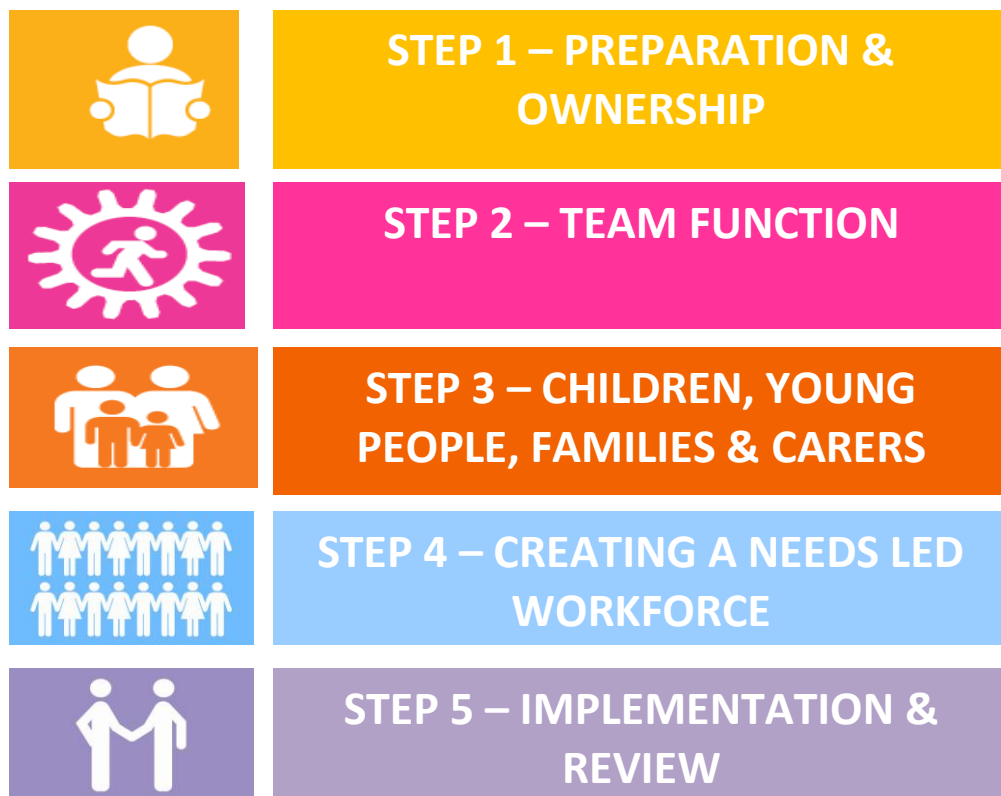**National Workforce Programme**

Capable Teams for Children & Young People (CTCYP) Team Profile and Workforce Plan

Example 2
Tier 3 CAMHS
Sept 09 – June 10

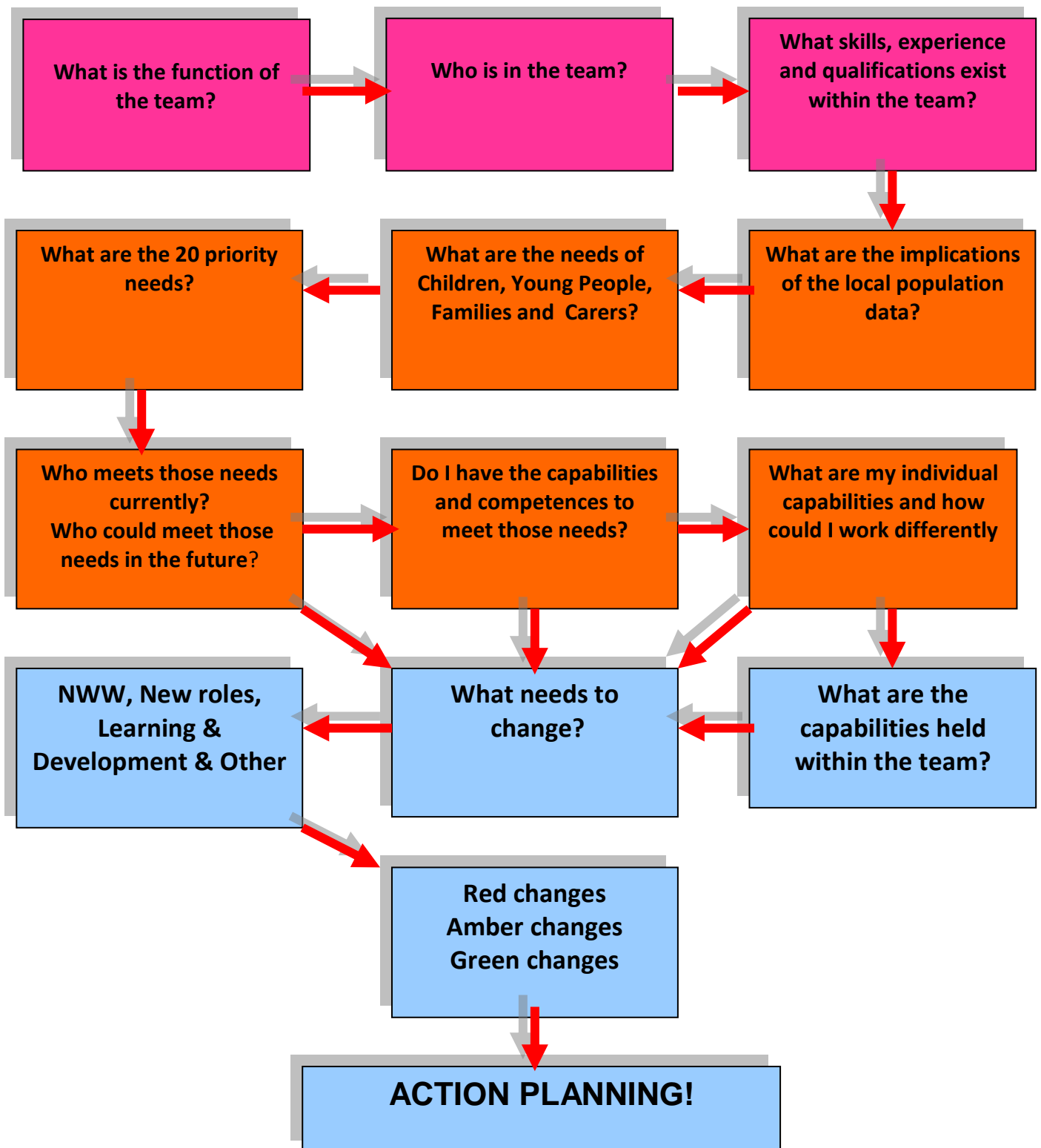|	STEP 1 – PREPARATION & OWNERSHIP
	STEP 2 – TEAM FUNCTION
	STEP 3 – CHILDREN, YOUNG PEOPLE, FAMILIES & CARERS
	STEP 4 – CREATING A NEEDS LED WORKFORCE
	STEP 5 – IMPLEMENTATION & REVIEW

Please note this is an original TPWP developed by a tier 3 team as part of the CTCYP National Development and Implementation Programme

TEAM PROFILE AND WORKFORCE PLAN

Team	**Tier 3 CAMHS**	
Base		
Team Leader	**Name**	**Contact Details**
Senior Sponsor	**CAMHS Service Manager**	
Facilitators	**Nicki Hollingsworth**	
Date commenced CTCYP	**23rd September 2009**	
Date completed CTCYP	**29th June 2010**	

Workshop Pathway

| What is the function of the team? | → | Who is in the team? | → | What skills, experience and qualifications exist within the team? |

| What are the 20 priority needs? | ← | What are the needs of Children, Young People, Families and Carers? | ← | What are the implications of the local population data? |

| Who meets those needs currently? Who could meet those needs in the future? | → | Do I have the capabilities and competences to meet those needs? | → | What are my individual capabilities and how could I work differently |

| NWW, New roles, Learning & Development & Other | ← | What needs to change? | ← | What are the capabilities held within the team? |

| Red changes
Amber changes
Green changes |

| ACTION PLANNING! |

STEP 1: PREPARATION AND OWNERSHIP

Name and one non- work related skill

- Helen – Dressmaker
- Mary – Growing Tomatoes
- Pat – Sing as soprano
- Julie T – Milking Cows
- Carole – Knitting
- Karen M – Ice Skating
- Kath – Coaching Yr8 Netball
- Steve – Football Referee
- Lynn – Play the guitar
- Deborah P – Roller skate

- Jen – Play the piano
- Sukru – Acting
- Tracey – Scuba Diving
- Martha – Horse Riding
- Nicole – Cake Decorating
- Vicky – Knitting
- Kingsley – Fresh Water Canoe instructor
- Sarah – Making slow gin & blackberry vodka

What does NWW mean to you and why do you think NWW are needed?

- More flexible way of working
- CAPA – Managing tension – better utilisation of resources
- Limited resources – More for less
- Developing a more comprehensive service delivery
- Tension of training/professional development
- Being innovative
- Not about professional backgrounds, but about skills
- Creative use of workforce
- Meeting the needs of the population
- Evidence/research based interventions
- Depleting workforce (& aging) – need to utilise what we have creatively
- Thinking outside of the box
- Adapting
- Flexibility

- Transferable skills
- Identifying Skills
- Working together – sharing responsibility in case management
- Clearer pathways
- Capacity, time to embed, sustain
- Needs led, outcome based
- Trends in service change
- Evidence based changes
- Development in team
- To move forward
- To meet changing needs of service users/local population
- Identifying needs in workforce re: gaps/training
- Identify roles needed within current workforce

Examples of local New roles

- All Contextualised in socio/political arena
- Advanced practitioner - LD
- Nurse Consultant - Transitions
- Band 5 out to advert
- 24/7 Service - inequality

- Management Roles – unclear
- DSH Practitioner
- Paediatric Liaison/Nursing posts A&E
- LAC

Barriers and solutions to service user and carer involvement

Barriers
- Embarrassment
- Lack of confidence
- Poor understanding
- Work commitments/school
- Anxiety
- Learning disability/ASD
- Access to venue/transport issues
- Excluding some service users
- Avoid tokenism
- Population culture – insular
- Respect
- Life Experience of Service User
- Feeling Scared
- Distance/Time
- Access to Population
- Staff time to be given & prioritise or something goes
- Needs nurturing
- Advocate
- Commitment to it
- Getting a representative group – carers/young people
- Challenging our own attitudes and beliefs
- Logistics – school/work/transport/finances
- Being intimidated by staff group
- Engaging team in the process
- Practicalities – time out of school/getting to venue/time off work
- Motivation
- Practically – venue/money/..............
- How much we value the process

Solutions
- Development support worker to facilitate
- Support and training
- Ask service users of CAMHS with recent past experience
- Recruitment – practical help e.g. Taxi, consider disability
- Introductory meeting – Questions & Answer session
- User Group
- Expressions of interest
- By invitation
- Reassurance
- Support
- Preparation/what is going to happen
- Education
- Financial reimbursement
- Provide secondary workshop in .... to explain process
- Practical Help
- Assure confidentiality
- Advocate
- Value it genuinely
- Payment Policy
- Nurture
- Job Plan to support
- Training & ongoing motivation
- Language we use
- Desensitization
- Flexibility
- Clarity of information – information packs, telephone contact, invites

Plan of Action to involve Children, Young People, Families & carers

- Approach Pat Gray to identify service users, carers (investors in children)
- Service Users group within Trust if no suitable client/carer available
- Presentation to Young People & Families within Investment in children

Capable Teams for Children and Young People (2011)

- Design leaflet/poster
- Identify staff to take responsibility
- Identify alternative venue
- Use experience from Investing in Children (Pat & Debra)

Anxieties and fears about the CTCYP

- Lots of workshops but no actions/results
- Changes in management structure
- No time to do the process justice
- Other priorities will take over – something else will come along
- Some team members may leave the service
- Long over extended discussions
- Status Quo
- No change
- Task focussed accelerated – opposed to organised and naturally evolving
- The same people take responsibility
- That people are not honest & open
- Barriers with the team
- That people may be excluded

- That we will repeat the same pattern – not get done
- Morale
- Trust targets and core CAMHS work taking precedence
- Procrastinate
- Not enough time
- That we won't commit and complete this
- No true outcome
- People won't embrace the process
- Resistance to change
- Lack of control in implementing change
- Team not robust & cohesive enough to make the most of the process

Hopes and dreams about the CTCYP

- Win the lottery
- Become a more dynamic/resourceful team
- 45 clinicians – new clinic
- To have enough admin support
- To better meet the needs of our service users
- Measurable outcome
- Utilise the Buddy system to develop communication within the team
- Huge potential
- Increase team morale
- More effective as a team
- Service user will benefit
- Strengthen leadership
- Clarify roles
- More respect for one another

- Staff potential
- Fill gaps in service
- More opportunity for training
- Appropriate use of skill/resources
- Long lasting, sustainable changes
- Team is resilient to external pressures
- Enjoyable
- Unite the team
- Improve the service for our service users
- Raise it at team meetings
- Management commitment – not just a task
- Identify service users
- Adverts/internet - creative

STEP 2: TEAM FUNCTION

TEAM DYNAMICS (Addition to the CYCTP added as a result of issues identified at Step 1 workshop)

Summary of Key Issues within the Team

- Communication – Within the team / to senior management / open honest
- Things not followed through
- Management structure and support
- Lack of Senior Management support
- Supervision & support structures

What are the issues that impact of the team dynamics?

Communication
- Lack of honesty about the real issues, people are unable to say what they are struggling with (transparency)
- Team are not communicating to one another regarding real issues. We are not communicating to Senior Managers the needs of the service

Management (structure & support)
- No higher management support
- No transparency re: management agenda
- Leadership or lack of!
- Hierarchy
- Temporary management structure

Not seeing things through
- History of things being left unresolved
- Things not thought through or supported
- Sustainability – demand and capacity

Supervision & Support
- **No staff support in team, specifically for new members**
- Motivation is low
- Capacity Issues – quantity not quality
- Low moral & time
- No exploration as to why some people do not feel valued
- Dissatisfaction and low morale

What can we do to address the issues?
- Create safe environment – non critical
- **Value team building & socialising – inclusion not inclusive**
- Understand each others roles
- **Establish a communication line to management** – safe & from team (so the messenger isn't shot)
- Talk to & clarify difficulties with each other before coming to conclusions
- **Draft a letter to senior managers from the whole team – prepared by F.T**

Capable Teams for Children and Young People (2011)

- Appropriate use of skills within team
- Speak up more as a team and unite as a team
- Create an argument & a voice
- What needs to be done has not happened – management (higher) are not here!
- **Use appropriate language and be clearer about quantity, capacity and quality**
- **Team Plan & Business Plan should involve the team**

What would support the implementation and development of the 10 ESC?

Working in Partnership
- We can & do work well in partnership when things go well
  - But we don't always find time to stop
  - Time pressures i.e. complex cases, but then we do not use time effectively
- Practice based pressure
- Could have open day / go out to community venues e.g. Robin Park
  - Evaluation
  - Consultations with other agencies
  - How do we display our wares!
  - How do they know what's available?
- Culture/relationship does not support
- If we worked on Partnership it would improve develop the rest
  - service users expectations
  - Team working
  - Partner agencies – proxy targets
- Partnership working – expert/patient
  - How do we engage young people & families
- How we all work differently
- How do we value clients/families strengths
- Do NHS system / Tier's support flexible working? No very professional focused
- Referral route does not promote partnership working
- Is the name correct? Mental Health Service?

Respecting diversity
- should we be more pro active on individual basis work well
- Resource & time issue
- Outreach to ethnic minorities
- Collect information about diversity e.g. Ethnic monitoring form with opt in letter
- Using other agencies to support us i.e. Trust Equality & Diversity Group

Challenging Inequality
- Beyond scope of team

Promoting Recovery
- Mental health education to service users families and partner agencies

Identifying needs & strengths
- Already do this

Capable Teams for Children and Young People (2011)

Providing service user centred care

- Care Plans

Making a Difference

- Fundamental aim of team
- NICE Guidelines

Promoting safety and positive risk taking

- Eating disorder / self harm

Personal Development

- Training issues / availability
- How we communicate positive work?
- Forum
- Is e-mail the best way
- The dinner table!
- Communication book

NATIONAL AND LOCAL CONTEXT

How you could work differently & introduce new, different & creative ways of working?

- Team building sessions – scheduled (4 a year and informal)
- Assertive outreach
- Group work – more, parent groups
- Drop ins
- Review of work plans
- Use existing recourses better (Webster Stratton) – Family & community benefit
- Office manager
- Clear service work plan
- Tier 2 links
- Caseload weighting – have one & stick to it!
- Criteria for referral – review
- Specific/special interest develop – staff retention
- Evening & flexible working – who would benefit?
- Weekend working
- Engagement – Publicity and so on
- Locally linked to areas? Clinicians as well as doctors
- Investing in staff – staff retention
- P.R new role
- Quicker access to appropriate therapies at 'Partnership' stage
- More staff
- Established joint paediatrician/CAMHS ADHD clinic
- Central resources
- Decoration & heating
- Consultation Model

Capable Teams for Children and Young People (2011)

- Support workers as an additional resource
- Office junior – admin – work experience
- More admin, less clinicians
- More medics
- Smaller teams – supervision / support

What would be the benefits of working differently?
- More input, feedback from families
- More appropriate referrals
- Develop capacity with partner agencies
- Keeping people out of the mental health system
-

The team		
Name (removed from example)	**Role**	**Number of Years' Experience**
	Family Therapist	31
	Consultant Child & Adolescent Psychiatrist	11
	Consultant Clinical Psychologist (LD)	15
	Admin Officer	6
	Advanced Practitioner for LD	10
	CAMHS Social Worker	25
	Receptionist	7
	Acting Locality Service Manager	22
	Social Worker	24
	Team Receptionist	13
	Safeguarding lead / specialist nurse	8
	Medical Secretary/Temp Admin Lead	15 months
	Consultant Child & Adolescent Psychiatrist	17
	Specialist Social Worker (CAMHS)	5.5
	Medical Secretary	0
	Nurse	23
	Acting Team Manager / Specialist Nurse	35
	CAMHS Social Worker	5
	CAMHS Practitioner	5
	Family Therapist	15
	Total	**288.8**

Capable Teams for Children and Young People (2011)

Existing skills, knowledge and experience within the team

- Assessment skills
- Varied life experience
- Registered with Social Council
- Likes a challenge – the bigger, the better
- Specialist background SW
- Qualified nearly 12 years ago
- 6.5 years experience as a generic Social worker, working in Child protection, LAC, fostering & adoption & court work
- Systemic & Family Therapy – qualified up to intermediate level
- Specialist interest in Eating Disorder
- Sign language & lip reading skills
- Skills of listening to people & trying to understand people & make sense of things
- People skills
- Experience of reception
- Friendly & approachable
- Management of complex multiple problems
- Different Therapeutic options
- Management leadership skills
- Networking
- Consultation & Liaison model
- Interest in chronically ill children
- Special interest in LD
- Provide clinical service to children & families
- Provide consultation & supervision to members of team
- Directorate lead for moderate learning disabilities for 8 years (CAMHS)
- Neuro Psychology
- Good leadership
- Working with children with LD within CAMHS
- Worked in special school
- Blackburn college assistant teaching basic maths & English to Young people/Adults with LD
- Works well with families and partner agencies
- Group work experience
- Has run Webster Stratton groups

- Training Social Workers to be Practice Teachers
- 25 years with young people and families
- Worked as residential Social Worker
- Worked as a Social Worker in Education – creative packages to get young people back into school
- 8 years in child protection
- Specialist in LAC
- In depth assessment skills
- Retail management prior to role change
- Able to work alone or in a team
- Supportive therapeutic skills
- Parent Child game
- Maturity
- Able to remain calm & contain others
- Flexible in approach to work
- Training Manager for 20 years with Local Authority in Admin, Customer Services
- Associate Member of Training & Development Association
- Administration
- Social Skills
- Diplomacy
- Organised
- Approachable
- Civil engineer, started at the bottom and worked way up to managing the office
- Good at risk assessment
- Good at duty calls
- Admin skills

- Access into health – social care
- Creative support in out-reach mental health
- Asian support team in Bolton
- 12 hr & 24 hr intensive support unit
- LD supporting living & out-reach worker
- Sign language
- Experience in Adult Mental Health
- Detox Unit
- Generic CPN – Depo clinics
- Young Peoples drug & alcohol team
- Dissertation on post traumatic stress
- Supervision

Capable Teams for Children and Young People (2011)

- Calm attitude/patient
- Knowledge in self harm
- Knowledge of psychoanalytical theories
- Working with difficult families
- Childcare/child development
- Bringing the team together
- Very helpful
- Effective ADHD clinic management
- Cuts through the chase & asks questions that invite clarity
- Balanced throughout insight
- Consistency & reliability (within LD team) & other areas of work

s

- Strong reflective thinker
- Wisdom
- Enthusiasm
- Protocols & assessments around self harm
- Inquisitive
- Real knowledge of mental health
- Providing support & helping children & families deal with and overcome their difficulties

Existing Qualifications

- BA Honours Degree in Applied Social Studies
- CQSW
- Practice Teacher assessor for Social Work
- Diploma in Social Work
- 1st Degree – Social Policy
- Certificate in CBT
- Health & community studies
- Family Therapy qualifications
- MA (Hons) MSW/Dip SW MSc
- Webster Stratton Trained – Parent programme & classroom management
- NVQ in IT & Customer Services
- Typing qualification
- 10 '0' Levels
- 4 'A' Levels
- 1st Class Honours Degree
- Doctorate
- BSc in Child & Adolescent Mental Health Practice
- Qualified Mentor for nurses
- Qualified Mental Health Nurse

- ADOS Trained
- MSc in Systemic Family Therapy
- Advanced trainee in Transactional analysis
- MA (Diploma) in Social Work
- Social Work Child Care Award
- Qualified Mentor
- Youth Work Level 3
- Qualified Registered Mental Health Nurse
- MA – observational studies
- Local Authority Housing
- RSA Level 3
- Trained in Parenting groups – 'Dinosaur school'
- Social Work Degree
- Diploma in Supporting employment specialising in LD
- CAMHS Diploma
- Diploma in CAMHS Mental Health Nursing
- MA in Psychoanalytical Studies

Skills and knowledge to develop

- IT Skills
- Counselling
- CBT
- Managing
- Group work

- More experience in Family Therapy
- Lorenzo
- Greater team leadership
- Management Skills
- Knowledge of the service

Capable Teams for Children and Young People (2011)

- Parent work/family work
- Knowledge of more formal mental illness
- Multiple group treatment
- Strategic awareness
- Patience

- Skills & knowledge to deal with & support children & adolescents in a confident & professional manner
- Communication
- Systemic practice & thinking skills
- Admin skills
- Better minute taking

The team staffing	
What is the teams agreed establishment?	Admin = 1 WTE Receptionist = 2 WTE Medical Secretary's = 3 WTE Locality Service Manager = 1 WTE Team Manager = 2 WTE CAMHS Practitioners = 5.68 WTE CAMHS Social Worker = 5.5 WTE Psychologist = 1 WTE Medics = 2.8 WTE Psychotherapist = 0.3 WTE Family Therapist = 2 WTE
What number of vacancies currently exists within the team?	CAMHS Practitioners = 1 WTE Psychologist = 1 WTE Psychotherapist = 0.7 WTE OTs = 1.49 WTE Assistant Psychologist =

Team Staffing & Christmas Tree
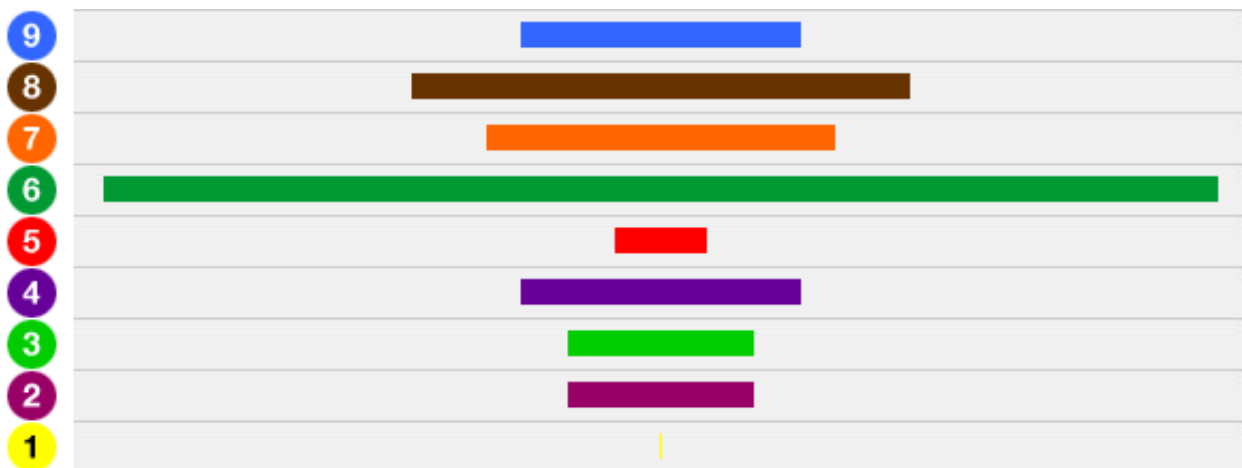
Were the Gaps?
- Support workers
- OT
- Filing clerk / office junior
- Group work provision

Capable Teams for Children and Young People (2011)

- Service user/carer involvement
- Training
- Room availability
- Resources (especially in respect of moving towards 16-18)
- time to facilitate change
- No career development
- No creative therapists in CAMHS
- more frontline staff RE: duty and new cases
- more preventative – Tier II work
- Are we too specialist?

Is there the right Mix/balance of staff
- yes but see above

What are the Implications of the Christmas tree
- better service
- more in depth assessment
- Staff spreading themselves too thin
- More identified responsibilities i.e. someone needs to own it
- Clinicians/admin – clinicians spend too much time entering on PAS/Lorenzo/Filing
  too many clinicians for amount of admin support, skills like Family Therapists, OT not being
  used – utilizing skills
- more investment if quality is to be protected
- no alternative

Is there any career Development?
- Nurses – yes
- Social Workers – no
- No – Training issues
- Management no option for some people

Is it cost effective?
- value for money
- yes but hard to evidence
- prevent mental health in adults

Future
- develop new roles
- new therapeutic skills
- new staff – start quicker
- Challenge of 16/17 year olds
- Approved Mental Health Act

How could you get there?
- Management investing in workforce
- Evaluation – valued & integrated tools

Capable Teams for Children and Young People (2011)

- Availability in community
- Consultation model
  Joint working Tier II – seamless service
- If we could increase admin capacity this would 'free up' clinicians time
- More audio typists to do tapes for Lorenzo entries
- Tighter referral criteria
- Contain/maintain team anxieties
- Clearer objectives of CAMHS roles

How could we use Vacancies?
- Be more creative
- Opportunities for developing new roles

The team statement
The Team provides a community based specialist multi disciplinary mental health service to children, young people and their families with sever, enduring and complex needs within an age range of 0-18 in the .... Borough between the hours of 9-5, Monday – Friday (some flexibility in certain clinics) and emergency 24/7 cover evenings & weekends.

The team's primary functions
1. Assessment
2. Evidence based treatment & support
3. Consultation & liaison with other agencies
4. Training, development & research
5. Education & Health Promotion
6. Partnership working

The team's 5 core values – *to explore & discuss further as a Team*
1. Respect
2. Confidentiality
3. Difference & diversity (explore)
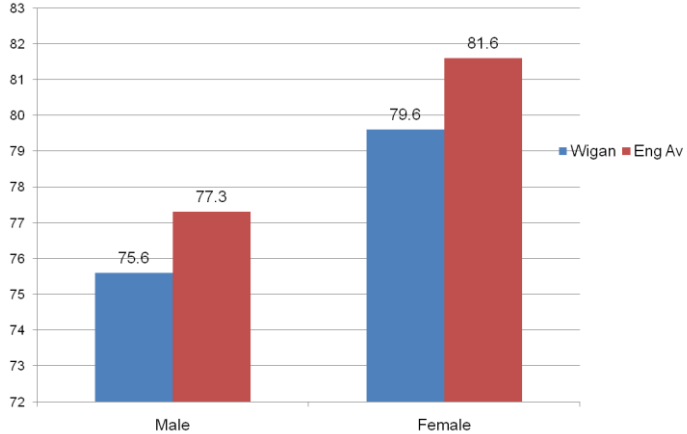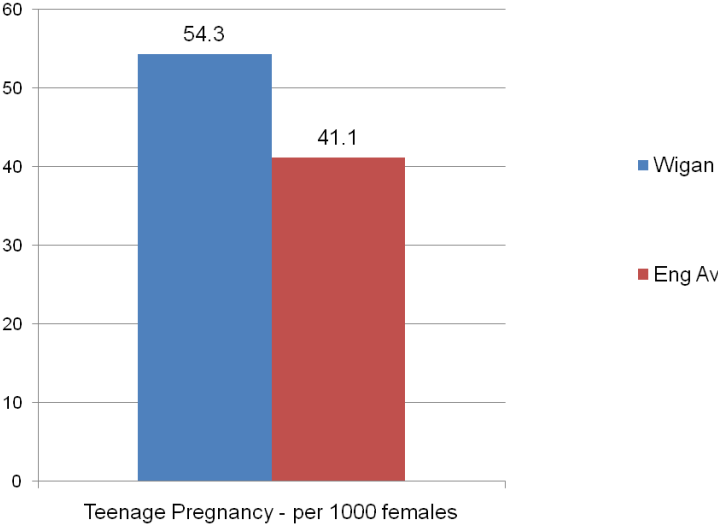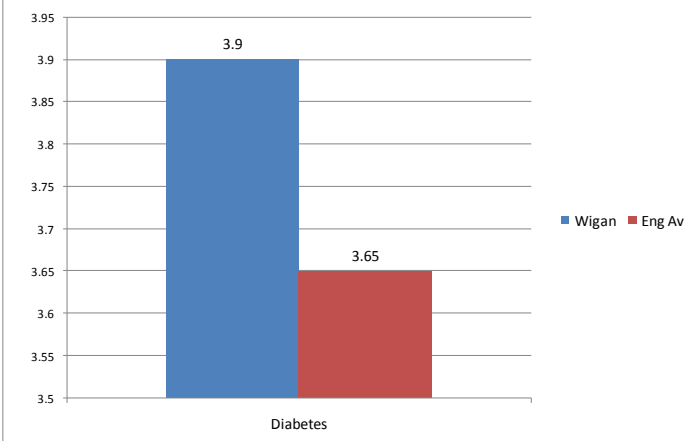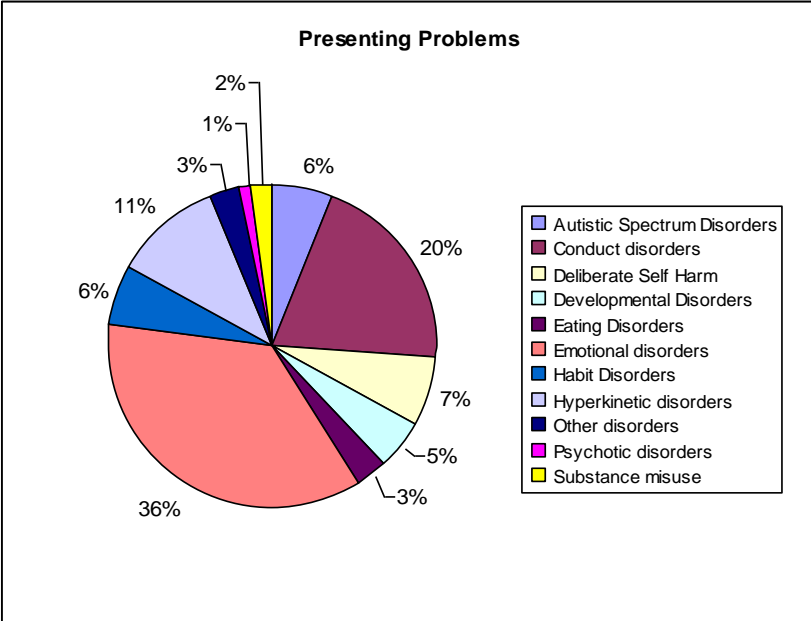4. Ethical practice
5. Equal access & equality
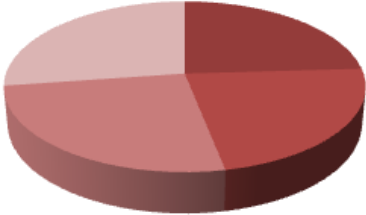
STEP 3: CHILDREN, YOUNG PEOPLE, FAMLIES & CARERS NEEDS

THE LOCAL POPULATION

Demographic information	
What population does the team cover?	• Population of Geographical Area: 305,598 • 190,100 of working age • Total number of 0-19s: 74,400

What is the age profile of the population?	**Age Profile** ■ Age 0-4 ■ Age 5-9 ■ Age 10-14 ■ Age 15-19
What is the male/female split?	**Male/Female** ■ Male ■ Female
What is the ethnicity profile of the population?	Graph Removed for confidentiality purposes
Employment and Education	• An unemployment rate of 6.3% - higher than the regional and national averages of 5.8% and 5.2% respectively • A population significantly less qualified than the regional and Great Britain averages • Lower wages when compared with the national average • A very high number of job-seekers allowance claimants per unfilled job centre vacancy
Is there any local intelligence/trends that may affect the service the team delivers?	• Second generation workless-ness families • Low expectations of young men • A culture of gender stereotypes • An increasingly prominent level of homelessness • along with the impact of current financial hardship
Deprivation	• There is significant difference in deprivation between .... and England as a whole • Out of ....'s 25 wards, 8 are largely made up of areas falling into the most deprived fifth of areas in England. Just under a third (96,212) of ....'s population lives here • In England as a whole only 19.9% live in similarly deprived areas. • The most deprived areas are identified as Abram, Douglas, Ince, Leigh West and Pemberton. The least deprived areas are Orrell, Shevington with Lower Ground, Standish with Langtree and Winstanley • (.............. Workforce Plan)

Capable Teams for Children and Young People (2011)

Health profile	• Incapacity benefits are particularly high in .... with 10.4% claiming compared to 7% nationally • The rate of claiming sickness benefit due to mental health problems is higher than the England average • The challenges to health in .... can be summarised as: • The unrelenting rise in obesity • Sedentary lifestyle • Smoking prevalence still 25% • Alcohol related problems, particularly in YP • Poor sexual health and high teenage pregnancy rates • Difficulty in changing health-damaging behaviours
Life Expectancy	Male: Wigan 75.6, Eng Av 77.3; Female: Wigan 79.6, Eng Av 81.6
Teenage Pregnancy	Teenage Pregnancy - per 1000 females: Wigan 54.3, Eng Av 41.1

Diabetes	Bar chart titled "Diabetes" showing Wigan 3.9 and Eng Av 3.65
Presenting Problems at Referral to CAMHS (from .... Workforce Plan)	Pie chart titled "Presenting Problems": Autistic Spectrum Disorders 6%, Conduct disorders 20%, Deliberate Self Harm 7%, Developmental Disorders 5%, Eating Disorders 3%, Emotional disorders 36%, Habit Disorders 6%, Hyperkinetic disorders 11%, Other disorders 3%, Psychotic disorders 1%, Substance misuse 2%
Example 2 CAMHS Data	• Referrals to CAMHS 2009 – 826 • Appropriate referrals – 523 • Choice to Partnership – 66% • Discharges from service – 422 • Referral peaks in February, June and July (80/90+) • Urgent referral peaks in January, March and June (10 -12 per month) • Discharge peaks in July, August and November
Summary	• Growing BME population but significantly below national average • Fewer employment opportunities and a population that is less educated than the national average • High teenage pregnancy rate and poor health outcomes • Significant levels of deprivation, higher than the national average • High rate of those claiming sickness benefit due to mental ill health • Lower wage than national average • Growing homeless population • Lower reported rate of violent crime than national average!!!

Link to full health profile inserted here ....

Capable Teams for Children and Young People (2011)

Impact/implications of the local Population information

- Transport issues, difficulty & expense of getting to clinic
  Solution – satellite clinics
         - mobile therapy
  Information about claiming expenses etc (Is this included in the initial letter?)
- Parental mental health issues impact on accessibility
- Creative/pro active to provide access to BME population
- Large percentage of 15-19 means we need to increase capacity (create a post for Julie T)
- Develop further services for homeless & substance/alcohol misuse
- Work placements for young people – former service users/connexions
- Audit 36% 'emotional disorders' guide us to provide appropriate resources e.g. psychotherapy
- Prefer this population to the worried well
- Deprived & disadvantaged areas often have a real sense of community
- Waiting room we have noticed people chatting more etc.
- We should have extra resources for our population? Like London weighting
- Traditional values because of the mining history of the area – we are not celebrating
  ....'s diversity
- We need to be out there more – travel/money can be a problem – flexibility of delivery co-morbid social care & education difficulties
- Choice team over in Tyldesley/Atherton/Leigh
- Child denied Tier 4 because of no money
- DNA because young family/transport issues
- Hot spots – pockets i.e. LD - How can we be more proactive in reaching these communities
- .... is a real mixture
- Information we are missing D.V.
- Up to 18 – Employment – do we need to make better links with connexions
  Teenage pregnancy
- Need for comprehensive 'needs' assessment
- Outreach working
- Community development work
- Psycho educational packages
- Opt – in rate (do we need to do work on this – low areas)
- Seasonal work around high referral rates (teacher support/school)
- Working with BME Communities
- Target more specific agencies (e.g. job centre/housing etc) *esp with 16+
- Training re: Social welfare & housing
- One stop shop & off site
- Access to leisure centres
- Strengthening links with existing agencies

Impact of Issues on CAMHS
- Higher rate of mental health difficulties
  - higher rate of referrals
  - more commissioning

Capable Teams for Children and Young People (2011)

- More partnership working and recognition (working with Paediatrics)
- Working towards identifying and addressing the need of BME communities- Very early stages
- Possible future difficulties will involve issues around teenage pregnancies (age increase)
- Second generation mental health difficulties.

NEEDS OF THE CHILDREN, YOUNG PEOPLE, FAMLIES & CARERS

The Green Needs of the Children, Young People, Families & Carers

- Economic well being
- Access to contraception
- Supportive network
- Clinics for soiling
- Guidance & support
- Mentorship
- Parenting
- Education
- Nurturing
- Advice
- Reliability
- Clarity
- Hearing and vision tests
- A routine
- Trust in professionals & services
- Immunisations
- Unconditional positive regard
- Education
- Shelter
- Caring for
- Comfy bed
- Better mental health of Young People means better mental health in our future workforce
- Warmth
- Attend school

The Amber Needs of the Children, Young People, Families & Carers

- Empathy
- Appropriate supervision
- Understanding
- A good role model
- Enough money
- Access to Education services
- Bus fare
- Toys
- Employment for parents & carers
- Respect
- Affordable fitness facilities
- Feeling welcome
- Diversity of services/needs
- Effective parenting (including discipline)
- Anger management
- Financial awareness to younger people
- Feel valued
- Access to health food
- Access to interpreter
- Housing/shelter
- Family support
- Improved self esteem
- Raised likelihood of jobs with better mental health & recovery
- Recognition of valued conditions co-morbidity
- Cultural beliefs
- Timely assessment & intervention of mental health
- An understanding listener
- Be listened to
- Able to make a choice
- Able to travel
- Magazines/waiting room environment
- Opportunities
- Act as an advocate for the needs
- An eating/feeding service – faddy eaters etc.
- Choice of services – not postcode lottery
- Access to physical health services
- Choice in treatment

Capable Teams for Children and Young People (2011)

- Complete education
- Enjoy relationships
- Good links to leisure & transport

- Obesity services

The Red Needs of the Children, Young People, Families & Carers

- Non judgemental support
- Relationships
- Hope & aspirations
- Being listened to & respected
- Feeling valued
- Access to advice re: work/benefits/housing
- Security

- Access to employment advice
- Acceptance – positive regard
- Someone to understand their non verbal communications
- Care

Capable Teams for Children and Young People (2011)

THE 20 PRIORITY NEEDS OF CHILDREN, YOUNG PEOPLE, FAMLIES & CARERS

	Priority Needs	Who currently meets the need	Who could/should meet the need	Changes
1.	Access to information	All staff:- Clinical & Admin	Small working party/liaise with communications department & clinical governance	**Small working party** (to include team manager, one clinician, one admin & one service user) to liaise with communications department & clinical governance in relation **to improve access to information**
2.	Parent/carer support Groups	Business plan approved, due to start in Spring by 5BP self-harm group network	Specialist clinic teams	**Designated specialist clinics** should be given protected time to develop groups to promote parent/carer support. Clinic need to be/have **open flexibility – (Sat AM 8.30am-12.30pm)** look at who needs to provide – who CAMHS can support.
3.	Recovery	All clinicians – supported by admin	Multi agency working Partnership working with parents/young people & carers	**Clear** (SLA's need to be in place re)**Pathways for access & discharge**, to promote & maintain recovery (CPA model) re linking in to other social support services & networks.
4.	Promote Positive Wellbeing	All clinical staff	Other agencies as appropriate. Further partnership working.	There should be clear **commitment to ongoing CPD/training** to promote & continue evidence based practice. Internal & external.
5.	Be healthy	All clinical staff – through robust assessment & NICE guided interventions	We are the appropriate service.	As above
6.	Tools available for regular health checks	CAMHS do	Other bases & people etc in the community	**Mapping exercise** to identify other community based venues & professionals e.g. school nurses & Health visitors. Who could undertake regular health checks
7.	Need to be kept safe	Practitioners Agencies Carers Policies etc.	Joined up services could better ensure needs met	**Identify extended multidisciplinary way** of working as based on YOT. Staff safety – re-visit lone working policy. Panic buttons – raise importance when go up to 18. Multi-agency risk management plan for complex risky cases – signed up by all agencies.
8.	Assessment of Needs/Mental	Comprehensive CAMHS	Other agencies Training needs for raised	Provide training and tools for mental health screening and awareness. Information re: Tier 3 service & access to appropriate

Capable Teams for Children and Young People (2011)

	Health		awareness	services.
9.	Educational Success & Support	Education CAMHS PCMHT	Joined up services could better meet/ensure needs met	**Develop closer links & working relationships with education.** School based work where appropriate. Education/awareness drop ins for school nurses etc.
10.	Involvement in service developments	Starting to involve service users but need much more work in this area through flexibility etc	WE could eventually	**Continue to drive forward the service user agenda** (11C & Parent/Carer involvement)
11.	Empowerment	All staff Families/carers Schools Peers	All staff Families/carers Schools Peers Revisit how we all do this	**Links with 1. PALS & 2. Service user/carers forum** – trust for user/carer consultation events.
12.	Regular check up in relation to drug management	CAMHS Paediatricians Psychiatrists/Paeds	GP/Paediatricians (Hospital & Community)/School Nurse/Nurse Provider Maintaining specialist services	**The development of a nurse prescriber role** would benefit the service in certain areas i.e. ADHD. Develop Better links with school nurses & paediatricians regarding health & medication management
13.	Reducing stigma	CAMHS Staff Partner agencies	Universal services supported by CAMHS/PCMHT	Continuing to reduce stigma by promoting mental health services within partner agencies – key role for PCMHT in terms of linking with universal services.
14.	Confidentiality	CAMHS Staff	Everyone working with young people Training – data protection/informatics (Sukru to arrange)	**Training – data protection/informatics (Sukru to arrange)**
15.	Appropriately trained staff	Education centre CAMHS CPD slots Professional Development Plans External Courses	More emphasis of sharing knowledge & skills in house CAMHS Meeting team & Trust **Support study leave for all staff.**	o **Skills & training within the team could be further developed** by experiencing the different aspects of the service. i.e. ADOES/ED/PL/LD assessment o Arranging case specific supervision & joint/co-working case to share & improve skills

Capable Teams for Children and Young People (2011)

				o Need to revisit Monday case discussion – staff could choose which case to bring is helpful to case manager & rest of the team working with similar issues o Group supervision/complex case discussion o Secondments to the specialist teams. As part of staff induction – all new staff be seconded to spend time in specialist teams.
16.	Family Therapy	The fabulous family therapy team……we need to maintain & ensure development	Family Work does not always need specialist family therapy team & formal clinics. Family therapy does! Family work is something different	Family Therapy. 1. Retain staff by supporting PDPs 2. Access to training 3. Recognition of importance / F.T team to present their work & outcomes 4. Clear care pathway
17.	Feel loved & as though they matter	User/Carers – this is part of the work that we should all be doing/naturally incorporated. Staff – Peer support/occupational support	? CPD slot CPD slot/Mentors/buddies/supervision/Team Building days	Feeling Loved - Staff o **Dedicate a CPD morning to discuss as a team** & take from there – Danny to arrange o **List of mentors available** (those that have done mentorship training in particular. o **Team building day re: love/value & morale** o **Supervision**. Feeling loved - Users/carers o "**Meet & greet**" for users & carers. o **Improve environment – magazines, T.V/Toys/Drinks machine** o **Transport – reimbursement.**
18.	Equality	User/Carers – All team members Management team for CAMHS – GAPs +++ Staff – Self CAMHS Management Team – needs to be	Local CAMHS Team "Equality Champion" (with clear role & responsibility) Trust – Equality & Diversity team	Equality – Local o It is everybody's business BUT an "**equality champion**" with clear roles & responsibility who can link with equality & diversity team & PALS. o Raised awareness & education o Dialogue between local team & CAMHS management team.

Capable Teams for Children and Young People (2011)

		better		
19.	Psychotherapy	The psychotherapy team…but how do we maintain this service Psychotherapy team/Family Therapy Team All CAMHS Members/Psychology team/ This include CBT Gaps – Art therapies/group therapies except TAC Loss of OCD Group	1. Training & Development 2. Raised awareness & education 3. Auditing the work we do & presenting the evidence – to maintain & develop 4. Team understanding	Psychological Therapies includes psychotherapy, CBT, Arts therapies o Training & development (internal & external) o Raise awareness & education within team o Auditing the work we already do & presenting the outcomes, promoting & ensuring development.
20.	Appropriate Access & accessibility to services	Partially met – the local service/ Team members/trust - Home Visits - Family Therapy evening clinics - 24/7 & Wkend working - Parent/carer support group (for self harm) – evening	Local – satellite clinics Raised awareness of partnership working Trust – 1. Equality & diversity team 2. PALS	o **Raise what we do already i.e. evening clinics, Home Visits, weekend working** o Improve resources to allow us to do this – travel, time, electronic patient records (i.e. how do we do this off site) o Satellite clinics – using schools out of hours. Funding issues. Time = safety issues re: out of hours o Equality & Diversity team & PALS (Trust) – raise & improve links through the Champions. Already looking at this with RED team re: Sadia Nawaz.

Capable Teams for Children and Young People (2011)

Suggested changes (extracted from the TPWP completed during the CTCYP workshops)

New Roles

Admin issues
- Office manager
- Office junior – admin – work experience
- Filing clerk / office junior
- More admin, less clinicians
- If we could increase admin capacity this would 'free up' clinicians time
- Clinicians/admin – clinicians spend too much time entering on PAS/Lorenzo/Filing
- More audio typists to do tapes for Lorenzo entries
- too many clinicians for amount of admin support

Other
- Support workers as an additional resource
- P.R new role
- OT
- Develop Nurse prescriber role (would benefit the service in certain areas i.e. ADHD).
- more frontline staff RE: duty and new cases
- More medics
- No creative therapists in CAMHS
- Large percentage of 15-19 means we need to increase capacity

New Ways of Working

Flexible working/hours
- Evening & flexible working
- Weekend working
- We need to be out there more – travel/money can be a problem – flexibility of delivery co-morbid social care & education difficulties
- DNA because young family/transport issues
- Hot spots – pockets i.e. LD - How can we be more proactive in reaching these communities
- Transport issues, difficulty & expense of getting to clinic
  One stop shop & off site
- Raise what we do already i.e. evening clinics, Home Visits, weekend working
- Time Staff safety – re-visit lone working policy
- Improve resources to allow us to do this – travel, time, electronic patient records (i.e. how do we do this off site)
- Outreach working/assertive outreach
- Panic buttons – raise importance when go up to 18.

Specialist clinics/groups
- Designated specialist clinics

Capable Teams for Children and Young People (2011)

- Protected time to develop groups to promote parent/carer support.
- Clinic need to be/have open flexibility – (Sat AM 8.30am-12.30pm) look at who needs to provide – who CAMHS can support.
- Satellite clinics – using schools out of hours. Funding issues.
- Drop ins
- More group work
- Group work provision
- Established joint paediatrician/CAMHS ADHD clinic
- Solution – satellite clinics/ mobile therapy

Service development
- Consultation model - Joint working Tier II – seamless service
- Locally linked to areas? Clinicians as well as doctors
- Develop further services for homeless & substance/alcohol misuse
- Work placements for young people – former service users/connexions
- Psycho educational packages
- "Meet & greet" for users & carers - Transport – reimbursement.

Partnership working
- Develop capacity with partner agencies
- Tier 2 links
- Target more specific agencies (e.g. job centre/housing etc) *esp with 16+
- Strengthening links with existing agencies
- More partnership working and recognition (working with Paediatrics)
- Develop closer links & working relationships with education. School based work where appropriate. Education/awareness drop ins for school nurses etc.
- Identify extended multidisciplinary way of working as based on YOT
- Better links with school nurses & paediatricians regarding health & medication management
- Make better links with connexions
- Continuing to reduce stigma by promoting mental health services within partner agencies – key role for PCMHT in terms of linking with universal services.
- Quicker access to appropriate therapies at 'Partnership' stage
- Central resources
- Mental health education to partner agencies
- Access to leisure centres
- Mapping exercise to identify other community based venues & professionals e.g. school nurses & Health visitors who could undertake regular health checks

Involving users and carers
- expert/patient
- How do we engage young people & families
- More input, feedback from families
- parent groups
- Service user/carer involvement
- Information about claiming expenses etc (Is this included in the initial letter?)
- Continue to drive forward the service user agenda

Capable Teams for Children and Young People (2011)

- Links with 1. PALS & 2. Service user/carers forum – trust for user/carer consultation events
- Mental health education to service users families

Ethnicity and diversity
- Collect information about diversity e.g. Ethnic monitoring form with opt in letter
- Use/link with other agencies to support us i.e. Trust Equality & Diversity Group
- Working with BME Communities
- Identifying and addressing the need of BME communities
- Equality & Diversity team & PALS (Trust) – raise & improve links through the Champions. Already looking at this with RED team re: Sadia Nawaz.
- It is everybody's business BUT an "equality champion" with clear roles & responsibility who can link with equality & diversity team & PALS.
- Raised awareness & education
- Community development work

Family Therapy.
- Retain staff by supporting PDPs
- Access to training
- Recognition of importance / F.T team to present their work & outcomes
- Clear care pathway

Psychological Therapies includes psychotherapy, CBT, Arts therapies
- Training & development (internal & external)
- Raise awareness & education within team
- Auditing the work we already do & presenting the outcomes, promoting & ensuring development.

Education, training and development

Staff development
- More emphasis of sharing knowledge & skills in house
- Commitment to ongoing CPD/training to promote & continue evidence based practice.
- Develop Skills & training within the team by experiencing the different aspects of the service. i.e. ADOES/ED/PL/LD assessment
- joint/co-working case to share & improve skills
- Secondments to the specialist teams.
- As part of staff induction – all new staff be seconded to spend time in specialist teams.
- Support study leave for all staff
- Provide training and tools for mental health screening and awareness. Information re: Tier 3 service & access to appropriate services.
- Investing in staff – staff retention
- No career development
- Training re: Social welfare & housing
- Training - Data protection/informatics (S to arrange)

Capable Teams for Children and Young People (2011)

Supervision and peer support
- No staff support in team, specifically for new members
- Smaller teams – supervision / support
- Case specific supervision
- Group supervision/complex case discussion
- Need to revisit Monday case discussion – staff could choose which case to bring is helpful to case manager & rest of the team working with similar issues
- List of mentors available (those that have done mentorship training in particular.

Making use of resources
- Develop Specific/special interest – staff retention
- Use existing recourses/skills better (Webster Stratton) – Family & community benefit
- Not all family work has to be done by family therapists
- skills like Family Therapists, OT not being used – utilizing skills

Other

Raise profile of service
- Could have open day / go out to community venues e.g. Robin Park
- Evaluation
- Consultations with other agencies
- How do we display our wares!
- How do they know what's available?
- How we communicate positive work?
- Engagement – Publicity and so on

Team dynamics/issues
- Improve communication
- Forum
- Communication book
- Value team building & socialising – inclusion not inclusive
- Establish a communication line to management
- Draft a letter to senior managers from the whole team
- Use appropriate language and be clearer about quantity, capacity and quality
- Dedicate a CPD morning to discuss as a team & take from there – D to arrange
- Team building day re: love/value & morale
- Team building sessions – scheduled (4 a year and informal)
- CAMHS Meeting team & Trust

Environment
- Decoration & heating
- Improve environment – magazines, T.V/Toys/Drinks machine
- Room availability

Supporting systems and processes

Capable Teams for Children and Young People (2011)

- Team Plan & Business Plan should involve the team
- Review of work plans
- Clear service work plan
- Caseload weighting – have one & stick to it!
- Criteria for referral – review
- Clear Pathways for access & discharge (?SLAs) , to promote & maintain recovery (CPA model) re linking in to other social support services & networks.
- Tighter referral criteria
- Need for comprehensive 'needs' assessment
- Opt – in rate (do we need to do work on this – low areas)
- Seasonal work around high referral rates (teacher support/school)
- Multi-agency risk management plan for complex risky cases – signed up by all agencies.

Access to information
- Small working party (to include team manager, one clinician, one admin & one service user) to liaise with communications department & clinical governance in relation to improve access to information

Capable Teams for Children and Young People (2011)

STEP 4: CREATING A NEEDS LED WORKFORCE - TEAM CAPABILITIES (✓ = Have and need X = Don't have and don't need N = Need but don't have H = Have but don't use C = Could do in the future
D = Need to develop/improve)

Change/staff initials																						
1.	Access to information	✓	✓	✓	D	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2.	Parent/carer support Groups	✓	✓	✓	N	H	✓	D	D	D	N	D	✓	✓	✓	N	C	D	C	D	D	D
3.	Recovery	X	✓	✓	D	✓	✓	X	✓	X	X	D	✓	✓	D	✓	✓	X	✓	X	✓	✓
4.	Promote Positive Wellbeing	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	D	✓	✓
5.	Be healthy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6.	Tools available for regular health checks	✓	N	N	D	✓	C	X	N	X	N	✓	N	X	X	N	X	D	X	✓	✓	✓
7.	Need to be kept safe	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8.	Assessment of Needs/Mental Health	✓	✓	✓	✓	✓	✓	X	✓	X	✓	D	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9.	Educational Success & Support	✓	D	✓	✓	X	D	D	✓	D	✓	✓	H	D	D	D	X	D	X	✓	X	D
10.	Involvement in service developments	✓	D	D	D	D	D	D	✓	D	✓	✓	✓	D	✓	D	C	C	C	N	D	✓
11.	Empowerment	✓	D	D	D	D	D	D	✓	D	D	D	D	✓	✓	D	✓	D	✓	N	D	✓
12.	Regular check up in relation to drug management	✓	X	✓	X	X	X	X	✓	X	X	✓	X	✓	X	X	X	D	X	X	X	✓
13.	Reducing stigma	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	D	D	D
14.	Confidentiality	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
15.	Appropriately trained staff	✓	D	D	D	D	D	D	D	D	✓	D	C	D	D	D	✓	✓	✓	✓	D	D
16.	Family Therapy	X	C	D	X	✓	C	X	H	X	✓	D	D	D	X	✓	D	C	D/X	✓	✓	✓
17.	Feel loved & as though they matter	✓	D	D	D	D	D	D	D	D	D	✓	✓	D	D	D	✓	D	✓	?	✓	D
18.	Equality	✓	D	D	D	D	D	D	✓	D	D	D	✓	✓	✓	D	✓	✓	✓	N	✓	D
19.	Psychotherapy	X	D	D	X	D	✓	X	D	X	D	D	D	D	H	D	✓	C	✓	✓	N	✓
20.	Appropriate Access & accessibility to services	✓	D	D	D	D	D	D	D	D	D	✓	D	✓	D	D	✓	D	✓	✓	D	D

Red = development required   **Amber = some development/skill sharing required**   **Green = most staff have the required skills blue =**

Capable Teams for Children and Young People (2011)

Creating Capable Teams Workforce Action Plan

Green changes	Actions Required	By whom	By when	Resources required	
To create central resources and information for the team	Shared folders on G: Drive. Discuss with the team what they felt would be useful. Liaise with other services to establish whether they have leaflets in pdf format. Training issues – computer use, G: Drive	Team/ Team Managers	01.10.10	Scanner Time Training Information	
To have an up to date induction pack. Paper copy & electronic copy.	To liaise with the IT department. To upload relevant information onto the G: Drive	Team member	01.10.10		
To inform new clients about how to claim back travel costs if they are on benefits.	Put a statement/flyer with out-in letter to ask if they claim benefits & inform how to claim back. Also include CAMHS travel claim form.	Admin	01.08.10	Flyer/change to opt-in letter. CAMHS travel claim form.	

Capable Teams for Children and Young People (2011)

Creating Capable Teams Workforce Action Plan

Amber changes	Actions required	By whom	By when	Resources required	Notes/Progress
RE-evaluate supervision within the service – both clinical and management	Change the culture of the service / organization. Confidentiality should be maintained. Clarity on what clinical supervision should cover and management supervision.	Managers Clinicians	August 2010		
Improve office and clinic environment	Refurbishment: - Old waiting room - Clinic rooms decorating / art work (local artist/young people) - Larger treatment room & Child friendly – colourful - Small playroom needs complete rethink - Estates to sort out heating & windows - Optimise space in current waiting room	Team / Team leader	01.10.10	Financial Art Work Equipment/ materials	
Rotation in place for specialist clinics e.g. LD, PL, ED (12 months) Choice clinics based on demand	Incorporate with job plans & PDP Review/audit choice clinics	Team Managers Team leader & Team member	01.10.10 01.10.10	In-house training	 Completed

Capable Teams for Children and Young People (2011)

			June 2010		
To improve dedicated admin for specialist clinics	Admin review	Team leader & Caroline Stuart		Band 3 Admin Post	
To create individual separate role for weekend working	Proposal for posts to incorporate weekend duty cover to be written and presented to SMT & Commissioners	Team leader		Finance from commissioners	Proposal written – process ongoing.
Flexible opening hours	Establish working party – Louise/Kingsley	Working Party	June 2010	Working Party	
	- Explore community settings already operating flexibly (GP/Family Planning/Children's Centres) - Viability of opening CAMHS needs to be explored. - Scope needed from clients (parents/carers/young people) re: timing of appointments. - Scope willingness to volunteer from staff		Sept 2010 questions back		
	Explore room in hospital 24/7				
	Review data		Sept/ Oct 2010		
	Pilot		Nov/Dec 2010		
	Implementing				

Capable Teams for Children and Young People (2011)

Effective Management of Admin	Using JH post & other money to appoint to part time office manager. Appoint from within if no money available.	Team leader Team leader/Team member	01.06.10 01.06.10	Financial Job Role	Admin review completed. New band 3 role. Re-consider role of office manager within current structure
Trained & skilled workforce to meet service user needs	PDPs Skills Audit/NICE Guidelines Team skills audit Feedback of training needs to Senior management team & commissioners	Line Managers/Clinicians Team Team leader	May 2010 June 2010 July 2010	Time Audit questionnaires	Completed Review data with team

Capable Teams for Children and Young People (2011)

Creating Capable Teams Workforce Action Plan

Red changes	Actions required	By whom	By when	Resources required	Notes/Progress
Computer Access for Clinical Work (mobile working)	To have more service laptops. Laptop to be used for Lorenzo inputting. Digital pens (use on ward, home visits, out of office)	Team leader to Head of Service	March 2011	Laptops IT assistance Digital pens	
To improve access to creative therapies	Analysing the skills audit – do we already have skills in existing team members. Identifying interest and development. Evidence against NICE Guidance. Liaise with other services about what currently available. Reviewing CAMHS strategy	Team leader & Team Team members	June 2010 01.10.10 01.10.10	Funding – possibly new post?	
To recruit/train Nurse prescribers	Explore Interest within the team. Use current vacancy monies & advertise for dedicated post.	Team member Team member	01.10.10 01.10.10	Funds for course placement. Existing funds	

Capable Teams for Children and Young People (2011)

Formation of Specialist 16-18 team	Canvass expressions of interest within the team. Determine required skill mix.	Team member Team	22.03.10 22.03.10	Training issues & Backfill issues.	Need to review 16-19 provision since April 2010.
To improve accessibility to CAMHS Services for disadvantaged groups i.e. BME (dedicated fixed term part time person)	Clear job description to the role (BME Lead) Dedicated time. Access to ongoing training.	Team member Team leader Team member	June 2010	Part time post? Job description	Role identified in DT Job Plan. Continue to review service provision and accessibility

Capable Teams for Children and Young People (2011)

Creating Capable Teams Workforce Action Plan Changes to be taken to SMT

Red changes	Actions required	By whom	By when	Resources required	Notes/Progress
1. To provide an adequate training budget	Identifying training needs (PDP) Identifying service needs (CTCYP) – skills audit. Feedback to senior management.	* Line manager & clinician/admin Team leader to service manager * Finding out what the budget is & where does this come from? Who controls the budget and what do CAMHS Get (TW)	April/May 2010 July 2010		
2. To create a recurrent administration apprentice post within Example 2 CAMHS	Commitment from senior management to include in service level agreement. To liaise with: Connexions, Local Colleges, Job Centre Plus, Warrington Collegiate, and Learning Skills. Make appointments with other agencies. Job Descriptions, person specification, learning skills website. Researching other established links made with colleges etc. what has worked for other services	Team leader Team leader /team members	June 2010 01.10.10	Time & Money Time	

Capable Teams for Children and Young People (2011)

| 3. To provide Psychiatry (Paediatrics) cover for ADHD & 16-17 year services and increase medical capacity | Recruit SAS (Speciality Doctors) | Team leader s to liaise with Dr & team member Recruitment | 15.03.10 | Nil | |
| | | | 01.04.10 | Funded Post or alternative arrangements | |

Capable Teams for Children and Young People (2011)

The Team Profile and Workforce Plan is completed throughout the CTCYP capturing the team's journey from Step 1 to Step 5. The final document will identify:

- The team staffing, function and core values
- The skills, knowledge, qualifications and experience within the team
- The key implications of the local population
- The domain needs of the Children, Young People, Families & Carers
- The 20 priority needs of the Children, Young People, Families & Carers
- How the needs are currently being met
- What needs to change to improve the way the service is delivered in the future ensuring that:
    - **It meets the needs of the Children, Young People, Families & Carers**
    - **It is cost effective and value for money**
    - **Resources are being used effectively**

Specific aspects of the team profile and workforce plan will be relevant and informative to a variety of departments within the organisation e.g.

- Workforce planning
- Workforce development
- Operational services
- Education and training departments

Although key information can be subtracted from the document it will also be a valuable source of information to share the complete document to demonstrate how the team arrived at the final actions.

The TPWP should also be retained and used by the team as a template to measure, support and evidence change, whilst also acting as a benchmark for the future

Capable Teams for Children and Young People (2011)