

## INFORMATION FOR POTENTIAL APPLICANTS

### *Implementing Recovery – Organisational Change (ImROC)*

#### **What is 'ImROC'?**

- This project is delivered by a partnership between the mental health network of the NHS Confederation, the Centre for Mental Health<sup>1</sup> and the National Mental Health Development Unit.
- It aims to assist up to 6 demonstration sites to improve the quality of their local services to support people more effectively to lead meaningful and productive lives ('Recovery').
- It will use a methodology for promoting recovery through organisational change developed by the Centre for Mental Health in a series of publications over the last two years and summarised in '[Implementing Recovery: A methodology for organisational change](#)' (Shepherd, Boardman and Burns, 2010). This is based on structured self-assessment, goal setting, implementation and review and takes a 'whole system' approach.
- The project team will consist of *Professor Geoff Shepherd* (Centre for Mental Health, Project Lead); *Dr. Rachel Perkins* (SW London & St. George's NHS Trust); *Dr. Julie Repper* (Nottingham University & Nottinghamshire Partnership NHS Trust); and *Dr. Jed Boardman* (South London & Maudsley NHS Trust & Royal College of Psychiatry).
- The project will extend over 2 years, beginning in January 2011. Site selection will take place in October – December 2010.

#### **How will it work?**

- 6 sites will be selected through a combination of written applications, site visits and interviewing key personnel from the local service 'system'. The local NHS mental health provider usually will be the lead organisation, but the 'system' will include service user and carer groups, independent sector providers and commissioners.
- The most important criteria for selection will be the presence of a clear, multi-agency commitment to improving the quality of services to support the recovery of those using them and the 'readiness' of the local system to pursue a programme of organisational change (as demonstrated by the appointment of a designated lead for the project).
- As part of the selection process local services will be required to collaborate together to produce an assessment of their current state of development of the NHS mental health service regarding the [10 key organisational challenges](#) set out in the SCMH Policy paper (2009). These comprise:
  1. Changing the nature of day-to-day interactions and the quality of experience
  2. Delivering comprehensive user-led education and training programmes

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<sup>1</sup> Formerly the Sainsbury Centre for Mental Health

3. Establishing a 'Recovery Education Centre' to drive the programmes forward
  4. Ensuring organisational commitment, creating the 'culture'; the importance of leadership
  5. Increasing personalisation and choice
  6. Changing processes for risk assessment and management
  7. Redefining service user involvement
  8. Transforming the workforce
  9. Supporting staff in their recovery journeys
  10. Increasing opportunities for building life 'beyond illness'
- (from *'Implementing Recovery – A new framework for organisational change'*, The Centre, 2009)

- The partners will be asked to arrive at a consensus regarding the current stage of development of local services in relation to each challenge using a simple, 3 point scale of 'Engagement', 'Development' or 'Transformation'.
- Partners will then be assisted to set - and pursue - realistic goals for improvement, across a number of locally agreed areas, with appropriate indicators of progress, using suitable sources of information.
- Where these goals involve specific help to develop and deliver user-led training initiatives, this will be given.
- In addition, sites will be offered the opportunity to meet regularly in a 'learning network' to share ideas and experiences and to gain support from others who are working on similar issues. These will take the form of a series of themed conferences, with expert speakers and ample time for reflection and discussion. The themes will be determined by the participating sites according to the most salient issues emerging.

### ***What help will be provided by the project team?***

- Over the two years each site will receive 20 days expert consultancy, from the project team, working in pairs. This will be tailored to the needs of the individual site and will facilitate the process of engagement across the local 'system', working through the assessment framework, setting goals, implementation and review. The support will continue over the life of the project, with continuity from the consultants involved.
- In addition, each site will receive 5 days consultancy and delivery of user-led training programmes. This will be provided by either Rachel Perkins or Julie Repper, working with expert, service-user trainers. The aim will be to promote staff awareness of recovery principles and to encourage the development of local relevant training. This may include introductory training of 'peer support' workers. Advice will also be given on how such new workers might best be incorporated into the local workforce. While some direct training will be undertaken, the emphasis will be on building local capacity for the delivery of user-led training.
- Sites will be invited to attend 'learning networks'. These will consist of 6 whole day workshops over 24 months. These workshops will enable positive practice sharing, peer support and expert guidance from the Project Team.

## ***Benefits & Intended Outcomes***

Each organisations will receive an individually-tailored support package outlined above which includes expert consultancy, access to specialist, user-led training programmes and materials, and participation in a learning network.

Intended *outcomes* are:

At a *local* level:

- i. Improved quality of services in terms of their effectiveness in supporting service users – and their carers – on their individual journey of recovery.
- ii. Improved ‘personalisation’ of support.
- iii. Improved outcomes for service users in terms of social inclusion (e.g. employment rates, engagement with social networks and community activities).
- iv. Improved levels of satisfaction with service provisions. (This should give organisations a competitive advantage as we move into an era of greater competitive tendering for services.)
- v. Enhanced knowledge and expertise to develop local, user-led training initiatives on recovery awareness and preparation of service users to work as ‘peer specialists’ in local teams.
- vi. More effective partnership working between relevant local agencies who provide services to people with mental health problems.
- vii. The creation of a ‘common language’ for discussions between providers and commissioners about recovery, thereby facilitating more effective commissioning and better informed agreements about contracts and performance measures.

At a *national* level:

- viii. Information about the most effective methods for producing organisational change in relation to helping services move towards a more ‘recovery-orientation’.
- ix. The opportunity to influence key organisational and individual level outcomes which will be of value to regulators (e.g. Care Quality Commission) in future thinking about service standards in mental health.
- x. Information to inform future studies on the effectiveness and costs of recovery-oriented services.

## ***Cost***

- Total costs for full membership in the project will be £25,000 (2 x £12,500 per year) for the 2 years.

## ***How to apply?***

- Interested sites should familiarise themselves with the methodology described in [Implementing Recovery: A methodology for organisational change](#), (Shepherd, Boardman and Burns, 2010).

- They should then complete an application form available from the NHS Confederation website  
<http://www.nhsconfed.org/Networks/MentalHealth/Pages/home.aspx>
- Completed applications should be submitted to [Claire.mallett@nhsconfed.org](mailto:Claire.mallett@nhsconfed.org) by 30<sup>th</sup> September 2010.
- Shortlisted sites will then receive a visit from two representatives of the project team + a service user expert who will review the current state of development of local recovery-oriented services. A number of key individuals and groups will also be interviewed including: an Executive Director, the Clinical Lead, the responsible manager from the lead organisation, local service users and carers, relevant independent sector providers and a local NHS and LA Commissioner. Commitment from senior managers will be critical.
- The final selection of sites will be made by the Steering Group for the project which comprises representatives of the sponsoring organisations – Department of Health (NMH DU), NHS Confederation and the Centre. This will be complete by December 31<sup>st</sup> 2010.
- Work on individual sites and the first meeting of the learning set will then begin in January 2011.

For further information contact:

[Claire.mallett@nhsconfed.org](mailto:Claire.mallett@nhsconfed.org) or [dawn.fleming@nhsconfed.org](mailto:dawn.fleming@nhsconfed.org)

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### **Relevant background information and sources**

New Horizons

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_109708.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_109708.pdf)

NMDU <http://www.nmhdu.org.uk/our-work/improving-mental-health-care-pathways/>

MHN New Horizons briefing: <http://www.nhsconfed.org/Publications/briefings/2009-Briefings/Pages/New-Horizons-next-stage-of-mental-health-policy.aspx>

The Centre [http://www.scmh.org.uk/news/2010\\_putting\\_recovery\\_at\\_centre.aspx](http://www.scmh.org.uk/news/2010_putting_recovery_at_centre.aspx)

The Centre Implementing recovery: A methodology for organisational change  
[Implementing Recovery: A methodology for organisational change](#)