Committee: Health and Wellbeing Board
Date: 27 NOVEMBER 2018

Subject: iThrive

Lead officer: Paul Angeli

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Recommendations:

1. That the HWBB agree with adopting the THRIVE Framework and implementing iTHRIVE in Merton
2. That members of the HWBB Champion this model going forward

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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

2. DETAILS

2.1 In recent years, the most frequently recognised attempt to conceptualise CAMHS has been through a model that divides service provision into four Tiers, where:

- Tier 1 refers to non- specialist, unilateral early work such as that undertaken by Health Visitors or School Nurses, including sleep or feeding difficulties.
- Tier 2 refers to Primary Mental Health workers, providing interventions in areas such as bereavement and loss, parenting etc.
- Tier 3 refers to Specialist multi-disciplinary (CAMH) teams, usually based in a community clinic, dealing with emerging mental illness such as depression and early onset psychosis
- Tier 4 refers to specialised day and in-patient facilities for Children and Young People with severe mental health problems.

2.2 Although generally agreed to be very useful at the time of development and introduced and widely used in Merton as in the majority of the country, it is now increasingly felt that the model has led to the unhelpful development of concrete divisions between tiers and service delivery.

2.3 THRIVE was originally co- developed in 2014, by a collaboration from the Anna Freud Centre and the Tavistock and Portman NHS Foundation Trust and was cited in the Government report 'Future in Mind' which outlined the Government's intentions for developing and improving the mental health

and well being of children, based on the findings of a cross-party taskforce, stating:

> " …. has the potential to move away from an inflexible and restrictive system, towards one which enables agencies to commission and deliver support to allow children and young people to move more easily between services and to make collaborative choices about what would work best for them at given pints in time.

The model is currently being rolled out across 70 locations in England.

2.4 CAMHs is inevitably a smaller part of a bigger system whether representing the child part of mental health or the mental health of child services and historically there has been a tendency for CAMHS to be an afterthought to wider policy and funding initiatives.

2.5 Community initiatives that support mental wellness, emotional wellbeing and resilience of the whole population are areas of mental health support that some consider have been neglected in the past, but are where the potential impact could be great.

2.6 Thrive LDN is a citywide movement to improve the mental health and wellbeing of all Londoners**.** It is supported by the Mayor of London and led by the London Health Board partners and is an attempt to address some of these whole population issues.

2.7 Their early engagement work and a number of community conversations held during 2017 have been focused on 6 aspirations for Londoners:

- A city free from mental health stigma and discrimination
- A city where individuals and communities are in the lead
- A city that maximises the potential of children and young people
- A city with a happy, healthy and productive workforce
- A city with services when and where needed
- A zero suicide city

2.8 There is synergy between the THRIVE Framework and the aspirations and work of Thrive LDN and we must not underestimate their potential combined effect, especially on the 'thriving' group (see below).

2.9 A tangible example of a benefit to young people in Merton is that through a Thrive LDN initiative every school in London will have access to a Youth Mental Health First Aider (MHFAider) by 2021. Youth MHFAiders are trained individuals who can recognise the crucial warning signs and symptoms of poor mental health in young people and can guide a young person to the appropriate support.

2.10 This paper focuses on the THRIVE Framework, which provides an integrated; person centred and needs led approach to delivering **mental health services** to children, young people and their families.

2.11 The THRIVE Framework replaces the tiers with a whole system approach which is based on the identified needs of Children and Young People and their families; advocates the effective use of data to inform delivery to meet needs; identifies groups of Children ad Young People and the range

of support they may benefit from and ensures Children and Young People and their families are active decision makers.

2.12 There are four key principles that underpin the THRIVE Framework:

- Shared decision making at the heart of choice
- Acknowledgement of limitations to treatment
- Distinction between treatment and support
- Greater emphasis on how to help children and young people and communities build on their strengths

2.13 THRIVE endorses multi-agency definitions of mental health promoting practices, encourages shared multi-agency responsibility for promoting 'thriving', promotes multi-agency proactive advice and help and supports multi-agency clarity on endings as well as beginnings.

2.14 The THRIVE needs based groups are:

- Thriving – prevention and promotion
- Getting Advice and Signposting
- Getting Help – goal focused, evidence based interventions
- Getting more help – extensive evidence based treatment
- Getting risk support – risk management and crisis support

2.15 The CAMH Partnership Board have been considering the adoption of the THRIVE Framework and as part of this consideration had a presentation from the iTHRIVE Clinical Lead and Information Lead.

2.16 Following this a smaller group of key stakeholders met to explore in-depth the work that would be required to cascade understanding of the Framework, prior to the implementation of an iTHRIVE model in Merton

2.17 There is a helpful iTHRIVE implementation self-assessment toolkit available on the website, which provides a way of assessing how 'THRIVE-like' our current services are. This tool would be used as an assessment to support the development of our implementations and provide a baseline for subsequent measurement of improvements in our CAMH transformation journey.

2.18 The CAMH Partnership have identified key benefits of implementing the iTHRIVE model now as:

- Timely in relation to the need to revise the current CAMH Strategy (2015-18)
- Strategic fit in terms of work to destigmatise mental health issues and making mental health everybody's business
- Timely in terms of the recent Green Paper: Transforming children and young people's mental health provision: a green paper (Dec 2017).
- Provides one system that underpins and supports the organisation and monitoring of all CAMH services.

2.19 It is likely to take *at least* 18 months to fully implement the model and implementation will require project planning and resources (specifically staff time).

2.20 There is considerable on-line iTHRIVE Programme Support available, including the self assessment toolkit, an iTHRIVE community of practice,

case studies and an iTHRIVE Academy. Some of this is open access, but some support, such as the academy modules would require funding.

2.21 It would be appropriate for small amounts of the CAMH Transformation budget to be used to support the implementation of iTHRIVE, but project success would be predominantly reliant on multi-agency support and 'buy-in' in terms of staff time and commitment.

3. ALTERNATIVE OPTIONS

3.1 We could continue to use the current tiered model, but as explained in 2.2 this provides artificial silos and does not fit with current thinking or CAMH direction of travel.

3.2 There are a small number of areas such as Leeds and Liverpool that have been working to move away from the tiered structure. They have achieved this by tailored design of new local models which create a seamless pathway of care and support and which address the need for the diversity of circumstances and issues with which families and young people approach mental health services in their area. Because of the localisation of these models, it does not seem logical to try to replicate any in Merton.

3.3 Specialist CAMH services are commissioned jointly across South West London sector. We know that other partners within the sector are either already implementing or considering the implementation of iTHRIVE and it would make sense that all five boroughs used the same conceptual model.

4. CONSULTATION UNDERTAKEN OR PROPOSED

4.4 As highlighted in 2.9 consultation has taken place with members of the CAMH Partnership Board to date.

4.5 Consultation and stakeholder engagement will be key to the implementation of this conceptual framework and a consultation and engagement plan a key element of the project documentation going forward.

4.6 Consultation with young people themselves will be of paramount importance.

5. TIMETABLE

5.1 To be confirmed once HWBB endorse this model going forward.

6. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1 As highlighted in 2.15

7. LEGAL AND STATUTORY IMPLICATIONS

7.1 None

8. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1 Equalities impact would be part of the implementation project plan. Implementation of the model will help in our identification of specific groups of children and young people, their levels of vulnerability and how the emotional and mental health needs can be best met.

9. CRIME AND DISORDER IMPLICATIONS

9.1 Representation from the Youth Justice Service are on the CAMH Partnership Board and would be a key stakeholder in the implementation of the new model. The model would encompass all vulnerable groups including those young people known to Youth Justice

10. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1 A key part of the framework is the management of risk with individuals, especially when in crisis and how this is jointly managed across agencies.

11. APPENDICES – the following documents are to be published with this report and form part of the report

None

12. BACKGROUND PAPERS

Short Power Point Presentation

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