

Cambridgeshire's Multisystemic Therapy service's move to a mutual model of delivery Evaluation Summary

Background

Supported by Social Finance, Mutual Ventures and Winkworth Sherwood (as part of the Cabinet Office's Mutual Support Programme), the Cambridge Multi Systemic Therapy service (CMST) is moving from local authority control to a staff-led mutual. CMST is the United Kingdom's longest established Multi Systemic Therapy (MST) service.¹ CMST's move to mutual has been approved by Cambridgeshire County Council (CCC) and, once completed, it will be called the Family Psychology Mutual (FPM). Currently, CCC's annual budget for CMST is £532,000 and CMST has a yearly throughput of up to 38 cases.² CMST received funds from the Department for Education's (DfE) Social Care Innovation Programme to support its preparation for the move to the FPM and, from these funds, the evaluation summarised below was commissioned.

Aims and objectives

Set against the backdrop of austerity and concern about reductions in local authority spending, the overarching aim of CMST's move to a mutual is to create a staff-led, expanded and commercially sustainable MST service and consultancy business. CMST intend that the FPM will be Community Interest Company limited by shares, with a not for profit structure which will have community benefit described within its articles.

Evaluation

As a member of a research consortium headed by the Anna Freud Centre (AFC), the Social Care Institute for Excellence (SCIE) with York Consulting providing economic evaluation, led a process evaluation of the impact of CMST's move from local authority control to a mutual model of delivery. The study employed a mixed method, action research process evaluation, which used document reviews, a rapid evidence review, an economic evaluation and, to explore change over time, two sweeps of qualitative evidence gathering, involving semi-structured interviews (29) and focus groups (10) with CMST staff and stakeholders. The action research element of the study involved supporting CMST to use emerging learning to inform their preparation for the move to the FPM and supporting them to develop a sustainable long-term evaluation strategy.

Findings

While CMST had yet to make the move to the FPM at the time of writing this summary, approval for their move had been given by CCC and the experiences of CMST staff and stakeholders provide an insight into what worked in CMST's preparation for their move to a mutual:

- Time has been needed to enable a responsive approach in a shifting process of stakeholder engagement, which for everyone concerned proved more complex and time-consuming than anticipated.

¹ Originating in the United States of America, [MST](#) is an intensive family and community-based treatment program. MST uses cognitive behavioural therapy, behaviour management training, family therapies and community psychology to reach this population.

² CMST has 14 staff (seven therapists, two supervisors, three senior managers and an administrator) and is made up of two adaptations of MST, the MST standard service, and the MST problem sexual behaviour service (PSB). The MST (standard) services carries 30 – 25 cases per year and the MST PSB carries 8 cases.

- Having CMST senior managers in place for the whole process who had the vision, determination, ability, experience, network access and technical knowledge to respond to a changing and complex process while making the case for the move to FPM has been an important contributing factor.
- Consideration of and response to risks associated with becoming an independent business including financial security and the implications of CMST leaving local authority control and accountability has required an extended cycle of mutual cooperative working and learning involving CMST, CCC and other stakeholders.
- Experts, Social Finance, Mutual Ventures and Winkworth Sherwood (as part of the Cabinet Office's Mutual Support Programme) have provided invaluable support to CMST managers.
- Constant stakeholder mapping and engagement have been employed by CMST to mitigate CCC staff churn and shifts in commissioner's budget thinking and priorities. Also engaging with non-authority stakeholders was important, for instance in relation to pensions.
- Facilitating and achieving CMST staff involvement has required providing options for how staff engage with the process. Examples of staff involvement included the CMST FPM project team, staff meetings and staff representation on the CMST board.
- CMST represents value for money for CCC. A rigorous and reliable statistical approach to proving the cost case was needed. The baseline analysis revealed a return on investment of 3. There is potential for further savings (in terms of adverse outcomes avoided) for CCC and other local authorities with MST services. The estimated return on investment for the FPM with one team was 3.6 and for two teams 4.1 – for every £1 spent directly supporting young people there could be a return on £4.10.

Implications for transferable learning

Our evaluation has focused on the process of CMST's move to a mutual model of delivery, hence the factors we have found that have implications for transferability relate to:

- Support of officers and funders. Developing and convincing Council officers and elected members is a key part of the process in moving to a mutual, as is time for local authorities to determine how to respond and manage the change process.
- Using statistical neighbour information to tailor and target the sharing of learning generated by MST services generally and CMST about their move to a mutual. We suggest selecting authorities that are similar to CCC, so that they too are able to consider, where there currently is not one, developing their own MST service. We suggest where authorities do have MST services that they may find the learning about attempting a move to a mutual helpful.
- It would be challenging for Councils with smaller purses than CCC to fund their own MST service. The move to a mutual and planned expansion of CMST means that commissioners in smaller local authorities have the opportunity to contract for a small number of cases and spot purchase should they need more. Commissioners and MST services situated within strategic regional centres may draw useful learning from this approach and consider developing regional MST hubs.
- A staff-led mutual model requires greater staff involvement in decision making, and the learning from this evaluation about how to approach and achieve staff involvement and its benefits is applicable to all public sector workplaces.

Changes made in response to evaluation findings

- The economic evaluation was used by CMST in their business planning to help make their case to CCC.
- CMST's approach to engaging and involving staff was informed by evaluation findings.
- CMST's evaluation strategy is currently being reworked and is being co-designed with the evaluation team.

This evaluation was carried out between July 2015 and November 2016 and, as part of consortium headed by the Anna Freud Centre, was led by SCIE with York Consulting providing economic evaluation.

The DFE's Children's Social Care Innovation Programme funded this project and its independent evaluation. Co-ordination of the evaluation was undertaken by the Rees Centre from the University of Oxford

(www.reescentre.education.ox.ac.uk.) A full copy of this report can be found at www.gov.uk/government/publications