

# CAPABLE TEAMS FOR CHILDREN & YOUNG PEOPLE (CTCYP)

*A team approach to support services for children and young people to improve quality and efficiency by exploring new, different and creative ways of working. Adapted from Creating Capable Teams Approach (DH 2007)*

## SHARING THE LEARNING

	STEP 1 – PREPARATION & OWNERSHIP
	STEP 2 – TEAM FUNCTION
	STEP 3 – CHILDREN, YOUNG PEOPLE, FAMILIES & CARERS NEEDS
	STEP 4 – CREATING A NEEDS LED WORKFORCE
	STEP 5 – IMPLEMENTATION & REVIEW

## Information

<b>Key themes</b>	Workforce modernisation Skill Mix Creative, flexible and new ways of working
<b>Document purpose</b>	To share learning and positive practice
<b>Title</b>	The development of capable teams for children and young people (CTCYP) : Sharing the learning from the CCTA National Implementation Programme with service for children and young people
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<b>Target audience</b>	Primary Care and Mental Health Trusts, Children's Trusts, Local Authorities, Education, Voluntary and Independent Organisation.
<b>Description</b>	This document highlights good practice and learning from the implementation of the CCTA with services for children and young people, and shares the development of Capable Teams for Children and Young people.
<b>Cross reference</b>	<a href="#">The Creating Capable Teams Approach (April 2007)</a> <a href="#">CCTA Nugent House (2011)</a> <a href="#">CTCYP Executive Summary (2011)</a> <a href="#">CTCYP Facilitators Handbook (2011)</a> <a href="#">CTCYP Participants Handbook (2011)</a>
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- Throughout this document, you will see bold text followed by (CTCYP 2011) this indicates that this document is an addition to the Original CCTA (2007), developed as a result of the CAMHS CCTA National Implementation Programme*
- The CTCYP toolkit consists of an Information Leaflet, Executive Summary, Facilitators Handbook, Participants Handbook, handouts and additional supporting materials all of which are available from <http://www.skillsforhealth.org.uk/service-area/camhs> and on the CTCYP CD Rom*

## Foreword

Children's services are facing challenging times in what is a particularly difficult financial climate, the publication of Creating Teams for Children and Young People (CTCYP) is welcomed and timely.

With a focus now on improving quality and productivity through creative and innovative ways of working there will be a need for significant change over coming years. If successful, these changes and shifts will have a considerable impact on the way services are provided and delivered and will need to be embedded to ensure they continue to meet new challenges and demands.

The CTCYP has been specifically developed to support services for children and young people at a multidisciplinary level, to enable services to review their skill mix and refine their learning and development needs based on the needs of children, young people and families/carers.

From the examples provided in Sharing the Learning the CTCYP clearly supports those people who deliver the service, and importantly the people who receive the service, to identify new ideas and changes to improve the service, whilst providing a robust framework to support the implementation of any pre suggested/determined changes.

Central to the process the CTCYP is the concept and commitment of placing decision making with the workforce, those who are best placed to determine how services are developed and delivered leading to improved outcomes for those who use services and drive up quality. The CTCYP does not assume additional resources; however it does enable teams and the organisation as a whole to review how existing resources could be used more efficiently and cost effectively.

Importantly the CTCYP embraces the concept of participation as a core and the uniqueness of the CTCYP lies in its direct engagement and participation with children, young people, families & carers.

The need for services to embrace workforce redesign and develop new, creative and innovative ways of working as a key part of streamlining and enhancing care pathways and service remains undiminished. Sharing the Learning is intended to refine the process by illustrating how it has been implemented and worked for teams so far and how the CTCYP can be used based on our experiences to date.

I would like to thank all those involved in the development of CTCYP. Change takes time, but teams are powerful in making and sustaining change. I believe CTCYP will assist this process.

Barry Nixon  
National Workforce Lead – CAMHS

## Key facts about CTCYP



- ✓ It was adapted from the original CCTA (DH 2007) and specifically developed for children and young people services following a period of supported implementation and field testing.
- ✓ The full CTCYP toolkit is free and available online and via a CD Rom. Any Organisational costs incurred are in relation to the venue, payment and reimbursement of children, young people, families and carers, and any team backfill costs.
- ✓ It has now been implemented in CAMHS tier 3, 4 and educational services. It is a team development tool that assists teams to implement new, innovative and creative ways of working, to improve quality and support increased productivity, within existing resources.
- ✓ Its uniqueness lies in its direct engagement and participation with children, young people, families & carers, its workforce focus, and its "bottom up" approach.
- ✓ Critical factors in the success of CTCYP are the willingness and commitment from the team, children, young people, family & carers, and the senior management of the organisation.
- ✓ Teams that have completed the CTCYP have identified a broad range of positive outcomes, that can be implemented within existing resources, bringing about a change of practice which will lead to an improved experience for children, young people, families and carers.
- ✓ It requires the team to participate in three full days in workshops, over a maximum period of six months, however there can be flexibility in the implementation to suit service need.
- ✓ It helps the people who deliver the service, and the people who receive the service, to identify new ideas and changes to improve the service, whilst providing a robust framework to support the implementation of any pre suggested/determined changes.
- ✓ It is not rocket science or a magic wand. It is a straightforward, logical and engaging approach that helps a team to focus on, who it is, what it does, and how it could do it better!

## Introduction

The Creating Capable Teams Approach (CCTA) was developed in 2007 by the National Institute for Mental Health (NIMHE) National Workforce Programme. The aim of the CCTA (2007) was to provide a tool that would support multi disciplinary teams to implement New Ways of Working (NWW) and New Roles, within existing resources.

The approach was developed to be used within all mental health services, across all age ranges and service areas. By 2009 the CCTA (2007) had been undertaken by approximately 100 teams nationally, however despite training more than 45 CAMHS CCTA facilitators, very few teams within services for children and young people had undertaken the CCTA. Acknowledging that there may be a number of reasons for this, barriers to implementation were cited as were, lack of; facilitation skills, capacity, resources and awareness.

In 2009 increased capacity within the CAMHS National Workforce Programme (NWP) supported the CCTA National Lead to join the team 2 days per week. Recognising that 'no one size fits all' the increased capacity allowed for further testing and implementation of the CCTA within services for children and young people, via a National Implementation Programme (2009 –2010).

This document shows the learning from the National Implementation Programme (NIP), providing evidence, outcomes and feedback from those teams who participated. In addition, it also provides examples of changes that were made to the original CCTA (2007) to facilitate the development of Capable Teams for Children and Young People (CTCYP), an approach developed specifically for services for children and young people.

## The Workforce

Modernising and strengthening the workforce is a central feature within current policy guidance relating to children, young people and families. The vision for the children's workforce is for a 'modern, skilled, competent, adaptable and flexible health, education and social care workforce providing a focused response to meet the needs of children and young people and their families'. The diversity of professions and occupations that make up the children and young people's workforce is a key part of its strength.

Workforce planning and development is a dynamic process, and the way we undertake it will evolve over time, as priorities, processes and capabilities develop. It is vital that an organisation knows strategically the direction of travel for the service and the workforce capacity needed to produce the service activity, only then it can begin to plan around the demands placed upon it.

With the increasing demands upon the current workforce, future workforce development and planning must ensure it supports continued improvement in quality and productivity, and that it delivers the best possible outcomes for the local population. Simply doing the same things in the same way may not deliver the vision of ensuring a world-class children and young people's workforce.

We know we are facing challenging times with significant shifts happening across public services in what is a particularly difficult financial climate. The focus on improving quality and productivity through creative and innovative ways of working will mean significant change over coming years. If successful, these changes and shifts will have a considerable impact on the way services are provided and delivered and will need to be embedded to ensure they continue to meet new challenges and demands.

In order to support future workforce planning and development such changes will need to be quickly and reliably implemented so that organisations have a workforce equipped to respond effectively and flexibly to the new models of service delivery as they emerge. We will continue to rely on committed staff, working differently to provide the high quality affordable services to children and young people. Planning and developing the workforce effectively is the foundation for this.

## **New different and creative ways of working (NWW)**

Introducing new, different and creative ways of working enables all workers to explore; who they are, what they do and how they could do it better and to identify different and more creative ways of delivering service. In essence, it is about developing new, enhanced and changed roles for staff, and redesigning systems and processes to support the delivery of effective care to children and young people. Working differently involves a cultural shift, one element of which is to move from a workforce defined and restricted by professional qualifications to one defined by skills, competencies and capability (Morris & Nixon, 2008).

This shift represents a challenge for the current workforce and for the training and development of future staff. Introducing new ways of working does not mean that current or past practice is inappropriate rather that traditional ways of doing things should be thought about and integrated with innovative practice.

Future workforce planning should take into consideration new and creative ways of working ensuring that the focus is on the needs of the children, young people, families and carers, the CTCYP is designed to support such a process.



## Capable Teams for Children and Young people

Capable Teams for Children and Young People (CTCYP) is a five step approach (Box 1), developed from the CCTA (2007) to support multi disciplinary teams to implement innovative practice and introduce new, creative and different ways of working, within existing resources. In essence it is a straight forward logical process that:

- ✓ Empowers the people who use the service, and the people who deliver the service to review and develop the service.
- ✓ Demonstrates a number of techniques that support the team to explore who they are, what they do, and how they could do it better.
- ✓ Supports the development of innovative, efficient, quality services, within existing resources.
- ✓ Facilitates proactive needs led workforce planning, based on the needs of children, young people, families & carers and existing skills and capabilities.
- ✓ Facilitates the production of a Team Profile and Workforce Plan (TPWP) that should feed into the organisations' workforce planning process and influence learning/ development programmes.
- ✓ Provides a forum for the team to 'think outside the box' and a framework to support the implementation of predetermined changes
- ✓ Is usually completed over a period of 6 months and consists of 3 full day workshops that include the core team, extended team and Children, Young People, Families & Carers.

*The CCTA enabled us to prioritise as a service, create a shared understanding and identify goals/objectives in partnership with service users and carers. It created a level playing field, which helped us to plan the redesign of the service. The process led to the development of working document, which complements our business, and our quality improvement plans and provides a framework to support ongoing change and to negotiate future resources.*

*Simon Thompson  
Team leader  
Sandwell CAMHS  
Sandwell Mental Health and Social Care NHS Foundation Trust*



## Overview of the CTCYP Steps

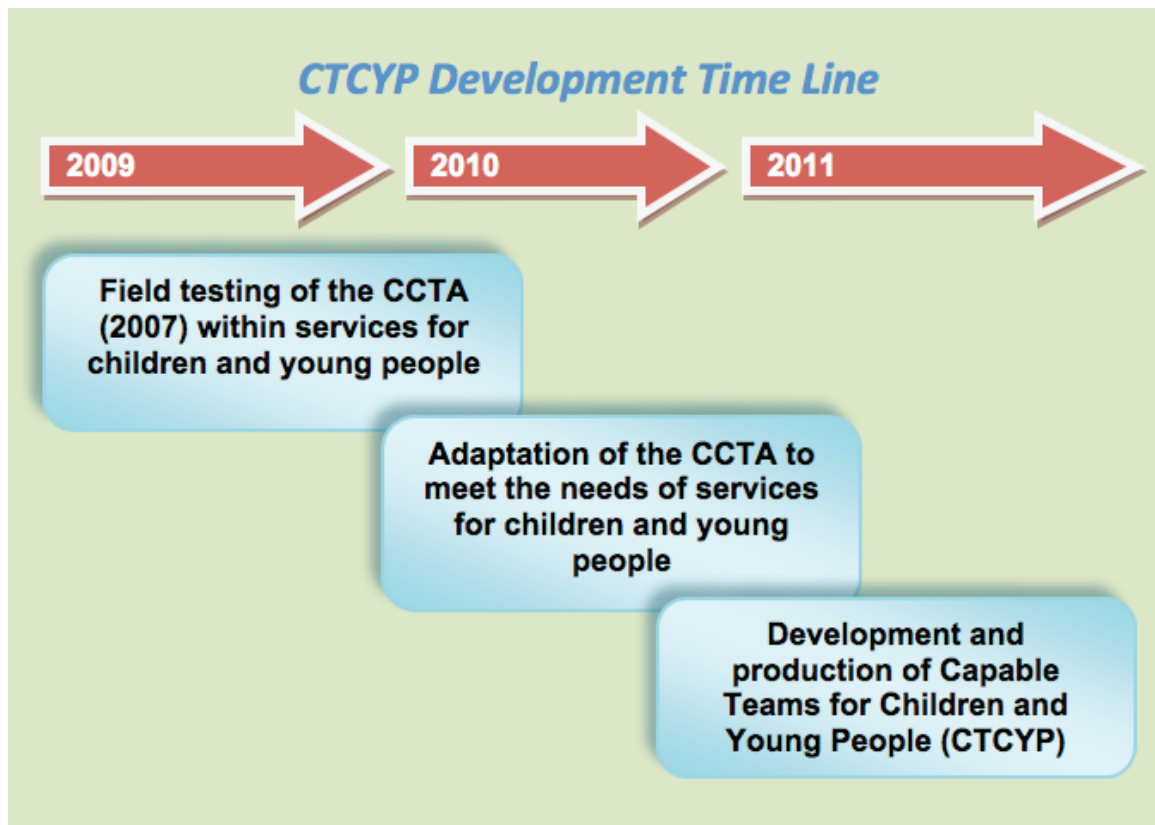
STEP 5 – IMPLEMENTATION & REVIEW	Complete TPWP and present key actions to senior management team Agree implementation process and Identify way to sustain change
STEP 4 – CREATING A NEEDS LED WORKFORCE	Reflect on the teams' journey through the CTCYP Map out the team capabilities Identify all changes and actions Produce action plan for red, green and amber actions
STEP 3 – CHILDREN, YOUNG PEOPLE, FAMILIES AND CARERS NEEDS	Explore current and future needs of the population Identify and prioritise Children, Young People, and Families & Carers needs Identify individual and team capabilities and explore any gaps
STEP 2 - TEAM FUNCTION	Clarify national and local drivers for CTCYP and NWW Agree values and function of the team Identify roles, skills knowledge, qualifications and experience
STEP 1 – PREPARATION & OWNERSHIP	Secures organisational sign up and commitment Ensures all involved have good understanding of the process Introduction to the Essential capabilities Gather relevant information and complete diary sheets

## CAMHS National CCTA Implementation Programme

In brief the aims of the CAMHS National CCTA Implementation Programme were to utilise the skills and knowledge of the CCTA National Lead to:

- ✓ Test out the [CCTA \(2007\)](#) in a variety of services for children and young people to support the development of CTCYP
- ✓ Build local and regional capacity and capability
- ✓ Identify links with other systems and tools
- ✓ Share and spread learning regionally and nationally
- ✓ Develop a toolkit specifically aimed at services for children and young people

Recognising that each region had different priorities a number of options were identified and a flyer and expressions of interest forms were sent out via the National CAMHS Support Service (NCSS) Regional Development Workers (RDW) to enable them to utilise their regional intelligence to identify which option would be appropriate for their region and how they could support this.



## Regional options

### *Option One – New Ways of Working (NWW) Action learning sets (8 days)*

To facilitate regional NWW Action learning sets (ALS) for up to 20 attendees per region. The ALS will provide focused learning opportunities in relation to National Policy, [The 10 Essential Shared Capabilities \(ESC\)](#) and the CCTA process, in addition to providing supported implementation.

The aim being that attendees will deliver the CCTA within their organisations. The ALS will provide a forum for attendees to meet before and after the delivery of each step, to discuss progress, preparation for next step and any issues or concerns.

Attendees will initially deliver the CCTA in pairs, with arrangements post ALS for a 'pass it on' model (Diagram 2) that will support further capacity building.

### *Option Two – CCTA Action learning sets (5 days)*

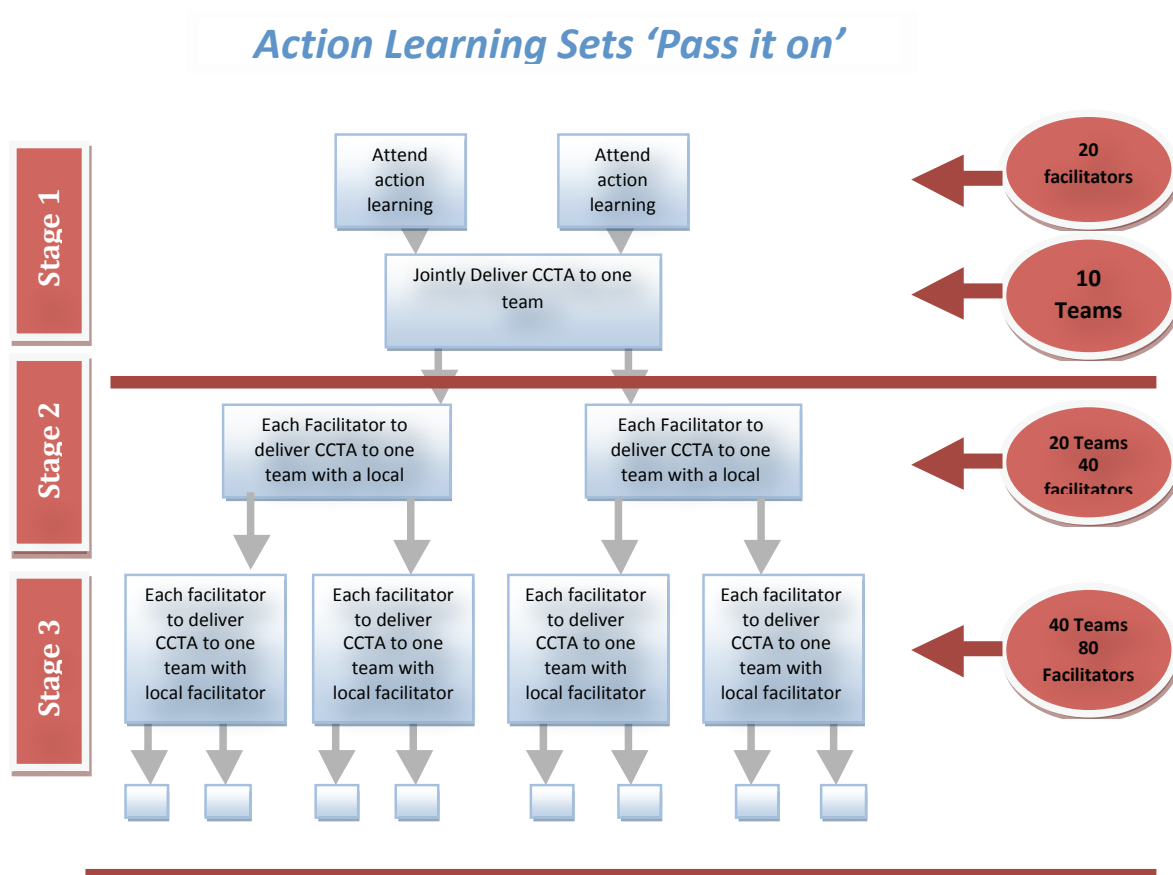
This same as Option 1 with a specific focus on CCTA delivery and without the additional workshops focusing on policy context and 10 ESC.

### Option Three – CCTA facilitators' workshops (1 day)

An opportunity for up to **25 experienced facilitators** per region to develop the skills and knowledge required to deliver the CCTA by exploring the 5 steps, with an opportunity to undertake specific exercises, and to discuss lessons learnt and top tips to support effective delivery.

### Option Four – CCTA delivery

An opportunity for each region to identify one team to undertake the CCTA, facilitated by the CCTA National Lead. In addition there will also be a shadowing/mentoring opportunity for local facilitator to work alongside the national lead as a co facilitator.



**Stage 1** - If 20 people attend the ALS there would be 10 teams in the region that had undertaken the CCTA and 20 regional facilitators.

**Stage 2** – if regional facilitators then went into their host organisations and delivered with and trained up a local facilitator there would be 20 teams that had undertaken the CCTA and 40 facilitators.

**Stage 3** – at this stage there is the opportunity for organisations to continue using the 'pass it on' model to train more facilitators and deliver the CCTA to a number of teams within the region.

## National Implementation Programme engagement

The East Midlands, North West, Eastern and West Midlands regions elected to engage in the formal CCTA roll out programme whilst some elected not to participate, and others did not feel ready to participate but chose to engage via a number of bespoke options such as presentations at meetings, conferences and 1:1 discussions. Those who participated in the selected the following options:

### *Option Two – ALS East Midlands*

Supported by their regional development worker the East midlands chose to participate in ALS. However, despite the opportunity for 20 attendees only 4 applied to attend and only 2 facilitators completed the process, the main reasons for non-attendance cited as lack of capacity and/or organisational readiness. Despite the small numbers the ALS approach proved to be very positive and the two facilitators who attended successfully delivered the CCTA with the Leicestershire Partnership NHS Trust, County South CAMHS team. The outcomes of which can be found throughout the document.

#### *The Action learning set process*

*The action learning sets were excellent at preparing us for each day; they allowed us to feedback live issues and allowed the process to be explained and have access to the thinking behind the stages. The process helped us to deliver the first programme and was particularly supportive in helping us think about how we engaged families and young people.*

*The only disadvantage was the lack of take up from other services, this meant the opportunities to learn from others were absent.*

*Alan Evans  
Head occupational therapist  
Joint CCTA facilitator  
Leicester Partnership NHS Trust*

The ALS took place over a period of 5 days, 10am-3pm and consisted of a combination of Action, Shared, Experiential and Reflective learning. Attendees were provided with supporting materials before, during and after each ALS and had access to arms length support as required. The framework for each learning set was provided by newly developed supporting presentations, pertaining to each step. The facilitators then used the same materials to support delivery with the team thus allowing an opportunity for the utility and durability of these materials to be tested both with facilitators and by facilitators. As a result the supporting presentations became a core resource of the CTCYP (2011).

### *Participating in the ALS*

*The ALS provided an opportunity to 'walk through' each stage of the CCTA in detail as well as the chance to reflect on the content and process of the sessions undertaken with the team. We were very lucky to have access to the CCTA National Lead for so much time and the 'live supervision' the ALS's facilitated was invaluable.*

*It was a shame that other regions were not represented as was previously hoped; it would have been a welcomed opportunity to liaise and share ideas and experiences with colleagues working within different trusts. That said the small group sizes afforded flexibility in dates and times of the ALS, which meant they fitted with the workshop delivery.*

*Viki Elliot  
Community Psychiatric Nurse (CAMHS)  
Joint CCTA Facilitator  
Leicester Partnership NHS Trust*

### **Option Four - CCTA Delivery – North West, Eastern and West Midlands**

The remaining regions elected for option four, which involved them identifying a suitable team, a senior sponsor and young people, children and families to participate in the process. The organisation was also required to provide a venue, workshop materials and to identify an administrator to support the process. Whilst all organisations were also offered to identify a co-facilitator who could use the process as a learning opportunity none of them chose to do so. The CAMHS CCTA lead facilitated delivery of the CCTA to all 3 teams.

## Implementing the CCTA



### Step 1 – Preparation and ownership

Prior to undertaking the CCTA, it is essential that the organisation is signed up to the NWW principles and is committed to supporting the team through the process, particularly in relation to the implementation of the action plans. Team members often report putting a lot of time and effort into previous initiatives only to find it difficult to maintain momentum and sustain the process. This can often be attributed to the lack of initial organisational commitment and the process not being part of the strategic direction.

During the National Implementation Programme (NIP) it became evident that the CCTA (2007) would benefit from an **initial engagement log (CTCYP 2011)** which would formalise the process and help the senior sponsor and facilitator identify key personnel and also record a summary of key objectives and desired outcomes for the process. This also proved to be a usual document on which to reflect at the end of the process.

#### *The engagement process*

*The CCTA was instigated by the clinical director and service manager and following discussion at a management team meeting the County South Tier 3 team volunteered to take part in the process. Management though professional structures had recently been replaced by team leaders who were responsible for managing the teams. The team leader for county south was a medic and was hoping the process would bind the team together and give them opportunity to share thinking about how to manage difficulties with service provision.*

*Alan Evans  
Head occupational therapist  
Joint CCTA facilitator  
Leicester Partnership NHS Trust*

Normally undertaken in existing meetings the aim of Step 1 is to gain organisational commitment and to ensure that everyone who is going to be involvement in the process has a clear understanding about their role and the preparation required. However for the purpose of the CAMHS NIP and to make best use of limited resources, across to a wide geographical area, Step 1 was delivered via an initial meeting and an introductory workshop as follows:

## Initial engagement meeting

An opportunity for the facilitator to meet with the team leader and senior sponsor to discuss the implications of the process, resources required, key objectives and desired outcomes and to identify key personnel and next steps, all of which were recorded on the **initial engagement log (CTCYP 2011)**

*Our key objective for undertaking the CCTA was to provide the team with an opportunity to look at their skills and reaffirm the function of the team and this objective was achieved. The team were very positive about the experience, which helped them to recognise their skills and strengths and identify the teams' priorities, moving from a negative attitude to more empowered and positive approach.*

*Tarnia Woods  
CAMHS Locality manager  
5 Boroughs Partnership NHS Trust*

## Introductory workshop

An additional one-day workshop with the team provided an opportunity to present an overview of the process, to discuss next steps and identify key people to take this forward.

Whilst the importance of undertaking this step thoroughly is stressed throughout the CCTA documentation it still remains the step that is not always completed thoroughly enough leaving the team feeling confused and ill informed. Therefore if time allows it is suggested that undertaking Step 1 as a workshop is a good way to ensure that the team have been adequately prepared for the forthcoming process. For this purpose an optional **Step 1 workshop programme and supporting tools (CTCYP 2011)** were added to the CTCYP toolkit.

The step 1 workshop consists of a number of exercises aimed at preparing the team for the process, one of which is identifying and overcoming the barriers to involving young people, families and carers, examples taken from the workshops can be found below:

*Potential Barriers to involving Children, Young People, Families & Carers  
(extracts from workshops)*

- *Re-imburement of service users*
- *Willingness to participate*
- *Could feel intimidated by information and process*
- *May view it as therapy*
- *May not be mentally 'well' enough*
- *Not knowing what will be expected of them*



- *May currently be using services*
- *Embarrassment*
- *Lack of confidence*
- *Poor understanding*
- *Work commitments/school*
- *Anxiety*
- *Learning disability/ASD*
- *Access to venue/transport issues*

One of the barriers identified was that children, young people families and carers may find the CCTA (2007) materials a little daunting. In a bid to improve engagement a **user friendly guidance (CTCYP 2011)** was produced which provides a basic introduction to the process and clearly identifies group and individual work throughout the workshops. In addition to the revised **involving young people families and carers handout (CTCYP 2011)**, Step 1 now includes a number of supporting participation documents (CTCYP 2011) and a **team welcome letter (CTCYP 2011)** which ensures everyone involved has access to basic information about the process.

*Suggestions to reduce barriers to involvement (extracts from workshops)*

- *Discuss with involvement lead*
- *Involve young people's advocate*
- *Ensure travelling expenses & financial reimbursement*
- *Check out the Payment policy*
- *Create a friendly atmosphere*
- *Have regular meetings with young people and carers*
- *Use user friendly language/avoid jargon*
- *Honesty / Transparency*
- *Clear ground rules/purpose*
- *Demonstrate our commitment to the process*
- *Get a representative group – carers/young people*
- *Challenge our own attitudes and beliefs*
- *Identified named person to facilitate and support*
- *Provide support and training*
- *Ask young people with recent past experience*
- *Practical help e.g. Taxi, consider disability*
- *Introductory meeting – Questions & Answer session*
- *Expressions of interest/By invitation*
- *Reassurance/Support*
- *Preparation/what is going to happen/information*
- *Assure confidentiality*
- *Flexibility*
- *Need a balance- don't want to take advantage of goodwill*
- *Clarity of information – information packs, telephone contact, invites*
- *Use of pool of involved people, so share the work.*
- *Improve & use existing young people's forum*
- *Involve other services i.e. trainees, students, 6th forms, Connexions*

Whether Step 1 is delivered as a workshop or in existing meetings the key thing to stress to the team during Step 1 and throughout the process is that the CCTA (2007) or CTCYP (2011) does **not make a capable team**, it supports the further development of an already forward thinking capable team. Whilst undertaking Step 1 as a workshop requires an additional day the teams that undertook the workshop all provided positive evaluations, extracts of which can be seen below:

#### *Extracts from Step 1 Evaluations*

*It was really useful to...*

*"Work together as team outside of the work environment"*

*"Turn problems and concerns into hopes and dreams"*

*"Think about how young people might benefit"*

*"Explore the 10 ESC and how to utilise these"*

*"To hear about what's going on in the organisation"*

*"Be involved in the process of change"*

### **The Ten Essential Shared Capabilities (ESC)**

The CCTA (2007) recommends that the team undertake Module 2 of the 10 ESC as part of the preparation process. However findings from the NIP suggested that this was too much additional work for the team and it was decided that the team would undertake the ESC assessment, which provided a broad overview of how the individual, team and organisation were meeting the identified capabilities. This information was then fed into the Step 2 workshop allowing for a reflective discussion and the identification of key issues and potentials actions, which would improve the outcomes for Children, Young People, and Families & Carers in relation to the 10 ESC.

Whilst this approach proved to be very effective, running parallel to the CCTA NIP was the development of [Essential Capabilities \(EC\) for effective emotional and mental health support](#) Developed in partnership with groups of children and young people the EC identify key values and behaviours that they feel are the hallmark of a good worker.

The EC now underpins the CTCYP (2011) and it is therefore recommended that all team members complete the [EC questionnaire \(CTCYP 2011\)](#) as opposed to the ESC assessment. The results and outcomes of the questionnaire should be discussed as a team and feedback at the first workshop, providing an opportunity for further discussion and the identification of suggested changes and actions.

*Key issues and potential actions identified as a result of the ESC assessment (Extracts from ESC exercise in Step 1 workshop)*

- *Increase awareness of demographics in relation to ethnicity and improved service we deliver*
- *Need to outreach to ethnic minorities*
- *Make links with the Trust Equality & Diversity Group*
- *Team forum to discuss complex cases/ethical dilemmas*
- *Hold open days to promote service*
- *Get feedback from Children, Young People, Families & Carers to evaluate and improve their experiences*
- *Flexible working times and more accessible services*
- *Use CAMHS office base for other agencies to hold sessions/drop in's*
- *Always make people feel valued/listened to*
- *Work more in partnership with school nurses/school health visitors, etc.*
- *Involve service users in service planning*
- *Increase access to psychological therapies to BME population*
- *Introduce outcome measures*
- *How do we value clients/families strengths? - Need to be more focused, disparity between young people's views of their needs and teams' view of young people's needs. (Balance between problem and strength). E.g. social care needs.*
- *NHS system and CAMHS Tiers structure does not support flexible working, very professional focused*
- *Referral route does not promote partnership working*
- *Is the name correct, should we be called Mental Health Service?*



## Step 2 – Team Function

Whilst this is usually the first full day workshop this was the second day in the CAMHS NIP. This workshop provides an opportunity for the senior sponsor to attend and put the process into a local context; identify key objectives, desired outcomes and the strategic direction of the organisation. However if appropriate this can also take place at the Step 1 introductory workshop. As part of the NIP three out of four senior sponsors attended and all three teams found this very valuable whilst the fourth team felt that lack of visible management support did not demonstrate true commitment and felt the senior managers were just paying lip service to the process.

### *The Senior Sponsor Role*

*The senior sponsor should be a member of the senior management team and their role will be to ensure that the SMT are kept updated and to provide leadership and support throughout the process (for further information see The CTCYP (2011) Executive summary). As part of the CCTA National Implementation Programme, the roles were undertaken by:*

- |                                       |   |
|---------------------------------------|---|
| • Wigan Tier 3 CAMHS                  | Senior Sponsor - Assistant Director of Operations (CAMHS) |
| • Sandwell Tier 3 CAMHS               | Senior Sponsor – Director of Workforce                    |
| • Longview Tier 4 CAMHS               | Senior Sponsor – Associate Director of CAMHS              |
| • Leicester County South Tier 3 CAMHS | Senior Sponsor – Interim General Manager                  |

The aim of this workshop is to provide an opportunity for attendees to explore the function of the team and the skills and capabilities that exist within the team. Surprisingly this is often the first opportunity the team have had to identify, share and explore their individual skills, experience and qualifications. If the teams wish to compare their current staffing against the England Average they can input their establishment information into the **Team staffing data sheet (CTCYP 2011)** and if they wish to explore their skills further it is suggested that they undertake [the Self Assessed Skills Audit Tool \(SASAT 2011\)](#) which can be undertaken as part of the [Comprehensive CAMHS Integrated Workforce Planning Tool](#).

Another aspect of this workshop is to clearly define the service the team provides, when, where and to whom. This exercise often sparks a lot of debate and all the CAMHS teams had a lot of discussion with regards to the age range that the service was provided for, which in some cases resulted in the need to clarify this with senior management and/or commissioners prior to the next workshop.

During this workshop the teams were asked to 'think outside of the box' and consider how they could work in new and different ways to improve the service they delivered, below are some examples of their suggestions:

*How could you work in new and different ways?*

- *Flexible working – weekend and after hours services*
- *Formally share skills that exist within the team*
- *Review existing procedures such as CPA & CMM to avoid duplication and ensure efficiency*
- *Introduce and develop Housekeeper role to support social skills, personal hygiene and nutrition*
- *Take service out to the community – outreach bus/use community venues etc*
- *Introduce crisis line and crisis cards*
- *Change MDT format so it is consistent and meaningful*
- *Use best practice and evidence to develop specialist roles. E.g. Psychosis, eating disorder specialist/ Learning Disabilities specialist*
- *Explore extended roles such as Responsible clinician, non medical prescribers and AMHPS to help eliminate some of the problems seeking medical opinion for section 17 leave etc.*
- *Introduce STR and support worker roles at Band 3 & 4*
- *Identify Link workers to with outside agencies/organisations*
- *Increase and introduce group work for young people and parents*
- *Use open days and information to reduce stigma and promote service to community*
- *Develop work experience office junior role*



### Step 3 – Children, Young People, Families and Carers Needs

This was the third of four workshops, and probably the most challenging. Originally called **Service user and Carer needs (CCTA 2007)** this Step was renamed to ensure it reflected services for children and young people. As the name suggests this step explores the needs of the people who use the service, so whilst Children, Young People, Families & Carers should be included throughout the process it is suggested Step 3 is a 'must do' and should also welcome those who, due to personal commitments are unable to be involved in any of the other workshops but would like to contribute to the process.

#### *Engaging with children, young people families and carers*

*To engage children, young people, families & carers in the CCTA clinicians asked specific families they were working with. The trusts membership lead also made contact with young people who expressed an interest in supporting the trust. Initially it seemed that the decision as to who and how people would be involved could only be managed by the consultants. This was however challenged by a team member, the outcome being that we had a mix of young people, two mothers and one teenager.*

*During the workshops the team willingly engaged with children, young people, families & carers and their views were sought throughout. However at times it felt that the responsibility for their involvement and preparation was placed on the facilitators.*

*The challenges from a facilitators perspective were not knowing until the day if we would have any service user involvement and how to keep the service users' presence and views 'alive' after the day's events so that this does not feel tokenistic.*

*Viki Elliot  
Community psychiatric Nurse (CAMHS)  
Joint CCTA Facilitator  
Leicester Partnership NHS Trust*

It is worth noting that whilst two of the teams had young people and family members involved successfully at all the workshops, one of teams chose to engage young people outside of the workshops, as a parallel process, whilst inviting them to attend the Step 3, and the fourth team struggled to engage with Children, Young People, Families & Carers but recognised this as a key action point for future work. Of those young people and family members that did engage the majority were currently using tier 3 or 4 services, with a few having used services previously and maintained involvement with the organisation in a participation capacity.

*After extensively trying to recruit members from a variety of sources, we were successful in obtaining the involvement of four services users. We found that one of the benefits of the CCTA was that it helped us to facilitate consultation with service users and actively involve them in the development of the services. As part of our implementation and review process we will be inviting those who participated to meet with us to discuss our progress to date.*

*Simon Thompson  
Team leader  
Sandwell CAMHS  
Sandwell Mental Health and Social Care NHS Foundation Trust*

The first part of this workshop requires the team leader to present demographic information about their locality such as population, ethnicity, gender, health needs etc which then forms the basis of an exercise to explore the needs of the locality and how the team could better meet those needs.

However during implementation it became apparent that team leaders often struggled to access the relevant information and that there was very little consistency in the information presented, which in turn had an impact on the outcome of the exercise. To resolve this issue **local population presentation guidance notes (CTCYP 2011)** were developed supported by a **local population PowerPoint template (CTCYP 2011)**.

The template provides team leaders with a mock presentation with hyperlinks to The Office of National Statistics, CAMHS Mapping, ChiMat Child Health Profiles and The Public Health Observatory. Step 3 also includes additional supporting tools such as an **Ethnicity data sheet (CTCYP 2011)** which allows the team to compare their caseload to the national profile and a **Case and skill mix data sheet (CTCYP 2011)** which, once populated, will identify the skills required to meet the incidence of presenting problems.

These additional tools not only ensure consistency but also raise awareness of information available and the benefits of collecting and using statistical data. The data can also be used in the future to contribute to the web based [Integrated Workforce planning tool \(IWPT\)](#) which aims to help the NHS join up more effectively and involve local partners in the development and implementation of workforce plans, integrating services that will support children and families to have the best start in life.



*Extracts from workshop evaluations*

*"I appreciate the opportunity to be involved from a carer's point of view. I hope my contribution was useful and carers/users needs are factored into the final plan"*

*"It was really good to have young people present and hear their point of view however I think the day was maybe a little long for them and they struggled to keep focused"*

*"Would have been better if we had young people at the workshop"*

Another key component of this workshop is for the team to identify and prioritise the needs of the people who use their service, using a series of heading as guidance. As a result of some previous work and to make the process relevant to services for children and young people the teams were given a choice as to whether they used the five categories from the CCTA 2007; *Communication; Physical Health; Mental Health; Social Inclusion and Carers* or the five priorities identified in the Every Child Matters (ECM) outcomes framework; *Being Healthy; Staying Safe; Enjoying and Achieving; Making a Positive Contribution and Achieving Economic Well-being, with the addition of a carers category.*

Whilst the first two teams opted for the ECM headings, discussions that followed suggested that maybe the original headings were more concrete and provided clearer direction for the team, hence team three opted to use the original headings which appeared to provide better outcomes and these remain in the CTCYP 2011 however, teams still have the option to use the ECM outcomes if they feel they would be more appropriate.

### *Examples of indentified priority needs*

- *Respectful, two way communication between all parties using therapeutic listening skills*
- *Consistent working practices between MDT and outside agencies*
- *Use of clear, concise language, communications and information understandable to all.*
- *Use of variety of communication techniques media i.e. mobiles, text, Internet*
- *Access to Physical health activities & Health promotion*
- *Information and support regarding benefits, housing, further education & employment*
- *Open communication with carers by preferred method of email, text, and phone or in person*
- *Recovery focused approaches*
- *Assessment of Needs/Mental Health*
- *Access to a range of therapies*
- *Appropriate access to flexible services – weekend and evening, accessible venues*
- *Children, Young People, Families & Carers to be listened to*
- *More knowledge about medication, side effects and diagnosis etc. for Children, Young People, Families & Carers*
- *More Carers support networks/groups*
- *Improved inclusion and engagement of Children, Young People, Families & Carers in service development*
- *Mental health awareness training in schools*
- *Not to be kept in services longer than necessary*



## Step 4 – Creating a Needs Led Workforce

Step 4, the final of the workshops, provides an opportunity for the team to reflect on their journey through the CCTA, and to collate all the changes that have been proposed throughout the process. To ensure that all the suggestions and ideas are captured at the workshop the process now incorporates an **identified changes handout (CTCYP 2011)** which supports the facilitator to go back through the Team Profile and Workforce Plan (TPWP) and capture the information generated during the previous workshops.

*The CCTA process gave us a framework to focus on our skills and enabled all team members to provide a positive contribution. The team came up with new ideas and areas to develop all of which were realistic and linked to need. Of the 18 key actions identified, 8 have now been completed, 7 are still in progress and 3 are yet to be actioned.*

*Tarnia Woods  
CAMHS Locality manager  
5 Boroughs Partnership NHS Trust*

The information recorded on the **identified changes handout (CTCYP 2011)** is categorised by the facilitator into NWW, New Roles, Learning and Development or Other. Previously this was undertaken by the team during the workshop however having this prepared beforehand ensures that nothing is missed and provides more time for the action planning process. Below are examples of some of the key changes identified by the teams during the CCTA workshops.

### *New ways of working*

- *Provide a more flexible and accessible services; outside normal office hours, within community venues, drop in/one stop shop, outreach and mobile services.*
- *Develop better partnership working with other services i.e.: schools, health visitors, 3rd sector, job centres, paediatrics, tier 2, housing, YOT*
- *Introduce specialist groups and clinics; joints clinics with other disciplines,*
- *Improve the way we involve service users and carers; review communication methods, make links with VIK, introduce young people's forum, involve in service planning, provide MH education to users and carers,*
- *Develop role of health care assistants; utilise and develop excising skills*
- *Introduce rotational posts as developmental opportunities and to improve partnership working*

- Review role of existing charge nurse posts, develop specialist portfolio of responsibility
- Improve team working; introduce transparent diaries, all staff to be rostered, communication book
- Introduce core team approach
- Introduce evening and weekend therapeutic programme
- Review current vacancies; explore using vacancies for lower band roles (3&4)
- Improve service provision and engagement with BME communities; link with trust diversity and ethnicity group, IAPT for BME communities, CAMHS BME strategy, ensure information provided meets needs of BME communities.

#### *New Roles – further explore the introduction and development of:*

- STR workers and support worker roles
- Primary mental health workers
- Expert patient role
- Link worker roles
- Transition worker
- Parent MH workers
- BME development worker (with specific CAMHS training)
- Work experience admin role
- Nurse prescriber role
- Housekeeper
- Advanced practitioner roles
- Assistant practitioners
- Responsible clinicians
- AMHPS
- Parent advocate role
- Dietician

#### *Learning and development*

- Introduce secondments/shadowing/mentoring opportunities
- Develop a forum to share knowledge and skills in house
- Increase joint working to share and improve skills
- Introduce case specific supervision
- Review MDT and incorporate specialist case discussion
- Increase provision of training to other services
- Use QNIC training manual
- Raise MH awareness of young people

### *Other*

- *Develop comprehensive treatment package; integrated model of care, introduce care bundles/(packages*
- *Improve access to physical health activities*
- *Break down stigma; more public involvement, hold annual open day/ event, utilise world mental health day to promote services; MH leaflets in schools,*
- *Improve services for parents with a MH condition; therapy group,*
- *Improve communication with young people; review brochure, basic signing training for all, improve access to laptops, introduce crisis cards,*
- *Improve the environment; age appropriate, decoration and hearing.*

What became evident at this workshop was that a lot of team members struggled with completing the action planning process and that more guidance was required. To address this **Action Planning Guidance (CTCYP 2011)** was developed, supported by additional information in the **Step 4 Supporting presentation (CTCYP 2011)** and a revised **Action Plan Template (CTCYP 2011)** was produced. This was also underpinned further by amending one of the exercises to allow for the high priority action planning to be undertaken as a team exercise, led by the facilitator.

At this workshop it is important that the team leader identifies and arranges the groups, ensuring a good mix of team members and the presence of leadership qualities. During this workshop the facilitator takes a step back to allow the team leader to begin to lead the team through the action planning process.

### *What aspects of the Step 3 workshop did you find useful?*

- *Identifying changes needed to improve functioning within the team/service*
- *Leaving with plans as to what we are doing next and a clearer idea of where the new service is heading*
- *Looking at strategic aspects of what is required to enhance the service and how it is most effectively delivered*
- *Getting opinions from colleagues on their viewpoint of what needs to change*
- *Incorporating the changes into our serious untoward incident (SUI) action plan*
- *Working on action plans with people I would not normally work with*
- *Reflecting on the change process and NWW*
- *Identifying the skills that exist within the team*
- *Focusing on the wider aspects of our work beyond disciplines*
- *Feeling inspired talking about practical solutions that empower staff*
- *That we can work as a group and accomplish a great deal*
- *Understanding how we can make things change – I have never done an action plan before*
- *Change will always occur, it is up to individuals and the team as to how it is managed!!!*



## Step 5 – Implementation and Review

Whilst it is suggested that the previous steps take place over a period of 6 months, apart from key aspects, this Step should be open ended and the process should evolve from here. During Step 5, the Team Profile and Workforce Plan (TPWP) is finalised and presented to the senior management team.

The TPWP captures the teams journey through the process, incorporating their action plans, underpinned by a clear evidence base. It is at this stage that the senior management will determine how the TPWP will feed into the organisations workforce planning processes and inform the delivery and commissioning of learning and development programmes.

As previously mentioned, throughout the process the team identify a number of key changes that are then taken to the final workshop (Step 4) and translated into actions that are taken forward and implemented by the team as part of Step 5.

*One of the difficulties has been finding time to ensure the actions plans are implemented which has proved difficult to sustain within the team. We intend to have a team meeting to discuss this further and explore how the process can be sustained on a day-to-day basis. We also intend to use the CCTA action plans as a framework for future team away days.*

*Tarnia Woods  
CAMHS Locality manager  
5 Boroughs Partnership NHS Trust*

As part of Step 5, some of the team leaders attended a formal meeting with the senior sponsor and CCTA lead whereas due to practicalities and geographical constraints others met with the senior sponsor informally and then met with the facilitators at a later date. Ideally, this should be a joint meeting the aim being to provide the team leader with the opportunity to;

- ✓ Share the teams journey through the CCTA, identifying what went well and some of the challenges
- ✓ Present the TPWP with a specific focus on the priority red changes highlighting the rationale behind them, how they will be implemented within existing or reengineered resources and how the SMT can support the implementation process
- ✓ Provide a summary of the remaining actions, proposals for implementation and update of progress to date
- ✓ Identify and agree an implementation monitoring process, effective communication strategy and mechanisms to sustain change from both an organisational and team perspective.

This meeting provides a valuable opportunity to draw the process to a close from the facilitators perspective and handover the next phase of the process to the team leader. For the purpose of the NIP the CCTA National Lead met with the teams approximately 6-8 months after the final workshop to capture their progress in relation to their key actions, a summary of which can be found below;

### *Sandwell CAMHS*

*The key actions/changes the team identified during the CCTA process were:*

- *The development of a Primary Mental Health Services - This had been identified prior to the CCTA however, the process helped to provide the evidence to support the posts and to put the thinking into action. We have now recruited to a Primary MH post and a TAMHS worker post and are looking to recruit to a vacant YOT posts very shortly. Further review of our action plan identified that these new posts would also address some of our green and amber changes such as; better links with carers team, the development of a more comprehensive MDT assessment, developing capacity and capability at tier 1, develop mobile, proactive services for difficult to engage groups, improving access to specialist therapy groups*
- *To introduce Choice and Partnership Approach (CAPA) – A CAPA project officer has been appointed which will also help us to address additional changes identified during the CCTA process such as; improving relationship with commissioners, Development of more unified monitoring systems, exploring the issue of choice in relation to gender of worker, development of screening clinics, review of the referral officer role, better management of referrals and waiting lists, increase skills via peer supervision.*
- *The CCTA helped us to recognise and identify skills that existed within the staff team and utilise them to further develop the core skills of the team. We have now re-invested in our monthly clinical practice development group, which provides opportunities for peer supervision and clinical reflection. The team have also had the opportunity to develop specific skills and we are currently exploring how we can make best use of internal resources to deliver core CBT training.*
- *To develop BME Services – The team felt it was important that we better understood the needs, and improved access for, BME communities. Links have now been made with the Trusts Diversity leads to develop better partnership working and develop a trust wide CAMHS BME strategy.*
- *To Improve engagement and involvement - Because of the CCTA we have acknowledged that we need to consider how we improve the involvement of young people, families and carers now and in the future. Discussions are currently taking place about holding an open day/ engagement event for the people who use our service.*



- *To review the adult MH audit - One of our key changes has been to review the adult MH audit so that it feeds into the parenting programmes developed for parents with MH problems*

*Simon Thompson  
Team leader  
Sandwell CAMHS  
Sandwell Mental Health and Social Care NHS Foundation Trust*

#### *Wigan CAMHS*

- *To create a recurrent administration apprentice post – The aim being to provide an development opportunity for a young person whilst developing relationships with local colleges and job centres and releasing admin staff to focus on more complex admin duties.*

*Tarnia Woods  
CAMHS Locality manager  
5 Boroughs Partnership NHS Trust*

#### *Longview adolescent unit*

*During the course of the CCTA we identified a number changes which we have not actioned as part of the implementation process, these were as follows;*

- *We are now working more as a Multi Disciplinary Team (MDT) as opposed a senior team and a nursing team with all members undertaking the 'clinician of the Day' role, which sees them working on the unit alongside the nursing team.*
- *We have also introduced a daily MDT handover and MDT members have work plans and are included on the staff rota, they will also begin to work evenings and weekends in the future.*
- *We have reviewed our team establishment and have reduced the number of band 6 posts to allow more flexibility to develop new roles and all charge nurses now have a portfolio relating to key areas of interests and responsibilities*
- *Each young person has a core team which includes; key worker, co worker, MDT link worker and CAMHS care coordinator.*
- *The young people, families and carers are now involved in specific service development and we are working with an art director who is involved in our new build and will be working with our young people to ensure their involvement and contribution to the new development.*

- *Improve the environment - Although we are moving to a new build in the future during the CCTA we identified the need to improve the current environment. We have recently had some areas decorated and are getting new furniture and creating a separate lounge for our older young people.*

*We have been able to address these by introducing a comprehensive development programme, which includes;*

- *Shadowing opportunities with the Youth Offending and Early intervention team and Secondment opportunities into the Crisis team*
- *Band 3's undertaking Associate Practitioner course and Foundation Degree.*
- *Rotational Band 5 post between Longview and the Crisis Team*
- *A mandatory training schedule and a supervision and individual personal review (IPR) structure*
- *Nurturing nurses sessions*
- *Using existing skills within the team and the wider organisation to develop team capabilities in a variety of areas i.e. physical health, group therapy*

*Elizabeth Melless  
CAMHS Acute Services Manager / Matron  
Longview Adolescent unit  
North Essex Partnership Foundation Trust*

## Summary

The key issue identified throughout the national implementation programme was the benefits of allowing a team the luxury of the opportunity to spend time together, away from the workplace to identify ways of improving the service. Whilst some of the changes identified may have been suggested previously it was acknowledged that the CCTA provided the framework that allowed ideas to become reality. There were many reoccurring themes identified by the teams such as; the need to deliver a more flexible service that is responsive to the needs of the people who use the service, in relation to time, venue and what service is offered.

### *The CCTA process*

*The CCTA confirmed a lot of thinking for the team, whilst some of the ideas were there already I do not believe we would have actioned them without the CCTA. The process provided a structured framework and a focus that enabled everyone to contribute and to turn ideas in actions.*

*We have nearly achieved all our actions but will continue to use the CCTA framework to support further developments. The CCTA action plans will be transferred onto a summary sheet so everyone can see progress to-date and will provide the structure for our team away day.*

*We cross-referenced our CCTA action plans with our serious untoward incident (SUI) action plan which was extremely helpful and enabled us to demonstrate our actions and make the CCTA real. The action plans also assisted with our auditing process and are regularly reviewed at our weekly strategy meeting.*

*Elizabeth Melless  
CAMHS Acute Services Manager / Matron  
Longview Adolescent unit  
North Essex Partnership Foundation Trust*

It was also evident that whilst teams initially felt they were good at engaging with the people who used their service this was not always the case. Initially most team members struggled with the concept of having children, young people, families and carers at the workshops and also with the recruitment into the process i.e. who, how etc. Many team members expressed concern that some of the young people would not feel comfortable participating in the process and others did not feel that the organisation had adequate procedures to support their involvement. Following the CCTA the teams acknowledged that they needed to improve the way they involved and engaged the people who used their services moving from an informing, consulting approach to a more collaborative, partnership approach. It was also recognised that we needed to think about more creative ways of involving children and young people in the CTCYP to ensure their interest and level of contribution to the process is maintained.

#### *CCTA Implementation and sustainability*

*I don't know how prepared we would have been without the CCTA, it has provided us with some structure and stability in what is a rapidly changing climate. At times it felt like a chore but it has made sure we get things done and has been really useful to have a clear action plan in light of the current changes*

*The CCTA action plans are a standard, stand-alone item at the team meetings and the senior manager meeting and we have been able to group some of the actions into larger scale changes and integrate some of them into business plans and QIPP action plans*

*In light of the current climate, we have reprioritised some of the changes whilst ensuring we keep to the essence of what the action plans represent. We recently had a team away day to focus on our core business and the TPWP provided a focus for the day and allowed us to review our current actions and identify ways forward.*

*Simon Thompson  
Team leader  
Sandwell CAMHS  
Sandwell Mental Health and Social Care NHS Foundation Trust*

Throughout the delivery of the process it became evident that the CCTA structure and process was indeed transferable across services for children and young people. However changes in terminology, guidance and specific documentation were required to respond to site feedback and make it specific to particular services for children and young people. The outcome of the national implementation programme was the development of a specific tool branded as Capable Teams for Children and Young people which follows the CCTA framework but is guided by the needs led services for children and young people.

## Key lessons learnt



- ✓ Service specification - Teams should have a knowledge and understanding of their service specification
- ✓ Leadership - Supportive and effective leadership, at all levels, is vital to the process
- ✓ Role Responsibility - Adequate preparation is essential and identifying and naming key individuals to lead aspects of Step 1 such as; data collection and participation of children and young people will support the preparation process
- ✓ Facilitation skills - Enhancing and developing facilitation skills will support future delivery of the CTCYP. The Action learning 'pass it on' model is an effective way to develop facilitation capacity and capability
- ✓ Participation of children and young people - Organisations and teams should ensure they have appropriate systems and processes to support meaningful participation of children and young people
- ✓ Action Planning - The CTCYP provides all team members with the opportunity to develop action planning skills and participate in the production of team action plans
- ✓ Integration of actions plans - The integration of actions and changes into existing processes such as; SUI action plans, Productive Ward, Care Quality Commission outcomes will ensure sustainability and prevent repetition
- ✓ Innovative Teams - Teams often have the ideas and answers and the CTCYP provides them with a framework to support their innovation
- ✓ CTCYP is just the beginning - The CTCYP is just the beginning of what can be a very production journey to support the team to identify innovation ways of improving the service they deliver, in partnership with children, young people, families and Cares.



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