Impact Evaluation: A comparison of findings

East of England and South of England Mental Health Commissioning and Leadership Skills Development Programmes
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Executive Summary
This report illustrates findings from an independent evaluation of two Mental Health Commissioning and Leadership Skills Development Programmes delivered across the South and East of England.

Background
The South England programme was part of a National initiative commissioned by NHS England offering participant’s five modules in the form of face to face workshops and requiring the completion of a work based improvement project. The programme was delivered during November 2014 through to April 2015.

The East of England programme has offered a rolling programme consisting of face to face workshops, one to one coaching and knowledge facilitation since it was formally established in 2012.

This evaluation has been designed to demonstrate the impact of the programmes 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
100% perceive a positive impact across all learning areas evaluated
The evaluation results showed that 100% of participants perceived a positive impact on their skill, knowledge and ability across all of the 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 SMI CQUIN
8. Interpreting dataset

100% report increased confidence as a result of taking part in the programme

Participants perceived the greatest impact in relation to the Crisis Care Concordat
The biggest impact perceived by participants across both groups was increased skill, knowledge and ability in relation to the crisis care concordat, which suggests that this subject area is seen as particularly valuable by participants and that both programmes have been effective in meeting this learning need.

Mixed role groups are beneficial to learning
Groups containing mixed roles (GP and non-GP commissioners) were viewed as beneficial by participants on both South and East programmes. Participants commented that this supported understanding of the different commissioning roles and is reflective of their working environment. This was also identified as an aspect of the programme which should not change.

South and East Programme Comparisons

Participants involvement in defining programme content ensures programme topics are relevant and leads to increased satisfaction in relation to the programme experience

92% of those on the South programme rated their experience as good or excellent. Feedback indicated that in groups which contained mixed roles, the programme content was more targeted to GPs which resulted in some aspects being less relevant to non-GPs.

100% of those on the East programme rated their experience as good or excellent. Feedback suggests that the individualised approach of the East programme and participants involvement in defining programme content may support in ensuring topics are relevant and delivered at an appropriate level for the majority of participants.
Participants on the East programme generally perceived the programme to have a higher impact than those on the South

The South programme group were generally more experienced commissioners, which may give explanation as to why a lower impact was perceived across the majority of the learning areas evaluated.

Key organisations within the NHS and healthcare economy and how these fit together were perceived as areas in which participants on the South programme experienced a higher impact than colleagues in the East. Feedback indicated that the changing nature of the NHS and healthcare systems means this subject area is useful for both experienced and inexperienced commissioners.

Building and maintaining relationships and effective networking was a key area in which participants in the South perceived a higher impact than the East. This suggests that the intensive residential model of the programme is conducive to building effective working relationships.

Self resilience was not shown to be impacted by the programme for participants in the South. Reasons for this were not clear from feedback so further exploration would be required to understand this.

Third Party Testimonies
Third party testimony results show contrasting observations of the programmes impact

The South programme was observed as effective at impacting hard skills, including commissioning skills and knowledge, decommissioning services and understanding of the crisis care concordat. The requirement to apply learning during the work based local improvement project may be a key factor in this.

The East programme was observed as effective at impacting soft skills, improving participant’s leadership abilities, ability to influence, lead change, improve performance and work effectively with others. The Individualised programme offering including one to one coaching may be a factor in this.

Differences were seen between perceived and observed impacts
Third party results did not indicate an observed increase in confidence despite 100% of participants perceiving this. It is worth noting that the results could be due to the small sample size involved, however further exploration would be needed to fully understand the reason for this.

Areas for Development
Time and conflicting work pressures are key barriers to applying learning
Barriers to applying learning were explored resulting in similar feedback from South and East programme participants. Time and conflicting work pressures were cited as a key barrier for both groups.

High profile national support may encourage participants to prioritise self-development
Ability to attend workshops was also identified as a barrier to participants on the East programme. Reasons for this were primarily due to conflicting work pressures which was not the case in the South. This highlights the potential benefit of high profile national support which could be a supporting factor in enabling participants to prioritise attendance.
Introduction

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 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

Leadership is often cited as a key component of quality improvement initiatives, or the ‘golden thread’ that runs through any analysis of NHS reform.

If the NHS is going to move in the same direction, then it must invest in leadership and organisational development, leading NHS reform and improvement to ensure that the right people are appointed with the appropriate skills (Ham, 2010:45).

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 and delivery of Mental Health Commissioning and Leadership Skills Development Programmes.

The Strategic Clinical Network (SCN) East of England commissioned the independent evaluation of two leadership programmes delivered by the network; one in the East of England and one in the South. The two programmes were different in terms of some key aspects, such as delivery approach, timescale and requirements of the participants. These differences are described in more detail in the next section of this report.

The evaluations were 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 and Professional Practice. The following report discusses comparisons between the findings from both evaluations.

Reports showing the evaluation results of each programme are also available.
Background
East of England Programme

Led by Dr Caroline Dollery, Clinical Director for the East of England Strategic Clinical Network; the East of England programme was formally established in 2012 with the aim of providing outcome focused, personalised and appropriate support to Mental Health (MH) commissioning leaders. Early literature in relation to the programme was primarily aimed at GP commissioners; however membership was also extended to non-GP, Clinical Commissioning Group, Local Authority and Public Health commissioners in the Eastern Region. 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 ability (see Figure 1 below).

The programme consists of regular, usually bi-monthly workshops, which were held in the Cambridgeshire area during the period evaluated. Different types of workshop offered include intensive two day “Raising our Game” workshops aimed at those new to the commissioner role, and themed workshops, which in addition to leadership skills, address regional and topical priorities. Further elements offered within the programme were defined as: pioneers workshops (for experienced commissioners), development workshops, one to one coaching sessions, knowledge sharing events (e.g. facilitated meetings) and access to other colleagues within the programme network. Attendance at the workshops and participation within the programme is flexible and decided by the participants. Backfill costs can also be claimed by participant for attendance at the workshops.

Oliver and Company (UK) Ltd support with the delivery of the workshops and one to one coaching, with guest speakers invited to cover specialist topics such as integrated commissioning and mental health intelligence datasets. Seven workshops took place during the period evaluated, including two “Raising our Game” workshops and five themed workshops. The programme continues to provide workshops and supports the development of Mental Health Commissioner Leaders in the region at present. This evaluation focused on participants who took part in the programme between November 2013 and December 2014.
South England Programme
The South England programme was part of a National initiative commissioned by NHS England and sponsored by the National Clinical Director for Mental Health, Dr Geraldine Strathdee. The programme was required to build upon the Department of Health’s Medical Leadership Competency Framework (2010) and was delivered between November 2014 and April 2015.

The SCN East of England was one of three providers of the programme who, following a competitive tendering process were awarded a contract to deliver the programme in the South of England. Local SCN’s, potential participants and other key stakeholders were involved in scoping the content of the programme to ensure key priorities for the region were incorporated.

The programme was delivered across three geographical areas in the South (South East, Central and West). The areas were aligned with local SCN boundaries. Cohorts were different within the areas with two mixed cohorts (consisting of GP and non GP MH commissioners) and one cohort which were attended by GP’s only.

No minimum skill or experience level was required to take part in the programme. The specification for the programme defined clear curriculum topics and outcomes to be covered within the programme content. Recommendations within the specification were also made to include an intensive residential module and for the programme to be run over nine days or four modules.¹

The South programme was split into five modules, two of which were residential, with modules running concurrently in each area (see Figure 2 below). Four of the modules were face to face workshops, one module consisted of a local improvement project during which participants were required to apply learning from the programme to improve mental health commissioning in their local area. Due to the modular structure of the programme there was an expectation, albeit implicit, that participants complete each of the five modules. Backfill costs were reimbursed for attendance at the workshops.

A number of partners were involved in the delivery of the workshops including Oliver and Company (UK) Ltd, Primhe, Imperial College Health Partners and Mind. This provided expertise in different aspects of the programme such as service user involvement, mental health intelligence and technical commissioning.

<table>
<thead>
<tr>
<th>November 2014 – April 2015</th>
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<tr>
<td><strong>Module 1:</strong> Leadership for Commissioners (2 day workshop)</td>
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<tr>
<td><strong>Module 2:</strong> Technical Commissioning (2 day workshop)</td>
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<tr>
<td><strong>Module 3:</strong> Mental Health Intelligence (1 day workshop)</td>
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<td><strong>Module 4:</strong> Local Improvement Project</td>
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<td><strong>Module 5:</strong> Celebration Day (1 day workshop)</td>
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¹ NHS Commissioning Board Mental Health Commissioning Leadership Programme Commissioning Specification. Lot 3 – South of England
Comparison of Programme Delivery Approach

South England
- Modular programme offering 5 modules over a 6 month period including residential modules. Clear start and end to the programme.
- Objective: To provide equitable access to development opportunities nationally and improve standards.
- Workshop topics defined and agreed prior to the programme delivery.
- Offering to all participants is the equal.
- Completion of all programme modules is an expectation.
- Participants are required to complete a work-based local improvement project.
- High profile national support for the programme.

East of England
- On-going ‘rolling’ programme, with usually 6 bi-monthly workshops held per year.
- Objective: To develop leadership and MH commissioning skills, facilitate sharing of best practice and establish a regional network.
- Workshop topics emergent and influenced by workshop participants.
- Offering to participants is individualised based on need via other programme aspects with different workshop levels available and other programme aspects offered including 1:1 coaching and knowledge sharing facilitation to support mixed skill levels from inexperienced to experienced.
- Attendance at workshops is flexible.
- Participants are not required to apply learning.
- Participants are defined as part of the programme even if workshops are not attended.

Figure 3 Summary of the South and East England Programme Delivery Approaches

Differences in terms of delivery approach are arguably linked to the objective behind each of the programmes. Promoting ‘equitable access to development opportunities for Clinical Commissioning Groups, driving up standards, and to improve learning outcomes and skill development’ were the key objectives for the investment in the National programme, of which the South was part. The contract arrangement was reflective of this, as it was commissioned within a defined timescale between April 2014 and March 2015, as a single, modular programme; with specified areas of learning and the duration clearly defined. The offering and expectation from attending participants was equal. The programme content although devised in consultation with local SCNs and key stakeholder groups was agreed prior to the programme commencing which is arguably a practical necessity due to the relatively short timeframe the programme was delivered across.

The objective of the East of England programme implies a longer term ‘continual learning’ approach with emphasis on establishing and developing expertise via a regional network. The offering to participants aims to be individualised with different workshop levels to support those with differing experience and other aspects offered such as one to one coaching to support participants depending on need. The programme also took an emergent approach with participants encouraged to influence workshop content. Supporting notes from the workshops include discussion about which learning topics participants would like to see at future workshops and the programmes development framework depicting progression as roles develop. Arguably this allowed the programme to be more fluid and delivered at an appropriate level to those taking part, although it is worth noting that workshops were only attended by just over a third of those identified as being part of the East of England programme.

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2 NHS Commissioning Board Mental Health Commissioning Leadership Programme Commissioning Specification.
One of the other long term objectives of the East of England programme was to establish a regional mental health network and this can also be seen within the structure of the programme which offers knowledge facilitation meetings as one of the programme aspects.

Both South and East programmes contained key learning areas such as, leadership skills, technical commissioning and mental health intelligence. One of the key differences between the two programmes was that participants in the South were expected to complete a local improvement project, requiring them to apply learning in practice which was not the case in the East of England.

Participation expectations were different between the two programmes; the modular approach of the South England programme implicitly expects participants to attend all modules which was not the case in the East of England programme, where workshops are defined as just one aspect of the programme and development via knowledge sharing and one to one coaching acknowledged as participation.

High profile national support for the programme was clearly evident in the South programme as participants were required to deliver a presentation about their local improvement project on the final day of the programme which was also attended by to Dr Geraldine Strathdee. In the East of England programme national support was not overtly evident, although this is not to say that the East of England programme did not have national support merely that this did not feature as part of the programme design during the period reviewed.
Methodology
The evaluation methodology used was developed from an approach used by The National Centre for Post Qualifying Social Work and Professional Practice 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. Due to the timeframes in which we were working the methodology used for both south and east programmes was retrospective rather than longitudinal.

Measures were taken to engage participants and encourage them to support the evaluation. Visits were made by members of the evaluation team to workshops within each of the geographical areas. The programme manager was also supportive in ensuring the evaluation literature used meaningful vocabulary to the group and counter signed the initial information email sent to participants.

Stage 1 Questionnaire Design
In order to compare both programmes 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.

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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<th>3</th>
<th>4</th>
<th>5 - 8</th>
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</table>
| 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 |

Figure 4 Source: NHS Leadership Academy: Leadership Framework A Summary

Figure 5 Evaluation Learning Areas
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.

For participants of the East of England programme the evaluation also aimed to gauge the impact on those participants 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 indicated that they had not attended 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

**Figure 6 Evaluation participation rates: South and East Programmes**

*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*

**Excludes 3 surveys completed by programme participants who had not attended a workshop within the defined period.**

During April and May 2015, emails containing an online questionnaire link, were sent to a total of 135 identified programme participants across both South and East programmes.

The evaluation did seek to elicit responses from 68 people identified on the East programme who had not attended workshops but had accessed other aspects of the programme, however participation rates from this group were low, totalling three people. Emails received by some individuals in response to the survey invite, indicate that a number of people who had not attended a workshop may not have considered themselves part of a programme.

As detailed in Figure 6 above, a total of 30 online surveys were completed by the participants who attended workshops. Response rates equated to 39% from the East of England programme and 52% from the South of England programme, resulting in a 45% response rate overall for the workshop attendee group.

All participants, including non-work shop attendees, 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. A total of 16 interviews (24% of the workshop attendee group) were completed during July and August 2015. Of those interviewed all, had attended one or more workshops during the period evaluated. The majority of the
interviews were completed with participants on the South programme, 41% of the South group took part in an interview in comparison to 11% of the East group.

All programme participants were asked if they could nominate an appropriate person to give a third party testimony. A total of thirteen third-party testimonies were completed across both programmes, equivalent to 19% of the total group. A higher proportion of these were managers and colleagues of those who took part in the South programme. 28% of the South group nominated a third party who completed a testimony in comparison to 13% of those on the East programme.

It is worth noting at this stage that the evaluation project team was supported to engage with both South and East groups. A project team member was invited to visit each of the three, South team sub-groups during March and April 2015 to introduce the evaluation. A visit was also made to an East of England workshop in September 2014, seven months prior to surveys being distributed. The time delay between the introduction of the evaluation to the East group, the fluid nature of attendance at the East programme workshops and the fact that workshops were not delivered during 2015, may all have been contributing factors in the lower engagements rates with the evaluation from the East of England group.
Sample Information

For those taking part in the evaluation the majority categorised themselves as GP commissioners (50% in the East and 60% in the South).

Participants in both programmes were of mixed experience levels (see Figure 7) although the East of England programme had a larger proportion of inexperienced commissioners (41% of those in the East had less than 2 years' experience compared to 23% in the South).

Of those who were part of the East of England programme, the majority (75%) indicated that they had accessed other aspects of the programme in addition to attending workshops.

Figure 7 Self completion survey results South and East Programme: How long have you been in a commissioning role?
Evaluation Findings: Programme Experience

Participants on both South and East programmes were satisfied with their experience of the programme. Satisfaction scores were marginally lower for participants on the South programme.

Questions relating to overall experience, subject and content range, level and depth of subject areas covered and structure of sessions scored lower by participants in the South programme than those in the East programme. The content of the South programme was devised in line with the contract specification and in consultation with local stakeholders and potential participants. These factors arguably meant there was limited scope to adapt the programme to individuals who attended.

The results do suggest that the individualised approach of the East of England programme contributes to the increased satisfaction of participants with qualitative feedback suggesting that the participants input into defining programme content may also support in ensuring that the programme topics covered are relevant and delivered at a level appropriate for the majority of participants.

Feedback from the South programme suggested that in groups which included participants with mixed roles (GP and non-GP commissioners) the focus and content of the programme was more targeted to GPs.

This resulted in some aspects being less relevant to some participants.

Participants in the South did acknowledge however that mixed role groups was a key benefit and one of the aspects that should not be changed about the programme.

In the East of England programme workshops also included participants with mixed roles, however there was no feedback to suggest that this impacted on the relevance of the programme content.

58% of participants on the South programme interviewed described the work based project as a positive and useful aspect of the programme.

“- what stood out was having a project to work towards, being able to choose that and work out what was relevant for us and I think like all these things it depends on what you pick, but what you picked was - all we picked was useful for us and working as three of us together got us to a place which we wouldn't have done if we'd been working on our own. So that was a quite a useful thing. In fact it was exceptionally useful.”            South programme

“Insights from doing that project has helped me understand and talk more confidently about the Crisis Care Concordat within our environment so I think the knowledge gained has given me a bit more wisdom and understanding that has been fed up the food chain as it were.”            South programme
Feedback from participants (below) reflect the results in Figure 8

“I think it worked really well because I think that’s the mix of what you encounter day to day, something that’s really important, and I don’t think separating off clinical and non-clinical work because what I think it does is, it further compounds some people’s perspectives, you know, clinical perspectives and non. What I do think if that’s to continue, the content of the course needs to reflect that.”  

*South Programme*

“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”  

*East Programme*

It is worth acknowledging at this stage the influence of self-selection bias on the results shown overleaf as although all participants in the programme were invited to take part in the evaluation the results reported show only the views of those who elected to take part. This means that those who are very satisfied or very dissatisfied are often more inclined to respond that respondents who are undecided. We cannot however assume good or bad rates are as a result of this bias, and therefore on the balance of probabilities the results shown are a fair representation of the sample.
**Self-Perceived Impact: Overall Programme**

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

**Figure 9 Self-Perceived Impact: Overall Programme - Comparison Between South and East England Programmes**

As shown in Figure 9 above, participants in the East programme perceived on average a higher positive impact on knowledge, skill and ability in seven out of eight key learning areas than those on the South programme. There was one exception to the trend, with participants in the South programme perceiving a higher impact in relation to ‘interpreting datasets’, than those in the East. Both programmes included this topic area within their respective programmes, however the South programme devoted more time to this topic, including a one day module covering Mental Health Intelligence Networks which could explain these results and suggests that this approach was perceived as effective by participants.

"what has been really interesting is knowing about - because I had no idea before about this—mental health intelligence network and fingertips tool. Being able to access national data because in commissioning you have lots of people coming to you with lots of ideas, and it’s trying to unpick those - the wheat from the chaff and understand baselines to start with, really. Being able to go and get that information now and understand how I can get it and present that, that I think has helped"

_South Programme_

"I think it’s given me tools perhaps to look at data in a different way and interrogate it in a different way, perhaps, as part of the technical commissioning course, I think it’s really increased my confidence in looking at data. “

_South Programme_
In both South and East Programmes participants perceive a positive impact on their own ability across 8 key learning areas evaluated.

"the whole reprocurement 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…. the whole process, and the ongoing coaching sessions which have been fantastic, you know I still meet with [name] at intervals and touch base with her, you know, it’s very useful."

East programme

“it gave me a huge amount of confidence after the programme finished. So - it spanned a good amount of time so I could digest that information, it wasn’t just sort of a one off, you could go back, reflect - that was really, really good. Not so good…..some of it was a little bit - a little bit dry - but I mean, you have to go through the sort of - the structure of the NHS and, you know, and in some ways that was important to understand but it could be long days with the sort of very - going through a bit more of the dry material.”

South programme

100% of participants in both South and East programmes report an increase in confidence levels within the subject areas covered.

“It has definitely made me feel more confident in the way I approach things. So before I was unsure about a few things but the programme has helped me realise that if I approach it in a different way then it’s going to have some positive outcome. So now I approach things with improved confidence compared to before.”

South Programme

“it gave me confidence to realise that the mental health budget as a percentage of the overall NHS budget locally and I have to say nationally is very low, so how we engage with the system transformation board to look at increasing our percentage resource for mental health and make sure that mental health remains a priority for the system”

East Programme

The most significant impact as perceived by participants on both South and East programmes was the crisis care concordat, which suggests that this learning area is perceived as particularly beneficial for participants.

“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”

East programme

“we were really taught about how to - looking at each work stream, which of the relationships that are going to be the most influential, which are the relationships I need to foster and prioritise and I think in the Crisis Care Concordat work particularly I think I have really benefited from that”

South Programme
Self Perceived Impact on Hard versus Soft Skills

Learning areas which cover hard skills, including understanding of healthcare systems, successful, safe and ethical decommissioning and parity of esteem SMI CQUIN show higher perceived impacts across both programmes in comparison to those which are considered soft skills, such as leadership skills and working with others. There is one exception to this trend which relates to a relatively low perceived impact on commissioning skills and knowledge for participants on the South programme which is discussed further in the report (see page 29).

“it’s certainly saved me time and angst I think, so before I’d probably not got anywhere or taken a lot of time to get where I wanted to. And negotiating - navigating these complex pathways has got easier.”

East Programme

“I really had very little knowledge, certainly of the technicalities of commissioning and of the wider national picture, so for me it was a godsend, it really was, to learn about commissioning, to learn about some of the technical aspects, to learn about the national strategic picture, that was all really excellent for me.”

South Programme

The results were also analysed and segmented by role and length of time in role. In both programmes self-reflection ratings show the impact of the programme was less significant for non-GP commissioners. The reason for this could be due to the small sample sized involved in both programmes although qualitative feedback does give some insight into possible reasons for this. For those attending the East programme the feedback suggests that this could be a result of not being able to attend relevant workshops.

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

East Programme

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

East Programme

For those on the South programme the qualitative feedback suggests that the programmes focus on GPs could have contributed to less significant results from non-GP participants. Further exploration would be required to fully understand this however.

“There was a lot of GP leads and a couple of pure commissioners you know that had a sort of GP day job, a clinical day job, and there was in terms of what was I think we sometimes went off-piste a little bit and in terms of and I didn't completely understand going with the direction of where the conversation goes and I think that meant that we didn’t cover some of the things, some of the modules in detail as we probably could have done.”

South Programme

“What was difficult was being - not being a GP, and I was on the course with other GPs, so at times I felt a little left out. That wasn’t anything to do with them, because they were completely welcoming, but I wasn’t coming from their experience so I couldn’t really identify perhaps with what they were saying…..because they were coming from one perspective and myself another, the agenda tended to flex more towards them.”

South Programme

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.

19
Self-Perceived Impact: Understanding of Healthcare Systems and the Structure of the NHS

The self-perceived impact of the learning area ‘Understanding of Healthcare Systems and the Structure of the NHS’ largely follows the overall programme trend in that the East of England participants generally perceived a higher impact than South programme participants across the different areas evaluated, with the exception of the NHS and healthcare economy learning areas. Interestingly these learning areas could arguably be considered a more foundation level area of knowledge, so this result seems surprising given that the South of England group are more experienced in comparison to the East. Qualitative feedback shows that those in the South who have recently changed role particularly valued this learning area within the programme and some feedback from more experienced commissioners suggests that this aspect of the programme was valuable as a refresher. The changing nature of the NHS and wider healthcare economy and the feedback from participants suggests this is a key learning area to include on any programme of this type irrelevant of participant experience levels.

“I think for me it came at just the right moment, because I was starting to work in a very different way, in a kind of completely different environment from what I was used to, so I think meeting other people who were also working in that environment from the commissioning side as well the kind of clinician side, trying to understand - yeah, I really needed to understand how everything fitted..."
together. I have a better overview of overall kind of - health economics and how all the different organisations work with each other as well, so for me that was really great, to meet up with other people who were working in the same area and also just to get an understanding how the whole system works."

“it was all absolutely brand new, and I really had very little knowledge, certainly of the technicalities of commissioning and of the wider national picture, so for me it was a godsend”

“in terms of the bits I found useful, I mean - it was useful having the navigation through the sort of arrangements within the NHS and the early parts of the programme. It was possibly a little bit overdone that, if I’m honest, I mean, I already knew a fair bit of it but it was quite useful as a refresher”

The understanding of relevant legislation and accountability frameworks and understanding of strategic priorities nationally showed some of the highest perceived learning impacts across both programmes.

“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.”
Participants on the East programme consistently scored themselves higher than on the South across each of the nine areas evaluated within this learning area.

Participants across both programmes generally scored the programmes impact on their leadership skills and abilities lower than in comparison to the hard skill areas covered by the programme. Many of the qualitative examples of impact from participants on both programmes however relate to the impact on leadership skills and qualities.

“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.”

East Programme

“I think it’s just made me - it’s increased my confidence and it’s given me some skills, some of which I can name and some of which I probably can’t name but I think I’m probably better at doing things that I don’t notice, and it’s improved communications and working with people outside my direct organisation.”

South Programme
Increased confidence was one of the most commonly reported impacts from both programmes. Participants perceive the programme has impacted their confidence in their work role (as shown overleaf in Figure 11). 100% of participants on both programmes also reported they feel more confident in the subject areas covered by the programme. This was supported by qualitative feedback; with three quarters of those interviewed across both programmes describing how the programme had increased their confidence levels in general.

An emerging trend seen in the feedback from South programme participants was an increased confidence in being able to challenge situations they would have previously felt less or unable to challenge prior to taking part in the programme.

“I’ve got a bit more confident in being able to challenge - I mean I had no idea that everybody felt as thwarted by their particular partnership Trust, I just assumed it was [Trust name] that was the issue.”

*South Programme*

“Being prepared to stick to my guns about things, and - so it’s been helpful in that point of view. I’d say that was the main thing I’ve gained from it. And perhaps being more assertive with other people in meetings as well.”

*South Programme*

Both programmes were perceived to have had a relatively low impact on participants communication skills however in both areas participants scored their communication skills high prior to beginning the programme which suggests the majority of participants felt these skills and abilities were well developed prior to beginning the programme.

East programme results did not indicate a significant result in relation to self awareness and South programme results did not indicate a significant result in relation to resilience, for the purpose of comparison both results have been excluded. Qualitative feedback does not indicate reasons for this, further exploration would be required to fully understand these results.
Comparing the perceived impact trends trend in Figure 12 shows that the South programme participants perceived a considerably higher impact on their ability to develop networks than those taking part in the East programme. This was the most commonly reported gain from participants on the South programme with 58% of those who took part in the survey reporting this and 100% of those interviewed stating that developing working relationships via networking on the programme was one of the most important aspects for them. Developing networks via the programme was also the most commonly reported gain for participants on the East of England programme with 35% of survey participants reporting this and 100% of those interviewed. The results suggest that although participants on both programmes saw developing relationships via networking as a key gain, the intense residential structure of the South programme over a relatively short time period and working with others during the local improvement project, was particularly conducive to effective networking.

“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”

East Programme

“-my project was actually working with somebody I met on the course, so actually it’s been brilliant because we’ve formed some real bonds there and we’re doing a really integrated project which has got off the ground so we’re really quite pleased about that .”

South Programme

“Certainly I’ve shared a lot of the stuff about the liaison work so that has gone up, one of the team did a project on payment for liaison psychiatry and that has been fed back to our organisations and that has started to impact the negotiations with our acute Trusts, so that was a very positive outcome.”

South Programme
Results for in the key learning area ‘commissioning skills and knowledge’ show participants in the East consistently perceive a higher impact when compared to the South. For participants in the East of England programme commissioning skills and knowledge was the lowest scoring in terms of pre programme ability scores with the average rating below 5 which contrasted with those in the South programme whose pre-programme scores were generally higher. This could also be explained by the fact that a higher proportion of participants on the East of England programme were less experienced and as a result felt less confident in relation to this learning area prior to beginning the programme.

Interview feedback from participants in the South of England suggests that for those who are more experienced commissioning skills and knowledge is perceived as an area of competence. In other cases the type and extent of the role appeared to influence whether or not aspects of the technical commissioning skills were required within the role.
“I’ve been in a commissioning role for quite a few years, so understanding the commissioning element of it - not that that’s a thing I do brilliantly anyway - it does mean that I know how it needs to be done, so my skills around sort of working cross-organisationally is I’d say quite good already.”

South Programme

“-in terms of resources, I haven’t been so involved in that, I’ve been much more I guess in the ideas and concepts part of things and I think probably my service redesign manager has been a bigger part of that.”

South 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!”

East Programme
Programme specific learning areas relate to themed workshops and identified priorities which were covered within the programmes during the period evaluated.

Comparison between the two programmes shows that the crisis care concordat was perceived as particularly useful by participants on both programmes. For participants in the East of England programme the crisis care concordat was amongst the highest reported relative increase measures from the programme with an average relative increase 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”  

East Programme

“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.”  

East Programme
For participants on the South programme this group of specific learning areas saw some of the lowest pre-programme ability scores which suggests these were key developmental areas for the South group. Post programme scores showed some of the highest average relative increase measures from all areas covered within the programme which suggests that the programme has been particularly effective in targeting the developmental needs of the South group.

This was also supported by qualitative feedback.

“The insights from doing that project has helped me understand and talk more confidently about the Crisis Care Concordat within our environment so I think the knowledge gained has given me a bit more wisdom and understanding that has been fed up the food chain as it were.”

South Programme

“I think the skills I learned on the course about how to negotiate and chair, looking at each work stream, which of the relationships that are going to be the most influential, which are the relationships I need to foster and prioritise and I think in the Crisis Care Concordat work particularly I have really benefited from that because you’re working across agencies and you’ve got a lot of people with a host of different agendas and, so I think using the principles of the course, I chair that group and its made me far more aware and confident in doing that, and again its allowed me to feel more confident in my challenges…..so I think in the Crisis Care Concordat work its been particularly key”

South Programme
Observed Impact: Third party Testimony

Third party results show contrasting observations in relation to the impact of each programme. Managers and colleagues of participants on the South programme observe a significant impact on hard skills contrasting with observations of participants on the East programme who observed an impact on soft skills.

Results suggest that the individualised, emergent approach of the East of England programme is particularly effective at impacting soft skills, improving participant’s leadership abilities, ability to influence, lead change and improve performance, and work effectively with other organisations.

Results suggest that the intensive approach of the South programme was more effective in impacting hard skills, including commissioning skills and knowledge, decommissioning of services and understanding of the crisis care concordat. The requirement of the South programme participants to apply learning during the work based local improvement project may be a factor in this.

Third parties were asked to comment on any change in practice observed and rate the impact of the programme on thirteen different learning areas:

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. Commissioning skills and knowledge
5. Communication skills
6. Leadership skills
7. Confidence
8. Influencing skills
9. Ability to work effectively in partnership with other organisations
10. Ability to build and maintain working relationships
11. Ability to support others to improve performance
12. Ability to lead change through people
13. Ability to manage conflict

Cross referencing third party results with self perceived ratings gives a validated impact score. This means that programme participants perceive the programme to have positively impacted their skills and knowledge, and colleagues and line managers have also observed a positive effect, which is arguably an example of organisational impact. All observed results reported are validated.
Interestingly comparison of the significant results between the South and East programmes (see Figure 15 above) show opposing results for each programme. Results highlighted in pink refer to significant results. For participants on the South programme, a positive impact is seen in three out of thirteen learning areas rated by third parties. These were seen only across hard skill areas including; knowledge and understanding of successful, safe and ethical decommissioning of services; knowledge and understanding of the crisis care concordat; and commissioning knowledge and skills. Although it is worth noting there was one exception to this; understanding of healthcare systems and the structure of the NHS, which did not have a significant result.

Curiously the results do not entirely link with the participants own perceptions, as although participants in the South did perceive a positive impact on their commissioning skills and knowledge, this learning area was amongst the lowest relative increases of those evaluated. Interview feedback indicated that the more experienced commissioners already perceived this as an area of competence or for some their role did not

### Third Party Impact Ratings South and East of England Programmes

<table>
<thead>
<tr>
<th>Understanding of healthcare systems and the structure of the NHS</th>
<th>South England Programme</th>
<th>East of England Programme</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Z</td>
<td>Asymp. Sig. (2-tailed)</td>
</tr>
<tr>
<td>-1.841b</td>
<td>0.07</td>
<td>6.4</td>
</tr>
<tr>
<td>Knowledge and understanding of successful, safe and ethical decommissioning of services</td>
<td>-2.032b</td>
<td>0.042</td>
</tr>
<tr>
<td>Knowledge and understanding of the crisis care concordat</td>
<td>-2.070b</td>
<td>0.038</td>
</tr>
<tr>
<td>Communication skills</td>
<td>-1.841b</td>
<td>0.07</td>
</tr>
<tr>
<td>Leadership skills</td>
<td>-1.826b</td>
<td>0.07</td>
</tr>
<tr>
<td>Confidence</td>
<td>-1.826b</td>
<td>0.07</td>
</tr>
<tr>
<td>Influencing skills</td>
<td>-1.841b</td>
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<tr>
<td>Ability to lead change through people</td>
<td>-1.841b</td>
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<tr>
<td>Ability to build and maintain working relationships</td>
<td>-1.633b</td>
<td>0.10</td>
</tr>
<tr>
<td>Ability to work effectively in partnership with other organisations</td>
<td>-1.841b</td>
<td>0.07</td>
</tr>
<tr>
<td>Support others to improve performance</td>
<td>-1.826b</td>
<td>0.07</td>
</tr>
<tr>
<td>Ability to manage conflict</td>
<td>-1.841b</td>
<td>0.07</td>
</tr>
</tbody>
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**Key**
- <0.01: Highly Significant
- <0.05: Significant
- >0.05: Non-significant
cover many of the technical commissioning aspects. In comparison to the East programme the impact perceived was much lower at 15% in comparison to 35% in the East.

For the South programme participants the soft skill areas relating to leadership, leading change, working with others and influencing, did not result in a significant result by third parties which is to a certain extent reflected by participants perceptions, as although participants did perceive a positive impact, this area saw the lowest relative increase of all learning areas.

In comparison, the East of England programme results show a significant positive impact in five out of thirteen questions rated by third parties and these were seen over the soft skill areas including, leadership skills, working effectively with others, supporting others to improve performance and influencing skills.

The third party results for the East programme did not result in any significant results relating to the hard skill areas including commissioning skills, and knowledge and understanding of the crisis care concordat. These results appear to be at odds with participant's perceptions, as these learning areas were amongst the top three relative increase areas for the East of England group.

The results do highlight differences between perceived and observed impact on skills and knowledge although further exploration would be needed to fully understand why this is the case.

While both programmes included hard and soft skills within their programme content the results suggest that the shorter more intensive approach of the South programme was more effective in impacting the commissioning skills and knowledge of participants and knowledge of the crisis care concordat. The requirement of the South programme participants to apply learning via the work based local improvement project may also be a factor in this which was reflected in the interviews with participants.

“I think the project did highlight to me how you need to put a business case together and you need to actually cost things, so I think it’s been developmental - there was another thing that happened as well, we bid for our [local] service and that was something separate, and I learned a lot there because we had to put a tender in and things and I learned a load about what money we were spending and things. So it’s difficult to pick out exactly, but certainly I think that doing the project helped a lot because I’ve had to look at the cost of doing the project and that helped me learn a bit.”

South Programme

“the insights from doing that project has helped me understand and talk more confidently about the Crisis Care Concordat within our environment so I think the knowledge gained has given me a bit more wisdom and understanding”

South Programme

“the project was a great opportunity as well, to have to apply things in practice….. it was the first project I’d managed because I was so new in post, so it was that - finding a project for me to manage coincided with the course so I was able to pick and choose really which one….. I wouldn’t have done it otherwise.”

South Programme

For participants on the East of England programme the results indicate that the programmes strengths are in developing leadership skills and qualities, enabling participants to effectively influence, lead others through change and work effectively with other organisations. This suggests that the individualised, emergent approach of the East of England programme is particularly effective at impacting soft skills

“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.”

East Programme
“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” 

East Programme

There were five out of the thirteen areas evaluated which although resulted in a positive result, were not found to be significant on either South or East programmes. These were:

- understanding of healthcare systems and the structure of the NHS
- communication skills
- confidence
- ability to build and maintain working relationships
- ability to manage conflict

Interestingly confidence did not result in a significant result despite all participants on the programme perceiving increased confidence and qualitative feedback from third parties supporting this, although it is worth noting that the results could be due to the small sample size involved. Further exploration would be needed to fully understand the reason for this.

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: East Programme

“More confidence in dealing with and managing organisation performance”

Head of Mental Health Commissioning South Programme

Barriers to applying learning were explored with participants resulting in similar feedback from both South and East programme participants with time and conflicting work pressures a key barrier for both groups. In the East financial constraints were also identified as a barrier and commissioning cycles for those in the South.

It is also worth noting that 60% of participants on the East programme indicated that they were not able to attend all of the workshops they would have wished to, versus 25% of participants on the South programme. Of these the majority (83%) of those on the East of England programme cited conflicting work pressures as the reason they could not attend, while reasons in the South tended to be related to personal situations such as annual leave and illness. It is worth highlighting that as part of a national initiative the South programme did receive high profile national support which could be a supporting factor in terms of encouraging participants to prioritise attendance over other conflicting priorities, although further exploration would be needed to understand this.
East Programme Case Study: Rachel, GP Commissioner

Rachel has been in the role of GP Commissioner for 4 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 to influence decisions in meetings.

“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
South Programme Case Study: Katerina, GP Commissioner

Katerina has been in the role of GP Commissioner for 4 years and found the experience enjoyable but as a more experienced GP commissioner initially felt the programme had not impacted her in any way.

“Well I enjoyed it, so that was good. It’s really nice to take a day out. It’s really nice that what we were doing was worthwhile enough to put all that effort in. And there is a lot of effort put into it, you can see that. I mean, for example your evaluation of it shows it was really well thought out.”

“there were no light bulb moments. Possibly - I mean, it’s a bit unfair because I have done lots of this stuff before.”

“I think I would have found it more helpful to have one or two specific - either case studies or various things rather than just a lot alluded to and not gone into in detail. But I’m also aware that you can’t just do a course for what one person wants.”

When reflecting on the programme however, Katerina recalled how the “experts by experience” and the public health information sections of the programme have subsequently influenced her practice and she has used both of these resources since attending the programme. A colleague has also observed that Katerina’s confidence has increased when dealing with and managing organisational performance.

“the Public Health England information, where you can get information about your area, that was quite an interesting thing and I have used that information since, so - I can’t remember what the session was called, but it was about getting information about your locality, which is fairly new, which is more available. So that helped me prepare one or two presentations.”

“-experts by experience, and the amount of work that had to go in to enable them to help us, so - I mean, I know they’d met with them before, somebody was with them throughout and then they were debriefed after talking with us, so that was quite a large amount of work that went in and in fact that was very useful to hear what they had to say. - we have actually used experts by experience once since, so maybe the answer is yes [it has impacted work I have done subsequently], I hadn’t before in the teaching session I was doing"

Katerina felt that the most valuable part of the programme to her was getting to know others via the programme particularly as a starting point for succession planning.

“the big thing I’d hoped to come out from it is to actually try and keep the others that came along from the other CCGs on board, so - and it’s the first time they’ve joined me and you know, talk about succession planning and all that kind of thing, and we can actually - it’s been quite difficult to take that forward, and if that happened then it would have been worth its weight in gold.”

“It’s the first time I’ve - one of them I’d worked with quite closely already and one was - really hadn’t wanted to do any more, but one of them - it was the first time I’d worked with her and she’s a potential leader.”

Please note case studies have been anonymised
Conclusion

The evaluation illustrates that both South and East programmes have positively impacted the perceived skill, knowledge and understanding of those who have taken part, across eight key learning areas evaluated. All participants reported increased confidence as a result of taking part in the programme.

There were marginal differences in relation to participants experience and satisfaction with the programme structure. Feedback from participants in the South programme indicated that in groups which contained mixed roles, the focus and content was more targeted to GPs which resulted in some aspects being less relevant to non-GPs. Participants in the East programme were also in mixed role groups but were 100% positive in relation to the relevance of the programme content which could be a result of participants involvement in suggesting topics and content for future workshops on the East programme.

The highest perceived impact by participants from both programmes was the crisis care concordat, which suggests that this subject area is seen as particularly useful by participants.

Generally participants in the East programme perceived the programme to have a higher impact on their skill, knowledge and abilities than those on the South, with those taking part on the East programme scoring higher on 31 out of 38 learning areas than participants on the South programme.

Exceptions to this were:

- Key organisations within the NHS and wider health economy and their roles
- How organisations fit together within the NHS and the wider healthcare economy
- Relevant legislation and accountability frameworks
- Parity of esteem SMI CQUIN
- Interpreting dataset’s
- Developing networks
- Building and maintaining relationships

Some contextual factors do potentially explain this result. Interpreting datasets was covered intensively within the South programme. Understanding of healthcare Systems and the Structure of the NHS was a surprising result given that this learning area is arguably more foundation level and the South programme consisted of a higher proportion of more experienced commissioners than those in the East. Qualitative feedback indicated however that this information was a useful refresher for the more experienced and given the changing nature of the NHS and wider healthcare economy this suggests that this learning area is beneficial for both experienced and inexperienced groups. The local improvement project which participants in the South were required to complete may also give some explanation to the impact on developing networks and building and maintaining relationships as qualitative feedback describes examples of new relationships forged as a result of this programme module.

Third party results show contrasting observations on the impact of each programme. Managers and colleagues of those on the South programme observe a significant impact on the hard skills of those attending contrasting with observations of those on the East programme who observed an impact on soft skills.

Results suggest that the individualised, emergent approach of the East of England programme is particularly effective at impacting soft skills, improving participant’s leadership abilities, ability to influence, lead change and improve performance and work effectively with others.

The crisis care concordat learning area was perceived to have had the biggest impact of all key learning areas by participants in the South programme. This was also validated by third party testimony results, which suggests that the South programme was particularly effective at developing the skills and knowledge
of participants in relation to this learning area. The results also indicate that the intensive approach of the South programme was more effective in impacting hard skills, including commissioning skills and knowledge and understanding of the crisis care concordat. The requirement of the South programme participants to apply learning during the work based local improvement project may be a factor in this.

Differences were seen between perceived and observed impacts. Surprisingly a positive increase in confidence was not observed by third parties, despite 100% of participants reporting a positive impact on this. Some qualitative feedback from third parties did relate to observing increased confidence in key working areas. It is worth noting that the results could be due to the small sample size involved, however further exploration would be needed to fully understand the reason for this.

Barriers to applying learning were explored with participants resulting in similar feedback from both South and East programme participants with time and conflicting work pressures a key barrier for both groups. In the East financial constraints were also identified as a barrier and commissioning cycles for those in the South. Attendance of workshops due to conflicting work pressures was also a key barrier for participants of the East programme which was not the case for those in the South. This highlights the potential benefit of high profile national support which could be a supporting factor in enabling participants to prioritise attendance.

**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 potentially increase the number of third party testimonies gained within future evaluations.

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