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Conference or Workshop Item

**Title:** Transforming children’s services across the Midlands and East of England: real life experiences of implementing routine outcome measures, increasing access to psychological therapies and promoting young peoples' involvement

**Creators:** Hamer, H.


**Version:** Presented version

[http://nectar.northampton.ac.uk/6886/](http://nectar.northampton.ac.uk/6886/)
Transforming children's services across the Midlands and East of England: Real life experiences of implementing routine outcome measures, increasing access to psychological therapies and promoting young peoples' involvement

The Midlands and East Mental Health and Wellbeing Project
Dr Jane Callaghan & Holly Hamer
The University of Northampton
This symposium

- Give an overview of the Midlands and East Mental Health and Wellbeing (MEMHW) project
- Present its findings
- Explore the implications
- Hear from 3 of the projects
  - **Northamptonshire**: implementation of ROMs
  - **Coventry & Warwickshire**: Implementing a single point of access
  - **Worcestershire**: Service change through the implementation of CYP IAPT principles
14:15-14:25 Holly Hamer – MEMHW Overview
14:25 – 14:50 Mandy Waddell (Coventry & Warwickshire)
14:50 – 15:15 Jan Pawlikowski (Northamptonshire)
15:15 – 15:40 Nicky Ratcliff (Worcestershire)
15:40 – 15:55 Holly Hamer – Findings and Implications
15:55 – 16:15 Questions
**Background**

**Exploring service transformation in CAMHS**

- Funding given to 14 projects from SHA (now sits with NHS England)
- Implementing CYP IAPT principles into children and young people’s services
  - Improving access to psychological therapies
  - Implementing session-by-session outcomes monitoring
  - Improving participation of CYP
- Sits separate to the national CYP IAPT projects
- Commissioned to conduct an evaluation of all projects
- There has been little work carried out so far to evaluate CYP IAPT
## The Projects

<table>
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<th>Region</th>
<th>Objective</th>
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<td>Suffolk</td>
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<tr>
<td>Chesterfield</td>
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<td>Stoke</td>
<td>Monitoring outcomes</td>
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What is known about CPT IAPT

• Routine outcomes monitoring is evidence-based and should provide better outcomes for children and young people

• There are dangers of routine outcomes monitoring not being perceived or utilised correctly and this could have a negative impact on their implementation.

• Providing effective and efficient mental health and wellbeing services for children and young people can reduce pressures on adult services over time
Defining the evaluation

A number of challenges needed to be overcome:

• Each of the 14 projects are very different
• How do you compare / measure success across the region?
• Providing evidence of outcomes for a number of stakeholders:
  • The projects themselves - evaluate success/ inform future commissioning
  • NHS England- to fulfill criteria of funding and give an overview of how this has worked in the region
  • University ethics / academic outputs
• Practicalities – time/resources
• Minimal evidence base
Why am I doing this?

What are we trying to understand?

How will this information be used?

What are the research questions?
Research questions

1. How do staff perceive and experience service transformation and the implementation of IAPT principles & **outcomes monitoring**? (Including challenges, obstacles, benefits etc.)
2. What are staff perceptions & experiences of **engaging children & young people** in service decisions?
3. In what ways do staff perceive and experience service transformation in relation to **widening access** of psychological therapies for children and young people?
Methods

Data collection and analysis

• Interviews and focus groups with project teams and key individuals
• Quantitative data collection – ROMs outcomes data, questionnaire data from service users, trainees etc.
Case Studies

• Implementing ROMs: **workforce development** through collaboration with voluntary sector organisations (Northamptonshire)
• Service transformation: developing a **single point of access** (Coventry & Warwickshire)
• Working with **service users** to implement routine outcomes monitoring (Sandwell)
Three of the projects…
Midlands and East Mental Health and Wellbeing (MEMHW) project Analysis
Data

- 18 qualitative pieces of data
  - Interviews
  - Group interviews
  - Focus groups
- Approx. 51 participants
- 2 projects didn’t engage
Analysis

• Thematic Analysis (Braun & Clarke, 2006)
• 5 steps identified by Richie & Spencer (1994)
  – Familiarisation
  – Identifying a thematic framework
  – Indexing
  – Charting
  – Mapping and interpretation
## Thematic Framework

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Change

“Change doesn’t sit comfortable for a lot of people, does it?”

“The whole endeavour required a leap of faith”
Changing culture

• Change should occur as a whole organisation with strong leadership to ensure its embedded into systems, structures and commissioning
• Change takes time to overcome anxieties and to become normalised
• Sometimes the benefits of changes need to be seen to be believed
• Having the right people in the project team makes a big difference
• Reasons for resistance include: change fatigue, pressured workloads and lack of time
• Strong leadership and champions are important
• Simplification is key to understanding
• Understanding aides change
Capacity

- Increasing access can result in more demand on the service, particularly when other services are closing or have limited capacity.
- Time restrictions jeopardises fidelity to the CYP IAPT model.

Multi-agency working

- Links between services have been strengthened as a result of the projects.
- Commissioners and providers have been given the opportunity to work together, and has been enhanced through training opportunities.
- Everyone wanted it to work but it took effort in resolving practical and cultural issues.
Organisational change

- Changing organisational structures has created uncertainty and anxieties about performance, but has also created the opportunity to implement new ways of working.
- Morale is low as expectations rise and capacity remains

Organisational culture

- Bureaucracy hinders service transformation
- With cost-savings can come resistance from staff to work differently
- Tensions exist regarding allocation of resources
- Training has enabled successful approaches tailored to organisational cultures (ILM)
Perception of ROMs

• “Paperwork”
• Seen as a time-consuming bureaucratic paper exercise, often linked to PbR.
• Increasing understanding has to be approached carefully and simply
Support

“…because of the… support that we’ve had here and the different perspectives, that’s been able to keep me thinking, keep me motivated and keep me on track with it”
Confidence

- Projects now feel able to prove success
- Service transformation is daunting but confidence is required to get people on-board and to make change happen
- Training builds confidence to work differently and to manage change

Training

- Up-skilling has “transformed” practice
- Has allowed time away to reflect and improve practice
- Is difficult juggling work and training and needs managerial support
Professional identity

- Changing the way they worked, for some, challenged their confidence to work with young people
- Change has challenged the way people work, which can be outdated

Support

- Management have provided excellent support to project teams
- Knowledge of change management has been reassuring and supportive.
**Project support meetings**

- A community of practice has been formed to provide support and guidance
- This group is highly valued by most members as providing reassurance, motivation

“The project support groups were really helpful in that, in ideas and support, and realising that actually a lot of people are in a very similar position”
Practicalities

“IAPT… can’t give a route map, but it gives us a set of shared points to head for…”
Benefits of CPY IAPT

• CYP are accessing services quicker
• ROMs empower CYP, give an understanding of their ability to change
• It’s initiated a dialogue between professionals as to the best way of working
• Addresses mental health issues before adulthood, potentially removing pressures from adult services
• Enables provider to demonstrate impact
• Translating CYP IAPT principles into practice has allowed creativity and freedom.
Problems with CPY IAPT

• Creates tensions between those embracing and those resisting change
• Cherry-picking elements jeopardises fidelity to the CYP IAPT model.
• Model isn’t suitable for all cases (i.e. severe cases, age, attitude)
• ROMs scoring is not always accurate, can have a negative impact and can fluctuate
Technology

- New technologies often aren’t compatible with existing systems, hindering their utilisation.
- The use of technology can cut down on paperwork.

CYP Participation

- Participation has enabled materials to be better targeted to young people.
- Participation can often be an ‘add on’ and a dedicated role is essential.
- Participation risks being tokenistic.
- It takes time for rapports be built with CYP.
Sustainability

- Can be achieved by embedding principles into practice
- There needs to be champions and motivation, and for it not to been seen as a finite project.
- Agencies need to share same vision
What does this mean?

- Innovations in service design can benefit patient outcomes and access to services.
- Managing transformation during periods of change can be facilitated through training support, strong leadership and consensus.
- The context of change can both hinder and enable transformation.
- Allowing services flexibility to tailor initiatives improves success and engagement.
- Providing an appropriate support network/mechanisms enables greater resilience during periods of transformation.
- Change can take place with limited resources if there is a shared vision, and strong leadership.
What next?

• Analysis and write-up continues until August
• Final report available Aug 2014
• More information: www.tinyurl.com/MEMHW-project

Holly.hamer@northampton.ac.uk
Thank you for listening

Any Questions?

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