Yorkshire & the Humber
CYP Mental Health Clinical Network

Toolkit for Creating a Whole System
CYP Mental Health & Emotional Wellbeing Workforce Strategy

V2.0
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Aim of the Toolkit

This toolkit is designed to enable areas determine a roadmap for creating whole system workforce strategies and gain the skills required to do so. This is a high-level guide based upon seven steps with key considerations and useful resources or advice aligned to each step.

Just as the toolkit is aimed at producing a whole system children and young people’s mental health and emotional wellbeing workforce strategy, delivery of each step should be undertaken via a shared load and partnership approach.

It is acknowledged throughout that creation of a whole system workforce strategy for children and young people’s mental health is a significant undertaking. However, local systems are encouraged to take on this challenge and be encouraged that this can be broken down into smaller, manageable chunks.

Why Was This Toolkit Developed?

Future in Mind recommended that Local Transformation Plans included “Developing a comprehensive workforce strategy including an audit of skills, capabilities, age, gender and ethnic mix.”

Subsequently the Five Year Forward View for Mental Health stated: “The right workforce with the right skills” in the right place and the need for “urgent work to jointly develop robust health and social care workforce planning for mental health must start now to:

- identify and fill workforce gaps
- provide the right training and support
- involve carers, as appropriate
- provide annual projections for staff numbers and costs.”

Implementing the Five Year Forward View for Mental Health set out the ambition that “by 2020/21, at least 1,700 more therapists and supervisors will need to be employed” and “at least 3,400 staff being trained by 2020/21 in addition to the additional therapists above”. 
More recently the Long Term Plan laid out the following intentions

- By 2023/24, at least an additional 345,000 CYP aged 0-25 will be able to access NHS funded mental health services.
- Over the next 10 years, we’re aiming for 100% of CYP who need specialist care to be able to access it
- Comprehensive offer for CYP which will extend up to the age of 25 and aims to identify and treat mental ill health at the earliest possible point
- Integrated approach across health, social care, education and the voluntary sector which offer person-centred and age appropriate care
- The NHS will fund new Mental Health Support Teams working in schools and colleges to provide early intervention and ongoing help
- 6,000 highly vulnerable children with complex trauma will receive consultation, advice, assessment, treatment and transition into integrated services
- Test approaches that could deliver 4WW times for access to NHS support, ahead of introducing new national waiting time standards for all CYP who need specialist MH services
- CYP IAPT is business as usual

We can see for a number of years the need to develop whole system CYP mental health workforce strategies and more recently this is expanding into care for young adults (18 – 25years).

Strategic workforce planning forms part of a system wide action plan, to help areas meet and sustain their desired long-term goals. It’s an ongoing process of asset management that ensures areas are prepared for the future and will deliver high quality care to its young population. When the right skills are in place and they are matched with the right positions, the vision with its long-term objectives are met more easily. You may have already redesigned your local systems or are starting a refresh in light of the Long Term Plan. Wherever you are up to, workforce planning and service design go hand in hand.

✓ Remember: Strategic workforce plans interlink with system and service improvement, collaboration and design activities and should not be created in isolation.
Cross Cutting Themes

Whole system children and young people’s mental health and emotional wellbeing workforce strategies are more than training and development plans and go beyond a single organisation. Its development takes into consideration a range of system wide interdependences, such as:

- 24/7 crisis resolution in the community
- Early Intervention in Psychosis (EIP)
- Suicide prevention
- Mental Health Prevention Concordat
- Liaison Mental Health
- Tier 4 review and in-patient mental health
- Mental Health Support Teams in education
- Teacher training to include mental health awareness
- Developments in university provision of student mental health support
- GP training and primary care
- STP & ICS all age mental health strategies
- New Models of Care
- CYP IAPT and IAPT
- Vulnerable groups: LAC/CSE/SEND/Edge of Care/Transition/Transforming Care
- Health & Justice
- Local Authority services and roles
- Voluntary Care Sector
- Community Eating Disorder Services
- Transition
- Perinatal and infant mental health/life-course approach
- Community/acute paediatrics/physical health
- Peer support services
- Digital/online services commissioned locally

✓ Remember: Don’t be overwhelmed by this list, it is here for your reference and consideration of stakeholders when developing your strategy.
What Makes a Good Whole System Workforce Strategy?

There are several factors which, when combined, will enable the development of robust workforce strategies:

**Vision Requirements**

- Clear vision and ambition with tangible differences co-produced with and for children and young people
- Has clear leadership and governance
- Has strategic level ownership across the system
- Clarity on whole system/scope - *not just a CAMHS/NHS plan*
- Underpinned by shared values and behaviours at all levels
- Clear links to delivery of national and local ambitions

**Planning Requirements**

- Measurable deliverables, actions and outcomes
- Co-Production with CYP & families – built around needs of the population
- Based around Thrive model for system cohesion
- Has a sense of ‘flow’ and clear pathways for a young person moving through the system according to their need
- Data informed, including activity and outcomes
- Gap analysis of skills, competencies, numbers/WTE
- Finances attached
- Issues, risks, challenges are acknowledged and addressed in an open and honest way
- Trajectories and implementation plan

**Workforce Development Requirements**

- Recruitment, retention, succession plans & new roles
- Considers the use of technology and new ways of working
- Linked to a training & development offer/upskilling of the workforce at the right level in the right place

**Finally...**

- Clearly understood by all stakeholders, including children & young people and may include a light touch, simplified version

✓ **Remember**: A simple perspective; to deliver your local vision ask yourself what workforce do you need *where* and *when*?
Shared Values and Behaviours

Time and time again we hear experiences from young people that tell us what went well for them and what didn’t. These experiences often centre on the values and behaviours displayed by the individuals supporting them.

To encapsulate a core set of values and behaviours that children and young people would like to see put into practice by everyone, Stairways* has produced a ‘Positivitree’ that they would like to see in all workforce strategies.

✓ Remember: These behaviours and values are not just for frontline staff, but should be modelled throughout the system, at all levels, and owned at a strategic level.

*Stairways is the young advisory group that supports the Y&H Clinical Network for CYP Mental Health.
Step-by-Step Process

Westpac is one of the four largest banks in Australia and has had success in its workforce strategy planning. What can we learn? According to Westpac there are seven key elements:

1. Who are we?
2. Where are we heading?
3. Where are we now?
4. Where do we want to be?
5. What don’t we have?
6. How do we make it happen?
7. Are we on track?

These seven steps have been broken down to provide an overview of their related actions and thinking points.

✓ Remember: Ask yourself what could be done differently to meet the need of the population served.

✓ Remember: Share the workload and break it down into manageable components.
1. Who are we?

- Understand the ‘we’ by articulating the mission and purpose of the system.
- Make the mission statement clear and specific, incorporating what you want to achieve, who you are doing it for, how you will do it and how it will help children and young people.
- Identify the scope of the strategy (such as geography, services and organisations and client groups).
- Who are the system leaders who will take ownership and provide strategic support?
- What are our values and beliefs?
- Who are the broader stakeholders involved? Consider the cross-cutting themes outlined earlier.
- What role do all organisations/services have in the system? Map out the functions (high level summary is okay for now).
- Bring champions from across the system together to form a working group of all partners that has a clear governance structure.

✓ Remember: ‘We’ isn’t just the NHS and should include children, young people, their parents/carers, the Voluntary Sector, Local Authorities (including social workers, educational psychologists, health visitors), police, education (including school nurses), youth justice teams etc.

✓ Remember: Involve HEE and local colleges/universities early to support conversations regarding the workforce gaining the required skills and attracting new entrants to the system.
2. Where are we heading?

- Understand the strategic context and future direction, e.g. Long Term Plan.

- Define the future vision of a unified service provision with common language understood by all partners. Base the vision on the views and wishes of children, young people and their families and align to the local, STP/ICS and national context. Consider what problems you are trying to solve within the scope of the strategy and what will a good strategy enable you to do.

- What outcome(s) do you want to achieve as a system? What outcomes do children and young people want?

- Develop the intended/desired demand and future state, e.g. a system focussed on early intervention, less crisis admissions, improved support for vulnerable groups. This will help provide focus when defining your workforce.

- Are you working in the context of moving towards an all-age/life-span approach to mental health and emotional wellbeing? How does the provision for children and young people feed into this?

- Be locally needs based using data and evidence to provide direction and clarity.

More details will be added to this in step 4 – so for now a high-level overview is okay.

✓ Remember: Pace and timing is important; these strategies will be complex but need approaching with ambition AND realism so breaking the work into chunks will make it more manageable. These chunks could be organisational and/or pathway/condition specific. You may want to think about one organisation first (such as CAMHS) – how do they fit into the vision and what workforce to they need? Where does that organisation sit in a particular pathway? Refer back to the scope in step 1.

✓ Remember: Developing a common set of outcomes for children and young people can help bring the system together and provide a focus for your workforce to achieve.

✓ Remember: Your area/STP’s trajectory for meeting the additional 343’000 or higher number of CYP to be seen by 2023/24 according to the Long Term Plan and 100% coverage of crisis services.
**What Good Practice looks like:-**

The CYPMH workforce has sufficient expertise and capacity to deliver clinical pathways and plans for sustainability in place.

**Common actions required:-**

- Clear training strategy aligned to demand
- Establish peer support worker roles
- Develop a plan for building and maintaining sustainable future workforce
- Consider skills required at different steps
- Prioritise the wellbeing of staff teams; cascade and role model the behaviour wanted in the service.
3. Where are we now? a) The system

- Understand the profile and demographic of the local CYP population – including mental health and emotional wellbeing indicators (you may want to do this up to the age of 25 and subdivided into chunks, e.g. 0 – 5yrs, 6 – 12yrs, 12 – 17yrs, 18 – 25yrs and remember vulnerable groups).

- Create an understanding of the system’s purpose and process by adding more detail to the previous stakeholder mapping in step 1 to identify and describe services, service function, place in the system and their current outcomes. Adopting an Thrive model can help map the whole system and identify where services sit and connect. Consider how the needs of the different groups are met throughout the system.

- What do children and young people say about services? What is important to them?

- Where is there duplication? Is the duplication okay, e.g. enables choice to children and young people, or is the duplication unnecessary?

- Identify mission critical services/functions - the must haves.

- Measure current activity, capacity and demand in various parts of the system (who is doing what and where, including reasons for referral). Is there an unmet need?

- How are existing resources utilised (including technology)?

- What parts of the system flow data to the national Mental Health Services Dataset?

- What are the current costs and performance measures?

- What constraints are in place that hamper service and workforce development? Consider national, STP/ICS and local levels.
The Thrive Model

Basic example of how to map the system’s services and narrative

Service A:
- The age group(s) cared for
- Clear concise description of the service, geographical coverage, pressures, innovative ways of working
- The outcomes delivered

Service B:
- The age group(s) cared for
- Clear concise description of the service, geographical coverage, pressures, innovative ways of working
- The outcomes delivered

Service C:
- The age group(s) cared for
- Clear concise description of the service, geographical coverage, pressures, innovative ways of working
- The outcomes delivered
What Good Practice looks like:-
The local offer including the assessments and interventions available to CYP and their families are evidence and best-practice based.

Common actions required:-
- Define clear treatment pathways and indicated dose
- Use data to understand demand and requirement for specific pathways
- Joint plan to manage waits for neuro-developmental diagnostic services
- Make step up and step down seamless and robust in community offer
- Prioritise NICE recommended treatment
- Ensure outcomes are primary driver to clinical practice

(System Improvement Team resources)
3. Where are we now? b) The workforce

- Understand the WHOLE current workforce (not just frontline staff but include other functions such as administration, management and data) by analysing its:
  - Characteristics (e.g. age, gender and ethnic mix)
  - Skill mix/competencies
  - Productivity
  - Numbers/WTE
  - Strengths
  - Supervision where appropriate

(To make this manageable undertake at team/service level and bring together to create a full picture that sits alongside the service mapping in step 3a)

- Identify pressure points (high turnover areas, lack of right skills or competencies in certain parts of the system, low productivity, recruitment/retention, supervision, data, skill shortages). This means identifying particular existing workforce risks and difficulties with recruitment of specific clinicians.

- To what extent is the system using evidence based and practice based evidence in its interactions with children and young people?

- Identify where skills and competencies are duplicated throughout the system.

- What are the current levels of job satisfaction?

- When was job planning last undertaken – is it still relevant?

- How does the workforce change when young people approach 18 and move into young adulthood?

✓ Remember: Skills can include professional qualifications and use of outcome measures but also need to include technical skills such as competent use of Microsoft Office, accurate data entry, use of electronic recording systems/patient records, use of voice recording/digital dictation and being tech’ savvy. In addition, skills should also include softer elements such as those on the Positivitree and ability to relate to children and young people and have at least a high level understanding of social media.

✓ Remember: Services in education settings and the skills of those working within education.

✓ Remember: A mixed methods approach to understanding the current workforce may be necessary, e.g. audits, face to face interviews, questionnaires.
Here are some further points on workforce competencies for CAMHS that can also be applied across the system as appropriate...

All staff working in targeted and specialist CAMH services are required to be competent in the core functions (Skills for Health). The core functions include competencies in:

- Effective communication and engagement
- Assessment
- Safeguarding and welfare
- Care coordination
- Health promotion
- Supporting transitions
- Multi agency working
- Sharing information
- Professional development

✓ Remember: Steps 3a and 3b might seem overwhelming, but understanding your current position is vital and is achievable when broken down into chunks (such as team, service, organisation) by partners working together to identify their own inputs. Bringing all these components together into one visual portrayal of your system (maybe on a big blank wall) will prove beneficial in the long term.
4. Where do we want to be?

- Refer back to the vision and desired outcomes (step 2) - is the current system configuration (step 3a) fit for purpose? What may need to change and what could be done differently (be ambitious but realistic)? Identify scenarios that may affect the system and its workforce, including what digital innovations are on the horizon.

- Identify key features of the future, desired workforce characteristics and competencies at various points in the system.

- Involve CYP and their families.

- Be creative and think about competencies rather than professions (such as development rolls between bandings and parent peer support workers).

- What are the features of a workforce that will deliver the outcomes you identified in step 2?

- Reflect on where the intended/desired demand will be and identify the characteristics and competencies of the workforce needed to achieve this.

- What workforce do you need, where and when? Using the Thrive model will help and Health Education England’s ‘The Five Rights’

- Flexibility; Consider attributes of a flexible workforce that can meet the need of children and young people in a variety of ways and a system that supports this.

- Commit to a whole system set of behaviours and values that are defined by children and young people (e.g. the Positivitree)

- Commit to make CYP IAPT business as usual.

- Look at the system configuration in step 3a - create your desired future state, system configuration and associated workforce. Keep in mind the ripple of effect of changing one part of the system and what impact this might have on another part. Refer back to the cross cutting themes if necessary. What is your desired future capacity, activity and demand?

- What pressure points do you need to address (e.g. pathways, system configuration, availability of choice, productivity, data flow). What particular workforce risks need addressing, e.g. difficulty recruiting specific clinicians?

- Ask how can parents/carers be supported to be part of the workforce?

✓ Remember: To make this manageable undertake at team/service level and keep focussed on the vision with a view to sustainable delivery. Start high-level and then drill down to individual services – always keeping an eye on the vision and outcomes you want to achieve.
The Five Rights

Right Size
The right number of people in the jobs that deliver services effectively

Right Skills
The right combination of skills for the right jobs to deliver services effectively

Right Shape
The right composition of workforce, in terms of structure, role, purpose, and needs, to deliver services effectively

Right Spend
Affordable workforce and delivery of services within the system

Right Site
Availability of people with the right skills and competences at the right locations, to meet changing workforce requirements
5. What don’t we have?

- Refer to your vision and future state (steps 4) and note what changes are likely to happen.

- What’s the difference between your current capacity, activity and demand and your future desired capacity, activity and demand?

- How does the current workforce (step 3b) compare to the workforce for the future (step 4)? Gap analysis of:
  - Characteristics
  - Skill mix/capabilities
  - Productivity
  - Numbers
  - Strengths
  - Supervision where appropriate

- Is the workforce meeting the need of the local CYP population (step 3a) and future state/desired demand (steps 2 and 4)? Think in terms of competence, not profession and align/reshape the workforce to your CYP population needs and future state/service configuration. Keep in mind workforce supply and demand – what do you know about the shape of the workforce?

✓ Remember: To make this manageable undertake at team/service level then bring together so you can compare and contrast the whole system and challenge duplication.

✓ Remember: Think what could be done differently to meet the need of the population served and refer back to the vision and outcomes you want to achieve. Avoid the trap of doing more of the same without challenging if there are alternatives (including location, VCS, online support). Don’t forget the critical functions.

✓ Remember: Ask if there are particular gaps when caring for vulnerable groups.
### Example of reviewing the outputs from step 5

<table>
<thead>
<tr>
<th></th>
<th>Name of Service A (Local Authority) and where fit in Thrive</th>
<th>Name of Service B (NHS) and where fit in Thrive</th>
<th>Name of Service C (VCS) and where fit in Thrive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 3b</strong></td>
<td>Summary of outputs, e.g. list of competencies, outcomes, strengths, numbers.</td>
<td>Summary of outputs, e.g. list of competencies, outcomes, strengths, numbers.</td>
<td>Summary of outputs, e.g. list of competencies, outcomes, strengths, numbers.</td>
</tr>
<tr>
<td><strong>Where are we now?</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Step 5</strong></td>
<td>Summary of outputs/gaps</td>
<td>Summary of outputs/gaps</td>
<td>Summary of outputs/gaps</td>
</tr>
<tr>
<td><strong>What don’t we have?</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Include all the services identified in step 3a so add in more columns as needed.
- Note the gaps between current state (steps 3a & 3b) and future state (step 4).
- Where are things duplicated? Is it appropriate for these duplications to be in place on a recurrent basis?
- Where are the gaps?
- Do any services have things in place from step 3 that can help fill the gaps?
- Can ways of working be changed to address these gaps? For example, if service A has something that service B needs can they integrate their working or share their skills?

✓ **Reminder**: This mapping could be completed per pathway or thrive quadrant initially and then brought together to form a whole system overview. Use colour coding to identify gaps and duplications.

✓ **Remember**: Having system leadership and ownership will help support these conversations.
6. How do we make it happen?

- Ensure the programme has clear leadership, ownership and governance in place.

- Look at the future state created in step 4 - what drivers and levers are available in the system to deliver your future state?

- Develop a quality assurance framework that brings together relevant elements, e.g. NICE and other strong evidence-based approaches, outcomes, finance, evidence-based care including practice based evidence with consistent outcome measures and the vision for the population being cared for.

- What opportunities can you capitalise on (e.g. funding, new roles, technology, economies of scale via an STP/ICS, VCS access to funding and grants)? Make this manageable by thinking of teams and or services who feed into the whole system.

- Map out how the system will address the gaps between current and future workforce needs and identify short, medium and long term goals. Prioritise actions, identify quick wins, trajectories/annual projections with associated timescales. What could be done differently for the workforce risks that were identified, e.g. difficulty recruiting specific clinical roles? How else might this role be performed?

- How will the pressure points be addressed by the system as a whole? Consider integrated working and pooled budgets.

- Where might you need to shift competencies around the system to meet the desired future state?

- What current workforce strengths/assets can be built on/expanded? How can specialist services share their skills with universal services?

- Engage with HEE and HEI regarding workforce training needs for the future and innovative strategies for recruitment and retention.

- Develop implementation & investment strategies and change management processes to address workforce planning.

- Create integrated, whole system training and development plans aligned to achieving the future characteristics of the workforce, including career progression/pathways and innovative ways of gaining skills and reducing the need for ad hoc/opportunistic training. Ensure the training strategy is linked to the workforce strategy to ensure best use of resources.

- It is important that all staff, in whatever sector or setting, look at the functions they perform and consider alternative ways that some of these can be delivered. Try to establish a range of options and evaluate them. Work with children, young people and families to design and problem solve. Are the options costed in terms of resources? How can existing resources be used in a more cost-effective way yet still deliver the desired outcomes?
• How will stakeholders be communicated with? Develop a communication plan.

• Effort should be concentrated on attracting new recruits, more than existing qualified staff working outside the NHS. Consider the available skills pool and labour market who can bring excellent skills, e.g. call centre staff who are trained in customer service, appetite within education settings to work more closely in CYP mental health services (as seen from volume of applications to become Education Mental Health Practitioners).

• Ensure job plans and service specifications are up to date and relevant to the future state. Revisit job descriptions – are those from non-traditional backgrounds encouraged to apply if appropriate?

• Think about where jobs are advertised so a broad range of individuals can be reached.

• Consider establishing links with local schools, colleges and universities to build the workforce for the future by attracting people into mental health.

• Consider what the local reputation is for working in the health and/or social care and how this can be improved so as to attract the workforce. Share the successes and look at marketing and use of social media.

✓ Remember: Refer to the section ‘What Makes a Good Whole System Workforce Strategy?’
7. Are we on track?

- Evaluate the outcomes and set workforce planning metrics
- Set regular, realistic monitoring points for progress against goals, including short, medium and long-term goals.
- Regularly query if actions are working towards achieving your vision and outcomes. If not query their relevance and priority.
- Regularly review resources – who is doing what and their capacity.
- Regularly test and reinforce the system’s commitment to the strategy and its delivery.
Toolbox – Useful Documents and Links

- **HEE Stepping Forward to 2020/21** A mental health workforce plan
- **Mental Health of Children and Young People in England** This survey series provides source of data on trends in child mental health.
- **i-THRIVE** Explanation of the iThrive model
- **HEE Star** The HEE Star is a tool to support workforce transformation, helping providers understand their workforce requirements.
- **CYP IAPT** Overview of CYP IAPT and its five core principles
- **Mental Health Core Skills Education and Training Framework**
- **Healthy London Partnership Workforce Strategy** Sample workforce strategy
- **Greater Manchester Workforce Strategy** (CAMHS)
- **Green Paper for Transforming children and young people’s mental health** The Government’s plan to expand access to mental health for children and young people, including the establishment of Mental Health Support Teams
- **CYP Integrated Workforce Planning Template**
- **NHS Providers** A Place to Work; System approaches to workforce challenges

NHS England NHS Improvement System Improvement Team (SIT) provide in depth local system reviews which incorporate a self-assessment against the following 10 domains:

<table>
<thead>
<tr>
<th>Domain</th>
<th>CYP-MH Good Practice Indicator statement</th>
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<tbody>
<tr>
<td>Access &amp; Waits</td>
<td>Support to CYP who have concerns regarding emotional and mental wellbeing is commissioned and provided in a way that is easy to access, responsive and requires minimal waits.</td>
</tr>
<tr>
<td>Strategy &amp; Collaboration</td>
<td>Seamless, system wide collaboration which is represented in a joined-up vision and clear sustainable investment across the locality.</td>
</tr>
<tr>
<td>Workforce</td>
<td>The CYPMH workforce has sufficient expertise and capacity to deliver clinical pathways and plans for sustainability in place</td>
</tr>
<tr>
<td>Evidence-Based Practice</td>
<td>The local offer including the assessments and interventions available to CYP and their families are evidence and best-practice based</td>
</tr>
<tr>
<td>The Model</td>
<td>A coherent STP wide model for delivery of CYP MH is in place which is based on CYP-IAPT values and principles, early intervention and recovery. The model is co-produced, evidence based, effective and encourages local innovation.</td>
</tr>
<tr>
<td>Involvement &amp; Participation</td>
<td>Involvement and participation of young people and their support networks is embedded throughout service development, delivery and review</td>
</tr>
<tr>
<td>Productivity</td>
<td>Productivity is reviewed and maximised to ensure efficient delivery and use of resources</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Outcomes drive commissioning and service improvement at a strategic and operational level including the use of Routine Outcome Measures (ROMs) to evaluate effectiveness, lead service improvement, inform interventions and help determine endings</td>
</tr>
<tr>
<td>Data Quality</td>
<td>Quality data is being recorded and flowed which ensures clinical quality is maximised</td>
</tr>
<tr>
<td>Culture</td>
<td>There is a person-first empowering culture which embraces collective ownership, positive risk taking and innovation.</td>
</tr>
</tbody>
</table>
Toolbox – 2. Where are we heading?

- **Long Term Plan**
- **NHS Mental Health Implementation Plan 2019/20 – 2023/24**

Refer to your Local Transformation Plans & STP/ICS plans (including all age mental health workforce strategies)

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**Outcomes from Stairways**

*Taken from Summer 2019 Consultation: When I Grow Up I Want to Be...*

Key themes from what Stairways said:

**When I grow up I want to be...**

- Happy
- Confident
- Comfortable with who I am
- Equipped to deal with my emotions
Toolbox – 3. Where are we now?

Sample tools and templates – browse through and determine which suit your needs and/or can be adapted:

- [How to conduct a skills audit and identify skill gaps](#) – generic guide
- [Skills audit form (can be adapted)](#) – Local Government Association
- Self-Assessed Skills Audit Tool ([SASAT](#)) This is a starting point to gaining key information required to support long term workforce planning and development and embedding of a learning culture.
- [Model Hospital](#) (includes compartments on activity, productivity and caseload) for providers
- [In It Together: SEMH Competency Framework for Education Settings](#) provides an auditable tool for skills and competencies of all levels of the workforce working within education.
- [System Improvement Team Workforce Analysis Tool](#) (can be used with support and guidance)
- [Basic sample whole system workforce benchmarking template](#)
- [NEL Children’s Workforce Professional Capabilities Framework](#)
Sources of information...

Statistics on children’s social workers employed by local authorities.
Statistics on the size and characteristics of the schools’ workforce in state-funded schools.
NHS Benchmarking – Provider annual report, including productivity

A brief profile of each of the LA/CCG’s in your area is set out on http://fingertips.phe.org.uk/profile-group/mental-health and https://fingertips.phe.org.uk/profile-group/child-health

Profiles available:

Children's and Young People's Mental Health and Wellbeing: This tool presents collated data on risk, prevalence and the range of health, social care and education services that support children with, or vulnerable to, mental illness.

Common Mental Health Disorders: This tool presents collated risk, prevalence, early intervention, assessment and treatment, outcomes and service costs data relating to people with common mental health disorders, including depression and anxiety disorders

Co-occurring substance and mental health issues: This tool presents data on smoking, alcohol use and drug use, including prevalence and treatment demand and response, alongside related mental health data to inform practice around co-occurring substance use and mental health issues

Crisis Care Profile: This profile brings together nationally available data on mental health crisis care, including metrics for; prevalence, risk factors, prevention, access to support, access to urgent care, and quality of treatment. The data is presented at local level to help develop understanding, and support benchmarking, commissioning and service improvement

Mental health JSNA: This profile is designed to support local Health & Wellbeing Boards in developing Mental Health JSNAs. It brings together nationally available data on mental health prevalence, risk and protective factors and healthcare services. The data is presented at local level to help develop understanding, and support benchmarking, commissioning and service improvement. There are several metrics at sub-CCG and sub-LA that allow local areas look at within area variation

Suicide Prevention Profile: This profile brings together nationally available data on suicide, risk factors for suicide and service contacts for groups at increased risk of suicide. The data is presented at local level to help develop understanding, and support benchmarking, commissioning and service improvement.

http://fingertips.phe.org.uk/profile-group/mental-health
Child and Maternal Profiles/summaries include:

**Overview of child health:** Presents data on a range of factors related to the health and wellbeing of pregnant women, children and young people including Child Health Profiles

**Pregnancy and birth:** Presents data on a range of factors related to conception, pregnancy and delivery, including Breastfeeding Profiles

**Early years:** Presents information on the health of children aged 0 to 5 years, and includes Early Years Profiles and Breastfeeding Profiles.

**School-age children:** Presents data on a range of factors related to the health and wellbeing of school-age children, and includes School-Age Children Profiles

**Young people:** Presents data on a range of factors related to the health and wellbeing of young people and includes Young People’s Profiles

**Health behaviours in young people:** Presents data on a range of factors around health behaviours and risky behaviour in young people. It includes What About YOU? survey data

**Healthcare use:** Presents information on the use of NHS services including data from the Atlas of Variation in Healthcare for Children and Young People.

**Long term conditions and complex health needs:** Presents data on a range of factors for children and young people with long-term conditions such as asthma and diabetes or complex health needs

**Mortality:** Presents data on deaths during pregnancy and childhood and includes Infant Mortality and Stillbirth Profiles

**Obesity:** Presents data on obesity among children and young people. It includes data from the National Child Measurement Programme

**Public Health and NHS Outcomes Frameworks for Children:** Brings together a selection of the most relevant indicators from the Public Health Outcomes Framework and the NHS Outcomes Framework to inform discussions and encourage improvements in services and health outcomes for children and young people

**Unintentional Injuries:** Presents data on injuries suffered by children and young people in the home and on the roads

**Vaccinations and immunisations:** Presents data on vaccinations and immunisations among pregnant women, pre-school and school-aged children.

**Vulnerable children and young people:** Presents data on vulnerable children and young people

You can also consult your co-opted public health specialist to provide simple charts, graphs and maps that create a snapshot of the specific demographic factors for the area covered by this plan and how they compare to similar areas/national figures. This information can be referenced to the population needs assessment underpinning the CAMHS transformation plan.

[https://fingertips.phe.org.uk/profile-group/child-health](https://fingertips.phe.org.uk/profile-group/child-health)
Toolbox – 4. Where do we want to be?

- **CYPMH Strategic Modelling Tool** The System Dynamic Modelling Tool has been created to help with planning within commissioning of Children and Young People’s Mental Health Services.
- **CAPA** – Choice and Partnership Approach is underpinned by demand and capacity theory and is a service transformation model.
- **Thrive Elaborated** – this guide includes a suggestion around predicted number of sessions per Thrive needs based grouping (see pages 15 & 16)
- **UCL competence framework** for child and adolescent mental health services
- Refer again to the **Long Term Plan** and **Fingertips** tools to look at the future direction of CYP mental health nationally and the trend data found in Fingertips. What trends do you want to address?
- Commissioners have access to the Long Term Plan modelling tool on the Future Collaborations Platform and Providers have access to the **Model Hospital** tool.
- **NHS England Health Based Workforce Trajectory** – particularly useful for all-age, 0 – 25 services
Toolbox – 5. What don’t we have?

Compare what you audited in steps 3a and 3b to what you identified you need in step 4 – what don’t you have? Write a ‘shopping list’.
Toolbox – 6. How do we make it happen?

- **System working - staff mobility / portability**: guidance for employers
- **Start Well: Stay Well** model to support new starters
- **Attracting and retaining local talent** – NHS Employers briefing
- **Training routes into the NHS** – NHS Employers infographic
- **Inspire attract and recruit toolkit** – NHS Employers toolkit
- **Improving staff retention: Flexible working** – NHS Employers guide
- **New initiatives to support staff retention** – NHS Employers case study
- **Reward to support staff retention** – NHS Employers case study
- **Improving Staff Retention: A Guide For Employers** – NHS Employers
- **Why the board should support reward** – NHS Employers summary sheet
- **Using reward as part of an effective recruitment strategy** – NHS Employers case study
- **Tackling workforce supply challenges through local collaboration** – NHS Employers case study
- **Staff engagement 12 tips** - NHS Employers
- **Flexible working top tips** – NHS Employers
- **Employability Skills Matrix for the Health Sector** – Skills for Health guide
- **Workforce Stress and the Supportive Organisation**
- **Making the NHS the best place to work: support for engagement to improve our people’s experience at work**. This resource is intended to support NHS organisations and systems to engage with staff on making the NHS the best place to work. It is intended for workforce leads in CCGs and ICSs as well as HR directors of NHS trust and foundation trusts

Google images
Toolbox – 7. Are we on track?

Set up a project plan structure that you are familiar with and set regular monitoring points.
A few ideas can be found [here](#).