London and South East
CYP–IAPT Learning Collaborative

A STEP-BY-STEP GUIDE TO IMPLEMENTING CYP IAPT

What service transformation with the London and South East CYP IAPT learning collaborative looks like

A STEP-BY-STEP GUIDE TO IMPLEMENTING CYP IAPT

This document will take you through what implementation of the CYP IAPT programme in your partnership might look like. It will give you an idea of what you might do when, as well as tips, ideas and resources to facilitate transformation.

The Children and Young People's Improving Access to Psychological Therapies programme (CYP IAPT) is a service transformation programme that aims to improve existing Child and Adolescent Mental Health Services (CAMHS).

We have collated various **tasks, markers, supports and resources** that may be of useful to consider throughout different 'stages' (described by Fixsen et al, 2005) in the transformation process.

Progression with new ways of working is not often neat and linear like this, but the below timeline can be a guide to what transformation might look like, and what support is available from the collaborative along the way to keep on track.
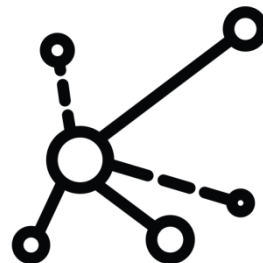
The stages of change at a glance
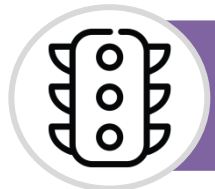
Exploration and Adoption
Bring together stakeholders and think about the match between your organisation and the programme, including potential supports and barriers. Commit to transformation

Programme installation
Get the structural supports for transformation in place and access available resources, such as the collaborative

Initial Implementation
Change - embedding the principles

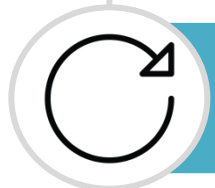Accessibility   Awareness   Participation   Accountability   Evidence Based Practice

Full Operation
New ways of working are integrated and become routine and accepted practice. The benefits of the CYP IAPT programme become tangible

Innovation
An opportunity to improve upon the current standard and expand the scope of the programme

Sustainability
Sustaining improvements through local, political and economic change

Exploration and Adoption

This stage is where you begin to think about the match between your organisation and the programme. It is a time to bring together stakeholders, map how the programme might interact with the existing set up, and identify potential barriers and supports. The aim of this stage is to come to a consensus about committing to transformation.

- **Speak with the collaborative project team**
  - And read through the 'Offer for New Partnerships' document and Terms of Reference (link)
- **Get acquainted with the CYP IAPT Service Transformation principles - our website is a good place to begin**
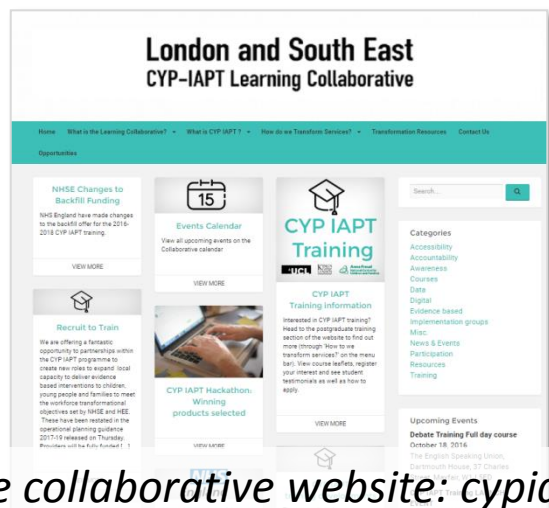
The collaborative website: cypiapt.com

Things to consider

How do these fit with your existing service provision/s and the local system? Your partnership organisation may already being doing a lot of the work described by the CYP IAPT principles. Joining the collaborative could help you further down a road you are already on.

What important interfacing initiatives are underway locally, i.e. Local Transformation Plan, iThrive, Tier 4 reconfiguration, etc?

How can CYP IAPT principles be embedded in existing quality improvement frameworks within providers and CCGs?

How do the principles fit with drivers in LTPs? For example, all LTPs need to include engaging the community in implementing plans. This also fits with the CYP IAPT principle of participation and engagement. You might think about how participation with CYP IAPT can help deliver LTPs.

Exploration and Adoption

- **Create your partnership/join an existing partnership**
    - Engage with potential partners – other organisations who you think are already interested in improving services across the Voluntary sector, NHS and Local Authority.
    - Set up a working group to bring potential partner organisations together. Once potential partners have agreed to work together, there is a formal process to obtain signatures from the relevant people – see website for more information.
    - Complete and return the self-assessment form to the collaborative projects team (link)

- **Sign-off against the CYP IAPT transformation commitments** (link) - obtain the Signature of all of the partner's Chief Executive Officer and your CCG's/s (maybe multiple CCGs)
    - Return all documents to collaborative projects team to confirm acceptance
- Once this is all done you can **access the training** programmes through CYP IAPT
    - Check our website for details of trainings – forward this link to your staff
    - Support your staff to access trainings suited
    - Register staff for CYP IAPT training
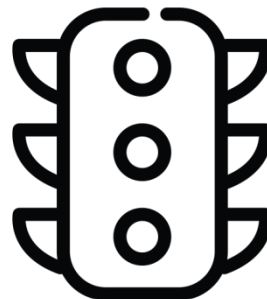
Programme installation

The aim of this stage is to get the structural supports for transformation in place (e.g. funding, recruitment, policy development, care pathways, leadership, KPI's etc.). Partner organisations can access resources to realign current staff with the programme (training), enable reporting (IT systems) and source any technical assistance needed.

- **Establish a CYP IAPT partnership steering group**
  - All partners within the partnerships should have input into a steering group that meets regularly. This should be made up of senior representative from each partner organisation.
  - You should appoint a chair – this works well if it is the local CAMHS commissioner. Even better if it is a joint commissioner across health and Local Authority.
  - Consider how Children, Young People and Families (CYPF) voices are heard at the Steering Group. This might be through direct membership or through feedback channels from local CYPF participation group/s.
  - The partnership should hold a risk register

- **Identify CYP IAPT implementation leads in the partnership**
  - These are the people who will link with the collaborative and be kept informed on new developments through the programme board meeting (see below description of programme boards) and other events. CYP IAPT Leads are expected to be a local commissioner and a senior manager from one of the partners. They agree to oversee implementation of CYP IAPT principles across the partnership.

Programme installation

- **Identify support needs**
  - The collaborative projects team are happy to have a conversation with you to decide what these are. The collaborative can provide support through outreach consultation, tailored training, learning events & groups, and resources. Speak with the collaborative team about what would be helpful for your partnership.
- **Identify members of senior staff to attend CYP IAPT programme boards**
  - These should be a provider lead and commissioner. The programme board is brings together all partnership leads and commissioners across the collaborative to share best practice, shape the direction of the collaborative and exchange information with the project team

- **Make sure all training applications are in and supervision and infrastructure are in place to enable staff to make best use of training**
  - There needs to be adequate IT systems to support the collection and analysis of outcomes data.
  - Video equipment is needed to record and share clinical practice. Information governance procedures for clinical material to be used on the courses are in place.
  - Thinking about how salary support will be used.
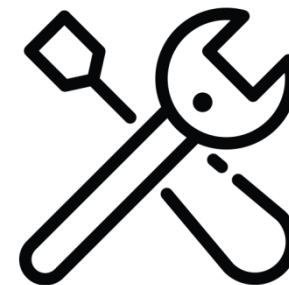
Initial Implementation

This stage requires change. Education, practice, flexibility and time are all needed to embed the principle of CYP IAPT in organisations. There will be understandable anxiety about doing things differently and some who don't want to make the necessary changes. The collaborative is in place to support organisations with transformation and is a platform to share learning and problem solve.

The next few pages outline what embedding the core principles of CYP IAPT in services might look like.
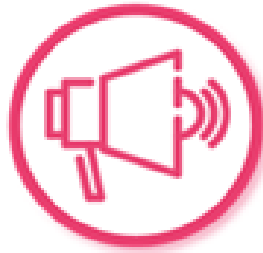
Accessibility   Awareness   Participation   Accountability   Evidence Based Practice

Accountability

Establish a system to facilitate and support use of outcomes tools

You can see some collaborative organisations speaking about how they have gone about this [here](#).

Click here to read a document which includes tips on 'Implementing a feedback and outcomes driven culture'

Continuous staff training and information for use of outcomes tools.

Data from tools are **used in sessions to inform treatment**

Data is **used in direct clinical work, supervision, service improvement**

Data is **submitted to** MHSDS

Useful resources

[Guide to using outcome and Feedback tools](#)
[Goals and goal based outcomes](#)
[Using CYP IAPT feedback and outcome forms to aid clinical practice](#)
[MindEd training](#)
[Outreach Training](#)

Active and authentic participation of CYP and families

Appointment of **dedicated participation lead**

Establish a **CYP council or participation group** – you can read the [collaborative developed guide to participation](#) in services and the '[Setting Up an Involvement Group'](#) guide, developed by CYP of the collaborative for tips

Establish a **parents/carers council or participation group**

CYPF involvement in partnership steering group. Some groups have CYPF co-chairing (with support), others have CYPF as equal members of the group and some have links to a separate participation group who feed into the steering group

Participation work is **fed back into service development and delivery.** Make sure that work from participation is actually making a difference to how services are delivered and developed

Evidence Based Practice

Establish a culture of evidence based practice across the partnership

Establish **evidence-based care-pathways**

Staff across the workforce are **trained in evidence based interventions**. Post graduate CYP IAPT courses are available for partnerships, as well as Enhanced Evidence Based Practice training and tailored outreach training for those not completing the postgraduate training route.

Evidence based interventions are **discussed and encouraged in supervision** (individual and peer group supervision). CYP IAPT Supervision courses are available for partnerships. Enhanced Supervision training is also offered for those not completing the CYP IAPT training route.

For all case/clinical discussions, **consider the evidence base for any clinical intervention**

As well as drawing on evidence set out in NICE and from organisations such as The Early Intervention Foundation, evidence based interventions should **draw on practice based evidence** – what is known to work from collecting and analysing local clinical and outcomes data.

Accessibility

Monitor access to and acceptability of partner organisations e.g. by using local prevalence data to see whether your partnership is meeting all expected demand

Monitor against [census data](#) to make sure that your organisation is **accessible and equitable reaching all communities**

Reach out and **talk to local communities** and hear ideas of how accessible services are (e.g. speaking to community leaders etc.)

Establish a **self-referral process** - [Click here for an example from the Brandon Centre](#)

Establish an **information network** to make sure information about services is available and accessible in your partnership area. Use participation groups to make sure that both the language used and the medium is right for the audience For example, CYP may prefer videos. Is translated information available? Is the language used inclusive for all?

Awareness

Engage with your local communities to increase public understanding of the importance of emotional well-being and decrease stigma and discrimination. This could be through:

Hosting open access events

Presenting in schools or to local community groups

Using social media

Starting a blog

Creating physical and digital resources, such as a poster or a video

Full Operation

By this point, new ways of working should be integrated and become routine and accepted practice. The organisation has embedded the CYP IAPT principles and the aims and benefits of the CYP IAPT programme become tangible. Use the following to keep your partnership on the right track:

- **Regular monitoring**
  - Use quarterly monitoring as an opportunity to celebrate achievements and make improvements where there are gaps

- **Use available training and learning events**
  - Attend implementation groups to problem solve issues and share learning and support with other partnerships
  - Enhanced Supervision, Enhanced Evidence Based Practice, Action learning Sets and training on the CYP IAPT principles are available to partnerships depending on need

- **Collaboration resources**
  - Keep an eye on the collaborative website which collates useful information and documents, news, event reports and learning from the collaborative.

- **Principles are embedded in all KPS and contact agreements** – keeping the principles visible in clinical conversations and in different parts of the system

Innovation

Implementation of the CYP IAPT programme is now fully configured to each partners unique organisation. There is now an opportunity to improve upon the current standard and expand the scope of the programme. Deviations here can be beneficial innovations but may also become problematic drifts from the core principles of the programme.

- **Use available training and learning events to find new opportunities**
  - Attend implementation groups to problem solve issues and share learning and support with other partnerships.

- Think about any **digital innovations** that might be useful for your service. Come to the collaborative Hackathons to get your ideas developed or read this article for some tips on how to get started with your own digital projects

- **Collaboration resources**
  - Keep an eye on the collaborative website which collates useful information and documents, news, event reports and learning from the collaborative.

- **Principles are embedded in all KPS and contact agreements** – keeping the principles visible in clinical conversations and in different parts of the system

There is no end to the transformation journey – just innovating to make it easier, more accessible and more embedded.

Sustainability

Improvements will need to be sustained over time to ensure quality services for CYPF. Leadership, trained staff, and commissioners will leave over time and need to be replaced. The political and economic landscape is always changing and focus and funding are rarely continuous. Partner organisations will need to be aware of and adapt to the changing contexts. This can be done by:

- Make sure new staff already have **relevant skills** or are willing to do further training
- Give **good handovers and inductions** to new staff about CYP IAPT principles (can use MindEd to help with this)
- Use evidence of improvement to **influence local and national policy** in order to increase resource into the system and sustain improvement and transformation.
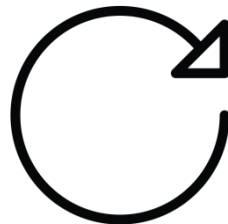
IMPLEMENTATION DRIVERS

Implementation drivers are derived from current best practice and examples of successfully implemented practices and programmes (Fixsen & Blasé, 2008). They describe core supports that are necessary to drive change and innovation in services.

Competency, Leadership and **Organisational Drivers** are useful to keep in mind throughout the transformation process, in order to stay on track and keep transformation a priority.

On the next page we will look at what the drivers themselves, then after that you can see how this relates to CYP IAPT in your organisation.

Areas in which the London and South East CYP IAPT Learning Collaborative can facilitate these drivers are in **bold.**

How the drivers work

- The three **drivers work together** to produce the maximum influence on a system, organisation and behaviour of professionals.

- They should be **integrated** for consistency and focus.

- They can also **compensate** for each other, so strengths in one area can offset weaknesses in another.

- However, **all elements need to be in place**. If transformation is slow or seen to be failing, these drivers provide a useful model for thinking about which part needs attending to.
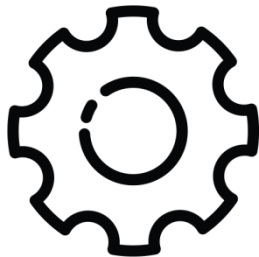
All three drivers need to be present to support change and innovation in services.

Competency Drivers

- Implementing new ways of working requires **training** - new knowledge can then be embedded and established in everyday practice through ongoing **support, feedback and coaching**. Consistency in **staff selection** can focus on skills and attitudes that can't easily be trained**.**
- For CYP IAPT this means making sure staff are **accessing evidence based intervention**s and training through the CYP IAPT programme and other programmes. Ensuring **good supervision is in place** to help embed learning and recruitment of staff that agree with the principles.

Leadership Drivers

- Leaders can help to solve technical and adaptive issues that come up when implementing changes in specific contexts.
- Service transformation needs **strong leadership at all levels** of the organisation. Leaders support and champion the principles of CYP IAPT and make sure that the relevant **organisational drivers are in place** and are sufficient.

Organisation Drivers

- Organisational change is facilitated by adaption of existing systems and processes. This includes establishing **effective data systems and support for their use**, which is essential for guiding decision making and monitoring outcomes.
- This also includes having **administrative support** on hand to help with implementation of new systems.

Implementation Drivers

Areas in which the [London and South East CYP IAPT Learning Collaborative](#) can facilitate these drivers are in **bold.**

Reliable Benefits

Consistent uses of Innovations
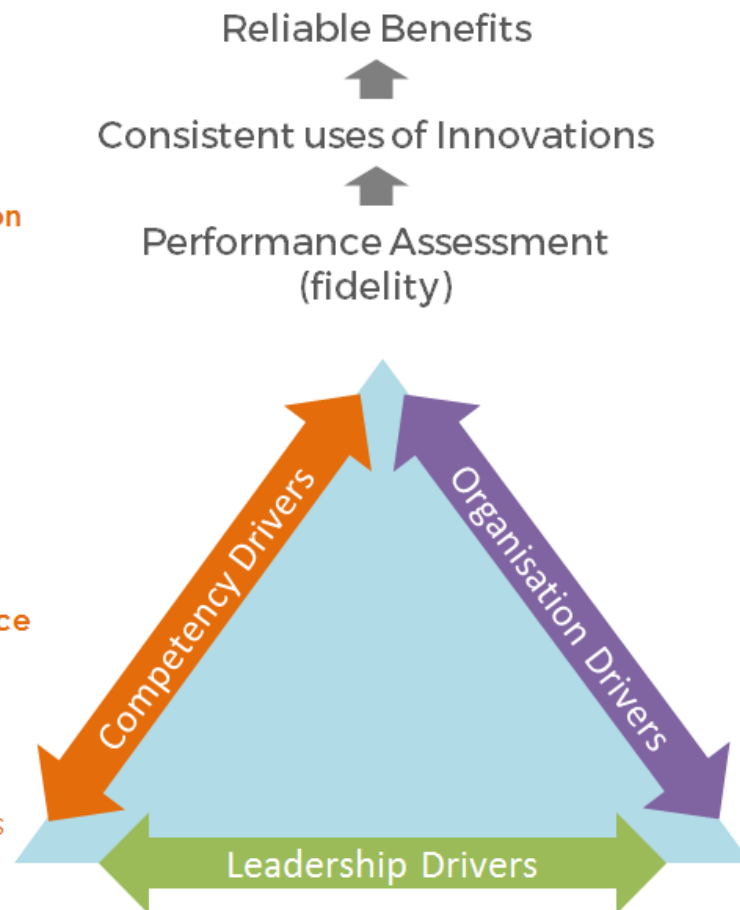
Performance Assessment (fidelity)

Coaching
- **Outreach support and consultation**
- **Implementation groups**
- Service CYP IAPT leads
- Supervisors
- CYP IAPT trained staff
- Small peer group case discussion/team meetings
- Staff appraisals

Training
- **CYP IAPT training**
- **Enhanced Supervision**
- **Enhanced Evidence Based Practice**
- **Tailored outreach training**

Staffing
- Staff selected for understanding and attitude
- CYP IAPT principles and concepts written into JDs
- Service skills mapping
- Selected CYP IAPT leads
- Selected representation at programme boards

Competency Drivers

Organisation Drivers

Leadership Drivers

Systems and admin
- Participation groups or young persons council to feed into service development
- **London and South East Collaborative**
- Self assessment
- Support/processes for use and processing outcome measures
- Evidence based care pathways

Data support
- CORC
- Informatics and MHSDS N3 connection
- Electronic patient records system
- **Quarterly monitoring**

- Leadership at the highest levels support and encourage implementation of CYP IAPT. Including commissioners, service leads, chief execs
- CYP IAPT trained service leadership
- Strategic: LTPs & KPI's, **Process mapping**
- Partnership steering group
- **Outreach consultation to operational leads and commissioners**