



i-THRIVE Outcome Framework

The i-THRIVE Outcome Framework was developed to show how i-THRIVE can deliver on the vision of improvements to child mental health services as set out in Future in Mind. It details a list of measures that can be used by sites to develop local performance frameworks and track the impact of implementation of i-THRIVE. This is not a final version and will be subject to further development and revisions based on the feedback we receive from sites using it.

The left-most column shows the deliverable as described in Future in Mind. The second column describes how it may be delivered in an i-THRIVE system. The third column makes some suggestions for possible outcome measures that could be used to measure whether the intervention has achieved the aim. The fourth column suggests some measures of the processes that might be affected by the changes. The final column suggests some balancing measures that can be used to make sure that any changes do not lead to problems in other parts of the system.

In its current form, the outcomes are focused on how CAMHS are affected by the changes. In order for the framework to apply to the whole system of services supporting the needs of children and young people, there should be measures relating to education and social care services. I-THRIVE are working with the Child Outcomes Research Consortium (CORC) to develop a whole-system outcomes framework which will be shared when complete.

In line with the i-THRIVE ethos, the outcome framework is not prescriptive. Its purpose is to provide a starting point for services to measure how their implementation is delivering on the aims of future in mind.

i-THRIVE Outcome Framework

Future In Mind Deliverable	How this could be delivered in an i-THRIVE service	Suggested Outcomes measures	Suggested Process Measures	Suggested Balancing Measures
Improved resilience in CYP	THRIVING: Provide improved access to prevention & resilience building programmes	There are a range of self-report measures of emotional wellbeing that can be used in schools/ community settings. These include: SWEMWBS (Short Warwick Edinburgh Mental Wellbeing Scale), Strengths & Difficulties Questionnaire (SDQ), Social Skills Improvement System (SSIS), Student Resilience Scale (SRS).	Resilience building programmes are available in the community, Number (N) & % of CYP accessing resilience building & prevention programmes	Cost
			Early intervention services in place, N & % CYP accessing early intervention services	Capacity of services
			Cascade Framework: This framework has been developed by CORC to provide a framework for analysing how well schools and CAMHS work together.	Administrative burden
Improved Access to mental health support for CYP & their families	ADVICE & SIGNPOSTING: Access & Assessment: Multi-agency, most experienced/skilled staff carrying out assessment, advice and signposting into all parts of the system (not just health), building capacity for signposting in professionals across the system (education, social care, health and 3rd sector), utilising shared decision making to ensure needs based care according to CYP's needs and preferences.	Patient Experience Measures e.g. Experience of services questionnaire	Waiting time (days & weeks): it would be expected that with highly skilled staff undertaking assessment, decisions and signposting are more efficient, reducing waiting times.	No reduction in therapeutic time below that recommended by NICE guidance (number of sessions).
			Number & % of CYP seen (expect the proportion of CYP seen relative to prevalence to increase - currently only 25-30% of CYP who would benefit from care are able to access it. With effective assessment, advice & signposting we would expect increased efficiency and a larger proportion to be able to access care).	No increase in adverse events
			Number of assessments per CYP (aim to reduce multiple assessments)	No increase in DNAs
	There would be more CYP who are signposted into appropriate alternative community providers and make use of self-care approaches, which are in line with their needs and preferences.	Economic measures of health service usage	Number & proportion of CYP who are assessed and are signposted into services other than CAMHS/ Children's Services	CYPs feel that signposting was helpful & appropriate
			Number & proportion of CYP who choose self-care approaches	No increase in DNAs No increased burden on primary care
	CYP & their families are able to participate in SDM process that enables	CollaboRATE (patient reported measure of the quality of the SDM process)	Number & % of CYP participating in SDM process	Ensure CYP satisfaction remains constant.

	choice of a wider range of services. This includes considerations such as location, modality (e.g. face to face, digital, self-care and peer support) and provider.		Number & % parents participating in SDM process	No increase in appointment time. No reduction in number of CYPs seen per clinic. No reduction in compliance of NICE pathways
	Access to Crisis services for CYP that are working in an integrated way across health, education and care	Number of CYP presenting in ED in crisis. Number of s136's	Number of CYP accessing Crisis services	Administrative burden, cost
			Number & % of CYP with THRIVE plans (co-created plans between health, education & care)	
	Removal of artificial barriers to care through more effective integration between health, local authority and education. This includes better integration between aspects of health service such as primary care and physical health providers.	IntegRATE (patient reported measure of the effectiveness of integration of services) Goal based measures improve	Joint commissioning	Administrative burden, cost, reduction in multiple assessments, no increase in adverse events.
			Joint measurement approaches across health, care & education in place	
			Use of THRIVE population groupings in place	
			Transitions services in place	
	Access to services which deliver evidence based care. This is delivered by understanding CYP's needs and preferences for care, and enabling them to access alternative providers.	CollaboRATE (PROM for the quality of the SDM process)	Preferences for services are recorded (N & %)	No reduction in the use of EBM
			IntegRATE (PROM for degree of integration of services)	Services have audit programmes in place to measure NICE compliance
		Teacher, parent & young person's knowledge of local providers questionnaire (in Young People & professionals)	Use of signposting service e.g. the Youth Wellbeing Directory	Risk- mitigating against inappropriate signposting
		Workforce feels able to signpost to and deliver care in services that meet CYP's needs	Number & proportion of CYP who are assessed and are signposted into services other than CAMHS/ Children's Services	
		CYPs & clinicians feel they have access to services that met needs & enable them to achieve their goals		
		Appropriate training for clinicians in the right technology.	Services achieve RCT standards of recovery and percentage reliable change	Appropriate career progression. People tested for competence. Proportion of filled posts Proportion of completed cases and planned endings Length of treatment aligned with NICE guidance
Improved care for the most vulnerable	This will be delivered by active outreach into the community. This is achieved by utilising networks into these communities that already exist e.g. faith groups, voluntary sector organisations, schools, primary care.	Relative rate of clinical outcomes for CYP in vulnerable groups improve (include sub-analysis of goal based & symptoms based outcomes)	Outreach into community settings that have most vulnerable	No negative impact on other group's clinical outcomes
				No negative impact on other group's access or waiting times
			N & % of CYPs from vulnerable groups ID'd in HWB programmes	
			N & % of CYP with joint risk plans between health, care & education	

Improved accountability & transparency	This is delivered by creating clear pathways within CAMHS. Services will have clear lines of accountability, with named individuals who coordinate care for the vulnerable and those for whom risk management is the primary need.	CYP IAPT measures recorded using routine outcome monitoring. E.g. CYP experience measures using the 'Experiences of Services Questionnaire'. Goal based measure. Strengths & Difficulties questionnaire (SDQ), HONOSCA, CGAS, RCAD. Recording outcomes as per the CAMHS minimum dataset.	Proportion of CYPs who have outcomes measured at the appropriate point in the care pathway	Administrative burden, cost
			Proportion of non-health services using aligned measurement	
			Publication of all services outcome data	
Services have culture of continuous improvement	Ensuring services are engaged with CYP IAPT, and are routinely measuring outcomes. Services will have an individual accountable for quality, and will have strategies for QI, linked to organisational strategy, policies and performance management systems.	Workforce feels more confident and competent in QI methods,	N & % workforce feeling engaged in QI initiatives	Administrative burden, cost
			N & % workforce given opportunity to be involved in QI initiatives	
			CORC Mindful measures including the number of meetings taking place in which data is used to improve service use.	
			Service has strategy, governance & plan for improvement in place & adhered to	
			Review of the metrics used are part of the service development	
Making informed investment decisions	This will be delivered through collaborative working between commissioners and providers. Real time data will be collected and analysed, and made available to support within year commissioning decisions.	CCGs & LA feel they have competence to make investment decisions about CAMHS	Alignment of JSNA and communications strategy between CCG and LA	Administrative burden, cost. Number of conditions excluded
			Number of meetings CCG and LA commissioners are able to analyse data on preferences and outcomes to support resource allocation decisions.	
		Commissioners feel they have the data required to support investment decisions	JSNA for CAMHS specifically	
		Changes in commissioning plans		