



NWW

New Ways of Working
In Mental health

Enhance, Include, Evolve

**New Ways of Working
For
Allied Health Professionals**

**Final Report
October 2008**

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“The title "*Enhance, Include, Evolve*" sums up this report - both the way in which this group has worked together involving service users and carers in every step of the process and the ethos for New Ways of Working for Allied Health Professionals (AHPs) in Mental Health.

To Enhance means to strengthen, enrich. The service user's experience will be strengthened by the input from the skills and creativity, which AHPs bring. It will help service users to explore issues, express themselves and develop their own skills.

To Include is to encompass, engage, focus attention. Engaging service users and carers is the best way to understand them and begin to develop a personalised and appropriate pathway to their recovery and a desirable, achievable, fulfilling and sustainable quality of life.

To Evolve is to develop, grow, progress. This gives a sense of moving on, of developing, listening and responding. It gives the service user the confidence that the service is responding to him or her and it is not 'a one size fits all' service.

Friends and family also often know a great deal about an individual and about what can help on the road to recovery. When AHPs can involve them in planning and evaluating the work they do alongside the whole team, they have truly found New Ways of Working.”

Sarah King
Project Group Member

Jen Kilyon
NWW Carer Involvement Lead

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- A Key Drivers and Cross Cutting Themes
- B Progress of AHPs in New Ways of Working
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Foreword

Director, National Workforce Programme, NIMHE

New Ways of Working [NWW] is a commonly used term these days and people have a better understanding of its meaning and use. The refinement of focus, though, to 'Enhance, Include and Evolve', in this report, takes us further in making NWW meaningful, not only for staff, but also for service users and carers.

NWW has its supporters and sceptics, but the AHPs, involved in the work described here, have been very open, questioning and enthusiastic. There has been significant involvement of a great many occupational therapists, physiotherapists, speech and language therapists, art music and dramatherapists and dietitians at varying levels of practice and some with significant management responsibilities. They have contributed through project group work, stakeholder events and through the provision of a wealth of positive practice examples. The work has had the greatest input from service users and carers too, which is a great credit to all. Shelagh Morris and Wendy Osborn have very ably led this project.

The conclusions and recommendations in this report illustrate the commitment of AHPs and their professional bodies to high standards of training and development that are explicitly values based; to services which embrace partnership working; to recognise the reality of the need to demonstrate cost effectiveness; and to practice which promotes well being and recovery. I commend the report to you.

Roslyn Hope
October 2008

Executive Summary

New Ways of Working for AHPs

This report is aimed at commissioners of services and AHPs – AHPs working in specialist mental health roles and those in other roles whose work brings them into contact with mental health service users. The report emphasises the importance of partnership working with service users and carers. AHPs will also find the report useful in supporting dialogue locally with provider organisations in respect of maximising the contribution AHPs can make and help inform discussions with commissioners.

NWW for AHPs provides a practical guide illustrating how AHPs are already working in new ways, how they can further enhance and evolve their practice to meet the needs of working in a modern mental health service, and ensure wider social inclusion of service users and carers. It is part of the NIMHE National Workforce Programme initiative on NWW in Mental Health and contributed to the report *New Ways of Working for Everyone*¹ launched in April 2007 www.newwaysofworking.org.uk.

New Ways of Working (NWW) represents a cultural change in the delivery of mental health services¹. The future is a person-centered, values-based approach, where services and roles are both responsive and flexible. The policy context includes improving access to psychological therapies, social inclusion and mental health legislation (Supplement A).

Key recommendations of New Ways of Working (NWW) for the Allied Health Professions (AHPs):

1. Service users and carers should be actively involved in the development and delivery of training and education, and as partners in their care (at both individual and service levels).
2. AHPs should use the Skills for Health (SfH) competence-based approach to service delivery www.skillsforhealth.org.uk and the Creating Capable Teams Approach (CCTA) www.newwaysofworking.org.uk.
3. AHPs need to demonstrate to commissioners the cost-effective contribution their specialist skills can make to improving the health and wellbeing of service users and their carers.
4. AHPs should extend links with local authority and other services to ensure clinical protocols and care pathways for service delivery across organisational boundaries are in place.
5. AHPs should take advantage of their transferable skills in order to lead service development across mental health services. This will include the consideration of taking up and or supporting new and extended roles and the Creating Capable Teams Approach where possible and appropriate.
6. AHPs should make explicit the contribution they can make to improve a person's quality of life through reducing their reliance on services by promoting health and wellbeing.
7. The Ten Essential Shared Capabilities (10 ESCs) - underpinning values for all mental health staff www.nimhe.csip.org.uk - should be integral to training, induction and continuous professional development of all AHP professionals and support staff.

¹National Institute for Mental Health (NIMHE) (2007), *New Ways of Working for Everyone*, DH, London

NWW for AHPs report

The report consists of an executive summary and reports from the project groups.

The Mental Health AHP Advisory Group (MHAHPAG) identified a wide range of issues relating to NWW. These have been explored through four project groups:

- Education and Training
- New Roles
- System Reform (Our health, our care, our say White Paper)
- Teamworking

In addition to the report, there are three supplements, which provide background and supporting information.

Supplement A - Key drivers and cross-cutting themes

A number of key drivers and themes, identified by the project groups, are explored in this section. The drivers/themes are those identified by more than one of the project groups and often by all the groups. These are, Involvement of service users and carers, Recovery approaches, Social Inclusion, Improving Access to Psychological Therapies (IAPT), AHP Competency-based Career Framework, Mental Health Bill, Regulation, Preceptorship and Complexity, Meeting physical health needs. The report provides a short description of each one and links them to both NWW for AHPs and other relevant documents.

Supplement B – Progress of AHPs in New Ways of Working

The contribution of AHPs working in specialist mental health roles are highlighted in this section of the report with some examples of uniprofessional and multiprofessional working that demonstrate how AHPs are already embracing NWW.

Supplement C - Examples of good practice/innovation

In parallel with the production of this document the NWW AHP group, requested examples from AHPs to demonstrate good practice/innovation. The aim being - to try to capture where change has been effective and improves service delivery. Many of the examples demonstrate where change has occurred across and between professional boundaries. Further examples indicate new ways of adapting services and strengthening the input from service users in clinical practice.

This collection indicates the depth of commitment from the allied health professions to the continuing development of mental health services, which properly reflect the needs of service users. Each example includes contact details to allow those requiring further up to date details to make contact and request some of the richer history.

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Thanks go to all those who have contributed to this report via the project groups, the stakeholder conference and in particular the Mental Health AHP Advisory Group which acted as the core group pulling all the many strands together for this report.

Introduction

New Ways of Working (NWW) in Mental Health provides a real opportunity for AHPs working together with service users and carers to enhance, to innovate and to evolve practice. The Mental Health Allied Health Professional Advisory Group (MHAHPAG) includes representatives from all AHP professions working in specialist mental health roles across England who came together with service users and carers to explore what NWW means for AHPs and the implications for practice for these professions.

Enhance, Include, Evolve; these three words sum up the essence of NWW and the approach of AHPs.

Enhance because it demonstrates the effectiveness and quality of the services provided by AHPs. AHPs need to be able to show how they can help 'move things on', even in seemingly intractable situations, thus having a positive impact in enhancing recovery for the service user.

Include because service users and carers are at the centre of service provision and inclusive practice, now and in the future. AHPs work across boundaries – professional and organisational – with inclusion integral to the way they work. NWW supports AHPs in enabling them to work with others in a holistic way that promotes equality and reduces discrimination, so care pathways are seamless and streamlined.

Evolve because NWW enables the professions to develop to meet the demands of the modernising services within mental health. NWW means that there are opportunities for AHPs to gain additional skills, to extend their roles and explore other career pathways.

There are specific AHPs working in specialist mental health roles; art therapists, dietitians, drama therapists, music therapists, occupational therapists, physiotherapists, and speech and language therapists. Other AHPs also make a valuable contribution to mental health service users via promoting positive mental health. AHPs work with individuals from all age groups, within all clinical specialties and across many sectors and settings, including health, education, social services, primary care, secondary care, the independent and voluntary sectors. A unique contribution of many AHPs disciplines is their ability to meet the combined mental and physical health needs of service users

One recommendation from NWW for Psychiatrists (2005)¹ was to take forward NWW for AHPs via the Mental Health Allied Health Professions Advisory Group (MHAHPAG). Representatives on this group included service users, carers, the AHP Federation, other NWW workstreams, Skills for Health, the National Institute for Mental Health in England (NIMHE) and the Department of Health. The MHAHPAG has worked with members of the AHP professions and has had close input/liaison with service users and carers, who have had representatives on the main committee and on all project groups. Together they have posed many questions and worked energetically to bring clarity to the answers and responses. NWW for AHPs does not end with this report. NWW is a major change for all professionals, staff and service users in mental health. NWW is an opportunity to highlight AHP specialisms and the skills they contribute to teams and the care pathways of service users and their carers. Making NWW work in practice will be through embracing innovative ideas. It is about helping to create capable teams, working with people in new roles, enhancing and building on our skills and competencies. It demands a freshness and openness of thinking and a desire to move forward from everyone involved.

¹National Institute for Mental Health (NIMHE) (2005), *New Ways of Working for Psychiatrists: Enhancing effective, person-centred services through new ways of working in multidisciplinary and multi-agency contexts: Final report "but not the end of the story"*, DH, London

Project Group Reports

The MHAHPAG identified four key themes relating to NWW which have been explored through project groups. These were:

1. Education and Training
2. New Roles
3. System Reform (Our health, our care, our say White Paper)
4. Teamworking

The following sections summarise the findings of each project group. Further information on the key issues and themes across the project groups can be found in Supplement A and further examples of good practice/innovation can be found in Supplement C.

1.1 Education & Training

The Education and Training Project Group considered:

1. How current education and training programmes (pre and post registration) for AHPs prepare them for:
 - a. Working within mental health services
 - b. New roles and new ways of working in mental health services
2. How continuous professional development (CPD) can prepare AHPs for new roles

Summary

Service users and carers have a right to access services that provide care based on the best available evidence. Allied Health Professionals cover a large number of distinct disciplines whose skills and competences service user's value. The skills acquired through traditional training of AHP professionals are important and have a recovery-oriented application in mental health services. AHPs can add to their current knowledge and skills in order to further enhance their ability to contribute to the provision of client centred, evidence based interventions. However, it is important that the acquisition of new knowledge and skills, their application in the development of extended/specialist/advanced roles is carefully managed, monitored, evaluated. This will ensure that these professional groups, particularly in mental health have access to appropriate education and training programmes to meet local needs¹.

There are education and training opportunities that could and should be shared across professional groups, not just those who come under the AHP banner. As well as enhancing joint understanding and working between different groups, the pressures on training budgets also means it makes sense to take advantage of economies of scale when they arise². The importance of staff training and support is crucial to the delivery of good quality services that are equitable across social groups. Education providers and professional groups therefore need a clear education and training strategy with regard to meeting the needs of people experiencing mental ill health. It should take account of what is known about best practice, policy and guidance and about local need.

Decisions will also need to be made about the standards of education and training required to provide the right numbers of people with the required levels of skills consistent with the

¹Department of Health (2005), *Creating a Patient led NHS – Delivering the NHS Improvement Plan*, London, DH

²CAIPE (2007) "Creating an Interprofessional workforce An Education and Training Framework for health and social care) www.dh.gov.uk

Knowledge and Skills Framework (KSF). In attempting to describe the functions that workers carry out and the skills and competencies required it is important to try to articulate the contributions that people make to assessment, planning, formulation and intervention.

Most, if not all, staff make a contribution to these areas and it is important to attempt to capture those activities and describe the skills and competencies needed. Skills for Health have developed a framework (launched July 2008) which incorporates Learning Design Principles that can be used by education providers in their development of programmes.

<http://www.skillsforhealth.org.uk>

(See also Supplement A - A5 AHP Competency based career framework)

Coherent programmes of continuing professional development (CPD) are required to facilitate the development of the mental health workforce and support local clinical governance. However, integration of CPD with routine staff appraisal and clinical supervision ensures high quality practice. This is as applicable to non-professionally affiliated staff as it is to those from the existing professions.

There are a number of challenges for agencies concerned with education and training for mental health services, locally and nationally, including:

- Establishing learning needs across sectors, professional groups, and agencies, including non-professionally affiliated staff groups
- Appropriate and relevant training and education is both commissioned and provided at all levels including training for entry into a professional group and continuing professional development
- Creating opportunities for local communities to grow their own professionals and reflecting the local population, for example promoting AHP careers to mature students via widening access and to BME groups using the New Generations website (<http://www.newgenerations.org.uk>).
- Incorporating learning for new and changing roles in mental health services, and new and changing services
- The principles and values (the Ten Essential Shared Capabilities [ESC]) which underpin mental health services today inform education and training curricula and personal and professional development
- Local capacity and capability for the development and delivery of appropriate training and education programmes
- Developing and implementing effective frameworks and strategies for the commissioning and quality assurance of training and education

It is clear that change will progress at different rates for different groups, not all are at the same stage. Some Professional bodies, for example the College of Occupational Therapists (COT) and the Chartered Society of Physiotherapy (CSP), have already adopted the 10 ESC as their underpinning values and are beginning to integrate them into their accreditation and re-accreditation process. It is vital that AHP's and their professional bodies and organisations, are fully engaged in any activities underway to support these initiatives.

Recommendations

1. **Service user/carer involvement**
 Education providers to evaluate their programmes to ensure mechanisms are in place to include service users and carers in the design and delivery of their education programmes. The continuous Quality Improvement Tool for Mental Health Education³ is a tool to help education providers and commissioners of education and training to address this in a systematic way.
2. **Foundation Training**
 Consideration to be given to AHP engagement in pre registration foundation training in mental health. This could be undertaken prior to decisions about profession specific training. The 10 ESC is a useful framework for such training.
3. **Pre-registration – mental health content**
 The Health Professions Council (HPC), together with the AHP professional bodies, to review pre-registration AHP programme curricula for evidence of mental health fieldwork and academic learning requirements within and across mental health specialities (children, adults, older adults, people with learning disabilities).
4. **Pre-registration – 10 ESC as framework**
 The HPC together with AHP professional bodies, and Higher Education Institutes (HEIs) to make explicit in their curriculum guidelines (for education programmes leading to professional registration) the need to include the 10 ESC education materials
5. **Preceptorship**
 Provider organisations to set up programmes of preceptorship for new AHP registrants in mental health. Creative solutions to small numbers in some workforce establishments may need to be considered and might include cross organisation rotational schemes and mentorship in addition to a multidisciplinary approach to practice supervision and support.
6. **Continued professional development for new roles**
 Professional bodies, HEIs, commissioners and provider organisations to work together to ensure that education and training is available for AHPs to make the effective transition into new roles and New Ways of Working. For example, additional training will be required for OT's to undertake the new roles of Approved Mental Health Practitioner (AMHP) and Responsible Clinician (RC).
7. **Advanced and Extended scope AHP practice – governance of extended practice**
 Professional bodies and the Allied Health Professions Federation (AHPF) to contribute to the work being undertaken by the Council for Healthcare Regulatory Excellence (CHRE) to develop standards for higher levels of practice to help clarify both advanced and extended scope practice. This will include the development of some AHP's as Psychological Therapists whose role will be consistent with the current Increasing Access to Psychological Therapies programme (IAPT).

³ University of Lincoln (2005), *National Continuous Quality Improvement Tool for Mental Health Education – Handbook and Implementation Guide*, CCAWI, Mansfield www.lincoln.ac.uk/ccawi

8. **Advanced and Extended scope AHP practice – advanced practice**
HEI's in partnership with AHP practice leaders, commissioners of education and training and service users and carers, to develop post-qualifying CPD opportunities for AHPs to build competence and gain recognised qualifications in advanced and extended practice,
9. **Balance of AHP interventions and new / extended roles**
Commissioners of services and managers of provider organisations to acknowledge and redesign workforces to ensure that service users maintain access to specialist AHP skills and interventions in addition to supporting the AHP workforce to be competent in delivering new roles and NWW.

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Stockport Mental Health Services and the University of Manchester have established a joint project which enables a significant proportion of first year speech and language therapy students to undertake a placement in older people's mental health specifically to engage in 'life story work' with people with advanced dementia and challenging behaviour. Alongside this has been a project whereby the MDT changed the assessment tool used. The life story work is part of a person centred approach – with very good feedback from carers involved.

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1.2 New Roles

The brief of the New Roles subgroup was to address the following questions:

- What are the opportunities for new roles or new ways of working for AHP's in mental health?
- Are current AHP career pathways within mental health coherent within a modernising NHS?
- How will these new roles address the needs of mental health service users and carers?

Summary

Service redesign, modernising mental health services, service user and carer involvement provide both new and exciting prospects for the future roles and careers of AHP staff. Managers, leaders and staff should consider these as real opportunities to make a difference to those individuals involved with mental health services, to have an emphasis on life roles, daily living, social inclusion and enabling the service users and carers to articulate their needs.

There is no easy solution to the perceived erosion of professional identity. However, AHP staff must be encouraged to see that they are in a prime position to lead and develop new ways of working concomitant with the needs of service users and their carers. This will require flexible and responsive working patterns, and inevitably take time and commitment. It needs to be recognised that many AHP staff already have the skills, knowledge and aptitudes required.

Supplement C includes a number of examples of AHPs who have developed new roles that promote equity of access for vulnerable, seldom heard groups – for example for asylum seekers (SR8), for Asian women (SR16), and for young black men (SR18)

Recommendations:

1. Service users and carers need to be involved in the planning of services, posts and the recruitment of staff.
2. Managers, in consultation with users and carers, need to describe posts in relation to the skills and competences required and not 'badged' to a specific profession; these posts need to be developed in direct relation to service need.
3. AHP staff need to recognise that opportunities exist for role extension, and for new and different roles which were previously aligned to a specific professional group. These should now be open to staff with the appropriate skills and competencies.
4. HEI's and organisations need to provide flexible and accessible training packages to help AHP staff to acquire and develop new and extended skills.
5. Consideration should be given to the concept of clinical scholars who: "are characterised by a high level of curiosity, critical thinking, continuous learning, reflection and the ability to seek and use a spectrum of resources and evidence to improve effectiveness of clinical interventions. They consistently bring a spirit of inquiry and creativity to their practice to solve clinical problems and improve outcomes"¹. These attributes will best equip the new ways of working workforce to meet the needs of service users and carers.

6. The managers and leaders of AHP professions need to consider how 'new' or expanded roles are sold to staff. People need to be encouraged to view these as exciting and potentiating opportunities.
7. HEI's to prepare and encourage AHP students to seek and consider new and emerging roles concomitant with their skills and competencies.

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Hertfordshire Partnership NHS Trust has established a collaborative approach to delivering psychological therapies – art therapy, dramatherapy, psychotherapy and psychology.

Benefits

- clearer (and wider) choice and pathways for patients
- reduction of assessments/hand-offs
- waiting lists reduced or eliminated
- reduced DNA (Did Not Attend) rates
- joint dramatherapy and art therapy group for young people
- maximising use of resources

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¹Sigma Theta Tau International, 1999, p4 www.nursingsociety.org/about/clinical_scholarship_paper.pdf

1.3 System Reform (White Paper: Our Health Our Care Our Say¹)

The project group was tasked with two questions:

1. What is the effect of the white paper on AHPs working in the mental health services?
2. What are the implications of the health reform agenda for AHPs working in the mental health services?

Summary

Mental health services have undergone major changes with the closure of large psychiatric hospitals/ institutions to services that are provided through community psychiatric, crisis intervention and assertive outreach teams. The number of inpatient beds has been reduced and the role of day hospital support is changing to provide acute treatment and intervention during an extended day. As a result many AHP services now work across several locations and it is essential that AHPs in this changing environment develop NWW to maximise the opportunities to work strategically to deliver services to service users with increased complex needs.

The White Paper highlights the physical health problems of the population. However, people with severe and enduring mental illness are at greater risk of developing and dying prematurely from cancer, coronary heart and respiratory disease than the general population². In addition, the medication used in treating mental illness has side effects, which include weight gain, hyperlipidaemia, hyperglycaemia and gastro-intestinal symptoms.

In mental health services, physical illness has traditionally been considered to be the remit of primary care but these services have not always been able to deliver appropriate advice and support as there is evidence that mental health service users experience discrimination and inequalities in healthcare².

Despite improvements via the General Medical Contract and National Quality Outcomes Framework³, the Disability Rights Commission's recent report Closing the Gap 2006⁴ provides new evidence that people with mental health problems remain more likely to experience major illness and develop serious health conditions at an earlier age.

AHPs working in mental health services are ideally placed to recognise both physical and mental health needs, their inter relationship and the interventions that support Recovery. AHPs promote equality and reduce discrimination in relation to physical health needs. A number of examples are included in Supplement C – Examples of Good Practice/Innovation. For example services for older people - NR5 and NR24.

¹ Department of Health (2006) *Our health, our care, our say: new direction for community services*, London, TSO.

² Department of Health (2006), *Choosing health: supporting the physical health needs of people with severe mental illness (commissioning framework)*, London, DH

³ Department of Health (2004) *Quality and Outcomes Framework*, London, DH

⁴ Disability Rights Commission (2006), *Equal Treatment: Closing the Gap*, London, DRC

Recommendations for AHPs working in the mental health services

1. AHPs need to demonstrate how their skills and competences can deliver evidence-based clinical outcomes that meet the needs of their service users. They can use and share their clinical skills in delivering services for those with complex needs. In addition, they are well placed to take the lead on training the workforce in new roles ensuring NWW and the Essential Shared Capabilities are incorporated.
2. AHPs need to ensure appropriate support, including supervision and CPD, are in place when providing mental health services. (See 1.1 Education and Training)
3. AHPs need to utilise local networks⁵ to ensure they can proactively contribute and influence service improvements eg via representation on Professional Executive Committees (PECs), Trust clinical governance committees/working groups and nationally via responding to consultations and via AHPF.
4. AHPs need to work strategically within trust clinical governance mechanisms to give leadership eg when implementing the NICE guidelines on obesity.
5. All AHPs need to work together and within a multidisciplinary context to provide pathways for service delivery to ensure there is equitable access for service users to specialist mental health AHPs across the spectrum of care.

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The Mansfield and Ashfield Crisis Resolution Home Treatment Team was established in 2003. It is multi-disciplinary with psychiatrists, psychologists, nurses, OTs, social workers and support workers. The team leader is an OT.

The Nurses, OTs and Social Workers are all full time and were appointed at interview to work 24/7 on a duty rota. It is now a self-rostering system, managed by the team themselves on a monthly basis. Two staff takes it in turn each month to oversee the balance of shifts and skill mix.

Working out of hours has allowed occupational therapists within the team to offer assessments and specific interventions after 5pm and at weekends. Individuals with mental health problems often welcome this, as this improves choices and access options for them. Working flexibly also helps the OTs in maintaining positive relationships with their nursing and social work colleagues within the team, something that is essential for effective multi-disciplinary working.

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⁵ Department of Health (2006) *Health reform in England: update and commissioning framework*, DH www.dh.gov.uk

1.4 Working in Teams

The teamworking project group considered the following questions:

1. What roles do AHPs have within teams?
2. How can AHPs work effectively in teams to maximise individual care?
3. How can AHPs working outside teams best contribute to individual care?

Summary

It is important to remember that effective team working is not about professional background, nor necessarily physical location, but about providing person-centred care, shared goals and effective communication.

AHPs can work effectively both inside and outside of integrated multi-disciplinary teams and it is essential that any model adopted ensures and enables service users and carers access to appropriate, timely services for their assessed and identified needs. A parallel piece of work as part of the New Ways of Working for Applied Psychologists¹ covers in more detail the impact of various team dynamics on successful team working. Teams can benefit from using the tools promoted by the CCTA, in identifying their purpose, strengths and weaknesses and forming a plan to aid their development (see Appendix A – A10. CCTA).

The effective implementation of improvements in the quality of service delivery - whether policy directives, targets or universal models - can only be achieved in the longer term, when local needs and situations are fully considered. The project group were aware that many different models of working for AHP's are in operation, with examples of AHPs completely embedded in integrated working, and of AHPs managed as a separate professional group working across several teams. Any model implemented must reflect local circumstances and support local needs.

However, consultation has also confirmed that many of the concerns of AHP's about team working are solvable, and sometimes unfounded. In order to generate the benefits of NWW, AHP's and their professional bodies will have to overcome some of these tensions, and work together to provide greater access to timely therapy for service users and carers. In the future, AHPs, service users and their carers envisage team working will be highly individualised across voluntary, independent, non-profit and statutory agencies and be centred on the needs of the service user.

Successful team working depends on a shared philosophy, person-centred care, understanding, and respect of each other's area of expertise. The strengths that AHPs bring and contribute to individual care are the diversity of their skills, evidence-based knowledge and experience, which allows true choice for the service user and / or carer. AHPs themselves can benefit from the expertise of other team members and further developing their own skills and knowledge.

A team is greater than the sum of its parts and each person's unique contribution should be valued and utilised effectively. True diversity offers more choice to a service user and carer than a collection of different professions sharing tasks and roles in a limited homogenised way. Most stakeholders can see the benefit of sharing roles to avoid duplication of assessment and tasks, but not at the expense of losing expertise in specialist areas.

¹Onyett, S, (2007), *Working psychologically in teams* http://www.bps.org.uk/the-society/organisation-and-governance/professional-practice-board/new_ways_of_working_for_applied_psychologists.cfm

To ensure continued access to the diversity of skills AHPs provide, practitioners need to be supported, both in maintaining those skills and their professional identity, and commissioners and service managers need to be influenced about the added value AHPs bring to mental health teams. Effective AHP leadership is essential to provide support to isolated professionals, whichever model is utilised.

Service users and carers value AHPs, but to become more central to NWW AHPs will need to change and evolve, whether working inside or outside of integrated teams. The concepts of NWW, including integrated team working, have the potential to cause tensions, many of them healthy tensions, which can be further explored to tease out the solutions. These tensions exist not only for AHPs, but also for other professionals, service users and carers. Successful team working means safely challenging historical assumptions and practices whilst respecting each other's contribution, and reminding ourselves of the primary goal of recovery for the service user and carer.

An example of how AHPs work in teams and across organisational boundaries to promote equity of access is included in Supplement C – Examples of good practice/innovation. NR19 describes how access to education is being facilitated by partnership working across health, housing, work, education, voluntary and community agencies to remove barriers to accessing education.

Recommendations

1. NWW is most effective within multi-disciplinary teams as these promote understanding of each other's skills, knowledge and role, and increase choice and access for the service user and carer.
2. For integrated team working to be successful, team members need to have a shared philosophy, agreed function, clarity and respect of each other's roles, skills and knowledge, and empowerment of service users and carers. CCTA can support teams in their development (see Chapter 3.12 Cross-cutting themes).
3. AHPs need to be open to the concept of sharing generic skills and roles, with clear guidelines on when this is the most appropriate use of their expertise, as part of a multi-disciplinary workforce providing person-centred care.
4. Where AHPs are so scarce a resource that they need to work across more than one team, there must be clear assessment triggers, care pathways and clinical protocols to ensure early and appropriate access to their specialist skills.
5. AHPs need to develop and consider the evidence-base for their practice to support clinical decision making including who is the most appropriate person to provide an intervention, what can be delegated, and what is not clinically effective.
6. There needs to be further development of effective AHP leadership across organisations to ensure creativity in the utilisation of the AHP workforce, influence over commissioners and service managers, and professional support for individual AHPs in the form of supervision, training and development.
7. Team managers require training to provide them with an understanding of different professions' core skills and their potential contribution to best quality care for service users and carers

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At Nottinghamshire Healthcare NHS Trust, occupational therapists and physiotherapists in mental health services for older people undertake care coordination where they are identified as the most appropriate clinician to provide most care for a particular service user. Other team members may still be involved with that service user to meet their identified needs.

A protocol has been agreed that when the clinician is no longer involved with a service user from a clinical basis they will pass care coordination duties on to another relevant team member through allocation. This reduces unnecessary visits from multiple team members to individual service users, but ensures that individual clinicians still have time available to provide their core skills for multiple service users.

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Conclusion – what next?

The title of this report – Engage, Include, and Evolve – encompasses three themes:

- putting service users and carers at the centre and involved in developing a service that they want and need
- building on AHP profession specific skills
- demonstrating how AHPs are embracing NWW

The report illustrates how AHPs are already working in new ways and are able to meet the current and future challenges and the opportunities inherent in NWW. The report is a synthesis of expert knowledge and reflection that highlights new perspectives of care in mental health. It underlines, expounds and exemplifies the change in the balance of responsibilities and thinking, that is inherent to NWW .

NWW in mental health is everyone's business, managers, consultants, AHPs, other practitioners and most significantly, the service user and their carer. It is both an individual and team responsibility to consider NWW in the context of current and future changes in the health service.

This report is web-based and as such is intended to be a route-finder that enables the reader to delve further into web sites and other documents that are of most significance to them. This will enable the reader to discern the implications and their own 'next steps' in how they can influence NWW as an individual, through their team, their organisation and where relevant, their professional body. A next step for example may be to ascertain the lead on NWW within their own Trust/SHA/Unit and to find out more about the plans already in train.

There are three useful 'how to' guides on NWW:

- Creating Capable Teams Implementation Guide¹. As its name suggests, this is about effective team working. It involves service users and carers focussing on team competences and capabilities – concentrating on the skills needed to provide quality, evidence based integrated care. As a direct member or contributor to a MDT, AHPs involved in this process have an opportunity to make explicit, the key skills they offer to provide good outcomes for the service user.
- The Learning and Development Toolkit². This sets out the current issues and priorities, including NWW, to help health and social care organisations plan their own learning and development strategies, thus ensuring the Continuing Professional Development of staff groups working in Mental Health.
- NWW for Everyone implementation guide³ supports organisations in taking a whole system approach to NWW. It provides some indicators and outcomes of what NWW will look like when it is in place.

¹ CSIP/NIMHE (2007), Creating Capable Teams Approach (CCTA) – Best practice guidance to support the implementation of new ways of working and new roles, DH, London www.nimhe.csip.org.uk

² CSIP/NIMHE (2007), A Learning and Development Toolkit for the whole of the mental health workforce across both health and social care, DH, London www.lincoln.ac.uk/ccawi

³ CSIP/NIMHE (2007), NWW for Everyone – A best practice implementation guide, DH, London www.olderpeoplesmentalhealth.csip.org.uk

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Glossary

10 ESC	Ten Essential Shared Capabilities
AC	Approved Clinician
AHP	Allied Health Professional
AMHP	Approved Mental Health Practitioner
APMT	Association of Professional Music Therapists
ASW	Approved Social Worker
BAAT	British Association of Art Therapists
BADth	British Association of Dramatherapists
BDA	British Dietetic Association
CCTA	Creating Capable Teams Approach
CHRE	Council for Health Regulation Excellence
COT	College of Occupational Therapists
CPD	Continuing Professional Development
CSIP	Care Services Improvement Partnership
CSP	Chartered Society of Physiotherapy
DH	Department of Health
DNA	Did Not Attend
DoL	Deprivation of Liberty
ECtHR	European Court of Human Rights
KSF	Knowledge and Skills Framework
HEI	Higher Education Institute
HPC	Health Professions Council
MCA	Mental Capacity Act
MDT	Multidisciplinary Team
MHA	Mental Health Act
MHAHPAG	Mental Health Allied Health Professionals Advisory Group
MHRT	Mental health Review Tribunal
MPET	Multi-Professional Education and Training
NICE	National Institute for Clinical Excellence
NIMHE	National Institute for Mental Health England
NMET	Non-Medical Education and Training
NOS	National Occupational Standards
NWW	New Ways of Working
PEC	Professional Executive Committee
PCT	Primary Care Trust
RC	Responsible Clinician
RCSLT	Royal College of Speech and Language Therapists

REC	Research and Ethics Committee
RMO	Responsible Medical Officer
SfH	Skills for Health
SHA	Strategic Health Authority
SIFT	Service Increment For Training

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Care Services Improvement Partnership **CSIP**

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