i-THRIVE
National NHS Innovation Accelerator
Information pack

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Who is this for?

This document is intended for commissioners who are working with stakeholders to develop their CAMHS Transformation Plans
How can I use this information pack?

• To gain a better understanding of THRIVE and i-THRIVE and their current state of development
• To see if elements of these models can usefully contribute to transformation plans and add value to them
• To consider if commissioners would like to attend the THRIVE conference on 3rd September 2015, central London
• To consider if commissioned CAMHS services would wish to join us as partners as part of the National Innovation Accelerator as an “Accelerator” site as part of their own transformation plan
• To find out how to signal interest in THRIVE and i-THRIVE and arrange a meeting to find out more about the NIA i-THRIVE team community of interest or community of practice
What’s in the pack?

1. The reasons THRIVE and i-THRIVE were developed
2. Alignment of the model with established system transformation and quality improvement
3. Description of the THRIVE Framework
4. i-THRIVE: translating evidence into practice through implementation aligned with key tools
5. Description of how a service may look; “Camden i-THRIVE” accelerator
6. The i-THRIVE programme offer
7. Getting Involved
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The reasons THRIVE and i-THRIVE were developed
• More than 10% of children and young people (CYP) are affected by identifiable and amenable mental health difficulties

• Twice as likely to leave school with no qualifications, poorer physical health and quality of life and facing poor relationships, violence and substance abuse

• The value of CYP recovering is estimated at £9bn

• CAMHS represents only 6% of total mental health funding and Young Minds’ recent report highlights up to 75% of mental health trusts have cut their CAMHS over the past year
“Future in Mind”* identifies specific challenges with our current CAMHS

- **Treatment gap:** only 25% - 35% young people who need support access services, with increasing levels of need in some groups e.g. eating disorders
- **Difficulty with access:** benchmarking shows an increase in the number of referrals and length of waiting times. Waiting times are around 3 weeks for crises and 18 weeks for routine; out of hour liaison very variable
- **Complex commissioning arrangements:** lack of clear accountability between providers, especially between CCGs and Local Authority
- **Worse care for vulnerable groups:** they find it hard to access services
- **Gaps in data collection:** lack of useful data and information, and there have been delays in developing payment and other incentive systems

THRIVE and i-THRIVE have been developed to align with and compliment established system transformation and quality improvement programmes in CAMHS
Alignment

• The 5 Year Forward View emphasises person-centered care, early intervention, taking a whole system approach and enabling self care; all are core to THRIVE

• ‘Future In Mind’ identifies THRIVE as a suggested model of care

• The model is aligned with the emerging tariff payment

• THRIVE has been identified as a focus for dissemination through the NHS Innovation Accelerator: one of 17 innovations that has joined the NHS England Incubator to support implementation and diffusion
i-THRIVE aims to celebrate local ownership and highlight existing local best practice.

There are a range of approaches that can be utilised to effectively implement many of the principles of THRIVE, and some may work better depending on local context.

The model has been developed drawing on the experience of CYP IAPT and CAPA. As such, many elements of the THRIVE framework will already have been implemented.
“Future In Mind” identifies key actions required to make it happen

- CYP must be involved in making choices about their key priorities. Evidence based treatments should be directed towards goals identified by them.
- Providers and commissioners must monitor the extent to which services available meet the preferences of young people and their parents/carers.
- Achieved by placing an emphasis on:
  - Promoting resilience, early intervention and promoting good mental health.
  - Simplifying structures and improving access by removing artificial barriers.
  - Delivering a clear joined-up approach by linking services and creating clear pathways to navigate.
  - Harnessing the power of information.
  - Sustaining a culture of continuous evidence based improvement.
  - Making the right investments and resource allocation decisions.

Implementing THRIVE provides a means to delivering the ambition of Future in Mind and meet the requirements of CCG Transformation Plans.
Description of the THRIVE Framework for Care
The THRIVE Framework

- THRIVE has been developed as a collaboration between the Anna Freud Centre and the Tavistock & Portman NHS Foundation Trust.

- These slides provide a brief overview of the model. A full description can be found here: http://www.annafreud.org/media/2552/thrive-booklet_march-15.pdf
The THRIVE Framework

- THRIVE is a needs based model that enables care to be provided according to four distinct groupings, determined by a patient’s needs and preferences for care.
- Emphasis is placed on prevention and the promotion of mental health and wellbeing.
- Patients are empowered to be actively involved in decisions about their care through shared decision making (SDM).
- THRIVE is complimentary to successful existing models e.g. CAPA and CYP IAPT.
- It provides a clearer distinction than before between:
  - treatment and support
  - self-management and intervention
  - more systematic integration of shared decision making and routine collection of preference data
Key Elements of THRIVE

- The THRIVE way of working creates a whole system approach to improvement with a focus on needs and preferences
- It is co-created with children and young people, their families, clinicians and the 3rd sector
- SDM and preference sensitive care are core principles with validated tools to support implementation
- Enables better integration across health, care and education
- Focuses on early intervention through effective outreach into schools, primary care and hard to reach groups
- Enables stratification by taking a needs based approach to pathways
- Has whole pathway outcome measurement including a goals based approach that’s compatible with new CAMHS PbR and personal budgets
- Is digitally enabled
- Focuses on harnessing community assets and opportunities to improve self care
i-THRIVE: translating evidence into practice through implementation, using tools to support shared decision making
Implementation

• Care will be person centred
  o Implementation of SDM, leading to better engagement, experience and satisfaction, with effective tools to support implementation
  o Taking a holistic, goal based approach to measuring outcomes as well as systematic use of clinical outcome data

• Improved Access
  o Highly trained practitioners provide assessments with digitally enabled signposting to advice, self help and support in the community, ensuring streamlined access e.g. though single point of access. SDM Tools support patients and professionals to decide what help is needed and the preferred setting/modality.
  o Improving accessibility by making care available where people are (schools, GPs, community, digital).
  o Removing artificial divisions between providers (education, community, voluntary and acute) by not having a tiered service and creating a comprehensive network of community and third sector providers that are part of the care pathway
Implementation

- **Care is more up-stream**
  - Re-emphasise services towards promoting resilience and early intervention.

- **Better Integration**
  - Multi-agency approach to the most vulnerable, with care co-ordinated across health, social care and education. Tools help by providing person centred measures of integration.

- **Accountability and transparency** will be improved through benchmarking, shared learning and clear joint measurement and accountability for care across agencies. Tools help by providing measures of effective joint working.

- **Continuous Improvement** initiatives using feedback loops, taking into account patient preferences and clinical outcomes, will ensure services are working to improve things most important to young people and their families, as well as addressing clinical need. Tools help by measuring the quality of the SDM process, supporting improvement.

- **Reciprocal training** programmes that emphasise multidisciplinary learning will support relationship building and local integration.
Implementation: What can a THRIVE-like service look like in practice?

Getting Advice
- Digital ‘front – end’
- Single point of access with effective signposting
- Self-help and peer-support
- Comprehensive network of community providers
- Schools and primary care in-reach
- Focus on Hard-to-reach groups
- Shared decision making

Getting Help
- Short, evidence based interventions
- Manualised interventions
- Digitally enabled (EPR)
- Aligned with NICE guidelines and PbR
- Provided by health or alternatives (3rd sector, community providers)
- Outcomes plus goal based measures
- Shared decision making

Integrated multi-agency approach with joint accountability for outcomes
- Co-produced safety plans
- Self-help and peer-support
- Personal support network
- Shared decision making

Risk Support
- Longer, evidence based interventions
- Manualised health interventions
- Aligned with NICE guidelines and PbR
- Digitally enabled (EPR)
- Provided by health primarily
- Outcomes plus goal based measures
- Shared decision making

Getting More Help
- Crisis teams would expect to work across all domains.

- Each care grouping has distinct service provision, workforce, measurement, and re-imbursement mechanisms.

- Care is not defined by severity or location of care.

- Specialist services (e.g. eating disorder or PD) are more likely to provide ‘Getting More Help’ due to nature of the interventions, but only as they are likely to provide longer evidence based interventions. In situations where they do provide short defined episodes of care, this would be seen as ‘Getting Help’.

- Crisis teams would expect to work across all domains.
Implementation: Shared Decision Making

- SDM is a core part of the THRIVE model, with two distinct decision points identified:
  1. Determining the needs based grouping for care
  2. Determining the modality, type of provider and intervention

- SDM has been shown to improve clinical outcomes, experience of care and engagement with services, but is sometimes hard to implement.

- Through an exciting collaboration with The Dartmouth Centre for Healthcare Delivery Science we are working to adapt two validated tools that have been effective in supporting SDM in other paediatric and adult settings for use in CAMHS: CollaboRATE™ and Option Grids®.

- The NHS Innovation Accelerator Programme is providing funding to support the translation of these tools into the CAMHS setting and we are currently looking for sites to pilot them.
Camden i-THRIVE: demonstrating the model in practice

Single Point of Access:
All referrals to Camden CAMHS (Open Minded) go through the Joint intake referral service.

Schools in-reach:
In Camden, CAMHS clinicians are in 100% of secondary schools and 24% of primary schools.

Shared decision making: determining needs grouping, modality and intervention. Adapting Option Grids and CollaboRATE for CYP population

Where Risk is the Central Issue:
Camden brought together health, criminal justice system and local authorities to jointly manage families.
Successfully implemented as the Troubled Families Program organised by Camden Social Services, using the AMBIT model (Fuggle et al 2015).
Improvement included quicker decisions about care, higher rates of re-united families, take up of family interventions and support with education.
Cost savings were realised in the first year.

Shared decision making and Goal Based Approach

Short evidence-based interventions
Digital enablement:
Digital signposting called WhatsUp supporting schools in-reach.

Shared decision making: adapting Option Grids® and CollaboRATE™ for CYP population and adding to digital tools to support SDM e.g. “Include Me”

Goal Based Approach
CYP and Families set goals with clinicians with regular review.

Aligned with NICE guidance and PbR

Longer evidence-based interventions

Shared decision making: adapting Option Grids® and CollaboRATE™ for CYP population

Goal Based Approach
Agreed “THRIVE plans”

Shared decision making:
- Utilising the complimentary SDM training package, Promoting Active Choices Together (PACT).
- Through implementing the SDM approach, the average Camden CAMHS ‘did not attend’ (DNA) rates (2013/14) are 5.4% (cf. 11% national average).
- In one Camden team DNAs were reduced from 25.6% to 7.3% by using Quality Improvement approaches.

Goal-based approach
- In 2013/14, 99% of children showed improvement in 1 goal and 65% showed improvement in 2 or more goals between assessment and 6 months (or earlier).
i-THRIVE Implementation Support Programme

Supporting local implementation of THRIVE
The i-THRIVE Implementation Support Programme

- The Anna Freud Centre, Tavistock & Portman NHS Foundation Trust, The Centre for Health Care Delivery Science at Dartmouth (US) and UCLPartners have joined forces to create a partnership board and an Implementation Support Team which is developing a range of tools to support localities interested in exploring the THRIVE way of working.

- This team is called the THRIVE Implementation Support Team, or ‘i-THRIVE Support Team’.

- Thanks to seed funding from the NHS Innovation Accelerator Programme, we are currently looking for additional locally-led accelerator sites to work with, to further test and refine the THRIVE model.

- There is no ‘One Size Fits All’: interested sites will be able to learn more about the model, access tools to support them to review their own services against the THRIVE way of working, access support to implement the elements that suit their current context and priorities for improvement, and contribute to future development of the model.
The i-THRIVE Team will offer the following support to Accelerator Sites

• Access to experts in the i-THRIVE Support Team including clinical, academic, commissioning and QI expertise
• A tool-kit to support local leadership to firstly decide on priority areas and subsequently develop implementation plans
• Training for leaders, professionals, commissioners and managers
• Training in SDM and the use of Option Grids® and CollaboRATE™
• Support with re-commissioning services where desirable
• Access to a digital portal to facilitate the creation of a comprehensive network of community providers, and a range of self-care, advice and support options
• Support for wider digital enablement and integration
• Access to shared learning events
• Support for Routine Outcome Monitoring, data analysis and membership of the THRIVE quality improvement collaborative
• Opportunity to join collaboratives who will be supported to jointly apply for further funding to support implementation
Getting Involved

- The first THRIVE Conference is being held in London on Thursday 3rd September 2015 and will include workshops on CAMHS CCG Transformation Plans.

- If you are interested in being an accelerator site, or piloting the SDM tools Option Grids and CollaboRATE please get in touch

- Join the “Community of Interest” and/or “Community of Practice”, including the development of QI collaboratives

- Let us have any comments, queries or suggestions

Email: a.moore@ucl.ac.uk
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i-THRIVE Conference: Thursday 3rd September 2015

- To register for the i-THRIVE conference, please follow the link below
- Central London Location
- [https://www.eventbrite.co.uk/e/i-thrive-conference-tickets-18118547062](https://www.eventbrite.co.uk/e/i-thrive-conference-tickets-18118547062)
For more information

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Resources and information

• 5 Year Forward View
  • http://www.england.nhs.uk/ourwork/futurenhs/5yfv-exec-sum/

• Future In Mind

• Development of Categories in Payment Systems for CAMHS
  • http://pbrcamhs.org/final-report/

• National Innovation Accelerator
  • http://www.england.nhs.uk/ourwork/innovation/nia/

• The THRIVE framework
  • http://www.annafreud.org/media/2552/thrive-booklet_march-15.pdf

• Option Grids®
  • http://optiongrid.org

• CollaboRATE™
  • http://www.collaboratescore.org
Acronyms and abbreviations

- AMBIT- Adolescent Mentalization-Based Integrative Treatment
- CAPA- Choice and Partnership Approach
- CAMHS- Child and Adolescent Mental Health Services
- CCG- Clinical Commissioning Groups
- CYP- Children and Young People
- DNA- Did not attend
- EPR- Electronic Patient Record
- GP- General Practitioner
- IAPT- Improving Access to Psychological Therapies
- i-THRIVE- Implementing THRIVE with addition of specific tools to support SDM
- NIA- National Innovation Accelerator
- NICE- National Institute for Health and Care Excellence
- PbR- Payment by Results
- QI- Quality Improvement
- SDM- Shared Decision Making
- THRIVE- framework of CAMHS based on needs-based groupings
- UCLP- UCLPartners