East of England Mental Health Commissioning and Leadership Skills Development Programme

Impact Evaluation

A summary of findings and recommendations
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Executive Summary
This report illustrates findings from an independent evaluation of the Strategic Clinical Network (SCN) East of England Commissioning and Leadership Skills Development Programme. The evaluation has been designed to demonstrate the impact of the programme on both an individual and organisational level using a tested methodological approach, which is detailed further within the report. Please note that due to the sample size results are indicative.

Headline Results
- The results of the evaluation provide evidence that the programme has been a beneficial learning experience for those who took part. One-hundred percent of those who took part in the evaluation rated their experience of the programme as good or excellent.

- Participants reported an overall increase in confidence levels within their work role and in the subject areas covered within the programme.

- The programme has positively impacted participants perceptions of their own ability across eight key learning areas evaluated:
  1. Understanding of healthcare systems and the structure of the NHS
  2. Leadership skills and qualities
  3. Working with others
  4. Commissioning skills and knowledge
  5. Crisis care concordat
  6. Successful, safe and ethical decommissioning of services
  7. Parity of esteem Severe Mental Illness, Commissioning for Quality and Innovation (SMI CQUIN)
  8. Interpreting datasets

- Results show colleagues and line managers observed a significant positive increase in skill, knowledge and ability across the following areas:
  1. Effective leadership
  2. Influencing skills
  3. Leading change through people
  4. Working effectively with other partnership organisations
  5. Supporting others to improve performance

- Qualitative feedback shows that working more effectively with others was the most commonly reported change in practice by participants.

- The most commonly reported gain that participants reported from taking part in the programme was the opportunity to build working relationships through networking and the value of knowledge sharing between colleagues.

- Self reflection ratings show the impact of the programme was less significant for non-GP commissioners with qualitative feedback suggesting that this may in part be a result of not being able to attend all workshops, either due to time or other work pressures.

These results show that the programme does positively impact the development of the Mental Health (MH) Commissioning Leaders with some tangible examples of the impact on services.
Introduction

The East of England Mental Health Commissioning and Leadership Skills Development Programme was developed in response to a number of national drivers. The White Paper, Equity and Excellence: Liberating the NHS (Department of Health 2010) sets out a vision for the National Health Service that promises to be one of the most extensive reforms in its history with the role of the general practitioner (GP) at its heart. No Health without Mental Health (DH 2011), focused on empowering practitioners to have the freedom to innovate and to drive improvements in services. This included the establishment of GP consortia joint commissioning arrangements to develop innovative mental health services. Giodano (2011:6) suggests that it is vital that GPs develop leadership capacities to operate within a complex web of relationships and this includes capabilities such as:

- an organisational ability to self-organise quickly
- an organisational ability to learn and adapt
- a willingness to engender leadership behaviours in everyone at all levels and function of the organisation
- a culture of innovation
- the ability, among all parties, to understand at once the local context –from a unit as small as the office visit to the big picture (national policy)– and their place in it

These capabilities and the development of a more sustainable managed network to support primary care mental health leadership and commissioning are some of the challenges the SCN East of England aims to address via the development of the East of England Mental Health Commissioning and Leadership Skills Development Programme.

The programme was formally established in 2012 with the aim of providing outcome focused, personalised and appropriate support to MH commissioning leaders. Early literature in relation to the programme was primarily aimed at GP commissioners, however membership is also open to non-GP, Clinical Commissioning Group (CCG), Local Authority (LA) and Public Health commissioners with attendance at the workshops reflective of this.

There is no minimum skill or experience level required to take part in the programme and formal learning objectives are not defined, however the programme does take into consideration the varying skill level of those taking part and has defined a leadership development framework which depicts how aspects of the programme could support those with differing experience and skill levels (see Figure 1 below).
Figure 1 Commissioners of Mental Health Leadership Development Framework

The programme consists of regular, usually bi-monthly workshops, including intensive two day "Raising our Game" workshops aimed at those new to the commissioner role, along with themed workshops, which in addition to leadership skills, address regional and topical priorities. Further elements offered within the programme include one-to-one coaching and mentorship, although the latter is an informal outcome of the programme. Attendance at the workshops and participation within the programme is flexible and decided by the participants. Seven workshops took place during the period evaluated, including two "Raising our Game" workshops and five themed workshops.

The SCN East of England commissioned this independent evaluation of the programme which was completed by the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) East of England and The National Centre for Post Qualifying Social Work at Bournemouth University.

The aim of the evaluation is to gain a measure of the impact of the programme on the participant’s leadership and commissioning skills and to provide evidence to inform the on-going development of the Leadership Programme, which still continues to be delivered across the East of England. The evaluation forms an important evidence base which will enable us to understand whether the approach and methods taken by the programme is effective in addressing both national and local challenges and developing future mental health leaders.

This report provides findings of the evaluation for participants who took part in the programme between November 2013 and December 2014.
Methodology
The evaluation methodology was developed from an approach used by The National Centre for Post Qualifying Social Work and is designed to demonstrate the impact of the programme on both an individual and organisational level. This is achieved by using mixed methods, including self evaluation questionnaires, with follow up telephone interviews to gain examples of how learning has been applied and a third party testimony to verify the impact of the programme on observed behaviour.

Stage 1 Questionnaire Design

As the leadership programme did not define specific learning outcomes, the NHS Leadership framework was used as a basis for the evaluation to ensure participants were evaluated across a range of leadership skills and attributes. Additional themed questions were also included which related more specifically to commissioning and themed workshops. Questions were clustered into key learning areas within the questionnaire for ease of completion, however each question was also mapped onto the NHS Leadership Framework in order to gauge development in relation to the framework.

Figure 2 Source: NHS Leadership Academy: Leadership Framework a Summary
Within the questionnaire respondents were asked to reflect and rate their knowledge, skills and abilities as they were before taking part in the programme and at the present time. The following key learning areas were addressed within the questionnaire:

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| Understanding of healthcare systems and the structure of the NHS | Leadership skills and qualities | Working with others | Commissioning skills and knowledge | Programme specific learning areas:  
- Crisis care concordat  
- Successful, safe and ethical decommissioning of services  
- Parity of esteem SMI CQUIN  
- Interpreting datasets |

Open ended questions were also asked to establish any perceived achievements as the result of the programme, as well as general questions about the respondent’s view of the programme design and content.

The evaluation also aimed to gauge the impact on those who did not attend workshops during the time period evaluated, but accessed other aspects of the programme such as facilitated meetings to share learning and information. Respondents who did not attend any workshops were routed to a series of open-ended questions about how the programme had impacted their performance.

**Stage 2 Telephone Interviews**
Participants were asked if they would take part in a brief, semi-structured telephone interview approximately 2 months after the questionnaires were completed. The interview consisted of a series of open ended questions to elicit any examples of personal and organisational impact. This also added further context and depth to the results from the questionnaires.

**Stage 3 Third Party Testimonies**
Third party testimonies were collated via an online mixed method questionnaire. Third parties were asked to rate observed skill, knowledge and understanding of colleagues prior to taking part in the programme and at the present time. Open ended questions were also asked to elicit any examples of change in practice.

**Analysis**
Pre and post programme scores for both the self completion questionnaires and the third party testimonies were analysed for significant differences. These changes were identified using the Wilcoxon Signed Ranks test to ensure that the differences found were robust and consistent over the sample as a whole. The impact of the programme was then calculated by measuring the relative percentage increase which is contextual, and captures the change to a persons skill set relative to their pre-existing knowledge.

Results from the self completion questionnaire enabled us to understand the perceived impact of the programme on the individual, or the individual impact. Results from the third party testimony questionnaires enabled us to see the observed impact on individual performance, and in some cases the organisational impact. Open ended question responses and interview transcripts were analysed thematically to add context and augment the results from the survey analysis.

Each participant was also assigned a unique reference number which was used across the different evaluation stages to enable cross referencing.
Response Rates and Participation

Participation in the programme was defined as attending one or more workshops and/or accessing other aspects such as facilitated shared learning meetings and one to one coaching or receiving information distributed by the programme via email.

A total of 121 people were initially identified as being part of the leadership programme. When contacted to take part in the evaluation 11 people responded to say that they felt that they had not accessed the programme and therefore felt unable to comment. Contact details were no longer current for a further four people. Due to this 15 people were excluded from subsequent emails in relation to the evaluation.

Of the remaining group of 106 people, 38 (36%) had attended one or more workshops during the defined period, according to attendance information provided by the SCN. Information was not available in relation to numbers of people accessing other aspects of the programme.

As almost two thirds of the group had not attended a workshop during the defined period the entire group were contacted at each stage of the evaluation in order to capture and evaluate any impacts from those who had accessed other parts of the programme.

Emails were sent during April and May 2015 which included a link to the online questionnaire. Eighteen people completed an online survey of which the majority (83%) indicated they had attended workshops within the period.

Participants were also asked if they would be willing to take part in a telephone interview to allow them to speak in more detail about the impact of the programme. Four people agreed to take part, with interviews completed during July and August 2015. Each of the interviewees had attended a workshop during the period.

All were asked if they could nominate an appropriate person to give a third party testimony. Ten, third-parties were nominated of which five completed testimonies.
Sample Information
Of those who took part in the evaluation, half categorised themselves as GP Commissioners, and just over one quarter, non-GP commissioners. Half of the respondents were from Essex or Cambridgeshire which is broadly representative of the geographic distribution of the group identified.

How would you categorise your job role in relation to commissioning?

![Pie chart showing job roles]

Figure 4 Self completion survey results: How would you categorise your job role in relation to commissioning?

A range of experience levels were represented within the group who took part in the evaluation. 41% had been in a commissioning role less than two years, a further 41%, between two and eight years, with the minority, 18%, more than eight years.

83% indicated that they had attended workshops during the period. Half had accessed colleagues within the programme network and just under half had taken part in knowledge sharing events. The majority (75%) indicated that they had taken part in more than one aspect of the programme.

Which aspects of the programme you have accessed to date?

![Bar chart showing programme aspects]

Figure 5 Self completion survey results: which aspects of the programme have you accessed to date?
100% rated their experience of the programme as good or excellent

“Superb programme, just hope some follow up sessions can be worked out where we can all meet and continue the good work/share ideas”

100% felt that the flexible learning approach of the programme supported their learning needs

“The programme recognised the fact that we are all such busy people, have both clinical and commissioning/managerial demands and therefore needed flexibility, course needed to be practical and not involve lots of theoretical work etc”

100% agreed with the statements which evaluated different aspects of the programme

“All sessions allowed time for personal reflection and networking. Some sessions were for information and introduced me to new concepts like alliance contracting. Most sessions allowed swapping of experience between people with other roles within the system and to gain their perspectives, and hence greater understanding of the system. I also found 1 to 1 mentoring invaluable as I had the time to learn from my mentor’s experience of working in a complex system and learned what I can do to influence the system in order to reach my goals.”

Please note that due to the sample size all results are indicative.

**Questionnaire Statements**

The programme is making me feel more confident in the subject area

I feel able to express my professional reasoning / judgement

The trainer / facilitator actively involves me in the learning process

Topics are dealt with at an appropriate level and in sufficient depth

The subject content and range of topics meet my expectations

The workshop sessions are well structured and coherent

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**Figure 6 Programme Experience: questionnaire statements**

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Self Perceived Impact: Overall Programme

The programme has positively impacted participants perceptions of their own ability across eight key learning areas evaluated.

“I have really found appreciative enquiry so helpful as a tool - it has really improved my listening skills. Also running meetings, particularly formulating agendas with questions is so helpful and purposeful.”

Participants report an overall increase in confidence levels within their work role and in the subject areas covered within the programme.

“I think it gave me confidence to know it’s the right direction because the same theme just came throughout the programme and it’s therefore enabled me to focus on what the model should look like and really effectively the stage has got to recruitment now and really move forward with it very quickly. So I think that was a really good thing.”

The self survey questionnaires provide a quantitative measure of pre and post skill, knowledge and understanding levels across the key learning areas.

All results reported are significant (p<0.05) which means that the change has happened as a result of the programme and the probability of this happening by chance is 5 in 100 or less.

The relative increase is the average percentage change between the pre and post rating scores which can be used as an indicator of the impact that the programme has had on a particular learning area.
The results show that the programme has positively impacted participant’s perceptions of their own ability across the eight key learning areas identified.

The results were also analysed and segmented by role and length of time in role.

Self reflection ratings show the impact of the programme was less significant for non-GP commissioners, who made up 28% of those who took part in in the evaluation. The reason for this could be due to the small sample sized involved although qualitative feedback suggests that this could also be a result of not being able to attend relevant workshops, either due to time or other work pressures

“Limited learning space in CCG-land, continuous pressure of day-to-day issues including key targets etc.”

“[I was not able to attend all of the workshop sessions I would have liked] workload and CCG priorities, limited capacity of commissioning team”

“[constraints hindering me from applying the learning from the programme] Time and money”

Segmenting the data by length of time in role, did not result in any significant results in relation to the impact of the programme, although again the sample sizes involved were small which could be the reason for this.

Self Perceived Impact: Understanding of Healthcare Systems and the Structure of the NHS

This learning area saw the biggest increase overall in terms of a positive impact on perceived ability. Understanding national strategic priorities and legislation and accountability frameworks were among the top three increases in self perceived ability from all areas evaluated.

“I attended a ‘Raising our Game workshop’ and we went for a two day workshop, it was actually it involved overnight, and that was a team building exercise and also just as a general - I guess an
introduction for GP commissioning really, I found that incredibly valuable, not really having any experience in - until then, you know, I’d only been a GP.”

“It’s made me a bit more ‘boundaried’. So what I realised talking to, you know, lead colleagues is that my role is particularly huge, I think because my CCG is so big, so, you know I had a lot of support from people saying well actually, you need to try and take less personal responsibility and be more focused on specific projects and be more boundaried about what you do. So I have started doing that which I think has been a good thing and has meant that the projects I’m involved with at the CCG are more organised and are really moving forward well.”

“[I am] much more aware of how things can be better, and direction of travel we need to take”

**Self Perceived Impact: Leadership Skills and Qualities**

![Impact Diagram]

100% reported that they feel more confident in the subject areas covered within the programme. This is reinforced by a relative increase score of 35% in relation to confidence within work role. Just under one quarter of the survey respondents reported increased confidence as the thing they had gained most from taking part in the programme, and three out of four of those interviewed also described how their confidence had improved.

The results also indicated a positive increase in self awareness, however these were not found to be significant so these have been excluded from the results above.

Areas which reflected the smallest increase in self reported skills knowledge and understanding were oral, verbal and non-verbal communication skills. It is worth noting however that respondent’s pre-score rating was generally high in these areas initially.
Self Perceived Impact: Working with others

Working effectively with others was the most commonly reported example of change in practice from within the qualitative survey feedback, with just under half of participants reporting this.

The most commonly reported gain that participants reported from taking part in the programme was the opportunity to build working relationships through networking with 35% of those who took part in the survey stating this and 100% of those interviewed also citing this as one of the most important aspects of the programme. The value of knowledge sharing between colleagues was another trend identified from qualitative feedback.

“Probably the best thing was to network with other CCG mental health lead colleagues and share ideas.”

“I have got more support on a national level and therefore a bigger network of colleagues to ask for ideas… I've accessed a lot of expertise that I didn't have previously”

“You can learn from, a fresh pair of eyes, someone that talks your language but is a little bit independent, geographically removed from where you are, that was really valuable”

“My knowledge base expanded, it was amazing to hear how many initiatives and how much work was going on in mental health, the different approaches people were taking to resolve mental health issues which ultimately are common across the world but, you know the approaches, a slightly different slant on what they were doing, sometimes radically different things, you know, that was good.”

“The dementia co-production project work is an excellent example of team working. I am delighted to have this opportunity. The experience will be invaluable for myself and others. Also the suicide and self harm prevention, Zero suicide campaign meetings were inspirational.”
Commissioning skills and knowledge was the lowest scoring in terms of pre programme ability scores with the average rating below five. This indicates that this was the area that participants were least confident in prior to taking part in the programme. Results show that the participants perceive a significant positive increase in ability following the programme.

“Planning the introduction of [Improving Access to Psychological Therapies] IAPT - we were very late in implementing this and working it into the talking therapies, and the single point of access. I think that’s quite a challenge and - yes, we’re getting there!”

Programme specific learning areas relate to themed workshops and identified priorities which were covered within the programme during the period evaluated. This learning area saw one of the top three self reported increases in ability in relation to the crisis care concordat with an average relative increase measure of
61%. The East of England programme delivered two workshops in relation to this learning area during the period evaluated which evidences that these were successful in terms of increasing the self perceived ability of those who attended. This was also supported by qualitative feedback.

“the work now with the Crisis Care concordat and there was a very useful workshop I attended… it certainly supported and just encouraged me to really put it as a priority certainly for our population and also you know, to continue to do that, certainly for me personally”

“I think I wouldn't be where I am today without the programme. I think its fantastic and I just feel lucky that I heard about it informally, locally through corridor conversations.”
Observed Impact: Third party Testimony

Managers and colleagues have observed significant increases in the leadership qualities and skills in those who have taken part in the programme.

Working effectively in partnership with other organisations is a key impact of the programme as observed by colleagues and managers and is the most commonly cited example of change in practice by participants.

Figure 7 Validated survey response ratings (self completion questionnaires and third part testimonies)

<table>
<thead>
<tr>
<th></th>
<th>Self rating</th>
<th>Third party</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Z</td>
<td>Asymp. Sig. (2-tailed)</td>
</tr>
<tr>
<td>How effective do you feel as a leader?</td>
<td>-2.536b</td>
<td>0.01</td>
</tr>
<tr>
<td>How would you rate your influencing skills?</td>
<td>-2.555b</td>
<td>0.01</td>
</tr>
<tr>
<td>Ability to lead change through people</td>
<td>-2.236b</td>
<td>0.03</td>
</tr>
<tr>
<td>To work effectively in partnership with other organisations</td>
<td>-2.636b</td>
<td>0.01</td>
</tr>
<tr>
<td>Support others to improve performance</td>
<td>-2.214b</td>
<td>0.03</td>
</tr>
</tbody>
</table>

Key: <0.01 Highly Significant, <0.05 Significant, >0.05 Non-significant

Cross referencing third party results with self perceived ratings gives a validated impact score. This means these are skills and knowledge that are both perceived by programme participants and observed by colleagues and line managers, which is arguably an example of organisational impact.

The results above show a significant positive impact in five out of 13 questions rated by third parties. This suggests that the programmes strengths are in developing ‘Leadership Skills and Qualities’ and ‘Working with Others’.
The following learning areas were also rated by the third parties and although the results showed a positive increase these were not found to be significant, so therefore cannot be reported as an impact of the programme.

1. Understanding of healthcare systems and the structure of the NHS
2. Knowledge and understanding of successful, safe and ethical decommissioning of services
3. Knowledge and understanding of the crisis care concordat
4. Communication skills
5. Confidence
6. Commissioning skills and knowledge
7. Ability to build and maintain working relationships
8. Ability to manage conflict

This could be due to the small sample size involved, or this could be that these skills have simply not been observed by those who completed the testimony. Further exploration would be needed to fully understand the reason for this.

Comments below by line managers and colleagues give further context to the results.

What key things do you think your co-worker has learnt / taken away from the programme?

“A wider and deeper understanding of how health and social care are structured and its functions. More confidence in working at strategic levels in organisations”

CCG Chair

“Understanding how to work effectively in complex systems, political awareness”

Head of Strategic Commissioning - Vulnerable Adults

“Mental health commissioning agenda and local implementation”

Director of Integration

Please provide an example of how your co-workers practice has changed as a result of taking part in the programme

“Effective redesign of MH services focusing on a sustainable system for the future - setting up of a recovery coach service, aligning voluntary org services to statutory pathways, ensuring equity of services CCG-wide”

CCG Strategic Adult Mental Health Clinical Lead Interim Older Peoples Mental Health Clinical Lead

“Greater ownership of Mental Health agenda with particular focus and leadership for dementia work-streams”

Director of Integration

“More considered and technically able approach to sophisticated commissioning programmes”

Head of Strategic Commissioning - Vulnerable Adults
It is although worth noting that the impact of the programme could also be influenced by a number of contextual factors, for example 60 percent of respondents reported that they were not able to attend all of the workshops they wished to attend, with workloads and other commitments the most common reason for this. Qualitative feedback also suggests there could be organisational barriers preventing participants from implementing learning in the workplace. 64 percent said that barriers, such as financial restraints and conflicting work and time pressures prevented learning from being implemented.

“I think one of the biggest downsides was that every time I went to one of the courses I’d come away fully fired up to change things and then hit reality at my office back here, where there is very little support for me on a commissioning level, there’s no money at all to actually do anything flexible or different or innovative, and if you want to do something you know, all the money has already been allocated for this year so you can’t have anything”

“Lack of knowledge in colleagues, both provider and commissioner organisations. Financial constraints. Our provider is currently in special measures which makes any movement really difficult”

**Further Examples of Impact**

The following examples illustrate the impact of the programme both on an organisational and individual level:

**Supporting Others to Improve Performance**

“I’ve certainly gone and done some good work with other GPs with diagnosing dementia locally and that’s all about and certainly the confidence gained from doing the mental health leadership course and it’s been successful – although we don’t have our report for a couple of months yet - these people have generally welcomed the move. I feel I’ve empowered them and enabled them to actually make what are very specialist diagnoses without upsetting the providers as well, so you know, I think it’s a delicate balancing act and I think that’s on a good level, so that’s good. I’m trying now to influence our IAPT grades and again I’ve met [name] who is going to come and speak at our next education meeting and again in that part will again hopefully energise our population to improve their performance.”

**Working Relationships Developed Through Networking**

“I’m looking into eating disorders for our population, not our adolescent, it’s actually our adult eating disorders and we’re trying to link up with another mental health lead to actually try and extend that to our patch. So again that was lubricated by going on the programme. She’d actually led the pathway so we sort of shared that between us and I’m now taking it to the entire population and that is certainly helped by speaking to the right person through the course which has made it so much easier guiding practice and that’s going to be rolled out in the next month or so.”

**Raising the Profile of Mental Health**

“I’m able to put a lot more credibility into my own CCG, my organisation so I think there’s much more support for what I’m doing with our exec. So for example now I’m dragged along to our area team assurance meetings, CCG assurance meetings, because they want mental health represented. Which is unusual, it never was before, and I think it’s been recognised the value of what we’re doing. Having the support of the programme and knowing there’s national support for what we’re doing helps hugely.”
**Case Study: Rachel, GP Commissioner**

Rachel has been in the role of GP Commissioner for four years and accessed several aspects of the East of England programme including workshops, one to one coaching and knowledge sharing events.

Rachel felt that the most valuable part of the programme to her was the one to one coaching, from which she learnt about the principles of the political savvy model. Applying learning from this model has enabled Rachel

> “being in turnaround I think the programme has been helpful and a specific example like political savvy – in the past I wouldn’t have realised before the meetings to decide about future funding, that I actually had to pre-negotiate with the Director of Finance because otherwise on the spot, in the meeting, she’s not going to give the green light to any amount of funding.”

Rachel also developed valuable working relationships via the programme and described how knowledge sharing with colleagues enabled her to access expertise from third sector providers, saving time and money during a pilot implementation project.

> “we also recognised the value of community and voluntary sector organisations like MIND who’d already invested a lot of time and market research - so we’ve not reinvented the wheel, we bought their package of expertise and we’ve localised it……locally I’d have had to take that through so much governance that it wouldn’t have happened, or it would have happened in two years. Without the programme none of that would have happened.”

Rachel’s line manager has also observed that Rachel has more confidence in working at a strategic level and is able to use presentational and communication skills in a wide range of settings. Rachel has also gained a wider and deeper understanding of how health and social care are structured and its functions in organisations.

> “Rachel has excelled in providing clinical leadership in the [Child and Adolescent Mental Health Services] CAMHS reprocurement, aligning people's goals and achieving major success, as acknowledged formally by a wide range of people. She has also benefited by regular coaching, enabling her to work more effectively within the CCG and beyond, influencing key areas of work”

CCG Chair and Line Manager
Case Study: Mark, GP Commissioner

Mark, a GP of three years, attended workshops, including the 2 day “Raising our Game” workshop, received one to one coaching and also accessed colleagues via the programme network. Mark found the raising our Game workshop invaluable as an introduction to commissioning as he was still relatively new in his role. He also found that attending the workshops enabled him to build effective working relationships.

“...understanding different systems within healthcare commissioning, I guess the NHS structure. Certainly my understanding was extremely limited and to be honest I’m still learning but it’s certainly better than it was. And more strategic work, I do find that a challenge sometimes to get to grips with it but the education has certainly been very useful”

Mark feels that his general confidence and communication skills have improved as a result of taking part in the programme, which has enabled his team to work more effectively together. Mark’s manager has also observed an increase in general confidence since he has taken part in the programme.

“I think the whole re-procurement of mental health services that we’ve been through recently, that was just a huge project and I certainly do feel you know, if I hadn’t had the basic grounding and the support from the programme I think with hindsight all I gained from that was invaluable really during that process.”

Mark established a local crisis care concordat group and attended a workshop on this subject as part of the programme. Mark has found that gaining the knowledge in this area as part of the programme has enabled him to continue this work.

Recently Mark has not been able to attend workshops because of time and work pressures but he still receives emails of the slides and information from the events which is a support, although he acknowledges this is not a replacement for attending in person.

Please note case studies have been anonymised
Conclusion

The evaluation illustrates that the programme has been a positive learning experience for all participants who also reported that the flexible learning approach of the programme supported their learning needs.

Results show that the programme has positively impacted the perceived and observed skill, knowledge and understanding of those who have taken part.

Participants perceive significant impacts in ability across the eight key learning areas covered by the evaluation, including leadership skills, technical commissioning skills and knowledge of healthcare systems and structures.

Line managers and colleagues observed significant impacts in five out of thirteen learning areas evaluated:

1. Effective leadership
2. Influencing skills
3. Leading change through people
4. Working effectively with other partnership organisation
5. Supporting others to improve performance

These results suggest that the programme is effective at impacting soft skills and in particular skills associated with leading change and improving performance. The most commonly reported change in practice reported by participants was an ability to work more effectively with others, which supports these third party observations.

Interestingly the more technical skills, such as commissioning skills and knowledge and understanding of healthcare systems and the structure of the NHS did not result in significant results from third parties, despite some qualitative feedback including these as examples of impact. It is worth noting that this could be due to the small sample size involve however further exploration would be needed to fully understand this.

One of the most common impacts perceived by participants was increased confidence, with 100 percent of those who took part in the evaluation stating that their confidence had increased. Interestingly despite some qualitative feedback from third parties stating examples of increased confidence the results were not significant, which could also be related to the small sample size.

Another theme which emerged from the qualitative feedback highlighted that the programme was an important opportunity for those attending to build working relationships through networking and that these relationships built via the programme were particularly valuable in terms of supporting knowledge sharing between colleagues. This shows the importance of face to face networking via workshops and the benefits this can bring.

There were some contextual factors which influenced the impact of the programme. Including barriers to implementing learning of which the majority were organisational barriers such as financial constraints and conflicting work pressures. The ability of participants to attend desired workshops may have also been a factor, with 60 percent reporting that they were not able to attend all of the workshops they wished to.

The impact of the programme on non-GP commissioners was less significant for this group with qualitative feedback suggesting that this may in part be a result of not being able to attend all workshops, either due to time or other work pressures, although further exploration would be required to fully understand this.
**Recommendations**

Although the methodology used for this evaluation was robust there are measures which could be taken to improve future evaluations of this kind.

The sample size for this evaluation did not reach statistically significant numbers, integrating the evaluation within the delivery of a programme design could encourage higher participation rates, as could completing the evaluation longitudinally rather than retrospectively. Engagement of line managers and colleagues within the programme process could also potentially increase the number of third party testimonies gained within future evaluations.

Further exploration could be undertaken in relation to explore the barriers to implementing learning and the importance of organisational support to participants in programmes of this type.

Further consideration could be given as to how to assess the impact from those who do not attend any workshops, as participation in this evaluation was low from this group, with just 4 percent taking part. Following communication with a number of those who did not take part in the evaluation this suggests that it may be related to a lack of identification with being part of a 'programme'. Commissioning knowledge and skills which remained the lowest post programme score from the learning areas could be a priority area to consider for further learning events.
Glossary

CAMHS  Child and Adolescent Mental Health Services
CCG  Clinical Care Group
CLAHRC  Collaboration for Leadership in Applied Health Research and Care
IAPT  Improving Access to Psychological Therapies
LA  Local Authority
NIHR  National Institute of Health Research
CLAHRC  Collaboration for Leadership in Applied Health Research and Care
SCN  Strategic Clinical Network
SMI CQUIN  Severe Mental Illness Commissioning for Quality and Innovation (CQUIN)

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