TITLE PAGE

Title: Using Goal Based Outcomes as a tool to implementing THRIVE like ways of working in Mindworks Surrey.

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Ethical considerations

This paper was designed to provide a judgement of the service's merit through a systematic assessment of its aims, objectives, activities, outputs and outcomes, and therefore classified as service evaluation according to the UK Health Research Authority and does not require ethical approval as per the guidelines.

Declaration of conflicting interest

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Data availability

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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Abstract

Background
Mindworks Surrey, a partnership between the NHS and third sector organisations, is implementing the THRIVE Framework for System Change to transform children, young people and family (CYPF) mental health services.

Embedding outcome measurement is central to this approach. Goal Based Outcomes (GBO) were adopted as a core tool to support shared decision-making, measure progress, and demonstrate system-wide impact.

Methods
A phased implementation process was undertaken, guided by the Quality Implementation Framework and supported by a dedicated Clinical Programme Team.

A dialogical methodology was used to foster collaboration, build shared ownership, and overcome barriers to change. All alliance partners agreed to administer GBO as a routine outcome measure.

A Minimum Data Set (MDS) was established to harmonise data collection and quarterly reporting across diverse services. Outcomes were analysed using recognised thresholds of measurable change.

Results
Since implementation in 2022, uptake of paired GBO measures at discharge has steadily increased across the alliance, exceeding national quality indicator benchmarks.

Recent reporting cycles show that more than half of CYPF discharged from services completed paired outcomes, with the majority demonstrating measurable improvement in their wellbeing.

In several quarters, over 70% of young people showed improvement in all their goals, surpassing contractual targets. Data analysis has provided robust evidence of progress at both individual and system levels, while also highlighting areas for further investigation where no change or deterioration was observed.

Conclusions
Integrating GBO as a universal outcome measure within a THRIVE-aligned framework has enabled Mindworks Surrey to strengthen shared decision-making, monitor meaningful change, and embed outcome-informed practice across diverse services.

The phased, dialogical implementation process has fostered coherence, supported quality improvement, and provided valuable insights into system transformation.

While challenges remain, particularly in digital integration and sustaining workforce engagement, the results demonstrate the value of using outcome-focused, needs-based approaches in mental health service delivery.

Keywords
children and young people; mental health; goal-based outcomes; THRIVE

INTRODUCTION

In this paper we describe the context and process that has taken place in respect of the implementation of THRIVE like ways of working. It describes the partnership and relational journey we have made together to implement the THRIVE principles in supporting children, young people and families' (CYPF) wellbeing.

Although this work is ongoing, we describe our achievements so far in respect of our implementation of shared decision-making, a needs-led focus, and a distance travelled informed process.

We will also be able to describe the advancements made in the use of a standardised outcome measures and how this leads us to ask new questions that will support further improvements. This paper is a focused description and therefore does not include an account of or connect to other aspects of THRIVE implementation taking place.

Mindworks Surrey context:

Mindworks Surrey brings together strong clinical leadership, statutory NHS expertise, and local and national third sector providers to create a partnership across the wider system. It was established in 2021 to transform support for children's Emotional Wellbeing and Mental Health (EWMH) provision. Mindworks is made up of 14 partner agencies both NHS and Non-Government Organisation (NGO) sectors. Mindworks mirrors recommendations made by the NHS Long Term Plan (NHS England, 2019) and reflects leading-edge practice.

In the commissioning of such a partnership, there has been a relational intentionality that combines the different contexts and knowledge embedded in any system from which the mental health and wellbeing needs of CYPF in Surrey are best met. To support a coherence between partners, the THRIVE Framework for System Change (Wolpert et al., 2019) was the agreed vehicle from which all partners operate. The THRIVE Framework is a whole systems approach and strives to support and collaborate in additional partnerships as part of its commitment to relational ways of working.

To enable the implementation of THRIVE, a Clinical Programme Team was established to support the embedment of THRIVE principles, relational and partnership working, as well as the collaborative development and operationalisation of such a framework.

The THRIVE Framework for System Change (Wolpert et al., 2019):

The THRIVE Framework for System Change (Wolpert et al., 2019) was developed as a collaboration between the Anna Freud Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust. It was informed by a recognition that the current systems within most Child and Adolescent Mental Health Services (CAMHS) were not working well and resulting in lengthy waiting times and limited access to support, with often those most at risk being the only ones receiving support (Wolpert et al., 2014). The THRIVE Framework sought to redesign services in attempts to overcome barriers to access and reduce waits. This indicated a significant departure away from the more traditional medical model, emphasising a greater focus on the individual, their needs, and the needs of the systems around them, rather than more diagnosis-led interventions and support.

The THRIVE Framework makes distinction between service offers of advice, support and evidence-based intervention. It does this through five needs-based groupings which are distinct in terms of:

- The needs and/or choices of the individuals within the groupings.
- The skill mix of professionals required to meet these needs.
- Resources required to meet the needs and/or choices of those within the groupings.

Embedded in the framework are eight principles which should be ingrained into each service offering, including the delivery of needs-based mental health and wellbeing support to CYPF.

The principles are described by Wolpert and colleagues (2019) as the following (Table 1):

Table 1. Principles of the THRIVE Framework for System Change (Wolpert et al., 2019)

Principle	Definition of characteristics
Common Language	The conceptual framework, and its five needs-based groupings: *Thriving, Getting Advice and Signposting, Getting Help, Getting More Help, Getting Risk Support*, supports a shared language and understanding of needs across the system.
Needs-Led	Approach based on meeting need, not diagnosis or severity. Explicit about the definition of need at any one point, what the support plan is and everyone's role within that plan. Fundamental to this is a common understanding of the definitions of the needs-based groupings across the system.
Shared Decision Making	The voice of CYPF is central. Shared decision-making processes are core to understanding the needs-based grouping most appropriate to a given child or young person.
Proactive Prevention and Promotion	Enabling the whole community in supporting mental health and wellbeing. Proactively working with the most vulnerable groups. Emphasis on how to help children, young people and their communities build on their own strengths including safety planning where relevant.
Partnership Working	Effective cross-sector working, with shared responsibility, accountability and mutual respect, based on collaboratively support across the five needs-based groupings.
Outcome-Informed	Clarity and transparency from the outset about children and young people's goals, measurement of wellbeing progress and action plans, with explicit discussion if goals are not advanced upon.
Reducing Stigma	Ensuring mental health and wellbeing is everyone's business, within the whole community and supporting professional network.
Accessibility	Advice, help and risk support available in a timely way for the child, young person and family, within their community.

What THRIVE means in practice is that anyone can talk to a child, young person, family member or friend about mental health and wellbeing and be able to provide support and/or

signpost them to available support options. It also means that anyone helping knows the most effective way to ask for children and young people's views, in order to promote a genuine shared decision-making process, with transparent conversations about what to the potential impacts, outcomes and limitations of various interventions. This allows CYPF to be signposted to the most appropriate services to meet their needs. As part of the helping process, goals are set collaboratively between the practitioner and the CYPF at the outset of any professional support offer and evaluated to ensure that the work undertaken is beneficial.

Goal Based Outcomes (GBO) measure

As highlighted above, interventions being outcome-informed is a key part of aligning to the THRIVE Framework. It was necessary to establish an outcomes framework including an MDS for outcome measures collection and reporting, which could be used by all partners in the alliance. This needed to include a standardised measure that would be suitable for clinicians and practitioners from a range of professional backgrounds and experience levels to utilise with minimal additional training. It also had to be able to measure change for both brief interventions and longer-term therapy (using a range of clinical models and modalities), due to the diversity of therapeutic offers provided across the alliance.

Mindworks Surrey agreed the use of the Goal Based Outcomes (GBO) Measure (GBO; Law & Jacob, 2015) as the generic outcomes measure to be used by all alliance partners. Child Outcomes Research Consortium (CORC) describes GBO as “a way to evaluate progress towards goals in clinical work with children and young people and their families and carers’’ (p. 10, Law & Jacob, 2015). GBO can be used in any therapeutic setting as a simple tool that supports shared decision making by setting goals with CYPF, enabling personalisation to need. It indicates distance travelled towards the goal set within the agreed intervention. GBO are evidence-based in that they have internal consistency, concurrent validity, re-test reliability and discriminate validity as a measure (Duncan, Cooper, & Saxon, 2023). GBO are an idiographic measure, which has been shown to be more capable of demonstrating meaningful change for individuals than using standardised measures. For example, a stronger association was found between change on GBO and clinician reported change in functioning, compared to standardised measures and a link with satisfaction of services (Edbrooke-Childs et al., 2015).

Furthermore, Duncan and colleagues (2023) found robust evidence for the use of the GBO tool as a routinely used outcome measure for monitoring individual change in young people, as it showed increased sensitivity compared to other standardised measures. It allows young people to highlight their priorities for change and rate meaningful change for them as individuals overtime. They also demonstrated correlation with change captured by GBO and other widely used outcomes measures (Revised Child Anxiety and Depression Scale-Short Version (RCADS-SV) and the Warwick–Edinburgh Mental Well-Being Scale (WEMWBS)) (Duncan et al., 2023). GBO align to THRIVE like ways of working, supporting core principles of the THRIVE Framework (Wolpert et al., 2019) as outlined in Table 2.

Table 2. Principles of the THRIVE Framework for System Change (Wolpert et al., 2019) supported by GBO

THRIVE Principles	**GBO support these principles in the following ways:**
Common Language:	Supports a shared language and understanding across the system in that all partners are using GBO as a shared outcomes tool.
Needs-Led:	Identifying and meeting the needs of the CYPF though goal-based identification of what could benefit their wellbeing.
Shared Decision Making:	The voice of CYPF remains central. Shared decision making to the support given in any needs-based grouping is facilitated through collaborative goal setting and monitoring.
Proactive Prevention & Promotion:	Needs that are identified from setting goals can be used to identify resources from which proactive prevention and promotion can take place.
Partnership Working:	All partners understand that CYPF voices are central, and setting and monitoring goals is crucial to enable them to articulate the things that indicate wellbeing to them. Subsequently, support is individualised to contextual need within a shared understanding of change required.
Outcome-Informed:	Clarity and transparency from outset about CYPF goals, measurement of progress and related action plans, with explicit discussion if goals are not advanced upon. GBO also provide opportunity for CYPF to articulate how far their wellbeing has progressed as a likely result of the intervention they have received.

Reducing Stigma:	Understanding mental health difficulties not as severity- or diagnosis-driven, but rather as something we all experience at some point in our lives, requiring a shared support process through which CYPF can express emotional health and wellbeing needs.
Accessibility:	Wherever CYPF are within the system, their voice can be heard and incorporated into setting GBO and rating the distance travelled in accordance with having their needs met. This in turn increases accessibility to services through more comprehensive understandings and considered formulations of the CYPF and their needs.

What the alliance deduced from this is the ways GBO can be used to support THRIVE like ways of working:

- As part of a range of outcome measures.
- As a shared process with CYPF in the clinical intervention taking place.
- To support formulation in supervision.
- As a tool for reflective practice.
- As evidence of wellbeing distance travelled for managers and commissioners.

CORC routinely collates outcome measures data for CAMHS teams across the country and so the use of GBO in Mindworks Surrey also allows for comparisons with this national outcomes data.

METHOD

A phased based approach to aid planning:

The National i-THRIVE Programme Team was commissioned in 2015 to implement the THRIVE Framework for System Change (Wolpert et al., 2019) in 10 sites across the country, which have since increased an account for over 99 local areas and 65% of children and young people in England (https://implementingthrive.org/, 2016). Their approach to implementation draws on the Quality Implementation Framework (QIF) developed by Meyers, Durlak and Wandersman (2012). It describes four phases, which are considered crucial for successful implementation (Figure 1). The Mindworks 'Outcomes Task and Finish Group' utilised this same QIF to plan linked phases of activities from which actions and priorities were identified to introduce GBO across the alliance. Because implementation is complex, dynamic and ongoing, there is a need to continuously review and revise the activities within each phase.

Within this change process, we also draw on a dialogical methodology (Collective Leadership Institute (CLI), 2024). This methodology is built on the concept that meaningful collaborative dialogue is essential for creating mutual understanding, fostering trust, and developing solutions in multi-stakeholder processes. CLI's dialogical methodology structures conversations to follow a clear process that moves through phases devised to encourage collective intelligence and quality dialogue rather than the more historic focus of stakeholders on a hierarchical system structure. In this context, dialogue helps to build foundations for cooperation and empathy within Mindworks' systems, from which the Clinical Programme Team has been able to consistently uncover the often-hidden creative potential in the work done together, including how issues are collectively understood and solutions, co-created. This methodology fosters an approach where professionals can encounter each other. For example, managing complex power dynamics by creating an equally balanced space in which all voices can be heard and valuing each perspective as essential to a holistic approach to change.

The governance embedded in the outcomes work changed over time as part of the implementation process. The clinical governance is led by an 'Operational Outcomes Sub-Group' (OOG), made up of senior stakeholders from across the alliance, which in turn feeds into the 'Clinical Outcomes Sub-Group' (COG), made up of practitioners mainly. The COG's Terms of Reference includes practitioners supporting implementation of recommendations made in the OOG. There is a bottom-up and top-down process of feedback from both these groups to allow for constant evaluation and refinement of processes. To enable coherence in the work taking place, the Tavistock and Portman Clinical Programme Team has chaired both the OOG and the COG, in order to coherently lead both outcomes implementation progression and quality improvements.

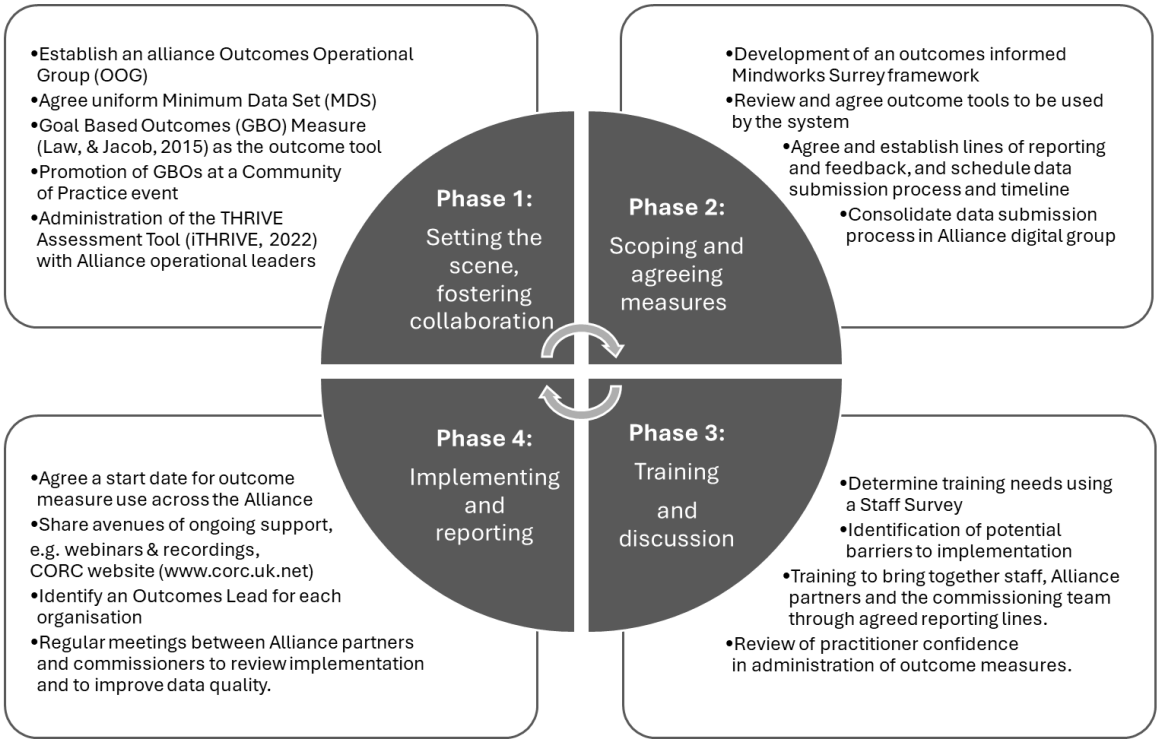

Figure 1. The initial cycle of implementation of GBO across the Mindworks alliance using the Quality Implementation Framework (Meyers, Durlak & Wandersman, 2012)

CORC provides a link (https://www.goals-in-therapy.com/resources) to GBO training for professionals, which all alliance partners were encouraged to use to ensure practitioners can effectively employ this measure and strive for clinical excellence in its use. The PowerPoint was developed from the work several partners had already done and amalgamated by the Clinical Programme Team, before being agreed upon by the wider alliance, and subsequently disseminated for the use of all partners.

As part of the phase 3 work undertaken (Figure 1), we were able to identify and consider the following potential barriers to developing an outcome-informed culture, which will be reflected upon further in the discussion:

- **Clinician support for GBO -** Whether at a grass-roots level, practitioners can see the benefit of using measures in practice and value the information gathered from the tool.
- **Reporting Processes -** Potential lack of mechanisms and processes to support practitioners to understand the significance of their participation in affecting change through receipt of outcome information gathered.

- **System-wide perspective** – Potential lack of mechanisms, such as those in the agreed strategic outcomes, to enable commissioners to get a system-wide view of impact which would guide further spend.
- **Wider context -** Local context of managing significant incidents, waitlists and the temporary nature of the current workforce's impact on capacity to engage.
- **Complexity of transformation -** Any underestimation of the complexity and increased length of time required to facilitate system change (as opposed to single provider practice changes).
- **Digital Systems –** Significant difficulty of not having a shared digital system for recording, analysing and reporting data. Following this phase, subsequent implementation cycles have focused more on the development of an MDS for GBO, digitalisation of recording, analysing and reporting upon outcome measures, and the introduction of the Experience of Service Questionnaire (ESQ) to be used across the alliance, in conjunction with GBOs.

Operationalising the use of GBO across the alliance

All partners and services agreed to use GBO and have been doing so since September 2022. However, to enable Mindworks Surrey to gather appropriate and consistent data that is harmonised across the whole system, there was a need to agree a data set for all reporting to adhere to. A MDS for GBO, was developed and agreed by the Outcomes Task & Finish Group (which transitioned into the OOG), and further progressed by the COG.

The MDS consists of:

- Name of the service
- 'Initial' date GBO were administered and which session number this was
- 'Initial' GBO rating scores
- 'At Ending' date GBO were last rated and which session number this was
- 'At Ending' GBO rating scores
- Duration of weeks between 'Initial' and 'At Ending'
- Number of sessions between 'Initial' and 'At Ending'

Whilst some partners have their own digital system through which this data is gathered, other partners agreed to use the digital platform 'Qualtrics' to guarantee that the MDS is fully completed and in the same order, to allow harmonised data to be obtained across the

platform. Alliance partners devised and agreed a quarterly reporting cycle for each calendar year.

Approach to GBO reporting and analysis

The national reporting standards (see Mental Health Services Data Set (NHS England, 2023)) were used to inform a GBO reporting strategy across the Mindworks alliance. Since 2021/22, national reporting of children and young people's mental health outcomes has included statistically derived reliable change thresholds informed by the available evidence-base (NHS England, 2023), and the principles of the Reliable Change Index (RCI) (Jacobson & Truax, 1991). This accounts for contextual fluctuations and measurement error when exploring change over time. As such, the threshold of reliable change varies between measures.

Used traditionally for standardised measures, the RCI (Jacobson & Truax, 1991) has more recently been applied to GBO which are idiographic in nature (Edbrooke-Childs et al., 2015; Jacob, 2019; Jacob et al, 2021; Duncan et al., 2023), allowing for evaluation of '*measurable change'*.

The first study to apply these principles, derived and suggested a '*measurable change*' metric of 2.45 for the GBO (Edbrooke-Childs et al., 2015), which was subsequently used for their evaluation. Since then, further research identified RCIs of 2.52 (Duncan et al., 2023) and 2.82 (O'Reilly, McKenna & Fitzgerald, 2022).

Based on the RCI principles and prior research, the nationally accepted estimate of *'measurable change'* agreed to be +/-3 score points for GBO reporting (NHS England, 2023; FutureNHS, 2021). National reporting of GBO via the FutureNHS Collaboration Platform uses this metric to identify the number and proportion of referrals with paired GBO (goal(s) set and rated at two separate time points), which show '*measurable change*' per each set goal (NHS England, 2021).

However, where multiple paired GBO scores are available for the same individual, '*measurable change'* can be understood in the below categories:

- **No change:** no '*measurable change*' (no +/- 3) across any paired GBO score.
- **Reliable deterioration:** deterioration (-3) across any paired GBO score.

- **Measurable Improvement:** improvement (+3) across any paired GBO score, with no deterioration (-3) on any other GBO score(s).

In the case of GBO, where young people set more than one goal, the above categories can be applied to scoring '*measurable change*' across all set goals (e.g. Duncan et al., 2023) rather than per each set goal (NHS England, 2021).

In line with this, a Reporting Template was developed to report Mindworks data at each quarterly cycle, allowing for comparison between quarters over time (Figure 2). Developed collaboratively with stakeholders, the Mindworks Reporting Template evolved through changes in responses based on the learning gained from the action of reporting. Subsequently, it uses a metric of '*measurable change*' as per the inception paper (Edbrooke-Childs et al., 2015), further referenced by CORC (CORC, 2024), applying it to positive change. However, any decrease in goal scoring is understood as deterioration, as opposed to national reporting, where a decrease of 3 score points is needed.

Additionally, the Mindworks Reporting Template expands on the change categories by introducing 'Improvement in all goals' and 'Meaningful positive change' (Figure 2).

Figure 2. Mindworks Surrey GBO Reporting Template including definitions of how '*measurable change*' is conceptualised

GBO Mindworks Surrey, Quarter *, *Year*	
Metric	**Definition**
The number and % of discharged referrals with paired outcomes that show an **improvement** in **all** their goals compared to target. Contractual Target: 70%	The number and % of cases with **all** goals for each case having improved no matter the size of the increase – each case with no goals deteriorating (rating between pre and post has decreased) and no goals remaining unchanged (i.e. rating difference between pre and post is 0).
The number and % of discharged referrals, with paired outcomes by change score.	1. **All goals** have an increase by 2.5 or above – with no goals deteriorating. 2. **At least one goal** increased by 2.5 or above - with no goals deteriorating.

1.Number (and %) of cases classed as **'Meaningful positive change'** 2.Number (and %) of cases classed as **Improvement** 3.Number (and %) of cases classed as **No positive change** 4.Number (and %) of cases classed as **Deterioration**	3. **None of the goals** have improved by 2.5 or more and none of the goals deteriorated either. 4. There is **one or more** goals that have deteriorated.
The number and % of **discharged referrals** with at least one paired outcomes. CQUIN Target: 50%	Number (and %) of cases discharged that have at least one paired goal (pre and post score)
Average length of all referrals with paired scores. Number of weeks	From first time point of GBO ratings to last time point of GBO ratings

This has enabled us to gather data which can be compared quarterly across the partnership, allowing for longitudinal comparisons of outcomes for CYPF.

The impact of the implementation of GBO has been reviewed with respect to other 'preference data' collected as part of the wider assessment of transformation within the system (i.e. THRIVE Self-Assessment Tool (i-THRIVE, 2022), Staff Surveys and CYPF Surveys).

RESULTS

Quarterly reporting of GBO data across the Mindworks alliance has allowed for comparison of performance over time. Table 3 shows rates of implementation success measured as a % of discharges with paired GBO scores in each quarter, as well as the quality of achieved outcomes compared against set targets.

Since the point of implementation, the number of CYPF having completed paired GBO outcomes at the point of discharge has been increasing, reaching over 50% in recent quarters – Q1 and Q2 2024/25 (Table 3). This is above the Commissioning for Quality and Innovation (CQUIN) non-mandatory quality indicator target of 50% for CYP mental health services (CQUIN, 2024), demonstrating consistent improvements.

Further, the data shows an increase over time in the number of CYPF who show improvement in all their goals at the point of discharge (Table 3). This has been consistently maintained above the contractual target of 70%. A decrease in % rates in Q2 2024/25 can be understood by the substantial rise in case closures with paired GBO outcomes in this quarter. This is partly due to a change in the number of Mindworks alliance partners incorporated into the data analysis.

Table 3. Over time reporting of quarterly performance on Goal Based Outcome implementation across the Mindworks Surrey alliance.

Metric	Q4 22-23		Q1 23-24		Q2 23-24		Q3 23-24		Q4 23-24		Q1 24-25		Q2 24-25*	
	Number (* cases out of * cases)	**%**	**Number (* cases out of * cases)**	**%**	**Number (* cases out of * cases)**	**%**	**Number (* cases out of * cases)**	**%**	**Number (* cases out of * cases)**	**%**	**Number (* cases out of * cases)**	**%**	**Number (* cases out of * cases)**	**%**
The number and % of discharged referrals with paired outcomes that show an **improvement** in **all** their goals compared to target. **Contractual Target: 70%**	791 / 1056	74.9	639 / 808	79	610 / 777	78.5	737 / 876	84	958 / 1068	90	1055 / 1165	91	**1399 / 1605**	**78.4**
The number and % of	487 / 1056	46.2	436 / 808	54	360 / 777	46.3	496 / 876	57	616 / 1068	58	739 / 1165	63	**893 / 1605**	**55.6**

discharged referrals with paired outcomes by change score.	302 / 1056	28.6	203 / 808	25	250 / 777	32.2	256 / 876	29	329 / 1068	31	316 / 1165	27	**488 / 1605**	**30.4**
	155 / 1056	14.7	95 / 808	11.8	123 / 777	15.8	91 / 876	10	90 / 1068	8	72 / 1165	6	**163 / 1605**	**10.2**
1.**Meaningful Change**														
2.**Improvement**	109 / 1056	10.3	74 / 808	9.2	44 / 777	5.7	33 / 876	4	33 / 1068	3	38 / 1165	3	**61 / 1605**	**3.8**
3.**No Change**														
4.**Deterioration**														
The number and % of **discharged referrals** with at least one paired outcomes.	1056 out of 6255 discharges	16.9	808 out of 6954 discharges	11.6	777 out of 2715 discharges	28.6	876 out of ~1900~ discharges	~45-50~	1068 out of 2235 discharges	48	1165 out of 2016 discharges	58	**1605 out of 2853 discharges**	**56.3**

[a]CQUIN Target: 50%																				
Average length of all referrals with paired scores.	8 weeks	-	9 weeks	-	8 weeks	-	5 weeks	-	13 weeks	-	14.5 weeks	-	**10.7 weeks**	-

[a]CQUIN Target: Commissioning for Quality and Innovation (CQUIN) target of 50% of accessing mental health services, having their outcomes measure recorded at least twice. No longer mandatory for 2024/25.

Creation of a universal reporting template for the Mindworks alliance has allowed for consistent data collection and reporting throughout a range of services, allowing for data interpretation and evaluation as an alliance. Collecting GBO data has allowed us to observe some of the benefits of implementing THRIVE principles, such as being outcomes-informed and enhancing shared-decision. Data analysis demonstrates increased improvements in wellbeing through progression seen in paired GBO scores for CYPF receiving needs-based interventions within Mindworks Surrey.

DISCUSSION

Synopsis of the findings

From the results presented above, there has been a steady increase in the number of CYPF completing paired GBO as an outcome measure, particularly over the last five quarters, across the alliance. Data shows positive improvement for the majority of CYPF accessing Mindworks services, evidencing the effectiveness and positive impact of interventions offered.

Additionally, the increase in alliance adherence to administering these outcome measures supports the use of the Quality Improvement Framework Approach (Meyers, Durlak & Wandersman, 2012) taken to produce this systemic shift across an alliance with diverse partners.

These results feed into other data streams looking at how THRIVE-like the system is overall. For example, it can lead to increased scores on the THRIVE Self-Assessment Tool (i-THRIVE, 2022). This tool gives several statements (at Macro, Meso and Micro levels) and asks systems to rate how much they adhere to these (out of 4), with higher scores representing more THRIVE aligned. The use of GBO evidences the system working in a THRIVE aligned way, by supporting the following THRIVE Self-Assessment Tool's statements:

- Meso statement 4, focusing on CYPF strengths (
- Micro statement 1, using Shared Decision Making
- Micro statement 3, providing clarity on endings
- Micro statement 4, using outcome data to improve quality

- Micro statement 5, making explicit agreements about outcomes and timeframes

Overcoming barriers

As highlighted above, several potential barriers were identified during the implementation cycle (phase 3 in Figure 1). By triangulating multiple data sources, we were able to make sense of our progress in relation to these barriers:

- **Clinician support for GBOs** - In the annual staff survey, Surrey professionals have consistently reported over a three-year period that GBO is the most operationalised way they actively undertake shared decision-making with CYPF, ensuring that they are involved in decisions about their care. This shows that grass-roots practitioners are linking GBO with shared decision making and value being able to demonstrate wellbeing distance travelled as aligned to the THRIVE principles.
- **Reporting Processes** - To support staff to gain an understanding of the significance of their participation, each partner can report their own data to their staff by sharing their internal template. Additionally, Mindworks Surrey has a newsletter where outcomes data is celebrated and the ability to see improvements across the system is articulated.
- **System-wide perspective** – There is now both localised and contextual reporting, as well as a Mindworks Surrey system reporting on an agreed MDS on a quarterly basis. This has increased ownership of outcomes, as well as supported a learning culture to develop. This also allows commissioners to be able to hold a system-wide perspective on progress across the alliance.
- **Wider context -** The contextual and political difficulties being experienced by all CYPF's wellbeing and mental health providers remains (Darzi, 2024). Mindworks Surrey is no different and yet it is striving to implement THRIVE like ways of working linked to the THRIVE principles. The transient workforce remains a concern, with professionals trained in all the THRIVE like ways of working modules, rarely remaining in post. There has therefore been a need to prioritise training and an increase in professionals' attendance is now taking place.
- **Complexity of transformation -** We have avoided underestimation of the complexity and length of time required to facilitate system change and we continue to be curious, to understand what we have achieved,need to progress upon and agree priorities together. At a macro level, commissioners have enabled continuity

for the Clinical Programme Team, by giving a 7-year contract, with the option of a 3-year extension. Having this dedicated team to support THRIVE transformation has ensured the momentum of implementation has been able to progress.. This also allows for the team to continue to hold the broader perspective of system-wide change.

- **Digital Systems -** Despite best attempts to find an agreeable digital solution, the Clinical Programme Team continue to manage the outcomes data and quarterly reporting. Innovation has taken place and despite the challenges, reporting and analysis continues. That said, this remains a major risk for Mindworks Surrey, and it is a priority to resolve this issue.

Next Steps

There is still so much to action along the THRIVE transformation journey within the Mindworks Alliance and the wider Surrey system. As partners in dialogue, we have come to recognise that there is a need to investigate what is happening within the alliance when no change or deterioration occurs for CYPF paired GBO scores. We want to share learnings that can support us in deciding next steps when agreed-upon goals are not being progressed upon, as part of enabling a proactive and responsive way of working.

Therefore, the next stage will include a ‘deep dive’ of post-quarterly reporting of cases whose goal scores show no change or deterioration on the GBO Reporting Template. This ‘deep dive’ will enable us to examine what might have been missed or misunderstood within the initial formulation when this occurs. If we can start to see patterns, we can use Quality Improvement methodology to become better trained and informed as a system to identify CYPF needs. This would need to be part of the dialogical methodology where we are trying to establish learning mechanisms across partners to improve CYPF outcomes overall. This will help to further demonstrate how use of a brief idiographic measure can be so helpful in transforming services. It is also hoped that CYPF with lived experience of using services can become involved in this process (e.g. focus groups for CYPF).

In addition to this, work will continue to be undertaken across the Mindworks alliance to improve the number of CYPF with paired outcomes, working together in a dialogical way to overcome existing and any emerging barriers. The achievements made so far in increasing paired outcomes is significant and yet, we aim to continue until at least75% of CYPF

supported by the alliance consistently have paired GBO scores, before expanding the routine use of other outcome measures.

CONCLUSION

In the progression of implementing the THRIVE Framework for Systems Change (Wolpert et al., 2019) within Mindworks Surrey, we have been able to demonstrate its principles in action through use of GBO.

We have also been able to report upon alliance wide progression of '*meaningful change*' in wellbeing for CYPF, as well as the number of CYPF receiving THRIVE aligned support.

These are promising results which show the impact of this way of working. The Clinical Programme Team, embedded in the Mindworks Surrey system have been key in the delivery and progression of this aspect of implementation, which facilitates effective support for CYPF in Surrey needing quality care for their mental health and wellbeing.

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