Implementing the THRIVE Framework Phase 1: Developing a full understanding of your current system

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

Agenda

1. Overview of the THRIVE Framework and Implementing THRIVE (i-THRIVE)

2. i-THRIVE Approach to Implementation

3. Phase 1: Understanding your system

4. Mapping your pathways
   - ➢ Determine the scope of the pathway
   - ➢ Build the shape of the pathway
   - ➢ Group analysis of the pathway

5. Next steps

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

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The THRIVE Framework for system change

The THRIVE Framework for system change (Wolpert, et al. 2019) was developed as a collaboration between the Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust.

Built on learning from:

- Child Outcomes Research Consortium (CORC); use of patient reported outcome measures to transform practice: www.corc.uk.net

- Choice and Partnership Approach (CAPA); how to manage flow and embed shared decision making: http://capa.co.uk/

- Payment Systems in CAMHS development; 19 case mix adjusted groupings: http://pbrcamhs.org/final-report-published/

The THRIVE Conceptual Framework

Description of the THRIVE groups

Input offered

- Distinction between advice/support and evidence based 'treatment'
- The five needs based groups are distinct in terms of the:
  - needs and/or choices of the individuals within each group
  - skill mix of professionals required to meet these needs
  - resources required to meet the needs and/or choices of people in that group

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

THRIVE Framework Key Principles

Common Language

- Common conceptual framework (five needs-based groupings: *Thriving, Getting Advice*, *Getting Help*, *Getting More Help*, *Getting Risk Support*) shared across all target groups.

Needs-Led

- Approach based on meeting need, not diagnosis or severity. Explicit about the definition of need (at any one point, what the plan is and everyone's role within that plan). Fundamental to this is a common understanding of the definitions of needs-based groupings across the local system.

Shared Decision Making

- Voice of children, young people and families is central. Shared decision-making processes are core to the selection of the needs-based groupings for a given child or young person.

Proactive Prevention and Promotion

- Enabling the whole community in supporting mental health and wellbeing. Proactively working with the most vulnerable groups. Particular emphasis on how to help children, young people and their communities build on their own strengths including safety planning where relevant.

THRIVE Framework Key Principles Continued...

Partnership Working

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

Outcome-Informed

- Clarity and transparency from outset about children and young people's goals, measurement of progress movement and action plans, with explicit discussions if goals are not achieved.
  - Discuss the limits and ending of interventions
  - Differentiate treatment and risk management
  - Consider full range of options including self or community approaches.

Reducing Stigma

- Ensuring mental health and wellbeing is everyone's business including all target groups.

Accessibility

- Advice, help and risk support available in a timely way for the child, young person or family, where they are and in their community

What does the THRIVE Framework mean to young people?

- No 'wrong door', meaning anyone they went to see for advice, whether they were a teacher, a GP or the school lunchtime assistant, would be able to provide support or to signpost a child.

- Whoever is offering them help would know the best ways to ask for their views about what was important to them and what they wanted to be different, so that there is genuine shared decision making about ways of helping.

- There will be a particular emphasis on looking at different things the young person, their family and friends could do to help including accessing community groups and resources, from drama, to sport, to volunteering.

Continued…

- Whoever is providing targeted specific help to address the mental health difficulties would support the young person to evaluate progress and to check that what was being tried was helping.

- There will be supportive but transparent conversations about what different treatments were likely to lead to, including the limitations of treatment and the possibilities of needing to put in place management of ongoing difficulties as relevant.

Implementing THRIVE (i-THRIVE)

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

The response to the THRIVE Conceptual Framework

We really like the concept and principles of the THRIVE Framework and would like to use it to underpin our redesign of mental health services for children and young people in line with Future in Mind

BUT…

What do the principles look like in practice on the ground?

How do we make it work in our area?
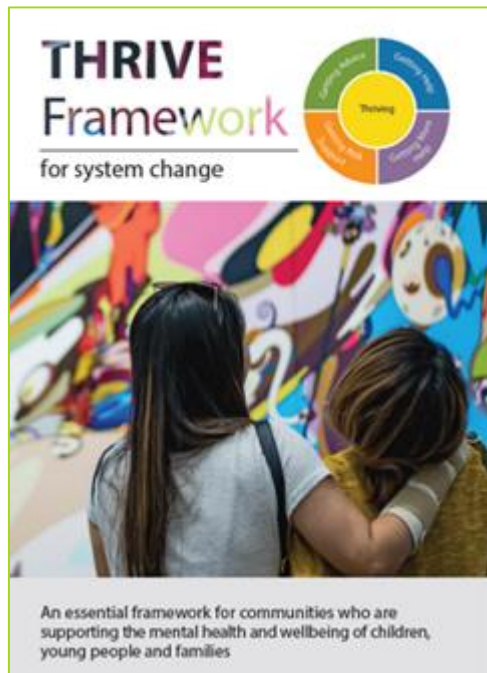
Is there a blueprint for implementation?

Can we access support for implementation?

How should we design services to reflect THRIVE principles?

How do we implement the concepts?

National i-THRIVE Programme

i-THRIVE is the implementation programme that supports sites to translate the THRIVE Conceptual Framework into a model of care that fits local context.

The National i-THRIVE Programme is a collaboration between the Anna Freud National Centre for Children and Families, the Tavistock and Portman NHS Foundation Trust, Dartmouth Institute for Health Policy and Clinical Practice, and UCLPartners.

i-THRIVE Community of Practice: Offer

Funded projects:
Individual projects, e.g., Inpatient Forum, Development of local CoP's, e.g., Greater Manchester, Northern Ireland, South West England

Co-ordination by i-THRIVE Programme Team:
Support sites to self-organise and manage

i-THRIVE Academy:
Learning and development support and training modules for sites

Membership and participation is voluntary:
Promotes a "bottom-up" approach to service improvements, with dynamic multi-professional membership evolving over time

Free access to resources:
Continually evolving i-THRIVE Toolkit, evidence based tools to aid implementation

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

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

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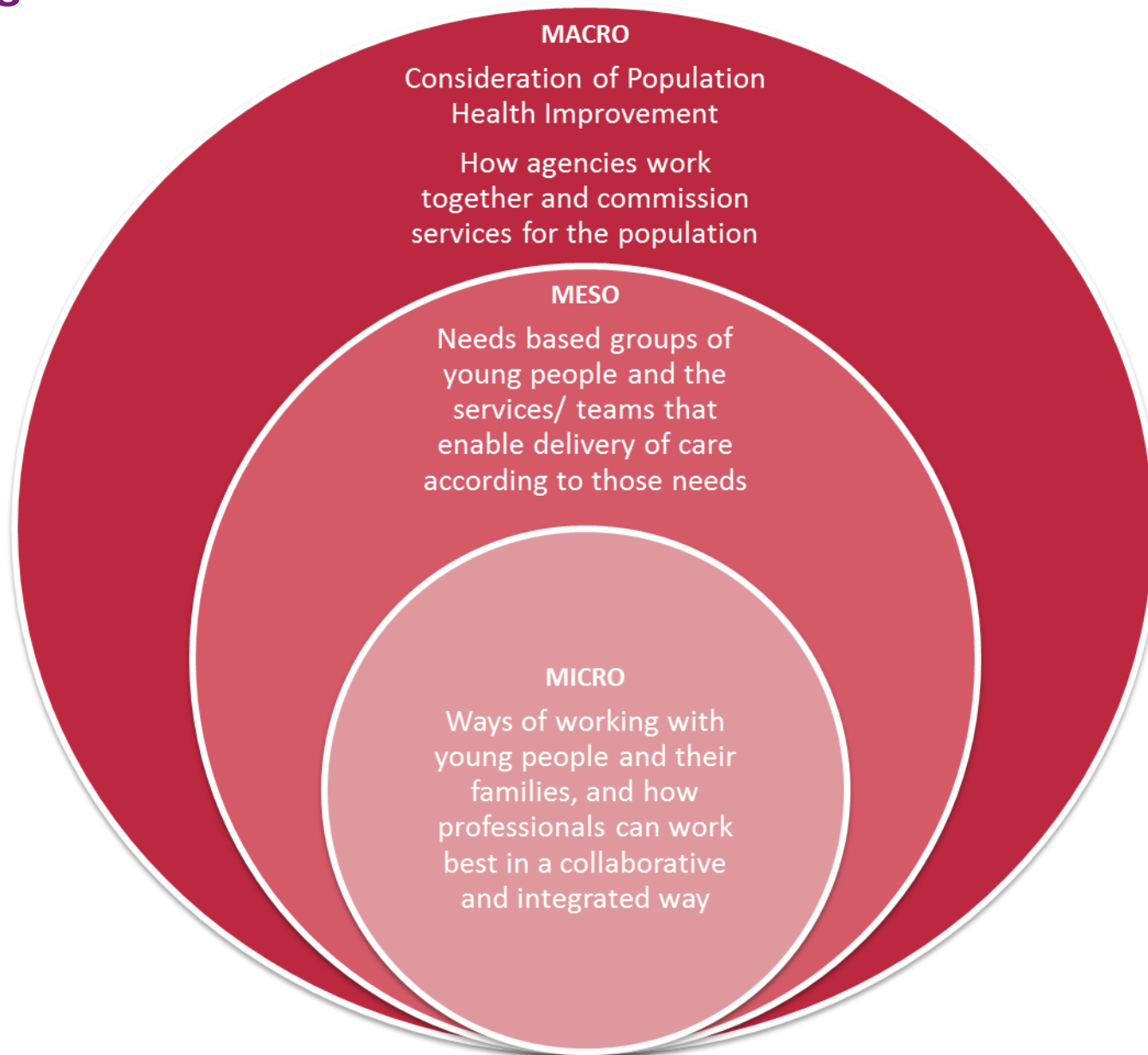
i-THRIVE

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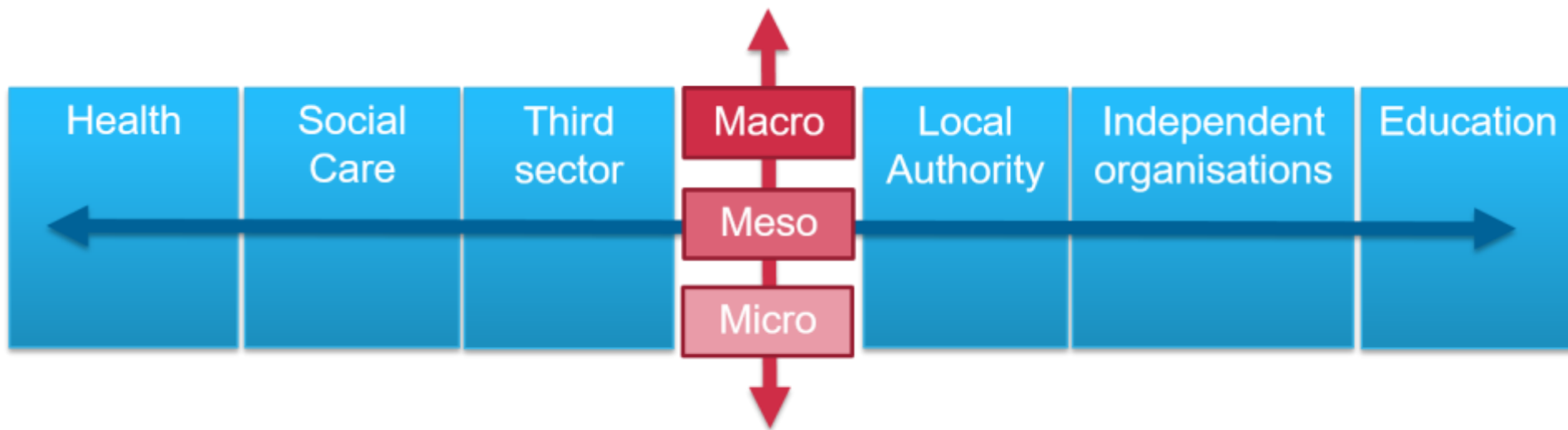# Core principles and components of the i-THRIVE model of care

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

i-THRIVE Approach to Implementation: whole system change

MACRO

Consideration of Population Health Improvement

How agencies work together and commission services for the population

MESO

Needs based groups of young people and the services/ teams that enable delivery of care according to those needs

MICRO

Ways of working with young people and their families, and how professionals can work best in a collaborative and integrated way
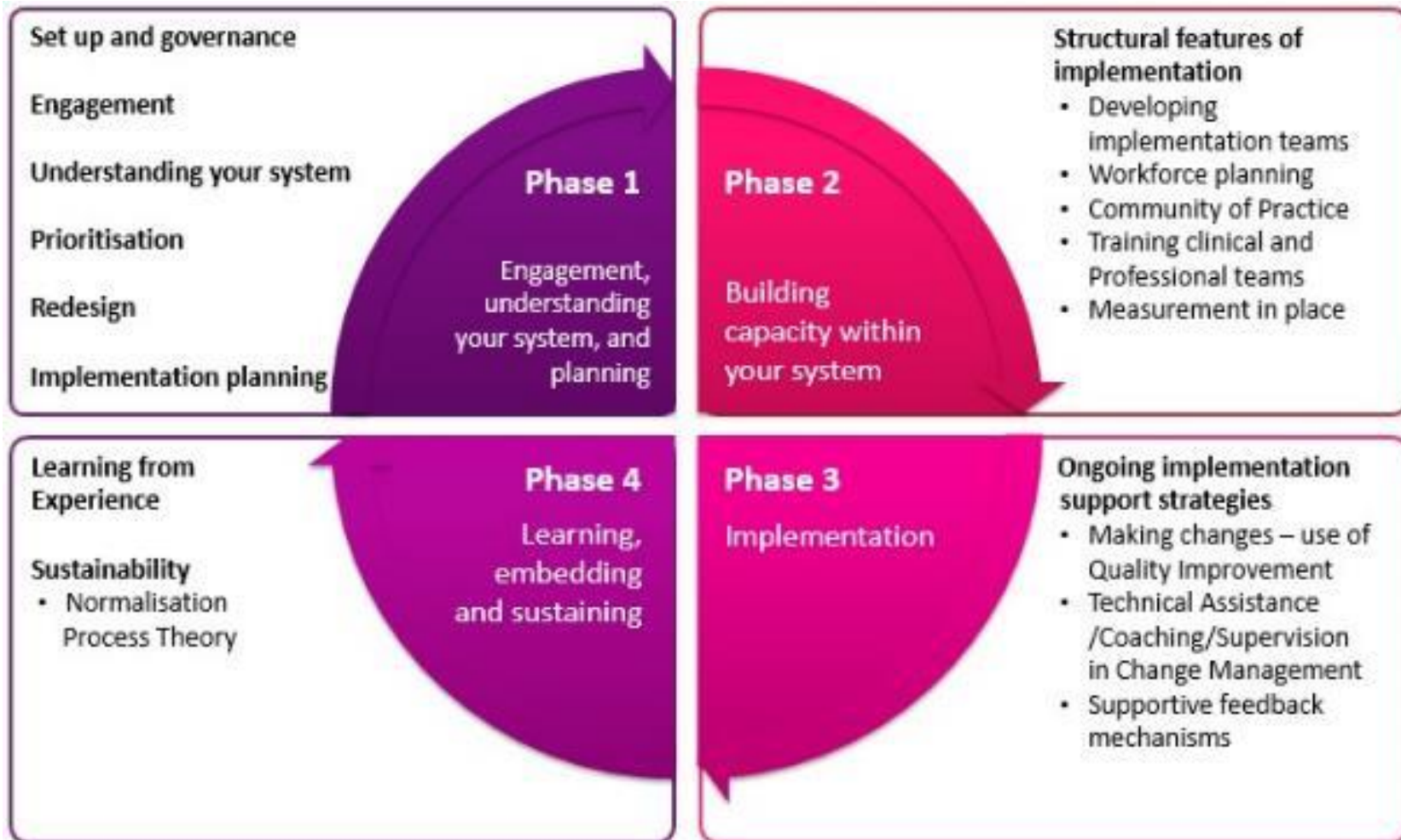
i-THRIVE Approach to Implementation: whole system change

i-THRIVE Approach to Implementation Phase 1: Understanding Your System

i-THRIVE Approach to Implementation

Set up and governance

Engagement

Understanding your system

Prioritisation

Redesign

Implementation planning

Phase 1

Engagement, understanding your system, and planning

Phase 2

Building capacity within your system

Structural features of implementation
- Developing implementation teams
- Workforce planning
- Community of Practice
- Training clinical and Professional teams
- Measurement in place

Learning from Experience

Sustainability
- Normalisation Process Theory

Phase 4

Learning, embedding and sustaining

Phase 3

Implementation

Ongoing implementation support strategies
- Making changes – use of Quality Improvement
- Technical Assistance /Coaching/Supervision in Change Management
- Supportive feedback mechanisms

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Phase 1: Understanding Your System and Agreeing Your Priorities

1. **Establishing a team who will oversee this process**
   - Senior oversight, includes commissioners and providers of health, care and education.

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

3. **Analysis of your existing systems**
   i. Pathway Mapping
   ii. Data Analysis
   iii. Qualitative Understanding

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

5. **Agreeing priorities for improvement**
   i. What are our collective aims?
   ii. What are the priority areas that will help us improve on these areas?

6. **Transformation Design and Implementation Planning**

Detail of Delivery of Phase 1

Set up and communication across the whole system

Series of three workshops

1. Pathway Mapping and Analysis
2. Understanding system together, THRIVE Assessment and Prioritisation
3. Redesign

Data gathering

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

Outputs

- Phase 1 analysis report and Implementation Plan

i-THRIVE Approach to Implementation Phase 1: Understanding Your System

Mapping Your Pathways

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Aim of the Pathway Mapping Exercise

- The THRIVE Framework is a whole system, integrated approach to care that aims to integrate health, social care and education systems, and to understand how independent and voluntary sector organisations play a part in caring for young people.

- Mapping your existing pathways today will:

  o Help each member of the team understand the complete pathway, including those steps that may not involve them directly

  o Help you to understand how each service is working and how well they work together

  o Identify areas where the process does and does not work well

  o Provide an end product for the next step of the process

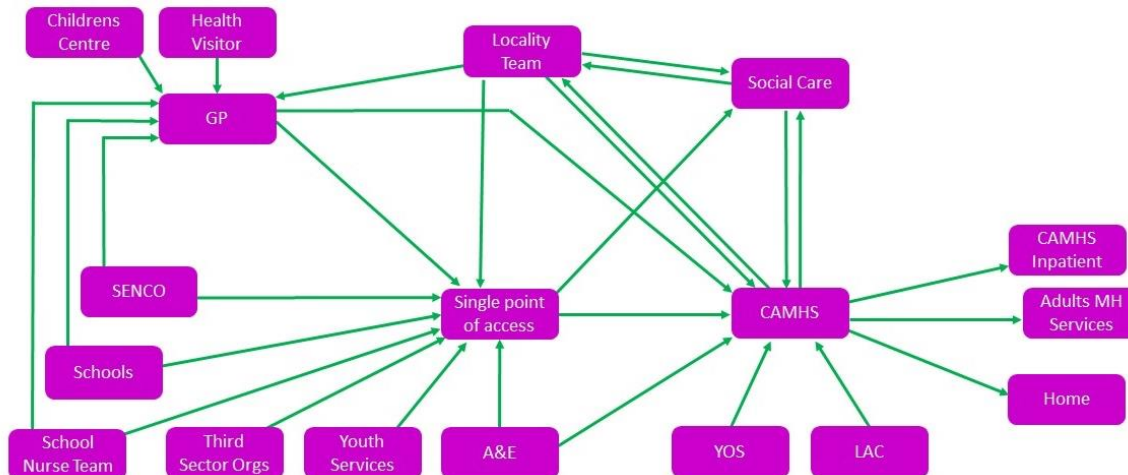# Overall structure of the sessions today

First session (1 hour):

1. Determine the scope of the pathway
2. Build the shape of the pathway

Second session (1 hour):

3. Group analysis of the pathway

1. Determine the Scope of the Pathway

The purpose of this exercise is to identify all parts of the pathway.

15 minutes

- Within your group identify the services that exist in your locality that are involved in providing help and support for children and young people's mental health and wellbeing
  - Referrers into CAMHS
  - CAMHS services and teams
  - Local authority services and teams
  - Educational settings
  - Online/digital services
  - Charities
  - Vluntary sector organisations
  - Support for carers

Write each service on an individual post it note

Begin to think about the possible starting points and ending points for your pathways as they exist now

2. Building the Shape of your Pathway
Group Work

The purpose of this part is to develop an agreement about the structure of your existing pathways.
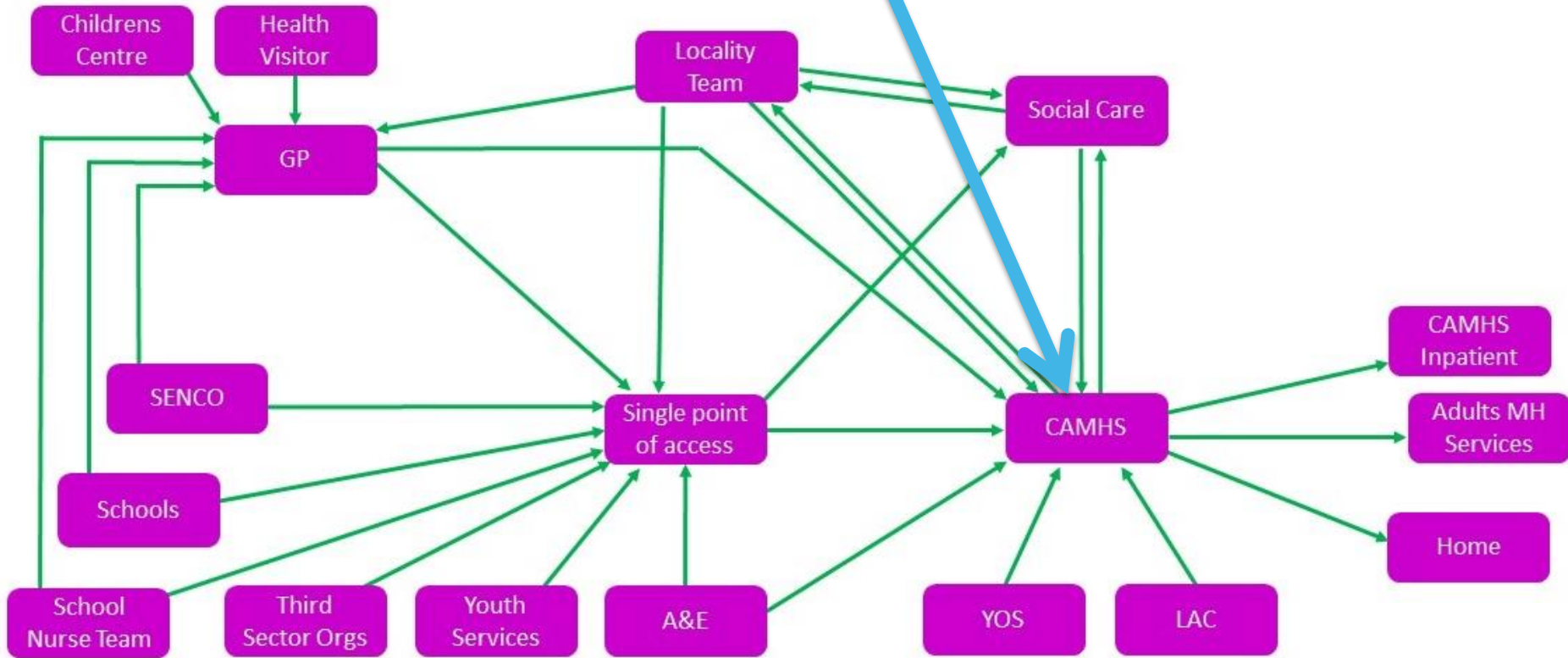
30 minutes

- Each service has been written on a post it note
- Within your group, start to place these on the white sheet in a way that depicts the flow of children and young people through your services currently
- Using the arrows (straws!) indicate the possible directions of flow between services

- (Example pathway on next slide)

Example Pathway

If possible, expand on these, e.g. what pathways do you have within CAMHS ? Start another diagram if needed.

2. Building the Shape of your Pathway

Review and consensus building

The purpose of this part is to review the pathways that you have outlined as a group and then build a consensus about what you have set out.

30 minutes

- Review the pathways mapped by the group
- If there are alternative pathways identified by different members of staff discuss until there is agreement
- This is repeated iteratively until all parts of the pathway have been mapped and agreed on

3. Group Analysis of the Pathway

- The current pathway structure can be the result of multiple re-organisations, services that are either added on or taken away because of funding or perceived need, or due to changes in quality standards.

- Review of a pathway and the interactions between services and agencies can highlight good practice and areas that could be improved due to problems in quality or efficiency.

- Review the pathway from four different perspectives to get a clearer understanding of good practice and areas for improvement.

3. Group Analysis of the Pathway

Review of the pathway from four perspectives

- Review from the perspective of:
    1. Patient experience
    2. Operations (interactions between services and agencies)
    3. Evidenced based interventions
    4. Outcomes and measures
- For each perspective, assess the pathway as it exists and highlight areas of:
    o Good practice
    o Problems with quality
    o Problems with duplication and inefficiency
- The observations made by the group will be written next to the relevant services and/or flow of pathway so that the results of your review are captured clearly

3. Group Analysis of the Pathway

Review of the pathway from four perspectives

15 minutes

1. Patient experience

If you were a child, young person or a family member how easy would it find you find it to navigate the pathway?

What structures are there in place to gather insight and feedback from children, young people and families?

Remember to highlight areas of:

- Good practice
- Problems with quality
- Problems with duplication and inefficiency

3. Group Analysis of the Pathway

Review of the pathway from four perspectives

15 minutes

2. Operations (interactions between services and agencies)

Are there any particular bottlenecks within the pathway?

Are there points within the pathway that have longer waiting lists than others?

How easy is it to access services at different points of the pathway?

Are there multiple assessments at multiple stages of the pathway?

Remember to highlight areas of:

- Good practice
- Problems with quality
- Problems with duplication and inefficiency.

3. Group Analysis of the Pathway

Review of the pathway from four perspectives

15 minutes

3. Evidence based interventions

Are the services delivered to young people in the 'Getting Help' and 'Getting More Help' needs based groupings compliant with NICE guidelines? Are they delivered by people trained in that therapy and who are adequately supervised?

What systems are in place to give you confidence to know that the above is in place?

What level of scrutiny of interventions is there in non-health settings?

Remember to highlight areas of:

- Good practice
- Problems with quality
- Problems with duplication and inefficiency

3. Group Analysis of the Pathway

Review of the pathway from four perspectives

15 minutes

4. Outcomes and measures

Do your clinicians routinely collect and use outcome measures? Is there variation in practice? Is this data used in supervision?

Is data used to make decisions about service delivery? Are there structures in place to review data and discuss improvements?

Is service data ever fed back to clinicians?

Do commissioners and providers agree outcomes and measures collaboratively?

Remember to highlight areas of:

- Good practice
- Problems with quality
- Problems with duplication and inefficiency

Next steps

- The agreed understanding of the current pathways will be translated into a document and shared with the attendees today

- Next steps will be to bring together this pathway, plus the data about how this pathway is functioning, as well as qualitative feedback from you and patients about the pathways

- This will be used to undertake a thorough baselining exercise of how THRIVE-like your pathways currently are.

- You will then be able to determine the areas for prioritisation and to develop a view of your ideal pathway

For more information: i-THRIVE

www.implementingthrive.org

Sign up to the National i-THRIVE Community of Practice and receive monthly newsletters. Email Bethan Morris at:

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