



# briefing

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## Moving on: from New Ways of Working to a creative, capable workforce

### Key points

- The NWW programme, led by the NIMHE to change the way mental health staff work and to develop new roles, is ending in March.
- Developing new, enhanced and changed roles and redesigning systems and processes is now mainstream activity for mental health providers and is supported by commissioners.
- Service users are seen by the most appropriate person in the team, meaning that consultant psychiatrists no longer have large caseloads of patients to see regardless of need.
- Psychiatrists have more time to respond to those with more complex and/or acute needs quicker and more flexibly.
- New roles, such as assistant practitioners and support time and recovery workers, are now allowing professionally qualified staff deliver more therapies and evidence-based interventions.
- NWW is about developing a workforce based on competencies that meet service users' needs better, which may result in a different skill mix in teams.
- NWW has led to the creation of many new and extended roles in mental health and has helped end the former recruitment and retention crisis in mental health specialties, especially psychiatry.
- Mental health professional organisations have valued discussing workforce issues with service users and carers and have pledged to continue doing so.

The New Ways of Working programme – an initiative to change the way that mental health staff work and to introduce new and extended roles – has helped develop mental health services in recent years. In mental health, New Ways of Working has been led by the National Institute for Mental Health in England's National Workforce Programme and is due to end in March 2009 after six years' operation.

This *Briefing* celebrates the achievements of New Ways of Working, outlines its impact and sets the scene for the next phase of workforce development. The New Ways of Working brand will no longer appear in new documents, but the principles remain as relevant as ever to secure a creative and capable workforce.

Produced in association with

*'To succeed, NWW has to be adopted by the whole workforce... every individual, every team, every service... not just the enthusiasts'*

chief executive, East Midlands

## Background

New Ways of Working (NWW) has been led nationally for the last six years by the National Workforce Programme (NWP) of the National Institute for Mental Health in England (NIMHE), initially in collaboration with the Royal College of Psychiatrists. The NWP finishes its work at the end of March 2009.

During its time, the NWP has produced much guidance on developing and implementing NWW at organisational and team levels, which will remain freely available. Teams and services across the country have changed the way they operate, and many employers have come to view NWW as the accepted – and expected – way of working.

Workforce modernisation and development is crucial for trusts, supported by strategic health authorities. Accordingly, over its last 18 months of operation, the NWP has concentrated on supporting trusts with implementation, including organising collaborative learning sets with the Royal College of Psychiatrists' Education and Training Centre, in which over 50 per cent of trusts participated.

## The New Ways of Working programme

NWW came about from a growing need to address shortages of key staff and to make jobs sustainable. It was developed into a set of principles to underpin the development of a capable, flexible workforce equipped to meet the needs of service users and carers. All professional bodies signed up to the NWW principles.

NWW focuses on the team as the fundamental unit of service delivery, rather than on lone professionals. Within the team, responsibility is distributed but not diffused or evaded. Although decisions will be made by individuals with their clients, the NWW model encourages team discussion of the

more significant decisions, where different perspectives on the issue will contribute to the safety of the ensuing plan.

The NWW model says that the team has collective responsibility to come to a consensus on important decisions but, in the rare cases where this is not possible, someone needs to be designated as final arbiter of a decision. Consultant-level practitioners are likely to be the people taking this role.

Service users are seen by the most appropriate person in the team, and in an NWW team the consultant psychiatrist no longer has a large caseload of patients seen routinely in outpatient clinics every few months irrespective of need. The time

## The NWW model – outcomes

- Service users are seen in a timely fashion, when needed
- 'Routine' outpatient clinics are reduced or eliminated
- A flexible approach – so that service users do not find themselves caught between different services
- An enhanced role for the care coordinator, who brings in others to assist with the care plan as required
- Better information sharing between different professionals
- Reasonable caseloads for all, no waiting lists and good throughput through the team; discharge back to primary care is easier, as is re-referral
- More time is available for a holistic approach to care
- High levels of service user and carer satisfaction, which the team measures and reflects upon
- Intelligent use of team data to improve team performance and outcomes.

released is used to respond to those with more complex and/or acute needs quicker and more flexibly. New roles, such as assistant practitioners and support time and recovery workers, can help to free up the time of professionally qualified staff to deliver more therapies and evidence-based interventions.

Under the NWW model, process redesign is carried out wherever processes are found to be inefficient, such as taking too long or involving needless duplication. The time saved is reinvested in clinical care. A multidisciplinary assessment can, for example, actually save time.

The approach also helps with workforce planning, which ensures the skill profile of the team matches the needs they have to serve. Opportunities are taken to develop practitioners into enhanced roles, with appropriate training and support, so that the needs of clients are better met by matching the team's skills.

### Myth and reality

NWW has supporters and opponents, due in part to its complexities, a lack of understanding, its nature of challenging custom and practice, and because in some areas it has

*'The team I work in is close-knit and I think NWW enhances the practice of good communication as well as giving empowerment and boosting confidence levels across teams'*  
consultant old age psychiatrist, South West

been handled badly and used as an excuse for cost cutting. The box below outlines some of the commonly raised issues.

### Achievements

NWW has led to the creation of many new and extended roles in

Myth	Reality
NWW is Department of Health policy	The impetus for NWW was the recruitment and retention crisis and burn-out amongst psychiatrists. NWW came about because traditional modes of working could not cope with increasing demand and expectations
NWW is about cutting costs and getting services on the cheap – a means of dumbing down the workforce and reducing the number of consultant-level practitioners	NWW is about developing a workforce based on competences to better meet service users' needs, which may result in a different skill mix in teams; but there is no evidence it is cheaper. From 1997 to 2007 the number of consultant psychiatrists rose by 55%, psychologists by 69% and mental health nurses by 24%
NWW is just about psychiatrists	All professions have been involved – psychologists, nurses, social workers, allied health professional's, pharmacists and primary care
NWW means that consultant psychiatrists have to work either on wards or in the community	This is only one potential service model, and came about as a result of new teams introduced by the NHS Plan, not NWW
NWW is a quick fix	Individual roles can be changed and developed relatively quickly, but strategic implementation of NWW may entail cultural change, which takes time
NWW is not safe	There is no evidence for this. NWW emphasises effective teamwork and communication, which promotes safety, as does a workforce where morale is high.

*'When I was here last January, it was like bedlam... since this new model has been put in place, you wouldn't think X is an acute ward... it is relaxed and calm and friendly. There is palpable trust between service users and professionals'*

Rethink advocate, Eastern

mental health. It has also helped towards ending the former crisis in recruitment and retention in mental health specialties – especially psychiatry – thanks to the creation of new, attractive jobs.

Another result has been greater workforce flexibility, which has enabled more creative solutions than the previous reliance on sometimes expensive agency locum staff to fill vacancies.

There has been much support for NWW from professional organisations, many of whom have done work on redesigning training to meet modern requirements. One view from the College of Occupational Therapists said: "New Ways of Working has broadened occupational therapists' horizons and given the profession permission to share responsibility, take on new roles and relinquish others. The work has driven us to create our own mental health strategy with full service user and carer involvement. We are invigorated by the innovative ways that teams can now deliver mental health services."

NWW has played its part in getting the service user's voice heard and used more effectively. Service users and carers have been integral to NWW, from involvement in the Creating Capable Teams Approach in their local team, to involvement in national steering groups and the production of guidance and best practice materials.

The NWW programme has also been aligned with the overall direction of travel of mental health policy, sometimes helping to shape it – for example, the changes to the Mental Health Act 2007 and the Care Programme Approach.

NWW has helped change the culture towards being person-centred, solution-focused and reflective. It emphasises harnessing the creativity and skills of local teams to work out how best to deliver care to their populations, in partnership with them.

### Creating and sustaining a capable workforce

More than half of English NHS mental health providers took part in a collaborative learning set on NWW held in 2007/8. Some key messages emerged from this exercise, including:

- the key people must understand the message
- the key people are clinical and management staff at all levels (including corporate departments), service users and carers

- NWW should be thought of as an enabler to assist the organisation to achieve its goals
- NWW challenges some customs, practices and profession-based assumptions; its success will be dependent on organisational culture
- service user and carer involvement should be built in at all levels
- the programme should be tailored to the organisation's situation, but the principles of the programme should be maintained
- teams are the fundamental unit of service delivery and of NWW workforce change
- trust-wide leadership and coordination is needed to: develop new and enhanced roles with training and funding; harness technological change to support current workforce flexibility and efficiency; and achieve systematic change
- communication is vital for both staff and service users and carers because misunderstandings can arise easily
- all trust business must be aligned with workforce reform
- recruitment and HR processes must be aligned with NWW to allow change to happen
- greater attention needs to be paid to job descriptions and person specifications to maximise opportunities to appoint on the basis of skills and competencies.

## Examples of good practice

### The **Creating Capable Teams**

**Approach** (CCTA) is a five-step approach with a defined workforce focus, developed to support the integration of NWW and the new roles into the structures and practices of a multidisciplinary team, within existing resources. It was designed to be used for all staff in all areas of mental health and social care, for all ages, in the statutory, voluntary and private sectors.

In the North West, five of the eight mental health trusts have teams engaged in CCTA and the others have plans to do so. Teams have included inpatient wards, community mental health teams, crisis and early intervention teams, and learning disabilities, adult and older people's services. Issues addressed include:

- reducing the number of consultants inputting into the unit
- releasing clinical time by using more administrative and housekeeping staff
- using funding from part-time working to introduce the support, time and recovery (STR) role
- reviewing consultants' job plans to incorporate NWW and factor in more time for consultations with primary care
- introducing the child and adolescent mental health service (CAMHS) early intervention service rotational post to support an integrated approach

- reviewing the remit of the team based on the needs of the population
- extending the role of STR workers to work with carers
- introducing the authorised mental health practitioner (AMHP) role and independent prescribing.

Other examples of good practice are shown below.

In **Gateshead and south Tyneside (Northumberland, Tyne & Wear NHS Trust)** a number of nurse-led services have been established for service users with enduring illnesses, dealing with clozapine, depot administration and physical health screening as well as group work. The independent prescriber takes referrals from acute services, completes a case note review, reviews diagnosis, monitors and reviews medication using NICE and Maudsley guidelines, uses rating scales to check outcome and liaises with other services and GPs. The service has access to consultant psychiatrist input as required.

In **Stoke-on-Trent (North Staffordshire Combined Healthcare NHS Trust)** a nurse prescriber-led medication management clinic has been set up using trust-approved protocols for clozapine, lithium, mood stabilisers and atypical antipsychotics. In the first year, 1,000 appointments have taken place and 300 routine medical appointments have been saved, with the consultant caseload falling from 500 to 120.

*'After 30 years of illness, I have finally recovered from schizophrenia. Instead of 'yo-yoing' and relapse, I have now achieved my potential – a stable and supportive parent and partner, a responsible job and an active community life. This has, and could only, come about through equal working between a psychiatrist, psychologist and others in the team. I wish it had happened sooner'*

mental health patient

**Cumbria NHS old age services 'chambers' model** – the chambers model arose out of difficulties recruiting consultant psychiatrists in West Cumbria. Rather than trying to recruit to six posts, the clinicians decided to operate with just three (later four). Careful job planning highlighted those tasks which a consultant was best placed to do. The other tasks were allocated to a number of consultant slots, access to which was controlled by the team manager.

In **South West Yorkshire Mental Health NHS Trust**, by a process of caseload audit, being based with the team, strong mutual professional respect and trust, and the reduction of duplication, one consultant psychiatrist has reduced her personal caseload to the same size as team colleagues. Instead of reviewing 500 cases, she now sees 30 complex cases with their care coordinator and others as is necessary.

In **Southampton City Primary Care Trust** the appointment of two nurse

*'The process has created a buzz and enthusiasm within the team'*

team leader from a borough partnership trust, where teams have been through the Creating Capable Teams Approach

prescribers working with families of children with attention deficit hyperactivity disorder (ADHD) at Tier 2/3 was evaluated. Feedback was positive, highlighting the holistic approach offered by the nurse prescribers, comprising nursing care, psychosocial interventions, medication management and support to the children and their families. The cost of medication reviews was also reduced.

Five of the six adult inpatient units in **Hertfordshire Partnership NHS Foundation Trust** now have dedicated inpatient consultants. The model is being rolled out across the trust because the enhanced level of consultant leadership and the improvements to team working have been beneficial and average lengths of stay are amongst the lowest in the country.

**South Essex Partnership University NHS Foundation Trust** has a number of NWW projects, and is embracing several technological solutions and changed working practices to improve workforce flexibility and reduce travel and the use of estate.

A clinical psychologist in **Sandwell Partnership Trust** works with multidisciplinary teams on adult and older persons' inpatient services to

help them formulate the needs of service users and to work with them. This has led to increased confidence and competence of staff to work psychologically with people to achieve their recovery – making the best use of limited psychology time and reducing long waiting lists for face-to-face work.

### How New Ways of Working inputs into policy

NWW can help organisations prepare for and deliver on several key issues.

A flexible, capable workforce is key to implementing the policy in the NHS Next Stage Review. All elements emphasise the same principles such as: a person-centred approach throughout; effective, safe and high-quality care delivered by teams in partnership with service users and carers; provision of choice; harnessing and supporting innovation; empowering staff; and extending the range of what can be offered using appropriately skilled staff.

Under the payment by results system, NWW will also help. The Care Pathways and Packages Project Approach (grouping service users into categories based on need) has been accepted by the Department of Health as the model on which to base a tariff for services for adults of working age and older people by 2010/11. Services will need to ensure they have the right capacity

(a sufficient supply of appropriate skills) to provide the care packages they are commissioned for. Organisations will need to clarify the competences required to deliver interventions on the pathway, and NWW principles will support flexibility of options for which types of staff could best provide these.

The review *Refocusing the care programme approach*, published in March 2008, provides opportunities to use the mental health workforce more creatively to meet the needs of service users and carers – in line with NWW. The Care Programme Approach (CPA) is now focused on those with a wider range of needs, or those who are most at risk. This frees-up secondary mental health providers to offer services to a wider variety of people out with the formal CPA structure, in collaboration with partners, and in forms that did not mesh well with the previous need to have formal CPA for everyone.

The Mental Health Act 2007 introduced two enhanced roles – the approved clinician who acts as responsible clinician (replacing the responsible medical officer and extending eligibility to psychologists, social workers, nurses and occupational therapists) and the approved mental health professional (replacing the approved social worker and extending eligibility to nurses, occupational therapists and psychologists). These are good examples of some of the new roles encouraged by NWW.

The Improving Access to Psychological Therapies (IAPT) programme will test the effectiveness of providing evidence-based psychological therapy services to people with 'common' mental health problems such as anxiety and depression. The new workforce to deliver these services encapsulates NWW principles – the low intensity role brings in new staff as trainees at Band 4; the high intensity role brings in existing professionals to train at Band 6 or 7, and thus extend their roles, with consultant psychologists, psychotherapists and psychiatrists providing expert therapy, supervision and training.

*'5 line quote to follow'*

author

## Mental Health Network viewpoint

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## Further information

New Ways of Working:

[www.newwaysofworking.org.uk](http://www.newwaysofworking.org.uk)

Recovering Ordinary Lives:

[www.cot.org.uk/public/publications/new/pdf/RecoverOrdLivesscreen.pdf](http://www.cot.org.uk/public/publications/new/pdf/RecoverOrdLivesscreen.pdf)

Creating Capable Teams Approach (CCTA):

[www.newwaysofworking.org.uk/ccta.aspx](http://www.newwaysofworking.org.uk/ccta.aspx)

Care Programme Approach:

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH\\_083650](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_083650)

NHS Next Stage Review:

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_085840](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085840)

Care Pathways and Packages Project:

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_074519](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_074519)

Refocusing the Care Programme Approach:

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_083647](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083647)

Mental Health Act 2007:

[www.opsi.gov.uk/acts/acts2007/ukpga\\_20070012\\_en\\_1](http://www.opsi.gov.uk/acts/acts2007/ukpga_20070012_en_1)

Improving Access to Psychological Therapies programme:

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_073470](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073470)

## The Mental Health Network

The Mental Health Network was established as part of the NHS Confederation to provide a distinct voice for mental health and learning disability service providers. We aim to improve the system for the public, patients and staff by raising the profile of mental health issues and increasing the influence of mental health and disability providers.

The NHS Confederation is the only independent membership body for the full range of organisations that make up today's NHS. Its ambition is a health system that delivers first-class services and improved health for all. As the national voice for NHS leadership, the NHS Confederation meets the collective needs of the whole NHS as well as the distinct needs of all of its parts through its family of networks and forums. The Mental Health Network is one of these.

To find out more about the Mental Health Network, visit

[www.nhsconfed.org/mental-health](http://www.nhsconfed.org/mental-health) or email [mentalhealthnetwork@nhsconfed.org](mailto:mentalhealthnetwork@nhsconfed.org)

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