

Leading Psychological Services

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*A report by the Division of Clinical Psychology,
The British Psychological Society*

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Leading Psychological Services

The content of this document incorporates guidance from Division of Clinical Psychology on Organising, Leading, and Managing Psychological Services for applied psychologists, from pre-doctorate through to Director Grade. This document is based upon a recent research project (Coak 2006)¹, the wider research literature, and the work undertaken for the New Ways of Working project.

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This document was prepared on behalf of the Division of Clinical Psychology by Dr Alison Coak, Clinical Psychologist in association with Tim Cate, Consultant Clinical Psychologist, and DCP Chair. The major part of this work was completed by Alison Coak during an organisational placement undertaken whilst on the Doctoral Programme in Clinical Psychology, University of Teesside.

¹ *Leadership Project* is an unpublished research project conducted as part of organisational placement, which used an action research approach to organisational development.

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Executive Summary

“Leading Psychological Services,” asserts the position of Clinical and other Applied Psychologists, in terms of their leadership roles in relation to service delivery.

Produced by the Division of Clinical Psychology, this document outlines the key drivers for change in Health and Social Care. It considers issues pertinent to service design and the many facets of Leadership that need to be addressed by all. The document is tailored to inform Clinicians, Service managers, Commissioners, leaders, and those in leadership roles across multiple agencies in the UK.

In a demanding environment, this document based upon extensive consultation and an action research project identifies the key leadership roles for Clinical and other Applied Psychologists and emphasises the following key points –

Clinical Psychologists have key roles in all agencies to provide Leadership at Executive, Consultant and Clinical leadership levels.

The position of a Director of Psychological Therapies Services, at an Executive level in an organisation is vital for improving access to and availability of psychological therapies and services and ensuring that there are strategic development systems and processes designed to improve the psychological health of the workforce.

The guidance also emphasises the need for developing the leadership capacity and skills of Consultant and Principal level applied psychologists, who can apply their knowledge and skills to think and operate psychologically at a strategic level.

The development of front-line, ‘clinical leadership’ capacity is considered critical in the development integrated team working. Throughout the document the potential leadership roles and the added value of Clinical Psychologists is highlighted.

Finally, developmental needs for the Profession across the career span in the context of developing Leadership skills and capacity are identified and recommendations made on how these can be enhanced and improved.

Introduction

This document is primarily for commissioners, managers, and professional leads of psychological services, but will also be of interest to applied psychologists and other health professionals with specialist training in psychological approaches. It focuses on the need for leadership and leadership development in relation to delivering psychological services.

It is important to highlight that the term 'services' will apply to providers of health and social care from across the public, voluntary, and independent sectors. It is intended to be applicable to all settings and across the lifespan. It endeavours to take into account, as far as possible, recent, imminent, and future government initiatives that will be driving developments and reform in service delivery.

In the current political climate, all professional groups are clarifying their roles and contribution to service delivery. Applied psychologists represent an extensively trained, scarce resource that is diverse in roles and function.

The recommendations made in this document were developed for applied psychologists but the theme will be applicable to other professional groups, as strong leadership is needed across all professional groups.

How to use this document

The target audience for this document is diverse and the relevance of each section will depend on the needs of the reader.

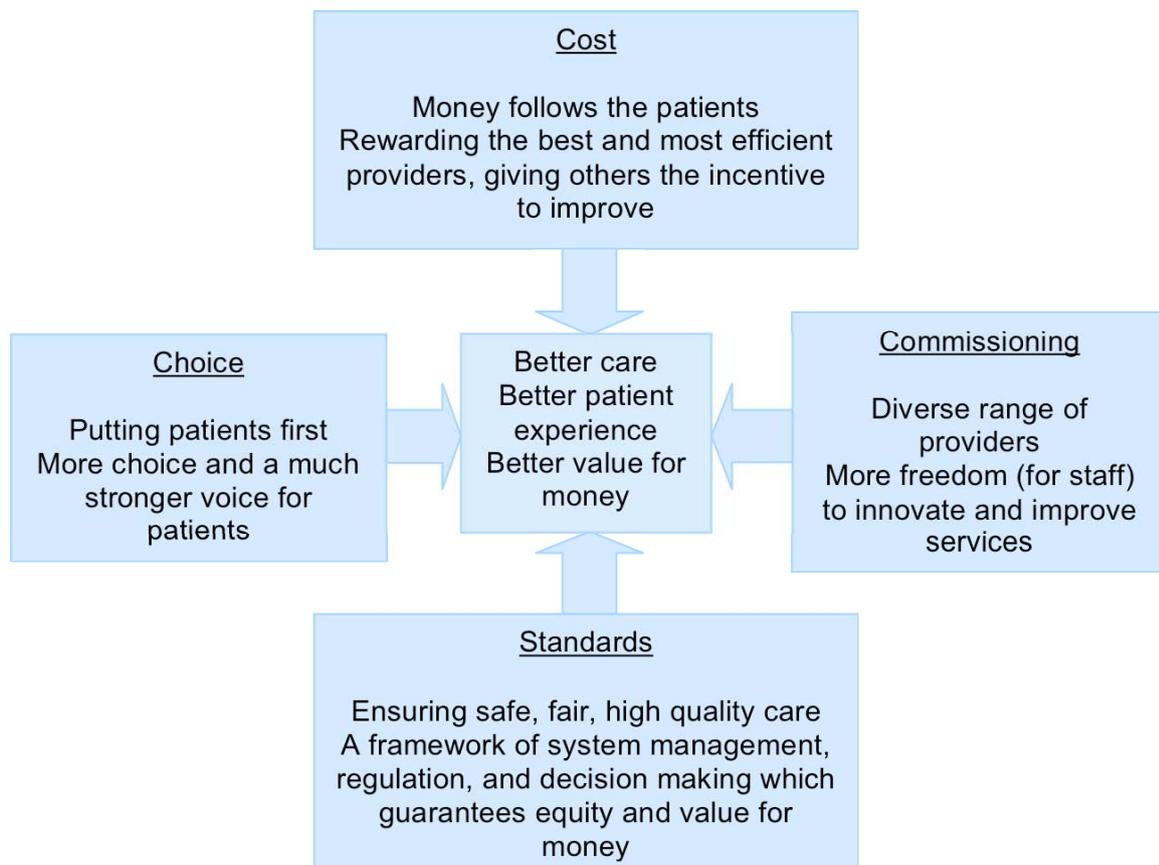
Quick summaries of the key issues facing each of the main stakeholders associated with leading and the delivery of psychological services can be found at the end of section one.

The Reform Agenda

The organising framework for health reform initially described in the *NHS Plan* (DH, 2000a) was laid out again in *Health reform in England: update and next steps* (DH, 2005d).

The reform agenda is made up of four strands that are dynamically related and interdependent. This means that if one area of reform fails, the whole agenda will fail.

The framework is a set of supporting reforms, intended to provide systems and incentives, which drive improvements in health and health services, increase responsiveness to patients, and reduce inequalities in health.



Organising Framework for Health Reform (DH, 2005d)

National Context

The Government's current vision for future health and care provision emphasises well-being and recovery, social inclusion, independence, equality and diversity, choice, and working in partnership (between services and service users).

The integrated community health and social care White Paper *Our health, our care, our say*, (DH, 2006a) covers all aspects of care that people need in the community. This document was the result of extensive public consultations, carried out by the government to find out what people want from health and social care services. They found that the public want:

- More choice about services
- More care available outside hospital and closer to home
- To take personal responsibility for their own wellbeing and to be supported in caring for themselves
- Better care for those with long-term conditions

This sets the scene for future service delivery, which will see increased control and choice being advocated for patients.

Services will be provided closer to people's homes or workplaces, using a variety of settings (i.e. libraries, adult education centres) and health and care services will work together across the lifespan. New technologies will be needed to help people to help themselves and allow them to become more involved in shaping local services (DH, 2006a).

A further consideration for commissioning will be the future role of local government and other central commissioning agencies, and the potential organisational mechanisms of Children's Trusts, Older People's Trusts and third sector providers.

Health and social care organisations could lead or work together, as a consortium, developing strategies to commission services on a functional (i.e. adult, older adult, children etc) rather than organisational basis.

There will also be a greater emphasis on *well-being* rather than *illness*, which will lead to a growth in preventative interventions and health promotion. Social inclusion, equality, and diversity will also receive increased attention and will need to be incorporated into future strategies to improve the health and well-being of the population.

Following the publication of *Delivering Race Equality in Mental Health Care* (DH, 2005c), the Government committed to reduce the disproportionate rates of hospital admissions and compulsory detentions of people from Black and minority ethnic backgrounds by 2010.

Revision of the Mental Health Bill will also have major workforce implications. Currently, treatment under the Mental Health Act (1983) can only be enforced in hospital. The new proposals extend these powers to allow treatment to be enforced in the community.

As part of the revised Mental Health Bill, there are also proposed changes to the role of responsible medical officer (RMO). Renamed as clinical supervisor, the range of professionals eligible for this role will be extended. Mental health professionals with the appropriate skills and competencies will be eligible to undertake further training before being approved to take on the role.

Psychiatrists, psychologists, nurses, social workers and occupational therapists may all be eligible for the role. The proposed legislation will also have implications for people who come under the Capacity Act (2005). This Act provides for people who do not have decision-making capacity and there are significant overlaps with the Mental Health Bill.

1. Organising and Managing Psychological Services

The 1996 Department of Health report on *NHS Psychotherapy Services in England: Review of Strategic Policy* (DoH, 1996) was the first document of its kind to be published in England.

This was followed by the 2001 evidence based guideline *Treatment Choice in Psychological Therapies and Counselling*.

The Department of Health (Department of Health, 2001) *Treatment Choice in Psychological Therapies* summarises those disorders found to benefit from talking therapies, and specifies which therapeutic approach is beneficial in which condition.

Depression, anxiety, panic disorder, social anxiety, and phobias, post traumatic disorders, eating disorders, obsessive compulsive disorder, personality disorders, including repetitive self-harm were all found to benefit.

Together, these two documents collated evidence for the effectiveness of psychological therapies and offered practical guidance about how to drive forward the evidence based practice agenda.

In addition to this, The NHS Plan (2000a) and the Priorities and Planning Framework (PPF) for 2003-6 set out a number of proposals for new teams and services to fast-forward the mental health National Service Framework (NSF) and modernise services.

Effective psychological therapies for common disorders were addressed specifically in the PPF (2002) target to develop new workers in primary care.

The role of applied psychologists and the importance of psychological approaches were enshrined in the National Service Frameworks for Mental Health (DH, 1999), Children, Young People & Maternity Services (DH, 2004), and Older Adults (DH, 2001).

The role of psychological approaches in the care of people with physical health conditions and their families and carers is set out in the NSFs for Cancer (DH, 2000), Coronary Heart Disease (DH, 2000), Diabetes (DH, 2001), Renal Services (DH, 2004; 2005), and Long-term (neurological) Conditions (DH, 2005).

Building on the information contained in the above documents, *Organising and Delivering Psychological Therapies* was published on behalf of NIMHE (DH, 2004b). The document provides a model of good practice in the management, training, access, choice, and supervision of psychological therapists.

The main action points that came out of this document were to:

- Improve access to therapies to avoid long waiting times. This can be assisted by defining clear 'care pathways' to psychotherapeutic help for different psychological conditions
- Attend to the psychotherapeutic needs of different groups: for example, older people, ethnic minorities
- Involve users in choosing the most appropriate therapy for their condition and situation. This in turn would require psychological therapy services to provide more effective information about their services and how they can be accessed, to both users and potential referrers
- Have systematic training in psychological therapies for mental health professionals supported by specialist supervision once they return to the workplace
- To offer clear leadership, both professionally and managerially, best achieved through the development of an organisation wide body i.e. a Psychological Therapies Management Committee (PTMC). This was recommended to oversee the implementation of good practice in the delivery of psychological therapies and any Department of Health principles

The National Institute for Health and Clinical Excellence (NICE) has recommended that a range of psychological therapies be made available on the NHS. There is persuasive evidence of their effectiveness and cost-effectiveness in improving outcomes for people experiencing a range of common and severe mental health problems.

NIMHE has highlighted care pathways as an important system for targeting appropriate interventions. Although care pathways are increasingly available, they do not specify levels of skills needed to provide specific psychological interventions.

However, the Healthcare Commission standards highlight the need for monitoring of skills, training, and supervision, within an auditable framework.

Models of Service Delivery

Organisational effectiveness is contingent on the degree of congruence between the organisation's external environment (whether static or dynamic) and the internal structure (either mechanistic or organic). This approach is largely descriptive, and may have limited, if any, causal features.

Defining preferred models of service organisation and delivery is therefore not appropriate. Instead of prescribing a 'best' model for service delivery, guiding principles for services may be more helpful.

Key Guiding Principles for Organising Psychological Services

- Board level representation specifically for the delivery of Psychological Services and adopt a competency-based approach to informing commissioners
- Services must be aligned with the vision of future service delivery and the key external drivers for organising Psychological Services
- Chartered psychologists could facilitate external understanding of the profession and improve their attainment of collective aims by aggregating and working together under the title of 'Applied Psychologist' rather than clinical, counselling, health, or forensic
- Need to consider how psychological therapies and approaches are organised and delivered in multi-professional, multi-disciplinary context
- The overarching approach of applied psychologists is the application of psychology across the whole of health and social care
- Leaders or those with a leadership role in service delivery need to be business-minded, politically aware, demonstrate alignment to the organisations strategic objectives

Future Challenges

The future landscape of work within health and care services will be much broader, more diverse, and continually changing. The task for all professions will be adapting to these changes.

In a relentlessly evolving healthcare environment, the use of work groups or teams can allow flexibility in working and the generation and implementation of innovative services. The delivery of the reform agenda will see continued and expanded use of multidisciplinary team-based working. Teams need to take a lifespan approach, seamless across community and hospital settings and across specialties.

Team integration of all professional groups needs to be balanced with sufficient professional and governance support. This state of perpetual change creates the need for strong leadership that can lead others in the process of change and is in its self, adaptable to the constantly changing environment.

Three of the major challenges for psychological services will be:

- Service Organisation and Delivery
- Workforce Modernisation
- Leadership

These issues are interlinked and have implications for the role and function of applied psychologists, and other health professionals involved in the delivery of psychological services.

Service Organisation and Delivery

In the future, there will be a multiplicity of providers and this may lead to an increased desire or need for those currently employed in the public sector to consider employment opportunities in the independent or voluntary sector. As the use of a multi-disciplinary, team-based approach to organising services increases, the need for departmentally organised Psychological Services may reduce.

To facilitate the governance of psychological services, promote standardised practice, and allow equal access to appropriate interventions, psychological therapies networks, operating as virtual teams across an organisation could offer a way of organising psychological services in the future.

Leadership and management of such services would not necessarily need to be by an applied psychologist, but individuals will need to demonstrate complex organisational leadership skills and be supported by the presence of a representative of psychological services at board level.

Despite the general decreased need for departmentally organised psychological services, there may continue to be a small niche market need in some areas such as Specialist Psychotherapies and Personality Disorder services.

The arrangement and alignment of these services in relation to services provided within in multi-disciplinary based settings will be another potential challenge of service delivery in the future context.

Workforce Modernisation

To support the vision of a patient-led NHS a key area of development is workforce modernisation. This aims to provide flexible, productive working practices and deliver the changes in practice and culture needed to support the reform agenda.

In the light of the changes and developments in the provision of health and social care, the role of applied psychologists urgently needs to be clarified. The major changes currently being made in the way that services are delivered and to the roles of all health professionals will be redefined in accordance with these.

Applied psychologists are a scarce resource and their skills need to be targeted to where they will be used most efficiently. It is essential that applied psychologists take responsibility in considering their contribution to service delivery, clarify their position in relation to these changes, and actively contribute to the change process. This will entail considering which aspects of their current role could be carried out by others with less training.

Investment has been made in new contracts for almost all NHS staff to support greater flexibility and the need to move away from traditional occupational roles towards defined competencies.

The Ten Essential Shared Capabilities: A Framework for the Whole Mental Health Workforce (ESC), published in 2004, sets out the minimum requirements or capabilities that all staff working in mental health services across all sectors should possess (DH, 2004d).

Supporting this, National Occupational Standards (NOS) set out the key roles for the delivery of mental health services; the standards to be achieved by way of performance criteria; and the knowledge and understanding required to deliver the key roles. They provide specific evidence in support of Knowledge and Skills Framework (KSF) skills escalator.

The KSF is designed to help in the development and review of staff employed in the NHS and provides the basis of pay progression (DH, 2004c).

For staff undertaking training, their focus should be on the ESC. For qualified staff that will have the ESC and given the importance of the Agenda for Change initiative and the link to annual appraisal of performance, the immediate focus will be to consider which areas of the KSF apply and to measure their detailed progress by way of the NOS.

Linked to this, is the concept of capable teams and skills mix. Future workforce planning will not be based on traditional methods of numbers per head of population. Rather, managers will look at the skill mix needed to deliver the service. This will be done in terms of competencies and costing to determine what mix of skills are needed to meet the needs of service users and then which health professionals and bandings are best able to meet this need.

Applied psychologists must clarify their role and articulate to managers and commissioners of services what they are getting for their money, in a way that is understandable and linked to service needs and outcomes.

If Applied Psychologists do not take this opportunity, they risk being viewed at best, a luxury and at worst as an expensive alternative.

New and innovative ways of working are essential because services are changing. Future service delivery will consist predominantly of multi-disciplinary and multi-professional teams, which will need to provide seamless care and clear pathway for the service user and carer.

The pressure from increased demand for services and insufficient supply of professionally qualified staff will mean that traditional practice must be reviewed to ensure that the best use is being made of highly trained professionals.

It is important that all staff, in whatever sector or setting, look at the functions they perform and consider alternative ways that services could operate.

Leadership

Having effective leadership in place at all levels across all agencies is crucial to facilitate the engagement of both staff and organisations in service modernisation.

Systems of education, training, pay, workforce planning, and regulation are coming on line to support staff in the process of modernisation and reform.

The New Ways of Working for Psychiatry report advocated a stronger clinical leadership role for applied psychologists. This stance is supported by interviews with psychiatrists, team co-ordinators, middle, and senior management who participated in the Leadership Project conducted in the development of this document (DH, 2005a).

The invitation is clear; the response is less clear. How the profession responds will in part determine the future role of applied psychologists in the public sector, but more importantly, it will have significant consequences to the way that psychological services are designed and delivered. This is the responsibility of all applied psychologists.

In the DH 2004 document (DH, 2004b), good leadership was described as *“essential to the delivery of effective psychological therapy”* (DH, 2004b) and that *“psychological therapy services also need clear management”*.

This was advocated to meet

“individual practitioners’ needs for support, supervision, and training, can be balanced with service needs for more effective partnerships between providers, including CMHTs, acute wards, early intervention services, ethnic minority services, services for people with learning disabilities, for older adults, and others” (DH, 2004b).

The importance of effective leadership is recognised as critical to the success of service development.

In *Creating a Patient-led NHS – Delivering the NHS Improvement Plan (2005b)* the government stated that in addition to the system changes announced as part of the reform agenda, a change in culture was also needed if service provision was to become truly patient-led.

This includes strengthening clinical leadership, greater use of clinical teams and multidisciplinary working, clearer leadership at all levels, innovative and flexible ways of working, and new roles for many staff groups. The reform process has a greater chance of success if all staff members are working to their true potential.

Quick Summaries of Key Challenges

Commissioners and GPs

Service provision should be based on an assessment of local population needs to inform levels of service provision and needs to be co-ordinated to provide choice, be socially inclusive, and respect the diversity of the population

Involve service users and carers in service design, delivery and evaluation to facilitate better access to a wider range of psychological therapies

Commissioning decisions should focus on outcomes rather than process and in particular, services need to be able to demonstrate acceptability, accessibility, equity, effectiveness, efficiency, and safety.

Develop a clear understanding of how users and stakeholders are engaged in an organisations' work, and explore how these mechanisms could add value to the contract, or other services

Commissioners will need to ensure appropriate input for the assessment of complex cases and the training and supervision of all staff who deliver psychological therapies

Major stakeholders will need to be provided with clear guidance on the commissioning process, including the design of commissioning pathways which are easy to follow and which will ensure a fair play across all sectors of provision

Professional Leads / Heads, Managers of Psychological Services

Implement a 'stepped care' approach to delivering psychological therapies and support and facilitate service user and carer representation in the design, delivery and evaluation of service provision

Make links with commissioners and the other sectors of service provision. To improve understanding of local services, gaps in provision and to assist benchmarking, planning and commissioning, psychological therapy service provision needs to be mapped in terms of location, type, and governance

Secure direct representation at board level specifically for psychological therapy service provision to develop a psychological therapies clinical governance strategy to monitor the quantity and quality of psychological therapies across the organisation

Support multi-professional training in psychological therapies and support staff who have undertaken training to practice their new skills once they return to work. Facilitate the development of leadership skills of applied psychologists and senior practitioners of psychological therapies from other professions

Extend the use of outcome measures across all aspects of psychological therapy service provision. Routinely collect data for the most suitable performance indicators including - waiting times, clinical outcomes, quality of life, service user and carer satisfaction, governance

Independent and voluntary sector

Be clear of the solutions sought by commissioners across the whole spectrum of health, social care and other related services such as housing

Increase awareness of the burden that changing legislation and reform agenda is having on the organisation, and the impact on skills needs that such change produces

Make links with commissioners to demonstrate the services potential to deliver. Communicate unique selling points in the context of the Government's vision for more flexible and responsive services

Providers need to market themselves in the context of current policy principles as expressed in the White Paper and Health Reform developments of patient choice, maximising independence, person-centred care, preventative approaches and cost-effectiveness

Need to address key workforce issues relating to skills gaps and shortages. Skills needed for the future include management skills such as planning and organising, project management, strategic planning and leadership skills development. Engage with representatives from other sectors who can help the service and its staff meet the challenges and demands of the future.

Applied Psychologists and Others Delivering Psychological Therapies

Ensure service user, family and carer representation and involvement in the design, delivery and evaluation of service provision

In collaboration with service users and carers, develop information resources using a variety media, that explains service provision, facilitates choice, and helps service users and carers know the questions to ask

Support and contribute to service delivery that reflects the diversity of the local population, is socially inclusive and where access is not restricted by ethnicity, age, gender, diagnosis, disability

Incorporate routine measures of outcome into psychological therapies service, including quality of life and service user satisfaction, waiting times, clinical outcomes, quality of life, service user and carer satisfaction, governance

Develop Psychological Therapies Networks with links to senior management

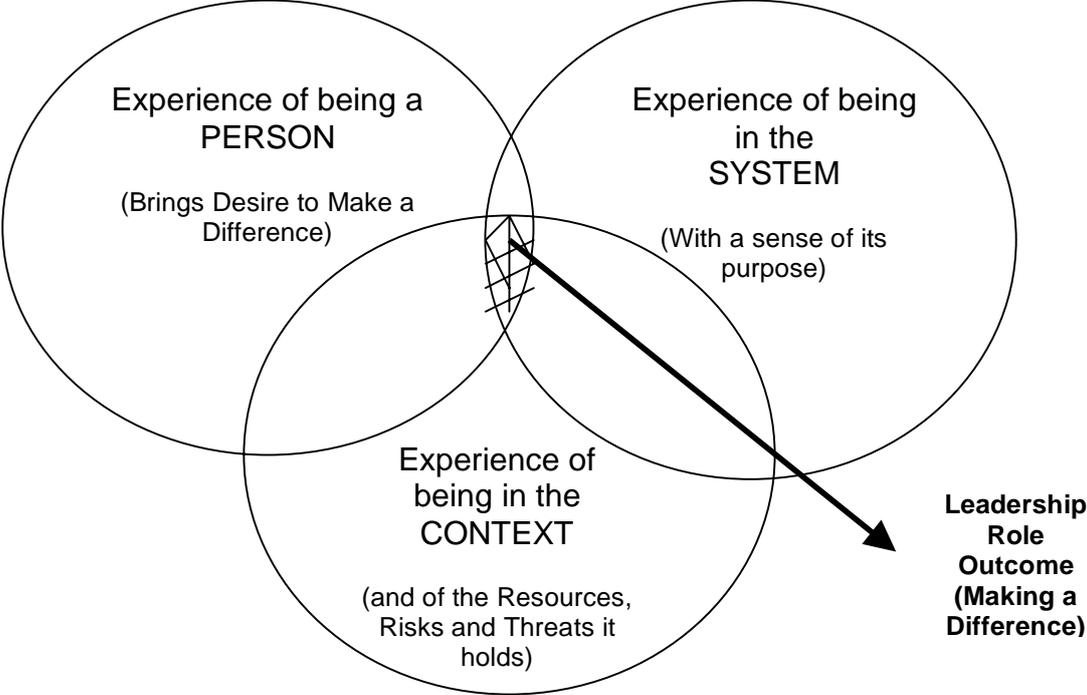
Need to understand the context of current policy principles as expressed in the White Paper and Health Reform developments of patient choice, maximising independence, person-centred care, preventative approaches and cost-effectiveness

Use skills as an applied psychologist to support other professional groups and staff working across all sectors face the challenges and demands of future service delivery

Leadership and the Delivery of Psychological Services

In this section the characteristics of the person as leader and the skills needed for effective leadership in the delivery of psychological services is presented. Not every leader of a psychological service, or an individual in a leadership role would be expected to possess all the personal characteristics.

How these and the associated leadership skills are applied most effectively is dependent on the context and the wider system as depicted here:



The information contained in this section is drawn from the findings of the Leadership Project (Coak, 2006) and relevant sources from the wider

literature on leadership, and the work undertaken for the New Ways of Working Project.

Executive Level Leadership

The position of a Director of Psychological Therapies Services, at Board or Executive level in an organisation is vital to improving access and availability of psychological therapies and services (DH, 2004b).

The findings of the Leadership Project and consultation with the NWW Project Group supported the recommendation of specific representation at Board level for the delivery of Psychological Services. This role could include:

- A strategic and operational overview of the delivery of psychological therapies / services in Trusts, ensuring that only well-established treatment modalities based on sound clinical and research evidence are deployed
- A strategic and operational overview of systems and processes to improve the psychological skills of the workforce, ensuring that practitioners have had accredited training, recognised by professional bodies with appropriate standards
- Ensuring that psychotherapy practitioners have in place a system of regular supervision of their clinical work
- Strategic development of systems and processes designed to improve the psychological health of the workforce
- Leading and advising on organisational development initiatives within the Trust
- Leadership development of others, including succession planning, mentoring and peer supervision / support
- Ensure full integration with the Care Programme approach, where appropriate to ensure close collaboration with other staff and services for people with severe mental illness

Commissioners need to have an overall picture of the place of psychological therapies in service delivery. Leaders of psychological services will need to have accurate up-to-date information regarding local service provision and the gaps in provision, across all sectors. Mapping of psychological service provision will assist with this and the commissioning process.

Leaders of Psychological Services need to be able to set out clearly and convincingly the arguments for investing resources and man power in psychological therapies. This will help commissioners to place psychological therapies in the forefront of treatment methods for service users.

In the rapidly changing environment of future service delivery, functionally driven services, which are socially inclusive, and accessible across the lifespan will form the basis of user-led service provision.

There will be competition for resources from the voluntary and independent sectors for the most efficient, effective, service provider that is able to offer 'added value' (DH, 2006b).

Current services cannot assume that their services will be purchased. The need for leaders to apply business management and marketing skills and become generally more business minded in their approach will become increasingly important as competition for resources increases.

Leaders of services within the voluntary and independent sectors will face their own challenges with the commissioning process. The Department of Health and Third Sector Commissioning Task Force (see DH, 2006b; 2006c) have described these in detail in jointly published documents

Consultant and Principal Level Leadership

The need for effective leadership is not restricted to executive level leaders of psychological services. There will be an increase in the need for consultant and principal level applied psychologists, who can think and operate psychologically at a strategic level and apply this skill across new larger mental health trusts.

In addition to working psychologically at a strategic level, consultant and principal grade practitioners will need to have an excellent awareness of their natural leadership style and will need to be self-aware, reflective, and reflexive in their leadership style.

They will need a broad repertoire of leadership skills drawn from a wide range of leadership approaches. A suitable leadership strategy can then be developed based on an assessment and formulation of the context and presenting issues, combined with an understanding of change and transition processes and their impact.

There is also a need for applied psychologists to see themselves as providers of teaching, training, consultation, and supervision for a workforce that is striving to be more psychologically minded.

The reform agenda will lead to an increase in demand for psychological services through improved access, the choice agenda and workforce modernisation. The external landscape is constantly evolving, and will continue to do so.

The challenges facing applied psychologists, leaders, managers, commissioners, and all staff that provide psychological services will reflect the external environment, increasing the need for innovative practice and a readiness to adapt accordingly.

There is a lack of potential candidates coming through the profession with the necessary skills to meet the demand for Executive Level Leadership in the delivery of psychological services.

There is currently no framework for developing the leadership skills of applied psychologists working at Consultant and Principal Levels and limited awareness of the need for succession planning and the general need to foster the leadership skills of newly qualified and pre-doctorate level practitioners.

Clinical Leadership

According to government, effective leadership and the need for leadership development is integral to the modernisation of health and social care.

At the launch of the Modernisation Agency's Leadership Centre, in 2001 Nigel Crisp was quoted as saying:

“Leadership must be exercised at all levels in all settings in the clinical team and in support services, in the ward and in the community and in the boardroom. Leadership is about setting direction, opening up possibilities, helping people achieve, communication and delivering. It is also about behaviour, what we do as leaders is even more important than what we say”

(Crisp, 2001)

This acknowledges the need for leadership to be clinically responsive and meaningful at a local level.

Clinical Leadership is defined as *‘facilitating evidenced-based practice and improved patient outcomes through local care’* (Millward & Bryan, 2005). This type of leadership (i.e. influencing others) is independent of the person's position within an organisation.

The development of front-line, ‘clinical leadership’ capacity and capability is considered critical in the development integrated teamwork, that is reflective and actively manages team processes to improve effectiveness (Millward & Bryan, 2005).

However, the meaning of clinical leadership is often misunderstood, particularly when it is extrinsically linked to the formal position of leader. This leads to an assumption that developing clinical leadership skills will result in a situation of “too many chiefs” (Russell, 2001) and that this will have a negative affect on inter-professional working and the delivery of services (Curtess, 2001).

Leadership linked to the formal position of leader, that involves decision-making, influence from a distance, and/or absolute, all-embracing power and authority, is not the same as clinical leadership, which is about effective delivery of health care at the front-line.

The expectation that applied psychologists will adopt leadership roles, earlier in their career is increasing (DH, 2005e). Greater leadership skills development therefore needed across all grades of applied psychologists from pre-doctorate to executive level.

One way to support this may be a leadership development framework, which could also help to meet the need for improved succession planning. Approaches to leadership development differ according to the underlying skills, attitudes, and behaviours they are intended to produce. It is therefore necessary to identify what characteristics and behaviours are associated with effective leadership in the delivery of psychological services.

Recent research is dominated by investigations of transformational leadership. A concept originally introduced by Bass and Avolio (1993). This approach emphasises the importance of interpersonal and influencing skills (Clegg, 2000) and proposes that an individual's personal characteristics are more important than their formal position.

An effective transformational leader is able to motivate, inspire, stimulate, and facilitate others, irrespective of the circumstances – although the circumstances still need to be taken into consideration (Kouzes and Posner, 1997).

There is now increasing evidence that transformational leadership skills are key to improving performance across a range of work settings, business and service alike (Northouse, 2001), and in health care in particular (e.g. Clegg, 2000; Outhwaite, 2003).

NHS Leadership Qualities Framework

The NHS Leadership Qualities Framework describes the key characteristics, attitudes, and behaviours expected of leaders both now and in the future for leaders within the NHS.

It consists of fifteen qualities, arranged around three clusters: personal qualities, setting direction and delivering the service. It can be used to review general leadership abilities on an individual basis, with a team, or with colleagues, to establish leadership capability and capacity.

It can also be used as a focus for personal development, board development, leadership development, leadership profiling for recruitment and selection, career mapping and succession planning. The framework can be found in full on www.nhsleadershipqualities.co.uk.

The personal qualities presented in the NHS Leadership Qualities Framework are presented in table 1.

Table 1 NHS Leadership Qualities Framework

Personal Qualities
Self belief
Self awareness
Self management
Drive for improvement
Personal integrity
Setting Direction
Seizing the future
Intellectual flexibility
Political astuteness
Drive for results
Leading change through people
Delivering the Service
Holding to account
Empowering others
Collaborative working
Broad scanning
Effective and strategic influencing

However, effective leadership of psychological services requires more than this: it involves the ability to diagnose the requirements of a situation and to act accordingly, drawing on a range of psychological theories and leadership styles.

What makes effective leadership possible is the ability to critically analyse the situation on several levels, in both technical (e.g. immediate clinical imperatives and requirements) and people terms (e.g. harnessing appropriate and coordinated action as necessary to a high standard).

In this way, effective leadership in this context is about “knowing how to use the right styles in each situation” (Moiden, 2002, p. 28).

The person as leader

In recent times, research has moved away focussing upon the individual characteristics of effective leaders. Nonetheless, a consistent theme in the responses of participants during the leadership project indicated that individual characteristics are at least perceived to be important by both leaders and by those who follow.

This section focuses on the individual skills, personality, personal style, and the qualities of the individual, which are associated with effective leadership in psychological services. Characteristics of the individual, identified by participants as important in providing effective leadership are presented in table 2.

Table 2 Personality Characteristics & Style

Self-aware	Energetic	Balanced
Personable	Creative	Credible
Approachable	Focussed	Inspiring
Enthusiastic	Confident	Realistic
Reflective	Flexible	Honest
Consistent	Integrity	
Considerate	Reflexive	

These characteristics are demonstrated by the individual as leadership behaviours and identified by themselves and others as indicative of effective in leadership. Effective leadership behaviours included:

- Having good problem-solving and decision-making skills
 - Awareness of how values, beliefs, goals, and aims can affect themselves, others, and the surrounding system.
 - Being aware of the interplay between personality and personal beliefs and the links between personal standpoint, aims / goals, and those of the organisation, together with the use of appropriate coping mechanisms to tolerate incongruence in these
 - Having excellent interpersonal and communication skills, was viewed as essential as was an ability to form and maintain relationships with a wide range of people
 - Showing interest in others, conveying a sense of hope, having a positive attitude, and being sensitive to feelings and concerns of others
 - An ability to motivate self and others
 - A tendency to surround themselves with the best people they can find, delegate authority, and then not interfere
 - Being aware of the importance of timing in both their interactions with others and when to take action in relation to an issue
-

2. Leadership Development: The Future

With the aim of improving service delivery and the experience of service users and carers, applied psychologists are being invited to adopt greater clinical and strategic leadership roles as part of their contribution to future service delivery (DOH, 2005a; Layard, 2005).

Strengthening leadership skills and the production of a leadership development framework offers a way to make better use of a scarce resource and provides a process to meet the need for improved succession planning

Clearly, there are applied psychologists who already possess characteristics associated with effective leadership or who have leadership potential. There are also a number of applied psychologists who already demonstrating effective leadership behaviours.

In addition to this, a proportion of the profession have been able to develop their leadership skills over the course of their career. This leadership capability and capacity forms the basis of further development and the expansion of this aspect of the professional role.

This document has considered the need, viability, and appropriateness of strengthening the leadership skills of applied psychologists. The leadership development framework is presented in Section 4 of this document.

It is intended to help identify the leadership development needs of applied psychologists, support the subsequent development of leadership skills for all grades of applied psychologist and offer a structure to assist those preparing for professional, strategic, or executive level positions as leaders.

Leadership Development Needs

Applied psychologists are well placed to take on leadership roles, in terms of skills and competencies – bringing people together, knowledge of relationships and group behaviour; integrating range of viewpoints, bridging gaps; formulating and reframing situations; good listeners; empathic; core skills applied in a different context.

There is currently no framework for leadership development at any stage of the career path outside of that provided by the NHS. The leadership development provided by the NHS is reported to be useful in learning the practical aspects and logistics of leadership. However, the complexity of leading psychological services and the emotional impact of working psychologically in a leadership role are not being consistently met.

Historically, there has also been systematic stripping of power, and limited opportunities for applied psychologists to adopt leadership roles, but now managers are increasingly requesting this type of input and role from applied psychologists.

The leadership roles and development needs for applied psychologists can be categorised into the following domains:

Tripartite Leadership Role

- Strategic Leadership
- Professional Leadership
- Clinical Leadership

Leadership – Development Needs

- Pre registration requirements
- Leadership skills required to work in multi-disciplinary teams
- Career-grade leadership skills
- Director level requirements

3. Leadership Skills Development Framework

<p>Executive Band 8(d) – 9</p>	<ul style="list-style-type: none"> ❖ Leadership development of others ❖ Mentoring – including peer mentoring and mentoring to others ❖ Succession planning ❖ Policy Leadership ❖ Strategic Planning
<p>Consultant Band 8(c) – (d)</p>	<ul style="list-style-type: none"> ❖ Mentoring – including peer mentoring and mentoring to others ❖ Differentiation into tripartite role – clinical, professional, managerial ❖ Application of skills, lead for psychology at organisational level ❖ Support leadership role and function of executive leadership ❖ Identification of leadership skills and needs at speciality / service level ❖ Leadership development, with attention being given to potential successors from 8(a)–(b) banded staff, supporting equal opportunities ❖ Setting future direction for specialty / niche market / professional subgroup / team ❖ Policy Leadership
<p>Principal Band 8(a) – (b)</p>	<ul style="list-style-type: none"> ❖ Mentoring – including peer mentoring and mentoring to others ❖ Identification of leadership skills in others (individuals) ❖ Support leadership development of others ❖ Align learning experience to future leadership needs ❖ Leadership consultation across one or more settings

<p>Clinical Psychologist Band 7</p>	<ul style="list-style-type: none"> ❖ Mentoring – including peer mentoring and mentoring to others ❖ Consolidate skills ❖ Broaden repertoire and application of different leadership skills ❖ Future career planning ❖ Wider range of practical experience (across settings) ❖ Role model to others ❖ Longer term projects ❖ Proactive identification of opportunities
<p>Pre- Qualification Band 6</p>	<ul style="list-style-type: none"> ❖ Personal leadership profile ❖ Impact on others & system ❖ Strengthen areas of need ❖ Develop strengths ❖ Scenario discussions with mentor ❖ Experiential learning on placement ❖ Feedback from multiple perspectives ❖ Develop political & organisational awareness ❖ Knowledge of other professional groups
<p>SELECTION STAGE</p>	<p>Selection criteria to include section on leadership potential</p>

4. Objectives and Recommendations

Objectives

- To strengthen leadership skills across all grades of applied psychologists
- To increase representation of applied psychology at board level through improved leadership development and succession planning
- To support applied psychologists in leadership roles
- To support applied psychologists preparing to take on leadership roles
- To improve succession planning processes within applied psychology

Recommendations

To meet these objectives the following recommendations are made:

- Within Trust settings, there is board level representation specific to the delivery of Psychological Services
 - A nationwide mentoring scheme to be set up and delivered for applied psychologists
 - Action Learning Sets will be delivered as part of CPD by the Membership Services unit of the DCP.(see appendix B for a brief description)
 - Systems to support succession planning. This will be determined by the Professional Standards Unit of the DCP
 - Group of Trainers review leadership training on courses. Ongoing through the Professional Standards Unit
-

5. Final Statement and Conclusions

This document has focussed on leading psychological services and the leadership skills of applied psychologists.

The demand for psychological therapies and importance of psychological approaches within Health and Social care is increasing and will continue to do so for the foreseeable future. Leadership development is the biggest challenge facing the profession, at this time. It is crucial that the profession responds to this need.

The context in which psychological therapies are delivered is evolving and will continue to evolve. Guiding principles for the organisation and delivery of psychological services have been advocated over prescribed service models.

The changing landscape is providing opportunities for applied psychologists to develop their leadership role. To achieve this, a leadership development framework has been proposed by the authors on behalf of the DCP.

It is recommended that alongside 360° appraisal and formal leadership training, the development of a nationwide mentoring scheme and the use of action learning sets across all grades of applied psychologists provides a means of making best use of this scarce but valuable resource.

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Appendix A – Leadership Development Resources

LEADERSHIP TRAINING SCHEMES

1. Uni-professional Schemes (family of psychology)

NAME OF SCHEME	DETAILS	Contact
White Hart Management and Leadership Development Course for Clinical Psychologists	Residential course for Principal and Consultant grades, 3 modules over a year. Project required. £2,400 per year. Maximum 24 places.	Carol Northey Cnorthey@blueyonder.co.uk
Tavistock Institute 1. Managing Psychology Services – a systemic perspective 2. Work study groups	For Clinical & Educational psychologists in senior management roles. Seminars, workshops and project. 20 places per year. Systemic focus on organisational issues. £850 per year.	Rita Harris 020 7447 3766 Angela Eden c.carpenter@tavinstitute.org
DCP Child Faculty- leadership training programme:	Local focus. Local SIGs arranging leadership training scheme for members. E.g. Manchester (over 1 year) W. Midlands (open to all disciplines)	Chrissie Verdun & Annie Mercer Richard Toogood

2. Multi-professional Schemes

NAME OF SCHEME	DETAILS	CONTACT
Leadership Centre / Modernisation Agency 1.Conferences for senior managers 2. Breaking through programme 3. Leadership qualities framework 4. Team work effectiveness programmes	For BME staff moving into senior roles. Programmes available at 32 implementer sites For locality teams. (9-day programmes delivered by Aston Business School).	See DH web site Steve Onyett SW MH Development team
Centre for Health Leadership in Wales	Clinical leadership and Change programme for health professional s in Wales	www.chl.wales.nhs.uk
Free to lead	3 day course run by Plymouth & S Devon Trust	
MBA's, Masters, Diplomas, Certificates in management	Various, at various institutions	

3. Current suggestions for the DCP Strategy Meeting

IDEA	STRENGTHS & WEAKNESSES	CONTACT
Expand White Hart Course to include a leadership training module for past 'graduates'.	Could only accommodate 24 people per intake. Costly.	
Fund local uni-professional programmes as currently run by PQT in Leeds, Child Faculty in Manchester etc.	Needs committed individuals in all localities to steer.	
Give advice and information about multi professional programmes and post grad. courses.		
Run various national days through management faculty.		

The *North West Clinical Psychology Continuing Professional Development Scheme* provides a range of resources and training activities on leadership and management skills. This includes the Introduction to Clinical Leadership and management programme for aspiring consultant clinical psychologists, and CONTACT, the CPD scheme for newly qualified clinical psychologists. The scheme is developing support for senior managers and plans to pilot action-learning sets as a method of providing on-going support around management and leadership issues. *For more information contact Dr. Laura Golding, Lead Tutor, North West Clinical Psychology CPD Scheme, Psychology Services, Bolton, Salford & Trafford Mental Health Trust, Bury New Road, Prestwich, Manchester, M25 3BL. Tel: 0161 772 3612 – laura.golding@bstmht.nhs.uk*

Improvement Leaders' Guides: Available free from the NHS Institute for Innovation & Improvement – www.institute.nhs.uk

Useful Reading: Golding, L. & Gray, I. (Eds) (2006). *Continuing Professional Development for Clinical Psychologists*. BPS Blackwell.

Useful Websites:-

Amicus Trade Union: www.amicustheunion.org.uk

British Psychological Society: www.bps.org.uk

Care Services Improvement Partnership: www.csip.org.uk

Chartered Management Institute: www.managers.org.uk

Dedicated KSF website: www.e-ksfnow.org

Department of Health: www.doh.gov.uk

Directors of Social Services: www.adss.org.uk

Health and Social Care Change Agent Team: www.changeagentteam.org.uk

Health Professions Council: www.hpc.org.uk

Healthcare Commission: www.healthcarecommission.org.uk

Kings fund: www.kingsfund.org.uk

Leadership Qualities Framework: www.executive.modern.nhs.uk/framework/

Leadership Skills in the modern NHS: www.nhsleadershipqualities.nhs.uk/

National Electronic Library for Health: www.nelh.nhs.uk/

National Institute for Health and Clinical Excellence: www.nice.org.uk

National Library for Health: <http://www.library.nhs.uk/Default.aspx>

NHS Employers: www.wise.nhs.uk

NHS Institute for Innovation: www.institute.nhs.uk

NIMHE: www.nimhe.csip.org.uk

Royal College of Psychiatry: www.rcpsych.ac.uk

Sainsbury Centre for Mental Health: www.scmh.org.uk

Management Standards Centre (MSC): www.management-standards.org

NHS Institute for Innovation & Improvement: www.nhs.leadershipqualities.nhs.uk

Appendix B – A Brief Description of Action Learning by Howard Naylor (2006)

What is action learning?

Action learning is a way of helping organisations, and the people within them, to learn, develop, and make improvements to services and performance. The action learning approach starts from the viewpoint that people, and as a result their organisations, learn and develop very effectively, when they discuss, plan and take action on their real-life work issues and problems, and then reflect on the action, working in small groups (action learning sets) in partnership with other people and other organisations.

How does action learning work?

Action learning works by asking people to:

- Meet on a regular basis with other people (usually about once every 4 to 8 weeks, for anything from a couple of hours to a full day) in a small group (usually between 4 and 9 people) called an “Action Learning Set”

- In these “set meetings”, discuss, and plan what action to take to tackle various work and personal development issues and problems, brought to the set by the set members themselves. Action learning sets encourage people to engage with real-life “here and now” challenges as well as future developments and improvements. Sets also work on the basis that set members are actually the real experts about their own work situations – but they learn, develop, and make improvements when they subject their expertise, views, thinking, opinions, and actions to discussion with and the questioning of others in the set

- *Then*, in between set meetings:
 - take action back in the workplace to tackle their work and personal development issues
 - gather any relevant and useful information about the issues to share with others in the set

- *And then*, come back to each set meeting to:
 - report back and review what has happened with their issues since the previous set meeting
 - share any new information gathered
 - reflect with others in the set on what has been learnt as a result of the action taken
 - discuss and plan further action to take back in the workplace
- Continue this learning cycle of discussion – planning – action – reflection for as long as is useful in creating learning, personal and professional development, and service and performance improvement.

What makes action learning sets work effectively?

Action Learning Sets work well when:

- Set members commit to and do attend regular set meetings. A key factor is that all those involved are committed to supporting the set to work, because nothing kills an action learning set off more than indifference
- Set members join the set voluntarily
- Set members understand that the “set meeting” is different from a “business meeting”. Sometimes, in day-to-day business meetings, we are forced into being “economical with the truth” for organisational or political reasons, often with the result that nothing really changes or something is never really achieved as well as it could be. Action learning requires a willingness to admit what you don’t know (and what you do know) to set colleagues in order to resolve shared work problems
- Set members understand that they are not coming to “a training course” with a “teacher, trainer, or expert”, who has “the right answer”
- Set members recognise all other set members as equals in the action learning process
- Set members bring to the set meeting their own real life work and personal development issues and problems for discussion and action

- Set members are able to challenge and question each other's views, thinking, opinions, and how they are taking action, giving constructive feedback about how work issues could be moved forward in a more effective way
- Set members are able to support and help each other, sharing experiences, providing advice, and giving positive feedback
- Set members feel safe enough within the set to honestly disclose worries about work issues, and to admit to not knowing what to do next with a particular work issue or problem
- Set members know that discussions will be kept confidential to create honest and open discussion, questioning, and reflection
- Set members go back to their workplace in between meetings and actually take action on their real life work issues
- Set members come back to the set meetings willing to report back on what has happened, to reflect on and share their learning and development with others, and to discuss and plan further action to make improvements to services and performance
- Set members accept it is their own responsibility to go around the four parts of the learning cycle. Action learning is more than just taking action or doing. Discussing, planning, and reflecting on an experience are just as important to learning as having the experience itself. A danger is that the set just becomes an unreflective, task-focused project group, or at the other extreme, a forum for discussion without any action.

What is the role of the action learning set facilitator?

Action learning sets usually work with a set facilitator, who is there to help the set in developing this learning cycle of discussion – planning – action – reflection. The set facilitator helps the set to get started, and works with the set to develop a group environment that promotes discussion, planning, questioning, listening, challenge, support, reflection, and evaluation. However, the facilitator should not be seen as an “expert” on all the various work issues that the set might discuss.

At the first set meeting, the facilitator's role is to:

- Help the set to get started by reminding set members how action learning works, and what makes it work
- Agree "ground rules" with the set members. Ground rules for a set will include commitment to regular attendance; equality of set membership; equality of "air time" in the set; recognising the appropriate balance between challenge and support; honest and open communication; confidentiality; recognising the appropriate balance in a set meeting between being "business-like" and "a therapy session"
- Ask set members to introduce themselves, talk about their job and their organisation, and to identify what they hope to achieve by being in this action learning set
- Ask set members to identify the sort of work and personal development issues that they would like to discuss and take action on over the next few months
- Agree practical issues like set meeting dates and venues

At the second and subsequent set meetings, the facilitator's role is to:

- Ask each set member to describe the work/personal development issues that they wish to discuss with the set; or to report back on the action taken in the workplace since the last set meeting
- Encourage other set members to listen and ask questions to ensure understanding, before having a set discussion on the issue, and reflecting on what has been learnt.

Some examples of the sort of questions that might be asked are:

- *What are you really trying to do, and why?*
 - *What action has been taken since the last set meeting, and what has it achieved?*
 - *Why do you think this has happened?*
 - *What might you have done differently?*
 - *What is stopping you from doing something, and why?*
 - *Why are people behaving in the way they are?*
 - *How do you feel about what is going on?*
 - *What can we learn from what has happened?*
 - *What can you do after today's set meeting?*
 - *Who can help you?*
 - *What have we learnt from discussing and reflecting on this issue at this set meeting?*
-
- Ask each set member to agree with the set the action they are now going to take back in the workplace to move this work/personal development issue forward

In set meetings, the set should try to use the sort of behaviours that work well in a set – questioning rather than offering advice or immediate solutions; listening rather than interrupting or speaking over one another; encouraging the planning of action; getting the balance right between challenge and support; encouraging reflection and evaluation of actions to complete a learning cycle. The role of the facilitator is to help and encourage set members to develop these behaviours.

How is an action learning set established?

The first step in using an action learning approach is the forming of an action learning set, which is created when a group of people agree to meet to take action on and to share learning from real life work issues and problems.

The action learning set is likely to be one of two types of set:

- The set could be made up of people from different areas, who bring to the set their own individual work issues
- The set could be made up of people working together on a particular topic or theme, and who use the action learning process to research, take action on and learn about issues within this particular work topic or theme

Why bother to get involved in an action learning set?

People joining an action learning set will probably want to achieve the following broad objectives:

- Changing and improving their service, or part of their service, by working with colleagues in the set, developing understanding about real-life work issues, and taking action on these real-life work issues in order to provide better and more effective services
- Sharing and spreading learning and good practice from this change with others within their own organisation, and with partners in other organisations
- Continuing personal and professional development and learning, for example: learning more about the effective management and implementation of change; developing a greater understanding of their own and others' behaviour in particular situations; learning about how to change behaviour at work in order to become more effective; developing more effective inter-personal skills such as working effectively in groups; learning about how to learn

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