



Midlands and East Mental Health and Wellbeing Project: An exploration of understandings and experiences of service transformation in CAMHS: An interim report

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Principal Investigator – Dr Jane Callaghan
Researcher – Holly Hamer

In collaboration with:

Jan Pawlikowski – Northamptonshire
Alan Butler – Coventry and Warwickshire
Laura Nott – Sandwell
Scott Lunn – Derby
Dawn Bolingbroke - Essex
Dorothy Sebuliba - Leicestershire
Jonathan Stanley - Norfolk
Sharon Jarrett - Suffolk
Vicki Lazarevich - Wolverhampton
Philippa Boulter - Worcestershire

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1. Executive Summary

Aims &Methods:	<p>This study explores 14 children and young people's projects across the Midlands and East of England which are seeking to implement the principles of Children and Young Peoples (CYP) Improving Access to Psychological Therapies (IAPT) into their services; namely transforming services, improving access to therapies, working in partnership with young people and families, embedding evidence based practice, and introducing routine outcome measures (ROMs). This report reflects on three case study projects, to exemplify the process across the region:</p> <ul style="list-style-type: none"> • Service Transformation: Workforce development through collaboration with voluntary sector organisations (Northamptonshire) • Service Transformation: Developing a single point of access service (Coventry and Warwickshire) • Working with Service Users to implement routine outcomes monitoring (Sandwell) <p>In addition, the final project will explore the training component of the project, reflecting on the experiences of staff trained in the key principles of IAPT, and who have attended modules on leadership and service transformation, supervision, CBT, and core competencies in CAMHS.</p> <p>Qualitative methods will be used to explore the impact of the projects as well as the perceptions and experiences of staff and service users.</p> <p>The final report will also collate quantitative information that captures information on waiting times, user involvement, and on the embedding of ROMs in services.</p> <p>Very little work has been published around CYP IAPT and this is the first study to explore its implementation in the UK.</p>
Progress:	<p>Most projects have engaged with this study and initial data collection has taken place to obtain an overarching view of the experiences and perceptions of staff involved in implementing the principles of CYP IAPT.</p> <p>Data collection schedules have been agreed for the three case study sites</p> <p>Those sites engaged have made significant progress and have a clear evaluation plan.</p>
Interim Findings:	<p>Initial findings have been gleaned from informal interviews with the project teams. Findings fall into 4 categories: change, motivation, collaboration and practicalities.</p> <p>Most prominent within these categories is the impact of organisational change and how this acts as both an obstruction to implementation, but also an opportunity to embrace new ways of working.</p> <p>Effective collaborative working is also essential in project facilitation and serves to strengthen interagency working.</p>
Next Steps	<p>Data collection will continue as per the agreed data collection schedules, and an analysis will be presented by August 2014.</p>

	<p>Findings of this study will be disseminated via:</p> <ul style="list-style-type: none"> • A final report (by August 2014) • Academic publications • Presentations at relevant events • A dedicated website for the study
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2. Introduction

This report presents the interim findings of a study being undertaken to explore the impact of 14 projects trying to implement the principles of Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) into their services.

The national CYP IAPT programme began in the UK in 2011, with the aim of transforming children and young people's mental health services by implementing session by session outcome monitoring, embedding and further developing evidence led practice, focusing on broadening access to young people and improving the participation of children and young people in service planning, development and implementation.

The Children's IAPT is a national programme aimed at service transformation. At the heart of the programme is:

- Positive outcomes for Children and Young People (CYP).
- Children and Young People participation.
- Delivery of support, education and training to professionals in order to enhance their skills.
- Leadership development for Managers.
- Services are cost effective.
- Shared learning.

Routine Outcome Measures

Routine Outcome Measures (ROMs) play a key role in monitoring and measuring patient outcomes on a session-by-session basis. They also enable the patient to reflect on outcomes and progress. The IAPT model for ROMs is as follows:

- Assessment meeting – use tools to gain understanding of their difficulties
- Subsequent meetings – Review against 3 objects or general review of wellbeing
- Review meeting - Repeat tool used at assessment. Service satisfaction questionnaire.

Access to Services

Service transformation is encouraged to address the ways CYP access services and the time this takes. It also addresses the appropriateness of the referral.

Training in evidence based practice

CYP IAPT supports the training of professionals in evidence-based therapies including CBT, IPT and SFT. Through the provision of training, capacity is increased to offer therapies to CYP, therefore improving access.

Service User Engagement

The inclusion of CYP in decision making across services enables the views and wishes of patients to be heard and enables services to become better suited to the needs of their users.

3. Background

Given the infancy of CYP IAPT, relatively little work has been carried out to explore its benefits and success. Despite adult IAPT having taken place for a number of years, there is a distinct difference between the two, making a comparison difficult.

Leading authors in CYP IAPT, Miranda Wolpert et al (2012), explain the three clear benefits of introducing ROMs.

1. The focussed interaction between service user and clinician to report symptoms and satisfaction improves outcomes.
2. The consistency and quality of care can be monitored across the UK
3. Any anomalies, such as slow recoveries, can be more easily identified.

The introduction of ROMs does, however, come with 'warning labels'. Wolpert et al (2012 & 2013) highlight some of the concerns about the introduction of ROMs in that a top-down, bureaucratic approach to implementation could prove harmful. This imposing approach has the potential to omit adequate input from clinicians and service users, it doesn't address the IT infrastructure that would need to be in place to support data collection and usage, and there is the risk they are utilised as stand-alone measures of performance.

They also cite Moran et al, (2011) who argue of the negative impact on clinical interactions should the measures not be used sensitively. Wolpert go on to highlight how the burden of data collection and data entry could prove problematic to services with already stretched resources.

In terms of increasing access to psychological therapies, Knapp and Henderson (1999) argue that pressures within CAMHS services are not only related to staffing issues (for example, recruiting and retention). Williams and Kerfoot. (2005) go on to state the need to look at new ways of addressing the interface between services and their users.

During 2012 the Strategic Health Authorities across Midlands and East, following a business case, agreed to fund a range of projects that would implement the principles of CYP IAPT. This has included Service Providers (NHS and independent), NHS Commissioners, Higher Education institutions, and the Voluntary Sector. Each project was given the remit of 'implementing ROMs' or 'improving access' to services.

4. Purpose

The purpose of this study is to explore service transformation within CAMHS; its success, and how staff perceive and experience it. The 14 projects have a focus on introducing the CYP IAPT model into their existing mental health service, or on further embedding IAPT principles into their service. The projects are applying IAPT principles in a variety of ways including; introducing/ increasing outcomes monitoring, widening access, and engaging children and young people in service decision-making. This study will explore staff perceptions and experiences of the main IAPT principles, concerns about implementing and using outcome measures, experiences of engaging and involving young people in service decisions, and perceptions about widening access.

In order to address the concerns of this study, three research questions have been identified;

- How do staff perceive and experience service transformation and the implementation of IAPT principles & outcomes monitoring? (Including challenges, obstacles, benefits etc.)
- What are staff perceptions & experiences of engaging children & young people in service decisions?

- In what ways do staff perceive and experience service transformation in relation to widening access of psychological therapies for children and young people?

5. Aims

The primary aim of this study is to conduct an evaluation of service transformation around CYP IAPT. This will be take place by exploring the perceptions and experiences of professionals working within mental health services which are in the transitional stages of implementing or further embedding the CYP IAPT model into their existing services.

This research explores 14 children and young people’s projects which are running throughout the Midlands and East of England applying IAPT principles in a variety of ways, with particular focus on three case study projects.

6. Method

As the projects are trying to implement CYP IAPT principles and standards that have already been recommended, this study is technically an audit of how the implementation works in practice, and how far it goes to improve outcomes for CYP.

Despite this remit, the study also touches on evaluation research, as many projects are employing new and innovative ways to get CYP IAPT principles into their services. It also crosses over to action research as the shape and direction of the project has largely been in collaboration with the researcher and the project managers.

Diagram 1:

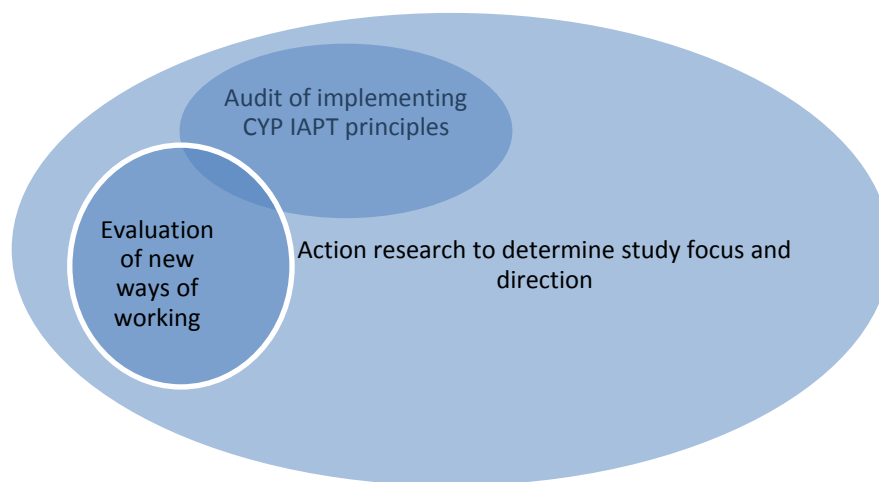


Diagram 1: the interaction between three different methodologies within this study.

Evaluation research assesses whether or not a programme or intervention has achieved its anticipated goals (Bryman, 2008). This differs from audit in that it is evaluating the success of something new, rather than a pre-determined standard.

Given that this evaluation involves complex social structure such as the NHS and local authorities, Pawson and Tilley’s (1997) ‘realist evaluation’ approach is of particular consideration. This approach

acknowledges that mechanisms – such as those which might promote or prevent implementation of CYP IAPT principles – are affected by the contexts in which they occur such as organisational (re)structure, political climate, changing workforce, etc.

Due to the disparity of the projects, defining the methods prior to the study commencing was near on impossible. As such, this study employs elements of action research in order for it to address the needs of the projects, the funders, and to give the study greater beyond evaluation research (Spencer et al, 2003).

Employing elements of action research allows:

- the flexibility to be ‘non-prescriptive’
- It enables us to work with each project to define the data that will be most useful to collect to answer the research questions
- It enables the individual projects to collaborate closely with the researcher in driving the usefulness of the research; so that findings can be applied and could support commissioning of services.

6.1. Data Collection

Phase 1 projects data

Initial meetings were held between August and October 2013 with staff involved in the commissioning and/or delivery of the projects. The following information was gleaned at each meeting:

1. What is the project about?
2. What is the progress so far?
3. What is success and how is it being measured?
4. What are the barriers and enablers to successful implementation so far?

Data for questions 1 and 2 were obtained via informal meetings and were supported by a brief questionnaire to ensure all relevant data was collected. Questions 3 and 4 followed a focus group/interview format (dependant on how many people were able to attend the meeting) which was recorded and transcribed following verbal consent from participants.

Phase 2 projects data

Follow-up data collection for all non-case study projects will take place in Spring 2014. Details of data collection and evaluation method for each site is provided under the section ‘Project Sites’.

Training

Three Higher Education Institutions (HEIs) are offering training on CBT and to the project sites, with two offering Core Competencies and one offering supervision training. Each HEI (The University of Northampton, University of Worcester and University of Derby) will collect data to assess the competencies and confidence of students. This data will be used to gain a general view of the success of training across the region, and in relation to the projects incorporating a training element.

6.2. Analysis

An overarching view of service transformation will be explored in addition to an evaluation of the success of each project site. Qualitative data will be analysed for common themes using thematic analysis and will be reported in the final Midlands & East Mental Health & Emotional Wellbeing evaluation report.

A more in-depth analysis will be carried out of three exemplar projects demonstrating how IAPT tools can support:

- Service Transformation: Workforce development through collaboration with voluntary sector organisations
- Service Transformation: Developing a single point of access service
- Working with Service Users to implement routine outcome monitoring

Details of each case study, including the data collection schedule, will be provided in the section 'Project Sites'.

Emerging themes are explored later within this report and give an initial overarching view of the experiences of the projects involved.

6.3. Dissemination

Findings from the study will be disseminated as follows:

- A report into the implementation of IAPT tools by each of the projects will be provided to NHS England in January and August 2013.
- A number of academic papers will be produced exploring the areas covered by the three exemplar projects.
- Poster presentations will be made where available and appropriate.
- Interim findings
- A website has been set up to provide information about the project to healthcare professionals, academics and members of the public. The website has a specific section for children and young people.

6.4. Timescales and progress

The following milestones have been or will be met to ensure the study's success by the funding deadline (August 2014):

Action	Completion Date	Comments
Recruitment of researcher	Aug 2014	A temporary researcher was appointed between June and August. Researcher started 12 th August 2013 for 12 months.
Contact with all projects	30 May 2013	Completed
Site visits and initial data collection (phase 1)	30 Sep 2013	Completed
Establishment of website	30 Nov 2013	Completed http://www.northampton.ac.uk//research/education/the-centre-for-children-and-youth-ccy/midlands-and-east-mental-health-and-wellbeing-project-(memhw)
Interim report	01 Jan 2014	Revised deadline given the slow start of many projects.
Phase 2 data collection	31 Mar 2014	
Data analysis	30 Jun 2014	

Final report & other dissemination	11 Aug 2014	A second interim report could be produced if necessary between Jan and Aug 2014.
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7. Project Sites

14 projects are being carried out across the Midlands and East exploring the use of CYP IAPT principles to improve access to therapies or to introduce/increase the use of routine outcome measures.

Each project site (with two exceptions- see 7.4 and 7.10) was visited during August-November 2013 whereby project details were relayed and a short focus group or interview took place to understand the following:

- What is happening within the project
- Progress that has been made so far
- A breakdown of how the funding has been spent
- How the project will be evaluated
- Details of what the case study will explore and how (where applicable)

The information presented below gives an overview of each project, funding allocation, the progress that has been made, their plans for project evaluation and details of their case study involvement (where applicable).

7.1. Northamptonshire (Improving Access and Monitoring Outcomes)

Project details

The Northamptonshire project is improving access and implementing routine outcome measures as a single, dual-purpose project.

The Northants CAMHS service is collaborating with 4 voluntary sector organisations to up-skill councillors in CBT. Eight Counsellors from four local voluntary Youth Counselling organisations will receive training at the University of Northampton and receive supervision from CAMHS practitioners. A 'step up, step down' approach means that the voluntary sector organisations and CAMHS are working closely to ensure service users are given the appropriate level of care and provision is in place should cases need escalating to higher level services, or vice versa to lower level services.

Young people have been involved in determining what they want counselling services to look like and a service user group meets regularly to provide feedback. Initial feedback from young people has indicated that they want services to be delivered both in and outside of school and at hours that suit them. This project will evaluate the impact of where services are delivered, in particular its accessibility, timeliness and patient outcomes.

The process:

When the young person is referred to specialist CAMHS, each case is triaged between CAMHS tiers. If the decision is made for tier 2 CYP IAPT intervention a joint assessment is held with the young person, a Specialist Mental Healthcare Professional and a youth counsellor. Consent to take part in the pilot is taken at this point. The young person will then (if appropriate) be offered 'IAPT Partnership' Sessions by a youth counsellor at a venue to suit them. ROMs will be used

throughout these sessions and the youth counsellor will receive supervision by the Specialist Mental Healthcare Professional.

Delivering ROMs:

A pack has been developed by the project lead which contains a 'menu' of ROMs with symbol to indicate when each one should be used. At the initial appointment, both the CAMHS supervisor and the up-skilled youth counsellor will assess the young person's needs and select the appropriate measures.

Progress

The first course, 'Core Competencies', has taken place at the University of Northampton and students will now progress to Cognitive Behavioural Therapy (CBT) training. Routine outcomes monitoring is being collected and recorded. A focus group has taken place with the project team (including service managers) and an additional focus group will take place in January for students attending the training.

Since the project began, a fifth service has become engaged with the project and are now being used as a control group. A de-briefing event in the new year will look at the next steps and it is hoped will enable the start of service transformation.

Funding

Project Co-ordinator(1 year period)	£20,000
Young people participation	£10,000
Development of local IT system	£15,000
UN Workforce development input	£10,000
TOTAL	£55,000

Hidden costs or shortfalls: On costs for youth counselling services, i.e. travel and lost time from the service to attend the training requires backfill.

Evaluation

Primarily, ROMs data will be used to assess the benefits to young people. The following table shows the data (to be) collected which will measure impact.

Pre project	Post Project
Initial feedback from young people	Skills and Competencies Measures: Counsellor/Supervisor questionnaires
Skills and Competencies Measures: Counsellor/Supervisor questionnaires	ROMs data: Progress tracking, symptom tracking and session feedback.

Case Study

"Service Transformation: Workforce development through collaboration with voluntary sector organisations"

This case study aims to explore service transformation; it's barriers, enablers, perceptions, drawbacks and benefits. The innovative use of voluntary sector collaboration has potential to influence other areas of practice, and this case study will provide an analysis of implementing such changes.

The case study aims to address the following questions:

- How important is increasing the capacity of the workforce in terms of improving access to interpersonal therapies?
- How have people felt about going on training?
- What impact has this made to:
 - Their own professional development?
 - Their confidence?
 - Their role-perception?
- How has this affected the dynamics of the ‘skills pool’ in the county?
- In what ways has this benefitted young people?
- What is the scale of the benefit to young people?

Data will be gathered via focus group methods, complimented by the questionnaire data from the training sessions.

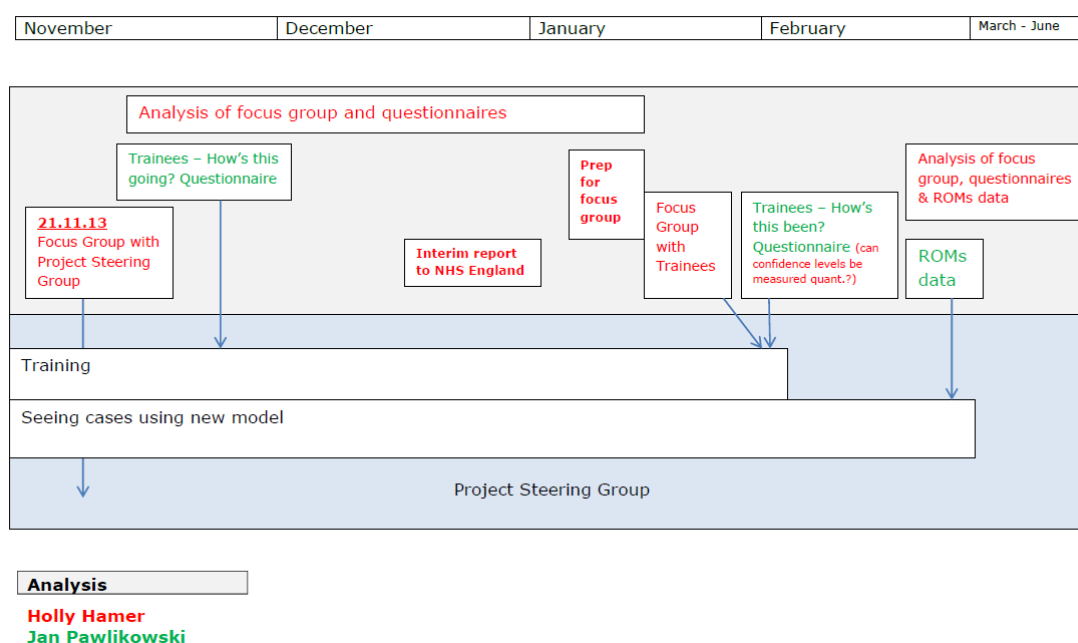


Table 1: Northants data collection schedule

7.2. Coventry and Warwickshire (Improving Access)

Project details

The focus of this collaborative project is to develop a single point of entry (SPE) for targeted tier 2 and specialist tier 3 services. The referral process for each of the tiers has previously been managed separately with 4-5 different referral methods being in use. This project aims to create a single point of entry to reduce the number of inappropriate referrals and ensure that young people are referred to the most appropriate service. In order to ensure consistency across CYP mental health services, paperwork, referral forms and templates will be designed with, and distributed across Coventry & Warwickshire CAMH services, Mind and Relate.

SPE Process:

1. Referral is made to SPE team
2. Referral is clinically screened by a senior CAMHS clinician and a clinician from either Relate Coventry, Relate Warwickshire or Coventry & Warwickshire Mind (Appropriate T2/T3 staff).
3. Decide which organisation the CYP should be referred to.

The SPE is hosted by Coventry & Warwickshire Partnership Trust (CWPT) as they already have in existence a referral hub cutting across a range of other services. The service is physically hosted by CWPT at the Paybody building in Coventry. Mind and Relate staff join the team there and operate a rota system to ensure there is always both tier 2 and tier 3 attendance. An admin assistant has been appointed that can scan and send off referrals daily.

Benefits of the SPE include improved relationships and knowledge between services through joint decision-making, a simplified process for referrers which minimises workload, and a direct route into services for CYP. Having both tier 2 and 3 clinicians involved means cases can be dealt with appropriately and avoids rejected referrals.

Progress

The SPE was launched on 9th September but will be formally launched at an event in January 2014. Challenges have been launching the project during the summer holidays and agreeing to a single referral form across all agencies.

The project steering group is reviewing the success of the project but feedback so far indicates a positive response from schools, social workers etc. A significant increase in queries from professionals indicates increased engagement of referrers with services before a referral is made.

Funding

Coventry Mind for staff triage resource on SPE	£17,612
Coventry Relate for staff triage resource on SPE	£8,806
Warwickshire Relate for staff triage resource on SPE	£8,806
Coventry and Warwickshire partnership Trust for staff business support resource, hosting and clinical supervision costs	£19,774
Formal launch event and materials, facilitating evaluation and embedding sustainability	£10,002
TOTAL	£65,000

Evaluation

The following table shows the data (to be) collected which will measure impact.

Pre project	Post project
Number of inappropriate referrals (primary KPI)	Number of inappropriate referrals (primary KPI)
Questionnaire to referrer. Gathering baseline views of ease of access into each service. 50 questionnaires going out to referrers in each service = 200 questionnaires in total.	Re-run this Dec/Jan once the SPE is fully embedded: Questionnaire to referrers. Baseline views of ease of access into each service. 50 questionnaires going out to referrers in each service = 200 questionnaires in total.
Spring 2013- consultation with parents, carers, young people and professionals <ul style="list-style-type: none"> – Ease of access to service was identified as a difficulty – Asked to rate services- quant data. 	Re-run this Dec/Jan once the SPE is fully embedded: <ul style="list-style-type: none"> Spring 2013- consultation with parents, carers, young people and professionals <ul style="list-style-type: none"> – Ease of access to service was identified as a difficulty – Asked to rate services- quant data.
Waiting times data	Waiting times data
SDQ outcomes at start of intervention.	SDQ outcomes at end of intervention.

	Focus groups with clinicians.
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Case study

“Service Transformation: Developing a single point of access service”

This case study aims to explore service transformation; it’s barriers, enablers, perceptions, drawbacks and benefits. Case study data will present an example of how innovation works in practice. The findings from this case study will be analysed giving consideration to SPEs that have been set up previously by other project sites. Any overlapping themes can support the generalisation of this case study for the region.

The Coventry and Warwickshire case study aims to answer the following questions:

- How is service transformation implemented and accepted within a multiagency set-up?
- Where lies the acceptance of change?
- Where lies the resistance to change?
- What are the barriers and enablers of implementation?
- Does a multi-agency approach work?
- What are the benefits of working in partnership?

Interactive questionnaires, group interviews and focus groups will take place to gather the views of service users, referrers and agencies directly involved in delivering the SPE.

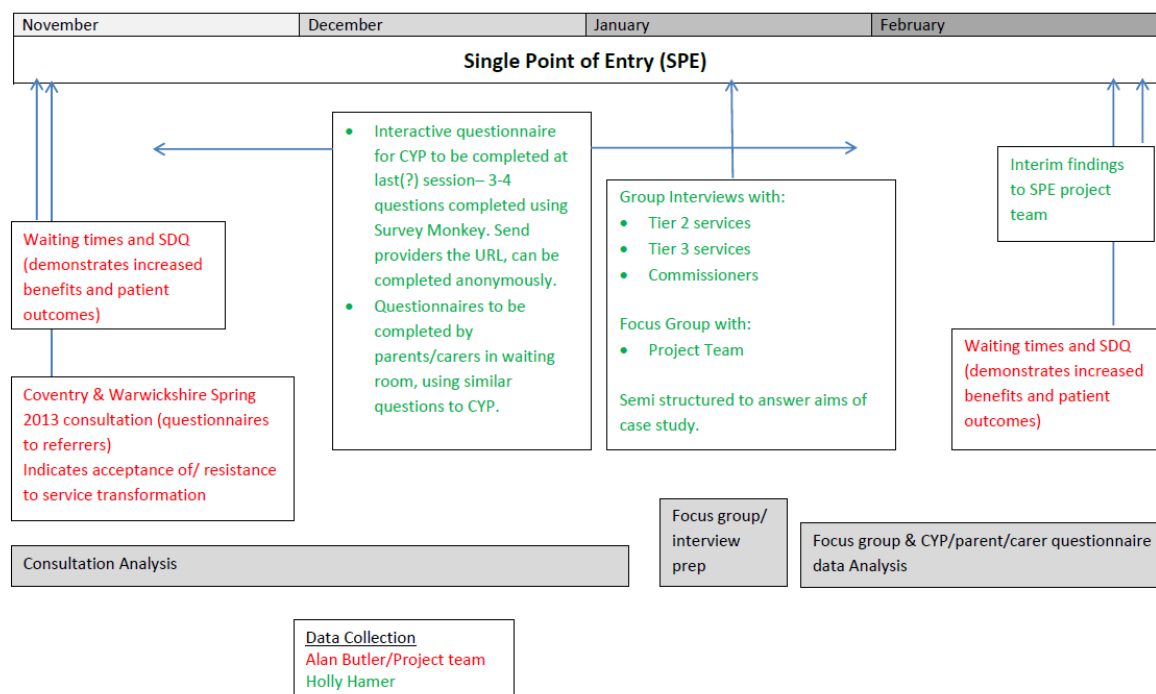


Table 2: Coventry and Warwickshire data collection schedule

7.3. Sandwell (Improving Access)

Project Details

The aim of this voluntary sector provider is to improve access to IAPT services for Sandwell's children and young people. Sandwell aims to develop existing systems in line with regional IAPT principles. A CYP IAPT advisor has been recruited to lead the implementation of the IAPT model into the existing service, and six further staff have been appointed and trained in IAPT principles. There are plans to introduce a CYP IAPT compliant software package similar to CORE net which will allow young people to complete measures electronically and facilitate outcome monitoring.

Progress

Eight members of staff have attended CYP IAPT workforce development training at The University of Northampton and University of Worcester and two people are undertaking Strategic Leadership training. A consultation has taken place for multi-agency staff to explore outcomes measurement tools. The local Clinical Commissioning Group (CCG) are keen to support a bid to joining a CYP IAPT learning collaborative.

In November 2013, Sandwell's Early Help Partnership Board decided the Outcomes Star tools (Triangle Consulting Social Enterprise Ltd) would be implemented throughout Sandwell, and this had a impact on the level of service user involvement achievable. Work will now start on receiving feedback around this tool. There have also been some delays due to changes within organisations and emergence of the CCGs.

The project has experienced an underspend, as they have not needed the money allocated for clinical supervisors. Their purpose has now been fulfilled by the University of Northampton. The project are open to discussions about how this money might be otherwise allocated.

Funding

Staffing costs:	
CYP IAPT Development worker salary (0.6 FTE)	£20,115
National Insurance	£1,744
Pension contribution	£2,193
Direct work with young people and resources	£11,000
Consultation fees: Clinical supervisors – 37 hours @ £50 per hour	£1,850
Management costs – Murray Hall Community Trust	£3,367
TOTAL	£40, 269

Evaluation

The following table shows the data (to be) collected which will measure impact.

Pre project	Post Project
Baseline- Consultation provides information on what YP think of the current offering via CORENet.	Young people feedback about using the tool. <ul style="list-style-type: none"> ➤ Is it engaging? ➤ Do they like it? ➤ Does it ask right questions? ➤ Their experience helping to develop it? Focus groups to take place throughout project.
	Interviews with shield service users to ask their experience of ROMs after implementation.

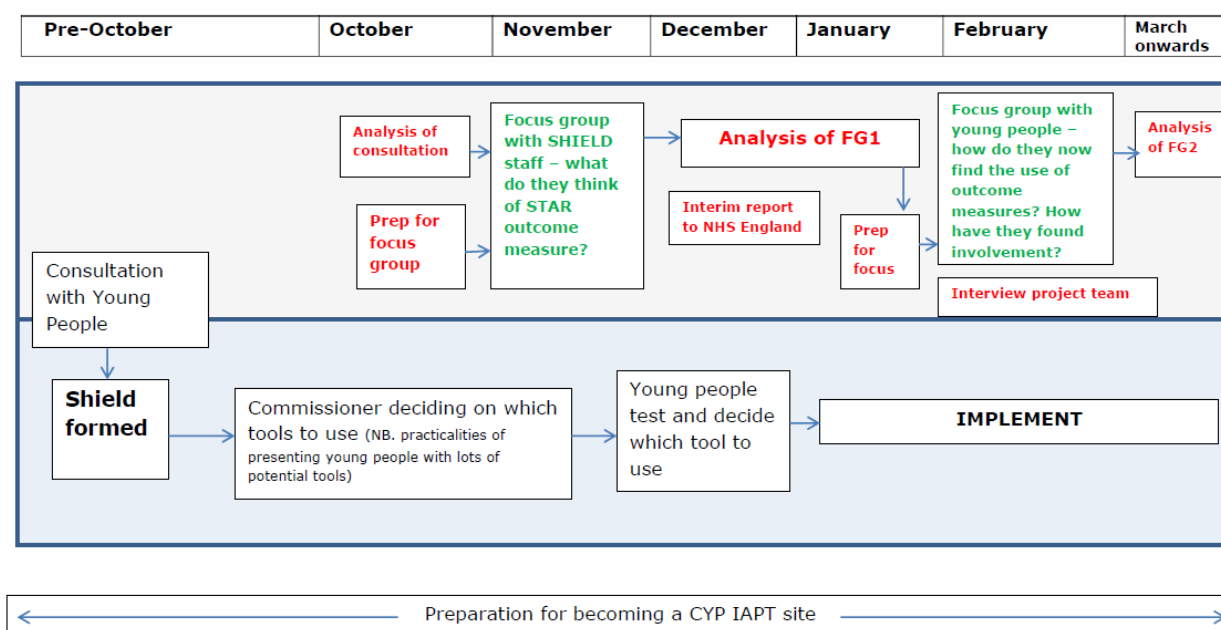
Case study

“Working with Service Users to implement routine outcome monitoring”

This case study aims to explore the realities of service user involvement in service change. The benefits and importance of working with service users in the designing and commissioning of services is widely acknowledged as both important and beneficial, but the practicalities of doing this can be somewhat challenging. This case study looks at how service users have been involved in the implementation of CYP IAPT compliant ROMs into a wellbeing service for young people. The case study aims to answer the following questions:

- How can service user involvement enable the swift and effective implementation of routine outcome measures?
- What their involvement has been
- Have any key decisions been made by service users? At what point were these made?
- How do service users interact with key decision makers? Do they ever meet? Are there any intermediary roles?
- How important is an intermediary role?

Analysis will be carried out of previous consultation work, and focus groups will be conducted by the project lead. The project team will be interviewed at the end of the project. Anonymised data will then be analysed by The University of Northampton.



Analysis

Holly Hamer
Laura Nott

Table 3: Sandwell data collection schedule

NB. The planned focus group to take place in November has been postponed until January 2013 based upon wider developments in the borough whereby an outcomes measurement tool has been chosen by the Sandwell Early Help Partnership Board.

7.4 Chesterfield (Improving Access)

Project details

This project will see four level B practitioners training in Interpersonal Psychotherapy (IPT) with supervision provided to support them. After a period of offering IPT to CYP, focus groups will take place with service users to produce an evaluation.

Funding

IPT Level B Practitioner training x4	£4,000
IPT Level D Supervisor training x1	£1,000
Supervision for 4 clinicians for 1 year	£6,000
TOTAL	£11,000

7.5 Derbyshire (Improving Access)

Project details

The project will appoint a clinical trainer to support the implementation of Routine Outcome Measures across Derbyshire CAMHS, and to implement the training of Core Skills, CBT, Parenting and systemic approaches.

The project will involve:

- Developing IT systems to collect ROMS data during sessions, removing the need to input data from paper onto systems, and reducing potential duplication of this data
- Develop care bundles which clearly show which ROMS to use with which therapy
- Training of supervisors (10 consultants, 3 service managers, 5 deputies and 5 senior therapists). A trainer will be employed to look at workforce development.

There will be 'Outcomes Champions' in each service area to find out what they think of collecting ROMS and how it's working.

The service aims to increase data performance from 4% (Nov. 2012) to 25% (Target) by November 2013 and 90% by April 2014

- Target – 90% T1 and T2 for all closed cases in CAMHS – total number 500 (90% of total closed cases Term 4/4 by March 2014)
- Target – Demographic data – 1800 completed (100%)
- Target – Education/ Employment and Training - Problem Specific and Contextual Factors – CYP IAPT

Progress

Champions have been identified and trained. 12 care bundles have been developed and are undergoing the clinical governance process. The care bundles will be trialled following a launch on 30th January 2014. All staff have received training on ROMs and learning support materials have been developed to support this. Data systems have also been improved to reduce errors.

There has been a 12% decrease in service users' average length of time in the service. Positive feedback has so far been received from service users, and care bundles are being considered for use across wider CYP services.

Evaluation

The following table shows the data (to be) collected which will measure impact.

Pre project	Post project
Weekly reports from Connect Confidential	Weekly reports from Connect Confidential
Quarterly reports to the Department of Health (CYP IAPT Monitoring)	Quarterly reports to the Department of Health (CYP IAPT Monitoring)
Performance Management reports to the CAMHS Board and the Strategic Health Authority Project Network Group	Performance Management reports to the CAMHS Board and the Strategic Health Authority Project Network Group
	Staff Training Feedback

7.6 Essex (Improving Access)

Project details

This project is piloting a self-referral process (starting in academic year 13/14) for children at a school in Essex, to a voluntary sector mental health service known as 'The Junction' (a tier 2 service and subsidiary of Mind & Rethink). Aims of the project are to train professionals to work in IAPT services to link with 'The Junction' alongside the adult IAPT services that they offer.

In the advent that a child refers themselves to the service, they will be assigned an intervention (as appropriate) and approximately six sessions will follow, more sessions will be offered if necessary.

Progress

The project has started at a local academy where strong links have been built and referrals are starting to be made. There are plans to extend this to another school. Although only a small number of referrals – attributed to the school's pre-existing links to mental health related agencies- these have been successful. They have been able to offer a number of services including tutorials and a 'self-harm' group. Young people have engaged well with this work and collaboration with the adult IAPT team means understanding and tailoring can be take place.

Funding

Senior Psychological Wellbeing Practitioners x 2	0.8 WTE	£47,348
Band 2 Administrator		£9,167
Local Evaluation		£4,000
TOTAL		£60,086

Evaluation

The following table shows the data (to be) collected which will measure impact.

Baseline	Post project
No. of referrals	No. of referrals
No. of appropriate referrals	No. of appropriate referrals
DNAs	DNAs
Outcome measures	Outcome measures
	Focus group with clinicians

7.7 Leicestershire (Improving Access)

Project details

The aims of the project are to further develop a model of managing a unified referral process to CAMHS. The tier 2 CAMHS service will improve an existing telephone service to offer advice, screen referrals and provide initial assessments. The telephone advice line for CYP services provides guidance to GPs and professionals in Leicester in relation to the current referral process.

The project comprises of two elements:

1. Developing capacity of the advice line
2. Looking at evaluation with service users & Scoping for service user involvement

The development of the telephone service was identified as necessary following an evaluation which showing earlier opening times were needed and that they didn't have the capacity to follow up more complex cases. Therefore, additional staff members have been recruited to help increase the advice line hours and to follow up referrals and gain further information regarding patients.

The Service user involvement part of this project will be scoping for self-referrals for young people. It aims to get service user involvement including feedback from families about whether they found it useful and how they thought about being contacted.

Progress

PAS plus will continue until 13th December after which an evaluation will take place. 26 calls have required follow up so far, and this has been well received by service users. The follow up calls have also prevented inappropriate referrals coming into CAMHS.

15 service users have been consulted via a focus group which was well attended. Feedback was positive and a number of ideas were shared. Evaluation data will soon be available.

Funding

PMHW x 1 -Band 6 for six months	£21,000
PMHW x 1 -Band 7 for six months	£24,500
Administration 0.25wte Band 3	£5,750
Desk top computer, printer, phones, headsets and chairs x 2	£1,500
Mobile kits young people x 2	£2,000
Consultation / Scoping focus groups regarding C&YP self-referrals	£2,000
Evaluation and a report available to the commissioners and key stakeholders including service users./ Data collection	£1,000
TOTAL	£57,750

Evaluation

The following table shows the data (to be) collected which will measure impact.

Pre project	Post Project
% of calls requiring PAS plus intervention (start of intervention)	% of calls requiring PAS plus intervention
	Focus groups with young people
	Compare experience of GPs using PAS and

	PAS plus via telephone interviews.
	Evaluation form sent to originating referrer

7.8 Leicestershire (Monitoring Outcomes)

Project details

The aim of this project is to pilot the use of Routine Outcome Monitoring (ROMS) for children & young people accessing specialist CAMHS services in Leicester City, Leicestershire & Rutland. This project is looking at and addressing some of the challenges of implementation, looking at how ROMs can become embedded in practice. A consultation exercise will be carried out to engage with clinicians and to gather their views on ROMs.

The project has decided to introduce ROMs for acute cases from across 3 outpatient teams:

- Leic City
- Leics West
- Leics East

Proposals will be presented to clinicians and training will be carried out on how to use the tools. A 'menu' of ROMs will be identified for clinicians to pick from.

Progress

The team have continued to make headway with the implementation of PCMIS. IT equipment has been purchased, but there have been some delays with this. This has caused deadlines to be revised and additional costs for staffing. The project planned to draw learning from the Derby pilot, but another priority meant this meeting with the two lead clinicians for ROMs had to be postponed. The project scheduled a delay in set-up, and have managed expectations accordingly. A hiatus is expected between system set up and the introduction of parties to it.

Funding

Focus Groups service users and consultation events	£2000
Focus Groups Clinicians	£2000
IT system and support for data collection and analysis	£20,000
Assistant Psychologist Band 5 x 1wte 6 months	£16,851.25
Administration support Band 3 x 0.25 wte for 6 months	£5,750
Mobile work kit x 2 for staff	£ 2000
For service users x 3	£3000
Evaluation Report	£ 1000
Total	£52, 601.25

Evaluation

The following table shows the data (to be) collected which will measure impact.

Pre project	Post Project
Consultation exercise with clinicians	Qualitative feedback from clinicians and service users
	Analysis of ROMs data

7.9 Norfolk (Improving Access)

Project details

This project aims to significantly increase the proportion of its existing workforce that is competent, qualified and registered to provide evidence-based talking therapies. The project will extend the 'menu' of therapies to CYP and increase the skills mix of practitioners. It will enhance the work of Norfolk's newly commissioned Tier 2 CAMHS Service to achieve the requirement in its specification to increase the volume of evidence-based talking therapies on offer to Norfolk's population.

- Ten places for Tier 2 and 3 CAMHS staff on Postgraduate Diploma course in Cognitive Behavioural Therapy (CBT) at the University of East Anglia (UEA) in Norwich. On successful completion of the course, trainees will be registered with the British Association of Behavioural and Cognitive Psychotherapies (BACP) and therefore able to practice as registered CBT practitioners.
- Fifteen places for Tier 2 and 3 CAMHS staff on a 1 year foundation course in Family and Systemic Therapy- accredited by the Association of Family Therapy and Systemic Practice.

Progress

CBT trainees commenced the Post Grad Diploma course in October. The Family & Systemic Therapy Foundation course trainees have been recruited and the course is due to commence in January 2014.

Funding

CBT course costs	
10 CBT places @ £4,400 each	£44,400
5 parallel training days for CAMHS CBT cohort	£5,000
Backfill costs for 10 trainees @ £5,000 per trainee	£50,000
Family/Systemic Therapy Course Costs	
15 Family/Systemic Therapy places @ £2,500 each	£37,500
Supervision for Family/Systemic Therapy trainees	£5,000
Backfill costs for 15 trainees @£1,750 per trainee	£26,250
Total costs for both courses and backfill	£168,150

7.10. Stoke (Monitoring Outcomes)

Service users and staff have worked collaboratively to design and undertake a project that trains 50 CAMHS and Educational Psychology staff in routine outcomes monitoring. Alongside this, handheld IT devices have been purchased and piloted. Following this, ROMs will be rolled out to all services, including those which have not been commissioned.

Funding

Handheld devices and training (3 devices)	£3,000
Outcomes monitoring training and support to apply (50 people trained)	£10,000
Administration, room hire, etc.	£3,000
TOTAL	£15,000

7.11 Suffolk (Improving Access)

Project details

The main aims are to improve access to therapies through implementing evidence-based interventions. A minimum of seven tier 2 and tier 3 CAMHS staff will be trained in CBT and Family Systemic Therapy. The training will increase the number of people able to offer psychological therapies and therefore increase the speed at which referrals can be seen. Overarching this is the aim to capture children and young people with emerging mental health issues to reduce the pressure on adult services as well as delivering services more effectively within the community.

The service is also currently putting into place a user/parent/carer network, which would also incorporate service users in care.

The Suffolk and Norfolk projects are working jointly to ensure a consistent approach is adopted across the two counties following the formation of the Norfolk and Suffolk NHS Foundation Trust.

Progress

The project is progressing as per the key objectives in the project plan. A workshop for senior management was held on the 4th October 2013 to develop understanding of CYP IAPT principles and gain consensus for its application and development of the project. Engagement was good and has led to new steering group membership. The project is recognised as an important piece of work by numerous health and wellbeing boards across Norfolk and Suffolk. The local Clinical Commissioning Groups support this work and will incorporate it in their commissioning intentions.

A total of ten staff are currently undergoing training.

Children and young people have been consulted regarding their perception of mental health and service needs, and this is set to develop further.

Work developing manualised programmes for group delivery of interventions has been put aside due to insufficient supporting evidence, but work is being continued to embed CYP IAPT principles into practice.

There have been difficulties, however, in recruiting to vacant posts, including a backfill post. The cost of IPT training has also been more than anticipated and have affected the numbers able to attend training. Costs and funding remain a continual issue as the newly re-structured service are pushed to make financial savings. Concerns have also been raised about the capacity to release staff for training, and he been noted there are some communication barriers within the new structure that need addressing.

Funding

CBT Training for 3 practitioners	£15,000
IPT Training for 3 practitioners	£ 3,000
Family Therapy Training	£20,000
TOTAL	£38,000

Evaluation

The following table shows the data (to be) collected which will measure impact.

Pre project	Post Project
Number of IPT sessions offered	Number of IPT sessions offered
waiting times for children assessed as needing CBT	waiting times for children assessed as needing CBT
4YP data – waiting/DNAs etc	4YP data – waiting/DNAs etc

7.12 Wolverhampton (Monitoring Outcomes)

Project details

The focus of the project is to implement IAPT outcomes monitoring, initially within the tier 3 Wolverhampton CAMHS team, and then cascading to other partners. The appointed Project Worker plans to implement CYP IAPT Session by Session measures alongside the assessment and review tools recently introduced.

A 6-week trial to implement ROMs will be carried out across clinics, voluntary sector organisations and the local authority. This will provide baseline data for further implementation.

Chosen outcome measures are:	
Assessment:	<ul style="list-style-type: none"> • SDQ • RCADS
Session by session:	<ul style="list-style-type: none"> • 3 goals to be agreed and goal progress chart to be used every session • How are things? Symptom tracking • How are you doing questionnaire • How was this meeting questionnaire
Review:	<ul style="list-style-type: none"> • SDQ • RCADS • CHI experience of service questionnaire

Progress

The trial of IAPT outcome monitoring forms has now taken place across all services:

- CAMHS Wolverhampton (Crisis, Child & Family, Key Team and Learning Disabilities)
- Base 25 (Voluntary sector)
- MAST (Local Authority)

The project feels, however, the forms are better suited to Tier 2 services, it is a struggle to implement outcome measures session by session, especially in Tier 3 + services (Crisis and Key Team). A meeting is to take place with the Divisional Manager and Commissioner to agree next steps. Due to these issues there has been poor engagement from clinicians and most children and young people have not liked filling out the forms.

Funding

Band 5 post	£23,589
TOTAL	£23,589

Evaluation

The pilot would be used as a benchmarking exercise to further implementation and therefore 'pre' project data would be collected further into the project rather than at the start.

The following table shows the data (to be) collected which will measure impact.

Pre project	Post Project
ROMs usage from pilot	ROMs usage post-implementation
ROMs outcomes from pilot	ROMs outcomes post-implementation
Qualitative feedback from pilot	

7.13 Worcestershire (Improving Access)

Project details

This project aims to provide direct consultation to parents and families through Single Point Access. A newly-appointed Manager will lead the project, and oversee the development, pilot and review of a family consultation pathway. CAMHS staff will receive training in Solution Focussed Therapy, and in telephone referral consultation. Promotional materials and re-design of the existing website will be undertaken with the support of the young people's board.

The aim is to reduce inappropriate referrals and to improve the SPA through consultation and education with referrers, and developing communication methods with patients and families. This will be done through:

- Training of staff to better interact with referrers and to be able to offer a solution-focused approach to referral discussion with families
- Cultural change for the service regarding this reaching out approach to families
- Cultural change for referrers by education and knowledge sharing so that it becomes common practice
- Improved partnership and communication
- Embedding the SPA in Worcestershire
- Evaluation of the new changes to SPA to measure effectiveness

Progress

Initial data collection has taken place and the website is close to completion. The project has met with referrers from across the country and further training is planned for January 2014. Promotional materials have been developed with young people. They have been well received and found to be very helpful. The publicity event was also successful amongst CAMHS staff and other services.

Funding

Equipment	
Additional VOIP telephone, headset	£450
Desk and chair	£145
Stationary	
Publicity materials & printing	£5000
Staff costs	
Short term contract for Young Peoples Board member	£10,000
Staff time to do information sharing	£60,000
Young people's engagement	
Supporting young people's engagement	£10,000
Events	
SPA promotion events	£10,000
Staff training	£4,000

TOTAL	£47,875
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Evaluation

The following table shows the data (to be) collected which will measure impact.

Pre project	Post Project
Number of DNAs at 1 st appointment	Number of DNAs at 1 st appointment
Number of rejected referrals	Number of rejected referrals
Number of formal complaints	Number of formal complaints
Brief questionnaire to be handed out in waiting room to be used at 1 st appointment. Will assess knowledge of service and apprehensions	Brief questionnaire to be handed out in waiting room to be used at 1 st appointment. Will assess knowledge of service and apprehensions

8 Interim Findings

Focus groups and interviews from phase one of the data collection (see 'methods' section) were used to collect initial insights on how the project teams have perceived and experienced service transformation so far. The findings were analysed thematically (Braun and Clarke, 2006) to explore the experience of service transformation for staff involved in the set up and delivery of the projects.

Four key themes emerged from the data: Change, motivation, collaboration and practicalities. Each theme intersected with issues regarding barriers, enablers, service users and interagency collaboration. Below is a description of the findings from each theme, including a number of emerging sub-themes.

Change

One of the most prominent reoccurring issues in initiating the projects was organisational change. This included cuts in funding, job losses, issues with recruitment and retention, being able to fit the project in to a changing landscape, issues engaging a demoralised workforce, damaged networks and lines of responsibility, and a general unwillingness to commit when there is uncertainty.

The timing of the project has needed to be sensitive to this, as the number of changes staff are being exposed to has been overwhelming. Timing the project to coincide with school term times and organisational change has also been crucial. Many of the projects have found the timescales to implement their project – given such circumstances - have been very tight.

Change, however, acted for many projects as a mechanism to facilitate the project. The fear of redundancy means training makes you better value for money and there is also acknowledgement of the need to evidence what you do to prove its worth. In some cases, the opportunity to up-skill through training has saved people from the risk of redundancy and this in turn has boosted morale.

Time away from practice to attend training has been viewed by some as an oasis; as an opportunity to reflect on what you're doing and why, therefore embedding an understanding and appreciation of CYP IAPT principles. Project teams found that this level of understanding - knowing the benefits of what is happening – is much more effective than simply enforcing change, and leads to greater levels of engagement.

Motivation

Many of the projects found that there was little incentive amongst staff to increase standards. However, linking the CYP IAPT principles to Payment by Results (PbR) was used as a performance management tool to increase engagement. Organisational culture needed to be addressed and for many the need to 'sell' change to staff was identified. In some projects there was some resistance and difficulty for people in accepting the need to demonstrate benefits of what you're doing

Leadership has been a key factor in determining success. Projects reported that success had come where there was a dedicated project lead and there was clear buy-in from senior staff.

Collaboration

It was widely acknowledged that interagency collaboration was beneficial and was enhanced through the projects. Collaboration was a driver for projects in that all stakeholders wanted the same thing (for example, they wanted what CYP IAPT offers), they all wanted it to work, and experienced bonding through learning and changing together. In some cases, this work was already on the agenda, and the opportunity to undertake this project has strengthened these collaborations and enabled intentions to come to fruition. Gaining consensus from all project members and leaders has been found beneficial in facing the challenges in justifying the project to other stakeholder agencies to ensure effective interagency collaboration.

Communication has been a key enabler for many projects. Openness and honesty has enabled resolution of any issues arising between agencies, and networking with other projects has provided support and a community of practice for those with a common goal.

Collaboration with service users has meant that the focus of projects were more clearly directed towards the needs of those using the services and an intermediary role to relay these views was seen as beneficial. Such an intermediary role was beneficial in building partnerships between agencies, and acting as 'champions' for the implementation of CYP IAPT principles.

Practicalities

Having the correct infrastructure in place to support project implementation was a key factor affecting implementation. A lack of IT support, no money for backfill and a lack of technology (such as tablets) were identified as limiting progress.

Some projects had also experienced teething problems with the completion of ROMs and there had been issues with human error and misunderstanding when trying to complete them. Some projects also found that they were not appropriate for tier 3 cases or younger children.

Involving service users directly about ROMs has been difficult for some projects, as the concept of using monitoring tools is potentially a complex one for children and young people, and getting feedback and involvement around this would be difficult. There was also the fear that service users would see the completion of ROMs as 'just another form'.

These findings - support the work of Pawson and Tilley (1997), particularly in relation to organisational change, as a context which has an overarching and significant impact on implementation. The findings also reflect some of the 'warnings' issued by Wolpert et al (2012 & 2013) and include both positive examples of promoting change and potentially harmful 'top-down' approaches. All findings are context dependent, and over the coming months, a further exploration

will explore these in more depth to gain a clearer vision of the realities of implementing CYP IAPT principles into services across the Midlands and East.

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10 Appendices

Appendix 10.1.Phase 1 questionnaire to project teams and commissioners



Feedback on Project Implementation

In order for us to understand the effects of setting up and sustaining projects on existing mental health services, we would be grateful if you could provide feedback by answering the questions below. Your responses will be anonymised, and no personal data will be published. Please base your responses on your individual experiences and views.

Should you have any queries regarding the questionnaire please email holly.hamer@northampton.ac.uk

1. What was the amount of funding that was allocated to the project?

2. Please provide a breakdown of how funding has been spent

3. Have there been any hidden costs or short falls that were not initially expected? If so, please provide details below.

4. What do you feel are the most positive changes that this project has made so far?

4. During the development & implementation stages of the project have there been any operational issues, capacity issues, or an impact on the existing service? Please use the space below to provide full details.

5. How do you feel staff have responded to service changes? For example, have staff had to adapt to a change in culture?

6. Are there any other comments you would like to add?

7. In what professional capacity are you responding to this questionnaire?

Appendix 2 - Data Collection Schedule

Project	What/Who		Date /status	
Northampton	FG with service managers/project team		29.11.13	
	FG with trainees		17.01.14	
	Questionnaires completed by trainees		17.01.14	
Coventry	Consultation with CYP/parents/carers		Quan data received	
	FG with key people involved in delivery of SPE		30.01.14	
	Survey to CYP/parents/carers to capture opinions of SPE		Survey developed and CYP/parents/carers being asked to complete it	
Sandwell	Consultation with CYP		Data received	
	FG with SHIELD staff		29.01.14	
	Telephone interview with LA Commissioner		TBC	
Derby	Quan data – i.e. ROMS usage, numbers trained		Not yet received	
	FG with project team/ key staff?		TBC	
Essex	Quan data obtained by project		Not yet received	
	FG with project team/ key staff?		TBC	
Leicestershire (access) & Leicestershire (outcomes)	Quan data obtained by project		Not yet received	
	SU consultation data		Not yet received	
	Clinician consultation data and quan data obtained by project (outcomes)		Not yet received	
	FG with project team/ key staff?		TBC	
Norfolk		FG with project team/ key staff?		TBC
Suffolk	Quan data obtained by project		Not yet received	
Wolverhampton	FG with project team/ key staff?		TBC	
	Quan data obtained by project		Not yet received	
Worcestershire	FG with project team/ key staff?		TBC	

	Quan data obtained by project	Not yet received
TRAINING	Those people who have undertaken training at UN	<u>Have:</u> T1 Core Competencies T2 CBT <u>Awaiting:</u> T2 Core Competencies T1 CBT