GM i-THRIVE Standards

# Programme implementation in localities

|  | **Standard** | **Guidance** | **Implementation status** | **Comments** |
| --- | --- | --- | --- | --- |
| 1.1 | Have a SRO (Senior Responsible Officer) in place | The SRO is accountable for the success of implementing THRIVE. They should provide:* Clear leadership and direction
* Secure any funding required
* Maintain interface with key senior stakeholders, keeping them engaged and informed
* Monitoring key strategic risks

Key attributes:* Have the seniority for the responsibilities and accountabilities the role involves
* Proactive and visible
* Possess strong leadership and decision-making skills
* Be able to give purpose and direction to the programme and take strategic decisions
* Have access to and credibility with key stakeholders

Are key leaders in the system signed up?* CCG, Director of Children’s Services, Director of Education, Director of Public Health
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| 1.2 | Have a multi-agency board which the programme/project reports to | Such as Health and Wellbeing Board etc. Agreed whole system prioritiesLocality suggestions:THRIVE needs to be a priority at this group and the group needs to be fully engaged. |  |  |
| 1.3 | Have a multi-agency i-THRIVE working group  | Agreed project deliverablesLocality suggestions:Good working relationships and a can-do approach between key individuals such as CCG commissioner, provider managers, LA heads of service and health school managerEnsuring people have capacity |  |  |
| 1.4 | Have a dedicated lead for implementing THRIVE | A lead who is senior enough to be able to engage and work with the leaders in the system and influencers in the system.  |  |  |
| 1.5 | Have a project manager/programme manager | Where there has been a project manager or programme manager in place to project manage the implementation of THRIVE there has been an acceleration in the pace at which it is implemented.  |  |  |
| 1.6 | Have a programme and implementation plan in place | The project plan will need to include the broader aspect of implementing THRIVE as well as service/system transformation & delivering these standards. |  |  |
| 1.7 | Have a Communication and Engagement Strategy and Plan in place | This should include:* Stakeholder mapping
* Community of Practice locality led

Link to GM i-THRIVE communication and engagement strategy |  |  |
| 1.8 | Have a training plan in place | This should include:* How services can support the workforce to attend training
* How those people who have attended training can embed the learning back into the service
* How the training can be sustainable within the localities (i.e. identify training leads)
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| 1.9 | THIRVE Needs based groupings recorded on electronic systems within CAMHS/HYMs |  |  |  |
| 1.10 | Evaluation plan in place | To include:* Surveys
* Self assessment
* CAMHS indicators
* Arts and Culture outcomes framework for arts and culture interventions
* Implementation stories (and dissemination of these)
* Whole system view of activity (capacity and demand)
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| 1.11 | Plan for broadening the MH offer if there are gaps | Barrier can be lack of funding – consider joint funding opportunities between commissioners or a whole system view from ICS to include broadening the offer and identifying gaps. |  |  |
| 1.12 | Strategy for engaging and co-producing with CYP, families and wider workforce |  |  |  |
| 1.13 | Local shared identifiable brand – that includes all emotional wellbeing and MH offer |  |  |  |

# Thriving

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| --- | --- | --- | --- | --- |
| 2.1 | Have a Wellbeing Strategy in place | This could be led by public health and include guidance on the following:Wellbeing messages/approachesEmotionally friendly environments |  |  |
| 2.2 | Strategy for selective prevention for known groups of vulnerable populations such as LAC, YOS, poverty, LGBTQ+ etc. |  |  |  |
| 2.3 | Strategy for supporting challenging life events and transitions as all c&yp will experience this at some point |  |  |  |
| 2.4 | Attendance at Shared Decision Making Training  | Or learning disseminated from shared decision making training – see training strategy<http://implementingthrive.org/shared-decision-making-case-studies/> |  |  |
| 2.5 | Including wider impacts on emotional wellbeing and mental health Physical Health & exercise | GM Moving etc.  |  |  |
| 2.6 | Whole school approaches for health and education | Stockport:<http://democracy.stockport.gov.uk/mgConvert2PDF.aspx?ID=140263>Salford: <https://cypmhcommissioning.nelcsu.nhs.uk/wp-content/uploads/2017/09/Salford-whole-school-approach.pdf> |  |  |
|  | THRIVING implementation stories (national) | <http://implementingthrive.org/implemented/case-studies-2/thriving-case-studies/> |  |  |
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# Getting advice and signposting

|  | **Standard** | **Guidance** | **Implementation status** | **Comments** |
| --- | --- | --- | --- | --- |
| 3.1 | Have a single point of access/contact/navigation with multi-agency assessment and effective signposting | Consider:* Hubs
* Social prescribing
* Personalised budgets
* What is available (see below)
* MH expertise & pathways
* How MH Support Teams (if available), MH Wellbeing Practitioners, CAMHS/HYMs, School Link Workers and MH lead in schools work together and support each other.
* Early Help and VCSE
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| 3.2 | Mapping of services and community providers with a clear understanding of what their offer is and where this sits within the THRIVE Framework, quality and alignment to NICE guidance | Tameside: <http://implementingthrive.org/case-studies-2/tameside-and-glossops-offer-to-children-and-young-people-who-require-emotional-health-and-wellbeing-help-and-support/> |  |  |
| 3.3 | Mental Health practitioners to offer consultation to or sit directly in teams such as Social Care, YOS, Complex Safeguarding etc.  | Include training to wider workforceStockport: <http://implementingthrive.org/developing-a-consultation-care-pathway-to-better-support-children-and-young-people-in-stockports-specialist-schools/> |  |  |
| 3.4 | Consultation from experienced MH worker to education settings and services based in an ‘area’  | (this could be CAMHS, school link worker, MHST, MHWP etc.). Provides information, advice on MH issues - these roles are linked to CAMHS via supervisory/integrated working approaches. This could be part of the SPoA/SPoNTameside: <http://implementingthrive.org/case-studies-2/longdendale-high-schools-whole-school-curriculum-to-support-the-emotional-health-and-wellbeing-of-students-staff-and-the-wider-community/> |  |  |
| 3.5 | GM i-THRIVE Arts and culture outcomes framework being regularly used for arts and culture interventions | <https://hub.gmhsc.org.uk/mental-health/gm-i-thrive-our-arts-culture-mental-health-programme/>  |  |  |
| 3.6 | Attendance at Advice and Signposting Training  | Or learning disseminated from advice and signposting training – see training strategy |  |  |
| 3.7 | Provision of a digital front-end |  |  |  |
| 3.8 | C&YP to be given the option to reconnect with services when being discharged |  |  |  |
|  | Getting Advice and Signposting implementation stories (national) |  |  |  |

# Getting help and getting more help

|  | **Standard** | **Guidance** | **Implementation status** | **Comments** |
| --- | --- | --- | --- | --- |
| 4.1 | Mapping of services delivering evidence based interventions  |  Tameside: <http://implementingthrive.org/case-studies-2/tameside-and-glossops-offer-to-children-and-young-people-who-require-emotional-health-and-wellbeing-help-and-support/> |  |  |
| 4.2 | Strategy for quality assuring interventions delivered within a locality including health settings, VCSE and other services who deliver interventions.  | These should be aligned to NICE guidance and have sufficient supervision in place.Evaluation of interventions should be taking place. |  |  |
| 4.3 | Attendance at ending treatment training  | Or learning disseminated from ending treatment training – see training strategy<http://implementingthrive.org/when-to-stop-treatment-case-studies/> |  |  |
| 4.4 | Participation embedded within services |  Participation module describing examples (delivered by GM Team)<http://implementingthrive.org/implemented/case-studies-2/young-peoples-participation-case-studies/> |  |  |
| 4.5 | C&YP to be given the option to reconnect with services when being discharged |  |  |  |
|  | Getting Help implementation stories (national) | <http://implementingthrive.org/implemented/case-studies-2/getting-help-case-studies/> |  |  |
|  | Getting More Help implementation stories (national) | <http://implementingthrive.org/implemented/case-studies-2/getting-more-help-case-studies/> |  |  |
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# Getting risk support

|  | **Standard** | **Guidance** | **Implementation status** | **Comments** |
| --- | --- | --- | --- | --- |
| 5.1 | Strategy for Risk Support – agreed by CAMHS & Social Care | To include:How to identify Risk Support CohortAgreement of ways of workingTraining – such as AMBiT<http://implementingthrive.org/implemented/case-studies-2/getting-risk-support-case-studies/> |  |  |
| 5.2 | Attendance at Risk Support training  | Or learning disseminated from Risk Support training – see training strategy |  |  |
| 5.3 | AMBIT methodology embedded | AMBIT train the trainer- Social Care and CAMHS in every locality used to implement this training |  |  |
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