AHSN Innovation case study template

Case study name: Implementing i-Thrive for Children and Young People's (CYP) Services in Leicester, Leicestershire and Rutland

AHSN /S involved: East Midlands Academic Health Science Network (EMAHSN)

Images submitted:

Overview / summary

Following an initial i-Thrive engagement event in 2017, the core principles of the i-Thrive model were endorsed by Leicestershire Partnership NHS Trust's All Age Transformation programme. i-Thrive is cited in Future in Mind which was adopted in 2015 as Better Care Together Partnership's (Leicester, Leicestershire & Rutland STP) foundation for a 5 year multi-agency transformational plan to improve the mental health and wellbeing of children and young people up to the age of 25. i-Thrive is also endorsed by the NHS Long Term Plan.

There are now over 70 i-Thrive sites in the UK and this is growing; in addition the initiative is supported by the NHS Innovation Accelerator programme ('NIA'). Examples of i-Thrive implementation are highly varied due to the adaptability of the framework to different contexts. An example of i-Thrive from Tavistock and Portman NHS Foundation Trust's Camden CAMHS in schools service implemented the following initiatives:

- Whole-class mindfulness interventions
- Informal coffee mornings for parents to promote children, young people and family Thriving, alongside Getting Advice and Sign-posting
- Population-based Getting Help parenting interventions, e.g. an Incredible Years Parenting Group for Bengali parents
- Liaison with other agencies e.g. safeguarding, Early Help, paediatrics, and attending Children in Need (CIN) meetings
- Parent's evening "Inclusion Café's" – drop-ins for parents in collaboration with the multi-agency inclusion providers to support and promote engagement and self-referral
- Peer mentoring programmes
- Staff training and capacity building

In 2019/20 stakeholders from NHS, Public Health, Social Services, Education, Police and Voluntary Sector organisations in Leicester, Leicestershire and Rutland came together in a series of large-scale engagement events facilitated by the i-Thrive National Programme Team in order to translate the i-Thrive principles into a model of mental health and wellbeing across Leicester, Leicestershire and Rutland. i-Thrive is an integrated, person-centred and needs led approach to delivering mental health and wellbeing services to children, young people and their families. It aims to help young people and their communities build on their strengths with shared decision making at its core. From a service perspective, the i-Thrive model supports multiple agencies to review, redesign and improve their service offers in partnership with their service users and taking into account all of the system and it's interdependencies.

The scope of the project was to support Phase I of the i-Thrive process during 2018/19 summarised as follows:

- Initial cross sector engagement event
- Workshop 1: Mapping our pathways
- Workshop 2: Understanding your data
- Workshop 3: Prioritising Improvement and Redesign (postponed due to COVID-19)

Challenge/problem identified

The Leicester, Leicestershire and Rutland: Mental Health and Wellbeing for Children and Young People Transformational Plan 2015 – 2020 describes the challenge as follows:

"There are 250,000 children and young people up to the age of 19 in Leicester, Leicestershire and Rutland. It is a uniquely diverse community with significant variations in economic prosperity, quality of life and health outcomes. 68% of children and young people in Leicester City are from an ethnic minority background. 1100 children and young people in LLR are looked after by a local authority, 32,000 have special educational needs, and 3466 were recorded as victims of crime in 2014/15.

It is estimated that 1 in 10 school children will have a diagnosable mental health or neurodevelopmental condition. This equates to approximately 19,000 school children in our region. Difficulties include Autism Spectrum Disorder, ADHD, anxiety, depression, self-harm, psychosis, obsessive compulsive disorders and eating disorders.

The specialist Child and Adolescent Mental Health Service (CAMHS) supports about 3,500 children and young people per year. The average waiting time for an assessment by the specialist CAMH Service is 13 weeks from referral. About 80 children and young people a year will require specialist treatment in hospital. Often this hospital will be a long way from their home."

"The last national survey of prevalence of mental health conditions in children was conducted in 2003. This indicated that, at the time, in an average class of 30 schoolchildren, 3 will have a diagnosable mental health disorder. The survey, extrapolated to Leicester, Leicestershire and Rutland indicates that 11,000 children will have a conduct disorder: 6,250 will have anxiety: 1,700 will have diagnosable depression: 2,850 will have severe ADHD.

The specialist CAMH service provides therapeutic and medical interventions to assess and support children with mental health or neurodevelopmental needs. The current case load indicates the spread of conditions that the service supports.

Condition	**Number of open cases**
Anxiety	360
Conduct	50
Depression	139
Eating Disorder	100
Psychosis	11
Obsessive Compulsive Disorder	23
Self-Harm	78
Stress	70
Neurodevelopmental (ASD and ADHS)	562
Other	261

Often a child or young person will present with two or more related mental health conditions. Other service such as paediatrics, health visitors, school nurses and educational psychology also provide significant support for children with neurodevelopmental and mental health conditions. Nevertheless the data would suggest that if there are 21,000 children and young people with potential mental health or neurodevelopmental concerns, only **one in twenty** is receiving specialist assessment and therapeutic support from CAMHS."

There is evidence of extensive and rising need of mental health services for young people. This means resources must be managed cost effectively. There is evidence that elements of i-THRIVE such as effective use of outcome measures and NICE concordant treatments positively influences outcomes. There is substantial evidence that multi-agency working improves outcomes.

There is an increasing evidence base emerging around targeted payment groups to distinguish the needs of different groups of children and young people seeking help and support (Fonagy 2002).

A consistent finding in child protection serious case reviews is the need for increased multi-agency collaboration and multi-disciplinary working (Laming, 2009) (Munro, 2011).

WHO state that half of all mental health disorders begin by the age of 14 years and three quarters by the age of 20.

“Children with mental disorders face major challenges with stigma, isolation and discrimination as well as access to health care and educational facilities, in violation of their human rights” (WHO 2017)

“Children who end up in custody are three times more likely to have mental health problems than those who do not. We also know they are very likely to have more than one mental health problem, to have a learning disability, to be dependent on drugs and alcohol and to have experienced a range of other challenges. Many of these needs go unrecognised and unmet.” (Centre for Mental Health, 2019)

Evidence has shown that most mental health problems start in childhood or adolescence. A key study in the area found that the average age of onset was much earlier for anxiety disorders (age 11) and impulse-control disorders (age 11) than for substance use disorders (age 20) and mood disorders (age 30).Thus, it is important that research and interventions take account of this crucial time period (Mental Health Foundation, 2016).

Actions taken

Stakeholders from across the system in Leicester, Leicestershire and Rutland are working to translate the i-Thrive principles into a model of care across their locality to improve patient care and experience. Leicestershire Partnership NHS Trust has convened and facilitated this multi-agency collaboration.

Phase 1 of i-Thrive primarily focussed on Children and Adolescent Mental Health Services (CAMHS). The work was delivered in collaboration with other system partners including local authority, charities and other NHS providers. The approach was led by a small working group of clinicians, managers and volunteers.

The working group planned in partnership with the national i-Thrive team to deliver a series of cross-sector workshops for LLR stakeholders reflecting Phase I of the i-Thrive framework. The key themes of each workshop are summarised as follows:

Initial cross sector engagement event – 09/12/19, Leicester Tigers Stadium
This was a larger scale event which targeted individuals in leadership roles who can best influence the development, design and delivery of services for children and young people, and representative service users and carers. The content focussed on the i-Thrive framework, the current service provision for CYP across LLR, the values needed and barriers to adopting the i-Thrive model in the locality.

Workshop 1: Mapping our pathways – 20/01/20, Voluntary Action Leicestershire
The first workshop included c.30 representatives primarily from NHS, local authority and voluntary sector organisations. Delegates mapped existing provision against the i-Thrive needs-based groupings of Advice and signposting, Getting help, Getting more help and Risk support.

Workshop 2: Understanding our data - 24/02/20, Voluntary Action Leicestershire
The second workshop included a similar mix of stakeholders as workshop 1. Delegates explored key metrics for Leicestershire Partnership NHS Trust CAMHS and emotional health and wellbeing services along with local authority Joint Strategic Needs Assessment data. Several i-Thrive implementation case studies from both the national team and local services illustrated to delegates how the framework can be operationalised in practice.

Workshop 3: Prioritising improvement and redesign - 16/03/20, postponed due to COVID-19
The final workshop planned to feedback key learning and outcomes to stakeholders along with outputs from service user involvement and evaluation sub-projects developed as an output from i-Thrive. Unfortunately the event had to be cancelled due to the COVID-19 pandemic and associated restrictions. All workshop materials were circulated by the lead provider SRO along with requests for detailed stakeholder input on the future direction of inter-agency collaboration in this field.

Impacts / outcomes

The EMAHSN project team assessed key learning and recommendations to Leicester, Leicestershire and Rutland stakeholders against the four i-Thrive needs-based groupings, summarised as follows:

Advice and signposting
Services need to communicate their offers better to each other and to service users, families and carers:

- Greater involvement for GPs and raising awareness of service offers for children and young people has great potential to improve signposting.
- Services should develop clearer routes for parents, carers and families to access information
- There are opportunities to promote information about services via social media and local media campaigns.

Achieving parity of professions and interventions should be prioritised to enable 'left shift' and avoid 'escalator' pathways:

- A long-term strategy developed in partnership with education, voluntary sector, local authorities and NHS stakeholders is already in place (Future in Mind), there are opportunities to enhance inter-agency communication and collaboration at an operational level in order to increase mutual recognition and understanding between professions and services.

Getting help
Individual organisations have single points of access (e.g. local authorities, Public Health England, Leicestershire Partnership NHS Trust), these need to be connected to function as a cohesive system:

- Service user input to the programme has frequently suggested that families, children and young people have to tell their story many times to different services/professionals, an inter-agency trusted single assessment could be implemented along with information sharing mechanisms to improve this.
- Information sharing could include service demand and capacity and referral criteria / thresholds in order to reduce waiting times and risk of deteriorating mental health and ensure appropriateness of referrals.

Efforts should be made to enhance information for under-represented communities to reduce stigma, increase resilience and accessibility:

- Co-produce service offers and promotion targeting these groups, people with lived experience inform how to best reach others.

Getting more help
There are many different service offers within this category along with differing types of need, there is a need to establish greater commonality:

- Implement a single goal-based outcome tool that sits alongside outcome measures for specific services / interventions.
- Align referral criteria and pathways between services to ensure consistency of offer and good transitions between services

There are some great examples of effective inter-agency working and communication when services are co-located in parts of Leicester, Leicestershire and Rutland:

- There are opportunities to evaluate and articulate the benefits of co-location in order to influence decision making.
- Outputs from this work could be used to promote and incentivise further co-location of services.

Getting risk support
There is a perception that risk support is primarily a specialist CAMHS domain, agencies need a more collaborative approach to risk management and 'ownership':

- Identify facilitators to coordinate interventions and manage risk across agency boundaries.
- Increase multi-agency representation and input within multi-disciplinary CAMHS teams.
- Monitor demand and capacity and communicate this across agencies to ensure timely interventions where risk is identified

Upskill and enable services, communities and families/carers to identify and support children and young people at risk in partnership with CAMHS:

- Develop training and promotional material for these stakeholders

- Develop and implement tools for assessing children and young people's risk inclusive of the local authority Signs of Safety model and existing CAMHS tools across agencies.

It should be noted that due to the COVID-19 crisis and its disruption of the final planned workshop it is not possible for the impact / outcomes to be fully articulated.

Supporting quotes from a stakeholder / partner or service user

Patient impact ***(for internal use – this will not appear on Atlas)***

Plans for the future

The purpose of phase 1 i-Thrive in Leicester, Leicestershire and Rutland was to scope its potential viability and impact on services. A decision is pending on whether agencies will continue to utilise the i-Thrive framework and in what capacity; this is likely to remain the case for the duration of the COVID-19 crisis.

The project steering group did identify potential avenues for the future direction of this work however, including:

- Feedback to Leicestershire Partnership NHS Trust Board
- Agencies self-audit using the i-Thrive assessment framework and comparison to baseline
- Future events / meetings with stakeholders potentially including sessions delivered by other regions who have implemented i-Thrive in their area
- Enhanced engagement with children, young people and families to gain their input to future work
- Continued inter-agency working in this area reporting into the Future in Mind Board

Which national clinical or policy priorities does this example address?

- Children and young people's mental health and wellbeing

Where did the innovation originate from?

- The Anna Freud National Centre for Children and Families
- Tavistock and Portman NHS Foundation Trust
- The Dartmouth Institute
- University College London Partners AHSP

Which AHSN Priorities does this example cover?

Clinical areas:

- Mental health (including dementia)

Start and end dates: December 2019 – March 2020

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