South West Children and Young People's

Improving Access to Psychological Therapies Community of Practice (CYPIAPT)

Information for services wishing to join the Community of Practice

This document outlines the process for local organisations/services wishing to join an existing Partnership within the South West CYPIAPT Community of Practice. A Partnership includes statutory and non-statutory mental health services.

Some of the content has been drawn from a similar document produced by The London and South East Collaborative (with thanks to them), and does contain statutory CAMHS terminology. Within this document CAMHS refers to statutory young people's mental health services.

The SW CYPIAPT Community of Practice (formerly SW CYP IAPT Collaborative) was formed in 2012 in order to support the implementation of the national Improving Access to Psychological Therapies programme across the region.

The programme works to transform existing services provided by the NHS and partners from Local Authority and the Voluntary and Community Sector, and relevant private and independent organisations.:

Key National policies which underpin this programme are:

- 5 Year Forward View for Mental Health
- Future in Mind
- Delivering With, Delivering Well
- Achieving better access to mental health services 20:20

The South West Community of Practice – History and work to date

Each collaborative is made up of one or more Higher Education Institutes (HEI) and a network of Partnerships. The role of the collaborative is to support, challenge and performance manage delivery of the CYP IAPT programme locally.

The SW Community of Practice was formed in 2012 to join Year 2 of the national programme. The successful application was submitted in April 2012 by the Local Area Partnership composed of NHS Devon (now Virgin Care) and Young Devon, Plymouth Community Healthcare and Torbay CAMHS with Exeter University the linked HEI.

In 2013-14 (Year 3 of CYP IAPT programme) the Collaborative expanded to include: Bristol & South Gloucestershire (North Bristol NHS Trust, Bristol City Council & Young People's Service and Barnardos, Off the Record), Cornwall (Cornwall County Council, Cornwall Partnership NHS Foundation Trust, Council of the Isles of Scilly, NHS Kernow) and Somerset (Partnership NHS Trust)

In 2014 -15(Year 4 of the CYP IAPT programme) North Somerset (CAMHS and Children and Young People's Service's) and, Hereford (CLD Trust and 2gether NHS Foundation Trust) joined the Collaborative.

In 2015 - 6 (Year 5 of the CYP IAPT programme) No Additional Services Joined

In 2016-17 (Year 6 of the Programme) Children's Society, South West Family Values, Creative Youth Network (Bristol), The Accept Clinic (Exeter), Action for Children (Cornwall) and Xenzone (Cornwall) joined the collaborative.

Since then through the Children's Wellbeing Practitioner programmes we have also made links with services including Young People Cornwall, Young Somerset and Wellspring among others.

Key Elements of the CYPIAPT programme:

- **Participation** - Working in partnership with children and young people and families to shape their local services, and at a national programme level. Participation is an essential element of the programme. The South West has established
  1. A Shadow Programme Board
  2. Newsletters for young people and their families
  3. Regular meetings of SW Participation Leads/workers
  4. Participation training delivered to young people,
  5. Programme Board & Young people's Board Joint meetings

  We have been highlighted nationally as demonstrating good practice.

- **Improving the workforce** through training staff working in young people's mental health. This is an agreed, standardised curriculum, which includes NICE approved and best evidence based therapies and modules covering supervision and transformational service leadership. The South West has a programme of training delivered by Exeter University – the programme of courses is attached. To date, students have included staff from CAMHS, Voluntary and Community organisations and Local Authority services.

- **Routine Outcome Monitoring** - Delivering frequent/session by session outcome monitoring to help the therapist and service user work together in their session, help the supervisor support the therapist to improve the outcomes and to inform future service planning. Partners agree to submit minimum data sets from the tools they use. Services are asked to ensure that 90% of closed cases, seen three or more times, have full data from at least two time points, one of which can be assessment.

What are the benefits of joining the CYP IAPT SW Community of Practice?

The programme is informed by the best evidence for improving outcomes for children, young people and their families. Through joining the Children and Young People's IAPT project, local partnerships should gain the following:

- Practitioners are provided access to funded, high quality training programmes through their local HEI. These courses include evidence based psychological therapies that are more accessible, personalised, clinically safe and effective, outcomes informed and tailored to suit children and young people's needs. These therapies will help children and young people to get better and to learn self-management techniques that will help them maintain wellbeing.

- Services will become more effective and efficient. Both access and engagement into treatment will be increased and sustained through the embedding of a whole culture of

delivery of services that are appropriate and convenient for the child or young person and where appropriate their family.

- The ability to demonstrate improvements in participation with children, young people and parents in shaping services. Children, young people and parents and carers participate at a national level to support the programme, but also locally including:

  - Working with commissioners
  - Recruitment of new staff in services
  - Recruitment of partners to join CYP IAPT
  - Training of staff
  - Service redesign and specification
  - Improving information and environment of the service
  - Working to support regular use of regular feedback and outcomes measurement.

- Partner organisations are better able to demonstrate to commissioners and potential funders the efficacy and validity of their work. Demonstration of robust outcomes data and participation will help commissioners/funders to make decisions regarding future monies. Without this data, organisations may risk being marginalised if services cannot demonstrate value for money.

- Services within the Collaborative will find it much easier to audit treatments and delivery of care as well as undertaking teaching, training, research and development in the future.

- Closer working relationships between partners, e.g. statutory CAMHS and partner organisations.

- Time spent within the service is dramatically reduced, prevents therapeutic drift and allows the young person to have more control and say about the service which is being provided

For further information about the national programme please go to:
https://www.england.nhs.uk/mentalhealth/cyp/iapt/

South West CYP IAPT Community of Practice

Guidance & Application Process for Services wishing to join

Please complete the following table

Name of organisation	
Status of organisation (e.g. voluntary or private)	
Main purpose of organisation	
Main contact re CYP IAPT	
What service(s) are provided specific to supporting Mental Health & Wellbeing	
Workforce numbers in your services inc full time, part time & volunteers	
Number of clients seen per annum	
Why do you want to join the Collaborative?	
How can you demonstrate your commitment to the principles and standards of CYP IAPT?	
Please complete the enclosed Checklist and refer to the Delivering With Delivering Well summary to help provide evidence of commitment to CYPIAPT principles & standards	

Signature of CEO

Date

Checklist of Commitments for Services within the CYP IAPT Programme –

Services must demonstrate the following to the collaborative

☐   Commitment to embedding evidence based practice and session by session/frequent outcome monitoring across counselling and other relevant services.

☐   Commitment by the organisation to collect and submit the outcomes measures recommended by CYP IAPT that have been included in the Mental Health Services Data Set.

☐   Understanding and commitment to improving access to mental health services as a whole, including self-referral, and how this fits with local CCG Transformation Plans

☐   Understanding and commitment to working with children, young people and parents as partners in service development and improvement; implementing and evidencing the CYPIAPT Pledges

☐   Commitment to working with our collaborative to identify trainees, supervisors and service leads with appropriate levels of motivation and competency.

☐   Commitment to allow service managers, supervisors and clinical leads, and therapists to undergo all training, allowing the clinical face to face time required to embed skills and for supervisors and managers to have the time to supervise and lead change

☐   Commitment to working with NHS England on any evaluation of the programme

☐   Commitment to ensuring trainees and supervisors can provide appropriate video footage for supervision and assessment as required by HEIs

☐   Commitment to identifying a CYPIAPT lead within the organisation who will oversee delivery and engage with the Collaborative

☐   Commitment to liaise with local Partnership CYP IAPT lead re: reports to the Programme Board and other meetings with commissioners to ensure sustainable implementation and continued quality improvement across the partners.

☐   Commitment to share outcomes data to help shape local commissioning and service development

☐   Commitment to working towards the values and standards of Delivering With Delivering Well

CYP IAPT principles in CAMH services - values and standards

Delivering *With* Delivering *Well*

The Delivering With Delivering Well document sets out an overarching quality framework for CYP IAPT and identifies the key markers underpinning the values and qualities of the programme. These markers are currently recognised in the existing quality assurance and quality process mechanisms: Quality Network for Community CAMHS (QNCC), Youth Wellbeing Directory with ACE-V Quality Standards (ACE-Value), Choice and Partnership Approach (CAPA) and the Child Outcomes Research Consortium (CORC).

Summary of values and standards

DELIVERING *WITH*

SECTION 1: ACCESS AND VOICE

1.1 Referral

Clear eligibility criteria and referral processes, which are accessible and understandable.

1.2 Self-referral

A clear self-referral process is available for all children, young people and/or parents/carers (as is appropriate for that service and compatible with local commissioning guidance).

1.3 Access times

A child/young person and where relevant, their parents/carers receive quick access to treatment (access times are in line with any locally agreed targets).

1.4 Accessible settings

Children, young people and/or parents/carers are offered help in accessible and comfortable settings.

1.5 Service feedback

There are clear ways, and simple to use means, for children, young people and/or parents/carers to provide regular feedback or to complain. This feedback should be used in a meaningful manner

1.6 Advocacy & Support

The availability of independent advocacy and support services are well signposted and children, young people and/or parents/carers are supported to access the help available.

1.7 Transitions

The transition between services is planned and supportive, with the young person's mental health kept in mind throughout.

SECTION 2: CLINICAL / INTERVENTION COLLABORATION

2.1 Initial assessments

Children, young people and/or parents/carers are offered an initial assessment without significant delay

2.2 Holistic

Children, young people and/or parents/carers are offered an initial assessment that is fully collaborative and takes a complete view of their lives and mental health. This assessment should include other significant people where appropriate.

2.3 Information

Children, young people and/or parents/carers are helped to make informed choices.

2.4 Goals

Clinicians involve children, young people and/or parents/carers in the setting of relevant shared goals

2.5 Interventions

A choice of approaches/interventions (including those of evidence based practice where relevant) are offered if possible, in line with client preference and goals, and chosen in partnership with the practitioner.

2.6 Goal review

Where goals are set there is regular review and reflection on goals and progress.

2.7 Routine outcome measurement

Children, young people and/or parents/carers are asked to give session by session feedback and are involved in reviewing progress, goals and outcomes.

SECTION 3: STRATEGIC/SERVICE COLLABORATION

3.1 Strategic collaboration

Children, young people and/or parents/carers are involved in all decisions/plans that affect them. This includes designing, planning, delivery and reviewing of services.

3.2 Information Collaboration

Any leaflets, websites or communications aimed at children, young people and/or parents/carers are developed in partnership with them.

3.3 Training

Children, young people and/or parents/carers and carers are appropriately involved and supported in the design, delivery and/or evaluation of staff training.

3.4 Recruitment

Children, young people and/or their parents/carers are involved in, and their views taken into account, in the recruitment and appointment of anyone in the organisation who has contact with them.

DELIVERING *WELL*

SECTION 4: LEADERSHIP

4.1 Leadership team

There is a leadership team representing multiple aspects of the service e.g. managers, admin and clinicians/ practitioners.

4.2 Team development

There are regular scheduled opportunities for staff to come together for team / service away days to build team relationships, facilitate learning and service development.

4.3 Training

There is an organisational commitment, resources and time made available for continuing professional development and training.

4.4 Integrated services

There are effective relationships with key local organisations to ensure the holistic needs of children, young people and/or parents/carers are met in a timely and appropriate manner

SECTION 5: WORKFORCE

5.1 Skill mapping

The service has mapped the skills of the individual team members and uses this to inform clinical interventions, training and recruitment.

5.2 Interventions

Services offer an appropriate range of treatments, including those recommended by NICE and other evidence based interventions (where relevant).

5.3 Job Planning

Clinicians / practitioners have a clear description of their roles, tasks and capacity for clinical casework, administration, team meetings and supervision.

5.4 Supervision

There are time and resources for clinical and management supervision

5.5 Peer group discussion

There are regular opportunities for staff to participate in small group case discussion regarding goals and outcomes.

5.6 Appraisal

Children, young people and/or parents/carers' views of their experience of the clinical care delivered should be included in staff appraisals

SECTION 6: DEMAND AND CAPACITY

6.1 Demand and capacity management

Services can describe their demand and capacity and have systems (IT and others) and processes in place to monitor and respond to fluctuations.

6.2 Flow management

Services deploy their resources efficiently and effectively to minimise delays in the child or young person's care and involve full booking wherever possible

CYP IAPT Participation of Children and Young people

The Nine Participation Priorities

In order to facilitate change and drive young people's participation in the Children and Young People's IAPT project, the Seven Standards framework, as developed for participation in Hear by Right, was used to develop a matrix to map nine participation priorities and an accompanying plan for improvement, in effect creating a participation strategy and action plan for the IAPT Collaboratives.

PRIORITY 1 - Getting initial assessments right

PRIORITY 2 - Make sure session monitoring includes young people

PRIORITY 3 - Provide easy access to complaints and advocacy

PRIORITY 4 - Make Sure Staff have the Right Skills and Knowledge

PRIORITY 5 - Involve Young People in Recruitment

PRIORITY 6 - Involve Young People in Staff Appraisal

PRIORITY 7 - Involve Young People in Commissioning

PRIORITY 8 - Help Young People Influence Senior Managers

PRIORITY 9 - Have Strong Mission Statement

The *South West Collaborative* made a number of pledges within the original application to become a Learning Collaborative and subsequently commissioned Young Devon to co-ordinate delivery. The initial task was to establish a Young People's Board (aka Shadow Board) with representatives from all the Partnerships. In 2016 the pledges were reviewed and agreed, accompanied by monitoring forms:

Pledge 1

We will invest in young people through accredited training which will enable them to fully participate in the IAPT process.

Pledge 2

We will support young people to engage with commissioners and the commissioning process.

Pledge 3

We will ensure the active involvement of young people in staff training across all areas. For example staff inductions, CAMHS teams, University trainees, Schools and Community providers.

Pledge 4

We will involve young people and parents/carers in the appraisal process of staff.

Pledge 5

We will ensure that young people are meaningfully involved in recruitment and selection of staff. This means that recruitment processes are design to meet the needs of young people and the young people are trained and supported to fully participate.

CYP IAPT Routine Outcome Monitoring

Guidance for services joining the SW CYP IAPT Learning Collaborative

Routine outcomes measurement (ROM) is central to improving service quality and accountability. It ensures the person having therapy and the clinician offering it have up-to-date information on an individual's progress, which is of value in itself. At an overview level, where individual patients are anonymised, service providers and commissioners can see a performance pattern for the service that will be important in terms of accessing future funding.

It is an expectation for services within a CYP IAPT Learning Collaborative to submit the Mental Health Service Data Set and since October 2015 for any service funded using NHS money to submit data from approved ROM tools. Services may also have their own demographic and data capture systems. It is important that services use the tools that are best fit for them and the children and young people they see and there needs to be choice in the system e.g. YP-CORE is a good tool. In general it is suggested services use

- some measure of movement towards personalised goals
- some measure of symptom or impact change
- and some measure of satisfaction with the service

CYP IAPT Minimum Data Set

Outcome Tools for submission at quarterly intervals to Mental Health Service Data Set (MHSDS) soon to be called NHS Digital.

There are many different tools in the MHSDS dataset that are fit for purpose. RCADS and SDQ are not best for many settings - CORS and CSRS are also good tools and popular to use in VCS.

It is expected the tools will be completed in partnership with the child and/or young person. Guidance is available - see 'Guide to Using Outcomes and Feedback Tools with Children, Young People and Families' edited by Dr Duncan Law & Dr Miranda Wolpert

Stage of Care / intervention	Key themes	Outcome Tools
Assessment & Choice	"What's the problem?" (assessment) "What do you want to change?" (goals or aims of therapy)	**Current View** (with updates as/when throughout intervention) **Any CYP IAPT / NHSE approved tool that can be used for assessment and review** **(see list below)**
Partnership / ongoing work **Session by Session**	"How are we getting on together?" (engagement or alliance) "How are things going?" (symptom/goal tracking)	**(i) <u>Progress tracking</u>** **Goal Based Outcomes (GBO)** At beginning of each session and/or **Outcome Rating Scale (ORS) /** **Child Outcome Rating Scale (CORS)** At beginning of each session **Session Rating Scale (SRS)** At end of each session **(ii) <u>Symptom tracking</u>** **Use of the approved tool used during assessment**
Review & Close	"Have we done as much as we can/need to?" (collaborative decision to close or refer on)	Throughout intervention, at six months or the end of intervention:

	"How has this experience been generally?" (experience of service overall)	**Use of the approved tool used during assessment & partnership** At six months or the end of intervention: **Commission for Health Improvement Experience of Service Questionnaire** **(Chi Esq)**

CYP IAPT requirement is for 90% of clients having at least <u>two</u> completed measures (paired outcomes), one at the start and one at the end.

The following is the list of NHSE *approved tools* can be used by services. The list remains under development and assessment tools may be added as and when identified as a requirement for submission through the MHMDS.

HoNOS (Working Age Adult)	Group Session Rating Scale (GSRS)
HoNOS 65+ (Older Persons)	ODD (Parent)
HONOS-CA (Child and Adolescent)	Kessler Psychological Distress Scale 10
HoNOS-LD (Learning Disabilities)	MAMS (Me and My School) Questionnaire
HoNOS Secure	Me and My Feelings Questionnaire
Patient Health Questionnaire (PHQ-9)	Questionnaire about the Process of Recovery (QPR)
Brief Parental Self Efficacy Scale (BPSES)	Revised Children's Anxiety and Depression Scale (RCADS)
Child Session Rating Scale	SCORE-15 Index of Family Functioning and Change
Children's Global Assessment Scale (CGAS)	Session Feedback Questionnaire (SFQ)
Children's Revised Impact of Event Scale (8) (CRIES 8)	Sheffield Learning Disabilities Outcome Measure (SLDOM)
Clinical Outcomes in Routine Evaluation 10 (CORE 10)	Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS)

Comprehensive Assessment of At-Risk Mental States (CAARMS)	Strength and Difficulties Questionnaire (SDQ)
DIALOG	Warwick-Edinburgh Mental Well-being Scale (WEMWBS)
Eating Disorder Examination Questionnaire (EDE-Q)	Young Child Outcome Rating Scale (YCORS)
Generalized anxiety disorder 7 (GAD-7)	Young Person's Clinical Outcome in Routine Evaluation (YP-CORE)

Ref: http://www.hscic.gov.uk/mhsds

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