Outline of roles and responsibilities within the Children and Young People’s IAPT Programme

1. Purpose of this document

The purpose of this document is to set out in brief the roles and responsibilities which have been agreed within the Children and Young People’s IAPT programme (CYP IAPT).

This document gives a brief overview of the team at NHS England and their role, and summarises the undertakings for members of learning collaboratives.

2. NHS England, NHS IQ and Children and Young People’s IAPT Programme Team

The IAPT Programme sits within NHS England. The Children and Young People’s Programme is a part of the overall IAPT Programme. The programme governance structure can be seen in appendix 1.

The overall commission for the programme is from the Government, and was set out in Talking Therapies: a four year plan of action. Norman Lamb MP is the Minister for Care Services, and like his predecessor, takes a personal interest in the programme and receives regular submissions about its progress. The programme is also reported monthly to the Prime Minister and Deputy Prime Minister.

The original commission for the programme was given to the Children, Families and Maternity division and the Adult Mental Health division. After the move to NHS England the Programme sits within Domain 2 (Long term conditions) under Martin McShane as Senior Responsible officer (SRO), but with clinical leadership from the National Clinical Director for Children, Young People and Transition to Adulthood, Dr Jackie Cornish, who sits within Domain 3 (Recovery). Dr Cornish chairs the CYP IAPT Expert Reference Group, and this group in turn reports to the IAPT Programme Board which in turn reports to the MH System Board (chaired by the National Clinical Director for Mental Health, Geraldine Strathdee, and the Director General at DH John Rouse), then to the Ministerial Advisory Group responsible for delivering the DH MH Strategy “No health without mental health”.

On a day to day basis, the Programme is run by a programme team which includes:

- Peter Fonagy is the National Clinical Advisor for CYP IAPT
- Miranda Wolpert is the National Informatics Lead who focuses on Children and Young People
- Mick Cooper is the National Adviser for Counselling for CYP IAPT
• Ann York chairs the Service Development Group
• Kevin Mullins is the overall IAPT Programme Lead
• Kathryn Pugh is the CYP Programme Lead
• Anne O’Herlihy is the CYP Extended Scope Programme Manager
• Margaret Oates is the Informatics Programme Manager who works across all IAPT programmes
• Faye Henney is the CYP Programme Support Officer
• Rose Palmer, based in UCL in Peter Fonagy’s team, coordinates work on communications
• Christine Jackson, based in UCL coordinates the accreditation, curricula and collaboratives meetings.

The programme has close links to the E-Portal Programme for Children and Young People’s Mental Health, MindEd led by Raphael Kelvin, formerly the DH Professional Advisor for CAMHS who was a key member of the original programme team when it was based at DH. AOH and PF sit on the Steering Committee of MindEd and MC has major responsibility for content aimed at counselling community. Professor Shirley Reynolds (lead for the Reading Collaborative) has responsibility for ensuring that CYP IAPT taught material concerning therapy is transferred to the MindEd site as appropriate.

3. What is the role of the Programme Team?

The Programme Team coordinates the programme as a whole. All members of the team contribute to the overall project and members of the programme team sit on working groups as appropriate, linking closely together as their roles are complementary in achieving the overall service transformation. Members of the project team link into other projects related to CAMHS in which CYP IAPT has a direct interest e.g. development of the CAMHS MDS and Payment by Results.

The dedicated roles within the project team with specific responsibilities are:

• The National Clinical Advisor, Peter Fonagy, oversees the clinical aspects of the project and the delivery of service transformation through implementation science methodology. He oversees the development of the relevant curricula, chairs the Education and Curriculum Task Groups, Core Collaborative meetings, the Accreditation Council and advises the SRO and National Clinical Lead for Children, Young People and Transition to Adulthood.

• The National Informatics lead, Miranda Wolpert, chairs the Data and Outcomes Group which developed the data set and outcome monitoring protocol and advises the SRO and National Clinical Lead. She links closely with the equivalent post in the adult team, and with the other chairs of the Task and Finish Groups.

• The chair of the Service Development Group, Ann York, oversees the service transformation aspects of the project. Her group sets the offer for CAMHS
partnerships for each phase or year of the programme, reviews the syllabus for service managers and offers support and advice to HEIs.

- The National Lead for Counselling in CYP IAPT, Mick Cooper is responsible for the development of the MindEd counselling curriculum which will support counsellors to use evidence based approaches and outcomes in their work. His role is particularly important in identifying ways to improve links between specialist CAMHS and counsellors in every setting, to improve care pathways.

- The Programme Lead, Programme Manager, and Programme Support Officer (Kathryn Pugh and Anne O’Herlihy and Faye Henney) coordinate the project as a whole. They are responsible for the business planning required by NHS England Health. One or more of them attend all Task and Finish Groups, and are responsible for ensuring all members of the project team are aware of milestones, progress and any risks. They provide a link from and to NHS England for the Collaboratives. They manage the processes for the programme, for example, ensuring the Collaborative bidding process from inception to completion. They have overall responsibility for communications by the project.

On an individual level
- Anne leads on the new curricula and their implementation
- Faye leads on MOUs, and payments

4. What are the reporting systems for the programme?

- Each quarter, sites and collaboratives are asked to complete a monitoring report which is summarised and discussed by the project team, chairs of the task groups, and fed back to collaboratives and sites.

- Central collation of data, with analysis at a collaborative and national level of key indicators is provided by CORC Nexus. There is a quarterly timetable for returns from CYP IAPT trainees and the whole Tier 2 and 3 services. This is an analysis of secondary data only, and partnerships will need to put in place robust primary data collection systems to feed into the national collection.

- The project gathers lessons learned at the end of each year which are shared with all collaboratives and will be placed on the web.

- Reporting on how the CYP IAPT budget has been spent. The budget is allocated at an indicative level, with local flexibility within the collaborative and the partnership as to how the money is spent to achieve the commitments given at the bid stage. For example, an area may wish to fund more supervisors training or more participation by using backfill budget. The Programme team will not dictate how the money is spent on individual items but will need a report detailing the spend.

- The programme reports quarterly to the CYP IAPT Expert Reference Group, and the IAPT Programme Board.
5. What does the Programme Team offer to the Collaboratives?

The Programme Team
- Relates strategic advice from the IAPT Board via the Expert Reference Group
- Supports the collaboratives to develop a national learning network
- Is available to attend local Collaborative Steering Group or Board meetings by invitation and visit collaboratives
- Where a site is experiencing difficulty, the programme team can call or visit as appropriate. Any letters arising from visits are copied to local commissioners and the NHS England Local Area Team.
- Monitors progress
- Coordinates meetings across the collaboratives
- Answer queries in relation to CYP IAPT Service Transformation Program as these emerge in between formal meetings
- Provides information regarding aspects of the curriculum, dataset and core offer and update information in a timely and accessible manner
- Involves the existing collaboratives in the development of further phase offers
- Facilitate the development of a national network of CAMHS transformed by CYP IAPT
- Ensures the finances for the project are appropriately sent to relevant organisations for onward distribution
- Communicates the learning from the project and service models which emerge at a national level
- Escalates and mitigates risks as they arise to the ERG, Programme Board and RAG as necessary

6. The Role of the Collaboratives

The collaborative is the mechanism for service transformation through mutual learning, support and delivery of evidence based practice.

Each collaborative is made up of one or more HEIs and a network of CAMHS partnerships. The programme does not proscribe the governance structure for collaboratives and this is something for members of a collaborative to decide as equal partners. Whatever the structure, collaboratives should be represented at group meetings by both the HEI and representatives from partnerships.

The role of the collaborative is to create a ‘best practice hub’ for the translation of research findings into practice, directly influencing the existing partners but also providing a beacon of excellence to encourage good practice across CAMHS as a whole.
The collaboratives do not performance manage local CAMHS but together with other partnerships they should support colleagues to ensure the aims of the programme are met, including at times challenge. Each collaborative has a project manager who is the main conduit to the central team to share information from and to the collaborative. The designated project manager is asked by the central team to coordinate aspects of the programme – for example circulating information, chasing sites monitoring data, feeding in new developments and initiatives or overall challenges and difficulties sites are experiencing.

The project aims to maintain the existing collaboratives throughout the life of the project, so that in each year new partnerships can join the existing collaboratives, benefitting from the learning from those which have gone before and mentoring.

Collaboratives increase in size as new Partnerships join the collaborative each year with mentorship and support being offered to newcomers by services already members of the Collaborative at therapist, supervisor and management levels.

Training is commissioned through North Central and East London LETB, with the funding formula for partnerships based on the number of therapists.

The bidding process required members of the collaborative to commit to a series of undertakings linked to their role in the overall collaborative.

Collaboratives as a whole undertook to:
- Work with other partnerships and the HEI or training providers
- Work with the National Project team to monitor outcomes and evaluate the project
- Become part of a network of other collaborative across the country
- Agree to develop a clear governance structure to steer the collaborative
- Provide data required by the Central Team to ensure quality control

HEIs undertook to:
- Assist local partnerships to select supervisors and trainees with the appropriate level of competency
- Support the National Team to evaluate the project
- Ensure input from young people and families into curriculum and delivery
- Deliver training which meets the needs of trainees living and working at a distance
- Work towards accreditation of the teaching programme, including undertaking remedial action if required

Partnerships undertook to
- Ensure access and waiting times to treatment do not deteriorate during the training period as a result of this project
- Ensure that the transformation takes account of the cultural needs of the community they support
- Commit to all Tier 3 CAMHS, and Tier 2 CAMHS who are part of the project, undertaking session by session/frequent outcome monitoring using the CYP IAPT dataset which is used to guide therapeutic interventions and supervision
• Move over the life of the project to accept self referrals
• Create a local steering group to steer the project locally to include health and local authority commissioners, NHS and voluntary sector providers
• Support new partnerships working with their collaboratives as they come on line in future years
• Work with the HEIs to select appropriately skilled trainees and supervisors
• Ensure that trainees, supervisors and service managers selected to undergo the training can attend training and can undertake the assignments necessary to pass the training
• Ensure that the infrastructure and data systems are sufficiently robust to allow data collection of the IAPT data set and ensure data is sent as required
• Agree that data sent to the programme office becomes the property of the Children and Young People's IAPT Programme
• Receive and transfer all funds in accordance of the objectives of the project, and ensure that, as NHS bodies evolve, that organisations which may follow on in the commissioning role are aware of, understand and accept the commitment to the IAPT project
• Fulfil the pledges made during their interview to involve children, young people and parents in service delivery and change
• Participate in a process of service accreditation and complete reports relevant to this

FAQs

a) Is the HEI or are the partnerships the leaders in a collaborative
The governance structure is determined by the collaborative not the programme.

b) What is the management fee for?
The management fee is a contribution to the costs of running a collaborative as an entity. Its purpose is to support the collaborative to run smoothly – so some time may be needed by clinical leads to discharge their duties over and above what might be expected in running a course. It is not, for example, for detailed day to day routine outcome data collation by sites, or participation work both of which are covered by other budgets. It funds for example project management time for the collaborative as a whole.

c) Who performance manages?
  o The CYP IAPT programme team is responsible for ensuring that the programme stays on track.
  o Members of collaboratives – be they HEIs or partnerships, should report any concerns about sites slipping behind to the programme team who will discuss who should take what action.
  o HEIs are responsible for delivering the outreach training and supervision support which may need to be targeted to sites in difficulty.
  o HEIs are responsible for accepting, training and examining students
  o Local commissioners performance manage local services
d) **What happens if a partnership is failing to deliver on its promises?**

We want every site to succeed. In the first instance we hope that the training programmes will address difficulties, escalating to the collaborative as a whole to offer challenge and support through governance structures. Every site has signed up at a senior level to deliver on promises so in the first instance the programme team will meet with senior managers in the partnership. If a site is still not delivering, the programme may block further investment until such time as the local sites is agreed to be back on track with an agreed action plan with deliverables.
Roles and responsibilities v8

Key: ---- the dashed links indicate shared governance with the e-portal
SFT: Systemic family therapy curriculum group (conduct disorder, depression, eating disorders)
IPT: Interpersonal psychotherapy for adolescent’s curriculum group (depression and / or anxiety)
CBT: Cognitive behavioural therapy curriculum group (depression and anxiety)
Parenting for 3 to 10 year olds: Parenting programmes (conduct disorder) acronyms