

Norfolk Practice Week Conference
Wednesday 24 May 2023

Helping Minds Flourish

Considering different aspects of mental health and wellbeing



Program

- 2.00pm** **Welcome: Sara Tough**
- 2.10pm** **Million Pieces: Mike and Danny from Lads like us**
- 3.40pm** **Break**
- 3.50pm** **THRIVE and the research behind it: Dr Peter Fuggle**
- 4.20pm** **The vision for Norfolk: Dr Kelly Semper and Rebecca Mann**
- 5.00pm** **Panel Q&A**
- 5.30pm** **Close**



Welcome!

Please put your camera on.

We want people to participate but please use the 'raise hand' facility to ask questions and contribute when others are talking.

Please be considerate to others - together we want to create a safe, open and reflective space to learn.

We have BSL interpreters attending should you need them or you can turn on live captions on by clicking on the 3 dots at the top of your screen.

The link to the feedback form will be put in the chat. Please do take the time to complete it after the session.

Thank you!



Mike and Danny: Lads like us



Let's take a break
Please come back for 3.50pm



The THRIVE Framework: A model of service transformation

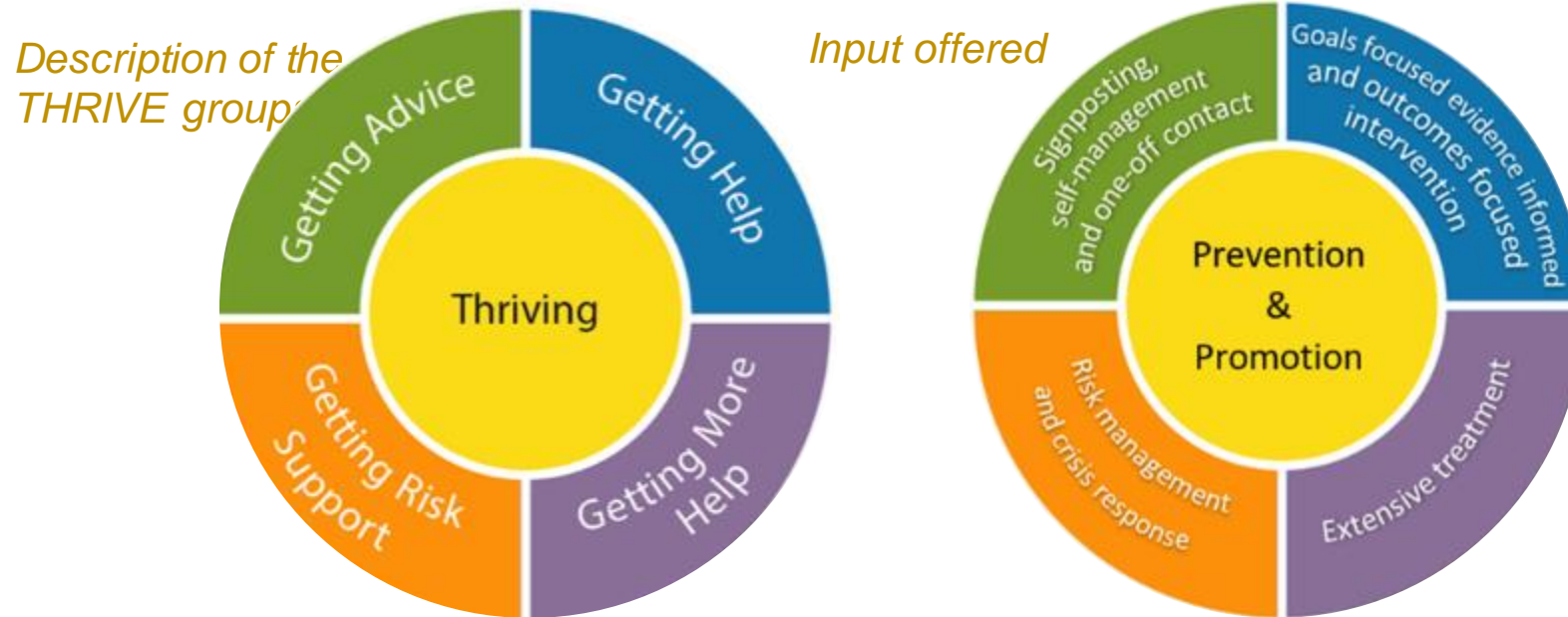
Dr Peter Fuggle

THRIVE Co-author

Core idea



The THRIVE Conceptual Framework



THRIVE Elaborated, Second Edition (Wolpert et al., 2016)

Separating intervention and support



Supporting



Treatment



Helping



THRIVE Framework Key Principles

Common Language

- Common conceptual framework

Needs-Led

- Approach based on meeting need, not diagnosis or severity.

Shared Decision Making

- Voice of children, young people and families is central

Proactive Prevention and Promotion

- Enabling the whole community in supporting mental health and wellbeing.



THRIVE Framework Key Principles Continued...

Partnership Working

- Effective cross-sector working.

Outcome-Informed

- Measurement of progress.

Reducing Stigma

- Ensuring mental health is everyone's business

Accessibility

- Advice, help and risk support available in a timely way.

We know what makes it work better



Implementing THRIVE (i-THRIVE)



I really find all the clinical advice helpful, especially with feeling confident exploring mental health issues, which hopefully will have a positive impact on our families

Supporting the Children's Workforce



The relationship with clinical staff is so valued; I am a better person and support worker because of them

Helping systems

- Many families and children who need help have poor relationships to processes of help.
- Help seeking is a key aspect of social functioning, but involves exposure to vulnerability.
- Help seeking can be anticipated to be met with ridicule and contempt creating feelings of shame and humiliation which inhibits help seeking.
- Effective help usually involves quite a few people

7 Minute Briefings



7 Minute Briefing: Getting Help

Culture Change

- Start acknowledging the need to address endings to improve capacity and efficiency in the system and beginning endings from the people who are affected
- Improve processes for signposting to improve practitioner confidence that there is other support available for young people

In Practice

- Carefully evidence-based interventions designed and tested for fidelity
- Clear goals identified or aims for improvement to enhance wellbeing
- Structured based on rationale understanding the presenting difficulties
- Modification to the care plan is indicated by feedback

Provision

- The THRIVE Framework places a greater emphasis on ending waiting treatment would involve explicit agreement from the beginning about the outcome and what happens if it is not achieved
- CYP and their families would be focused on treatment, and criteria for whether or not it would be discussed, but also clear what would happen if it is not achieved

Model of Care

- Population health and wellbeing promotion
- Universal prevention for all
- Selective prevention for known groups vulnerable populations e.g. Looked After Children, poverty etc.

In Practice

- Linking with public health, local communities and a wide range of agencies are required to promote general wellbeing
- Consideration regarding how to disseminate information through schools, online, youth programmes etc.
- Produce too tips to thriving which can be disseminated across the system

Provision

- The THRIVE framework expects that the system actively researches how to disseminate information regarding the kinds of interventions that are likely to reduce the risk of developing difficulties, and that promote emotional wellbeing and good mental health.

Wolpert, M., Harris, R., Hodges, S., (2019). THRIVE Framework for system change. London: CAMHS Press.

Anna Freud National Centre for Children and Families, The Tavistock and Portman NHS Foundation Trust

7 Minute Briefing: The THRIVE Conceptual Framework

Summary

- The THRIVE Framework:
 - Replaces tiers with a whole system approach
 - Is based on the identified needs of CYP and their families
 - Advocates the effective use of data to inform delivery and meet needs
 - Identifies groups of CYP and the range of support they may benefit from
 - Ensures CYP and their families are active decision makers

Key Principles

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

Multagency

- THRIVE enforces multi-agency definitions of mental health promoting practices
- THRIVE encourages shared multi-agency responsibility for promoting "thriving"
- THRIVE promotes multi-agency proactive "advice" and "help"
- THRIVE supports multi-agency clarity on endings as well as beginnings

Focus on needs enables:

- Greater clarity about agency leadership and skill mix required
- Potential for more targeted funding and more transparent discussion between provider and users
- Options for more targeted performance, management and Quality Improvement initiatives
- Alignment with emerging payment systems and best practice

Needs based groups cont.

- Distinct in terms of:
 - 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

Needs based groups

- Thriving prevention and promotion
- Getting Advice and Signposting; self-management and one-off contact
- Getting Help: goal focused evidence informed and outcomes focused intervention
- Getting More Help: extensive evidence informed treatment
- Getting Risk Support: risk management and crisis response

Wolpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A., Munk, S. (2019). THRIVE Framework for system change. London: CAMHS Press.

Anna Freud National Centre for Children and Families, The Tavistock and Portman NHS Foundation Trust, Dartmouth Institute, UCLPartners

Getting Advice and Signposting

Context

- The children, young people and families who may require temporary support within the community, access to information, and self-management resources, or advice regarding the selection and conditions for those who choose to do so.

Data

- The modal number of sessions of CYP and families in CAMHS is one - practitioner reports suggest contact with services is enough to normalize behavior, provide reassurance, and strategies for self-management. Others suggested that CYP are engaging after the first contact. This emphasizes the importance of getting the initial contact with services right the first time.

Resources

- It is estimated that 30% of children and young people needing specialist support would benefit from only a small amount of resource, then the 8% of total spend and staff time.
- The best attention is within the 1st addition of self-ment. Also, with chronic, ongoing difficulties, for they are choosing to be their own carer are on the binary.

Need

- CYP and families adding to life temporary support. The best attention is within the 1st addition of self-ment. Also, with chronic, ongoing difficulties, for they are choosing to be their own carer are on the binary.

Applying SDM

- Talk with CYP and families about their options to support informed decision making
- Discussion with CYP and their family about the pros and cons of the different values and preferences
- Reach a shared decision about what to do next and how to achieve this

James, R., Wiener, A., Munk, S. (2019). THRIVE Framework for system change. London: CAMHS Press.

Dartmouth Institute, UCLPartners

Shared Decision Making

Context

- Young people don't often see themselves as decision makers and often feel or expect to be passive. Lack of involvement can lead young people to feel out of control, affect their willingness to get help or agree with decisions that have been made. The THRIVE framework puts young people and families at the heart of decision making.

Young People

- The process of deliberation is often more important than the outcome making processes
- Increases awareness and understanding of risk, boundaries and restrictions as well as possibilities

Key Principles

- Open and explicit decision-making conversations and thinking together
- Learning and internalising
- Reflection - level of confidence
- Positive risk taking
- Supporting CYP to be active decision makers

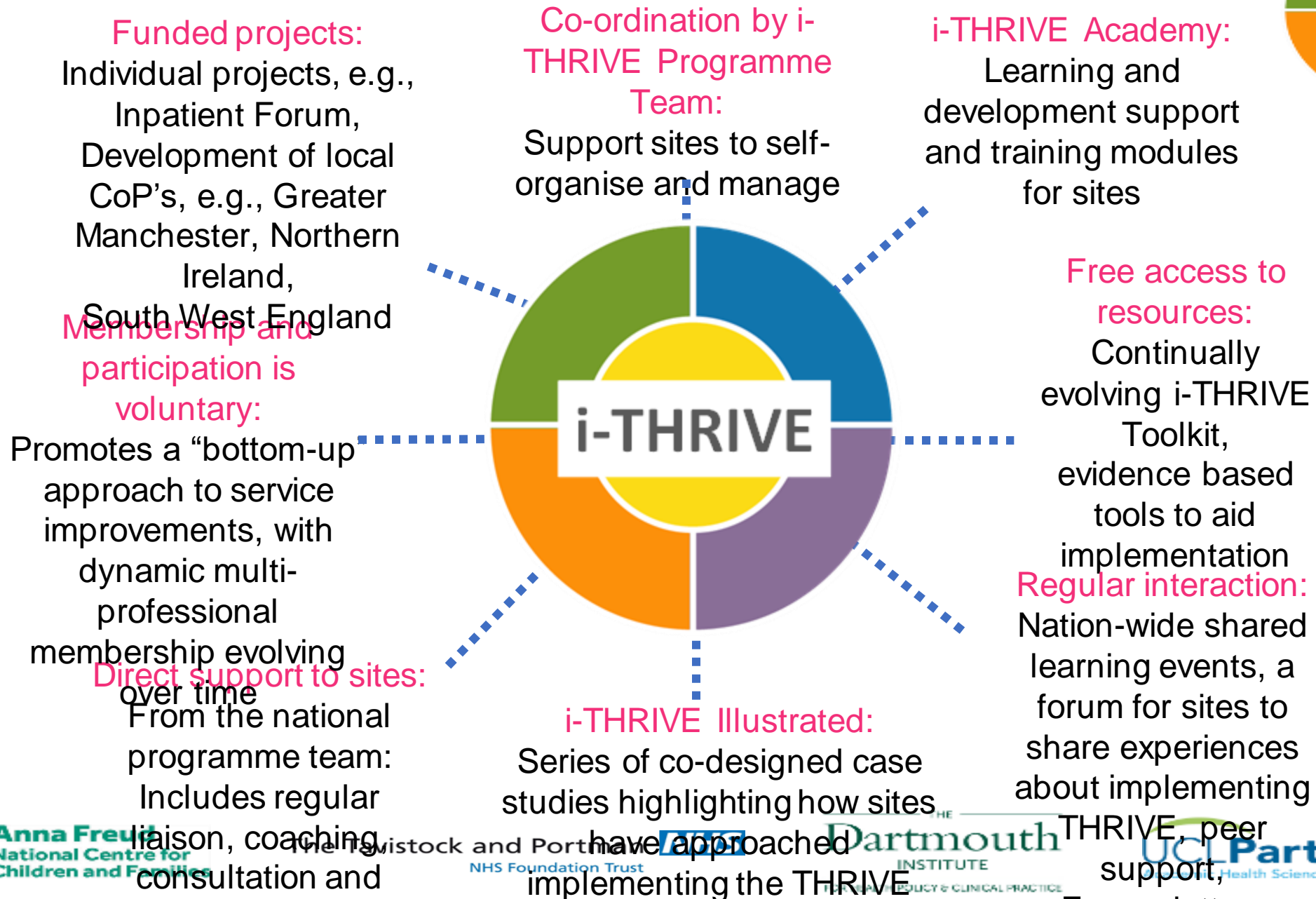
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i-THRIVE Community of Practice: Offer



THRIVE Illustrated: Case Studies



Aligning Greater Manchester's Eating Disorder Pathway to the THRIVE needs based groupings

We spoke with Dr Sandeep Ranote, Consultant Child and Adolescent Psychiatrist and Greater Manchester CAMHS Clinical Lead, about the Greater Manchester Eating Disorder Pathway.

Background
The Eating Disorder Service in Greater Manchester is a whole-system pathway. An example of this is...



"What does a fantastic CAMHS inpatient unit look and feel like for you?" - Co-designing a new inpatient service with young people in Humber

Peter Flanagan, Humber...



Mapping local provision against the THRIVE Framework needs based groupings and the role of Children's Wellbeing Practitioners, London Borough of Haringey, Seven Sisters Primary School, London Borough of Haringey, and the Tavistock and Portman NHS Foundation Trust

Emma Murray, Headteacher and Tara Welch, Assistant Headteacher Inclusion, at Seven Sisters Primary School discuss their rationale for mapping their in-school provision against the THRIVE Framework needs based groupings, incorporating the role of the Tavistock and Portman NHS Foundation Trust Children's Wellbeing Practitioners based within the school.

Background
The London Borough of Haringey and NHS Haringey CCG are using transformation and pre-existing resources to develop integrated provision for children and young people's mental health and wellbeing in line with the principles of the **THRIVE Framework** (Wolpert et al., 2016). Details on how this is being achieved can be found in their **Local Transformation Plan**. In addition, the London Borough of Haringey CAMHS Transformation Board were successful in being awarded funding from the London CYP-IAPT Collaborative. Part of the THRIVE offer is to provide low intensity emotional health and wellbeing help and support for children, families and education staff within Seven Sisters Primary School. Emma Murray and Tara Welch were therefore interested in mapping their in-school offer against the THRIVE Framework needs based groupings to clarify the range of resources available to support the emotional health and wellbeing of children, young people and families attending Seven Sisters Primary School. In addition, they wanted to consider the role of CWP's within this whole school offer, potentially bridging the gap between the in-school offer, specialist Child and Adolescent Mental Health Services (CAMHS), and more holistic provision across the wider system within the London Borough of Haringey. An additional aim was to support shared decision making with the help and support available to children and their families, and to ensure timely and equitable access across the system.

THRIVE needs based grouping mapping exercise
In November 2018, the i-THRIVE Programme Team facilitated a mapping workshop at the school to identify successes, resources available, and priorities for taking forwards for each of the THRIVE Framework needs based groupings. The workshop was attended by the school team, staff with lead roles in supporting the emotional health and wellbeing of the children, young people and families attending the school and liaison with external services, agencies, the CWP service lead, and a representative from **Haringey Practices**, to provide clarity and additional insight into the external resources available in the locality.

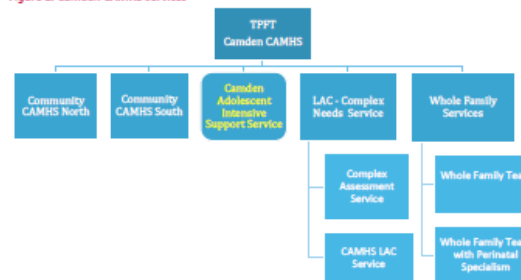
An example of crisis provision and Risk Support across the system: Camden Adolescent Intensive Support Service (CAISS), Tavistock & Portman NHS Foundation Trust

Antonia Carding, CAISS Team Manager and Head of Child and Adolescent Mental Health Services Nursing at the Tavistock and Portman NHS Foundation Trust (TPFT) describes how the Camden CAISS service provides crisis provision and risk support across the system.

Background

In Camden referral boundaries between CAMHS teams have been removed, meaning children and young people (CYP) can access clinical expertise from different parts of the service at the same time, in which ever configuration best meets their needs. All records are kept on the Carenotes Electronic Record System, meaning that when a request for help with a case comes in to one part of the service, an integrated offer is supported.

Figure 1. Camden CAMHS services



What was the service hoping to achieve?

Camden does not have an inpatient setting within the Borough. As a result of young people often having long stays adolescent inpatient units, a long way from home, CAISS was set up in April 2016 to address the specific need of adolescents in crisis in Camden, and to ensure equity of access to crisis provision across the Borough.

How does this fit into local i-THRIVE plans?

CAISS provides Getting More Help to young people with significant mental health needs. However, within this group there are young people whose mental health needs have not improved as a result of interventions, or are not able to engage with interventions for a number of reasons, alongside those who are recovering from a mental health crisis but where other risks remain. Therefore, some CYP whose needs fall within the Risk Support needs based

The innovative #Thrive service in Rochdale

The way in which the #Thrive service in Rochdale was designed and is being delivered is aligned to the THRIVE Framework (Wolpert et al., 2016). This case study was written based on a conversation between the i-THRIVE team and Karen Kenton, Associate Director of Integrated Commissioning for Children at Heywood, Middleton & Rochdale CCG/Rochdale Borough Council, Laura Beesley, Programme Manager for Joint Commissioning and Integration, Rachel McDonald, Children's Commissioning Project Manager and Jason Smith, Operational Manager of #Thrive at Rochdale Borough Council and Healthy Young Minds Associate Directorate Manager, Pennine Care NHS Foundation Trust.



Background information

The #Thrive service based in Rochdale is an early help, mental health service for children and young people (CYP) between 0-19 years. The service is jointly provided by Pennine Care NHS Foundation Trust, a local third sector service 'Youth in Mind' run by Mind, and leisure provider Link4Life. It was commissioned by Heywood, Middleton and Rochdale (HMR) CCG through an innovative collaborative commissioning process and won the Redesign of Care in Mental Health Award in the Healthcare Transformation Awards 2017.

What was the service designed to achieve?

Over the past few years ago Karen and Laura secured funding to support them to fulfil their aim of providing more collaborative commissioning and ensure the processes were led in a more collaborative and co-production in their development of an approach to collaborative commissioning and co-production in their development of an offer for the mental and emotional health and wellbeing pathway for children and young people in Rochdale.

What led them to develop the #Thrive service which was completely different to what they had commissioned before. They were originally thinking about extending an assessment service and counselling offer but the insights distilled from the engagement with children and young people showed that this wasn't what was needed, #Thrive is about building social resilience and confidence, trust in adults and a peer support



For more information: i-THRIVE



www.implementingthrive.org

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

bethan.morris@annafreud.org

 **@iTHRIVEinfo**

The vision for Norfolk: Dr Kelly Semper and Rebecca Mann



Children and Young People's Emotional Wellbeing and Mental Health in Norfolk & Waveney

Transformation Programme

Rebecca Mann (Head of Alliance and Integration)

Kelly Semper (Senior Programme Manager – Prevention & Community)

Children & Young People's Mental Health Integrated Team



Rebecca Hulme
Director Children, Young People & Maternity

Kate Ormston
Team Admin Officer

Rebecca Mann
Head of Integration & Alliance

Tim Clarke
Clinical Advisor

'Early Intervention / Prevention' & 'Community'

Kelly Semper
Senior Programme Manager: Early Intervention, Prevention & Community Transformation

Layla Dickerson
Early Intervention & Prevention Programme Manager

Ruth Spencer – Project Officer (0.4 FTE)

Joe Krasinski.
External Consultant for IFD. 6 months.

Dr Sarah Lang, GP Fellow. PCN Lead (0.4FTE)

Andrea Bell
VCSE Optimisation Lead

'UEC & Eating Disorders'

Richard Taylor - Programme Manager Urgent & Emergency Care

Clare Barber
UEC and ED Project Officer

'Enablers' e.g. Workforce/Digital

Aadil Rashid
Procurement Support (CSU 6 months)

Karen Waters
Digital / Workforce Lead

Fakayode Savage
Business Intelligence Support (CSU 6 months)



FIXED TERM ROLES ONLY

National Priorities

NHS Long Term Plan



Four Week Waiting Times

Test approaches that could deliver 4ww times for access to NHS support, ahead of introducing new national waiting time standards for all children and young people who need specialist MH services

Eating Disorders

Boost investment in children and young people's eating disorder services to continue seeing 95% of urgent cases within 1 week, and within 4 weeks for non-urgent cases.

Crisis Services

With a single point of access through NHS 111, all children and young people experiencing crisis will be able to access crisis care 24 hours a day, 7 days a week by 2023/24

Digital Therapies

Develop digitally enabled care pathways for children and young people in ways which increase inclusion

Comprehensive offer for 0-25 year olds integrated across health, social care, education, and the voluntary sector to address health inequalities



Whole pathways,

including inpatient beds
Extension of New Models of Care/Provider Collaboratives continue to drive integrated pathways

Access

By 2023/24, at least an additional 345,000 children and young people aged 0-25 will be able to access NHS-funded mental health services (including MHSTs)

Mental Health Support Teams (MHSTs)

MHSTs working in schools and colleges – early intervention and whole school approach across 20-25% of country by 2023

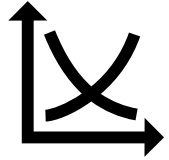
Wider Commitments

- Additional investment in Youth Justice services
- Reduced waiting times and increased support for children and young people with learning disabilities and/or autism
- 6,000 highly vulnerable children with complex trauma will receive consultation, advice, assessment, treatment and transition into integrated services

Local Priorities

	Priorities
<p>Flourishing in Norfolk – A children and young people’s partnership strategy 2021-2025</p>	<ul style="list-style-type: none"> • Prevention and Early Intervention <ul style="list-style-type: none"> • CYP Mental Health <ul style="list-style-type: none"> • SEND • Addressing Gaps in Learning
<p>Norfolk Joint Health and Wellbeing Strategy</p>	<ul style="list-style-type: none"> • Driving integration • Prioritising prevention • Addressing inequalities • Enabling resilient communities
<p>Joint Forward Plan</p>	<ul style="list-style-type: none"> • Transforming Mental Health Services <ul style="list-style-type: none"> • Improving UEC • Elective Recovery & Improvement • Primary Care & Resilience & Transformations <ul style="list-style-type: none"> • Improving Productivity & Efficiency • Population Health Management (Reducing Inequalities and Supporting Prevention) <ul style="list-style-type: none"> • Improving Services for Babies, CYP and Maternity <ul style="list-style-type: none"> • Transforming Care for Older People

Key Challenges



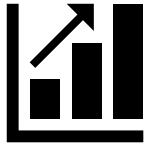
Demand and Capacity

- N&W has the highest number of CYP MH referrals in the country (however many CYP are 'rejected' as 'inappropriate')
- Long waiting lists (and significant clinician time spent monitoring and reviewing those waiting)



Workforce

- Recruitment and Retention of staff very difficult (particularly B6/7 who generally provide highest number of interventions)
- Senior Supervision required to support trainees which reduces capacity for treatment (& this is very expensive to outsource)



Acuity/Risk Increasing

- Following the pandemic, acuity i.e. CYP presenting with significant complexity/risk is increasing
- This results in lengthier treatment durations and more senior members of staff required to support



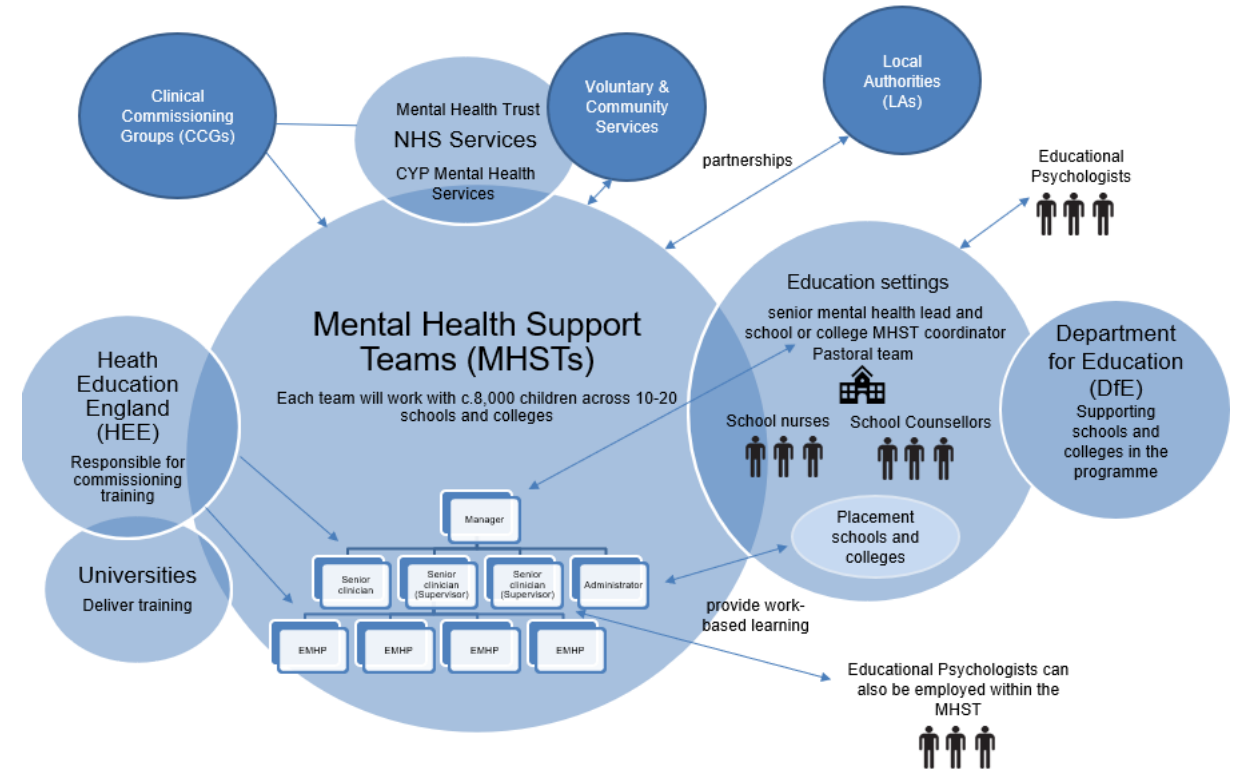
Funding

- CYP MH historically significantly under-resourced
- Focus on '0-25 Models' means under 18 budgets are increasingly stretched

'Prioritising Prevention' – More support in schools & communities

- Roll out of 8 MHSTs; one per locality (10 teams confirmed by 2025, Norwich and Waveney to receive next 2 teams in Jan 2025)
- Currently supporting approx. 35-40% of education settings in Norfolk and Waveney, this will increase to 50% with 10 teams in place
- Three core functions:
 - Deliver mild-moderate evidence-based interventions (1:1/Group work)
 - Develop 'whole-school-approaches' for MH and wellbeing
 - Give timely advice to school staff to encourage CYP to stay in education
- Target of 500 CYP support per team, per annum (also linked to 'Increasing Access' national ambition)

The network supporting MHST implementation



Work closely with local authority colleagues to ensure 100% of schools have an 'offer' of support – links to plans to develop 'team around the school' across **'School and Community Zones'** – particular focus on CYP with additional needs, or those missing education.

Piloting an approach to deliver **youth work across schools and primary care settings** for 11-18 year olds – recommendations and learning will inform 2023 procurement to commission an ongoing service commencing April 2024.

Better integrating support for perinatal mental health, and parent-infant relationships as part of the "Start for Life" offer, as well as developing a comprehensive offer for CYP MH for CYP aged 5-19 (or 25 with additional needs) through the **Norfolk Family Hub Programme**.

Developing an enhanced offer of support for **young adults** (16-25 years) through an enhanced 'Wellbeing Service offer' as well as dedicated roles with the five Wellbeing Hubs across Norfolk (Steam Café's and REST).

'Increasing Access' & 'Improving Outcomes' – Integrated Front Door for CYP MH

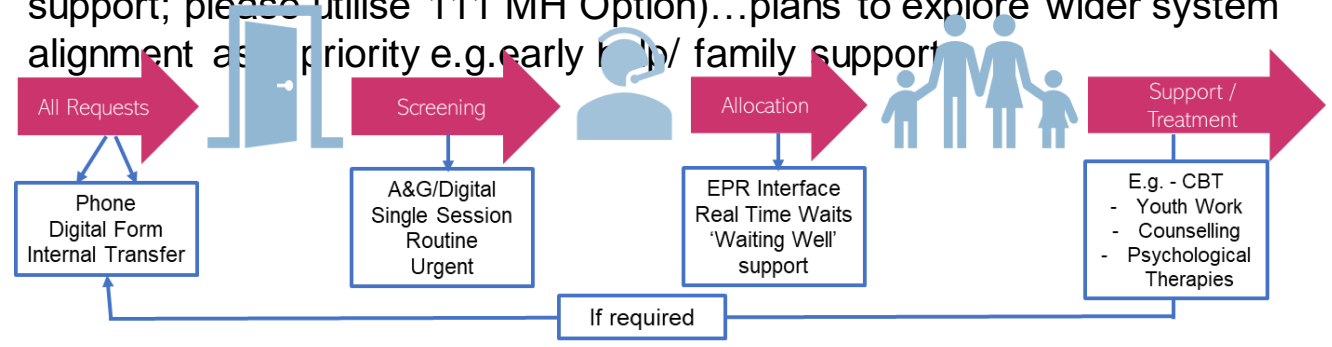
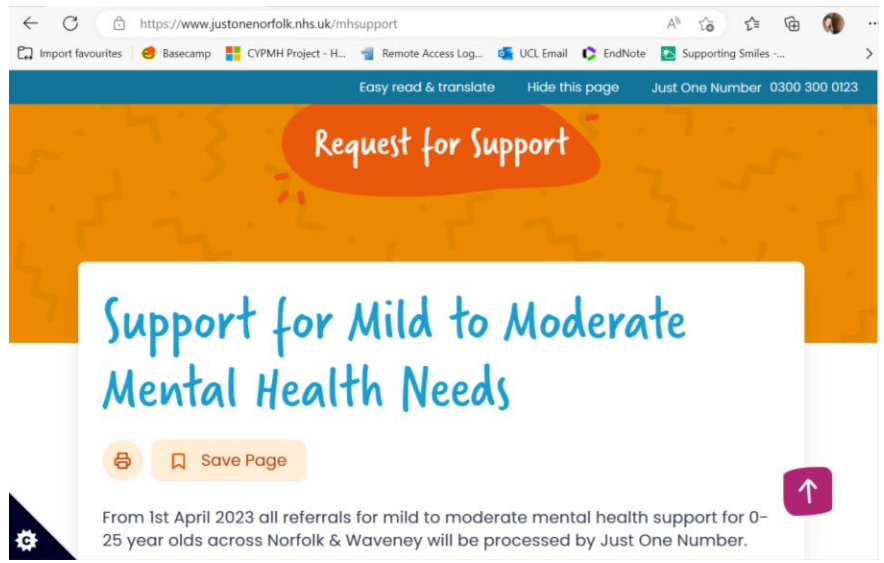


'System is too complex with too many different ways to 'ask' for support'

'I'm fed up being bounced around from provider to provider; I want to be involved in deciding the support I receive'

'I don't mind waiting, but I'd like to know how long I should expect to wait, and have support while waiting'

- Developing a single integrated access point for all CYP (0-25years) emotional wellbeing and MH support across Norfolk and Waveney.
- Collaboratively developed 'request for support' form and assessment of need process to ensure CYP get to the right place, first time (reducing likelihood of 'bounce', and improving CYP outcomes).
- Bespoke Advice, Guidance, Self-Care and single session resources to be in place by full launch in November, alongside CYP specific website and support aligned to JON
- 1st April launch a pathway offer for Mild to Moderate referrals (i.e. not NSFT). You can access this here: <https://www.justonenorfolk.nhs.uk/mhsupport>
- Aiming to 'go-live' in November for **all** MH referrals (excluding crisis support; please utilise 111 MH Option)...plans to explore wider system alignment as a priority e.g. early help/ family support



Eating Disorders

Context

- Eating Disorders has the highest death rate of all mental health disorders, but is highly treatable with early intervention and NICE concordant care
- NHSE introduced Access and Waiting Time Standard in 2015, 95% of routine cases in treatment within 4 weeks and 1 week for urgent cases
- Introduction was supported with £150m new funding over 5 years to develop CYP community teams
- Covid-19 pandemic doubled overall presentations, with urgent referrals increasing 5 fold, from 2-3 a month up to 25, significantly impacting; acute admissions, performance and ability to provide care within standards
- Many CYP admitted into specialist beds or managed in community with limited resources. Routine cases were not benefiting from NICE concordant care.



Response

- Developed an all-age Eating Disorder Strategy to provide clear direction for recovery
- Invested a further £650K and developed "The Lighthouse", and Intensive Day Service to provide support to urgent referrals and to provide an alternative to admission
- Invested £300K to acute paediatric wards to embed mental health practitioners on the wards to provide meal support and advice
- Standardised processes and systems across Norfolk & Waveney to improve efficiencies
- Developed an Avoidant Restrictive Food Intake Disorder (ARFID) pathway and team



Impact

- Access and Waiting Time Standard now being met
- Urgent referrals significantly reduced with very few needing medical stabilisation on acute paediatric wards
- Very few CYP requiring admission to a specialist unit
- Routine referrals accessing appropriate support
- ARFID pathway implemented and system wide training in place

Integrated Practice Model

Context

- Crisis presentations have quadrupled over the last 4 years with increasing complexity
- Cohort of Children Young People (CYP) with complex Health and Social Care needs presenting in crisis with insufficient processes and systems in place to meet their needs
- Many CYP presenting in MH crisis admitted to acute paediatric wards for safety, whilst a social care placement or specialist inpatient bed was identified

Response

- Developed an Integrated Practice Model to provide joint risk assessment, care and discharge planning between health, social care and education
- Agreement to co-locate teams to facilitate integrated working
- Secured £1m capital funding from NHSE to develop estates in the East (Castle Green 23/24) and the West (24/25)
- Estates will also provide 72 short break / respite offer and Intensive Day Support
- Successful Department of Education bid of £1m to provide outreach support whilst estates are being developed.

Anticipated Impact

- Facilitating integrated working
- Improved CYP and family experience
- Reduce revolving door of CYP and families presenting in crisis
- Reduced inpatient admissions and social care placements
- Improved outcomes
- Financial savings to reinvest in early intervention and preventative work

Thank you

Panel Q&A



Panel members

James Wilson - Director of Quality and Transformation, CS

Steve Bush - Director of Children and Young People's Services, Cambridgeshire Community Services NHS Trust

Dr Kelly Semper - Senior Programme Manager, CYP Mental Health – Prevention and Wellbeing

Rebecca Mann - Head of Integration and Alliance – Children's Mental Health Norfolk & Waveney

Dan Mobbs – Chief Executive, MAP

Nadia Jones - Prevention Policy Manager – Inequalities, Public Health

Please use the raise hand function to ask a question
or write your question in the chat



Thanks for coming

Please let us know what you thought about the conference
Feedback forms can be access through the QR code below or this link
which we'll add to the chat

<https://forms.office.com/e/jkNmVHSSXA>

