



*National Institute for  
Mental Health in England*  
NATIONAL WORKFORCE PROGRAMME

## Creating Capable Teams Approach (CCTA): Positive Practice Guidance

What is it really like in practice?



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What is it really like in practice?

March 2009

*National Institute for Mental Health in England  
(NIMHE)*

*National Workforce Programme*



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## Forewords

The development of the Creating Capable Teams Approach (CCTA) took place over the whole duration of the programme on New Ways of Working (NWW). Whilst each profession in Mental Health was articulating its distinct contribution, it was clear that for these contributions to be effective, they needed to be delivered in the context of the team and the care pathway. As important was to acknowledge that all staff need to have a shared and common approach, united by the focus on the person using that service and their supporters and carers.

Much research has been carried out on the effectiveness of teams, but none directly on having an explicitly workforce focus.

Although the programme supporting NWW is moving towards its close, the need for workforce redesign, as a key part of the streamlining and enhancement of care pathways and services remains undiminished.

Many services are only now beginning to embrace NWW or workforce redesign, and indeed to embark on the use of CCTA. This Positive Practice Guide is intended to help refine the process for some by illustrating how it has worked for teams so far and how some techniques could be used based on our experience to date.

Change takes time, particularly cultural change; but teams are powerful in making it happen and sustaining it if they are supported to get in the driving seat. We hope CCTA will assist this empowerment.

**Roslyn Hope**  
**Director**  
**NIMHE National Workforce Programme**

It needs to be clear that this is my personal view of the way the project went. Other people's views may vary depending on how the course worked for them.

At the beginning of 2008, I took part in a pilot project Creating Capable Teams Approach. Never having worked with professionals in this way before, I was slightly unsure of what my role would be. However, the process created a united, friendly and dedicated team who enthusiastically tackled the enormous amount of work given to them in the CCTA workshops.

Both service users and carers felt that we were listened to throughout the workshops particularly Step 3 where our input on the service users and carers' needs was vital. During the CCTA we identified a vast number of incredibly important issues and produced a 19 point Action Plan, some of which have been addressed whilst others are well underway. I have completed a Registry of Self Help Groups and Support Agencies in S.W. Kent which will be printed and distributed in due course. Though time consuming I am proud of the end result.

I am proud to have been part of this project. I used skills that I have not used for a long time and have gained confidence from the achievements that we have made. I hope that the success of this pilot group will inspire other teams to achieve the same results.

**Linda Riley**  
**Service User**  
**South West Kent**

# 10 Things everyone should know about the CCTA

1. Already over 90 teams have been involved in implementing the CCTA in England.
2. CCTA is essentially a team development process that assists teams to implement New Ways of Working.
3. Its uniqueness lies in its direct engagement with service users and carers, its workforce focus, and its “bottom up” approach.
4. All types of teams in mental health services have used the approach and work has also taken place with general acute services and social care teams.
5. Critical factors in the success of CCTA are the willingness and commitment from the team, service user and carer representatives, and the senior management of the organisation.
6. Teams that have completed the approach have identified a broad range of outcomes, many requiring no new investment but a change of practice which will lead to an improved service user/ carer experience.
7. The approach requires a facilitator, independent from the team, and over 450 facilitators have been trained nationally.
8. Organisational costs largely relate to the venue and team backfill costs. All of the necessary materials are available on-line.
9. Teams normally spend three days in workshops over a maximum period of 6 months on the process, but there can be flexibility in implementation.
10. CCTA is not rocket science but a straightforward, logical and engaging approach that helps teams focus upon, who it is, what it does, and how it can do it better!

# CCTA – What is it?

## Context

In 2003, the National Institute for Mental Health (NIMHE) National Workforce Programme (NWP) began a major programme of work in partnership with the national professional bodies to look at [New Ways of Working \(NWW\)](#). The aim being to address the issues facing the current workforce by ensuring the right people, with the right skills, are in the right places, thus making the best use of existing skills and experience and freeing up highly skilled staff from routine work.

The work, although initially focused on the role of the psychiatrist, went on to engage all mental health professionals and practitioners across health and social care. However, despite the involvement from a wide variety of professional groups, the direction of travel was the same for all: how to work flexibly as part of a team. To support this work The CCTA was developed to provide a structured way of helping teams to implement NWW into their current working practices.

## Who is this guidance for?

Primarily, this guidance is for those individuals who trained as CCTA facilitators to help them identify elements of good practice and learning from the early implementer sites. In addition, those teams or organisations who are considering undertaking the CCTA as an off the shelf product, will find the practical tips based on real life examples most helpful in taking forward this most important tool to improve the delivery of an effective mental health service that fully meets the needs of service users.

## What is NWW?

The principles of NWW are about the creation and sustaining of a capable, flexible workforce to respond to service user and carer needs effectively and efficiently.

From a NWW perspective, the fundamental unit of service delivery is the team, rather than lone professionals. Within the team, **responsibility is distributed**. This does not mean that responsibility is diffused or evaded. Practitioners take responsibility for the care they provide, and the advice they provide. Those in receipt of advice are responsible for what they do with it. Decisions will be made by individuals with their clients, but the model encourages team discussion of the more significant decisions, where more views on the issue will contribute to the safety and robustness of the ensuing plan. If one member of the team needs to take responsibility for the final decision, then who that is should be explicit within the team.

Service users are seen by the **most appropriate person** in the team to meet their needs. Thus in a NWW team, the consultant psychiatrist no longer has a large caseload of patients to be seen routinely in outpatient clinics a few times a year, often for many years. The time freed up, is used to respond in a flexible and timely manner as needed to help manage the care of those with more complex needs. New roles, such as assistant practitioners, or Support, Time and Recovery (STR) workers can help to free up the time of professionally qualified staff to deliver more therapies and interventions.

**Process redesign** is carried out wherever processes are found to be inefficient, for example taking too long or involving needless duplication. The time saved is reinvested in clinical care. A multidisciplinary assessment can actually save time, because one team member can record the information while the second gathers it, and decision making is more robust, obviating the need for lengthy feedback at team meetings. The time saved is reinvested in clinical care, for example to ensure that nobody has to wait for an assessment in the first place.

**Workforce planning** ensures that the skill profile of the team matches the needs they have to serve. Opportunities are taken to develop practitioners into enhanced or extended roles, with appropriate training and support, where these can increase the 'fit' between the needs and the skills available.

The results should be:

- Service users seen in a timely fashion, when needed
- Reduction or elimination of 'routine' outpatient clinics
- A flexible and coherent approach – so that service users do not find themselves caught between different services for which they do not 'fit' the criteria
- An enhanced role for the care co-ordinator, who brings in others to assist with the care plan as required, with better information sharing – so that different professionals can use each other's assessments
- Optimal use of the available technology to improve efficiency
- Reasonable caseloads for all, no waiting lists, and good throughput through the team; appropriate discharge back to primary care, as well as re-referral when needed, are both straightforward and timely processes.
- More time is available for a holistic approach to care, encompassing all bio psychosocial aspects
- High levels of service user and carer satisfaction, which the team measures and reflects upon
- Intelligent use of team data to improve performance and outcomes
- Intelligent and appropriate sharing of communication and information to work with service users and carers in partnership

## What is the CCTA?

The CCTA is a 5 Step, person centred approach with a **defined workforce focus**. The aim being to support teams to review their services based on the skills and capabilities required to meet service user and carer needs and to enable them to utilise the opportunities and flexibilities that NWW and New Roles offer, within existing resources. Implementation of the CCTA takes approximately 6 months and consists of 3 full day workshops which require the contribution of the whole team, including service users and carers.

## How is the CCTA implemented?

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/s throughout the process, particularly in relation to the implementation of the action plan. Team members have reported 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.

Further information about the organisational commitment, the role of the senior management and the resources required to support the process can be found in the [CCTA executive summary](#).

The [CCTA facilitators' handbook](#) and [participants' handbook](#) provide a detailed, comprehensive breakdown to support the delivery of, and participation in, each of the 5 Steps. However, the following information provides a brief summary and practical examples which aim to support delivery and shared lessons learnt from the early implementer sites. In addition a number of good practice guides can be found in the appendices of this document.

### Step 1 – Preparation and ownership

Ideally, 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. Whilst the importance of this step was stressed throughout the facilitators workshops, it still remains the step that people acknowledge is not always completed thoroughly enough. One of the key things to stress to teams is that the CCTA does not make a capable team it supports the further development of an already forward thinking capable team.

It helped to be given a mobile number to call if there was a problem and to know the facilitators were happy for us to contact them

Service User

It was made clear that if someone wasn't feeling too good we knew who to go to for support

Service User

The team was initially apprehensive at being perceived as not capable, did not fully understand the process and felt some scepticism about involving users and carers. However, after the first workshop they were all keen to be involved, including the consultant psychiatrist, and found the involvement of service users and carers very beneficial

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Whilst it is suggested that Step 1 be undertaken in normal team meetings, if the team can afford the time, some of this step can be delivered as an additional introductory workshop (Appendix I).

## 10 Essential Shared Capabilities (ESC)

Whilst it is recommended that the team undertake module 2 of the 10 ESC how this is undertaken should be determined by the team leader and the facilitator. The team leader may wish to lead their team through the process as a whole team or may suggest that people work in small groups or pairs. However, should the team wish to undertake the ESC as a facilitated session this could be delivered by in-house trainers, the CCTA facilitator or the team leader. There is also the option of undertaking a one day ESC introductory workshop that was developed in the Yorkshire and Humber region.

### Step 2 – Team Function

As the first full day workshop, Step 2 puts the CCTA into a local context and it is important that the senior sponsor attends this session to present a brief overview of how the CCTA fits into the organisations strategic direction. The workshop provides an opportunity for the team to explore the function of the team and the skills and capabilities that exist within surprisingly this is often the first opportunity the team have had to explore individual skills, experience and qualifications. A lot of discussion also takes place about the actual function of the team, often resulting in the need to clarify this with senior management and/or commissioners prior to the next workshop.

A great opportunity to re-evaluate and hear about each others skills and talents that we were not aware off and to discover that we had a vast amount of collective experience and years.

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It was very valuable to see staff as human beings who were positive about change  
Service User

I was quite amazed at the skills and experience of the team members and how these could be applied in different areas  
Service User

Initially felt that the national overview was not relevant to us but it did make sense to see how it all fitted together.

It was good to hear about what was happening in the trust and how the work we were doing with the CCTA fitted in

It was really nice to get together as a team and here all about everyone's roles and skills etc, and to share my knowledge and experience.

We had a lot of discussion about the team and it was interesting to hear the different views about the team function and core aims.

Extracts from team members evaluations

### Step 3 – Service user and carer needs

This is the second of the three workshops, and probably the most challenging. The team are asked to identify and prioritise the needs of service users and carers and then to determine who meets the need now, and who could meet the need in the future. Whilst the process used ensures everyone has a voice, it is essential that there is good service user and carer representation to ensure the reflection of true needs as opposed to perceived needs. Some teams, particularly those who have consulted with a wider service user and carer group, have discovered that often the perceived needs differ greatly to those identified as priorities by users and carers. Once priority needs have been agreed, the workshop provides a good opportunity to map the needs against the skills, qualifications and experience identified in Step 2 and to begin to think about addressing any gaps.

As a result of the 'local population exercise' we identified that incidence of heart disease and cancer were high in Halton and women who lived in Halton had a life expectancy of 2 years less in comparison to other local boroughs. As a result we introduced several "lifestyle groups" looking at healthy eating; exercise etc. and we have started a walking group where ladies wear pedometers to see how far they have walked. We also have a number of external speakers who attend the ward e.g. dental nurses, dieticians to give advice and information.

Mandy Bailey, Ward Manager  
Weaver Ward, 5 Boroughs Partnership NHS Trust  
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Whilst the process felt a little long winded and complicated at times it was good to get to our final 20 priority needs and to start to think about how the team could develop and begin to work in different ways. It was good to hear things from a service user perspective and understand what was important to them

Team member

It was nice to have a bit of respect and acknowledgement of our experience in being able to contribute to change and development of services"

Service User

We sat down together in groups so that no-one felt overwhelmed and we were all able to have our say"

Carer

#### Step 4 – Creating a needs led workforce

Step 4, the final of the 3 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. At this workshop, the facilitator takes a step back to allow the team leader to begin to lead the team through the action planning process. It is also at this workshop that the senior sponsor should return to allow the team to feedback some of the actions they have identified.

One of the most powerful aspects of this workshop is the sense of ownership when the team realise that they really do have a say in how things change

CCTA facilitator

I got a glowing feeling from someone using my idea

Service User

This was the most enjoyable of the 3 workshops, you could see how it all fitted together and everyone got a chance to say how the service could improve and what changes needed to happen.

Team Member

## 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 CCTA, 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.

Five Boroughs partnership NHS Trust

Following completion of the CCTA with 10 teams within the Trust, as part of Step five, team leaders from all of the teams were invited to meet individually with Ray Walker, Director of Nursing, governance & performance

The aim of the meeting was to provide an opportunity for the team leaders to feedback on the overall process, to present their action plans and to identify what support they required from the senior management team (SMT).

This process demonstrated an ongoing commitment from the SMT and empowered the team leaders to drive the implementation process

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As the team leader I have maintained an overview of all the changes we identified but have found that due to the staffs level of motivation actioning the changes has become a natural process. We have integrated our CCTA actions into our other improvement processes such as Essence of Care and AIMS and have had a team away day where we were able to review the changes we have made and identify what next

Mandy Bailey Ward Manager  
Weaver Ward, 5 Boroughs partnership NHS trust  
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At the end of the process it felt like we had ‘renewed our wedding vows’, all the team were really motivated and I don’t have any concerns about sustainability as I always find that people can always find time for things they have contributed to and are passionate about

Maureen Jolley, former Team Leader  
St Helens North CMHT, 5 Boroughs Partnership NHS Trust  
Now with Manchester Health and Social Care Trust  
[Maureen.Jolley@mhsc.nhs.uk](mailto:Maureen.Jolley@mhsc.nhs.uk)

## Where does it fit?

### The practical realities

#### *People are busy!*

Employers and their staff have a tough time in just keeping services running smoothly on day to day basis. Stepping back to work on improving processes and practice can take a lot of precious time.

NWW principles have offered opportunities to think differently and act creatively. CCTA is one key method that has been developed to enable NWW to be addressed pro-actively by teams, working closely with service users and carers.

It is frequently commented that it feels too time consuming to undertake, and too much of a luxury to allow a team three separate days of time out to review and plan their workforce and training needs. Yet most staff who have gone through the process have felt it was time well spent. There are many development options available to teams, CCTA is just one approach. Although its focus is on NWW this approach covers many of the themes teams struggle with i.e. clear roles, clarity of purpose, meeting service user and carer needs and planning for the current and future demands on the service

### Some tips from lessons learned so far

Here's some suggestions based on our experiences;

- All teams are subject to continuous flux and change so it both necessary and possible to work with teams which are changing and have internal relationship difficulties. This requires the facilitator to be able to manage the inconsistencies and challenges that occur.
- Learning how CCTA works as a complete process is important for a facilitator at the beginning, in order for them to get to grips with the materials and the thinking behind the CCTA. It is important for each facilitator to work it through the approach completely at least once. Feedback suggests however that modifying exercises to fit the group is perfectly possible and is important if it enables better engagement of the team at the outset.
- Managers often ask whether the results from one team can be directly transferred to another for implementation. Although there may be some ideas that are directly relevant to others and may be easily transferable, a standardised approach is unlikely to succeed. This is because there is a real benefit that comes from the teams themselves working with their service users and carers to look at their own situation and come up with their own solutions.
- In the NWW Implementation Guide (2007) we published a series of questions that teams could use to discuss NWW in their ordinary meetings. We suggest these are considered as one option to structure thinking and begin to explore NWW, within the daily business of the team.

### What about other initiatives – where do they fit?

It is common experience in the NHS and Social Care for products to come and go without clarity about their respective similarities and differences. All initiatives have their champions, some are favoured by important partners and all eventually have a limited shelf life; nevertheless it is vital not to lose some important gains made through these initiatives

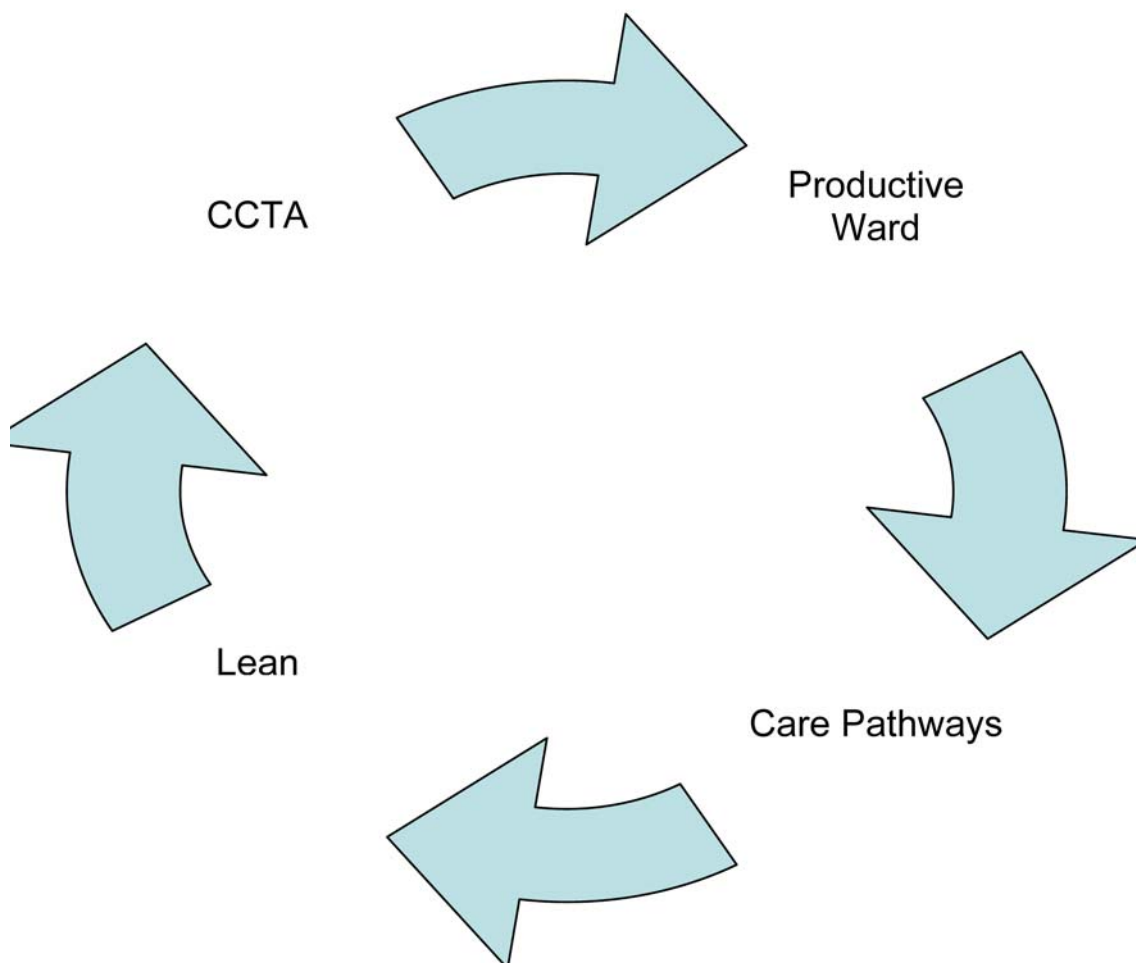
**The Productive Ward: Releasing Time to Care** is based on lean thinking and is an excellently produced toolkit to help review their processes in inpatient care. It requires a facilitator and managers work through key elements of work activities with input from staff and service users. The benefits are that this is a clear process to quantify and eliminate waste in the system. It may, but does not specifically, address workforce skill mix and learning and development needs. It will be interesting to see the outcomes of CCTA and the Productive Ward to see how each impacts on staff engagement, ownership and changing practice.

**Lean** is a way of thinking, based on Toyota developed principles which has influenced service improvement approaches in healthcare over many years; it has seen a resurgence of importance in recent years in some SHA's. Many staff have been trained in its use and involved in Rapid Improvement Workshops usually over a 5 day period. In these, staff review their pathway to identify and eliminate waste with a rapid turn around time. An excellent example of its utility in inpatient care has been seen in Middlesbrough where the team redesigning their pathway without a ward review resulting in tangible changes and benefits to staff and service users.

**Core Clusters** initiated by the South West Yorkshire Mental Health NHS Trust and working with other trusts in Yorkshire and Humber were developed as a system of classification. It is going to be the basis for Payment by Results (PbR) in mental health. The process uses a common assessment process (HONOS+) which aids allocation to a specific core cluster based on the presenting needs of service users and carers. The pathway for the cluster draws on what evidence suggests are effective interventions and gives indications of what competences and staff roles can deliver those. The staffing component is still very much at an early stage; if used creatively, and maybe in conjunction with the CCTA, it could promote flexible staffing and skill mix, based on NWW principles. In turn the cost of the pathways will inform the tariff for mental health service provision in the future.

## Conclusion

Although a truism, effective change takes time and irrespective of what methodologies are used with teams, or in what order, as it is the effective and meaningful engagement of teams themselves alongside service users and carers that is of the utmost importance. Ideally organisations should try to avoid using a one size fits all approach and consider ways in which the various approaches can be used to complement, as opposed to compete with each other. Selection should be based on the tools that best meet the needs of the team, and the organisations strategic direction.



## CCTA - Does it work?

One of the questions that often gets asked about the CCTA is “Do we need to undertake this with all our teams?” In an ideal world all teams would have the opportunity to undertake the CCTA however realistically, this is not always possible. Some teams may opt to undertake another process that they feel is more relevant to their needs whilst other teams may already be well on their way to implementing new and different ways of working and may not feel it is relevant to undertake the full process. To support such teams, a set of questions have been developed, which can be found in the [NWW Best Practice Implementation guide](#), these are based on the CCTA to help the team to identify and explore the key issues further.

The CCTA should be used in a way that best suits the organisation and the team. Whilst it is best delivered as suggested in the facilitators' handbook, facilitators may wish to adapt it to suit the needs of individual teams or specific services areas, to ensure it fits with key policy drivers and ongoing organisational developments. Consideration should also be given as to how changes and actions identified by teams who have undertaken the CCTA are shared across the wider organisation to ensure continued benefits for all.

To help address some of the issues, examine what an organisational approach would look like, develop shared learning and to support further developments the North West region agreed to lead an early implementer programme in 2007

### North West Early implementer programme

As part of the development of advice on assessing workforce needs and issues in acute mental health services, the NIMHE National Workforce Programme in partnership with the NIMHE Acute Care Programme undertook to implement CCTA in three areas.

Three Mental Health Trusts in the North West agreed to become early implementer sites and to undertake and report back on the process which would inform the national roll-out of CCTA, and the work of the NIMHE Acute Care Programme. The three teams, two acute wards and a Psychiatric Intensive Care Unit (PICU), completed the CCTA for adult acute care projects and their Team profile and workforce plans can be found on the NWW website at [www.newwaysofworking.org.uk](http://www.newwaysofworking.org.uk). This work is also included in a workforce report for acute care services *More than just numbers*. Following on from the early implementer sites, the CCTA has now been explored in all of the North West Mental Health Trusts and most have teams have completed CCTA with one or more teams.

## **An organisational approach – The 5 Boroughs experience**

The 5 Boroughs Partnership NHS Trust is a specialist Mental Health Trust which employs 2,300 people and serves a population of 938,000. They provide services from over 100 venues across the communities of Halton, Knowsley, St. Helens, Warrington and Wigan, with many of the community services jointly provided with social care staff from Local Authorities.

Their five business streams are:

**Children and Young People's Services**

**Adult Services**

**Older People's Services**

**Learning Disability**

**Forensic Services**

### **Change for the Better – Adult Service reorganisation**

During 2008/09, they built upon the highly successful 'Change for the Better' service redesign which was implemented in 2007/08. They now provide community focused adult services in line with the National Service Framework for Mental Health. This includes Single Point of Access Teams, Crisis Resolution/Home Treatment Teams, Assertive Outreach Teams, Early Intervention in Psychosis Teams and Community Mental Health Teams. The community services are supported by the in-patient facilities in each of the boroughs.

Part of this major redesign of operational services included a workforce development plan. This plan focussed on staff and team development and one proposal was to use the CCTA. The CCTA was proposed because some Heads of Service requested a framework for developing new teams and CCTA was suggested as it addressed many of the workforce challenges facing the new design of service. The Trust selected Weaver Ward a female acute in patient team to pilot CCTA. The pilot was successful and is reported elsewhere in this guide.

### **Teams Involved**

The success of Weaver Ward led the Trust to decide to invest in a further 5 teams to undertake CCTA. 10 Teams volunteered to participate. Each was assessed for their suitability and enthusiasm. The decision was made to accept them all.

These teams are from the following areas:

- 1 Female Acute ward
- 2 Early Intervention Teams
- 1 Older Persons CMHT
- 2 Adult CMHT
- 1 Learning Disability Assessment and Treatment Unit
- 1 Enhanced Day Therapy Unit
- 1 Male Acute ward
- 1 Crisis Home Treatment Unit

These 10 Teams went through the process during an 8 month period and were able to feedback to the senior sponsor, as part of Step 5, in one day.

### Outcomes

From an organisational point of view, it is worth reminding ourselves of some staff's perception of doing something new and as empowering as CCTA. There was a feeling of scepticism and some were cynical that things could change through this process. This is understandable if teams are 'used to having things imposed on them'. As mentioned earlier, the preparation stage is vital to prepare staff to have realistic expectations of the process.

However there were far more positive comments regarding the whole process. Staff were able to reflect on changes made in the past and felt that the CCTA would be beneficial in developing new teams and services. It was pleasing to hear that team development was seen as a beneficial aspect to the CCTA as well as the role development of the Team Leader. The CCTA process has an end product of detailed action plans for the team to progress. Just by debating the issues during the process one team found solutions to long standing problems leading to improved staffing levels and improved services for users.

### Meeting with Senior Sponsor

The Senior Sponsor met with all team leaders and discussed the changes identified. In addition to agreeing and supporting the changes identified by teams the Senior Sponsor was able, in some instances, to agree with a team leader that they had the level of responsibility and authority to make changes.

### Organisational Benefits

Benefits to the organisation include:-

**Leadership** – the CCTA process enables team leaders to demonstrate their leadership abilities throughout all the steps. It was found to clarify operational vision, standard and values setting, and team make up and spirit. Team Leaders are involved from the very start of the process and in most cases proposed their own teams to participate. Leaders used the opportunity to involve all

team members, delegate tasks to deputies and other team members and maintain the drive throughout all steps. Some Leaders used the opportunity to reflect on their own style and identify their development needs.

**Staff involvement** – the development of the Team profile and Workforce Plan is a living document that records the involvement of all staff. The plan is designed to be repeated over time so that it is the ‘approach’ that is adopted by the team to maintain sustainability toward team and service development. This record of a ‘bottom up approach’ is invaluable in providing evidence for the Health Care Commission, Investors in People and Improving Working Lives purposes.

**User and Carer Involvement** – teams learn that unless there are User representatives and Carer representatives involved in the planning of services then there are no plans worth speaking of. The engagement of Users and Carers throughout the CCTA, like the 10 Essential Shared Capabilities, underpins the whole process.

**Not only operational teams** – If operational teams are empowered to accept the challenge of NWW and deliver services in accordance to the needs of service users and carers then corporate support service must also review practices. CCTA encourages teams to review services and team make up. To be able to do this, teams need support services to fully understand the operational processes and skills requirement of the organisation in order for teams to have a flexible approach.

### Next steps

The Trust is still evaluating the overall effect of 11 teams in total taking part in the CCTA. It is anticipated that a further 4 Teams, including a non operational support team may undertake the CCTA. The challenge to Trusts is being able to populate a single dimensional Training Plan by the CCTA multi dimensional team profile and workforce plan!

### Role of the a local organisational CCTA lead

Although CCTA is an off the shelf approach, the role of the local organisational lead is pivotal in rolling out the approach and monitoring action plans.

The amount of time dedicated to the lead role will be dependant upon the number of teams; however it is worth noting that the role becomes easier with familiarity. The CCTA lead can be from any professional background but it is essential that they have good facilitation skills, a good knowledge of the CCTA and new ways of working, understanding of the change process and an awareness of the clinical demands on teams.

Some of the key elements of the CCTA lead role are:

- ✚ To facilitate teams through the process
- ✚ To develop expertise and provide a point of contact in relation to CCTA
- ✚ To build up a cohort of facilitators by providing shadowing and mentoring
- ✚ To promote, and raise awareness of the CCTA across the organisation, including Service Users and Carers.
- ✚ To oversee the CCTA implementation process, ensuring equity across service areas
- ✚ To support the implementation of Team profile and workforce plans (TPWP) to ensure they link into the organisations workforce planning and learning and development processes
- ✚ To develop structures to support shared learning
- ✚ Ensure the CCTA outcomes are reflected in the organisations strategic development
- ✚ To maintain an overview of the progress of teams action plans, ensuring senior support as required

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## Acute Care

Prior to the CCTA there was some work happening within the Trust to review the medical input into the wards and the CCTA helped us to contribute to this process. The team was able to clearly articulate the benefits of reducing the number of ward rounds and number of consultants who inputted to the ward, from nine consultants to four. As a team we are now working towards delivering all our care based on the structures identified in the Care Programme Approach (CPA).

We were able to influence the future development and function of the ward to a recovery focused provision rather than a long stay ward. The staff group are more skilled and motivated and service users report that the 'ward feels better'. There has also been a vast reduction in the number of incidents, use of restraint and number of patients absent without leave. There are now a number of other wards that want to undertake the CCTA many of whom have already implemented changes based on ours.

The biggest impact of the CCTA to date has been the increased skill base of the staff team, which in turn has resulted in the delivery of more therapeutic interventions and a more effective use of time. The issue we are still addressing is the move away from ward rounds and towards a CPA approach, this has been a slow process due to the scale of these changes, however we will continue to work towards this approach as we have evidence that this will better meet the needs of our service users and carers.

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Riley Ward, Greater Manchester West NHS Trust  
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It was exciting to be chosen as one of the first inpatient units to undertake the CCTA and we managed to include most of our staff team, including wider team members such as representatives from Community Mental Health Team (CMHT), Crisis Resolution Home Treatment (CRHT) and pharmacy. We also utilised the buddy scheme to ensure that those who could not attend were kept well informed.

We received a lot of support from our senior management team both during and following the process and there was a real feeling of empowerment when we met with the director of nursing to feedback our action plan.

We identified numerous changes as part of the process but the two that made the biggest impact were:

Moving from 5 consultants to one dedicated consultant, this was an issue that was identified by both service users and the staff team. Service users felt they did not get enough time with the consultant and patient surveys indicated they did not like ward rounds, in addition staff members were spending vast amounts of time undertaking ward rounds utilising time that could have been better used meeting the needs of the service users. We have now moved away from ward rounds and have needs led care reviews which has resulted in a more person centred approach. This has enabled us to introduce protected time, allowing uninterrupted time with the patient to undertake named nurse sessions and other therapeutic activities, some of which are carried out by our activities coordinator (a recently developed new role). Weekly community meetings involve the patient in the planning of therapeutic activities and we have a more structured approach to the interventions we provide as a result of the extra time available.

Introduction of complementary therapy - During the CCTA we also discovered that a number of the team had skills and interests in complementary therapy and as a result have been supported to attend additional training. We have also developed a dedicated relaxation room and received additional funding for gym equipment, and have identified a staff member who will undertake the appropriate training.

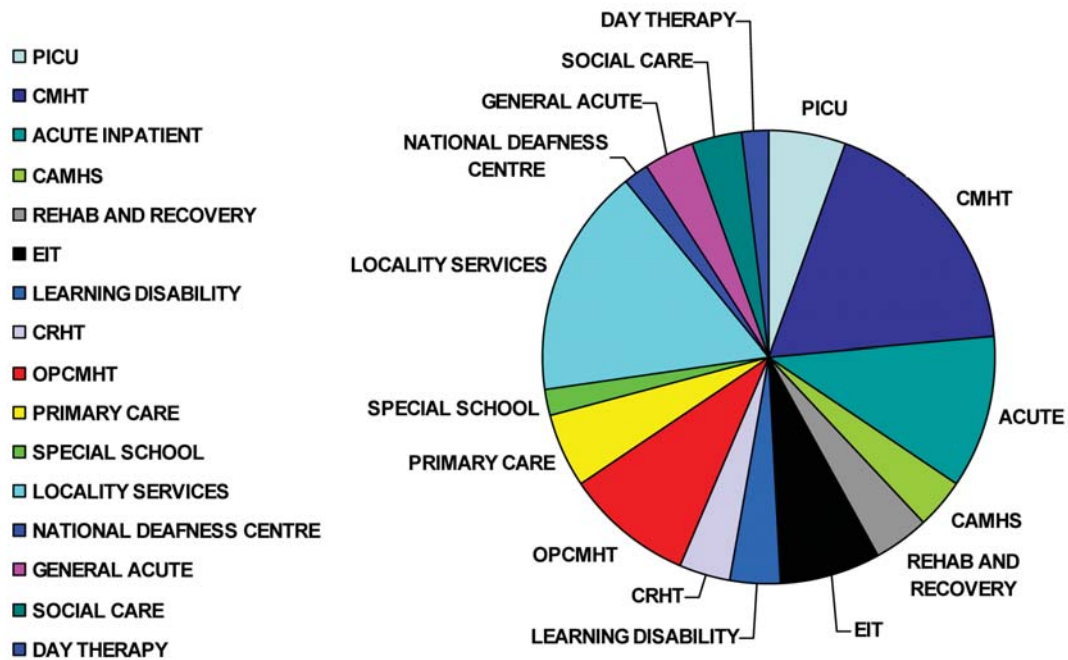
We have continued to use a similar approach to the CCTA at our team away days and have been able to integrate the changes into further developments such as essence of care and AIMS. The staff are now very motivated and exploring ways to review and improve our service has become a natural process.

It's really positive to see evidence of the changes you have identified actually happening and being given the opportunity to influence the change process as opposed to being told what to do.

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## Overview of service types

Whilst the initial implementation was focused on acute care, 2008 has seen the implementation of the CCTA across a wide range of service areas, an overview of which can be seen in the following diagram



## CAMHS

Modernising and strengthening the workforce is a central feature in the National Service Framework for Children and [Every Child Matters: Change for Children](#) and is an important theme within the [Children's Workforce Strategy](#) and its identified milestones. This means changing the culture of the workforce to introduce NWW and Introducing New Roles and extend existing practice to focus on the need to plan around skills and competencies, rather than professional groups.

Everyone who works with children and young people, whatever their role will need to have the appropriate skills, knowledge and motivation. The diversity of professions and occupations that make up the children and young people's workforce is a key part of its strength with partnership working being the key to success.

Workforce reform has been identified as a key priority in CAMHS this will mean retaining a critical focus on workforce redesign, improving skills, competencies, flexibility and capacity. In response to service need the CAMHS National Workforce Programme this year will embark on a national implementation programme of the CCTA. This approach supports and facilitates teams in looking at their function, skills and workforce requirements to work effectively, with children, young people and families at the centre of the service being provided. The approach will continue to support the multi-disciplinary nature of CAMHS, challenge barriers to change and deliver a flexible, person centred and efficient workforce.

## Nugent House School

In partnership with the CAMHS National Workforce Programme, the CCTA was undertaken with Nugent House School. This was the first time the CCTA had been used within this service area and to ensure it was relevant to the teams' agenda, the five categories used in Step 3 to identify needs were replaced with the five priorities identified in the [every child matters outcomes framework](#), with the addition of a family and carers category. This worked very well and linked with national policy drivers and was well understood by all the team.

The school is in a period of development and the client group is becoming increasingly more complex, requiring changes in the way they are cared for and educated. Two major areas of change involved the re-designation of two residential houses to Children's Homes and a move to a new programme of delivery of therapeutic services.

The opportunity for this representative group of staff to meet together on a regular basis was a novelty and some staff found it difficult to work within the process however, the majority persevered and formed good working relationships.

The CCTA gave us a structure to examine the issues at stake and to focus on the outcomes we required in a way that could be owned by all staff involved. In addition many other issues were highlighted which had not previously been identified which we were able to incorporate into the Action Plan, some of our key actions were:

- ✚ Identify the required skills and subsequent learning and development needs of staff employed to provide the new 52 week provision
- ✚ To review current working practices, systems, processes and policies to support and develop a culture of positive risk taking.
- ✚ To introduce a newsletter for pupils regarding the input and outcomes of the School Council.
- ✚ Introduce a 'quiet place' and develop role of existing staff to undertake quiet place facilitator role to promote the Mental Health and Psychological well-being of staff and pupils
- ✚ Create a formal curriculum of Life and Social Skills delivered holistically across the site.




Sheila Guest  
Deputy Head

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## Community locality services

Within Cumbria mental health trust we chose to work with a locality community service which comprised of 2 CMHT's which covered both working age and older adults. The teams consisted of nurses, social workers, OT, psychologist and psychiatrists and service users and carers. Due to the rural setting of the team the GPs also have a large part to play in the delivery of care and therefore attended the CCTA as part of the team. A maximum of 30 participants is ideal due the nature of the service the number were considerably higher so team members took turns to attend the sessions. Whilst this is not ideal, it was unavoidable, and therefore essential that the facilitator and team leader ensured the buddy system was utilised throughout the process.

The locality found the process enlightening as they very rarely all work together on a project with dedicated involvement of service users and carers. Their action plans were wide ranging from changes in practice to education for the team in its widest sense. The action plan is held by the Locality manager and monitored through the locality steering group which is lead by the local GPs. Some examples of the changes can be seen below;

-  Provide learning support to support workers to help progression to further education.
-  To work in partnership with the third sector develop access to complementary therapies for services users, and carers.
-  To access psychological intervention training and supervision all members of the team.

One of the key messages in the feedback from those who participated in process was how they had valued working together and how listening to the experience of others determined the changes that needed to be made.

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## National centre for Mental Health and Deafness (NCFMH)

The NCFMH) used the CCTA to develop thinking about the future workforce following strategic re-design of the service and re-orientation permitted by the development of some local services. As Members of the Deaf community have a distinctive culture and their own language it was felt that the CCTA material was not appropriate for those whose first language was not English therefore several changes and additions were needed to make the CCTA fit for purposes.

Initially a video was produced to help explain the CCTA to service users following which the service wrote its own guide to CCTA in modified English that the service users found more understandable. Implementation of the process required the use of two interpreters throughout with the use of relay interpreting at times, this added substantially to the time required for the exercises.

As the service users found some of the processes such as the use of dots and RAG rating complex at times and these were re- designed to accommodate their needs. It was also necessary to have a sub-workshop between the second and third workshops to ensure effective completion of the process.

In addition the service users felt that all their identified issues were high priority and the team opted to develop action plans with items of equal priority but rated them for action at various levels in the Trust.

The NCFMHD CCTA had a very high level of user involvement which substantially shaped the outcome.

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## Older Peoples Community Mental Health Team (CMHT)

This was a very uncertain time for the team and we were initially very sceptical about the process but soon realised that more of the same is not the solution. The process developed the teams' confidence and helped us to refocus and exert control and power over the future. It was a valuable team development process that should continue to be reflective however it was felt that perhaps the explicitly defined structure was a little restrictive.

On reflection it would have been beneficial to include GP's and perhaps the CCTA should advocate this. The team did however find the involvement of carers very positive however the length of the workshops and amount of information make it difficult for older carers and service users.

The CCTA process will be helpful to support the contemporary challenge of greater integration with Adult Services with the objective of a truly ageless service model.

### Examples of some identified changes

-  **Review, simplify and integrate IT Systems** – in an attempt to address longstanding difficulties inherent when operating multiple information systems for Health and Social Care agencies which require data input from skilled practitioners, taking away valuable patient contact time.
-  **Improve service user and carer involvement** - As part of the CCTA process we recognised that unlike our adult service colleagues service colleagues; we start at a low base in respect of genuine dialogue and service user involvement for older persons particularly with dementia. The exercise reaffirmed its importance and a commitment to deploy more imaginative ways of actively seeking views about the service i.e. the use of “Talking Mats” for persons with communication difficulties.
-  **Review staffing structure/roles to reflect local needs** – as a result of the population exercise we were able to identify that whilst the locality that the team covers has a much higher number of over 65's the compliment of staff is the same as other teams. As a result of this information we are working with our senior managers and the PCT to review the overall service provision.
-  **Develop benefits advice worker role** – this is a role that is currently available in some older people's services and it was felt that this would address some of the teams unmet needs. A business plan is currently being developed to support this proposal.

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## Crisis resolution and home treatment team (CRHT)

Good opportunity to celebrate team success” - gives a focus & structure to those considered “dysfunctional” teams

Despite initial cynics within the group towards the workshops, the team found the experience very beneficial eventually winning hearts and minds. It was good to spend time together as a team in a decent venue.

The team were initially anxious about involving service users and carers and felt that the workshop environment may prove to be too artificial, to allow people to be open & honest with their views, although the closing remarks at the end of the day suggested it to be a very positive experience for most attendee’s. Unfortunately there was poor attendance to the workshops from medics and some essential ward staff due to perceived clinical pressures. For those who could not attend they were kept regularly informed by the introduction, at the start of the process, of a “Buddy” system.

With regards to the changes we identified, the need to introduce three new/extended roles that would enhance our service delivery, this included:

- ✚ STR workers undertaking carers’ assessments which would extend their role and provide more focus, whilst also enhancing the service we provide to carers.
- ✚ The introduction of an Independent prescriber which would reduce waiting times for known service users and provide them with access to urgent & timely reviews in Pharmacological treatments, particularly out of hours when medical advice is limited & can often delay timing of urgent response.
- ✚ The introduction of a dedicated Approved Mental Health Professional (AMHP) would provide the team with the necessary additional Approved Social Worker (ASW) skills which have proved difficult to recruit within the team in the past.

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## Early intervention Team (EIT)

Initial engagement for the process was instigated by the consultant who felt it would be a good to bring the team together. However despite initial enthusiasm medical input throughout the process was inconsistent due to other commitments.

The team engaged service users and carers however both service users subsequently got jobs so were unable to contribute to all of the workshops. The process was very inclusive and allowed all team members to have a voice. Initially I did not wholly agree with the priorities identified by the team; however after debate and discussion I was influenced by the teams’ opinions and could see how the issues identified would have a positive impact on the services we deliver. Examples of some of our key changes are:

- ✚ **Social inclusion** – to explore how to access additional resources & commitment to build on existing social inclusion approach
- ✚ To explore a **rotational Child and Adolescent Mental Health Services (CAMHS) post** to improve and further develop the pathway between CAMHS and EIT
- ✚ Reallocate funding from vacancy to support the development of a **STR Band 4 post**
- ✚ Consistent approach to physical health screening

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As a relatively new team this was a really good time to undertake the CCTA and whilst it was a challenging process and generated a lot of work for the team leader the team found it to be an enjoyable, collaborative, positive process that allowed you to make changes based on the views of all team members.

Some of the challenges were engaging with service users and carers and freeing up the team to attend all the workshops, we also had quite a big gap between our 3rd and 4th workshop due to the summer holiday period which meant we lost a bit of momentum, however as a team we were able to identify some positive changes, some of which we have already implemented and some we are still working through such as the introduction of a **non medical prescriber**, the development of a **crisis team workbook** and the introduction of a standardised **approach to physical health care**.

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Crisis and home treatment, Greater Manchester West NHS Trust  
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## Learning disability services

Since completing the CCTA, the team are all agreed that we have become much more cohesive in our approach to care and multidisciplinary working. All team members are able to share in decision making processes and are much more aware of the importance of changing things for the better. We have a much better understanding of each others' roles and where they fit within the team.

During the CCTA we identified two priority RED changes. The first was to create a **ward clerk post** which would free up clinical staff to spend more time delivering therapeutic interventions.

Our second priority was to **maintain and promote social inclusion** for individuals on **delayed discharge**. We are currently negotiating with service providers, social services and commissioners to provide additional funding to support this. However, this was supported at a recent Recovery in Safety Event where one of the priority risks identified was "Delayed discharges that inhibit recovery". As a result action plans have been developed from the event and will be presented to the Trust Board, this has enabled us to bring our second priority to the attention of a wider forum and we hope to achieve more significant results as this is now a Trust wide priority.

We are also been involved in advising our mental health colleagues in implementing the "Green light for mental health" framework. A self audit toolkit for improving mental health support services for people with learning disabilities. This will enhance our partnership with mental health services to provide more effective care to our patients.

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Linda Phillips, Deputy Team leader, [Linda.phillips@5bp.nhs.uk](mailto:Linda.phillips@5bp.nhs.uk)  
Byron Ward Staff Team (Formerly Fairhaven Team)  
5 Boroughs Partnership NHS Trust

## Community Mental Health Team







The team saw it as an opportunity for time away to re assess where they were at and were amazed at the outcomes"

The process initially felt quite alien as the team were used to having things imposed upon them and were not convinced that they would have the power to effect change. There was initial apprehension however after the first workshop the team were pleasantly surprised.

There was good engagement from service users and carers which was achieved building on existing good relationships and employing an 'equal opportunities approach' which offered up the opportunity to all those on caseloads through active user groups. However one of the service users found it difficult to engage and to stay awake during the sessions, this was looked into further and following a complete review of medication he is now alert all day, demonstrating that often a different type of engagement has a clinical benefit for the service user.

To sustain the changes and keep them current we now use the CCTA action plan format to our structure multi disciplinary team meetings and have arranged a team away day to reflect, and review progress and further review of the TPWP will be led by the service user group in the New Year

Examples of some of our identified changes

-  Review consultants job plan to incorporate NWW, factoring in time specifically for primary care
-  Improve relationships with GP's, identify ways of meeting with GP's (curry club)
-  IT Systems – need to improve data provided, staff training, efficiency of system
-  Use surplus hours from part time workers to fund STR worker
-  Use and share existing skills (i.e. medication management)
-  Improve range and choice of treatment

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### Social Care

In partnership with Skills for Care, work is currently underway to pilot the CCTA with two social care teams in the East Midlands. The aim being is to determine if the CCTA is appropriate for use within the social care sector and to identify any changes that need to be made to the CCTA to make it fit for purpose. The project aims to finish in August 2009.

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### General acute services

Work is currently underway to pilot the CCTA within general acute services as part of a Competency Based Planning Project. The project is a joint venture between NHS North West and Skills for Health-Workforce Projects Team and the CCTA in a key part of the project process. The aim is to pilot the CCTA in two acute trusts and evaluate the outcome and seek to further develop the CCTA into a generic tool for use in any healthcare setting. This is a 12 month project that aims to finish in August 2009.

Barry Foley, [mbarryfoley@aol.com](mailto:mbarryfoley@aol.com)

## Identified actions/changes

Listed below are some of the changes/actions that have been identified in completed Team profile and Workforce plans. Those highlighted **in red** indicate reoccurring themes

### New Ways of Working & New Roles

NWW and New roles have been combined as often determining whether it is a new role, or a NWW for an existing team member, is dependant on existing skills and available resources

- More effective utilisation & integration of pharmacy role
- **Increase the availability/access of psychological therapies**
- Introduce the use of complimentary therapies
- **Develop Assistant Practitioner Role**
- **Introduce/increase the ward clerk/admin role**
- Introduce Approved Mental Health Practitioner role
- **Develop ward based activity worker/coordinator**
- **Develop Physical Health lead role**
- **Introduce/develop Non medical Prescribing**
- Introduce Drama Therapy
- Develop dietician role
- Social inclusion role
- **Review number of consultants imputing to ward**
- Young person advocate support role
- Develop Service user representative role
- Move from sector to team consultants
- Specialist cultural competencies role
- Develop Support, Time and Recovery (STR) service
- Improve links with community and third sector services
- Develop lead role for self harm
- **Reduce number of ward rounds**
- Develop Associate practitioner role
- Introduce ward housekeeping role
- Develop abuse specialist role

### Learning & Development

It is identified in the team action plans that some of the learning and development needs will be met by utilising existing skills within the team

- **Team to undertake Recovery Training**
- Team to undertake 10 Essential Shared Capabilities (ESC) training
- **Physical Health care Training**
- Gym equipment training
- Dementia training
- **Increase knowledge of Cognitive behavioural therapy & psychosocial interventions**

- **IT training**
- Mental Health Act Training
- Advocacy Training for service users & carers
- Time management training
- Customer service training
- Cultural and Spiritual awareness training
- Venopuncture training
- Improve time management
- **Increase clinical supervision**
- Race Equality Cultural Capability (RECC) training
- Interpretation training
- Personality disorder training
- Self Harm training
- Gender specific training
- Increase bank staff knowledge and skills

## Other

- **Develop admission information/induction packs for service users, families and carers**
- Develop links with physical health care team
- Hold workshop for families and carers
- Review initial assessment
- Clarify difference between band 2 and band 3 roles
- Develop joint assessments with other teams
- Ensure service users and carers contribute to service developments
- Develop carers/family support group
- Review Multi Disciplinary Team format
- Improve information about medication
- **Review visiting policy**
- Clarify patients smoking policy
- **Introduce protected/quality therapeutic time**
- Parents evening & parents surgery
- Streamline paper work
- Improve involvement/contribution of carers
- Introduce Well woman clinic
- Medication choice/management
- Improve access to computers
- Develop cultural awareness folder
- Adopt Wellness Recovery Action Planning (WRAP)
- Develop self harm strategy
- Review visiting arrangements for children/more child friendly policy and rooms
- Develop Female PICU services
- Improve assessment and admission pathway
- Develop carers care pathway
- Introduce health promotion activities/groups
- Increase healthy option menu choices
- Develop age specific information packs

# Involving service users and carers

The Service User and Carer Involvement Leads for the NIMHE NWP interviewed service users and carers from several regions about their experiences of being involved in CCTA. The areas explored were; preparation, involvement and outcomes. Below is a summary of the key issues that organisations can learn from about the most effective ways of engaging with them so that teams can ensure they are genuinely meeting the needs of their clients.

## What helps service user and carer involvement?

As specified in the original CCTA documentation, it is essential that all involved in the CCTA process are adequately prepared, including service users and carers. The CCTA facilitator and participants' handbook provide detailed guidance about how to prepare and engage service users and carers in the CCTA. One of the key learning points from all of the CCTA early implementer teams is the importance of undertaking Step 1 – Preparation and Ownership thoroughly.

It is crucial that facilitators and team leaders spend adequate time with service users and carers before the workshops begin so that practicalities can be sorted out and individuals can ask the questions that are important to them.

The payment process was made very simple and we could contact the facilitator at any time by email or phone”

Service user  
Berks

It would have been easier if expenses had been available on the day

Carer  
West Kent

It helps to make clear to service users and carers from the very start of the process what is expected of them and why their contribution is so important. People also need to know who, and how, to contact if they need reassurance or advice.

If there had been a mentor or buddy there to support service users and carers we could have had ongoing help to sort things out

Service User  
West Kent

If facilitators and participants can be open and honest during the workshops and show clearly that they all value each others contributions, this can do a great deal to strengthen relationships between staff and their clients as well as helping to ensure teams meet their needs.

The activities helped to break down barriers. Managers were open to change and listened in a genuine way

Service User  
West Kent

Everyone was seen as equally important. The psychiatrist was the only one who had trouble coping with service users and carers

Service User

It is really important to ensure that users and carers are kept “in the loop” throughout the process and particularly throughout Step 5 - Implementation and Review. If the people see the outcomes of their time and effort they are much more likely to want to be involved in the future. They will also be keen to pass on positive messages to other users and carers about the CCTA as well as an organisation’s commitment to collaborative ways of working.

I’m now involved in three projects – Advance decisions, a directory of resources and out of hours information. We’ve already produced a leaflet for service users on diagnosis which is in waiting rooms alongside the CCTA leaflet

Service User

I’m now informing others and spreading the word.

Carer

Those service users and carers who have been engaged and supported throughout the process will have learnt a great deal about the team and the organisation as well as benefiting personally. This could ultimately result in their involvement in other areas of work which they may not otherwise have done.

I learnt how to be strong and communicate with professionals. Now that I understand the structure of the mental health team I feel empowered to keep putting my views forward.

Carer

I have applied to be a governor for the Foundation Trust as I have gained confidence, knowledge and a desire to improve things using my common sense!

Carer

Many service users and carers, through being involved in the CCTA, will also have gained a greater understanding of New Ways of Working and workforce redesign in mental health. Organisations can make use of this knowledge and experience in a range of ways that benefit everyone. If they support and value those that have been through the CCTA process and who want to continue with involvement work they can then have some of the most effective catalysts for change.

NWW is a shared approach – a two way street rather than services being dogmatic”

Carer

NWW is power sharing and changing the whole dynamics between services and users and carers

Service User

### A good practice approach

South West Kent formed a temporary team to undertake the CCTA; the team consisted of 8 service users & carers, 8 crisis team staff and 8 staff from the acute ward.

Service users and carers were invited to apply to be part of the process and were selected via an interview process. It was agreed that each service user would be paid £7.50 per hour and that prior to commencing the CCTA they would meet with the facilitator and undertake two additional preparatory workshops.

The purpose of the preparatory workshops was to develop relationships within the team, identify and prepare for the tasks ahead and begin to address some of the requirements of step one of the CCTA such as the 10 ESC's.

To me it is important that adequate support is in place for those service users who need it, in order to allow them to participate equally throughout what at times became a very fast moving exercise. The bonding exercises at the introductory workshop supported the preparation process and created a united, friendly and dedicated team who enthusiastically tackled the enormous amount of work given to them in the following sessions. However I also feel that to fit all of the work required during the CCTA workshops and to allow thinking time, it may have been beneficial to replace one of the additional introduction days with another CCTA workshop.

Linda Riley  
Service user  
South West Kent

This was the first time we had included service users and carers in this sort of process and we had previously made assumptions that they understood how the service worked so it proved to be very informative and enlightening.

The service users and carers that were involved in the CCTA have also continued to be involved in on going developments and have contributed to the essence of care and AIMS process and are keen to continue to be involved in similar projects

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## What hinders service user and carer involvement?

It is encouraging to note that, from the service user and carer interview results, the positive comments outnumber the negative. Nevertheless, it is important to be aware of some issues that have hindered effective involvement in the CCTA and may have inhibited genuine team engagement.

As mentioned previously, careful and adequate preparation with service users and carers is the key to success. Their probable lack of organisational knowledge and inexperience of working with professional groups must be understood and accounted for in a sympathetic and timely way. Communication and information needs to be clear, accurate and updated, and involvement needs to be throughout the process. Progress should be steady and measured and take account of individual needs. Inadequate preparation during Step 1 can have very detrimental effects on the engagement and involvement of users and carers and the outcome of the process.

Practicalities and communication was sadly lacking with one session planned beforehand to involve users and carers. Dates had been planned ahead of time, we were told certain workshops were not relevant to me and were given the wrong time and place for those we were expected to attend.

Carer

We were not very well prepared and felt much like mushrooms - kept in the dark, including the organisers. There was too much information to follow so we tended to follow our own way, which was different from the document.

Service User

The large group of people were difficult for me to cope with. I am better in small groups. Anxiety made me leave before the end.

User & Carer

The first meeting with users and carers was too much to absorb. The files were too big and were overwhelming and although they were colour-coded it was still very complicated. The last two days were too fast and made me stressed. It left a bitter taste in the mouth and everyone seemed affected.

Service user

We should have had a special person to support us, a user/carer mentor. Then we could have had on-going help, not just at the end of the day.

Service user

Often the comments relating to implementation concerned finances and being valued as an equal member of the team. Service user and carer opinions need to be valued and respected, and, where appropriate action plans need to reflect this.

I was told only Service users could have taxis and that I would receive £10 for half a day and £20 for a full day, but I couldn't claim extra for travel. Then all payments were put on hold and we could only claim after six months.

Carer

It would have been better to have the money on the day. I can be forgetful. It would be better to have individual consideration of circumstances, not one approach fits all. A re-designed form could meet individual needs more appropriately.

Service user

Information regarding benefits is very complex. Claiming travel expenses from the Trust is a nightmare! I am still waiting

Service Users

There seems to be a problem with the Finance Department. It took about five months to get expenses.

Service User

Perhaps a clerical person is needed on the day.

Service user & carer

I felt that the issue of confidentiality should have been emphasised to safeguard users and carers from professionals within the team. I should not be afraid to say what I felt, or feel inhibited.

I felt that the recording of my suggestion was distorted, it is important that the scribe is unbiased and accurate in order to respect opinion.

I'm not sure whether I've seen the action plans.  
They seem a long time coming.

Service User

I didn't feel a valued member of the team as it seemed to be a case of bums on seats paying lip service to involvement.

Carer

The needs day was good, but the action plan seemed to forget about user needs and considered what staff wanted. All service user needs seemed to go out of the window on the third day. Users and carers were disappointed. It felt like manipulation or tokenism.

User

Service user and carer views need to be respected and prompt and regular feedback is essential. Action plans only have value if they are seen to be implemented and service users and carers, who give their time and commitment to CCTA, need to feel that they are helping and supporting positive change. Those involved must be included and feel genuinely involved. This lifts confidence and encourages empowerment.

There has been no real action from the process as everything is on hold due to re-organisation. I think the basic idea of the CCTA is good and would recommend it to others but it is essential that we see outcomes.

Anything is only ever good if it is implemented!

Carer

The facilitator stuck rigidly to the book and was not flexible enough to veer from the plan. This did not inspire confidence.

At the end of the programme we were asked to choose the topmost thing for the action plan. Number one was more Admin. I felt gutted that from the valuable things covered, that this was their topmost thing to present to the Board.

I have benefited from undertaking CCTA, but I am not very good at socializing so that things like lunch-breaks were difficult. Also the speed of the process dented my confidence.

I would recommend it to others if there was more time for explanation and inclusion.

User

My first panic attack was 20 years ago, in a large group so I would do it again but in a smaller group.

User

I would do it again at a slower pace. Then I wouldn't feel such a novice.

User/carer

The evidence shows us that the involvement of service users and carers can be very productive in helping to make lasting changes to the ways in which teams work. It is essential though to have good preparation, a genuine commitment to working with service users and carers and to spend time listening to and acting upon their concerns and wishes. Their experiences and opinions need to be valued and organisations must ensure that they feed back the results of action plans to them. Service users and carers can often be the best advocates for change.

# Appendix A: Overview of Good Practice Guides

A number of good practice guides have been developed as a result of the shared learning from the comprehensive, North West early implementer programme and other early implementer sites across England. The aim of the guides is to provide information that will support teams and facilitators to undertake the CCTA a brief description of the guides can be found below and the full documents can be found in the appendices that follow.

**B. CCTA - Is My Team Ready?**

The CCTA suggest that the team should be a stable multi disciplinary team, this documents explores some of the tools that are available to support the initial assessment and development of teams prior to undertaking the CCTA

**C. CCTA Facilitators' Hints & Tips**

Developed from information provided by the initial 2006 pilots and the 2007/8 early implementer sites, the document identifies useful hints and tips for each step

**D. CCTA key Role Responsibilities**

Clearly indentifies the time commitment and the responsibilities of each role, during each step of the CCTA

**E. CCTA Success Indicators and Outcomes**

A list of immediate, intermediate and longer term indicators and outcomes that help to demonstrate the successful implementation the CCTA

**F. CCTA Pathway**

A visual representation of the full CCTA pathway breaking down each step into key stages/sessions to provide a comprehensive overview of the CCTA process

**G. CCTA Process Overview**

A visual summary that identifies key processes that underpin/inform the final action planning process

**H. Preparing the CCTA Participants Folders**

A brief overview of how to prepare the participants folders and what options are available

**I. CCTA Step One Introductory Workshop Programme (optional)**

Whilst it is suggested that Step can be undertaken in existing team meeting, If the team can afford the time, some of this step can be delivered as an additional workshop

## Appendix B: CCTA - Is my team ready?

The original CCTA documentation is not prescriptive about the size and make-up of the team but it does suggest that it should be a stable, multi disciplinary team, as opposed to a dysfunctional team. Whilst team building may be one of the outcomes of the CCTA, that is not its primary aim and therefore for the CCTA process to be effective, the team would need to demonstrate some of the following attributes:

- ✚ Evidence of strong leadership and authority
- ✚ A readiness to reflect and talk about the work they do
- ✚ Clear, shared objectives with a focus on quality
- ✚ Openness, maturity and willingness to engage and participate
- ✚ An understanding of the process and a willingness to change
- ✚ A culture, and history, of shared decision making
- ✚ Effective communication
- ✚ Respect for other team members and their different perspectives
- ✚ A desire to demonstrate how their practice reflects the involvement of service users and carers
- ✚ A commitment to the principles of the 10 Essential Shared Capabilities

However, as a result of the early implementer work, it has been acknowledged that it may be unrealistic to work only with stable, fully functional teams and that the CCTA can in fact be used with teams who may be perceived as dysfunctional and may help to give them a focus.

It should also be acknowledged that the facilitator may need to be prepared to adapt the process to suit the needs of the team and may wish to use some of the tools suggested below before during or after the process.

### Initial Assessment

#### Integrated Team Monitoring and Assessment (ITMA)

The purpose of ITMA is to provide a relatively simple and cost-effective way of assessing the effectiveness of team working. It enables a rapid appraisal of the 'health' of a team and identifies areas of difficulty covering both internal functioning and external factors, thereby enabling a focus upon remedial action commensurate with the significance of the problems.

ITMA can do three main things:

- provide material to conduct an assessment on the current effectiveness of team working;
- with repeated use, allow changes in team functioning to be charted over time;
- provide a common framework and vocabulary for team members to develop a jointly owned approach to tackling some of the barriers to effective team working

On its own it will not reveal how problems associated with poor team working in any particular team should be addressed. Where ITMA findings expose weaknesses, tailored interventions will need to be used that reflect local needs and circumstances.

## CCTA Step 1

Whilst it not be immediate obvious prior to commencing the CCTA, undertaking Step 1 – Preparation and Ownership may highlight issues with the team such as attitudes to user carer involvement, ineffective communication etc. These issues should be dealt with before proceeding with Step 2

### Leadership

#### Learning for Improvement Network

CSIP Networks have established the Learning for Improvement Network to support the development of Leadership and Team working. The website contains mind maps which provide access to an array of resources, much of which come from the successfully evaluated “Effective Team working and Leadership” programme.

The resources available can be used to design highly interactive bespoke programmes to get teams to a point where they can make the best use of the CCTA. Many involve key stakeholders from outside the team to support clarity of vision, proper user participation, clear accountability and responsibility and the right connections for service improvement.

[Click here to download \*The Teamwork and Leadership Development mind map and embedded resources\*](#)

### Values and Attitudes

#### 10 Essential Shared Capabilities (ESC)

Developed in conjunction with service users and carers, the ESC materials reflect how people, who use mental health services, and those who support them, want and expect to be treated. They describe the values and principles that should be demonstrated, or evident in the way that services are commissioned, planned, and delivered and identify the capabilities that all staff working in mental health services should achieve as a minimum part of their basic training. Whilst it is recommended that module 2 of the ESC learning materials be undertaken as part of the CCTA preparation it may be relevant for the team to complete the full ESC programme. This can be done over a maximum of 4 days and can be facilitated or undertaken a part of a peer supervision process

### Systems and process tools

#### Caseload management

The team may have very large caseloads and feel they are unable to see the wood for the trees. Introducing effective caseload management systems will help practitioners understand their clinical workload and support the allocation of work in accordance with role, capacity, skills and competencies. Once the system is fully integrated and individuals are clear about capacity and demand they may begin to think start thinking about how they can work differently. For examples existing caseload management tools see below:

### Humber Mental Health Caseload Management tool (pilot)

This tool has been implemented in learning disability services and is now being rolled out in Mental Health Service has three aspects to it:

- **The persons needs** which are assessed at point of contact with services and thereafter at regularly reviewed times
- **The impact of the person upon the practitioner** - how much time they are spending with the person.
- **The time available** within the practitioners working week

The tool enables practitioners to gain an understanding of how much time they are spending with each person in relation to a number of areas such as; disorder/presentation, risk, motivation and communication. Each area is scored 0-4 (0- no effect to 4 very significant effect) leading to the identification of an individual dependency score which recognises **each persons individual needs** and the **impact of their needs on the practitioner**. Each practitioner is also allocated a caseload weighting score determined by hours worked, banding and any additional commitments i.e. regular study day. The total caseload dependency score and the practitioner's caseload weighting score are then compared to determine the current caseload status.

Acknowledging that individual dependency scores can change regularly the tool enables staff to have the time to safely work with a number of people and moves away from measuring caseloads based on numbers of people to caseloads based on impact and needs.

For further information about this tool contact: [Allyson.kent@humber.nhs.uk](mailto:Allyson.kent@humber.nhs.uk)

### Caseload profiling tool

The practitioner rates each case on his/her caseload, using four domains:

- the Case Category
- the Case Weighting, i.e. a proxy measure for the level of input that the practitioner is providing for that person at the time of recording
- the Risk Profile - a description of the risk which the service user presents at the time of recording
- where the service user is on the CPA

When looked at as a whole, this information provides a profile of the practitioner's caseload that is, looking beyond numbers of cases to:

- the type and range of cases on the practitioner's caseload
- how much input the practitioner is providing, for each case, and the spread of this work across cases
- the overall workload of that practitioner the risk profile, or burden of risk, on the practitioner's caseload

### What does the profile tell you?

The practitioner, with the team manager/caseload supervisor, can use this data to inform decisions about

- case mix,
- risk management,

- case allocation,
- workload,
- care planning,
- interventions, and input to specific cases;
- and the transfer and discharge of service users, and
- Capacity: supply and demand management.

For more information contact [Kate.Schneider@nimhesw.nhs.uk](mailto:Kate.Schneider@nimhesw.nhs.uk)

### Sustainability tool

One of the primary reasons why quality improvement is difficult to integrate into an organisation is that many of the changes that are put into place fail to survive. In an attempt to substantially increase the sustainability of improvements for patients and healthcare services, this NHS Sustainability Model and Guide has been developed for use by individuals and teams who are involved in local improvement initiatives.

- The NHS Sustainability Model is a diagnostic tool that is used to predict the likelihood of sustainability for your improvement project. The Tool consists of ten factors relating to Process; Staff; and Organisational issues where organisations self rate themselves and produce a global score reflecting the likelihood of sustainability to a particular improvement project (such as NWW).
- The Sustainability Guide provides practical advice on how you might increase the likelihood of sustainability for your improvement initiative. The structure of the Guide mirrors the ten factors identified within the NHS Sustainability Model. In doing so, it creates a comprehensive package consisting of a diagnostic model and guidance for sustainability

### Outpatient audit tool

Prior to commencing the CCTA or as part of the preparation process it may be helpful for consultant psychiatrists to review their outpatient clinical caseloads. A useful tool to support is the outpatients audit tool developed in Oxleas NHS Foundation Trust Mental Health Trust. Developed to assess the functions and effectiveness of clinics the tool measures the purposes of the visits, if the functions could be done by another discipline with enhanced role and training, and what would have made the session more efficient.

Based on the finding of the audit tool Oxleas were able to identify alternatives to attending clinics by introducing enhanced roles and infrastructure systems to use the time more effectively.

For further information contact; [Georgina.hicks@oxleas.nhs.uk](mailto:Georgina.hicks@oxleas.nhs.uk)  
or [Jonathan.west@oxleas.nhs.uk](mailto:Jonathan.west@oxleas.nhs.uk)

### Diary sheet

As part of the Step 1 of the CCTA, all team members are required to complete a two day **Diary Sheet** prior to commencing the CCTA. However, it may be appropriate for all or some team members so undertake a more in-depth analysis of their current activity and to begin to think about how they could work differently. To undertake this piece of work team members can use the **CCTA Diary Sheet** over a 7 day period or medics may wish to use the **Medical Staff Work Substitution Diary Tool**. The diary tool, originally developed to support the consultants' appraisal process, has been adapted by Oxleas and is used to help medics monitor their work and encourage them to think about alternatives ways of working. Undertaken over a 7 day period the tool assigns an activity code to each half hour block of time and requires that consideration is given to how this activity could have been carried out differently and what would need to be in place to make this happen. Completion of either of the tools mentioned would provide valuable information to feed into the CCTA process.

## Lean Principles

Many of the principles of lean thinking, originally developed by Toyota, can be adapted to use in health care and more moreover for mental health care. Lean thinking is a technique designed to produce the safest and most efficient process flow and in our terms the safest and most efficient user and carer service delivery. It aims to chart out and measure certain targeted processes by the process of Value Stream Mapping, identify wasteful, non value added activity, and reduce and eliminate eventually that waste. Then, by creating a flow of activity, with levelling of workload and the avoidance of bottlenecks, producing clinical input when it is needed, (just in time), the user's journey through the process is adjusted to become as smooth, efficient and satisfying as possible. By building in, individual clinician responsibility for quality and an attitude of continuous improvement (Kaizen) the patient journey or pathway is improved enormously.

Some trusts are using a Rapid Performance Improvement Workshop approach (RPIW) as an intensive week long team involvement in process redesign but work is underway to see how some of the process efficiency measures of Lean can be integrated with CCTA to form a new product CCTA+ which could deliver on both workforce and process.

Areas in which Lean thinking can be adapted to mental health have so far included ward round structure, out patient activity and crisis response.

## The Productive Mental Health Ward

The Productive Mental Health Ward programme is designed to help increase the amount of direct care time given to patients by improving the effectiveness, safety and reliability of mental health wards.

Sites that have helped develop and test the programme report that their expectations have been exceeded and that their staff have been empowered and enthused to make challenging changes to the way they work.

Adopting The Productive Mental Health Ward will enable local providers and commissioners to compare the performance of their local mental health facilities with that of others, learn from the best and make positive improvements for patients.

## Care pathways and packages

The Mental Health Payment by Results Care Pathways and Packages Project was undertaken by provider mental health trusts in the Northern and Yorkshire area, intending to inform the options for establishing a payment by results system for Mental Health services.

Originally developed in South West Yorkshire Mental Health Trust It aims to promote consistent high quality practice and to provide high quality data about the needs of people using health and social care systems in a form that supports strategic planning and service development. At its core is the Clinical Decision Support Tool (CDST) which comprises of

- A standard summary needs assessment
- A range of needs based care clusters
- Care packages or pathways are attached for each care cluster

**Further information please see:**

[www.integratedcarenetwork.gov.uk](http://www.integratedcarenetwork.gov.uk)

[www.institute.nhs.uk/building\\_capability/new\\_model\\_for\\_transforming\\_the\\_nhs/thinking\\_differently\\_guide.html](http://www.institute.nhs.uk/building_capability/new_model_for_transforming_the_nhs/thinking_differently_guide.html)

## Appendix C: Facilitators Hints & Tips

The following hints and tips have been developed from information provided by facilitators of the CCTA pilot and early implementer sites

### General information

- ✚ The CCTA will require approximately 5 – 7 days facilitation time
- ✚ Consider negotiating a deal with a local printer to produce full colour versions of the participants' handbook. These will cost approximately £15 each and should include:
  - ✚ Ring binder & dividers
  - ✚ Participants handbook (single sided)
  - ✚ Executive summary
  - ✚ Module 2 of the 10 ESC
- ✚ If you wish to produce participants folder on site it may be more cost efficient to photocopy each step on to the relevant coloured paper as opposed to using a colour printer
- ✚ Bring spare **photocopies** of each step to relevant workshop for individuals who forget their folders
- ✚ Poster versions of the workshop pathway (page 81 facilitators handbook) and the Team capability profile (page 164 Facilitators handbook) can be reproduced at a stationers for approx £2 each
- ✚ Number the flipcharts in each workshop
- ✚ Take flipcharts down in order
- ✚ Sellotape post its to flipcharts at the end of the workshops
- ✚ Photograph flipcharts
- ✚ Use a 'park it' board to address issues outside of workshops
- ✚ Take a stapler to the workshops to ensure evaluation form etc do not get separated
- ✚ Ensure this step is undertaken thoroughly

### Step 1 – Preparation and ownership

- ✚ Wikipedia is a good source for obtaining some demographic information
- ✚ Where possible give the team the option to undertake the CCTA
- ✚ Additional support may be required for some team members
- ✚ The length of this step and number of meetings required will vary
- ✚ Arrange workshops away from the normal workplace
- ✚ Team leader should delegate some of the preparation
- ✚ Suggest at this stage the team focus on reading the executive summary and Step 1 to avoid confusion
- ✚ The senior sponsor needs to ensure HR are aware of, and on board with the CCTA
- ✚ Be clear to the team about why they have been chosen, reiterate that the approach is intended to be undertaken by a capable team
- ✚ Send initial welcome letter to all team members
- ✚ Show the team a copy of a finished team profile and workforce plan
- ✚ Ensure the team leader is present when meeting with the team to ensure clarity and consistency
- ✚ Clarify that the diary sheet is to be completed by staff members only
- ✚ Inform team that diary sheet feeds in at step 3
- ✚ Ensure there is an understanding about the role of service users and care coordinators during the process i.e. both are attending as members of the team

## Step 2 – Team Function

- ✚ Ensure that the team are aware of the role of the facilitator i.e. the content of the TPWP and outcomes etc are produced and owned by the team
- ✚ Display poster version of workshop pathway (page 81 Facilitators Handbook) to demonstrate to the team the route the workshops will take
- ✚ Display the 5 workforce related questions (Page 61 FH) to help maintain the focus
- ✚ Combine session 4 (something about me) and session 5 (individual contributions)
- ✚ If opting to combine sessions 4 & 5 consider using something about me as an ice breaker by asking participants to 'introduce themselves and share one non-work related skill' this provides a good lead into the CCTA by demonstrating the level of skill already within the room
- ✚ Navigate the participants through the handbook
- ✚ Use real life, local examples to enhance the delivery of the NWW presentation
- ✚ When gathering information about skills & experience tick next to repeated information to save writing it again and again

## Step 3 – Service user and carer needs

- ✚ Briefly feedback any issues from Step 2 evaluations
- ✚ Clarify that 20 priority needs is a maximum not a must do
- ✚ Explain that needs are listed 1-20, they are not in priority order
- ✚ Take time out during lunch break to group some of the post its
- ✚ Make sure everyone understands the definitions of RED, AMBER & GREEN

## Step 4 – Creating a needs led workforce

- ✚ Use poster version of team capability profile (page 164 FH)
- ✚ Utilise existing team skills to address learning and development issues
- ✚ Identify some positive, quick wins that the team can take forward
- ✚ Ensure joint delivery between the facilitator and team leader
- ✚ Invite senior sponsor to some of this session to give the process credibility

## Step 5 – Implementation & Review

- ✚ Send a draft electronic copy of the TPWP to all team members to check for accuracy
- ✚ Agree internal mechanisms to ensure the teams actions remain on the boards agenda
- ✚ Ask team members to share their experience of the CCTA with other teams

# Appendix D: CCTA Key Role Responsibilities

Up to 6 months							
	Step 1 2 days	Step 2 1 day	Preparation 0.5 days	Step 3 1 day	Preparation 0.5 days	Step 4 1 day	Step 5 2 days
<b>Facilitator (Approx 8 Days)</b>	<p>Meetings with:</p> <ul style="list-style-type: none"> <li>• Senior sponsor</li> <li>• Senior management team</li> <li>• Team leader</li> <li>• Team</li> <li>• service users &amp; carers</li> </ul> <p>Agree dates &amp; venue with team leader</p> <p>Meet with admin support to discuss requirements</p> <p>Prepare for Step 2</p>	<p>Facilitate the event</p> <p>Evaluate the event</p>	<p>Prepare for next session</p> <p>Provide feedback to senior sponsor</p> <p>Co-ordinate admin</p>	<p>Facilitate the event</p> <p>Evaluate the event</p>	<p>Prepare for next session</p> <p>Provide feedback to senior sponsor</p> <p>Co-ordinate admin</p>	<p>Facilitate the event</p> <p>Support Team Leader with action planning process</p> <p>Evaluate the event</p>	<p>Ensure Team workforce profile and plan is completed and distributed</p> <p>Complete workforce planning summary</p> <p>Complete &amp; present CCTA pre &amp; post questionnaire results</p> <p>Evaluate programme</p> <p>Complete facilitators feedback form</p> <p>Meet with Senior Mgt team to discuss outcome of programme</p> <p>Meet with the team to discuss outcome of Senior Mgt Meeting</p> <p>Hand over implementation to the team</p> <p>Complete certificates for</p>

Up to 6 months							
	Step 1	Step 2	Preparation	Step 3	Preparation	Step 4	Step 5
<b>Team Leader</b> (Approx 6.5 days)	<p>Meetings with:</p> <ul style="list-style-type: none"> <li>• Senior sponsor</li> <li>• Senior management team</li> <li>• Team leader</li> <li>• Team</li> <li>• Service users &amp; carers</li> </ul> <p>Support team to undertake 10 ESC module 2 (5 hours)</p> <p>Identify admin support</p> <p>Arrange venue etc</p> <p>Identify service users and carers</p> <p>Arrange service users and carer payment and reimbursement</p> <p>Lead data gathering</p> <p>Conduct pre event reading</p> <p>Complete diary sheet</p> <p>Sign off step 1</p>	<p>Participate</p> <p>Present team establishment</p>	<p>Conduct pre event reading</p> <p>Prepare presentation for step 3</p> <p>Ensure outputs from step 2 are inputted onto TPWP</p>	<p>Participate</p> <p>Present demographic data</p>	<p>0.25 days</p> <p>Prepare for Workshop</p> <p>Conduct pre event reading</p> <p>Consider proposed changes and actions</p> <p>Ensure outputs from step 3 are inputted onto TPWP</p>	<p>1 day</p> <p>Take major leadership role in this workshop</p>	<p>1 day/ongoing</p> <p>Meet with Senior Mgt team to discuss outcome of programme</p> <p>Meet with the team to discuss outcome of Senior Mgt Meeting</p> <p>Accept and carry out implementation of plan</p> <p>Share experiences with national team to support further learning and enhance good practice</p> <p>Participate in follow up contact with national CCTA lead to explore:</p> <ul style="list-style-type: none"> <li>Team outcomes</li> <li>The experience</li> <li>What difference has the CCTA made</li> <li>What results have emerged?</li> </ul>

Up to 6 months							
	Step 1	Step 2	Preparation	Step 3	Preparation	Step 4	Step 5
	<p>Prepare presentation for step 2</p> <p>Provide all team members with participants folder</p>						
<b>Timetable</b>	<b>0.5 days</b>	<b>1 day</b>	<b>0.25 days</b>	<b>1 day</b>	<b>0.25 days</b>	<b>1 day</b>	<b>0.5 days</b>
<b>Co – Facilitator (4.5 days)</b>	<p>May be required to undertake some of the preparation with the facilitator</p> <p>May be helpful to attend meeting with the team and service users and carers</p>	<p>Support the facilitator to deliver the event</p> <p>May be required to lead some of the sessions or support small group work</p>	<p>Support the facilitator to prepare for next session</p>	<p>Support the facilitator to deliver the event</p> <p>May be required to lead some of the sessions or support small group work</p>	<p>Support the facilitator to prepare for next session</p>	<p>Support the facilitator to deliver the event</p> <p>May be required to lead some of the sessions or support small group work</p>	<p>Support the facilitator to complete activity identified above</p>

Up to 6 months							
	Step 1	Step 2	Preparation	Step 3	Preparation	Step 4	Step 5
<b>Team (4 days)</b>	2-3 meetings with facilitator, team leader, senior sponsor Undertake module 2 of 10 ESC (up to 5 hour) Gather data Conduct pre event reading Complete diary sheet	Participate	Link with Buddy Conduct pre event reading	Participate	Link with Buddy Conduct pre event reading Consider proposed changes and actions	Participate	Contribute to the implementation of the action plans
<b>Timetable</b>	<b>1 day</b>	<b>1 day</b>	<b>0.25 days</b>	<b>1 day</b>	<b>0.25 days</b>	<b>1 day</b>	<b>ongoing</b>
<b>Service users &amp; carers (4.5 days)</b>	2- 3 Meetings with facilitator & team leader to discuss: <ul style="list-style-type: none"> <li>• The process</li> <li>• Your role</li> <li>• Payment &amp; reimbursement</li> <li>• Level of involvement</li> <li>• Support available</li> </ul> Undertake module 2 of 10 ESC (up to 5 hour) Conduct pre event reading	Participate	Conduct pre event reading	Participate	Conduct pre event reading	Participate	Meet with team leader to discuss future involvement Contribute to the development and review of the actions plans if appropriate Share experience of CCTA with others, if appropriate

Up to 6 months							
	Step 1	Step 2	Preparation	Step 3	Preparation	Step 4	Step 5
<b>Timetable</b>	<b>0.25 days</b>	<b>0.25 days</b>	<b>0.25 days</b>				<b>0.25 days</b>
<b>Senior Sponsor (1 day)</b>	Present CCTA proposal to the board to obtain organisational sign up Attend meeting with team, facilitator, team leader, service users (as required) Agree admin support Agree funding for venue, service user/carer payments and for release of staff to attend workshops	Attend part of workshop to present organisation workforce strategy /vision	Receive feedback from Facilitator and Team Leader Provide support if necessary		Receive feedback from Facilitator and Team Leader Provide support if necessary	Attend part of session to gain insight into proposed changes	Meet with Senior Mgt team to discuss outcome of programme Support team and team leader in implementation
<b>Timetable</b>	<b>1 day</b>		<b>0.25 days</b>		<b>0.25 days</b>		<b>0.25 days</b>
<b>Admin (2.25 days)</b>	Prepare folders for all team (printing, copying) Ensure arrangements are in place to pay service users and carers Ensure that Service users & carers receive introductory letter from national user carer leads		Complete Team profile and workforce plan Distribute to the relevant participants Ensure arrangements		Complete Team profile and workforce plan Distribute to the relevant participants Ensure arrangements		Record F/Cs and complete Team profile and workforce plan Distribute to the relevant participants

Up to 6 months							
	Step 1	Step 2	Preparation	Step 3	Preparation	Step 4	Step 5
	<p>Please note admin staff might also be a member of the participating team so will also be required to undertake responsibilities identified for the team</p>		<p>are in place to pay service users and carers</p>		<p>are in place to pay service users and carers</p>		

## Appendix E: CCTA Success Indicators and Outcomes

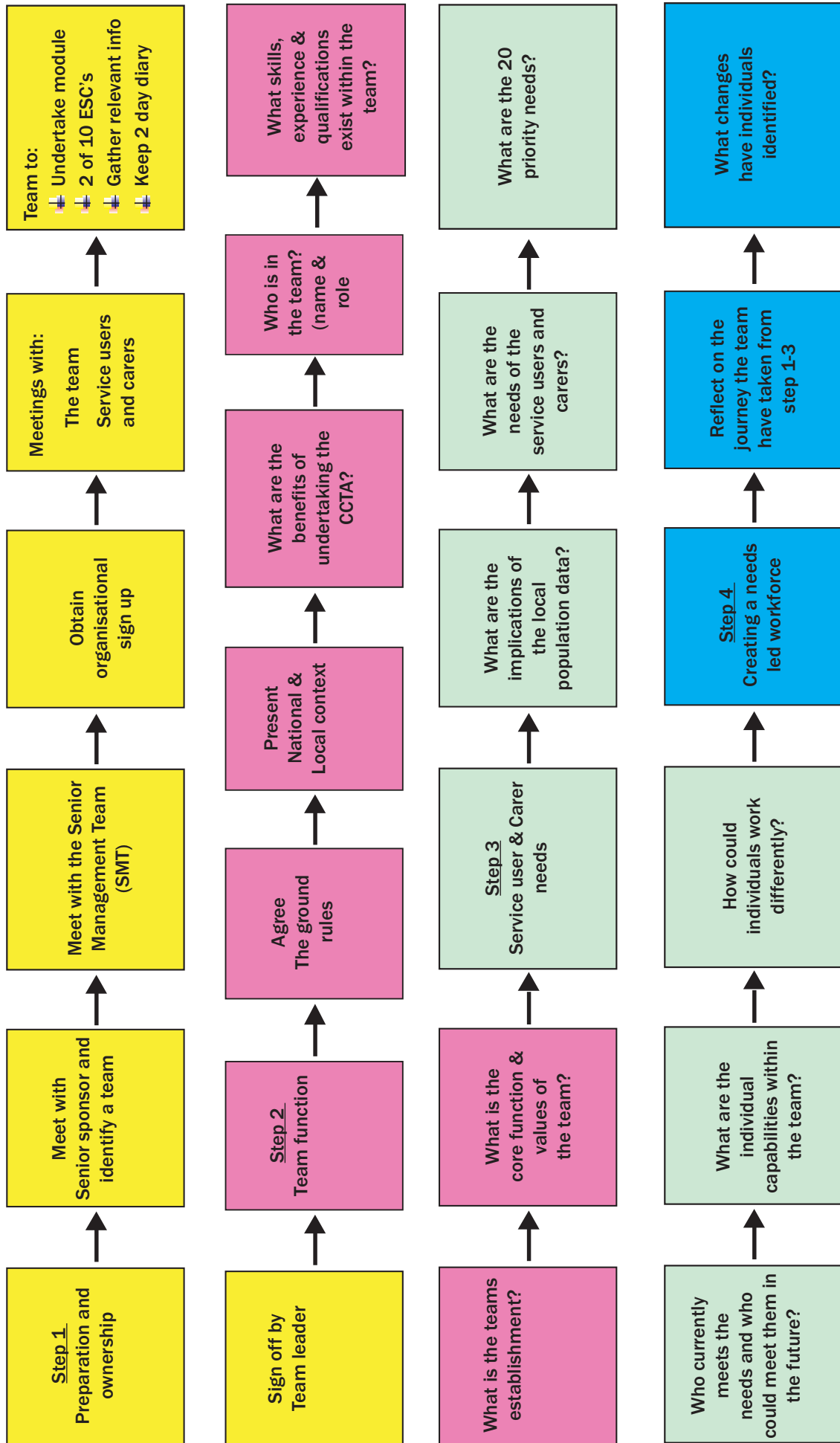
This document aims to provide teams and organisations with indicators and outcomes that could be used to demonstrate the successful implementation of the CCTA.

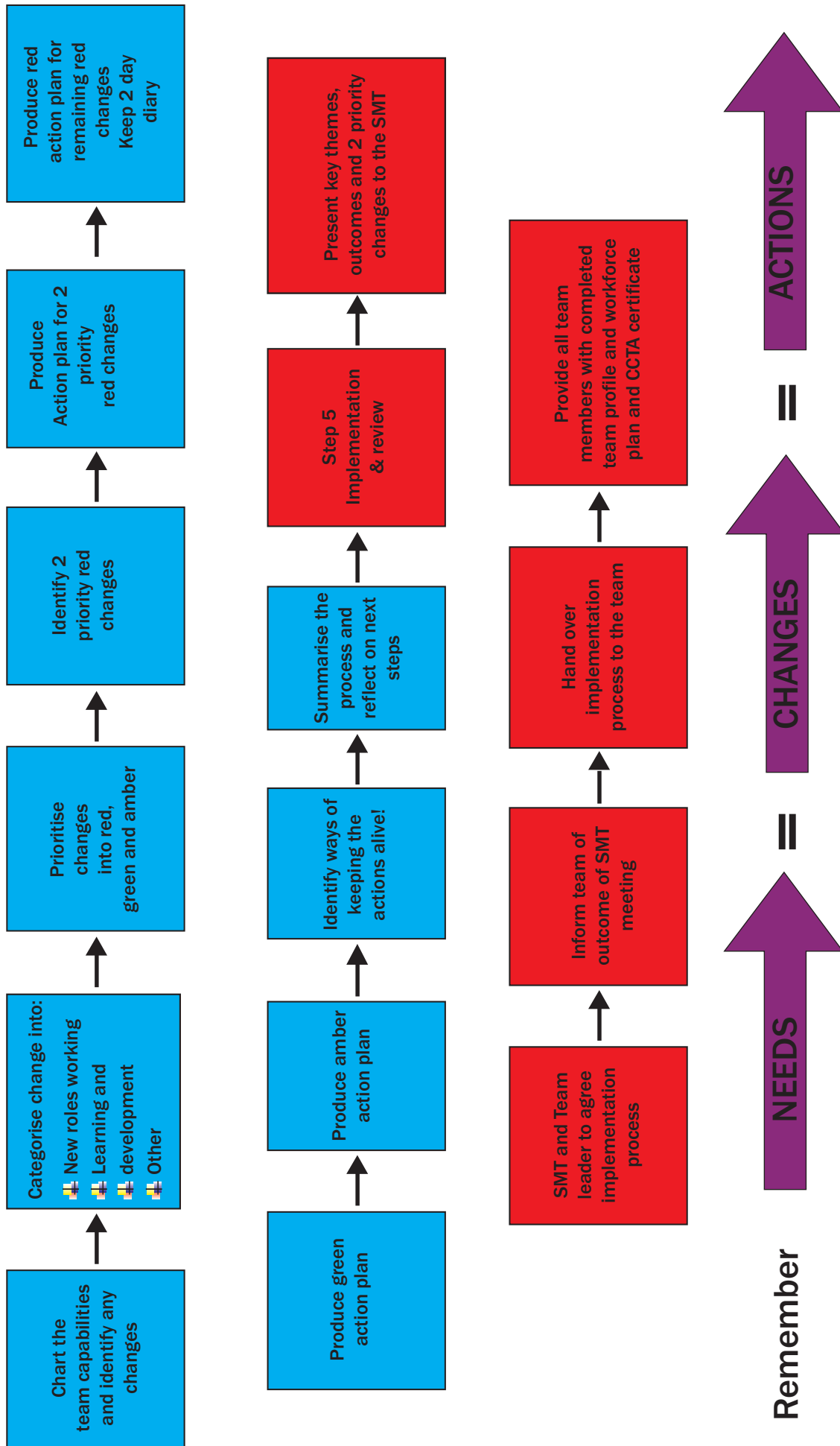
Immediate indicators and outcomes	Current position Red/Amber/Green
1. The team have undertaken the CCTA	
2. The team have a completed Team profile and action plan	
3. The team have produced clear red, green and amber action plan	
4. The team can articulate their learning and development needs based on the needs of user and carers	
5. Team members have undertaken module 2 of the 10 ESC	
6. Team members have a good understanding of the skills, knowledge and experience that exists within the team	
7. The team have an understanding of the capabilities and competencies required to meet user and carer needs	
8. The team have identified ways of sustaining their agreed action plans	
9. Service users and carers were appropriately engaged in the process	
10. The organisation fully supported the process through resources & senior management participation.	
Immediate indicators and outcomes	Current position Red/Amber/Green
1. Individuals within the team are working in new and different ways	
2. New roles exist within the team	
3. The team profile and workforce plan has fed into the organisations workforce planning process	
4. The CCTA action plans are a key agenda item for the team	
5. Service users and carers continue to be engaged in the implementation process	

6.	The team have utilised existing skills, qualifications and experience to address learning and development needs within the team	
7.	The Team profile and action plan is 'owned' by the team	
8.	The organisation has implemented, or has firm plans to implement the priority actions determined by the process.	
9.	The team have implemented their quick wins which have resulted in NWW etc.	
10.	The organisation is looking to introduce CCTA into other teams	
<b>Longer term indicators and outcomes</b>		<b>Current position</b> Red/Amber/Green
1.	The CCTA action plans remain a key agenda item for the team	
2.	The organisation has a clear CCTA implementation strategy	
3.	Teams are requesting to participate in the CCTA	
4.	Service users and carers feel they are getting a better/more tailored-individual service	
5.	Team members have completed appropriate learning and development to meet service user needs	
6.	Team members are now using all their existing knowledge, experience, skills, and qualifications to meet service user needs	
7.	Service users and carers are involved at an organisational level in CCTA strategy	
8.	Service users and carers are trained and supported as co-facilitators	
9.	The team have identified a strategy for updating the CCTA process	
10.	The CCTA Team profile and workforce plans are integrated into the organisations workforce plan and inform the commissioning of learning and development programmes	

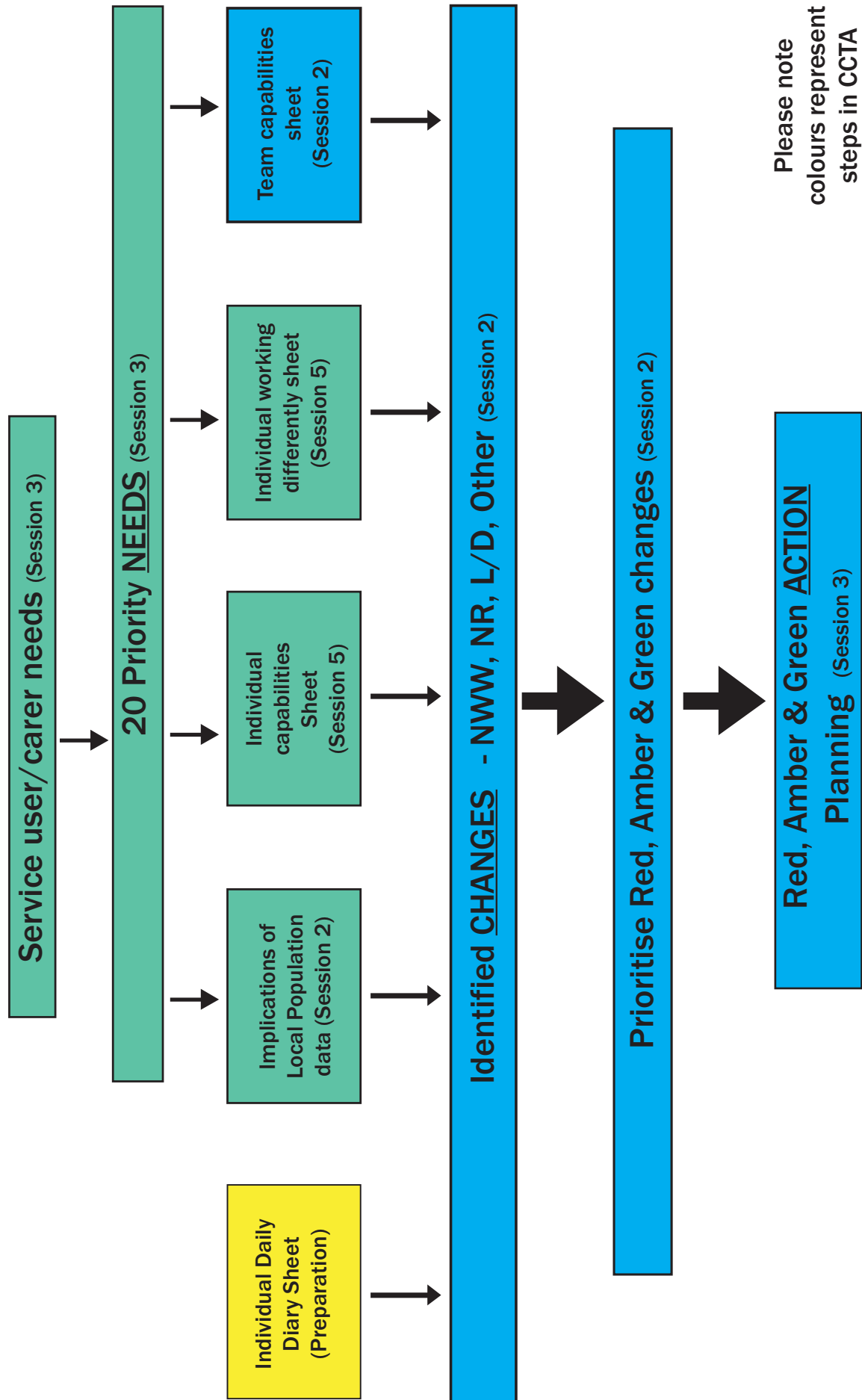
RED = little or no progress made AMBER = Significant progress made GREEN = Fully Achieved

# Appendix F: CCTA Pathway










# Appendix G: CCTA Process Overview



# Appendix H: Preparing the CCTA Participants handbook

Each CCTA participant requires a loose leaf participant's folder which should include:

-  A loose leaf ring binder
-  Dividers (to separate steps 1- 5)
-  A copy of the Participants handbook (single sided as sheets will need to be removed throughout the workshops)
-  A copy of the CCTA Executive summary (double sided)
-  A copy of Module 2 of the 10 ESC (double sided)

As the CCTA consists of different coloured steps it is important, were possible, to maintain the colour coding. This can be done in a number of ways

## Option one – professional printer

Consider negotiating a deal with a local printer to produce full colour versions of the participants' folder. These will cost approximately £15 each.

## Option two – colour printer

Print off the all the relevant documentation using a coloured printer, this can however be an expensive option

## Option three - photocopy

Photocopy all the documentation required for the participants folder ensuring that each step of the CCTA in copied onto the relevant coloured paper e.g. step 1 = yellow paper, step 2 = pink paper etc

***Please note that which ever option is chosen it is essential that the participants' handbook is single sided as some of the documents are completed and handed in to the facilitator during the workshops***

# Appendix I: CCTA Step 1 Introductory Workshop Programme (optional)

The aims of the Workshop are to:

- ✚ Meet the team and identify any anxieties and fears
- ✚ Explore preparation required for step 1
- ✚ Provide an introduction to NWW and the CCTA
- ✚ Highlight the preparation required for Step One
- ✚ Explore the CCTA documentation
- ✚ Prepare participants for Step Two

It is recommended that all attendees have read the CCTA executive summary prior to the workshop

Time	Theme	Format
10.00 am	<ul style="list-style-type: none"> <li>✚ Housekeeping</li> <li>✚ Introductions – Something about me <b>Each participant will be asked to introduce themselves giving their name and one non work related skill</b></li> <li>✚ Aims of the workshop</li> </ul>	Exercise
10.30 am	<ul style="list-style-type: none"> <li>✚ Introduction to NWW What do you understand by NWW What is NWW and why is it needed</li> </ul>	Group Work Presentation
11.00 am	Coffee Break	
11.15 am	<ul style="list-style-type: none"> <li>✚ Introduction to the CCTA</li> <li>✚ CCTA pathway cards</li> </ul>	Presentation Group work
11.45 am	<p style="text-align: center;"><b>Step 1</b></p> <ul style="list-style-type: none"> <li>✚ Key Aims</li> <li>✚ Overview of Step One</li> <li>✚ Introduction to the 10 ESC</li> </ul>	Presentation Discussion Presentation
12.15 pm	Lunch	
1.00 pm	<ul style="list-style-type: none"> <li>✚ Implementation of Step One (consider each action needs to happen, by whom, to address this for the team) Introduction to the 10 ESC's Information Gathering Daily diary sheet Service user and Carer involvement Identification of admin support Preparation of participants files Agree dates &amp; venues Preparatory reading Sign off sheet</li> </ul>	Presentation  Group work Discussion
2.00 pm	✚ Introduction to Step Two	Presentation
2.30 pm	✚ Anxieties and fear/Hopes and dreams/Next steps	Group work
3.00 pm	✚ Supporting Documents (ref to website)	Presentation
3.15 pm	✚ Agree Next Steps	Discussion
3.30 pm	Finish	



***National Institute for  
Mental Health in England***  
**NATIONAL WORKFORCE PROGRAMME**

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