throughout the day to showcase our event

- Please network and share details with each other throughout the day!

Agenda

Time	Item	Speaker
10:00-10:30	Registration (tea/ coffee)	
10:30-11:00	Welcome & introductory exercise	National i-THRIVE Programme
11:00-11:45	East of England's approach to implementing the THRIVE Framework	Nicola Rice, Al Bailey, Dr Claire Tyler, Dr Beth Mosley, NSFT
11:45-12:00	Break	
12:00-12:45	Sirona's public health approach to implementing the THRIVE Framework	Penny Hazelwood & Fai Pope, Sirona care & health
12:45-13:05	Q&A	All
13:05-13:45	Lunch & networking	
13:45-14:30	Learning from the implementation of the Waiting Room website in the North Central London Integrated Care System	Fred Peel & Dr Rosa Town, NCL Waiting Room
14:30-14:45	Break (tea/coffee)	
14:45-15:15	National i-THRIVE Evaluation	Dr Rachel Sippy, Dr Anna Moore University of Cambridge
15:15-15:30	Q&A	All
15:30-15:45	Final reflections & close	National i-THRIVE Programme
15:45-16:00	Networking	All

Introductory Exercise

- Form two circles: one outside circle facing in and one inside circle facing out

- Stand face-to-face with your pair

- Take turns to complete the open sentence on the screen – 30 seconds each

- After one minute, outside circle take one step to the right

- Repeat the process in a new pair

The issues that first inspired local implementation of the THRIVE Framework are…

Something we must learn to live with is...

What I hope can happen is…

A big opportunity I see is…

A courageous conversation we are not having is…

Something I plan to do is…

Examples of THRIVE-like practice within the East of England

Nicola Rice, Al Bailey, Claire Tyler, Beth Mosley, NSFT, Mental Health Trust, East of England
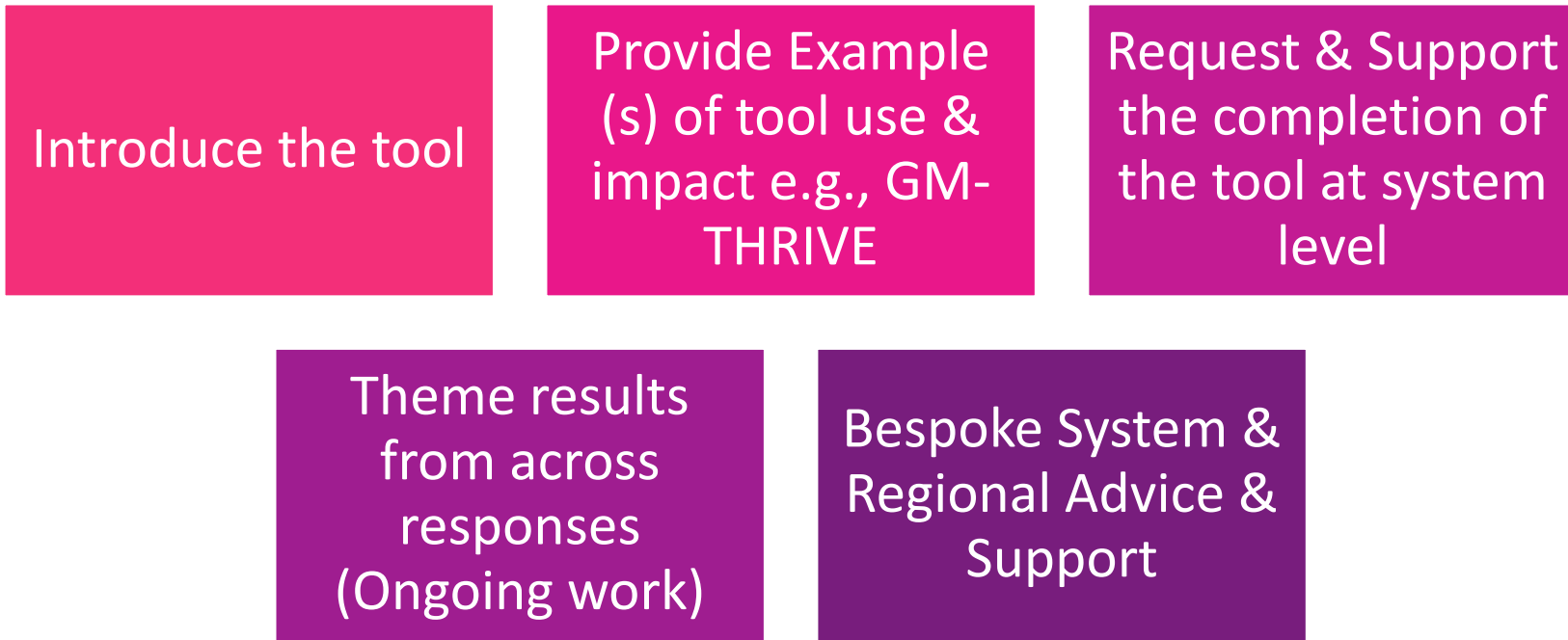
East of England's regional approach to implementing the THRIVE Framework

Completion of the i-THRIVE self-assessment tool

Facilitation & leadership of the EoE i-THRIVE quarterly Community of Practice

Commissioning the National i-THRIVE programme to provide leadership training and i-THRIVE academy modules to systems

Signposting and connecting systems to local, regional and national examples of practice to support the implementation of THRIVE and adherence to THRIVE principles

Completion of the i-THRIVE self-assessment tool

Introduce the tool

Provide Example (s) of tool use & impact e.g., GM-THRIVE

Request & Support the completion of the tool at system level

Theme results from across responses (Ongoing work)

Bespoke System & Regional Advice & Support

Commissioning the National i-THRIVE Programme to provide leadership training and i-THRIVE academy modules to systems

Work with National i-THRIVE team to develop bespoke package of regional training & support

Business case proposal agreed to support National i-THRIVE team training & consultation

Delivery of i-THRIVE leadership training to CYP MH System and Regional leads. 'Leading system wide transformation'

Facilitation of i-THRIVE related Action Learning Sets as an embedded part of Leadership training

Delivery of all National i-THRIVE Academy Modules open to all across CYP MH in the EoE. Well attended!

Trialled a Train the Trainer approach whereby some attendees at module training opted to become TTT and shadowed / co-lead further training nationally. Aim was to build a bank of trainers for the EoE.

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Facilitation & Leadership of the EoE i-THRIVE quarterly Community of Practice

Getting Advice & Getting Help: Use of Single Session Interventions

i-THRIVE Self-Assessment Tool planning & Engagement / Impact tools

Showcasing national examples of good practice e.g., MindWorks Surrey & GM-THRIVE

Upskilling the workforce and mapping THRIVE needs-based grouping to CYP MH workforce competencies

Working across systems /partnership working. How to have systemic conversations

Access to services and Integrated Front Doors

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Signposting and connecting systems to local, regional and national examples of practice to support the implementation of THRIVE and adherence to THRIVE principles

Greater Manchester's approach to data & dashboards

MindWorks Surrey approach to embedding THRIVE across the system

Systemic Conversations in Norfolk & Waveney to optimise partnership working

Embedding and integrating SSI across the Cambridge & Peterborough System

Mapping CYP MH workforce competencies on to the THRIVE needs-based groupings - Suffolk

THRIVE-like practice in Suffolk & Norfolk

THRIVE-aligned clinical pathways

- Nicola Rice & Al Bailey

Developing a THRIVE-aligned Competency Framework

- Dr Claire Tyler

Developing an Advice & Signposting offer

- Dr Beth Mosley

THRIVE Framework principles in new CYP treatment pathways

Nicola Rice
Deputy Lead Nurse – CFYP Suffolk
Al Bailey
Senior Nurse – N&W CFYP Pathways Lead

How It Started

NSFT provide mental health services across both Norfolk and Suffolk, each county having its own care group for CFYP services 0-25 years. As a result, each were working in isolation of each other and local mapping exercises showed that although examples of good practice could be seen across the trust, this was inconsistent and not always supported by evidence.

In 2022 NHSEI commissioned both Norfolk and Suffolk 0-25 CYP services to co-design and implement **'gold star'** Treatment Pathways across the two core service areas CAMHS and Youth.

The goal being that Norfolk and Suffolk CYP Core Services implement **consistent** evidence informed Clinical Pathways by February 2023.

Our Clinical Pathway project aims were –

- That Norfolk and Suffolk CYP Core Services implement consistent evidence informed Clinical Pathways.
- These will be evidenced and reviewed through clinical audit.

Objectives -

To standardise the offer across NSFT to promote equity and inclusion

To design a model for clinical delivery against national standards and evidence base

To increase the treatment options available

To improve the quality and effectiveness of treatment

To improve CYP and family/carer experience of services
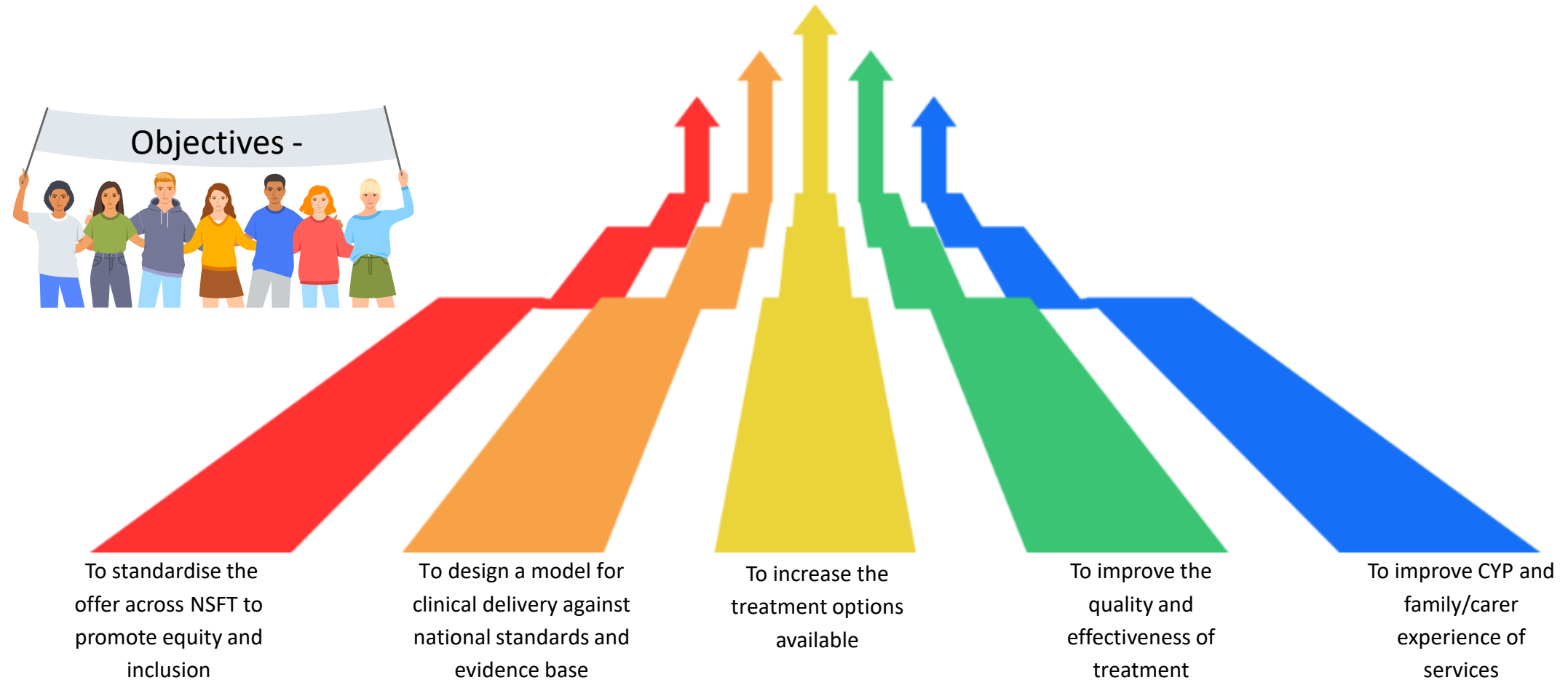
Philosophy / Principles of the Pathways

Started with THRIVE Framework principles within the system to underpin the design.

- **Needs Led**

- **Include use of Formulation**

- **Build on a young person's strengths**

- **Use a common language**

- **Flexible**

- **Outcome informed**

- **Staged care approach/transdiagnostic**

- **Take into account and adapt for complexity**

- **NDD inclusive**

Those who need advice and signposting — Getting Advice

Those who need focused goals-based input — Getting Help

Thriving
Those whose current need is support to maintain mental wellbeing through effective prevention and promotion strategies

Getting Risk Support

Getting More Help

Those who have not benefitted from or are unable to use help, but are of such a risk that they are still in contact with services

Those who need more extensive and specialised goals-based help

How do the pathways align with the THRIVE Framework?

The THRIVE conceptual framework promotes choice through collaborative formulation of needs with the young person and their family/carers.

From the formulation you can create options of interventions/approaches from the evidence-base available empowering the service user to work on their choice of goals.

Pathways have a staged model designed to meet the needs of your people whatever their level of need (e.g. getting help and getting risk support.) There may be several treatment options within a Pathway to support suitability patient choice and availability of resource.

Teams have autonomy in the menu of options they provide (e.g. DBT/MBT) but what is important is that the interventions are supported by the evidence and goal focussed.

Although the term 'pathways' can generate a linear image, they are intended to be flexible to meet the changing needs of our service users.

What we did and how we did it

- Co-production Service user rep on Complex Emotional Needs (CEN)

- Collaboration patient participation lead (PPL) involvement

- Working with business support to design supporting processes

- 2 session assessment for formulation and [Goal Based Outcomes](GBOs) (GBOs)

- Waiting times forms to understand local needs

- Broadcasting across the system

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How we designed the Pathways

For each pathway there was a small task & finish group comprising of Norfolk & Suffolk representation. Each including experienced clinicians with a senior clinician providing the lead co-ordination role.

The project was tasked with describing clinical treatment options built upon evidence-base (NICE and other clinical research) and CAMHS national standards (QNCC).

After consultation with colleagues and using the evidence from needs typing, we have developed the following pathways

- **Anxiety Pathway** - *Pathway Lead: Dr Gemma Bowers*
- **Mood Pathway** - *Pathway Lead: Dr Sarah Hill*
- **Complex Emotional & Behavioural Needs U18s** - *Pathway Lead: Dr Claire Tyler*
- **Complex Emotion Needs 18+** - *Pathway Lead: Dr Joanne Baines*
- **PTSD U18s** - *Pathway Lead: Dr Michelle Trollope*
- **PTSD 18+** - *Pathway Lead: Dr Graham Beales*
- **Parent Infant** - *Pathway Lead: Dr Dite Felekki*
- *SMI/COMPLEX NEEDS - TBC*

Example: Anxiety and OCD
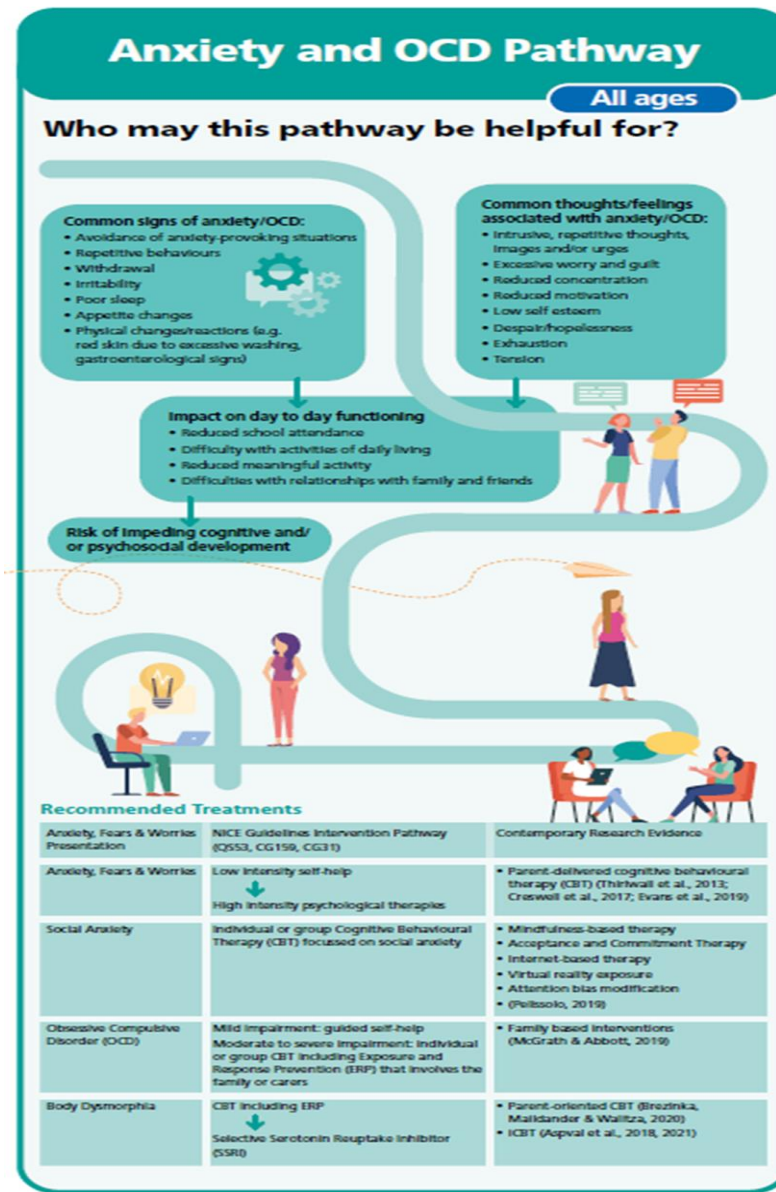
Successes

- ✅ Participation
- ✅ Reporting
- ✅ Discussed in supervision   and meetings
- ✅ Positive Feedback

Challenges

- ❌ Training
- ❌ Resistance to change
- ❌ Aspirational
- ❌ How to explain to young people

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Where this has led us

- **Improved accessibility**
- **Development of ROMS strategy**
- **Co-production of leaflets for CFYP**
- **Progression of website**
- **Needs-led – i-THRIVE Grids**

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Developing a THRIVE-aligned competency Framework

Dr Claire Tyler

Developing a competency framework and training programme

Request for a mental health training programme for our CYP workforce in Suffolk in line with the THRIVE Framework and Suffolk system values and needs

- To increase knowledge, skill, and confidence for practitioners across Suffolk working with children and young people with various degrees of mental health need.

- In the context of implementing Transformation and the THRIVE Framework in Suffolk.

- Part of an induction for new staff.

Led to: what are the competencies needed for our CYP workforce in Suffolk to work within the THRIVE Framework?

Mutually influencing

My lens

Training programme - Ethos & Principles

- Centrality of system – *partnership working*

- Centrality of relationships – *partnership working*

- Voices of Young people and carers (work in progress)

- Effectiveness/being useful – *outcome-informed*

- Biopsychosocial, holistic models, non-pathologizing – *needs-led*

- Looking at needs and range of help from across the system – *reducing stigma /mental health as everyone's business; needs-led*

- Acknowledging role of specialist MH interventions but also limitations – *outcome informed*

- Different presenters

- Considering the impact of the work (on the worker)

- Delivered in inclusive manner, acknowledging knowledge & skill, participatory, reflective – *partnership working*

Training programme - outline

- Introduction incl. intentions & 'culture' of the sessions – *partnership working; needs-led*

- The 'Suffolk Scene' – *needs-led*

- THRIVE Framework – *common language & conceptual framework*

- Working in systems, the YP in systems – *needs-led; partnership working; reducing stigma; accessibility*

- Getting alongside and working with YP & families/carers – importance, what we need to consider, what we all bring to this – *shared decision-making; needs-led*

- Wellbeing & positive mental health – *proactive prevention & promotion*

- Understanding mental health using formulation – *needs-led; reducing stigma*

- Interventions – *outcome-informed;*

- Mental health problems encountered (5) – *reducing stigma; needs-led*

- NDD – *reducing stigma; shared –decision-making*

- Role of teams & looking after yourself

Workforce Competencies

- In collaboration with Transformation lead, discussed with local community of practise, and most recently linking with neighbouring colleagues

- Drafted a THRIVE-aligned competency framework when it seemed there was no specific framework - limitations

- Informed by other competency work and needs identified for the training programme

- Values, knowledge & skills

Thrive values and competencies for practitioners

Values:

to be held by anyone working in any of the needs-based groupings

- The Ideal worker(Co-producing the 'Ideal Worker' for children and young people in Suffolk - Healthwatch Suffolk)

- Including collaborative practise, shared decision-making, and respectful, non-judgemental practise

- Valuing of diversity and cultural competence

- Recognising importance of working across professional systems, services, agencies, working together to support needs of YP and family

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Competencies:

THRIVING

Strengths-based approaches with positive reinforcement and validation

Knowledge of local community, services, demographics

Ability to make links and network

Understanding of resilience

GETTING ADVICE

Knowledge:

Local community and demographics

Local services and networks

Holistic models of understanding strengths, difficulties and needs in YP

Foundation knowledge of mental health problems

Foundation knowledge of child & adolescent development and lifecycle changes, impact of early experience and trauma

Of what helps positive wellbeing

Of ways to assess if an intervention/advice is effective; and knowledge of relevant tools to assist this

Of when to seek advice, bring in other expertise

Of self as practitioner

Of record keeping, and of communication needed and timeliness of both

Of relevant polices, guidance and legislation

Skills/abilities in:

Engagement and active listening

Mentalizing

Making links, working, and communicating effectively with professional systems, services, and developing professional relationships

Understanding and working effectively with a child's/young person's system, relationships, and contexts, delivering care in trauma-informed way

Being curious and knowing how to use holistic models of understanding strengths, difficulties and needs

Doing a preliminary assessment and formulation, including sufficient understanding of risk, severity, complexity, and desire/ability to change/act

Making a shared plan

Empowering

Applying knowledge of mental health for advice or very brief intervention with mild mental health presentations

Applying knowledge of positive wellbeing ability to give advice /work with targeted wellbeing areas

Using local and service knowledge to signpost

Knowing when you have done enough, and it's been sufficiently helpful

Using supervision and consultation

Understanding self as practitioner, recognising reactions to emotional problems in others, the interpersonal nature of the work, including own impact on others; reflective abilities

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Knowledge:

Local community and demographics

Local services and networks

Of bio-psycho-social models of understanding strengths, difficulties and needs in YP and more detailed assessment and formulation models dependent on the area/type of help provided and context in which it is provided

Foundation level knowledge of mental health where focus is on social/other intervention

Clinician level knowledge of mental health problems where focus is on clinical intervention

Foundation or clinician level of knowledge of child & adolescent development and lifecycle changes, including impact of early experiences and trauma

Foundation level knowledge of positive wellbeing interventions where focus is on social/other intervention

Clinical level knowledge of positive wellbeing interventions where focus is on clinical intervention

Of ways to assess if an intervention is effective, e.g., Routine outcome measures (ROMS), scales and surveys

Of when to seek advice, bring in other expertise

Of self as practitioner

Of record keeping, and of communication needed and timeliness of both

Of relevant policies, guidance, and legislation

Skills/abilities in:

Engagement and active listening

Mentalizing

Making links, working, and communicating effectively with professional systems, services, and developing professional relationships

Understanding and working effectively with a child's/young person's system, relationships, and contexts; trauma- informed care

Assessment, including good understanding of risk, severity, complexity, and desire/ability to change/act dependent on type and context of work

Being curious and effectively using formulation in relation to the area/type of help provided and context in which it is provided

Setting and reviewing goals and applying knowledge for assessing change, including knowing when you have done enough, and it's been sufficiently helpful

Making a shared plan

Empowering

Applying knowledge of positive wellbeing for goal-based interventions in targeted wellbeing areas

Applying specialist knowledge of mental health relevant to the area of expertise/service for with mild-moderate presentations, or severe presentations where complexity is relatively low, where relevant

Specific skills needed to deliver goal-based work (e.g., CBT, specific VCSE approaches/social and community interventions, manualised approaches)

Skills to use relevant ROMS, scales and surveys usefully and appropriately

Using local and service knowledge to signpost

Using supervision and consultation

Understanding self as practitioner, recognising reactions to emotional problems in others, the interpersonal nature of the work, including own impact on others; reflective abilities

GETTING MORE HELP

Knowledge:

Local community and demographics

Local services and networks

Of detailed assessment and formulation models

Specialist level knowledge of mental health

Knowledge of child & adolescent development and lifecycle changes, impact of early experiences and trauma

Knowledge of positive wellbeing interventions

Of ways to assess if an intervention is effective, e.g., Routine outcome measures (ROMS), scales and surveys

Of when to seek advice, bring in other expertise

Of self as practitioner

Of record keeping, and of communication needed and timeliness of both

Of relevant guidance, policies, and legislation

Skills/abilities in:

Engagement and active listening

Mentalizing

In making links, working, and communicating effectively with professional systems, services, and developing professional relationships

Understanding and working effectively with a child's/young person's system, relationships, and contexts, likely involving significant complexity, high emotional distress, and poor functioning, delivering trauma-informed care.

Being curious and effectively using detailed formulation in relation to the type and model of help provided and context in which it is provided

Assessment, including detailed understanding of risk, severity, complexity, and desire/ability to change/act dependent on type and context of work

Setting and reviewing goals and applying knowledge for assessing change, including knowing when you have done enough, and it's been sufficiently helpful

Skills to use relevant ROMS usefully and appropriately

Making a shared plan

Empowering

Applying knowledge of positive wellbeing

Applying specialist knowledge of mental health and evidence-based practise

Applying specific therapeutic skills needed and within area of expertise

Using local and service knowledge to signpost

Using supervision and consultation

Understanding self as practitioner, recognising reactions to emotional problems in others, the interpersonal nature of the work, including own impact on others; reflective abilities

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Knowledge:

Local community and demographics

Local services and networks

Of detailed assessment and formulation models relevant to area working within

Specialised knowledge of risk assessment and models

Knowledge of mental health relevant to role, including understanding factors for poor mental health and risk

Knowledge of child & adolescent development and lifecycle changes, including impact of early experiences and trauma

Knowledge of positive wellbeing interventions

Of ways to assess if an intervention is effective, e.g., Routine outcome measures (ROMS), scales and surveys

Of when to seek advice, bring in other expertise

Of self as practitioner

Of record keeping, and of communication needed and timeliness of both

Of relevant guidance, policies, and legislation, especially in relation to risk management

Skills/abilities in:

Proactive engagement of young people and carers, especially where factors indicate this might be more challenging

Active listening

Mentalizing

In making links, working, and communicating effectively with professional systems, services, and developing professional relationships, especially in highly emotive situations

Working responsively, often in specific timeframes

Understanding and working effectively with a child's/young person's system, relationships, and contexts, likely involving significant complexity, high emotional distress, and poor functioning, delivering trauma-informed care

Assessment, including detailed understanding of risk, severity, complexity, and desire/ability to change/act dependent on type and context of work

Being curious and effectively using detailed formulation in relation to risk and more broadly

Setting and reviewing goals and applying knowledge for assessing change, including knowing when risk has subsided sufficiently

Skills to use relevant ROMS usefully and appropriately

Making a shared plan or ability to communicate effectively about plans if risk is such that shared planning isn't possible

Empowering

Applying knowledge of positive wellbeing

Applying knowledge of mental health and evidence-based practise

Using local and service knowledge to plan once risk has lessened

Using supervision and consultation

Understanding self as practitioner, recognising reactions to emotional problems in others, the interpersonal nature of the work, including own impact on others; reflective abilities

DRAFT

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for better mental health

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Developing an Advice & Signposting offer

Dr Beth Mosley

Early Intervention CAMHS

- MHSTs & Under 18 Wellbeing Team

- How to meet the increasing demand and ensure families have access to the support they need more quickly?

- Using evidence-base, input from CFYP and the skills of our workforce to create a robust offer

- Ensuring that we are working in communities to build community mental health resilience

- Working closely with other parts of the system, including GPs, schools, paediatric teams, A & E, LA and VCSE.

Developing a more diverse offer

- Parent workshops

- Training, consultation and supervision of other professionals

- Welcome workshop for all families coming into our service

- Rolling group programmes

- Single Session Interventions

- The role of counselling (Kooth, 4YP)

Parent Workshop Programme

- December 2020 – Covid-19 Pandemic – Need to offer Advice & Guidance for all parents
- Eventbrite, Zoom & Slido
- No registration with NSFT required – access to all
- Content and audience grew over the last four years
- 57, 026
- June 2023 Developed a Neurodiversity in Childhood programme,
- From March 2024 the Neurodiversity in Childhood programme will be integrated into the NDD pathway

Supporting our Young People with OCD

This session covers: what OCD is, how it effects and impacts young people, how parents can support their children/adolescents who might be struggling with OCD, and what further support is available.

Tuesday 26th March 13:00 PM - BOOK HERE

Tools for Managing Uncertainty and Building Resilience in Young People

Life is always unpredictable, but over the last few years we have been living with a much higher degree of uncertainty than is usual. This workshop introduces strategies that parents/carers can support their young people to use to help them cope better with uncertainty now and in the years to come. Being able to adapt in situations by learning to tolerate emotions and cope with change reduces stress levels and is a great skill for life.

Tuesday 26th March 18:00 PM - BOOK HERE

Supporting our Young People with Anxiety

This workshop helps parents to better understand anxiety. It covers what is anxiety, why anxiety, how it effects the brain, how it affects the body, how it impacts on what we do and don't do and how parents can support their children/adolescents who might be struggling with anxiety.

Tuesday 23rd April 18:00 PM - BOOK HERE

Supporting our Young People with Self-Harm

Knowing your child is finding things difficult and hurting themselves can be frightening and confusing for parents. This workshop aims to develop parents' understanding of self-harm. It covers what self-harm is, why it happens, and what we can do to help.

Tuesday 23rd April 13:00 PM - **BOOK HERE**

Childhood Neurodiversity: Supporting Social Relationships

This workshop will discuss social relationship difficulties for neurodivergent children, and how parents/carers can support their children with understanding and managing social relationships.

Tuesday 2nd April 13:00 PM - **BOOK HERE**

Feedback from NDD Parent Programme

For those who identified that they signed up for the workshops believing that their young person needed access to a mental health service, 41% felt that the workshop had met this need for now. For those still intending to access further support for their child after the workshop, the perceived required support included:

- Mental health support or psychological therapy
- Diagnosis for ADHD or ASD
- School support
- Support with emotional regulation

- Parent self-ratings of knowledge of the workshop topic and confidence supporting their child with the workshop topic increased after attending each workshop. Average knowledge increased from 5.3/10 to 7.5/10 and average confidence increased from 4.9/10 to 7.2/10.
- 92% of Slido users either agreed or strongly agreed that they found the workshop helpful.

Feedback about the virtual offer

- "Fit in brilliant with having a young family. Would not have been able to attend a face to face workshop."

- "happy that it is recorded so I can share with friends and family so they can understand the behaviours too"

- "Great, as I sometimes do not have time the live version + you can listen to the bits that you like several times"

General Feedback

- *"Thank you so much!! I'm crying because my daughter IS now what I understand to be neurodiverse and not a syndrome or issue!"*

- *"I'm autistic and work as a teacher to neurodivergent young people. My child is autistic too. I came on out of curiosity, but have been so impressed- well done"*

- *"Thank you. At last a really good informative webinar on NDD"*

- *"The session was brilliant, informative and I value the resources."*

- *"Overall a brilliant session, lots of information with a great variety of talking points and interactions. Definitely leads well onto other, more specific, learning materials very well. Fabulous to hear professionals who are clearly knowledgeable, and most importantly, enthusiastic about the subject matter. I also really liked that the session began with discovering which region people were from, that leads into being able to share area specific information."*

Learning from implementation of the THRIVE Framework in Public Health Nursing across BNSSG

Penny Hazelwood Professional Lead for PHN
penny.hazelwood@nhs.net
Fai Pope Clinical Lead for PHN
fai.pope@nhs.net

Sirona care & health children's services across BNSSG

- Single provider of children's services across Bristol, North Somerset and South Gloucestershire (BNSSG) since March 2020
- One of the largest providers of Children's Community Services in England

What is public health nursing?

- 0-19
- Universal service
- Health Visiting
- School nursing
- Family Nurse Partnership

Health Visiting 0-5

- 5 mandated reviews
- Baby Hubs
- MECSH
- Support package
- Telephone support line

School nursing 5-16

- Drop in clinics in secondary school for young people
- Drop in sessions for parents in primary schools
- Telephone support line
- Support packages (referrals for one to one support)
- ChatHealth

Service transformation 2016 in South Gloucestershire

Shifting our focus towards a holistic public nursing approach tailored to a universal service

A shift from detecting developmental problems..... ……to preventing them

Therapeutic prevention

Sirona
care & health

'The challenge for health visiting is to demonstrate the profession's worth in preventing a difficulty from arising as well as identifying or treating it. Simply counting the number of diagnoses, for example the number of women identified with post-natal depression, fails to acknowledge the valuable work of prevention where risk has been identified and problems averted.'

Prof Sarah Cowley, 2015

NICE National Institute for
Health and Care Excellence

NICE
guideline

Antenatal and postnatal mental health:
clinical management and service
guidance

Clinical guideline
Published: 17 December 2014
nice.org.uk/guidance/cg192

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Therapeutic assessment, referral and signposting

A framework was therefore needed where the theraputic value of holistic assessment, referrals and signposting, undertaken in partnership with families was acknowledged, centred and valued as an outcome in itself.

It needed to be a good 'fit' with other PHN programmes at the time

Transformation Programme 2022

- UNICEF Baby Friendly Initiative Programme

- Maternal Early Childhood Sustained Home Visiting (MECSH)

- Baby clinics to baby hubs

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What does 'Thriving' mean to us as a service?

Absence of problems or the ability to adapt and self manage?

Exploring this with staff has supported their understanding of a strengths based, needs-led holistic assessment and therefore the changes to our service offer

THRIVE principles and service transformation

- Decision in March 2020 to implement the THRIVE Framework which was included in the bid for services
- Shift away from medical model towards psychosocial model of health

It's all about the principles!

Developing a common language

- Reflective review of the language we use and moving to using the five needs based grouping names
- Changed name of getting advice & signposting needs-based grouping to 'information and signposting'
- Development of new pathways with consistent THRIVE language
- Developing Sirona website
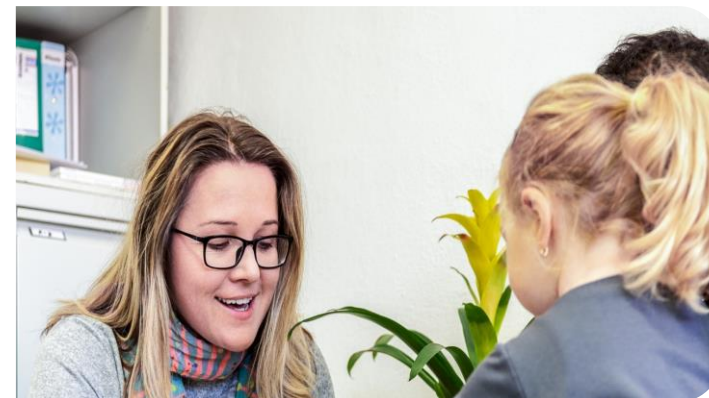
Sirona care & health Website
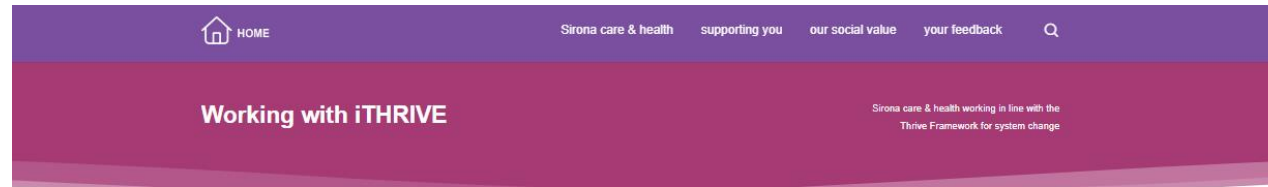
A new pathway
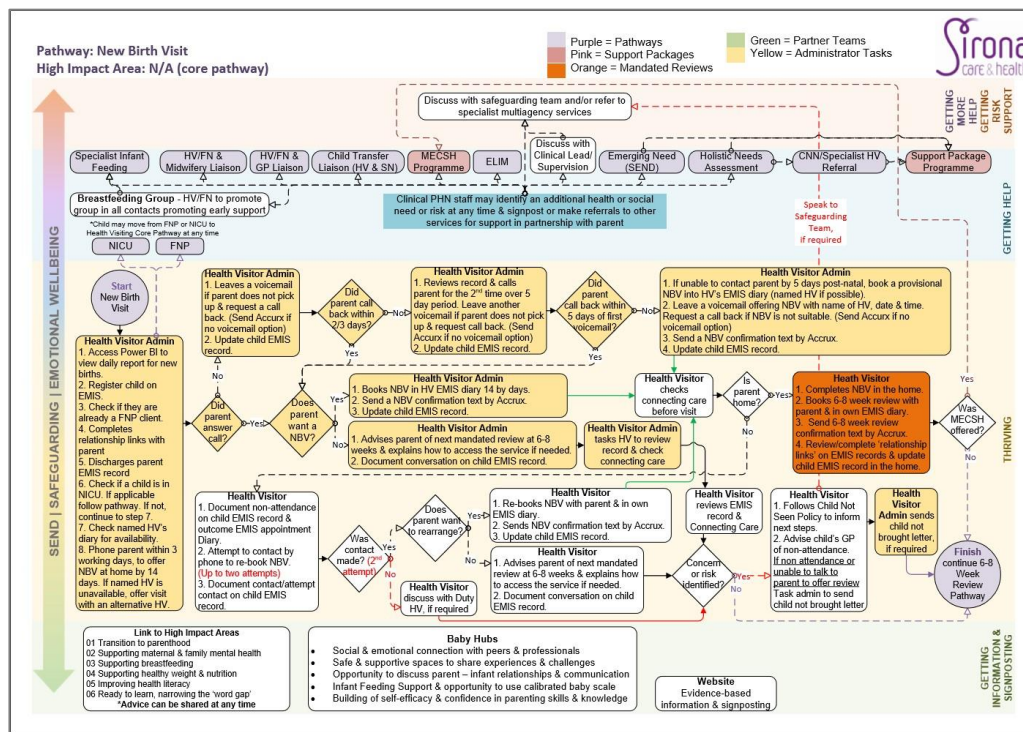
A needs led approach

- Understanding 'need'. Is it a current need that is clearly visible, current risk that may lead to future need, or a hidden need?

- Is there a need even when there is no tangible problem currently?

- Embedding understanding of the needs-based groupings

- Including SEND, or emerging SEND needs, in our universal approach

Shared decision making

- Using i-THRIVE Grids in the universal service
- Review of assessment templates
- Friends and Family Test in the training
- Changing templates to evidence shared decision-making in patient records
- Introducing a competency for all staff

Challenge – staff need to change the way they think about children, young people and families which requires support; culture change

"Can we talk through a decision that I've already made?"

Proactive promotion and prevention

- The MECSH programme uses a strengths-based approach
- Baby Hubs are a community asset; front loading parents with knowledge and skills they need for parenting as well as providing local community social support.
- School nurses – supporting more primary school aged work – a shift from a secondary school focus

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Partnership working

Sirona
care & health

- Working with our safeguarding team to change the language that they use when working with our staff and other agencies
- Working as a system as the change to our ICS takes place.
- Being clear with partners of our PHN preventative role and our role boundaries

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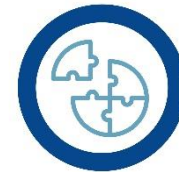
Outcome informed

- Focus on the outcome of assessments including analysis, reducing description in assessments with no actions.
- Supporting staff to manage endings.
- Using sociograms/ecomaps

Reducing stigma

- The new pathways and record templates are not separating physical and emotional wellbeing.

- Staff emotional well-being is also embedded

Increasing accessibility

- Involvement of parents/carers and young people in our transformation

- Young people have been involved from the start in our new website design

Reflection on the Impact of implementation

- Language embedded
- Case studies
- Identify training needs for all our staff around THRIVE

Next steps

We are rolling out the training September 2024 across BNSSG Public Health nursing

The Waiting Room story

Original + developing vision

- Starting aim of improving **the experience of waiting for CAMHS**

- Waiting to ask for help?

- To be assessed?

- To be treated?

- To THRIVE?

- Conclusion: Support to '**wait well**' can help at all stages of a care journey

Poor existing systems

- **Out-of-date** websites

- Siloed information - **hindering sharing and learning**

- **No support during wait**

- **Difficult-to-navigate** directories

- No method for maintaining, updating or **quality assuring information**

Our goal

- Establish a single source of **safe, trusted information** and resources

- **Suitable for anyone** seeking support for themselves or others

- That **adapts to the user**'s role, needs, age, location etc..

- To drive **sharing, learning, improvement** and innovation

- Grow a thriving **nationwide community** of practice

Reach and impact

- Built relationships with >**40 CAMHS Teams** + **>20 VCSEs** across **5 Boroughs**

- Since May we have seen **>10k User Sessions** + **>35k Page Views**

- Resources have attracted **dozens of comments** and **>200 'likes'**

- **Helping services to support families from the first contact**

Waiting Room and the THRIVE Framework for system change (Wolpert et al., 2019)

"The THRIVE Framework conceptualises the mental health and wellbeing needs of children, young people and families into five needs-based groupings."

Those who need advice and signposting

Those who need focused goals-based input

Getting Advice

Getting Help

Thriving
Those whose current need is support to maintain mental wellbeing through effective prevention and promotion strategies

Getting Risk Support

Getting More Help

Those who have not benefitted from or are unable to use help, but are of such a risk that they are still in contact with services

Those who need more extensive and specialised goals-based help

i-THRIVE

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How does Waiting Room fit?

- One of the goals of the THRIVE Framework is: "Children, young people and families being more empowered to manage their own mental health and make the best use of the resources available, including managing any ongoing mental health issues."

- But how can young people and families do this without knowing…
  - what's out there
  - what they can access
  - and what's trustworthy and safe?

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i-THRIVE

Where does Waiting Room fit?

- Common Language
  - Creates a space for discussion of mental health and wellbeing using a shared and consistent language about both needs and options

- Needs-Led
  - All options for mental health and wellbeing present, helping users decide what to do next based on their needs and preferences

- Shared Decision Making
  - A tool which can be used with a professional to have a conversation about needs, preferences and the full range of options to make a decision about next steps

- Proactive Prevention and Promotion
  - Draws the whole community together in supporting mental health and wellbeing

Where does Waiting Room fit?

- Partnership Working
  - Creates a space for cross-sector sharing and collaboration

- Outcome-Informed
  - Enables discussion of full range of options, while also providing information about support before, after, alongside or in lieu of specialist intervention, allowing for goal-based planning and measurement of progress

- Reducing Stigma
  - Accessible without a diagnosis, support for all needs, includes focus on wellbeing

- Accessibility
  - Meeting users where they currently are, sharing timely, reliable and accessible information

Our current functionality

Welcome to the Waiting Room

Explore over 300 wellbeing options for young people, families and professionals in North Central London (NCL).

Search Support 🔍

Services by Borough

Islington   Camden   Barnet   Enfield   Haringey

Services by Borough

Islington   Camden   Barnet   Enfield   Haringey

Top Resources & Services

The Hive Monthly Activity Timetable

A monthly list of activities at The Hive in Camden.

🏷 Local Services / Service Info

Art Against Knives

Organisation providing a community-rooted approach to empower youth through long-term engagement.

🏷 Local Services / Service Info

Op COURAGE

Service offering comprehensive NHS mental health support tailored to armed forces personnel and veterans.

🏷 Local Services / Service Info

Unitas Youth Zone

An independent charity with a purpose-built facility in Burnt Oak, providing a safe and inspiring place for young people ages 8-19, and up to 25 with additional needs.

🏷 Local Services / Service Info

Support Hub

Talk to someone.
Discover new things.
Understand your options.

Find Support

← **Back**

example: sleep

Search

Topic ⌄

Audience ⌄

Borough ⌄

The Autism Hub Islington and Camden

- User-led initiative by & for autistic adults.
- Offers counselling & peer support service.
- Available to Camden & Islington residents.

autism hub •••

🏷 Local Services / Service Info 👍 3 likes

Find Support

← Back

example: sleep   [Search]

Current filters ▲

✕ NHS

(Clear filters)

Topic ▲

☑ NHS (28)
☐ Abuse (2)
☐ Activities (1)
☐ ADD (2)
☐ Addiction (14)

(See more)

Audience ⌄

Borough ⌄

Accessibility ⌄

Categories ⌄

Format ⌄

Age Range ⌄

Thriving plus: resources helping families at home

- A website with support categorised by need.
- Resources can be used at home by parents or carers.
- Addresses the changing ways to access mental health support.

◇ Wellbeing Tools / Website   👍 0 likes

NHS The Tavistock and Portman NHS Foundation Trust

Young People's Consultation Service (YPCS)

- Helps young people aged 14-30 with emotional difficulties.
- Provides consultations with clinicians about emotions & thoughts.
- Helps you understand & cope with difficulties.

◇ Local Services / Service Info   👍 0 likes

NHS

Camden MOSAIC

- Service for young people with disabilities & their families.
- Helps children join in with school, leisure & community activities.
- Provides assessment, diagnosis & therapy.

◇ Local Services / Service Info   👍 1 like

NHS

Islington Youth Justice Service (YJS)

- Service preventing youth offending & reoffending in Islington.
- Offers support with court orders, reports & restorative justice.
- Supports parents/carers, victims & young people.

◇ Local Services / Service Info   👍 0 likes

ISLINGTON

North Camden Community CAMHS, OpenMinded

- Helps Camden young people with emotional health & wellbeing.
- Uses i-THRIVE to put young people & families' needs first.
- Works with schools to support children's mental health.

Open Minded
emotional health & wellbeing in Camden,
for children, young people and their families

Find Support

← Back

youth club [Search]

Topic ⌄

Audience ⌄

Borough ⌄

Accessibility ⌄

Categories ⌄

Format ⌄

Age Range ⌄

The Zone Youth Club

- Islington **youth club** offering after-school & evening sessions.
- Computers, recording studio, games & kitchen facilities.
- Tuition & projects in music, film, sports, arts & more.

⬡ Local Services / Service Info 👍 1 like

Islington Youth Council

- Website containing information on Islington **Youth** Council.
- Consists of 14 elected **youth** councillors for a 2-year term.
- Advocates for **youth**, influences decisions & offers skill development.

⬡ Local Services / Website 👍 1 like

Unitas Youth Zone

- Independent charity with purpose-built facility in Barnet.
- Safe & inspiring space for ages 8-19 (up to 25 with SEN).
- Offers diverse activities, sports, arts & support for £5/year.
- Staffed by trained **youth** workers, focused on safeguarding.

⬡ Local Services / Service Info 👍 1 like

Copenhagen Youth Project

- A safe & caring **youth**-led space.
- Supports disadvantaged young people aged 7-25.
- Offers learning, development & a brighter future.
- Inspires the young people of King's Cross & Barnsbury.

⬡ Local Services / Service Info 👍 0 likes

KORI Youth Charity

Find Support

example: sleep

Search

Current filters ∧

✕ App

Clear filters

Topic ∨

Audience ∨

Borough ∨

Accessibility ∨

Categories ∨

Format ∧

☑ App (42)
☐ Audio (4)
☐ Blog (1)
☐ Book (3)
☐ Booklet (3)

See more

Age Range ∨

INKS
- A pinball game with puzzles & art.
- Provides a joyful & colorful experience.
- Combines relaxation & skill.

🏷 Wellbeing Tools / App 👍 1 like

Prune
- Game celebrating the beauty of trees & cultivation.
- Bring life to the landscape & uncover a hidden story.
- Captivating with unique gameplay & relaxing vibes.

🏷 Wellbeing Tools / Game 👍 0 likes

Ten Percent Happier
- Website with tips for happiness, meditations & expert advice.
- Free resources, included guided meditations & a podcast.
- App & mindfulness courses also available for purchase.

🏷 Wellbeing Tools / App 👍 1 like

SPOKE
- App providing music and mindfulness for mental health.
- Features unique audio escapism & neuroscientist-trained artists.
- Themes include sleep, meditation, stress, relationships & more.

🏷 Wellbeing Tools / App 👍 1 like
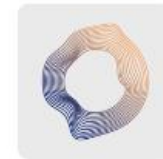
Cosmic Kids Yoga
- A children's yoga YouTube channel.
- Provides fun & engaging yoga adventures for kids.
- Story-based sessions with mindfulness & relaxation.

Putting services within reach

Showing we are listening

> **"**
>
> It's been incredibly useful and supportive. It's a safe space to talk about things. You don't feel so alone
>
> **Service User**
>
> ● ○

→

Showing who we are

Sharing what we have

Recommended by Islington School Wellbeing Service (SWS)

Sleep Hygiene for Adolescents Leaflet

A leaflet with tips for improving sleep quality designed to support the mental and physical wellbeing of adolescents.

🏷 Wellbeing Tools / Leaflet

Building Resilience Leaflet

Leaflet with tips for building resilience covering self-esteem, problem solving skills, managing stress, and developing coping strategies.

🏷 Wellbeing Tools / Leaflet

Emotional Regulation Leaflet

Leaflet with tips for managing emotions, understanding triggers, and strategies for self-regulation.

🏷 Wellbeing Tools / Leaflet

Friendships Leaflet

Leaflet with tips for building and maintaining positive friendships, encouraging healthy relationships, and building self-esteem.

🏷 Wellbeing Tools / Leaflet

Working with our Community Consultants
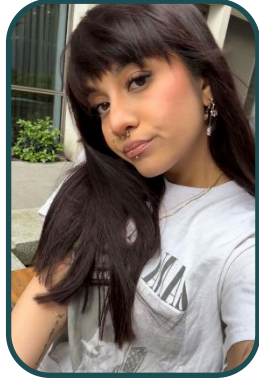
Nia (19, she/her) is from London, studying Medicine and has always had an interest in making mental health accessible and understandable for young people from a range of backgrounds, especially BAME. Nia wanted to get involved in developing NCL Waiting Room because it provided her with the unique opportunity of actively being able to see her input and ideas of how to better one's mental health support progress from her own first-hand experience and relationship with therapy and counselling.

Hannah (23, she/her) is studying Clinical Mental Health Sciences at University College London and is interested in social determinants of mental health. Hannah wanted to get involved in developing NCL Waiting Room because she is excited about the potential for the service to offer a source of support during the difficult time that many young people spend waiting to access therapy.

Arshan (17, he/him) is from Camden, studying Health and Social Care and interested in systematic change that will better the holistic care for young people. Arshan wanted to get involved in developing NCL Waiting Room as his personal experience with CAMHS is much alike the countless other young people still on the waitlist for an assessment and wanted to be a part of the initial team that's shaping a potentially life-changing support 'app', so to speak, like NCL Waiting Room.

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What's coming next

← Back

Welcome, Hannah

Today's affirmation:

I am open to the beauty and wonder of the world around me.

Tools & resources

Account details   >

Favourite resources   >

Mood check in   >

My plan   >

Manage your plan

Activities   ✓

Triggers   ✓

Identity   ✓

Interests   ✓

Formats   ✓

100% complete

❝❞

Need to speak to someone now?

Crisis Support

If you're thinking of harming yourself or someone else, you can find urgent help on our crisis page.

Kooth

Want an informal chat with someone about your wellbeing? Speak to the team at Kooth.

← Back

What can help you feel better?

Please select as many options as you like.

Animals	Being active	Breathing exercises	Coding
Cooking	Creativity	Drama	Exercise
Family	Friends	Games	Learning
Making music	Medication	Meditation	Nature
Personal growth	Planning	Rest	Silence
Sleep	Sports	Stimming	Sunlight
Therapy			

Your custom activities

Listening to podcasts

← **Back**

What can make you feel worse?

Please select as many options as you like.

Abuse	Addiction	Alcohol	**Arguments**
Boredom	Bullying	**Change**	Competition
Distractions	Drugs	Eating Issues	Family problems
Friend problems	Gambling	**Inactivity**	Loss or grief
Medication	Noise	**Online bullying**	**Poor sleep**
Relationship issues	Repeat behaviours	School stress	Social media
Socialising	**Stress**	Trauma	Weight

Your custom triggers

Feeling overwhelmed	Overwhelm

← **Back**

What is most important to you?

Please select as many options as you like.

My ambitions	**My disability**	**My ethnicity**	**My gender identity**
Getting more exercise ⌄		Any other White background ⌄	Woman / girl ⌄

My heroes	**My hobbies**	**My language**	**My learning needs**
		English ⌄	

My nationality	**My relationships**	**My religion / belief**	**My sexuality**
American ⌄		Atheism ⌄	

Share what is important to you by creating a custom button below. **Add it here**

Save & Exit   **Continue to Interests** →

What topics are you interested in?

Please select as many options as you like.

Addiction	ADHD	Adoption	Advice
Anxiety	Armed forces	**Art**	Autism
Behaviour	Bereavement	Breathing	**Bullying**
CAMHS	CBT	Communication	Cooking
Coping	Counselling	Creativity	Crisis
Depression	Divorce	Domestic violence	Dyslexia
Early help	Early years	Eating issues	Education
Family	Fear	Fitness	Football
Fostering	**Friendships**	Fun	Gangs
Grief	Guardianship	Guidance	**Gym**
Happiness	Hearing voices	Homelessness	Housing

Junior school	Kinship	Learning	Learning difficulties
LGBTQ+	Loneliness	Low mood	Medication
Meditation	Mental health	Mentoring	Mindfulness
Music	Neuro	NHS	OCD
Panic attacks	Parenting	Peer support	Perinatal
Physical health	Psychology	Reading	Relationships
Relaxation	Research	Resilience	Sadness
School	Self-care	Self-harm	SEND
Sexual health	**Sleep**	Social justice	Sports
Stress	Substance misuse	Suicide	Therapy
Training	Trauma	University	Volunteering
Wellbeing	Worry	Yoga	Youth justice

Looking for something else? **Help us learn what our users are interested in**

Save & Exit   Continue to Formats →

Hannah's Wellbeing Plan

What's included?

Activities & triggers   →

Identity, interests & formats   →

Favourite resources   →

← **Back**

Activities & triggers

View your selected activities and triggers in the boxes below.

Where 'Resources' appears, click on it to access related resources and additional information.

Things that make me feel better

[Edit my answers]

Animals 🐾

Animals can be a source of comfort and support for many people. Spending time with animals has been shown to improve emotional wellbeing.

Drama 🎭

Drama can provide a safe environment for emotional expression and connection. It builds skills like confidence, public speaking, empathy, teamwork and problem-solving.

Resources →

Exercise 🤸

Exercise can positively impact emotional wellbeing by releasing endorphins and boosting self-esteem, serving as an outlet for emotions and improving sleep.

Resources →

Family 👨‍👩‍👧

Supportive family members can boost your self-esteem, help you cope with stress and make you feel that you belong.

Friends 👥

Friendships can be an important source of emotional support, enhancing self-esteem and communication skills and promoting personal development and future success.

Resources →

Sleep 🛏️

Sleep helps you to regulate your emotions, maintain skills like attention, memory and learning and lower feelings of stress and anxiety.

Sports 🤾

Sports can help with your emotional wellbeing by teaching skills like teamwork and perserverance, creating friendships, boosting your self-confidence and giving you a sense of mastery.

My identity

My ambitions
Getting more exercise

My ethnicity
Any other White background

My gender identity
Woman / girl

My hobbies

My language
English

My nationality
American

My relationships

My religion / belief
Atheism

My topics

Addiction
Resources →

Art
Resources →

Behaviour
Resources →

Bullying
Resources →

Family
Resources →

Friendships
Resources →

Gym
Resources →

Sleep
Resources →

My formats

App

Audio

Book

Game

← **Back**

How are you feeling?

Today, 15th December 2023

December 2023 ›		‹ ›				
MO	**TU**	**WE**	**TH**	**FR**	**SA**	**SU**
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	**15**	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Really great	☺
Good	☺
Okay	😐
Meh	☹
Very bad	☹

⊘ **Get urgent help**

Log activities	
Animals	🐾
Drama	🎭
Exercise	🤸
Family	👪
Friends	🧍
Sleep	💤

Log triggers	
Arguments	💬
Boredom	😴
Change	🔀
Poor sleep	🛏
Relationship issues	🏭
Stress	⚠

Log activities

Animals	🐾
Drama	🎭
Exercise	🤸
Family	👪
Friends	👫
Sleep	🛌
Listening to podcasts	🎧

Add an activity

Log triggers

Arguments	💬
Boredom	🔘
Change	🔀
Poor sleep	🛏️
Relationship issues	🖼️
Stress	🎆
Overwhelm	🙍
Feeling overwhelmed	⚡

Add a trigger

Log resources used

Calm ✕   **Headspace** ✕   ⌄

Today's thoughts

Today I used calm and headspace and they helped me to feel better.

Save

Digital Community Manager: iteratively learning from implementation across a complex system

Five aspects of the role:

1. **Manage** the service

2. Engage with **users**

3. Lead on **technical** aspects (content and development)

4. **Communications**

5. **Safety** (clinical safety, cyber security and accessibility)

It's all about relationships

- **Knowing the professionals** in our network

- Understanding **their offer** (service, charity, resource etc.)

- Thinking about **how to integrate** this into the platform

- My job: **forming and sustaining relationships** with real people to create a real network

Research and consultation

What we've done:

- User research (card sort, design sprints, patient and public involvement / PPI, feedback events, Digital Community Consultants)

- Qualitative survey (Time 1)

What's coming:

- Continual user research

- Qualitative survey (Time 2)

- Systematic review of Waiting List Interventions (WLIs) with trainee Health Psychologist

- Waiting Room Service Evaluation with trainee Health Psychologist

The future potential of our data:

- Ongoing research

- Quality Improvement

- Ongoing service evaluation

- Generating and sharing learning with our network

Stay in touch or join our network:

- waitingroom@tavi-port.nhs.uk

- www.NCLwaitingroom.nhs.uk

- Fred Peel + Dr Rosa Town

Waiting Room

Where you can do more than just wait.

National i-THRIVE Evaluation

Dr Rachel Sippy rjs271@medschl.cam.ac.uk
Dr Anna Moore am2708@cam.ac.uk

THRIVE Framework & Mental Health

- National i-THRIVE Programme developed to aid implementation of THRIVE principles by Children and Adolescent Mental Health Services

- Need to evaluate the impact of implementing the THRIVE Framework on:
  - Transformation of CAMHS to THRIVE-like system
  - Mental health services, clinical outcomes, and patient experience

Study Protocol

Research Questions

Research Questions
Does i-THRIVE lead to improvement in outcomes in CYP mental health services? Does i-THRIVE lead to improved clinical outcomes?
Is i-THRIVE associated with a more effective implementation process? Is i-THRIVE associated with a more 'THRIVE-like' service?
Which elements of the service lead to improvements in outcomes?
Who benefits from i-THRIVE, and what are the consequences for equity and diversity?
What approaches to implementation have been employed by sites?
What are the barriers and facilitators to implementation?

Evaluating complex interventions... is complex!

Complex Intervention

A B C D E F

Context
External, internal, political....

Implementation process
(multi-step)

Outcomes

Clinical
Process
Patient experience
Patient reported

Based on MRC Guidance on evaluating complex interventions updated 2007
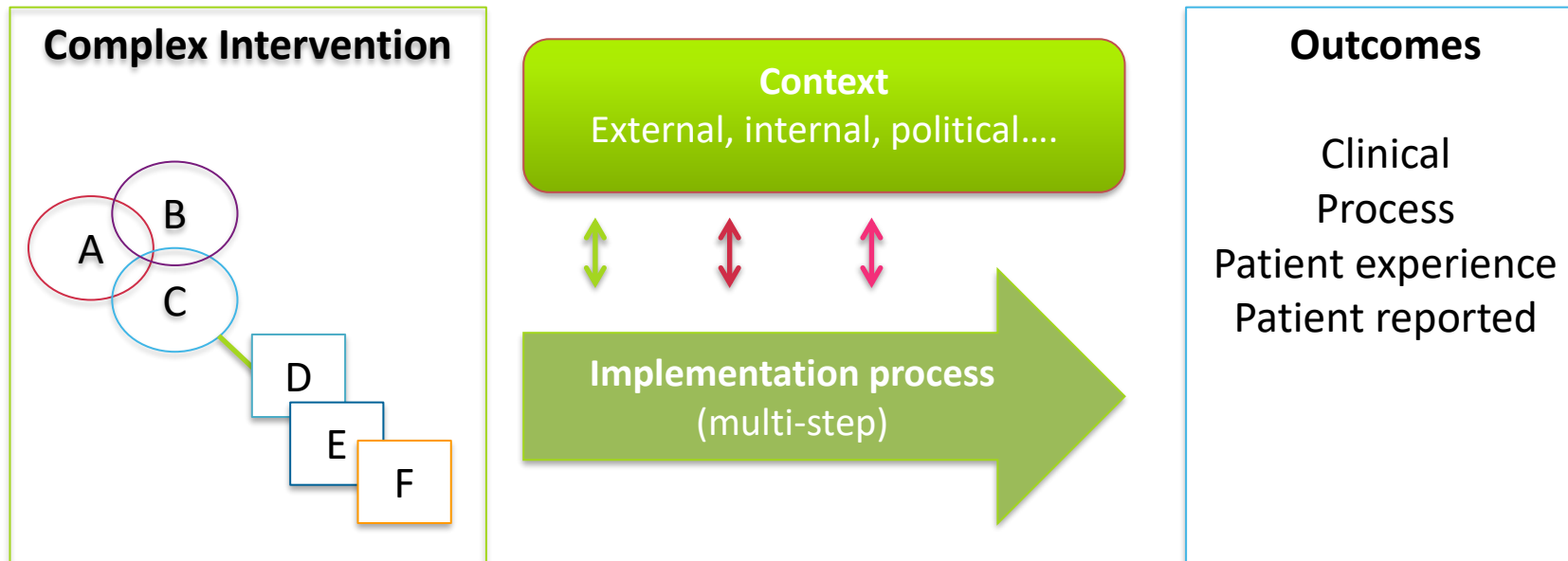
Control Arm: 10 sites across UK, not implementing THRIVE or using i-THRIVE

Baseline

After implementation: less THRIVE-like

Undefined implementation process
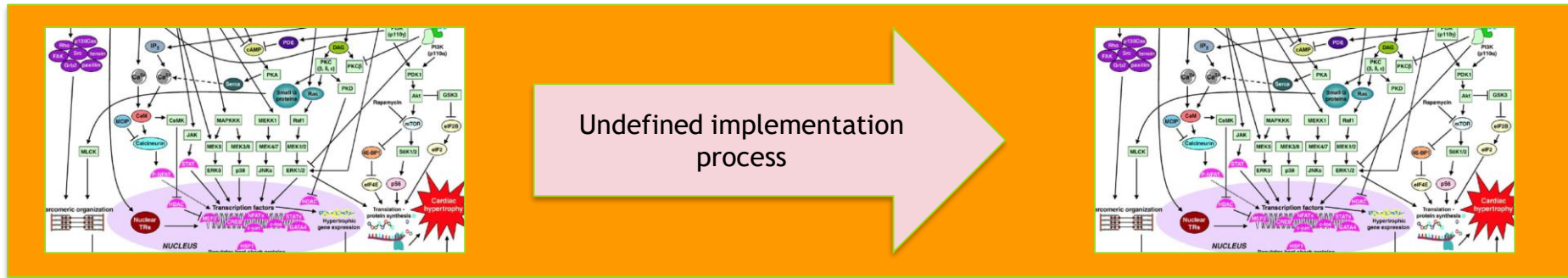
i-THRIVE

Hypothesis: un-structured implementation leads to less effective process

Hypothesis: long LOS, fewer CYP seen, inequality, difficulty in access

i-THRIVE Arm: 10 sites across UK both implementing THRIVE AND using i-THRIVE

After implementation: more THRIVE-like

Baseline

i-THRIVE Approach to Implementation

Hypothesis: structured implementation leads to more effective process

Hypothesis: shorter LOS, more CYP seen, equality, easier access

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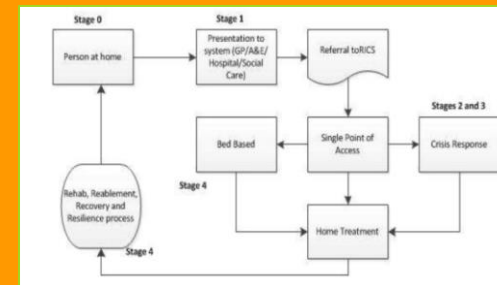
Figure 2: Ilustrating the conceptual model used to structure the study design (Moore et al., 2015), indicating the domains measured to evaluate i-THRIVE

Context
Contextual factors that shape theories of how the intervention works
Contextual factors that affect (and may be affected by) implementation, intervention mechanisms and outcomes[7]
Causal mechanisms present within the context which act to sustain the status quo, or potentiate effects

Description of intervention and its causal assumptions[1]

Implementation
Implementation process
(How delivery is achieved, training, resources etc)[2]
What is delivered[3]
Fidelity[4]
Dose[5]
Adaptations

Mechanisms of Impact
Participant responses to and interactions with the intervention
Mediators
Unexpected pathways and consequences[6]

Outcomes[8]

Numbers in italics indicate the domain has been measured in the evaluation, with details of how provided in table 2

127

Methods

Data collection domain	Format of Data	Method
1. Clinical and service outcomes	Quantitative	Four years of data collected - Patient level on every contact with services - CAMHS benchmarking data
2. Implementation Process	Quant & Qual	- Staff survey of implementation penetration (Re-AIM Framework) - Baseline & follow up interviews on implementation - Implementation Leads Survey
3. Pathway Structure Data	Quant & Qual	Baseline and follow up Whole system pathway mapping in 10 sites Qualitative interviews and quant data collection on structure of pathways
4. THRIVE Fidelity	Quant & Qual	- Baseline & follow up interviews at micro, meso and macro system level - Scoring fidelity against THRIVE Assessment Tool
5. Context	Qual	- Survey of implementation context

Data Collection

- Recruitment of i-THRIVE sites (10)
- Comparison sites (10) with similar characteristics:
  - Children & young people
  - Population density
  - Funding
  - Level of deprivation

- Site characteristics
  - NHS England
  - Office of National Statistics
  - Ministry of Housing, Communities and Local Government
- i-THRIVE implementation process
  - Surveys and interviews of staff at multiple levels
  - Reviews of site materials
- Services & clinical information
  - 2015—2020 annual collection

Implementation Process

- i-THRIVE approach to transform CAMHS
- Goal is for systems to exhibit the THRIVE Principles
- Systems would exhibit THRIVE characteristics at multiple levels:
  - Macro
  - Meso
  - Micro

Macro

- Inter-agency working

Example: inter-agency mental health policy

Meso

- Needs-based groups
- Services

Example: Care provided using THRIVE's five needs-based groups

Micro

- Interactions between CYP, families, and healthcare staff

Example: Shared decision-making at the heart of all decisions

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i-THRIVE

i-THRIVE self-assessment tool rating sheet: macro system level

i-THRIVE

THRIVE Principle					
A locality's mental health policy is interagency	1	2	3	4	Score
Ma 1b: Policy involving MH	No policy on how a locality will deliver improved outcomes for CYP mental health.	There is a policy on how to improve children's MH, however this does not cover all aspects of care nor does it involve the whole system.	There is a policy on how to improve MH for CYP, however it either does not cover all aspects of care, or does not cover the whole system	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, including details for each sector.	
Ma 1c: Jointly created policy	No evidence of any joint working between agencies.	Some evidence of joint working between agencies, but this is limited to two different agencies (health, education, social care or education).	Creation of policy has involved at least three different agencies (health, education, social care or third sector).	There is a policy statement/ document which has been jointly created between health, care, education and third sector input.	
Ma 1d: Child health in STP and LTP	Child mental health is not included in the Sustainability and Transformation Plans (STPs) or Local Transformation Plans (LTPs).	Child mental health is included in either the LTP or STP, although this is minimal.	Child mental health is included in both the LTP and STP and there is good strategic coverage for CYP MH, however this is not complete.	Child mental health is included in both the LTP and STP and there are clear strategic plans together with implementation plans that cover CYP MH for the locality.	
Ma 1e: Implementation plan (includes all agencies)	There is no implementation plan in place.	There is evidence of an implementation plan, however this is not comprehensive, or it does not include other agencies.	There is a clear implementation plan in place, however this does not span all agencies in the locality. There is evidence that the plan is not being delivered in services as yet.	There is a clear implementation plan in place spanning all agencies in the locality. There is evidence that this is being delivered 'on the ground'.	

131

Implementation Process

- Measure "THRIVE-like" aspects of a system using the i-THRIVE Assessment Tool
  - Multiple components to assess THRIVE-ness at each level (macro, meso, micro)
  - Possible score of 1 to 4 for each component
  - Scores are added for each level and an overall score (THRIVE Fidelity Score)

- All sites scored twice
  - Quantify the change in THRIVE Fidelity Score before and after i-THRIVE Programme implementation
  - Better THRIVE principles = Higher THRIVE Fidelity Score

Effectiveness of THRIVE Framework implementation

- Data collected annually 2015—2020 from participating sites

- Data management
  - Anonymised data stored securely
  - Relational database

Figure 3: Illustrating the model of quantitative collection for each patient and how measures of access & diversity, waiting times, efficiency and clinical outcomes are constructed
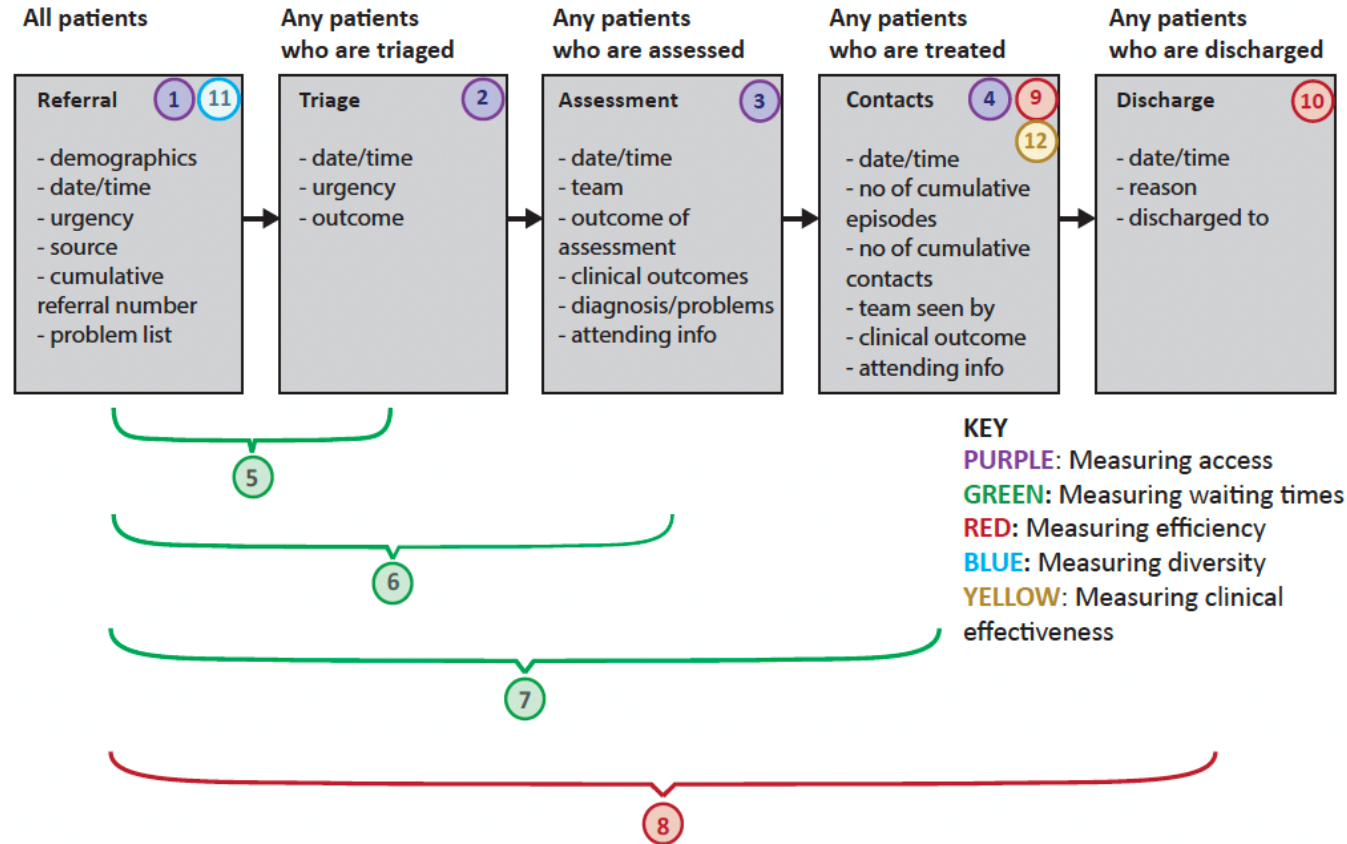
The CAMHS pathway is illustrated by the grey boxes. Our base cohort includes all patients referred to a site within the four year period of the evaluation. For every patient referred we will collect demographic information (age at referral, ethcnicity and presence of learning disability). For each subsequent contact point (triage to discharge) the information shown in the relevant box will be collected. This refers to one episode of care. In the case of a patient being re-referred, each subsequent referral will be identified as a separate epidose of care. Episodes of care will be recorded accumulatively and given an ID unique to the patient in question. A range of measures have been constructed for the evaluation using data from different parts of the data model. These are numbered 1-12 above and details are provided in table three.

Implementation Process

Staff & Site Surveys

- 689 staff members surveyed

- THRIVE is well-known
  - More known among i-THRIVE site staff

- i-THRIVE site staff had better knowledge about THRIVE

- More i-THRIVE site staff personally using THRIVE principles

- Some use of the THRIVE Framework at comparison sites

70% 84% … have heard of THRIVE

23% 34% … perfect score on THRIVE test

49% 58% … personally use THRIVE principles

49% 68% … site uses THRIVE

Comparison   i-THRIVE

Comparison Sites		i-THRIVE Sites	
CYP	96,280 total	106,800 total	⬆ ...more CYP
Population density	2.4 people/km²	5.0 people/km²	⬆ ...more urban
CAMHS funding	£75.1 million	£70.5 million	⬇ ...less funding
Funds per CYP	£806/CYP	£693/CYP	⬇ ...less funding/CYP
Privilege level	69.10	84.00	⬆ ...more privileged
Transformation	64%	72%	⬆ ...more progress
Number of CCGs (Clinical commissioning groups)	1.7	1.4	⬇ ...fewer CCGs/site

i-THRIVE

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Average Baseline Fidelity Score	Comparison Sites	i-THRIVE Sites
Overall Score 300 possible	133	150
Macro-level 84 possible	43	45
Meso-level 104 possible	45	55
Micro-level 112 possible	45	50

Baseline Fidelity Score Range	Comparison Sites	i-THRIVE Sites
Overall Score 300 possible	113—158	132—180
Macro-level 84 possible	37—47	35—57
Meso-level 104 possible	36—53	47—67
Micro-level 112 possible	31—58	42—60

Change in Overall Fidelity Score

- All i-THRIVE sites had improved scores
  - Became more "THRIVE-like"
- Some comparison sites had worse scores
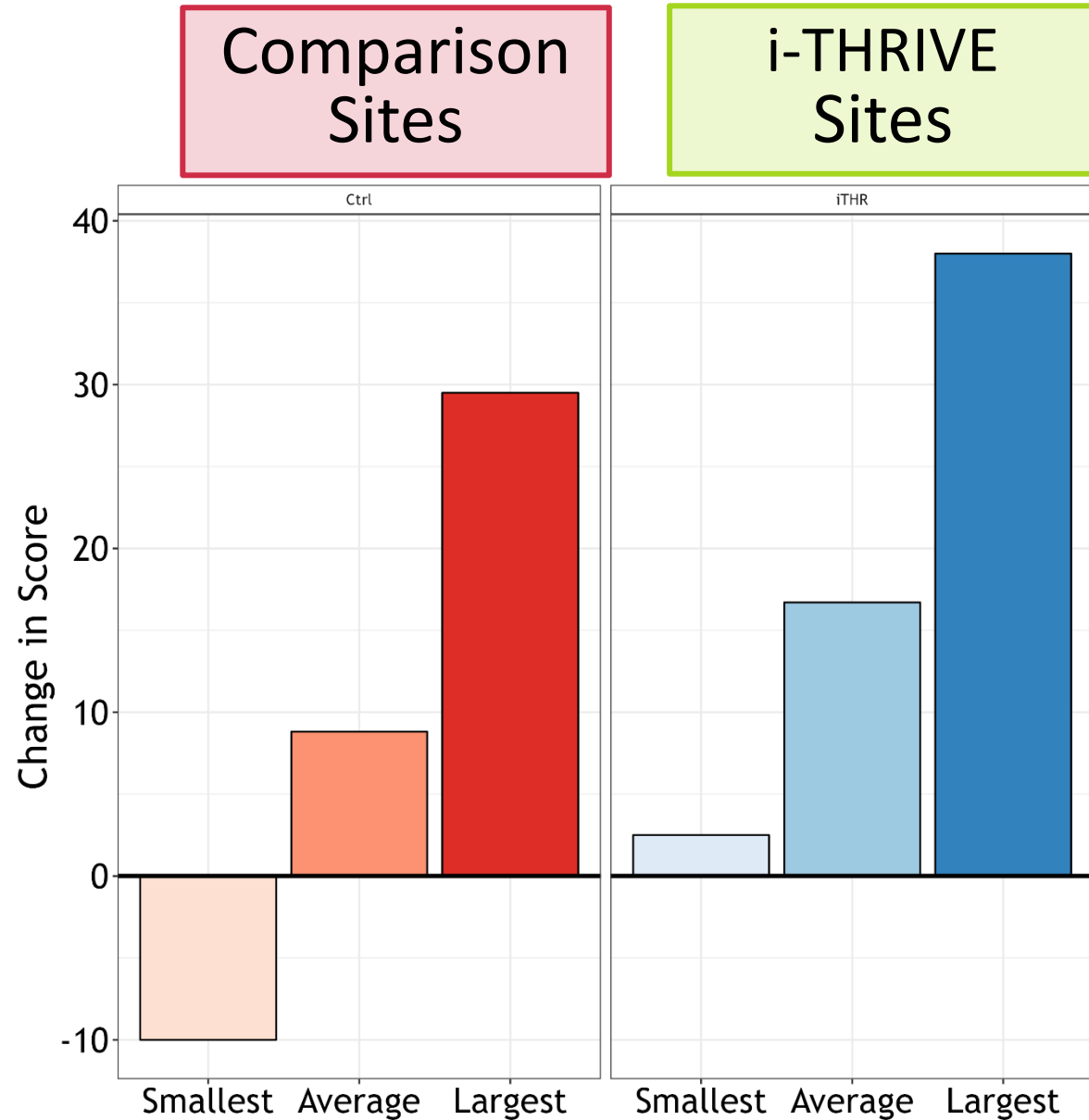
Change in Fidelity Score at Levels

- High variability in both comparison and i-THRIVE sites

- i-THRIVE sites had similar score improvements at all levels
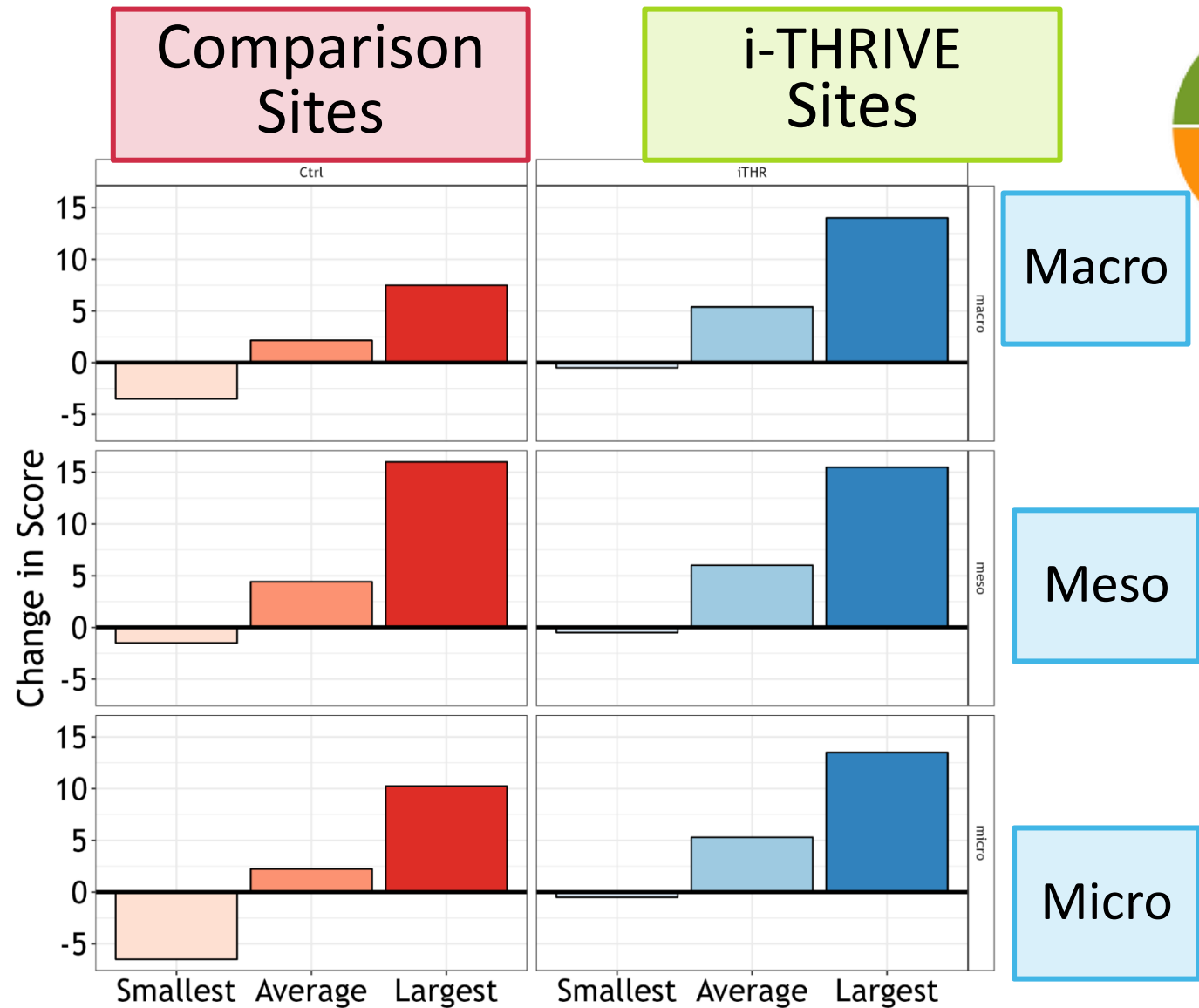
Accounting for Complexity of Study Scenario

- Differences between i-THRIVE and comparison sites at the beginning of the study

- All sites were undergoing transformation during the study period

- Site characteristics changed over time

- Used analysis methods that accounted for these complexities
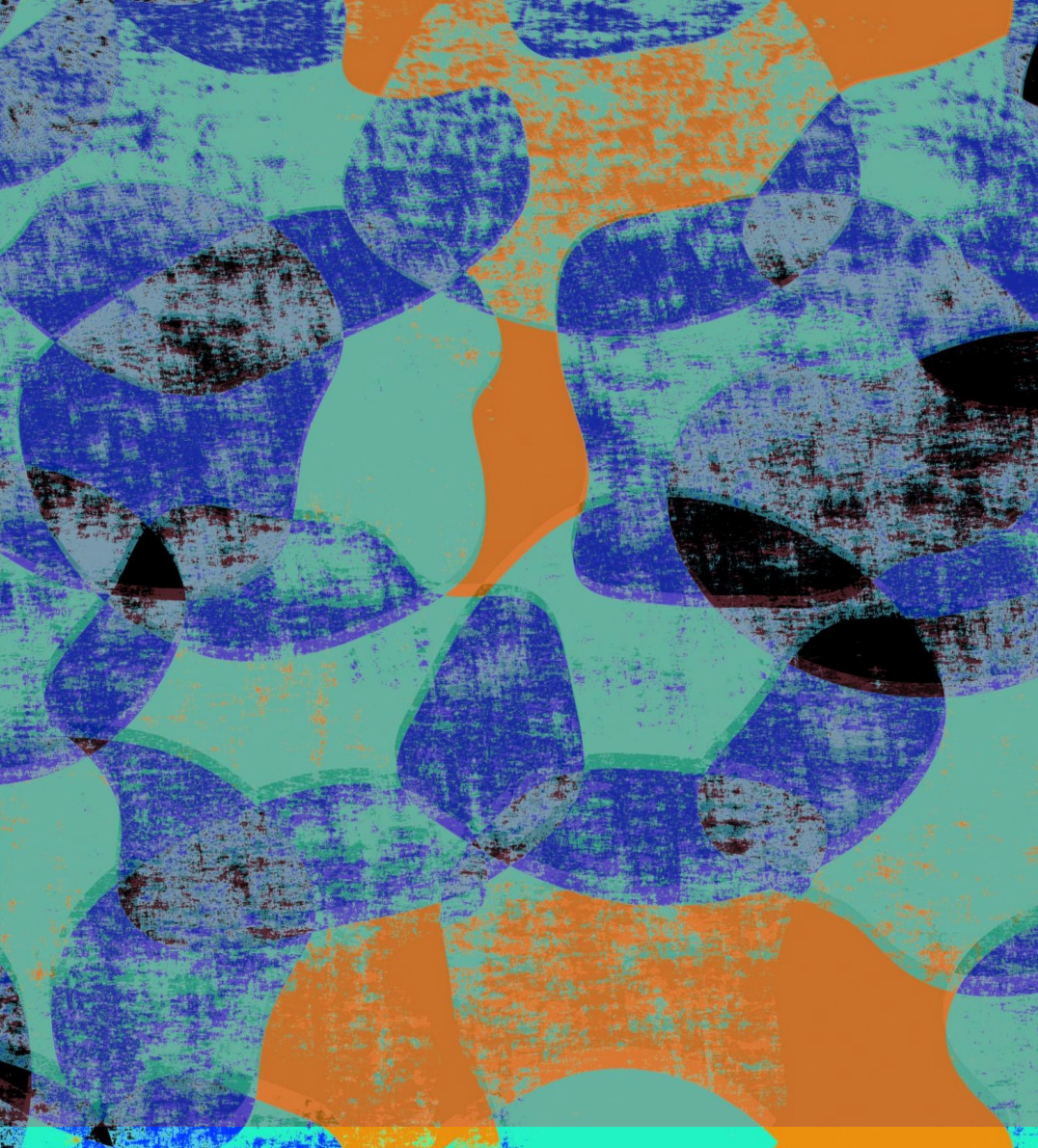
How Did i-THRIVE Impact Fidelity Scores?

Overall Score 300 possible | i-THRIVE improved sites by an average of | 7.1 points

How Did i-THRIVE Impact Fidelity Scores?

| Overall Score 300 possible | i-THRIVE improved sites by an average of | 7.1 points |

| Macro-level 84 possible | i-THRIVE improved sites by an average of | 2.9 points |

| Meso-level 104 possible | i-THRIVE improved sites by an average of | 2.7 points |

| Micro-level 112 possible | i-THRIVE improved sites by an average of | 1.4 points |

When Does i-THRIVE Work Well?

- High variability in changes to fidelity scores
  - Size of change
  - Level of change
- Nine sites had large improvements at one or more levels

When Does i-THRIVE Work Well?

- Becoming more "THRIVE-like" is complex process

- Macro- and meso-level principles focus on strong working relationships
  - inter-agency cooperation
  - networks of providers

- Consider the effectiveness of local system working relationships
  - Highly effective: score of 68 or higher
  - Ineffective: scores lower than 68

Sites with Effective Working Relationships

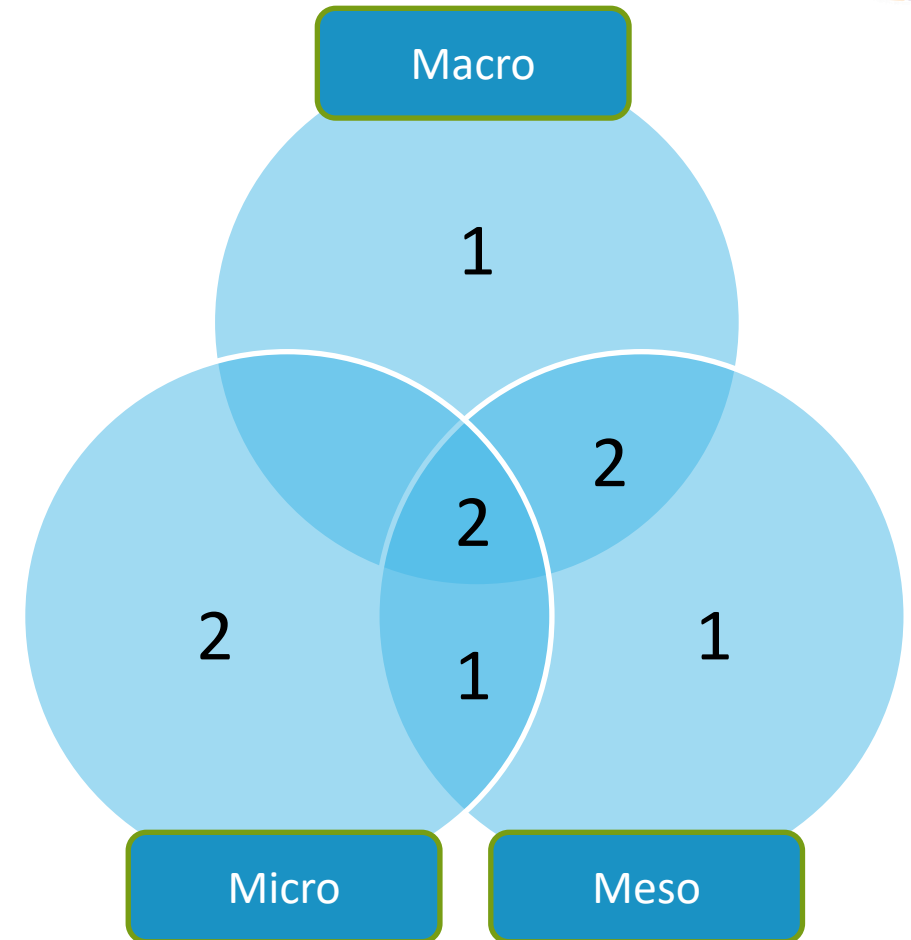|		
Overall Score 300 possible	i-THRIVE improved sites by an average of	**16.4** points
Macro-level 84 possible	i-THRIVE improved sites by an average of	**7.0** points
Meso-level 104 possible	i-THRIVE improved sites by an average of	5.5 points
Micro-level 112 possible	i-THRIVE improved sites by an average of	4.0 points

Summary

- Evaluation of the implementation process

- Under review with Epidemiology & Psychiatric Sciences

- i-THRIVE works well when there are highly effective local system working relationships

- 16.3 improvement in overall score

- Largest impact at macro-level

Ongoing work

- Effectiveness of the THRIVE Framework implementation

- Analyses completed

- Descriptive summaries

- Service delivery

- Access

- Waiting times

- Efficacy

- Currently in preparation for submission

Data Sources: 2015 or 2016 & 2019

Information	Source	Link
Population of children and young people	Office for National Statistics	Mid-year Population Estimates
Total population		
Geographic area		Open Geography Portal
Annual funding for CAMHS	NHS England	Five Year Forward Dashboard
Working relationships		CCG Assurance Annual Assessment
Indices of multiple deprivation	Ministry of Housing, Communities and Local Government	English indices of deprivation

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For more information: i-THRIVE

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

National i-THRIVE Programme

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