

Research Development Team

Norfolk and Suffolk Primary and Community Care

Research Office

Briefing on the THRIVE
programme to inform the
Norfolk and Waveney Children
and Adolescent Mental Health
Service (CAMHS) redesign

SNCCG.ResearchDevelopment@nhs.net

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What is THRIVE?

THRIVE is a conceptual framework for CAMHS, developed by mental health professionals from the Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust, first published in 2014 (1) and updated in 2015 (2) and 2016 (3) .

THRIVE presents five needs-based groupings for young people with mental health issues and their families: Thriving; Getting Advice; Getting Help; Getting More Help; Getting Risk Support (figure 1). It provides an integrated and person-centred approach to CAMHS for the young person and their families which emphasises prevention, building emotional resilience, and promoting good mental health.

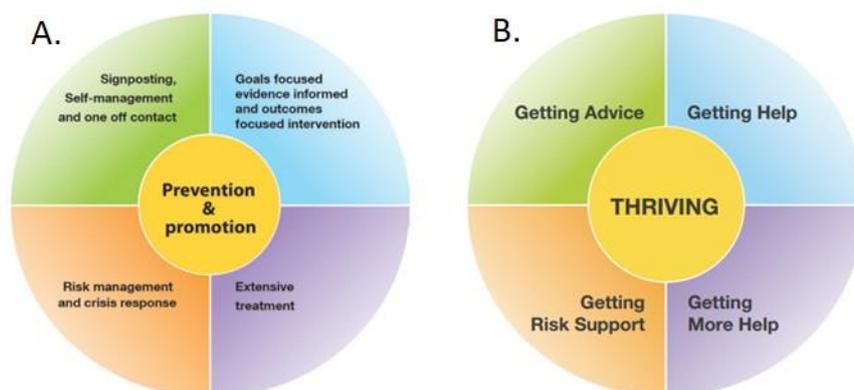


Figure 1. THRIVE model (1). **A.** Input offered for each group; **B.** the state of being within each group.

The groupings are not defined by severity but are distinct in terms of: needs of individuals; skill mix required to meet need; dominant metaphor used to describe needs (wellbeing, ill health, support); resources required to meet need. Thriving is the desired state for children and young people (CYP): it should be supported by prevention, promotion and support in the community and is unlikely to be health service based.

There is limited qualitative or quantitative data on the effectiveness of the THRIVE model, however a complete evaluation of the implementation of THRIVE is in progress and aims to be completed by December 2018 (4). This has been funded by NIHR CLAHRC North Thames to evaluate the success of implementing THRIVE. Nevertheless, THRIVE has been supported by both NHS England and the Department of Health, featuring in their 'Future in Mind' report (5) which set out a vision for the future of CYP's mental health services.

Using THRIVE as a local model of care is expected to reduce waiting times, increase effective signposting which therefore will increase access and engagement with CAMHS, and improve decision making quality to improve patient experience. Although THRIVE does not aim to reduce the cost of CAMHS, it aims to improve its efficiency (4).

How can THRIVE help Norfolk and Waveney meet the aims of the CAMHS redesign?

Ten NHS Innovation Accelerator (NIA)¹ sites launched THRIVE in October 2015. They share learning via the wider i-THRIVE Community of Practice (COP) comprising 72 CCGs (6). Table 1 describes the common challenges facing NIA and COP sites prior to implementing THRIVE, many of which apply to the current provision of CAMHS in Norfolk and Waveney.

Common challenges for NIA and COP sites before THRIVE
Lack capacity to reach everyone in need of help
Want to move away from Tiers to avoid CYP falling through gaps in service provision
Need for integration of services
High inappropriate referral rate to specialist CAMHS
No Single Point of Contact (SPOC)
Need for more accessible services
Waiting times too long (access and referral)
Need to develop emotional resilience within community e.g. schools
Need for early intervention and self-help
Need for emergency support services

Table 1. Common challenges faced by sites before implementing THRIVE.

The Project Initiation Document (PID) provides a basis for us to understand the issues facing CAMHS in Norfolk and Waveney and articulates both the challenges facing the current service, and the goals of a redesign. Using publically available information from the NIA sites and COP members, we have matched examples of how THRIVE (or aspects of THRIVE) have been implemented and aligned these to the goals of the Norfolk and Waveney redesign (Table 2).

<i>THRIVE aims to reach 100% of the population, largely through the 'Thriving' segment, to encourage resilience and self-help to reduce the strain on current CAMHS (2)</i>	
Norfolk and Waveney aim	National examples
Maximise the capacity of mental health services for children and young people	<p>Online counselling services; accessed by 1,400 CYP since March 2016 (<i>Hertfordshire CCGs/ Local authority (LA), NIA</i>)</p> <p>Website for CYP providing information on emotional and mental wellbeing, local services and how to access them (<i>NHS Bexley CCG/LA, NIA; NHS Stockport CCG/LA, NIA</i>)</p> <p>Clinic to support CYP previously using CAMHS to maintain their good mental health (<i>NHS Waltham Forest CCG/LA, NIA</i>)</p> <p>Increase the number of GP surgeries offering CAMHS by 20% (<i>NHS Camden CCG/LA, NIA</i>)</p>
<i>Identifying a SPOC responsible for coordinating care to reduce inappropriate referrals to specialist CAMHS, saving clinical and admin time and reduce access and waiting times so that those who need help can get help more quickly (4)</i>	
Rapid, simple access to a genuine SPOC with highly skilled staff for advice and to make onward referrals	Single front-door process reduced waiting times from 1 year (14/15) to 18 weeks (16/17) (<i>NHS Cambridgeshire and Peterborough CCG/LA; NIA</i>)

¹ NIA supports delivery of the Five Year Forward View by accelerating the uptake of high impact innovations in partnership with all 15 Academic Health Science Networks across England.

<p>A single, consistent set of pathways for CYP are in place, reflecting the inter-relationship between mental health, wider health and social care needs</p>	<p>Redesign for 'Front Door' team responsible for signposting, advice on self-management, early consultation and referral reduced waiting times to 5 weeks (<i>NHS Tower Hamlets CCG/LA, NIA</i>)</p> <p>SPOC responsible for referral, treatment plans, and managing follow-up to ensure the right level of intervention is offered, resulted in 97% user satisfaction rate (<i>Cheshire and Wirral Partnership NHS Foundation Trust, COP</i>)</p> <p>Aim for 80% of CYP in CAMHS to have clear THRIVE plan and pathway by start of 17/18 (<i>NHS Camden CCG/LA, NIA</i>)</p> <p>Integrated Access and Care Pathways implemented to create standardised treatment between services. Bringing together community outreach, intervention, and signposting for all CYP; questionnaire data shows clients are satisfied (<i>Manchester and Salford CCGs/LA, NIA</i>)</p> <p>SPOC specifically for CYP with special needs and disabilities to help join up their care (<i>NHS Bexley CCG/LA, NIA</i>)</p> <p>Restructured: Getting Advice led by Public Health Consultants; Getting Help led by CAMHS; Getting More Help led by specialist CAMHS; Getting Risk Support led by the CCG, nurses for looked after children and local authority representatives; Thriving is led by GPs (<i>NHS Kernow CCG/LA, COP</i>)</p>
<p><i>Shared decision making that works with young people and their families to identify their needs, determine which THRIVE group they fit into, identify the preferred type of support, identify where that support is delivered and to set goals (3)</i></p>	
<p>Involvement of young people, parents, carers and communities is facilitated and directly influences commissioning decisions and developments to pathways</p> <p>Service users have an equal role in making decisions about their treatment</p>	<p>Clinicians work with CYP and their knowledge, self-advocacy, daily lifestyle, physical health, and vocational plans, to involve them in decisions about their care (<i>NHS Waltham Forest CCG/LA, NIA</i>)</p> <p>Longer initial assessment to create shared plan (<i>Cheshire and Wirral Partnership NHS Foundation Trust, COP</i>)</p> <p>Questionnaire for members of community on their mental health services, results of which will inform transformation (<i>Leicestershire Partnership NHS Trust, COP</i>)</p>
<p><i>i-THRIVE supports local areas with the translation of the THRIVE to fit their local context using an evidence based approach to implementation and to disseminate and share learning about that implementation (4)</i></p>	
<p>Evidence is used to guide clinical and managerial decision making and increase access to interventions that have been found to be effective</p>	<p>The i-THRIVE Toolkit provides an evidence-based approach to THRIVE implementation that is available for free online; this includes THRIVE assessment, gap analysis, understanding current system to formulate targeted plan in areas of most need (<i>e.g. used by NHS Manchester and Salford CCGs/LA, NIA</i>)</p>

	Using outcome measures to inform clinical practice is one of the principles of the THRIVE framework (e.g. Leicestershire Partnership NHS Trust, COP)
'Thriving' encourages mental wellbeing in the community and family resources; thereby reducing stigma surrounding mental health and engaging with all members of the community (3)	
Schools, Primary Care and other settings are advised and supported so they are better able to educate and support CYP The commissioning and delivery of wider preventative and early help services to build resilience	Mental health lead in every mainstream school for early intervention and support (NHS Camden CCG/LA, NIA) Emotional Wellbeing roles within the community provide information and guidance on Getting Advice (NHS Cambridgeshire and Peterborough CCG/LA; NIA) School-based programmes for staff and students on wellbeing, resilience, reducing stigma, and how to seek support (NHS Stockport CCG/LA, NIA, NHS Cambridgeshire and Peterborough CCG/LA; (NHS Kernow CCG/LA, COP) Supporting school staff and nurses in short-term targeted intervention when CYP's daily lives are affected; reduced CAMHS waiting times by 9 days (NHS Bexley CCG/LA, NIA) Choice for CYP to receive treatment away from a clinical setting to counteract stigma and increase engagement (NHS Stockport CCG/LA, NIA)

Table 2. Aims for Norfolk and Waveney and how these have been addressed nationally using THRIVE.

How can THRIVE be implemented in Norfolk and Waveney?

i-THRIVE is a programme which supports CCGs to implement THRIVE within their local context. It was created in October 2015 and funded by the NHS England NIA programme (6). To achieve this, i-THRIVE offers a variety of approaches detailed in figure 2.



Figure 2. i-THRIVE offer to implementation sites (4)

The COP organise shared learning events for all members working towards a THRIVE-like approach. These events involve guidance from i-THRIVE authors and the sharing of i-THRIVE feedback and learning experiences from COP sites. Feedback is used to inform the future of i-THRIVE to ensure it adequately supports sites. The i-THRIVE toolkit is a free online resource to help sites implement THRIVE in four phases, detailed in figure 3.

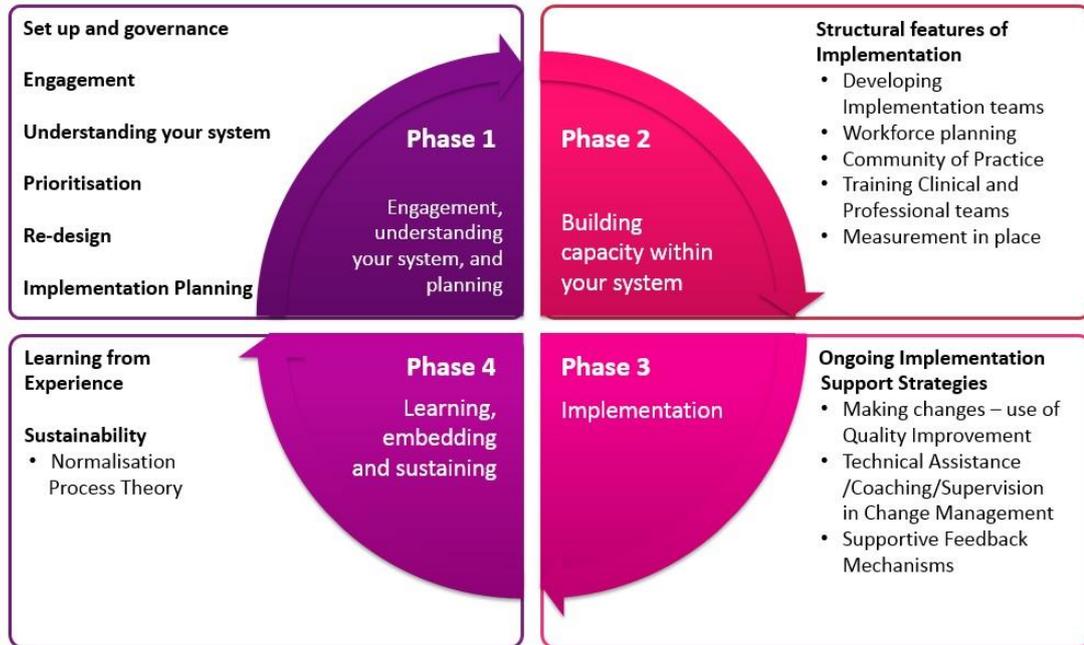


Figure 3. i-THRIVE Approach to Implementation (4)

In addition, the national i-THRIVE Programme provides support through: delivery of initial engagement events and phase one workshops; clinical guidance; support for local leadership; local implementation plans; training and development with the i-THRIVE academy (funded by Health Education England). Currently four purchasable learning and development modules have been created to support phase 2 of implementation, shared decision making, assessment and signposting, when to stop treatment, and risk support.

Next Steps for Norfolk and Waveney

THRIVE offers Norfolk and Waveney a framework to transform the delivery of CAMHS, moving away from a tiered model of service provision along with significant support from the i-THRIVE team.

We would encourage that the team contact NHS Cambridgeshire and Peterborough CCG who are one of the original NHS England supported (kathryn.goose@nhs.net, lee.miller@nhs.net), and see Cambridge and Peterborough's [Local Transformation Plan](#) for more details on their comprehensive i-THRIVE plan.

We would also encourage contacting the i-THRIVE research officer (ilse.lee@annafreud.org) for information on joining the COP and the i-THRIVE approach to implementation

References

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9. **NHS England.** My NHS Downloads; CCG- Better Care. [Online] <https://www.nhs.uk/service-search/Performance/DownloadData>.