Greater Manchester Children and Young People’s Emotional Wellbeing and Mental Health

Workforce Strategy 2018-2021
Developing the workforce to support the emotional Health and Well-being of Children, Young People and their Families in Greater Manchester
Contents

Background ................................................. 2
Greater Manchester Context ......................... 3
Interdependencies ...................................... 3
Values ......................................................... 4
Specialist CAMHS: Workforce Mapping/Skill-mix .. 6
Specialist CAMHS: Workforce Capacity and Demand .. 8
Specialist CAMHS Workforce: Recruitment and Retention .................. 10
Education and Training .................................. 14
Supervising the Workforce ............................. 16
Leading the Workforce .................................. 17
Staff Well-being ........................................ 18
Supporting the Wider Children and Young People’s Workforce .................. 20
Workforce Innovation .................................... 22
Governance Structure and Future Plans ............ 22
Appendix: Workforce High Level Implementation Plan ................... 24
1. Background

1.1. Investing in a high-quality workforce to deliver children and young people’s mental health services is paramount. Over recent years there has been an increasing recognition of the importance of supporting the emotional well-being of young people. Numerous reports from multiple sources highlight the increasing concern that this population are reporting ever increasing mental health difficulties, and media reporting of the scope and scale of the issues facing young people has also increased sharply.

1.2. The publication of Future in Mind (2015), the Five Year Forward View for Mental Health (2016) and the recent Transforming Children and Young People’s Mental Health Green Paper (2017) all focus on the need for increased recognition, investment and re-visioning of service delivery in order to meet the current and future need for children and young people (CYP), and crucially highlight the key importance of workforce development.

1.3. In this context the Government have a stated ambition that by 2020/21, there will be a significant expansion in access to high-quality mental health care for children and young people. At least 70,000 additional children and young people each year will receive evidence-based treatment – representing an increase in access to NHS-funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions. This ambition is reflected in the uplift in CCG allocations to support transformation including the recruitment of the additional workforce required.

1.4. Delivering the increase in access to mental health services will require a significant expansion in the workforce. A national plan has been developed by Health Education England (HEE) together with NHS Improvement, NHS England, the Royal College of Psychiatrists and other key mental health experts that seek 2,000 more clinicians to work in CAMHS by 2021. This will require new staff to be trained and supervised by more experienced staff, all services working within the CYP-IAPT programme, as well as return to practice schemes for those approaching retirement and co-ordinated local recruitment drives.
2. Greater Manchester Context

2.1. In 2015, the 37 NHS organisations and local authorities in Greater Manchester (GM) signed a landmark agreement with the Government to take charge of health and social care spending and decisions in our city region.

2.2. Greater Manchester Health and Social Care Partnership (GMHSCP) have developed a workforce strategy which looks to:
- Support localities in improving and implementing local transformation plans
- Develop and implement comprehensive workforce plans and interventions that address key strategic challenges

2.3. GMHSCP is committed to develop the current provision of mental health services and, through devolution, is working towards a whole system approach to the delivery of children and young people’s mental health and well-being services. This entails taking collaborative action to make full use of the targeted CAMHS investment in localities, clusters and across Greater Manchester to support the holistic needs of the individual and their families living in their communities.

3. Interdependencies

3.1. The development of the CAMHS workforce strategy relates to:
- Community Eating Disorders (CEDS)
- Early Intervention Psychosis (EIP) Services
- GM Start Well Early Years Strategy
- CYP- IAPT (Increasing Access to Psychological therapies)
- Greater Manchester Delivering Effective Services for Children and Young People with ADHD Standards
- Greater Manchester Integrated Crisis Care for Children and Young People up to aged 18 across Greater Manchester: The REACH-IN Model
- Delegated specialised Tier 4 CAMHS (General Adolescence and Eating Disorder)
- GM iTHRIVE
- GM Health and Youth Justice
- GM Mentally Healthy School programme
4. Values

4.1. The CAMHS Workforce Strategy will take forward the children and young people’s emotional wellbeing and mental health agenda. It will ensure that commissioners and services take a co-ordinated approach to developing the workforce, in both specialist CAMHS and across the broader children’s workforce, including schools, local authorities and the voluntary and community sector.

4.2. The CAMHS Workforce Strategy outlines principles and solutions across a range of domains which should be relevant across all sectors. Key to sustainable workforce development are:

- Building resilience in children, young people and families (CYPF) and communities;
- Recognising, harnessing and increasing capacity;
- Integrating provision and collaborative working;
- Ensuring staff well-being is at the centre of workforce planning and development.

4.3. The CAMHS Workforce Strategy includes:

- Mapping of the specialist CAMHS workforce;
- Planning for increased capacity including appropriate deployment – right people/right place/right time;
- Recommendations for high quality sustained cross-sector training/supervision.

4.4. Over time the strategy should:

- Inform commissioning at a local level through Local Transformation Plans and wider GM commissioning of the workforce across agencies, and across community and specialist services;
- Continue learning from other work-streams;
- Hear the voice of service users, families and other stakeholders.
5. Specialist CAMHS: Workforce Mapping/Skill-mix

5.1. There is a clear recognition nationally that significant variation exists in the provision of specialist CAMHS. Across GM there is now a clear opportunity to reduce fragmentation by setting out a whole GM approach to developing the CAMHS workforce. The development of a GM specialist CAMHS service specification will assist by outlining the key deliverables for all specialist CAMHS providers across the footprint.

5.2. Workforce transformation in CAMHS across GM begins with a clear understanding of existing specialist resource, identifying needs across the footprint and the requirement that all young people in GM have access to high quality services. Identifying suitable baselines for both current need and anticipated demand must be the first step towards developing a workforce strategy to bridge any gaps (either in terms of workforce numbers or skills) and develop the workforce into one fit to fulfil the ambitions of national policy and fulfil the recommendations of the Five Year Forward View for Mental Health.

5.3. Specialist CAMHS delivers to a wide range of populations, and following on from longstanding key messages from the National Service Framework through to Future in Mind there are clear requirements that services are delivering comprehensively. These areas include:
- Core/district work – with some services offering a 0-16 model of provision, others up to 18 years.
- Early years
- Learning disability
- Neurodevelopmental conditions
- Looked after Children

5.4. The recommendations set out in this strategy relate to all areas of specialist CAMHS. However we acknowledge that the specific configuration, size and staffing of services which target specialist populations, such as Looked after Children, those young people in contact with the Youth Justice System, Neurodevelopmental Conditions and Learning Disability services may also require more detailed bespoke planning in parallel work streams. There is ongoing discussion and work to ensure that workforce in relation to targeted areas is fully understood and addressed.

5.5. The specialist CAMHS workforce is made up of a range of professionals, many of whom have followed highly specialised training (including psychiatrists, clinical psychologists, nurses, child psychotherapists, family therapists, social workers, occupational therapists and speech and language therapists). Staff with these highly specialist skills are integral to high-quality service delivery. At the same time many CAMHS services include workers from a range of other professional backgrounds, both in order to diversify entries into CAMHS, and in recognition that CYP may benefit from a range of approaches to intervention. There is a clear need to ensure a suitable balance between clinicians with core professional training and staff from other backgrounds to ensure continued access to high level skills, including intervention, supervision and consultation.
5.6. In planning workforce it is important to recognise the central importance of all key professionals and across GM there is an opportunity to examine in detail the staff/professional make up of all specialist CAMHS teams and compare to national and professional recommendations regarding team size and professional skill-mix. This exercise will be key when also considering highly specialised targeted services delivering to a comprehensive CAMHS agenda.

5.7. This strategy will require a clear understanding of the specialist CAMHS services currently available and address differences and commonalities in delivery, staffing ratios and targeted provision. In order to assist services with this process of mapping the existing workforce in any given locality a number of audit tools have been developed.

5.8. The Self-assessed Skills Audit Tool (SASAT) has been used for this purpose across a range of CAMHS teams nationally. This tool was developed by Barry Nixon, previous National Workforce Lead for CAMHS at the Department of Health. The SASAT can provide organisations, teams and individuals with a process and tool to support the gathering of self-assessed information, mapping the usage of identified skills and highlighting any training gaps. Organisations can use the information gathered to respond effectively and flexibly to education and training needs as they emerge and to inform current and future education and learning commissioning and provision.

5.9. A range of national guidance exists setting out possible configurations of staffing within specialist CAMHS. Royal College of Psychiatry guidance from 2013 gives recommendations on staffing mix for specialist Tier 2/3 CAMHS teams per 100,000 total population (for example recommending 19.3 Full Time Equivalents (FTE) for services covering up to 18 years of age in non-teaching sites and 24.2 FTE for teaching sites). This guidance also sets out recommendations of professional skill-mix, although this data is in the process of being updated and does not cover all professional groupings.

5.10. Guidance from the British Psychological Society’s Faculty for Children and Young People sets out staffing recommendations for CAMHS of Clinical Psychologists at differing levels of expertise, and the Psychological Professions Network Alliance sets out guidance on training and staffing for a wide range of psychologically-informed practitioners. It is evident that there is currently no definitive guidance on how to constitute an appropriate staffing mix for CAMHS.

Recommendations:
- All specialist CAMHS service will utilise the SASAT to map their existing provision in order that a clear understanding of both local and GM gaps are understood. This assessment should include information on staff numbers including whole time equivalents, skills and capabilities.
- This assessment process will be conducted in each of the 10 locality specialist CAMHS teams.
- GM commissioners and providers should collaborate in reviewing the available literature/guidance available on appropriate CAMHS staffing levels and skill-mix and utilise this information to establish workforce plans which are both tailored to locality need, and which also sit within an agreed GM framework.
6. Specialist CAMHS: Workforce Capacity and Demand

6.1. Across GM there is considerable variation in the way that NHS-funded CYP CAMHS teams are configured in their delivery model, and in their staffing capacity, professional and skill mix. Need and demand differ across GM, according to a range of complex factors, but there are clear similarities in the ways in which young people present across a range of issues and settings, which requires enhanced consistency and alignment in delivery model and as such workforce. In order to meet targets set out in Five Year Forward View\(^2\) and to move towards more aligned delivery of NHS-funded CAMHS services it is crucial that there is a clear framework to guide future investment in these services across GM.

6.2. There is a nationally recognised increase in demand on specialist CAMHS. Recent figures suggest that the GM CAMHS clinical workforce is approximately 450 FTE in size. On the basis of national recommendations it is estimated that GM requires approximately 593 FTE CAMHS clinicians (19.3 FTE per 100,000) to cover its populations (n. 2,782,141), a potential shortfall of over 143 clinical staff.

6.3. NHS Benchmarking (2016)\(^a\) data for CAMHS indicates that approx. 1,750 young people are on CAMHS average caseloads, per 100k population (age 0-18). This equates to GM currently providing community treatment to 11,929 young people under 18. When set against prevalence estimates from Green et al (2004)\(^b\) of circa 40,500 (5-16yrs) across GM with a diagnosable condition, this suggests that there is a huge unmet need.
6.4. In the context of increased need and a stagnant workforce many teams have for some years been operating clinician caseloads far in excess of that which is recognised as both safe and optimal for delivering good quality services.

6.5. A range of important and related themes have emerged over time in an attempt to address demand and capacity issues in specialist CAMHS, as well as manage financial constraints from a range of sources. These have included:

- Lean approaches to caseload management including utilising the Choice and Partnership Approach – CAPA\(^1\). This is an approach to managing flow through CAMHS services, and has been particularly employed to manage existing waiting-lists.
- Raising thresholds for referrals
- Increasing investment in early intervention and community services
- Service restructuring often resulting in reductions to senior staffing and recruitment of more junior staff

6.6. However as demand has increased there have been a range of further issues emerging:

- Services often report being unable to stick to CAPA modelling for safe and effective caseload management
- Unacceptable waiting-times and/or thresholds which prevent access to many CYP who could/ would benefit from specialist CAMHS
- Reduced skill-mix/seniority to manage complexity and provide specialist supervision and consultation
- Demoralised staff with limited career opportunities/progression leading to further/chronic recruitment and retention issues

6.7. To meet the requirements of the Five Year Forward View for Mental Health\(^2\) and Stepping Forward to 2020/21: The mental health workforce plan for England, GM as an STP area has to submitted returns to NHS England on how we are planning to grow the CAMHS workforce to enable us to deliver increased access and better outcomes.

6.8. The enhancement of an additional 111 CAMHS clinical staff across Greater Manchester, will be supported by Greater Manchester Transformation funded uplift of 39 additional clinical posts working within the Greater Manchester Crisis Care Pathway (REACH-IN). This combined growth sets an ambitious target to grow the workforce by a total of 150 clinical posts by 2021; ensuring a comprehensive CAMHS (up to 18yrs) to meet the population needs.

Recommendation:

- In relation to the NHS-funded CYP workforce (or specialist CAMHS) there is an urgent need for uplift in establishment to meet current/projected need in line with access targets set out in the Five Year Forward View\(^2\) and the national Stepping Forward to 2020/214, by 2021
- Local Transformation Plan resources to actively enhance the 10 locality community CAMHS services with utilisation of funding to uplift capacity up to 2021
7. Specialist CAMHS Workforce: Recruitment and Retention

7.1. Both the national Stepping Forward and GM Mental Health Workforce Strategy recognise the major ongoing challenges facing specialist CAMHS around recruitment and retention. The following are some of the important mediating factors:
- High/increasing caseloads
- Limited career progression and opportunities
- Burnout in a high demand role
- Ageing/retiring workforce
- Reduced CPD/training opportunities
- Variable access to supervision

7.2. NHS organisations currently lose 10,000 staff each year from mental health services. As well as being an inefficient use of public money, driving up agency/bank costs, in addition to costs related to appointment processes, a high turnover rate is often associated with poorer quality of care, and may be symptomatic of deeper problems within an organisation. NHS Improvement is implementing a national programme of mental health staff retention, which is part of a comprehensive program of work with providers.

7.3. In GM the historical commissioning variations in CAMHS services means that some localities struggle to both recruit and retain staff across a range of professional groups. This may be related to a number of factors including a national shortage in the training and qualification of Child Psychiatrists and Mental Health Nurses, but may also link to variability in pay, conditions and training/career opportunities.

7.4. Historically each provider has operated its' own approach to recruitment and retention, and there has been significant turnover of staff across GM for various reasons. This has sometimes meant that staff have been drawn from localities into the larger urban areas of GM where opportunities and incentives may be seen as greater. However there is also a recognition that the variability in staff-mix and particularly case-load size and complexity has led to some staff to move quickly from busy, inner-city departments, impacting on service stability. This variability has meant that there is no established set of principles guiding recruitment and retention to GM CAMHS as a whole.

7.5. As highlighted in the Stepping Forward document there is a recognition in GM that a range of clinicians in CAMHS are approaching retirement, many of whom have Mental Health Officer status allowing them to retire earlier and thus reducing the pool of highly experienced staff. MHO status was introduced in recognition that working in the field of mental health may be particularly stressful for staff, and sickness rates within mental health services may also be higher than elsewhere in the NHS. Stepping forward sets out a number of approaches to address these issues. Currently GM CAMHS has no co-ordinated strategy in this regard.
7.6. Within GM there are a number of Higher Education providers who annually produce a range of practitioners across multiple domains of mental health practice. Notwithstanding the reductions in qualifying Psychiatrists and Mental Health Nursing many of these practitioners choose to stay and work in GM, but necessarily this may be in specialty areas other than CAMHS. Despite some consistent local GM recruitment from courses there is currently no assertive programme of engagement with education providers to highlight the value of working in CAMHS. In addition there are a range of other practitioners outside of the ‘traditional’ training routes who are often not included in recruitment processes.

7.7. The current shortage in training for some of the established clinical roles in CAMHS also means that there is increasing interest in exploring other routes into services. For example there is increasing interest the Physician Associate role, which trains graduates from a predominantly biomedical science background in core areas of medical practice over a 2-year course. Currently there is limited focus on mental health in this training.

7.8. There has been a long recognised potentially untapped workforce, given the number of students graduating from Psychology degrees nationally. Although many of these do not opt to work in mental health, a sizeable number actively seek a career in mental health, as evidenced by the large number of applicants to Assistant Clinical Psychologist posts. This often results in many suitable candidates being turned away and there have been many attempts over time to capitalise on this resource. This has not resulted in a clear workforce trajectory for this group, who often move rapidly through services onto various training courses. This transience has meant that services may be reluctant to employ graduates despite their availability. It is clear however that despite the issue of movement through services the input of graduates to augmenting the work of more established colleagues, across a diverse range of areas including clinical, data-inputting and research can be invaluable.

7.9. Many of the recent strategic documents in relation to workforce make reference to a range of other possible sources of untapped resource. This includes the potential development of apprenticeships and internships in mental health services, recognising and accrediting prior experience, and harnessing the involvement of users, both young people and parent/carers. No consistent plan to develop and utilise this potential resource within mental health services or CAMHS is available either nationally or at a GM level.
Recommendations:

1. **GM NHS CAMHS Offer:**
   - Recruiting to a common set of agreed values with staff well-being at the heart of the GM CAMHS employment offer.
   - Commitment to high quality supervision, training, research and innovation opportunities that encourage the workforce to seek to train, work and stay in GM.

2. **Recruitment:**
   - Extending links to a range of trainings by assertively targeting local and regional training courses, including psychiatry, nursing, social care, clinical psychology and occupational therapy, and consider options for recruitment drives outside of GM.
   - Diversifying opportunities for professional groups including Physician Associates, Advanced Practitioner Nurses, Applied Psychologists, and increasing the career pathways for graduates, notably with an enhanced role for assistant practitioners/psychologists.
   - Improving the diversity of the workforce exploring options around apprenticeships, internships and enhanced volunteering.

3. **Retention:**
   - Targeting support to those with the highest clinical leaving rates in GM CAMHS including retention master-classes and flexible approaches to retirement drawing on the skills of the recent retirees to enable them to form a ‘Transition Bridge’ of expertise.
   - Developing a more flexible GM CAMHS workforce, broadening opportunities for CPD, research and shared practice across localities, increasing potential for movement across providers/localities, and reducing existing inequities across a range of professional and provider domains.
   - Ensuring a clear focus on the morale, mental health and well-being of the existing and future workforce, developing a better understanding of sickness rates, and where needed introducing more flexible contracts which ensure that staff with a range of work-life circumstances continue to feel valued and supported to remain in services long-term.
8. Education and Training

8.1. Future in Mind1 highlights that: “Professionals across health, education and social care services need to feel confident to promote good mental health and wellbeing and identify problems early, and this needs to be reflected in initial training and continuing professional development (CPD) across a range of professions.”

8.2. Across GM we are clear that the specialised workforce needs to be:
- Evidenced informed
- Needs led
- Formulation driven
- Outcome driven
- Goal orientated
- Vulnerability and complexity aware
- Collaborative (joint working)

8.3. There are already training frameworks within GM (Pennine footprint) which include a regular gap analysis informing a training matrix for all staff, based on need and availability. However there is currently no agreed approach to staff training and development across GM, nor a plan to utilize the wealth of in-house expertise and capacity. There is an opportunity to develop a consistent training plan to ensure that all staff from across professional backgrounds have access to clinically relevant, high quality and timely CPD, which recognizes local need and ensures that all areas of GM are adhering to the following key aspects of quality control:
- The relevance of the training to the staff members role
- The organisational support for the training to be used in practice
- The individual staff member’s own commitment to using the training in practice
- Use of supervision to embed new learning
8.4. MindEd\textsuperscript{13} is an online resource developed as a training portal to allow clinicians, professionals as well as parents and young people to access expert-produced, current and relevant information on a wide-range of mental health related issues for children, young people and families. This resource is updated regularly with new areas introduced over time. MindEd\textsuperscript{10} has already been recommended as a mandated training resource for all professionals working with children and young people via the local safeguarding board (Tameside) and there is an opportunity to explore the utility of this approach across GM.

8.5. Developing a strategy will provide further detail of the GM-wide involvement in the CYP-IAPT programme. This has been a key component of ongoing sustainable workforce development with the participation of CAMHS providers across the GM patch. Two large CAMHS providers were in the first phase of CYP-IAPT (Pennine Care and Central Manchester Foundation NHS Trust), and subsequently all GM providers have joined the collaborative. This will continue to enable the development of a GM-wide strategy to ensure existing and new staff are appropriately trained in evidence-based interventions and that the following core CYP-IAPT service transformation principles are embedded in all areas:

- Outcomes
- Evidence-based intervention
- Participation
- Service transformation

8.6. Since 2011, a total of 217 clinicians have been trained across GM, with 165 staff trained in the core curricula (including Enhanced Evidence Based Practice curriculum), 26 in service leadership, 26 in enhanced supervisor training. There has been an increased breadth and depth to the training with the addition of new curricula including: 0-5s, Tier 4, eating disorders, counselling, combination therapies and LD/ASD.

Recommendations:

- Providers will work together across GM to harness the expertise and experience of practitioners within current CAMHS services, in order to develop capacity in-house.
- Existing training packages will be reviewed and scaled up across GM as appropriate, with clinical staff enabled to contribute to teaching as appropriate.
- All GM services should develop a local plan, which follows overarching GM principles. The plan should ensure quality control in terms of training accessed and effective utilisation of CYP-IAPT graduates.
- Services should also continue to support the development of new models of training across GM including children’s wellbeing practitioners.
- GM CAMHS providers will collaborate in developing an ‘approved’ list of external training and web based training resources, including MindEd\textsuperscript{13} modules.
- MindEd\textsuperscript{13} will form the basis of mandatory annual online training, as matched to professional and clinical role.
- Services to ensure clear frameworks are in place for training in cultural competency.
9. Supervising the Workforce

9.1. Supervision is a critical element of clinical practice, ensuring academic/theoretical concepts become linked to practice\(^{14,15}\). Supervision is a formal but collaborative relationship which takes place in an organisational context, which is part of training and ongoing clinical practice, and is guided by a contract between a supervisor and a supervisee. The expectation is that the supervisee offers an honest and open account of their work, and that the supervisor offers feedback and guidance which has the primary aim of facilitating the development of the supervisee’s therapeutic competences, but also ensures that they practice in a manner which conforms to current ethical and professional standards.

9.2. Delivery of supervision varies dependent on clinical setting, between professions and across therapeutic modalities. However there are a range of key elements highlighting the central importance of supervision to all practitioners providing mental health input to children, young people and their families:
- Fidelity to the evidence base
- Effective case management and collaborative care
- Teaching, clinical discussion, problem solving and reflection with supervisees, including provision of constructive advice, direction and critical analysis
- Skills development and training
- Staff support and the prevention of burn out.

9.3. The specific content of supervision may vary, dependent on the service need, professional and therapeutic background of practitioners and providers need to have appropriate access to sufficient qualified supervisors to ensure that the range of clinical, case management and clinical governance opportunities are in place. There are specific frameworks for the provision of supervision for a range of therapeutic modalities, including CBT, systemic practice and psychodynamic psychotherapy. A wide range of other evidence-based interventions operate within CAMHS and providers should scope out the availability of staff to adequately meet this supervision need and develop workforce plans to ensure that access to this resource is understood, maintained and developed over time.

Recommendations:
- Providers to ensure that all clinical staff have access to timely, high quality supervision appropriate to their area of work
- Establish GM cross-professional peer-supervision networks
- Providers should develop frameworks for observed practice across all disciplines and grades to ensure supervision appropriately focuses on enhancing within-session delivery skills.
- Services will promote accreditation with appropriate professional bodies and ensure sufficient availability of supervisors for future workforce

Greater Manchester Children and Young People’s Emotional Wellbeing and Mental Health
10. Leading the Workforce

10.1. There is unprecedented pressure on CAMHS to improve performance and existing operations, in a context of rising demand for services and constrained funding. There is increasing demand to join up local health and care systems rapidly through working with local system partners on sustainability and transformation plans (STPs).

10.2. In this context it is essential that the CAMHS workforce is effectively led both operationally but also clinically, with the contribution of professional/clinical leadership central to the delivery of high quality services. Effective leaders create environments that are positive, trusting, and collaborative and aim to remove organisational obstacles, providing the tools and facilitation for employees to perform their jobs effectively.

10.3. Professional leadership undertakes a range of functions that support the provision of high quality services and their future development including:
- Ensuring safety in clinical delivery
- Ensuring effectiveness
- Providing depth of knowledge through experience

10.4. Presently there is a limited focus on succession planning and developing clinical and operational leaders for the future (including those from outside traditional routes), with many leaders in post reporting feeling isolated and less supported than in the past, and a recognition that many organisational cultures still need strengthening. There is a range of guidance on supporting and developing leaderships both from a profession-specific and broader health service perspective, but no consistent framework across GM CAMHS providers to ensure that these functions are effectively undertaken.

Recommendations:
- Review professional guidelines on Leadership including that which is relevant from bodies including the Royal College of Psychiatrists/British Psychological Society and Royal College of Nursing
- GM CAMHS providers adopting the NHS Developing People-Improving Care framework to ensure that leadership functions are effectively undertaken, including defining a set of outcome measures and the principles for reporting.
- Identifying training for future leaders including engagement with NHS Leadership programme/Academy
- Developing GM CYP Clinical Leads Network to ensure sharing of experience and knowledge
- Link with developments at a GM Health and Social Care Partnership level, including the ‘Leading from place’ work looking to develop leaders to lead from the communities that they serve.
11. Staff Well-being

11.1. There is significant evidence that wellbeing of staff has a direct impact to outcomes in the NHS, with wellbeing of staff key to reducing sickness, and improving recruitment and retention rates. When employees feel their work is meaningful and that they feel valued and supported, they tend to have higher wellbeing levels, be more committed to the organisation’s goals, which in turn can enhance performance and outcomes. As with many public sector domains CAMHS is operating in the context of:

- A constrained and changing economic
- Ageing workforce
- Stress associated with a high demand role
- Managing organisational change
- Limited existing focus on well-being

11.2. Various resources are now available to assist organisations in developing staff well-being plans, although it is not clear that there are any systematic approaches to support the wellbeing of staff in mental health services and in particular CAMHS. Both MIND\(^{17}\) and NHS Employers\(^{18}\) set out a number of useful principles that employers should look to adopt including:

- Creating and supporting a positive culture around mental health and wellbeing in the workplace
- Supporting staff who are experiencing mental health problems

11.3. Schwartz rounds are increasingly being recognised in healthcare settings as valuable forums for staff from a range of professional backgrounds to meet together in a facilitated group to discuss the emotional impact of their work. The function of Schwartz rounds is to augment existing case-based or solution-focussed supervision with reflective non-judgemental spaces for staff. The underlying premise for Schwartz rounds is that the compassion shown by staff can impact on the patient’s experience of care, whilst recognising that in order to provide compassionate care staff must, in turn, feel supported in their work. Emerging evidence indicates that staff who attend Schwartz rounds may feel less stressed and isolated, with increased insight and appreciation for each other’s roles. They may also help to reduce hierarchies between staff and to focus attention on relational aspects of care. This type of forum has not up to now been offered to one speciality area within mental health and there is an opportunity to develop this approach for CAMHS teams across a wide geographical patch such as GM.

Recommendations:

- Development of GM CAMHS workforce well-being plan, including a clear strategy to implement guidance from a range of sources including NHS Employers\(^{18}\), MIND\(^{17}\), NICE\(^{19}\) and the Resilience Framework\(^{20}\)
- Consideration of employment conditions including support around:
  - Workload efficiency and job planning
  - Flexible working opportunities
  - Reducing professional isolation whilst enhancing autonomy
  - Enhancing CPD opportunities
  - Rewarding achievement at work
  - Roll-out of GM CAMHS Schwartz Rounds and similar programmes
  - Facilitating mindfulness and other well-being sessions for all clinicians, managers, commissioners

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Greater Manchester Children and Young People’s Emotional Wellbeing and Mental Health
12. Supporting the Wider Children and Young People’s Workforce

12.1. The earlier part of this strategy has focussed on the need to support and develop specialist CAMHS workforce. However mental health is everyone’s business, and there is not a part of services for children and young people which does not have a role in promoting positive attitudes to mental health and ensuring children and young people with mental health problems can access appropriate and timely support.

12.2. The modernising and strengthening of the wider workforce is a central feature within current policy and guidance relating to children, young people and families. The vision for the children’s workforce is of a ‘modern, skilled, capable and adaptable workforce providing a focused response to meet the needs of children and young people and their families’.

12.3. Children and young people present with a diverse range of needs, and it is therefore appropriate that the children and young people’s workforce is equally diverse. The diversity, of professions, occupations, values and skills that make up the children and young people’s workforce is a key part of its strength.

12.4. Numerous policies have aimed to directly or indirectly affect workforce numbers and patterns of care provision. Future in Mind’ offers high level recommendations and practical proposals. The Five Year Forward View for Mental Health makes the case for transforming and rapidly expanding mental health care in England and sets out the priorities for NHS mental health care and some wider recommendations for other government departments and agencies. The need for a greater emphasis on prevention is also made explicit, as is the need to intervene earlier to support those with emerging mental health difficulties.

12.5. Key features of Future in Mind’ with major implications for the wider workforce include:

- A call for all NHS staff to have greater knowledge and awareness of mental health.
- Education – mental health first aid training, supervision and action learning sets.
- Creating a health, education and social care workforce with the right mix of skills, competencies and experience that can promote mental health, identify problems early, offer appropriate support, make referrals to targeted and specialist services and work in a digital environment with young people who are using online channels to access help and support.
- Multi-professional training for all paediatric staff in physical and mental health and the development of service models (such as paediatric liaison) which recognise the interaction and overlap between physical and mental health.
- Health and justice: expanding the liaison and diversion workforce, including a wide range of skills, backgrounds and competencies.

12.6. In recognition of the need to rethink the relationships between and support provided by a full range of agencies to the emotional and mental health needs of CYP, the THRIVE framework has been developed by the Anna Freud Centre/Tavistock & Portman NHS Trust. This model moves away from a tiered-based approach,
which often reinforced thresholds and service boundaries, to conceptualise five needs-based groupings for young people with mental health issues and their families. The framework outlines groups of children and young people, and the sort of support they may need, and tries to draw a clearer distinction between treatment on the one hand and support on the other. It focuses on a wish to build on individual and community strengths wherever possible, and to ensure children, young people and families are active decision makers in the process of choosing the right approach.

12.7. Two GM providers have been involved in the accelerator sites for THRIVE since 2015. This process has allowed a number of GM CAMHS providers to work with the model developers to look at how THRIVE principles may be applicable to a multi-agency context in GM. Subsequently all GM providers are now part of the iTHRIVE (Implementing THRIVE) Community of Practice.

12.8. From 2019 the development and implementation of the GM iTHRIVE training hub will increase capacity to enhance and extend the training offer to multiple systems working with children, young people and their families. This is envisaged to build capacity in the system in order that children and young people access support earlier, are appropriately supported to thrive and reduce existing barriers between services. Training will focus both on how system partners can develop clearer pathways for CYP but also will allow for development of bespoke training packages, dependent on need.

12.9. This learning will ensure that iTHRIVE will be the key framework for understanding the current relationships/future workforce needs between agencies, allowing for mapping of interagency training, consultation and supervision.

Recommendations:
- To work with the GM iTHRIVE training hub to map existing pathways between services in each GM locality.
- To identify gaps to inform commissioning, training and supervision of a wider workforce beyond but also augmenting specialist CAMHS.
- Develop existing resources outside of statutory/professional structures including community psychology approaches, supporting Accreditation of Prior Learning Schemes (APLS) where appropriate and supporting the unpaid workforce (including parents, carers and community leaders and peer mentors).
13. Workforce Innovation

13.1. Specialist CAMHS across GM has a wealth of experience and long history of good practice to draw upon, both clinically and in terms of service development/structures. It is important that we begin to capture this work in order to inform ourselves and others, allowing for sharing of ideas, resources and enhancing opportunities for alignment. This may include the following examples of good practice:

- GM Community Eating Disorder Services
- GM Crisis Pathway
- GM ADHD pathways
- Early Help hub liaison/workers
- Schools-link pilot
- Youth Offending Service (YOS)/Emotional Behavioural and Social Difficulties (EBSD) Education link-workers
- Looked after children services
- Children with disabilities services
- Early intervention parenting services
- Paediatric liaison services

Recommendations:

- Development of a Compendium of Best Practice, which drives and informs GM standards.
- Facilitating innovation and new ways of working to inform best practice
- Developing a culture that promotes a continuous improvement journey

14. Governance Structure and Future Plans

14.1. Improving access to mental health support for children and young people is at the heart of the Greater Manchester Mental Health Strategy, with transformation money being invested to ensure far more children with a diagnosable mental health condition will get support where and when they need it.

14.2. To ensure we fully realise this ambition it is vital that this CAMHS workforce strategy and investment to enhance the workforce is equally held. A CYP Mental Health Workforce Programme and implementation plan will be developed. The delivery of this will be overseen by the GM CYP Mental Health Board, which in turn reports into the GM Mental Health Programme Delivery Board. In addition due to the inherent challenges in the delivery of this strategy and subsequent action plans cross cutting governance structures will need to be explored ensuring a high degree of visibility e.g. GM Health and Social Care Strategic Workforce Collaborative Board and wider groups such as GM Future In Mind Implementation Group (FIM).
14.3. A GM CAMHS Workforce programme consisting of clinicians, commissioners and key stakeholders will take this work forward forming an overarching CAMHS Workforce Steering group. Additional funding has been sought to develop this work programme and will be utilised to:
- Improve understanding of existing capacity
- Improve Supply
- Upskill the workforce
- Develop leadership and talent
- Create new posts and ways of working
- Promote the well-being of the workforce

14.4. As part of this ongoing work programme, aligning to the overarching GM workforce strategy strategic priorities, four work-streams have been agreed which the GM CAMHS Workforce Steering group will co-ordinate and oversee:

1) Talent development and system leadership: Pro-actively invest in nurturing the skills and competencies of our CAMHS workforce improving:
- Supervision
- Training
- Leadership
- Front-line delivery

2) Positive workforce well-being
- Investment in developing GM-wide CAMHS well-being framework including training and consultation, staff engagement/co-production.
- Investment in Schwartz rounds for CAMHS, including training to enhance availability of group facilitators.

3) Grow our own:
- Widening access for and accelerating talent development across a range of new and existing roles developing:
- New roles and non-traditional CAMHS workforce entry points
- Training programmes
- Wider workforce development

4) Employment offer and brand(s) and Difficult to fill gaps:
- Nurturing a vibrant employment environment that makes Greater Manchester the best place to work for new and existing CAMHS professionals
- Co-ordinated action to address specific long term skills & capacity shortages across CAMHS delivering intervention and programme to
- Improve workforce supply
- Retention - retain and re-utilise knowledge and skills in the wider children’s workforce
- Address skill gaps
By June 2018 it is intended that there will be the following:

- GM-Wide Children’s Mental Health Specialist Workforce Strategy
- GM CAMHS Workforce Steering Group with an agreed reporting and governance structure
- CYP workforce assessment and analysis underway – SASAT (assessment for each locality);

By end 2018:

- Agreement around GM specialist CAMHS workforce principles and competencies – with gap analysis report
- GM Compendium of Best Practice in CYP MH services
- LTPs to enhance actively the 10 Locality community CAMHS services to provide 8am-8pm + W/E cover (endorsed in the forthcoming GM spec) recognising staffing shortage of approximately 150 clinicians
- GM-wide plans to utilise additional funding for workforce development up to 2021
- GM-Wide plans to utilise CYP-IAPT training and plans to enable system wider transformation via GM iTHRIVE.

By March 2021

- An enhanced specialist CAMHS workforce across GM ensuring good practice guidance is matched by resource
- iTHRIVE hub roll-out facilitating cross sector CYP skilled workforce (measured against GM baseline established during 2018) with the following:
  - A range of work based/non-graduate cross sector training opportunities
  - Right place/right time/right person – enhanced cross-sector competencies
  - A clear training ladder across all settings
References


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- **Lucy Galvin** - Assistant Psychologist, GM CYPMH Workforce
- **The GM CYP MH Workforce Steering Group**