Implementing Recovery through Organisational Change

Continuing the journey...
Implementing Recovery through Organisational Change
Continuing the journey.....

What is ImROC?

The principles of recovery are central to current government policy on mental health services (*No Health without Mental Health*, 2011) and since 2010 the Department of Health has been part-funding the ‘Implementing Recovery through Organisational Change’ (ImROC) programme to help local services – NHS and independent sector - become more ‘recovery-oriented’. The sites themselves have also made a very significant contribution, particularly in terms of time and effort, but also financially.

The programme has been delivered through a partnership between the Centre for Mental Health and the Mental Health Network of the NHS Confederation using a methodology based on the '10 key organisational challenges' which need to be addressed if more recovery-oriented services are to be put in place.

In its first phase ImROC worked with 29 NHS funded mental health service providers to help them review and develop their services using a combination of expert consultancy and peer learning. The project team – which consists of leading national figures in both recovery and organisational change – has undertaken almost 100 on-site consultancy visits and run 24 one-day workshops, grouped into four ‘Learning Sets’, to provide a network where sites can share knowledge and learn from one another how to solve some of the practical problems of implementation. The programme has also built up a number of collaborations in Europe, the U.S. and Canada.

What has been achieved in terms of service developments?

The ImROC programme has been extremely successful. Its achievements are described in a series of publications available on the NHS Confederation and Centre for Mental Health websites (www.nhsconfed.org.uk/imroc; www.centreformentalhealth.org.uk/recovery). They include:

- helping sites develop their own **Recovery Strategies** and supporting the development of local project teams to take these ideas forward

- delivering **staff training and development** courses to front-line practitioners and their managers to help them understand the benefits of a recovery-oriented approach to practice and the implications for organisations

- supporting the development of **local Recovery Colleges** in South West London and St George's Mental Health NHS Trust, Nottinghamshire
Healthcare NHS Trust, and helping establish new colleges in Cambridge and Peterborough NHS Foundation Trust, Central and North West London NHS Foundation Trust, Dorset Wellbeing and Recovery Partnership, Mersey Care NHS Trust and West London Mental Health NHS Trust (with more soon to follow in Devon Partnership NHS Trust, Cheshire and Wirral Partnership NHS Foundation Trust and Southern Health NHS Foundation Trust)

- supporting sites to recruit, train and employ approximately 150 ‘Peer Support Workers’ in paid positions in NHS mental health services, alongside traditional mental health workers in teams and on wards.

- reviewing risk assessment and management procedures to ensure that service users are more directly involved in these processes and they are clearly related to the individual’s personal life goals.

These achievements have been recognised by government and were highlighted by Paul Burstow, M.P. (then Minister of State for Care Services) in the mental health debate in the House of Commons on 14th June this year:

“The development of recovery-focused services is a critical part of the Government’s strategy. That work is being led by the NHS Confederation’s mental health network and the Centre for Mental Health. They are supporting pilot sites that cover almost half of England and are making the kind of changes that service users have sought for years. The programme has identified 10 key changes to the way in which staff work, the types of services that are provided and the culture of organisations to embed recovery principles into routine practice......... When I visited the South West London recovery college, I heard powerful personal testimonies from people who were living purposeful and fulfilling lives, and who were living with their illness rather than having to be cured of symptoms or illnesses.”

So, what about the future?

Although much has been achieved, much still remains to be done. The funding from the Department of Health comes to an end on December 31st 2012 and we must now think about how to ensure that all the hard work that has been put in to the current sites can be built upon and the principles spread to other mental health and social care services.

We have been thinking about a new structure which contains many of the same elements that have made ImROC so successful, but in the context of a more formal, not-for-profit, consultancy organisation. As from January 1st 2013 we will therefore be launching the next phase of ImROC with a new range of
‘products’ and services which we hope will be attractive to mental health providers and commissioners, even in these difficult financial times.

The programme will be based on a membership scheme where, for a modest annual subscription (probably between £10,000 – £12,500) NHS funded mental health service providers and their local cross-sector partners will be able to purchase 8 places at a Learning Set consisting of 4 one day, themed workshops + 8 places at an annual conference (i.e. 40 training days in total), plus a range of e-support (webinars, access to an on-line Recovery network, newsletters, etc.).

This will be complemented by a number of specific packages which will address particular, recovery-oriented, service developments, e.g. setting up Recovery Colleges, deploying Peer Support Workers, reviewing risk assessment and management procedures, improving the measurement of quality and outcomes, etc. These packages will be offered at low cost, simply aiming to cover the time of the consultants, plus a small administration fee. It will be possible to combine different elements so as to make a completely bespoke package for a given site. Package discounts will also be available for those who join the membership scheme.

How will it be delivered?

The consultants will be selected from a pool consisting of the original project team (below) and a number of additional individuals who we have identified through the programme as being outstanding recovery ‘champions’. In this way we hope to support the growth and dissemination of expertise in developing recovery-oriented services. The current team consists of:

- **Professor Geoff Shepherd** Recovery Programme Lead, Centre for Mental Health, London
- **Rachel Perkins O.B.E.** Freelance Consultant
- **Julie Repper** Recovery Lead, Nottinghamshire Healthcare NHS Trust & Associate Professor, University of Nottingham
- **Dr. Jed Boardman** Consultant Psychiatrist, South London & Maudsley NHS Foundation Trust
- **Miles Rinaldi** Head of Recovery and Social Inclusion, South West London & St. George’s NHS Mental Health Trust
- **Dr. Glenn Roberts** Independent Consultant Psychiatrist, Devon
- **Steve Trenchard** Executive Director of Nursing & Patient Experience, West London Mental Health NHS Trust

With management support from:

- **Dawn Fleming** Business Manager, NHS Confederation
- **Alexander Rushton** Communications Lead, NHS Confederation
As a matter of principle, we will aim to ensure that all the packages are co-produced and co-delivered in a partnership between those with primarily professional backgrounds and those with primarily ‘lived experience’. All consultants will be interviewed before being appointed and subject to the clear governance arrangements of the new organisation.

There will be two ‘levels’ of consultant input: ‘Senior Consultants’ will take a leadership role on sites, they will have enough experience and specialist knowledge to qualify them as national leaders in recovery-oriented practice; ‘Associate Consultants’ will offer specialist expertise in a given area, but are unlikely to be able to deliver support or training independently. Those whose primary expertise comes from the experience of using mental health services are likely to fall into this category.

Can this be achieved in the current financial climate?

We recognise that all services currently face significant financial challenges. However, as indicated, we aim to ensure that the new ImROC programme will be outstanding value for money. We would also argue that there is growing evidence that moving towards more recovery-oriented services can improve quality and increase productivity.

The evidence is actually very clear that more recovery-oriented services improve patients’ experience of care (quality) and their sense of autonomy and control which are crucial to personal recovery. They can also help to deliver common recovery goals like stable housing and employment with potential reductions in the use of other services.

While the evidence is less strong at the moment regarding the direct financial benefits, there are promising indications that money may also be saved through reduced reliance on inpatient care resulting from introducing Peer Support Workers into the acute pathway and reduced demand for support from Community teams by introducing Recovery Colleges. These findings need further research which we aim to support. At the moment, recovery ideas can at least be used as a framework to analyse the costs and benefits of changes to service configurations – thus achieving ‘intelligent re-design’, rather than ‘knee-jerk reactions’ to the need to make cuts.

‘Although as an organisation they were committed to recovery and had decided to work at making positive changes, ImROC has provided a structure to this and has helped clarify how recovery values can be worked into practice’.

Service User Researcher
Are you interested in working with us?

If your organisation would be interested in joining the new ImROC programme we would like to hear from you.

We will then provide you with a detailed summary of the likely 'products' and prices the ImROC programme will offer. We would ask for you to then indicate those products your organisation might be interested in purchasing. This exercise will enable the team to offer the best and most useful products to services when we come to launch next year.

To receive further information about ImROC and a products-list-form, please contact Dawn Fleming, ImROC Business Manager at dawn.fleming@nhs.confed.org. We would ask that organisations interested in joining ImROC complete and return the form provided by 22 November 2012.

We would also welcome any general comments on the proposals and would be glad to provide any further information you may require.

I look forward to hearing from you.

Yours sincerely,

[Signature]

Professor Geoff Shepherd
Recovery Programme Lead, Centre for Mental Health, London

On behalf of the ImROC team.