



**New ways of
working for psychiatrists:
Enhancing effective,
person-centred services
through new ways of working in
multidisciplinary and multi-agency
contexts**

Executive Summary of the Final Report
'but not the end of the story'

Royal College of Psychiatrists
National Institute for Mental Health in England
Supported by the Changing Workforce Programme

October 2005

A collaborative venture between the following organisations:



Care Services Improvement Partnership **CSIP**

*National Institute for
Mental Health in England*



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For Recipient's Use	

A Service User's view

'The modernisation of psychiatry and its workforce is essential to delivering the kind of care that service users want, need and deserve.

It is my hope and wish that those who read this report will see it as a helpful and informative resource which can be put to good use in developing their organisations and people.

Whilst recognising that this report is only a start, I would support and recommend it to you.'

David Tombs, Service User

Setting the scene

Summary of Interim Report 2004

The National Steering Group (NSG), jointly chaired by the Royal College of Psychiatrists and NIMHE, was set up in response to a groundswell of opinion that there was a need for new and changing roles for psychiatrists. An Interim Report was produced in 2004 to raise awareness on how this might be achieved and encourage innovative practice across the country. The table below highlights actions planned and the current position at the time of writing the final report.

Action points to be addressed in 2004

Position in 2005

To clarify the professional responsibilities of consultant psychiatrists with the General Medical Council (GMC).

Achieved

To make use of clinical governance powers in Trusts to clarify expectations of consultant psychiatrists, using guidance from Avon and Wiltshire Partnership Trust as an example.

Adopted in some Trusts nationally

To develop a matrix model for multidisciplinary teams to review their workforce requirements and skill mix options.

To be published Xmas 2005

To extend pilot development sites to test out NWW to all NIMHE regions from the existing two in Newcastle and Avon.

20+ sites in progress

To establish work with other professions to develop NWW.

Underway

To survey the use of locum psychiatrists in England.

Completed

To revise the guidance offered by the Royal College of Psychiatrists on job descriptions and norms.

Completed

To review innovative practice in relation to 'capable organisations'.

Completed

To consider how the Ten Essential Shared Capabilities Framework and good practice guidance on involving service users and carers can be used to influence education, training and continuing professional development of all professions.

In progress

To provide a framework for leadership development for all professions, with a preliminary focus on psychiatrists.

In progress

To discuss activity indicators for performance management so as to avoid perverse incentives to NWW.

In progress

To develop and utilise evaluations of NWW.

External evaluation

Executive summary

1. New Ways of Working (NWW) is about supporting and enabling consultant psychiatrists, among others, to deliver effective and person-centred care across services for children, adults and older people with mental health problems. This is about a big culture change; it is not just tinkering at the edges of service improvement. Section two of the report spells out the vision and values that underpin what we are trying to achieve in NWW.
2. NWW is *not* about saving money, releasing resources for other things, nor about undermining the role of the consultant psychiatrist. It is about recognising that we will have increasing difficulty in filling posts given the high rate of people eligible to retire; the fewer school-leavers available to go into medical training, despite big increases in training places; and the continued, growing demand for mental health services. Section three, on workforce challenges, highlights some of the relevant facts and figures to support this.
3. This report highlights the changing context of service delivery and the drivers for change. The continuing, changing organisational and policy landscape places huge challenges to clinicians and managers alike. In section four, we highlight the changes that have been announced in the last year alone.
4. In essence, NWW is about using the skills, knowledge and experience of consultant psychiatrists to best effect by concentrating on service users with the most complex needs, acting as a consultant to multidisciplinary teams, and promoting distributed responsibility and leadership across teams to achieve a cultural shift in services. It encompasses a willingness to embrace change and to work flexibly with all stakeholders to achieve a motivated workforce offering a high-quality service.
5. In section five, we outline the steps we have taken to enable people to embrace greater flexibility for change, which were outlined in the Interim Report, published in August 2004. This work provides significant support to clinicians and organisations to help them have flexibility to change and try out new ways of staffing and delivering services. Of particular importance is the GMC statement providing clarification of medical responsibility in teams.
6. The new joint guidance, issued between Trusts and the College, on the employment of consultant psychiatrists, gives clarity about how best to recruit and retain consultants and offers a much more progressive way of thinking about the consultant role within the context of local need and service configuration.
7. Section six outlines a wealth of new and emerging practice, where psychiatrists and other members of the multidisciplinary team are testing out new and better ways to meet the needs of service users and their families. This work is showing that staff, too, benefit from having greater clarity and focus in their roles. Examples are given, not only of settings that have a psychiatrist focus, but also of others where NWW of one profession influence how others work and also how new roles are being developed to bring people in from different sources to expand the workforce as a whole.
8. Sustaining change and modernisation is as important as creating it in the first place and section seven offers approaches to achieve this. The importance of service user and carer involvement, consultative leadership and proactive communication are shown to be vital in successful change management.

9. There is much work to be undertaken to make NWW a reality in all areas and not just in pockets or development sites. Section eight outlines the continuing and developing agenda for NWW for all professions. This includes supporting teams to be creative in developing new roles through the use of the Creating Capable Teams Toolkit (CCTT) and developing appropriate leadership in teams. This section is reproduced in full with the executive summary to ensure that there is a well-understood and shared programme of work to be undertaken at local, regional and national levels.
10. We continue to want to collect examples of positive practice and to share this through our Knowledge Community (www.nimhe.org.uk/kc). An independent evaluation is being undertaken of up to ten pilots, development NWW sites and new roles, which will be available in summer 2007.
11. Although, therefore, this is the final report focusing on psychiatrists, there is still much to do, so it is definitely not the end of the story. The NSG will, under revised terms of reference, continue to meet to oversee the considerable NWW programme of work between now and 2007.

The continuing story

1. To implement NWW for psychiatrists across Trusts through:

- 1.1 Formal launch at two major conferences** will be held, one in the north and one in the south of England. These will be significant events to encourage engagement from consultant psychiatrists and all stakeholders in mental health services to share the work so far, and support the next steps.

Action: NIMHE NWP and the College.

- 1.2 Press, journal articles and briefings** during autumn 2005 to encourage debate and take up of the recommendations of relevant parts of the report.

Action: All professional bodies and NIMHE workforce and communication leads.

1.3 To develop communication and support networks by:

- formalising regular national and regional meetings of pilot development sites to share learning;
- using existing regional networks of workforce, CAMHS and other leads;
- using the 'Workforce' NWP newsletter to provide updates; and
- utilising the NIMHE NWP NWW website www.nimhe.org.uk/nww

Action: NIMHE NWP and regional workforce leads.

1.4 At a local level, to implement the recommendations from the report in all Trusts, so that:

- Chief Executives and Boards of Trusts can ensure a successful programme of implementation through engaging in further pilot development sites or extending and mainstreaming them into whole systems change;
- service users and their families and supporters are encouraged to engage with their local Trusts and practitioners to discuss the implications of NWW; and
- PCTs and SHAs can support and require change through NWW in local Trusts.

Action: Trust, PCT and SHAs to disseminate report and seek a report to their Boards on progress.

Action: NIMHE to offer support for local change and seek out more pilot development sites.

Action: NIMHE RDCs to circulate to service user and carer networks.

1.5 To link with key bodies at a national level to support implementation by requesting:

- National Mental Health Partnership Group and NHS Confederation (NHS employers) to support and monitor implementation;
- Royal College of Psychiatrists to support and monitor progress; and
- discussions to be undertaken with the Healthcare Commission (HCC) to explore how NWW can be effectively reflected into monitoring and inspection.

Action: All to receive report and review action taken by July 2006.

Action: The NSG (in a revised form) and its member organisations will continue to support and develop the programme to encourage its implementation.

Action: NIMHE to enter into discussions with HCC and DH.

2 To implement the Joint Guidance on the Employment of Consultant Psychiatrists immediately by:

- ensuring that all Chief Executives, Medical and Human Resource directors have access to and utilise the guidance from autumn 2005;
- ensuring that regional advisers have access to and utilise the guidance by autumn 2005.

Action: The College to monitor through regional advisers and faculty heads: Trusts to monitor through the National Mental Health Partnership Group (NMHPG) and NHS Confederation (NHS employers)

3 To make use of the Creating Capable Teams Toolkit for workforce redesign and skill mix purposes as part of the spread of pilot development sites, by:

- developing a cohort of ‘capable trainers’;
- working with College regional advisers to facilitate rapid progress towards a team-based recruitment process as identified in the Joint Guidance on Employment of Consultant Psychiatrists, making use of the CCTT.

Action: NIMHE NWP to focus support through RDCs.

4 To support the further development of tools outlined in this report to assist mental health organisations to engage in integrating new and changing roles work by:

- establishing workshops to spread the successful shadowing technique used in pilot development sites; and
- using and developing the outpatient, diary and other tools in Appendix 4.

Action: Pilot development sites and NIMHE NWP.

5 To establish a joint national NWW group for applied psychologists to:

- consider the relevance of NWW to applied psychologists;
- consider career framework and new roles;
- consider current education and training pathways;
- multi-disciplinary teams; and
- psychological therapies.

Action: BPS and NIMHE NWP.

6 To review the role of mental health nursing by:

- engaging with the CNO Review consultation in 2005;
- implementing the workforce implications of the results in 2006 onwards; and
- establishing a process by which the work can be co-ordinated.

Action: NIMHE/DH Mental Health Nurse Lead.

7 To raise the profile of the future contribution of social workers to mental health services by:

- producing a discussion document in 2005;
- facilitating regional debate and feedback;
- holding a joint national conference 2006; and
- establishing a joint programme of work.

Action: NIMHE NWP with BASW, SCIE, GSCC, DH, S4C, ADSS, SPN.

8 To raise the profile of medicines management and the role of mental health pharmacists by:

- working with the HCC on medicines management in mental health;
- collating lessons from pharmacy spread sites;
- undertaking a workforce mapping exercise;
- producing a discussion document; and
- holding a national conference in 2006.

Action: UKCPMH and NIMHE NWP.

9 To explore new ways of working in primary care by:

- supporting the implementation of the joint proposal between the College and the Royal College of General Practitioners;
- supporting the new NIMHE programme on increasing access to psychological therapies; and
- supporting NWW in primary care.

Action: NIMHE Primary Care, Increasing Access to Psychological Therapy and National Workforce Programmes

10 To explore new ways of working for allied health professionals (creative therapists, dietitians, occupational therapists, physiotherapists, speech and language therapists) by:

- establishing a sub-group of the AHP strategic forum, drawing from a number of stakeholders, including the AHP Federation, professional bodies, NIMHE, DH and the Sainsbury Centre for Mental Health; and
- developing from this a joint work programme.

Action: DH AHP lead

11 To raise the profile of occupational therapists' contribution to mental health services by:

- the development of a strategy for occupational therapists in mental health services;
- exploring the new roles for occupational therapists under Patient Group Directives;
- exploring the new roles for occupational therapists under the Mental Health Bill;

- establishing occupational therapy secondment with the Social Inclusion Unit; and
- considering a career framework for occupational therapists reflecting both generic and specialist functions of occupational therapists.

Action: COT, SCMh, NIMHE NWP, Social Inclusion Programme, DH, HPC.

12 To raise the profile of physiotherapy and the future contribution of physiotherapy in mental health:

- to further explore NWW for physiotherapy in mental health;
- to undertake a workforce mapping exercise; and
- to develop a strategy for physiotherapists in mental health.

Action: Chartered Society for Physiotherapy and Chartered Physiotherapists in Mental Health

13 To explore how the leadership needs of psychiatrists and all professions can be effectively addressed by:

- building on the work being tested on the four-level model for leadership training for psychiatrists;
- running and learning from experimental learning sets nationally;
- linking into medical managers' network; and
- exploring and testing out the relevance for all professions.

Action: NIMHE, Trusts and new National Institute.

14 To implement the framework of the Ten Essential Shared Capabilities by:

- rolling out the framework and learning materials into continuing personal development, pre and post-qualifying training for all professional and non-professionally affiliated groups.

Action: All professional bodies to cross reference to pre-registration curricula.

Trusts and other employers to include as part of standards for appraisal and continuing personal and professional development planning.

HEIs to demonstrate their incorporation into curricula. SHA and NIMHE NWP, and RDC workforce leads to support local testing and delivery.

15 To create opportunities for multidisciplinary learning by:

- providing a framework that will influence the commissioning of education and training programmes;
- encouraging and supporting the use of the national Mental Health Education Quality Audit Tool;
- supporting the development of the Mental Health in Higher Education (MHHE) project;
- collaborating with the HEFCE-funded, mental health-focused Centres of Excellence in Teaching and Learning (CETL);
- working closely with professional bodies to support education and training changes required to support NWW; and

- commissioning education and training programmes for new workers that take advantage of existing programmes.

Action: NIMHE NWP/SHAs/professional bodies/CETLs/MHHE.

16 To support the spread of supplementary and independent prescribing:

- for nurses;
- for pharmacists; and
- for others.

Action: DH/NIMHE nursing and specialist pharmacy group.

17 To monitor and disseminate the outcome of the national evaluation study by:

- participating in the research panel;
- facilitating engagement from sites;
- contributing to the analysis; and
- ensuring outcomes are fed into organisations as quickly as possible.

Action: NIMHE NWP/DH/NSG.

18 To raise the profile of nutrition and the future contribution of dietitians to the mental health services by:

- undertaking a workforce mapping exercise;
- producing a discussion document;
- undertaking research into the physical health of service users and influence on treatment outcomes; and
- ensuring that evidence-based training is given to fulfil the ESCs, NOSs, KSF Frameworks in relation to nutrition.

Action: British Dietetic Association – Mental Health Group/NIMHE.

19 To explore how NWW can impact on the workforce requirements for the Mental Health Bill by:

- establishing a short-term multidisciplinary group to promote dialogue and to oversee a small number of sites to undertake scenario planning.

Action: NIMHE NWP, DH MH Bill team and professional bodies/SHAs.

20 To continue to support and develop the current programme of work to implement the new and changing roles in mental health to the agreed timescales:

- 3,000 STR workers by December 2006;
- 500 BME CDWs by December 2006;
- further develop the role of graduate primary care and gateway workers; and
- non-professionally affiliated staff and locally developed new roles.

Action: SHAs, Trusts, partnerships, PCTs, NWP.

A carer's view

'Carers trust that the examples of new ways of working in this document will inspire others to look at their services and to break down the barriers, which inhibit flexibility and effective care for the whole of the person and their families, who must not be overlooked.

Carers look forward to our years of experience being employed in meeting the challenges of all aspects of change.

Much thoughtful work by many people has gone into this report.

It is just the start of what we hope will be a more fulfilling experience for all concerned.'

Pauline Arksey MBE – Carer



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