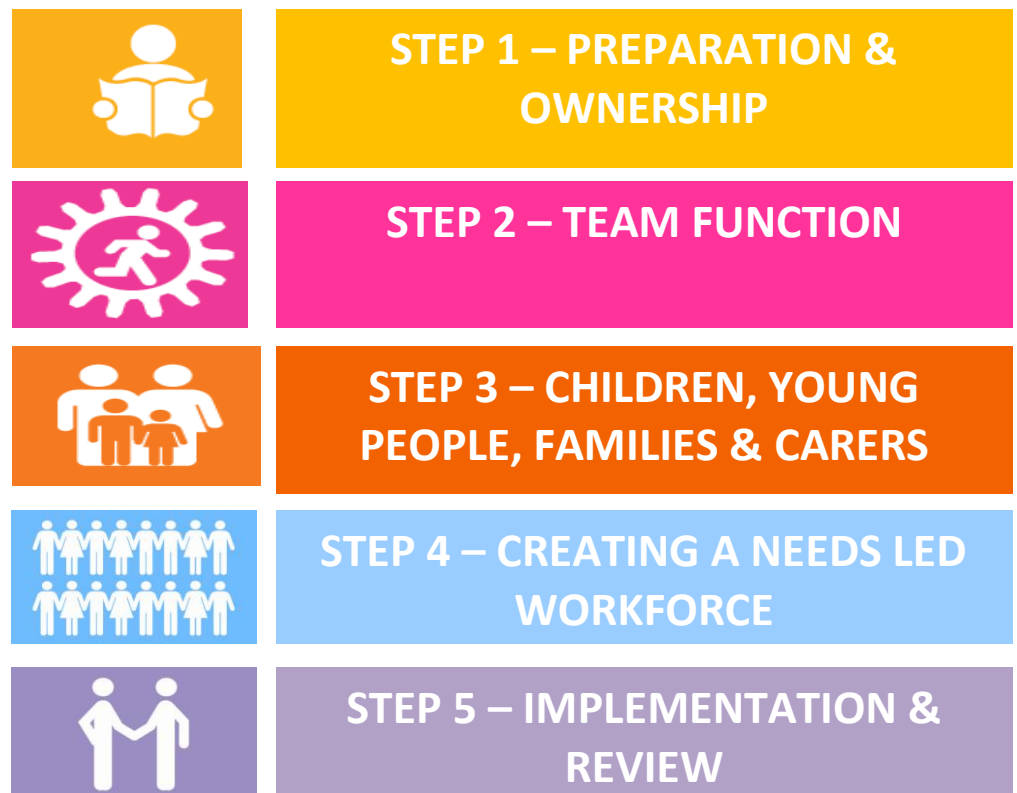


# Creating Capable Teams Approach (CCTA): Team Profile and Workforce Plan

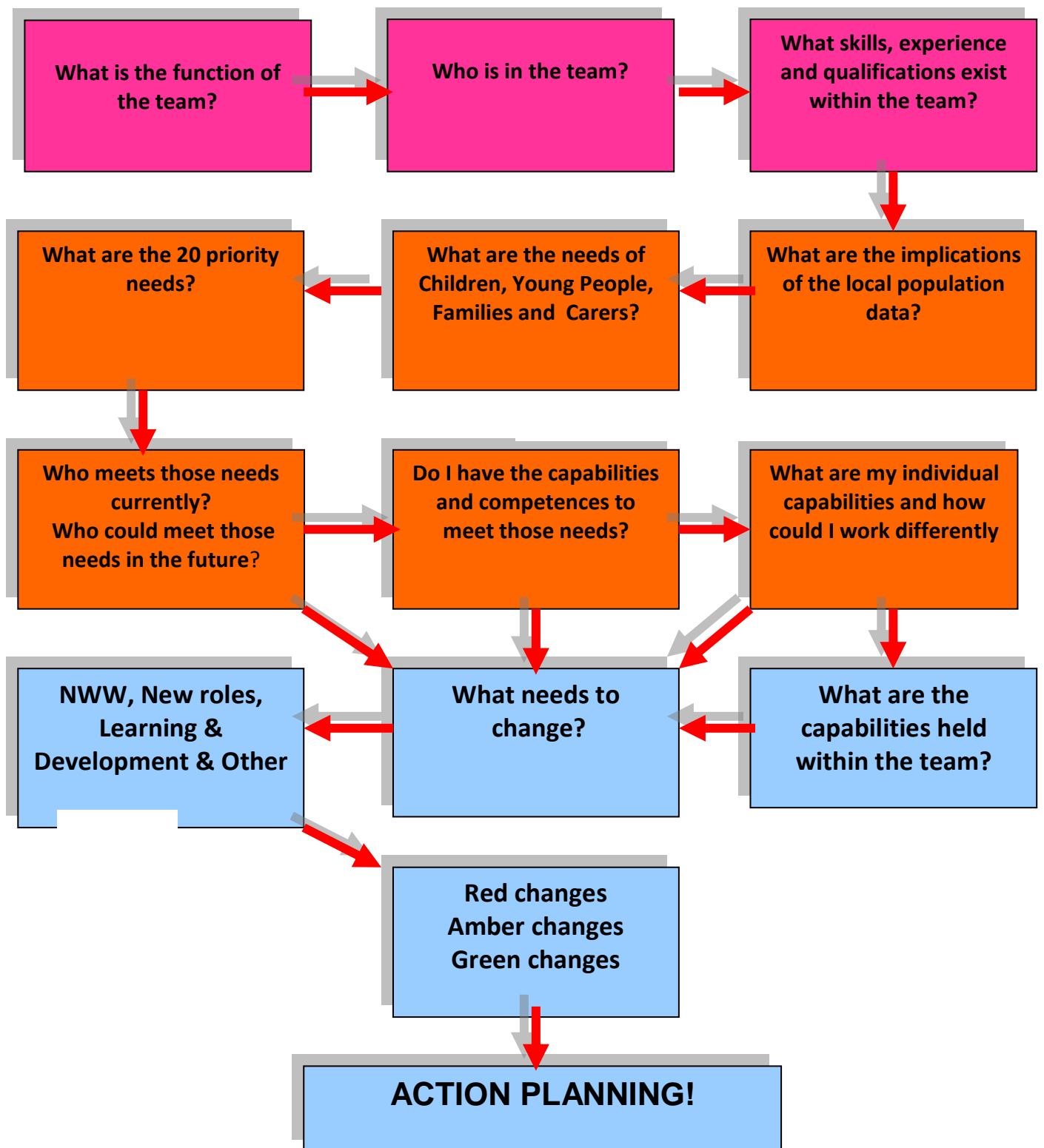
**Example 5**  
**Tier 3 CAMHS**  
**Feb 10 – Aug 10**



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

<b>Team</b>	<b>Tier 3</b>	
<b>Base</b>		
<b>Team Leader</b>	<b>Name</b>	<b>Contact Details</b>
<b>Senior Sponsor</b>	<b>Clinical Director</b>	
	<b>General Manager</b>	
<b>Facilitators</b>		
<b>Date commenced CCTA</b>	<b>February 2010</b>	
<b>Date completed CCTA</b>	<b>August 2010</b>	

## WORKSHOP PATHWAY





## STEP 1: PREPARATION AND OWNERSHIP

### Hopes and fears of individual team members about the CCTA

- Worried about the whole process: -level of commitment -some feelings of paranoia
- United team
- Aware of own limitations
- What can I offer the team that others don't
- What's different
- Justify why I am in the team
- Everyone works differently - review what I bring to the team
- Clarity of jobs/breakdown the tasks that people do/ Moving away from titles
- Level of admin: Support to develop the role
- Service users. Positive to have service user's feedback.
- See the realities of the service
- May highlight limitations
- Clarity of roles and values for each other's roles
- Team plan for future development
- Support for the user/carers
- Contradictory expectations
- Change may depend on non-existent extra resources
- Change for change sake
- Need to ensure we don't lose previous achievements

### One skill brought to the team from a colleague's perspective

Kindness	Helpfulness
Loyal	Empathetic
Leadership and management	Family therapy
Physical health	Curiosity and enthusiasm
Create common language	Good at communication with young children
Reliable – good with children and teenagers	Understand global views
Effectiveness	Good organisation

### One skill individual clinicians would like to develop

More grounded in position	Organisation
Saying 'no'	In depth knowledge of mental health
Making time for new staff members	Operational issues
Improve knowledge about children with ADHD	Prioritising
Operational based practice	Want to streamline processes
Be more clinical	Improve in various other areas of MH
Management skills and operational skills	

### **Barriers to service user and carer involvement**

- The team were concerned that this may be tokenistic.
- The team had a fear that contradictory points of view would be expressed from service users/carers.

### **Solutions to service user and carer involvement**

- Members of the team agreed to identify client's and families who may be willing to support CCTA team devised a flyer available to clients in reception requesting support in CCTA *Appendix 1- Flyer, Appendix 2- Participant's Programme, Appendix 3 – Participant's Invite.*
- The team made contact with membership secretary of the trust to request support from the trust membership scheme, which resulted in the attendance of two young people aged 19 and 20.

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

- Addressing inequalities in Mental Health Services.
- Emphasis on preventative work, early intervention, inclusion of minorities, diversities.
- Improving access and continual processes. Evolving a regular basis.
- According to research or evidence base, including service users in planning of services.
- More accessibility for service users.
  - E.g. Clinics closer to service users. including satellite clinics.
  - Home visits, working with GP's and working in schools.
- Information sharing across the board.
- Reducing Consultant workload.
- Guidelines for practitioners.
- Utilising team skills efficiently to meet demands.
- Maximise efficiency.
- Nurse prescriber.(should these be examples of new roles)
- ADHD Clinic.
- Work in partnership with public. (Questionnaires on discharge). Feedback, audits.
- SPA – make referrals more streamline and more responsible.
- Examples of good practice.
- Flexibility
- Best use of skills
- Addressing 'fear of change'
- Evolving the service
- Needs led
- Recognition of needs of 16-18 years age group.
- Development of groups eg. Protective behaviours.
- To meet increasing demands.
- Morale
- To meet service users needs.
- Adapt to a change in resolutions.
- Introduction of Early Intervention Team, TaMHS
- Change in management structure.



## STEP 2: TEAM FUNCTION

### Benefits and motivators for undertaking the CCTA and introducing NWW and New Roles

- Education  
Developing new skills, which may mean being less clinically productive in the short term.  
Improve self-confidence
- Supporting each other  
Making best use of individual skills
- Work more closely with partner agencies – eg, schools, social services, voluntary organisation.
- Leadership  
Involves leading by example  
Valuing strengths in the teams  
Being prepared to take 'brave' decisions, to spell out priorities  
Motivation
- Wanting to be more transparent
- Need for more clinical time
- The importance of staff morale – gap between ideals and the reality on the ground.
- Community Working (home visits) to benefit service provision
- Better use of available technology i.e.
  1. Room booking Shared Drive
  2. Electronic Referrals/forms (copy available)
  3. Outlook Diary
  4. Electronic case note
  5. Access to Maracis
- Consider more home treatments to reduce hospital admissions (limitations).
- Introduction of Health care support workers (HCSW's) – could absorb some of the workload.
- More consistent/efficient care package
- Improve confidentiality
- Benefits to admin
- Increase in morale/ reduce cost
- Makes audits easier

### NATIONAL AND LOCAL CONTEXT

#### What's happening locally in relation to NWW and New Roles?

#### Examples of local New Roles

- Infant Mental Health Worker

- ADHD Nurse
- Self Harm Worker
- Community Development Workers
- TaMHS (Targeted Mental Health in Schools)

### What could happen locally in relation to NWW and New Roles?

- Community Development Workers
- Non-Medical Prescribing
- Group Work Facilitator (e.g. Protective behaviours)
- TaMHS (targeted Mental Health in schools)
- Developers of SPA
- ADHD Clinic
- Links to Youth Centres for work 12 – 18 years
- Transition Worker

THE TEAM					
Role in Team	Age	Gender	Ethnicity	Wte	Number of Years' Experience MH
Medical Secretary	26-30	Female	British	1.0	4
Medical Secretary	61-65	Female	British	1.0	2.5
Reception/Clinic Coordinator	46-50	Female	British	0.5	6
Clinical Nurse	31-35	Female	British	1.0	9
Consultant Child & Adolescent Psychiatrist	36-40	Male	Other White	1.0	15
Medical Secretary	36-40	Female	British	0.4	7
Primary Mental Health Worker	46-50	Male	Indian	1.0	20
Medical Secretary	56-60	Female	British	1.0	6
Clinical Psychologist	36-40	Female	British	0.7	n/a
Community Psychiatric Nurse	46-50	Female	British	0.8	24
Consultant Child & Adolescent Psychiatrist	36-40	Female	Other White	1.0	15
Head of Child Psychotherapy	61-65	Female	Other White	0.3	35
CPN Clinical Nurse	41-45	Male	British	1.0	21

Clinical Psychologist	31-35	Female	British	1.0	9.5
Consultant Child & Adolescent Psychiatrist / Team Leader	36-40	Male	Indian	1.0	9.5
Core Trainee Level 2 (SHO)	26-30	Female	British	1.0	2
Consultant Child & Adolescent Psychiatrist	46-50	Male	British	0.5	n/a
Senior Clinical Nurse	31-35	Female	British	1.0	11
Clinical Therapist/ Occupational Therapist	46-50	Female	British	1.0	18
Reception/Clinic Coordinator	41-45	Female	Indian	1.0	.75
Trainee Clinical Psychologist	41-45	Female	Other White	0.6	2.5
Cognitive Behaviour Therapist	51-55	Male	White	0.3	13
Primary Mental Health Worker	56-60	Female	British	1.0	17
			<b>TOTALS</b>	<b>19.1</b>	<b>247.75</b>

#### Existing qualifications within the team

- MBBS MRC Psych
- Certificate in Family Therapy (Psychoanalytical and systemic)
- Psychodynamic psychotherapy certificate
- Registered Mental Nurse
- Registered Nurse Mental Handicap
- Registered General Nurse
- Registered Health Visitor
- BA (Hons) Health Studies
- Diploma in CBT
- HND Business Studies
- NVQ Business Administration
- Registered Nurse – mental health
- Certificate in Psychology
- Diploma in Counselling
- Certificate in Health and Safety
- Leadership and Management skills
- Member of Royal College of Psychiatry
- Year 1 Family Therapy
- CBT Certificate
- Diploma in Occupational Therapy

#### Skills and qualities identified as being held by the team

- Psychopharmacological treatment
- Equality and diversity
- Administration
- Customer Services
- Organisation
- Communication
- Effective
- Teaching and delivering training
- 'Can do' approach
- Helpful
- Managerial skills - Supervision/leadership
- Skills in recruitment and selection
- Understanding of family dynamics in every day practice
- Good organisational /communication skills
- Group Therapy



- Organisational dynamics (additional training)
- Containing anxieties and building up team identity supporting all team members as appropriate
- Excellent skills in multi agency collaboration (social services, Health & education and with PCT Commissioners)
- Organisational, communication skills
- Kind, polite and informative
- Formulation from several psychological models including Bio-psycho-social model
- Psychodynamic models used
- Multi-lingual e.g. including – Indonesian, Arabic, Malaysian and Spanish
- Research skills
- Able to express view, opinion
- Risk management
- Respects other professions as a source of learning and development
- Regular Research reader
- Holistic approach
- Fluent in a number of relevant models
- Diagnosis
- Prescribing
- Auditing skills/critical analysis
- Delegation
- Assessment in complex care and management
- Honesty
- Humour
- Team working/single working
- Creative Therapies

## Experience

- Experience of working in a variety of mental health settings
- Experience of teaching and delivering training
- Family Therapy Service 2006 onward
- Learning disorders child/Adults
- Eating Disorders work
- Training in Play Therapy
- Courses on Family Therapy
- Trained at the Anna Freud Centre, London. Child Psychotherapist
- Group Therapy
- Psychiatric comprehensive assessment and treatment
- Experience as PA to Commercial Director RBS Bank
- Experience of working in a variety of mental health settings e.g.– Forensic/Older persons in patient and community/Treatment and recovery/Adult mental health team-community/in-patient
- Experience of working with 16/17 year olds to due to adult background
- Printer in printing factory
- Experience as counsellor in the private sector- trauma
- Writing (experience in previous job)
- Trauma work
- Perspective of diversity – experience of living as a minority in part of other communities
- Private practice
- Taught at Michigan psycho-analytic Institute – on faculty
- On editorial board - Journal of Psycho-analysis and Psycho – analysis Quarterly
- Neuroscience interest so writing a book on neuroscience
- Supervision of Trainees across all professions
- Level of confidence and experience
- Case Management
- Worked on range of teams within CAMHS

## The team statement

*The team provides a multi disciplinary comprehensive mental health service to children and*

*adolescents with an age range of 0 up to 18 years in the area of County South Leicestershire primarily between the hours of 9am – 5pm Monday – Friday, plus contributes to on call service (which extends to after hours)*

### **The team's primary functions**

- The team focuses on moderate to severe mental health difficulties and provides support/treatment to young people and their families to alleviate stressors associated with mental illness and improve overall functioning and well-being.
- Offering holistic assessment of individual needs, treatment and liaison work.
- Helping to build family resilience
- The team is multi disciplinary and offers treatment using medical, Psychological, Psychotherapeutic, systemic and bio-psycho-social models
- The service has a training function as a teaching hospital, and supports the development of research and audit.

### **The team's core values**

- |                                 |                     |
|---------------------------------|---------------------|
| ● Respect                       | ● Patience          |
| ● Effective                     | ● Welfare/Safety    |
| ● Therapeutic Alliance          | ● Multidisciplinary |
| ● Needs led and family focussed | ● Honesty           |
| ● Hopefulness                   | ● Commitment        |
| ● Integrity                     |                     |

### **Trust Statement**

Our Core Purpose

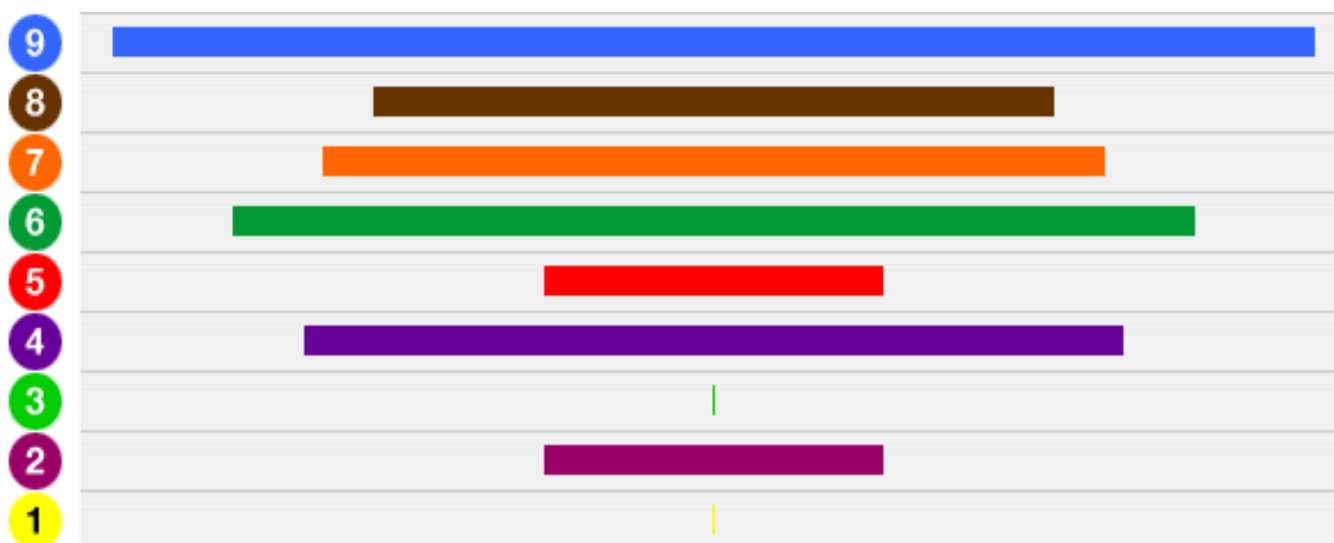
*Advancing health and well-being through the development of communities, rights and inclusion*

NHS Trust is here to provide the highest quality care possible in mental health and learning disabilities services. We want to provide the very best quality care that is accessible by everyone who needs it, that considers people's general well-being and focuses on early intervention when people are ill. To do this effectively we must engage with communities, protect and promote people's rights, increase inclusion and develop our business activities.

Our approach to care is based on six values:

1. Respect
2. Integrity
3. Good quality care
4. Honesty
5. Trust
6. Service user led

## Visual representation of staffing (Christmas tree)



## Implications of current team establishment (i.e. Christmas tree)

This visual representation was discussed by the team with the following points being noted:

- Not enough of anything to go around – across all areas
- Has an effect on morale
- Highly trained staff team
  - Leads to complacency
  - Across the service
- Disinclination to talk about clinical skills
- Guarded approach to discuss clinical work
- Trust: Challenge
- Ethos across service to not review clinical practice
- Less experienced/qualified staff can play a part
- ‘Not far away from Excellence.’
- Senior staff members are missing
- Support available from colleagues, skills overlap



## STEP 3: CHILDREN, YOUNG PEOPLE, FAMILIES & CARERS NEEDS

### THE LOCAL POPULATION

What population does the team cover?

MAP REMOVED

What is the age profile of the population? (2007)

Area Name	All Ages	Age 0	Age 1-4	Age 5-9	Age 10-14	Age 15-19	Age 0-19 total
	92,900	1,000	4,200	5,300	5,800	5,900	22,200
	82,300	900	3,900	5,100	5,300	5,200	20,400
	104,400	1,100	4,500	5,800	5,900	6,500	23,800
	56,800	500	2,200	3,100	3,800	5,100	14,700
	336,400	3,500	14,800	19,300	20,800	22,700	81,100

What is the male/female split? (2007)

Area Name	Males All Ages	Males Age 0	Males Age 1-4	Males Age 5-9	Males Age 10-14	Males Age 15-19	Males Age 0-19 Total
	46,200	500	2,100	2,700	3,000	3,100	11,400
	40,900	500	2,000	2,600	2,700	2,700	10,500
	51,300	600	2,300	2,900	3,000	3,300	12,100
	27,600	300	1,100	1,600	1,900	2,600	7,500
	166,000	1,900	7,500	9,800	10,600	11,700	41,500

Area Name	Females All Ages	Females Age 0	Females Age 1-4	Females Age 5-9	Females Age 10 -14	Females Age 15-19	Females Age 0-19 Total
	46,800	500	2,100	2,600	2,800	2,800	10,800
	41,400	500	1,800	2,400	2,600	2,400	9,700
	53,100	500	2,200	2,900	2,900	3,200	11,700
	29,300	300	1,100	1,500	1,800	2,500	7,200
	170,600	1,800	7,200	9,400	10,100	10,900	9,400

#### Population size (2007)

Area	All Ages	Age 0-19
	92,900	22,200
	82,300	20,400
	104,400	23,800
	56,800	14,700
	<b>336,400</b>	<b>81,100</b>

#### Employment Status

Area Name	Working age population	%of working age population	Job seekers allowance	Job density
	56600	85.4	1.10%	0.7
	48400	83.3	0.70%	0.8
	63000	84.1	1.30%	0.7
	33700	82.9	1.70%	0.6

#### Ethnicity Profile

	Number of Patients	Percentages
British	1702	71.4
Indian or British Indian	76	3.2
Any other White background	43	1.8
White and Black Caribbean	26	1.1
Any other mixed background	14	0.6
White and Asian	12	0.5
Irish	11	0.5
Pakistani or British Pakistani	11	0.5
African	10	0.4
Any other Asian background	9	0.4
Caribbean	9	0.4
White and Black African	7	0.3
Any other ethnic group	4	0.2
Chinese	4	0.2
Bangladeshi or British Bangladeshi	3	0.1
Not Stated	408	17.1
<b>Blank</b>	<b>34</b>	<b>1.4</b>

### **Implications of Demographic**

#### **Employment**

- People without cars have a transport problem
- For people without cars there is a mileage problem if there is no satellite clinic
- Professional parents can lead to less contact
- Employment percentage comparable to national average
- Employment status can reflect children's mental health i.e. lack of money more arguments parent to parent.

#### **Population**

- Pockets of communities concentrated (ethnic/social class) in specific areas
- Eastern countries population (new comers)
- Religious and cultural beliefs could impact on access to service/diagnosis and treatment
- Less dysfunctional in ethnic minority families as stay as a 'unit' more/ or opposite (reflects the opposing views expressed)
- Large population of travellers in ..... A lot of are in Pupil Referral Units (PRU) schools.
- .....area traffic
- ..... area mum worries about youth population
- Access to services limited due to GP's reluctance to over refer (bigger population to refer)

#### **Local Intelligence**

- The .....Centre is in the city but serves the county
- O..... schools quite sought after
- Education important for social mobility

## **Geography**

- Rural area
- Lack of facilities
- Distances between bases means staff and service users need to travel more.
- Pockets of affluence/ poverty dispersed throughout .....

## **Educational Attainment**

- Inequality
  - Postcode lottery for schools
  - Educational placements
- Peer pressure on underachievers
- Language and learning disorders: Lack of Assessment and treatment pathways.
- Schools differ in equality
- Parents lack knowledge about appropriate schools for particular problems
- Lack of support for educational/LA services

## **Age profile**

- Stigma attached to mental health issues and children
- Disproportionate number of teenagers in O..... and W.....
- High numbers of greater than 14 year old referrals (moderate to severe disorders)
- Males of a younger age are usually referred for externalising disorders

## **Gender Issues**

- Access to service may be restricted for males due to society's perception and reluctance
- Service user preference for gender of clinician i.e. female/male

## **NEEDS OF THE CHILDREN, YOUNG PEOPLE, FAMILIES AND CARERS**

The **Green Needs** of the service users and carers as perceived by the team, three service user volunteers and two young trust members.

- Better communication/liaison with other agencies and professionals (e.g. police, social services, education, voluntary agencies)
- Local support groups for young teenagers with emotional/mental health difficulties
- More outreach work
- Support for young carers e.g. Barnardos for all young carers not just for those caring for parents
- Prevention of teenage pregnancies
- Aim to ensure the referrers are aware of the information we require to best care for parent
- Shorter waiting lists
- More focus on mental health rather than mental ill health
- Considering social stigma
- More points of contact to increase the accessibility of CAMHS
- Having practitioners who can 'sign'
- Recognising the importance of social groups for children, young people and their parents and carers
- Co-morbid symptoms i.e. motor coordination/ sensory limitations

- Better use of available research and more opportunities for research and development
- More timely Communication: often the events are advertised too late for places to be taken up
- Having an age appropriate understanding of life story
- Considering any physical requirements parent/carers may have which could impact on our service to them (e.g. mobility)
- Greater demonstration of awareness of the needs of children from ethnic minority families (especially in mainly white British villages)
- Development of collaborative care pathways and sharing of information about these with service users
- Consideration of the physical problems associated with emotional ill health
- To communicate the importance of treatment
- Provision of accessible information
- Tailored communication and understanding from clinicians about individuals using the service according to geographical area.
- Rigorous collection of ethnicity data as per race relations (Amendment) Act 2000

**The Amber Needs of the service users and carers as perceived by the team, three service user volunteers and two young trust members.**

- Support to families (e.g. developing a Patient/family 'buddy' scheme)
- Continuing the development and implementation of group interventions
- Increased opportunities for integration to decrease inequalities amongst service users around issues of diversity (e.g. ethnicity, age, gender, sexuality etc.)
- Better understanding within schools of mental health difficulties including diagnoses
- Early appointments not having to wait to be seen, Waiting time for out-patient opportunities
- Raise awareness within the service of the impact on young people and carers of extended waiting times.
- Prompt time keeping (for taking time off school)
- Psycho education for parents carers and greater levels of support for those that struggle to understand and accept the difficulties of the user
- Greater awareness in A&E, GP's dentists etc of problems accessing services for children with behavioural problems.
- Working relationships with schools and improving links with and awareness of existing services
- Providing Tai Chi and yoga
- Greater provision of non-talking therapies
- Better working alliances between care team and young person/family
- Services to be provided in an age appropriate venue
- Caring attitude to families and carers
- Sending appointments via email or text.
- Improved communication e.g. reminders forwarded via text
- Social inclusion – more focus on social integration and encouragement of sufferers to access appropriate social support groups
- More awareness of dyspraxia, motor-co-ordination disorder, sensory difficulties.
- Foster more research locally to support national targets and deepen the evidence base for topics relevant to CAMHS service
- Physical Health – Often the sufferer doesn't accept they are ill or are becoming ill.



**The Red Needs of the service users and carers as perceived by the team, three service user volunteers and two young trust members.**

- More engagement with families
- Better liaison between wider children's services network e.g. paediatric service, G.P's and school nurses
- Better understanding of the mental health needs of young people who are not in Education Employment or Training (NEET).
- Information about mental health and services for young people and families
- To promote a balanced and realistic approach to treatment via;
  - Education and information about mental health, mental illness, disorders and services available to patients, families and carers
  - Publicly available information about mental health to raise awareness and challenge stigma
  - Circulate up to date and accurate information on support groups
  - To develop a preventative approach which recognises issues such as social circumstances and parenting styles to promote resilience in children and families Service users to be empowered to be able to state negatives about treatment
- Assessment
  - Timely and better quality assessments
  - Assessment of mental health needs of people excluded from school
  - When will the GP's take the parent seriously? We know our kids!
- Better understanding of factors influencing social exclusion
- Working together
  - Better links between voluntary agencies and statutory services working with disadvantaged people.
  - More groups/organisation that can be accessed/utilised i.e. ADHD solutions
- Wholeness, Mindfulness, Wellbeing, Holistic approach
  - Increased understanding of mind-body continuum – more holistic approaches
  - Considering physical health also i.e. medication, exercise etc.
  - Physical implications of medication
- Services for attachment disorders
- Focussing on needs of all family members
  - Involvement of family members e.g. siblings
  - Emergency advice line
  - Out of hours support such as social services more user friendly
  - Family therapy and family mediation
  - Support for carers
  - More parental counselling, parallel with individual work with young person
  - Parent work
  - Seeing client in their home
- Help to access services
  - In depth case discussions
  - Ensuring patient/carers understands diagnosis/ care plan and the implications
  - Clear and concise reporting of diagnose and proposed care plan
  - Explanation of diagnosis
- Early intervention in teenage depression. Preventing self harm and suicide in young people
- Training specific to professions
  - More staff training
  - Specific training can be in house/refresher courses on common and less common diagnosis

- To urgently meet emergencies
  - Confidence to know that emergencies will be dealt with urgently
- Accessibility to mental health services (CAMHS)
  - Accessibility of receptions
- Meeting needs of autistic children in schools and in the community
- Good visual (rooms/building) environment. Young person friendly.
- Different treatment options and choice.
- Psychotherapy especially for less than 12 year old.
- Effective weekly treatment
- Time limited treatment
- Follow through with same clinician

## THE 20 PRIORITY NEEDS OF OUR SERVICE USERS AND CARERS

Priority Needs		Who currently meets the need	Who could/should meet the need
1.	Engagement with families and children.	Every staff member involved including admin	Liaison officer Sharing of skills of engagement: training? Sharing of engagement tools/skills
2.	More interaction with universal children's services E.g. community pediatric service.	Clinicians to ensure that correspondence and updates sent regularly to agencies and service users PMHS	Cross fertilization across paediatrics: CAMHS PMHW liaise with vol. and statutory agencies.
3.	Improved understanding of children and young people who are socially isolated due to not being in education, training, employment.	Entire system (NHS, Education, family/carers and young persons)	Differentiation between emotional and social needs? Link workers across services
4.	Psycho education and improved awareness of services for children, young people and families.	CAMHS Education/LA Primary care voluntary services. Facebook Internet/you tube	Internet, Facebook, structured and more intelligently used. Give young people the language of emotional health. PR camp for CAMHS. Fear of overloading service. Wider PR for whole of CAMHS One leaflet for services: identifying options.

5.	Assessment of mental health and needs of children, young people and families/carers.	Everyone associated with child/yp. One person needs to collate – Lead professional or business manager	Lead professional to coordinate care.  Care manager to review regularly min. standards of assessment.
6.	Better understanding of factors that influence social exclusion/more awareness of social exclusion factors.	Research – evidence based practice	Research EBP – Better understanding of needs.
7.	Better links and more joined up working between other agencies that provide a range of services to children, young people and families.	PMHWS	'Team around the child' - better used
8.	Physical health implications of mental illness.	GP's /parents/ Service users/Education life skills	
9.	Services for attachment disorders.	Social skills/CAMHS/Family Steps	Fit between physical: mental health  ?implications
10.	Family focussed work – involvement of families. Information for families.	CAMHS – each has involvement at different levels. /Voluntary/Service users/Primary care	Coordination between agencies and CAMHS taking a lead.  Prevention
11.	Diagnosis and explaining diagnosis.	All practitioners	Information packs. Clarification of need.
12.	Early intervention in teenage depression.	Everyone especially PMHW – GP's, schools and CAMHS	Information to tier/services
13.	Prevention of self harm and suicide.	All practitioners and service users	Potential development of use of service users. CAMHS management to support clinicians.
14.	Training of staff	In staff or out of house specialists	Commissioners need to be aware of need. Comm/managers/individuals need to recognize the need.  Clinician to audit skills, skills audit and skill sharing across team. Team to develop

			training packages.
15.	Crisis and timely interventions.	On call practitioner – confidence is achieved at the coalface	Definition of what 'is a crisis'/emergency  (case load management) CAPA tool and weighting (40 for WTE)
16.	Accessibility of mental health services.	On call practitioner or GP/ any referrer	Access by phone to support clients/families in crisis.  Need smaller case load to support crisis management  Crisis interventions team for CAMHS
17.	Meeting needs of children and young people with Autistic Spectrum Disorder (ASD).	Autism Outreach CAMHS, Paeds, SENCO + LSA/school/voluntary sector/parents/ peer groups of service users	CAMHS: Paeds for interventions  Support liaison
18.	Young person friendly environment.	CAMHS	Estates request for plants, bean bags.  More young people friendly NOT hospital environment.
19.	Different treatment options and choice.	CAMHS – Out Pt's – Private/Voluntary services School counselors IAPT (GP surgeries)	Better links, sharing of info.  PMHW and Ind. Clinician to be aware of care pathways
20.	Lead professional/continuity of care.	SCAMHS/PCT GP	Lead clinician and other professionals



## STEP 4: CREATING A NEEDS LED WORKFORCE

### WHAT NEEDS TO CHANGE?

**What needs to change to meet the 20 priority needs?** (Based on the information gathered throughout the process including individual diary sheets, capability profiles, working differently handout and team capability profile)

### New Ways of Working

- **Preventative work, early intervention**
  - More focus on mental health rather than mental ill health
- **Equality and Diversity**
  - Active engagement with diverse groups
  - Links with Community Development Workers (CDW's)
  - Having practitioners who can 'sign'
  - Awareness of the needs of disabled children
- **Working towards a needs led service** (follow through with same clinician)
- **Focus more on occupational based assessments – standardised which would give a**
- **different approach and complement existing assessments.**
- **Demonstrating an understanding of the client's holistic needs.**
- **Working towards manageable caseloads**
  - Maximising clinical time through effective job planning
  - Commissioners managers/individuals need to be aware of need, and recognize issues of capacity
  - (case load management) CAPA tool and weighting (40 for WTE)
- **Reducing waiting time for out patient appointments**
- **Prevention of self harm and suicide**
  - Better use of skills especially for prevention (currently mostly cured in treatment)
- **Care pathways/ More consistent/efficient care packages**
  - Services for attachment disorders
  - Choice re range of therapy options available
  - Guidelines for practitioners
  - Lead professional to coordinate care
  - Care manager to review regularly minimum standards of assessment
  - Support for young carers
  - Assessment of ASD – to follow care bundles approach
- **Recognition of physical needs of service users with mental health problems** e.g. Co morbid symptoms i.e. motor coordination/ sensory limitations, dyspraxia
- **Provision of creative / non-talking and alternative therapies**

## **New Roles**

- **Introduction of Early Intervention Team and crisis management teams / Crisis intervention. Definition of what 'is a crisis'/emergency**
  - Access by phone to support clients/families in crisis
  - Need smaller case load to support crisis management
  - Crisis interventions team for CAMHS
  - Increase skills in crisis and timely interventions
- **Development of Service user involvement and participation**
  - Recognition of the needs of the population
  - Including service users in planning of services
  - Increased transparency
  - Patient/family 'buddy' scheme
  - Gaining service user feedback
  - User friendly environment
  - Involvement of family members
  - Work in partnership with public
  - Feedback (Questionnaires on discharge), outcomes
  - Estates request for plants, bean bags
  - More young people friendly NOT hospital environment
- **Specialist clinics**
  - E.g. ADHD
- **Recognition of needs of adolescence (12-18 years age group)**
  - Links to youth centres
  - Local support groups for young teenagers with emotional/mental health difficulties
- **Development of groups and group processes**
- **Link workers across service**
- **Taking more responsibility and ownership of work**

## **Learning and Development**

- **Services for Attachment disorder – need to develop pathway and building skills and facilitating training as required e.g. Theraplay**
- **Working more closely with partnership agencies**
  - e.g. GP's, schools (TaMHS), social services, voluntary agencies (e.g. Barnardos for young carers)
  - Better communication/liaison with other agencies and professionals
- **Team days out/Team building/ more fun and sharing**
- **Utilising team skills efficiently to meet demands**
  - Maximise efficiency
  - Early appointments not having to wait to be seen

- **Development of team skills**
  - Non-medical prescribing
  - Sharing of engagement tools/skills
- **Leadership - Involves leading by example**
  - Valuing strengths in the teams
  - Being prepared to take 'brave' decisions, to spell out priorities
  - Motivation
  - Not just funding but effective leadership which doesn't just set standards but also values and encourages team cohesion – makes it fun to come to work
- **Skill mix**
  - Grading Review
  - Healthcare support workers (HCSW)
  - Clinicians to develop audit process to review skill mix across team
- **Audit, Research and Development**
  - Making the audit cycle easier to complete
  - More research Data collection (e.g. ethnicity)
- **Recognition of the impact of stigma and identifying ways to address this**
- **Training and development for partner agencies**
  - Better understanding within schools of diagnosis
- **Greater awareness of potential use of CAF, and the 'team around the child' Model**
- **User/Young person friendly environment**
  - Influence managers/commissioners on using and providing user friendly environment
  - Activities for YP in reception
  - Separate child and adolescent reception area

#### **Others (team must dos)**

- **Addressing inequalities**
- **Preventing self harm and suicide in young people**
- **Information sharing across the team and service**
- **Use of Admin and clerical time**
  - Communication (letters and appointment letters) reminders
  - If reception and secretaries were split it would make admin work more efficient, as noise levels and confidentiality are things that need changing.
- **Wider PR for whole of CAMHS /One leaflet for services: identifying options**
- **Young people friendly**

## TEAM CAPABILITIES

Need/staff initials													
1.	Engagement with families and children.	P	P	P	P	P	P	P	P	P	P/D	P	N
2.	More interaction with universal children's services E.g. community pediatric service.	D	D	P	X	D	D	N	D	D	C	D	
3.	Improved understanding of children and young people who are socially isolated due to not being in education, training, employment.	D	D	P	N	N	P	D	D	N	P	P	
4.	Pyscho education and improved awareness of services for children, young people and families.	D	D	P	C	N	P	P	D	N	P	D	N
5.	Assessment of mental health and needs of children, young people and families/carers.	P	P	P	X	P	P	P	P	N	P	P	N
6.	Better understanding of factors that influence social exclusion/more awareness of social exclusion factors.	D	D	P	N	P	D	D	D	N	P	P	
7.	Better links and more joined up working between other agencies that provide a range of services to children, young people and families.	P	D	H	X	D	P	C	P	N	D	P	
8.	Physical health implications of mental illness.	D	D	P	X	D	P	P	D	P	D	P	N
9.	Services for attachment disorders.	N	D	C	N	P	P	N	N	N	D	H	N
10.	Family focussed work – involvement of families. Information for families.	C	P	P	X	P	D	D	C	D	C	D	P
11.	Diagnosis and explaining diagnosis.	D	P	P	X	D	P	D	D	N	D	P	N
12.	Early intervention in teenage depression.	P	P	P	X	D	P	D	P	D	D	D	P
13.	Prevention of self harm and suicide.	D	P	P	P	D	P	D	P	D	D	P	
14.	Training of staff	P	P	P	N	D	P	C	D	D	D	D	N
15.	Crisis and timely interventions.	D	P	P	P	D	P	D	P	D	N	P	
16.	Accessibility of mental health services.	D	D	P	P/N	P	P	P	D	P	P	P	
17.	Meeting needs of children and young people with Autistic Spectrum Disorder (ASD).	D	P	P	X	D	P	D	D	P	P	C	
18.	Young person friendly environment.		P	D	P	D	N	P	D	P	P	D	N
19.	Different treatment options and choice.	D	P	P	X	P	P	D	D	P	P	P	N
20.	Lead professional/continuity of care.	P	P	P	X	D	P	C	P	P	P	P	

✓ = 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



## **All identified green changes**

### **Administration to take more time on checking thoroughly through work**

- **“We can do any two of the following three”:**
  1. Have a safe service
  2. Quick response – low waiting
  3. Improvise with limited resources
- **“We cannot work intensively with families, see them properly and have large caseloads at the same time”**
- **Putting ideas forward and implementing them – ‘Can do’ approach**
- **Improve understanding of the physical health needs of mental illness**
  - More studying/extra training
  - Have dedicated times taking in more cases with physical illnesses. Development of liaising Child Psychiatry Services
  - continue with Dr Pace’s acute assessments – learn from colleagues who already have the expertise.
  - Have dedicated times taking in more cases with physical illnesses. Development of liaising Child Psychiatry Services
  - Recognition of physical needs of service users with mental health problems e.g. Co morbid symptoms i.e. motor coordination/ sensory limitations, dyspraxia
- **Morale**
  - Improving self confidence
- **Single Point of Access (SPA)**
  - Make referrals more streamline and more responsive
  - Reviewing referral criteria and accessibility
  - Aim to ensure the referrers are aware of the info we require to best care for parents / carers and children / young people
- **Timely and better quality assessments**
- **Extra training in Mental Health**
- **Improving access**
  - More accessibility for service users
  - Clinics closer to service users
  - Satellite clinics
  - Home visits
  - More home treatments to reduce hospital admissions, accessible information (e.g. information leaflets)
  - Need to think of how to reach children that DNA or need home visits and how to manage this.
  - Including isolated excluded and forgotten children (the quiet ones) – identify and speak to colleagues who already have the experience

- More training to have an improved understanding of children/ young people, who are socially isolated
- Liaison with schools and education service
- Better understanding of factors influence social exclusions
- **Acute assessment and ongoing work with a variety of clients– to pool resources together to reflect priorities and facilitate staff skill sharing**
- **Preparing clients for the first appointment (“Learning more mental health issues how the clinicians assess – so can give some comfort to when contacting parents about how assessments are done”)**
- **Patient focused care**
  - Prompt time keeping (for taking time off school)  
“We cannot work intensively with families, see them properly and have large caseloads at the same time”
- **Better use of available technology i.e.**
  - Room booking via shared drive
  - Electronic Referrals/forms (copy available)
  - Outlook Diary
  - Electronic case note
  - Access to Maracis
  - Sending appointments by email or text
  - Internet, Facebook, structured and more intelligently used
  - Provide young people with the language of emotional health
- **More teaching and supervision across disciplines**
  - Identify time to study and be supported
  - Identify generic aspects of work for mutual education and sharing of expertise
  - Training – continue studying and learning with clinical environments
  - High level/specific training needs to be available
  - Use services and the experience of colleagues already available. Read the literature
  - Psycho education – more resources/leaflets, more open days. Links with schools
  - Re: diagnosis – extra training required in this area
  - High level/specific training needs to be available
- **Taking more responsibility and ownership of work**
- **Family focussed work – increase dedicated time. NWW better and more effective use of time**
- **Liaison officer**
- **Liaison – better links and more joined up working between other agencies.**
  - More liaison with agencies to ascertain roles and open communication
  - Need to have stronger links with universal services – more liaison
- **Spending time with appropriate services to gain a greater understanding and allow access to additional training**

- **Increased learning about diagnosis to explain to families and able management and understanding for families i.e. ASD/ADHD etc.**

### **All identified amber changes**

- **Working more closely with partnership agencies**  
e.g. GP's, schools (TaMHS), social services, voluntary agencies (e.g. Barnardos for young carers)
  - Better communication/liaison with other agencies and professionals
- **Training and development for partner agencies**
  - Better understanding within schools of diagnosis
- **Skill mix**
  - Grading Review
  - Healthcare support workers (HCSW)
  - Clinicians to develop audit process to review skill mix across team
- **Development of team skills**
  - Non-medical prescribing
  - Sharing of engagement tools/skills
- **Recognition of needs of adolescence (12-18 years age group)**
  - Links to youth centres
  - Local support groups for young teenagers with emotional/mental health difficulties
- **Use of Admin and clerical time**  
Communication (letters and appointment letters) reminders
- **Prevention of self harm and suicide**  
Better use of skills especially for prevention; currently mostly cured in treatment
- **Preventing self harm and suicide in young people**
- **Development of Service user involvement and participation**
  - Recognition of the needs of the population
  - Including service users in planning of services
  - Increased transparency
  - Patient/family 'buddy' scheme
  - Gaining service user feedback
  - User friendly environment
  - Involvement of family members
  - Work in partnership with public
  - Feedback (Questionnaires on discharge), outcomes
  - Estates request for plants, bean bags
  - More young people friendly NOT hospital environment
- **Development of groups and group processes**
- **Utilising team skills efficiently to meet demands**
  - Maximise efficiency

- Early appointments not having to wait to be seen
- **Provision of alternative therapies**
- **Focus more on occupational based assessments – standardised which would give a different approach and complement existing assessments.**
- **Users/Young person's friendly environment**
  - Influence managers/commissioners on using and providing user friendly environment

### **All identified red changes**

- **Working towards manageable caseloads**
  - Maximising clinical time through effective job planning
  - Commissioners managers/individuals need to be aware of need, and recognize issues of capacity
  - (case load management) CAPA tool and weighting (40 for WTE)
- **Introduction of Early Intervention Team and crisis management teams / Crisis intervention. Definition of what 'is a crisis'/emergency**
  - Access by phone to support clients/families in crisis
  - Need smaller case load to support crisis management
  - Crisis interventions team for CAMHS
- **Psycho education for parents / carers, partner agencies, individuals working with children and young people**
  - Meeting the needs of autistic children and young people in schools and the community
- **Improving access**
  - More accessibility for service users
  - Clinics closer to service users
  - Satellite clinics
  - Home visits
  - More home treatments to reduce hospital admissions, accessible information (e.g. information leaflets)
- **Accessibility of MH Service**
  - Need to think of how to reach children that DNA or need home visits and how to manage this.
- **Psycho education – more resources/leaflets, more open days. Links with schools.**
  - Use services and the experience of colleagues already available
- **More training to have an improved understanding of children/ young people, who are socially isolated**
- **Specialist clinics**
  - E.g. ADHD
- **Link workers across service**

- **Working towards a needs led service** (follow through with same clinician)
- **Wider PR for whole of CAMHS /One leaflet for services: identifying options**
- **Provision of creative and alternative therapy**
- **Greater awareness of potential use of CAF**, and the 'team around the child' Model
- **Preventative work, early intervention**
  - More focus on mental health rather than mental ill health
- **Reducing waiting time for out patient appointments**
- **Audit, Research and Development**
  - Making the audit cycle easier to complete
  - More research Data collection (e.g. ethnicity)
- **Training in attachment disorder**
- **Recognition of the impact of stigma and identifying ways to address this**
- **Care pathways/ More consistent/efficient care packages**
  - Services for attachment disorders
  - Choice re range of therapy options available
  - Guidelines for practitioners
  - Lead professional to coordinate care
  - Care manager to review regularly minimum standards of assessment
  - Support for young carers
  - Assessment of ASD – to follow care bundles approach
- **Services for Attachment disorder – need to develop pathway and building skills if required**

**SMT Priority Action Plan**  
**High priority Red Changes to take to SMT (initially 2 only)**

Aim (what to you want to achieve)	Lead person	Target date (for achieving aim)
<b>Working towards manageable caseloads</b> <ul style="list-style-type: none"> <li>• Maximising clinical time through effective job planning</li> <li>• Commissioners managers/individuals need to be aware of need, and recognize issues of capacity</li> <li>• (case load management) CAPA tool and weighting (40 for WTE)</li> </ul>	Line manager in discussion with team	
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
Objectives (what do you need to do to achieve your aim)	Who (identified person for specific objective)	Target date (for achieving objective)
<ul style="list-style-type: none"> <li>• Job plans</li> <li>• Review targets</li> <li>• Implement</li> <li>• Implement waiting lists for specific treatments not same as case management</li> <li>• Communication between all</li> <li>• Self discipline</li> </ul>	Team Manager with team	Aug 2010
	Team	Ongoing
	Each clinician	In place
	Each clinician	Ongoing
Each clinician	Ongoing	
<b>Resources required (needs to be existing or reengineered resources)</b>		
<b>Progress to date (please add additional pages as required)</b>		

**SMT Priority Action Plan**  
**High priority Red Changes to take to SMT (initially 2 only)**

Aim (what to you want to achieve)	Lead person	Target date (for achieving aim)
<ul style="list-style-type: none"> <li>• Introduction of Early Intervention Team and crisis management teams / Crisis intervention. Definition of what 'is a crisis'/emergency</li> <li>• Access by phone to support clients/families in crisis</li> <li>• Need smaller case load to support crisis management</li> <li>• Crisis interventions team for CAMHS</li> </ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
Objectives (what do you need to do to achieve your aim)	Who (identified person for specific objective)	Target date (for achieving objective)
<ul style="list-style-type: none"> <li>• Need to establish a working group</li> <li>• Define the need</li> <li>• Looking at best practice guidelines</li> <li>• Draft to consultation</li> <li>• SMT to Commissioners</li> </ul>	Psychiatrist CPN PMHW Psychologist Admin	Ideas Oct 2010  Draft Dec 2010
<b>Resources required (needs to be existing or reengineered resources)</b>		
Time/personnel		
<b>Progress to date (please add additional pages as required)</b>		

**CCTA Action Plan – Red Changes**  
**(longer term/complex changes, may require SMT approval)**

Aim (what to you want to achieve)	Lead person	Target date (for achieving aim)
<ul style="list-style-type: none"> <li>• Psycho education for parents / carers, partner agencies, individuals working with children and young people</li> <li>• Meeting the needs of autistic children and young people in schools and the community</li> </ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
Objectives (what do you need to do to achieve your aim)	Who (identified person for specific objective)	Target date (for achieving objective)
<ul style="list-style-type: none"> <li>• Organise a working group to include young people and families.</li> <li>• Collate existing leaflets</li> <li>• Search for good practice information</li> <li>• Produce draft documentation for wider consultation</li> </ul>	Clinical governance SLAM	Dec 2010
<b>Resources required (needs to be existing or reengineered resources)</b>		
Print costs		
<b>Progress to date (please add additional pages as required)</b>		



**CCTA Action Plan – Red Changes**  
**(longer term/complex changes, may require SMT approval)**

Aim (what to you want to achieve)	Lead person	Target date (for achieving aim)
<ul style="list-style-type: none"> <li>• Accessibility of Mental Health Service</li> <li>• Need to think of how to reach children that DNA or need home visits and how to manage this.</li> </ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
Objectives (what do you need to do to achieve your aim)	Who (identified person for specific objective)	Target date (for achieving objective)
<ul style="list-style-type: none"> <li>• DNA – Acute</li> <li>• DNA - Triage</li> <li>• Criteria to be developed</li> <li>• Physical Access</li> <li>• To explore access</li> <li>• able clinical space in County South</li> <li>• Home visits</li> <li>• Needs led</li> </ul>	<p>Team SLAM</p> <p>General Manager/Business Manager</p> <p>Already happening</p>	<p>Dec 2010</p>
<b>Resources required (needs to be existing or reengineered resources)</b>		
<p>Funding available?</p>		
<b>Progress to date (please add additional pages as required)</b>		

**CCTA Action Plan – Red Changes**  
**(longer term/complex changes, may require SMT approval)**

Aim (what to you want to achieve)	Lead person	Target date (for achieving aim)
<ul style="list-style-type: none"> <li>• Improved understanding of children and young people who are socially isolated due to not being in education, training, employment.</li> <li>• Reach out to hard to reach families/children This leaves a group of children who are borderline</li> </ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
Objectives (what do you need to do to achieve your aim)	Who (identified person for specific objective)	Target date (for achieving objective)
Relax referral criteria? Consultations with schools and social services and voluntary organizations (e.g. BME, Homeless)		
<b>Resources required (needs to be existing or reengineered resources)</b>		
<b>Progress to date (please add additional pages as required)</b>		

**CCTA Action Plan – Red Changes**  
**(longer term/complex changes, may require SMT approval)**

Aim (what to you want to achieve)	Lead person	Target date (for achieving aim)
Team Days Out /Team building	Team  Team Leader to propose to SMT	
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
Objectives (what do you need to do to achieve your aim)	Who (identified person for specific objective)	Target date (for achieving objective)
<ul style="list-style-type: none"> <li>• Shared activities - working –case discussions -fun, lunches, team days</li> <li>• Culture of genuine care for individual employee.</li> <li>• Cut out the culture of blame and threat. Genuine support through crisis</li> </ul>		Next team meet  Next SMT meet
<b>Resources required (needs to be existing or reengineered resources)</b>		
Budget allocation None – just willpower		
<b>Progress to date (please add additional pages as required)</b>		

**CCTA Action Plan – Red Changes**  
(longer term/complex changes, may require SMT approval)

Aim (what to you want to achieve)	Lead person	Target date (for achieving aim)
<ul style="list-style-type: none"> <li>• Theraplay Training to help meet needs of attachment</li> </ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
Objectives (what do you need to do to achieve your aim)	Who (identified person for specific objective)	Target date (for achieving objective)
Recognised training Special interest group to pool know how and resources	teams	Ongoing within 6 months
<b>Resources required (needs to be existing or reengineered resources)</b>		
Protected time		
<b>Progress to date (please add additional pages as required)</b>		

**CCTA Action Plan – Red Changes**  
**(longer term/complex changes, may require SMT approval)**

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
<ul style="list-style-type: none"> <li>• Child friendly and teenager friendly environment</li> </ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
Ask them! – Focus group Look at examples of best practice in other services	Senior OT with a small team of volunteers	By end of 2010
<b>Resources required (needs to be existing or reengineered resources)</b>		
Protected time  Funding – equipment, redecoration		
<b>Progress to date (please add additional pages as required)</b>		

**CCTA Action Plan – Red Changes**  
**(longer term/complex changes, may require SMT approval)**

Aim (what to you want to achieve)	Lead person	Target date (for achieving aim)
<ul style="list-style-type: none"> <li>Equality and diversity</li> </ul>	Team	
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
Objectives (what do you need to do to achieve your aim)	Who (identified person for specific objective)	Target date (for achieving objective)
<ul style="list-style-type: none"> <li>Identify individuals in team who already accomplish aspects of this role(Pmht)</li> <li>Collaboration/sharing knowledge with team</li> <li>Identify barriers in accessing team re cultural barriers</li> </ul>	Team	Ongoing  Ongoing  Ongoing
<b>Resources required (needs to be existing or reengineered resources)</b>		
Link person  Time		
<b>Progress to date (please add additional pages as required)</b>		

**CCTA Action Plan – Red Changes**  
**(longer term/complex changes, may require SMT approval)**

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
<ul style="list-style-type: none"> <li>Leadership – involves leading by example</li> </ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
<ul style="list-style-type: none"> <li>Valuing strengths within the team</li> </ul>	All team	Ongoing
<ul style="list-style-type: none"> <li>Being prepared to take brave decisions, to spell out priorities</li> </ul>	All team and clinical Director	Ongoing
<ul style="list-style-type: none"> <li>Motivation</li> </ul>	All team	Ongoing
<ul style="list-style-type: none"> <li>Funding sometimes needed but not always</li> </ul>	Clinical Director	Nov 2010
<ul style="list-style-type: none"> <li>Effective leadership</li> </ul>	Service Manager	Nov 2010
<b>Resources required (needs to be existing or reengineered resources)</b>		
<b>Progress to date (please add additional pages as required)</b>		

**CCTA Action Plan – Red Changes**  
**(longer term/complex changes, may require SMT approval)**

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
<ul style="list-style-type: none"> <li>Information sharing across the team and service</li> </ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
<ul style="list-style-type: none"> <li>Identify clinical excellence and exploit them for the good of the team and service</li> <li>Team day – case discussions</li> </ul>	Heads of service  Team - all	July 2010  Ongoing
<b>Resources required (needs to be existing or reengineered resources)</b>		
<b>Progress to date (please add additional pages as required)</b>		



**CCTA Action Plan – Amber Changes**  
**(need more time and may need reallocation of resources)**

Aim (what to you want to achieve)	Lead person	Target date (for achieving aim)
<ul style="list-style-type: none"> <li>Working with partnership agencies</li> </ul>	Team leader, Clinical Director	
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
Objectives (what do you need to do to achieve your aim)	Who (identified person for specific objective)	Target date (for achieving objective)
Look at what is already in place <ul style="list-style-type: none"> <li>Individuals liaising with schools</li> <li>Consultations with hospital school</li> <li>Community paediatrics</li> <li>Have a shared data base</li> </ul>		
<b>Resources required (needs to be existing or reengineered resources)</b>		
Admin support		
<b>Progress to date (please add additional pages as required)</b>		

**CCTA Action Plan – Amber Changes**  
**(need more time and may need reallocation of resources)**

Aim (what to you want to achieve)	Lead person	Target date (for achieving aim)
<ul style="list-style-type: none"> <li>• Training and development for partner agencies</li> </ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
Objectives (what do you need to do to achieve your aim)	Who (identified person for specific objective)	Target date (for achieving objective)
<ul style="list-style-type: none"> <li>• PMHW Tamhs seal etc for main bulk to liaise and provide.</li> <li>• Individual client basis, clinician to go school and discuss re client and need</li> </ul>	<p>Team leaders of Pmhw</p> <p>Individual clinician</p>	<p>Ongoing</p> <p>Ongoing</p>
<b>Resources required (needs to be existing or reengineered resources)</b>		
<p>Not sure if current provision meets time.</p> <p>Time</p>		
<b>Progress to date (please add additional pages as required)</b>		

**CCTA Action Plan – Amber Changes**  
**(need more time and may need reallocation of resources)**

Aim (what to you want to achieve)	Lead person	Target date (for achieving aim)
<ul style="list-style-type: none"> <li>• Skill Mix/Development of team skills</li> </ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
Objectives (what do you need to do to achieve your aim)	Who (identified person for specific objective)	Target date (for achieving objective)
<ul style="list-style-type: none"> <li>• Need to identify skills</li> <li>• that need developing</li> <li>• Need to identify skills that we have in excess</li> <li>• Move towards better skill mix in the team</li> </ul>	Team leader/	Dec 2010
<b>Resources required (needs to be existing or reengineered resources)</b>		
Protected time in job plans to consultations		
<b>Progress to date (please add additional pages as required)</b>		

**CCTA Action Plan – Amber Changes**  
**(need more time and may need reallocation of resources)**

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
<ul style="list-style-type: none"> <li>• Recognition of needs of adolescence (12-18 yrs)</li> </ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
<ul style="list-style-type: none"> <li>• Links to youth centres</li> </ul>	Psychologist Psychotherapist	Sep 2010
<ul style="list-style-type: none"> <li>• Local support groups for young teenagers with emotional/mental health difficulties</li> </ul>	PMHT	Ongoing
<ul style="list-style-type: none"> <li>• Consider a district adolescent services e.g. child-adolescent-adult</li> </ul>	Senior Management	Dec 2010
<b>Resources required (needs to be existing or reengineered resources)</b>		
<p>Information provided by the internet- ed psych and colleges</p> <p>Funding</p>		
<b>Progress to date (please add additional pages as required)</b>		

**CCTA Action Plan – Amber Changes**  
**(need more time and may need reallocation of resources)**

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
<ul style="list-style-type: none"> <li>• Prevention of self harm and suicide</li> <li>• Better use of skills especially for prevention; currently mostly cured in treatment</li> </ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
<ul style="list-style-type: none"> <li>• Re-evaluate priorities to focus on evidence – based practice to focus on most vulnerable groups.</li> <li>• to attend team meeting to present latest research</li> <li>• We need a dedicated DSH team (already set up)</li> <li>• Manageable case loads</li> <li>• Supervision</li> <li>• Evaluations</li> <li>• To monitor trends audit</li> <li>• Improve competences through CPD.</li> <li>• Case Programme approvals</li> </ul>	<p>Clinical Directors</p> <p>Team leader to invite</p> <p>Senior nurse</p> <p>Line managers</p> <p>Audit group</p> <p>Individual clinicians with their line managers</p>	<p>Ongoing</p> <p>Aug 2010</p> <p>To review yearly</p>
<b>Resources required (needs to be existing or reengineered resources)</b>		
<p>Funding, Back file, Protected time, Training</p> <p>Time/trainer</p> <p>Admin support, Recruit staff with necessary skills</p> <p>Links with university (up to date evidence- base and research)</p>		
<b>Progress to date (please add additional pages as required)</b>		

**CCTA Action Plan – Amber Changes**  
**(need more time and may need reallocation of resources)**

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
<ul style="list-style-type: none"> <li>• Use of admin and clerical time</li> </ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
<ul style="list-style-type: none"> <li>• Communication (letters and appointment letters)</li> </ul>	Team administrator	Ongoing
<ul style="list-style-type: none"> <li>• Reception and secretaries to be split due to noise levels and patient confidentiality</li> </ul>	Team to discuss	Oct 2010
<b>Resources required (needs to be existing or reengineered resources)</b>		
Funding		
<b>Progress to date (please add additional pages as required)</b>		

**CCTA Action Plan – Green Changes**  
**(Quick wins, easy changes, can be achieved by team)**

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
<ul style="list-style-type: none"> <li>Admin to check through all work that they have done/completed</li> </ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
<ul style="list-style-type: none"> <li>More staff when load is backlogged</li> </ul>	SMT	Ongoing
<ul style="list-style-type: none"> <li>Appointments need splitting from tapes and put in appropriate trays so they are completed on time</li> </ul>	Team to discuss	Ongoing
<b>Resources required (needs to be existing or reengineered resources)</b>		
<b>Progress to date (please add additional pages as required)</b>		

**CCTA Action Plan – Green Changes**  
**(Quick wins, easy changes, can be achieved by team)**

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
<p>We can do any two of the following:</p> <ul style="list-style-type: none"> <li>• Have a safe and effective service</li> <li>• Quick response – low waiting</li> <li>• Improvise with limited resources</li> </ul>		Ongoing
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
<ul style="list-style-type: none"> <li>• Reflection</li> <li>• Supervision</li> <li>• Audit/Evaluation</li> <li>• Manageable caseloads</li> </ul>	<p>Everyone Senior Clinicians Team leader/Audit group</p>	Ongoing
<ul style="list-style-type: none"> <li>• Improve competence and confidence through: A) CPD B) Joint working</li> </ul>	Line manager and Team Leader	Ongoing
<ul style="list-style-type: none"> <li>• Manageable caseload</li> <li>• Joint working</li> <li>• Encourage creative ideas/flexibility</li> <li>• Accountability</li> </ul>	Team Leader/Team	Ongoing
<b>Resources required (needs to be existing or reengineered resources)</b>		
<p>Protected time Built in job plan Support with audit</p>		
<b>Progress to date (please add additional pages as required)</b>		



**CCTA Action Plan – Green Changes**  
**(Quick wins, easy changes, can be achieved by team)**

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
Morale • Improving self confidence		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
<ul style="list-style-type: none"> <li>• Supervision – positive/constructive feedback</li> <li>• Training supervisors and supervisees/ on coaching/ feedback</li> <li>• Team meeting agenda – share positive experience in the past week/proud of etc.</li> <li>• Team Days – need planning over a year. Team building</li> <li>• Informal discussion time with team leader</li> </ul>	Team Lead   Team Lead  Team Lead	Dec 2010   Dec 2010  Dec 2010
<b>Resources required (needs to be existing or reengineered resources)</b>		
<b>Progress to date (please add additional pages as required)</b>		

**CCTA Action Plan – Green Changes**  
**(Quick wins, easy changes, can be achieved by team)**

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
<ul style="list-style-type: none"> <li>• Better understanding of factors influence social exclusions etc.</li> <li>• Liaison with schools and education service</li> </ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
<ul style="list-style-type: none"> <li>• Each professional encouraged to liaise with hospital/home tuition, behavioral support team etc. to gain a greater understanding. Emphasis on MH factors.</li> </ul>	Individuals	Ongoing
<ul style="list-style-type: none"> <li>• Disseminate knowledge through training/team – team or individual basis.</li> </ul>	Individuals	Ongoing
<ul style="list-style-type: none"> <li>• Collaborate working</li> </ul>	Individuals	Ongoing
<ul style="list-style-type: none"> <li>• Identify referral sources</li> </ul>	Team	October 2010
<b>Resources required (needs to be existing or reengineered resources)</b>		
Time		
<b>Progress to date (please add additional pages as required)</b>		

**CCTA Action Plan – Green Changes**  
**(Quick wins, easy changes, can be achieved by team)**

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
<ul style="list-style-type: none"> <li>• Patient Focused Care</li> </ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
<ul style="list-style-type: none"> <li>• Prompt time keeping for start/finish session</li> </ul>	Individual self-discipline	On going
<ul style="list-style-type: none"> <li>• Collaborative</li> </ul>	Individual clinician	On going
<ul style="list-style-type: none"> <li>• Needs led</li> </ul>	Clinician	On going
<ul style="list-style-type: none"> <li>• Liaison work/multi agency</li> </ul>	Clinician	On going
<ul style="list-style-type: none"> <li>• Time orientated</li> </ul>	Clinician	On going
<ul style="list-style-type: none"> <li>• Proper care plans</li> </ul>	Clinician	On going
<ul style="list-style-type: none"> <li>• Full client involvement – i.e. written care plans/risk management</li> </ul>	Clinician	On going
<b>Resources required (needs to be existing or reengineered resources)</b>		
<b>Progress to date (please add additional pages as required)</b>		

**CCTA Action Plan – Green Changes**  
**(Quick wins, easy changes, can be achieved by team)**

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
Better use of available technology i.e. <ul style="list-style-type: none"> <li>• Room booking via shared drive</li> <li>• Electronic Referrals/forms (copy available)</li> <li>• Outlook Diary</li> <li>• Electronic case note</li> <li>• Access to Maracis</li> <li>• Sending appointments by email or text</li> <li>• Internet, Facebook, structured and more intelligently used</li> <li>• Give young people the language of emotional health</li> </ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
• Room booking via shared drive	S. Saigal	14 Jun 2010
• Sending appointments via email/text	Team to discuss	Ongoing
• Electronic referral forms	SPA group	Jun 2010
• Internet, Facebook etc	Team to discuss	Ongoing
• Give young people the language	Team to discuss	Ongoing
• Outlook diary	All clinicians	Jul 2010
• Electronic case notes	Senior management	Ongoing
• Access to maracas (clinicians)	D. Pau	Oct 2010
<b>Resources required (needs to be existing or reengineered resources)</b>		
<b>Progress to date (please add additional pages as required)</b>		

**CCTA Action Plan – Green Changes**  
**(Quick wins, easy changes, can be achieved by team)**

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
<ul style="list-style-type: none"> <li>• More teaching and supervision across disciplines</li> <li>• Identify time to study and be supported</li> <li>• Identify generic aspects of work for mutual education and sharing of expertise</li> <li>• Training – continue studying and learning with clinical environments</li> </ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
<ul style="list-style-type: none"> <li>• Continue and study and learning in clinical environments</li> </ul>	Team to discuss	Ongoing
<ul style="list-style-type: none"> <li>• Identify generic aspects of work for mutual education and sharing of expertise</li> </ul>	Team	Ongoing
<ul style="list-style-type: none"> <li>• Reading and discussion group to keep up to date with developments</li> </ul>	Heads and clinical staff	Jul 2010
<b>Resources required (needs to be existing or reengineered resources)</b>		
Books /Internet		
<b>Progress to date (please add additional pages as required)</b>		

**CCTA Action Plan – Green Changes**  
**(Quick wins, easy changes, can be achieved by team)**

Aim (what do you want to achieve)	Lead person	Target date (for achieving aim)
Single Point of Access (SPA) <ul style="list-style-type: none"> <li>• Make referrals more streamline and more responsive</li> <li>• Reviewing referral criteria and accessibility</li> <li>• Aim to ensure the referrers are aware of the info we require to best care for parents/carers and children / young people</li> </ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
Objectives (what do you need to do to achieve your aim)	Who (identified person for specific objective)	Target date (for achieving objective)
Sharing <ul style="list-style-type: none"> <li>• Clear criteria for T2/T3</li> <li>• In team meeting</li> <li>• Discuss in team meeting the referral which are in grey area</li> </ul>	Team leader  Team members	Jun 2010  Ongoing
<b>Resources required (needs to be existing or reengineered resources)</b>		
None		
<b>Progress to date (please add additional pages as required)</b>		

**CCTA Action Plan – Green Changes**  
**(Quick wins, easy changes, can be achieved by team)**

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
<ul style="list-style-type: none"> <li>• Timely and better quality assessments</li> </ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
<ul style="list-style-type: none"> <li>• Standard assessment guidance to be shared</li> </ul>	Team Leader	Jun 2010
<ul style="list-style-type: none"> <li>• Acute assessment/common clinic to be discussed in the team meeting</li> </ul>	Team Leader	Jul 2010
<b>Resources required (needs to be existing or reengineered resources)</b>		
None		
<b>Progress to date (please add additional pages as required)</b>		

**CCTA Action Plan – Green Changes**  
**(Quick wins, easy changes, can be achieved by team)**

Aim (what to you want to achieve)	Lead person	Target date (for achieving aim)
<ul style="list-style-type: none"> <li>• Recognition of physical needs of service users with mental health problems e.g. Co morbid symptoms i.e. motor coordination/ sensory limitations, dyspraxia</li> </ul>		Dec 2010
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
Objectives (what do you need to do to achieve your aim)	Who (identified person for specific objective)	Target date (for achieving objective)
<ul style="list-style-type: none"> <li>• Identifying need/difficulty</li> <li>• Signposting appropriately</li> <li>• Check list for clinicians when assessing</li> </ul>		
<b>Resources required (needs to be existing or reengineered resources)</b>		
<b>Progress to date (please add additional pages as required)</b>		



## **Remaining changes to be made into Action Plans**

(See Actions Plans following this list)

### **RED**

- **Care pathways/ More consistent/efficient care packages**
  - Services for attachment disorders
  - Choice re range of therapy options available
  - Guidelines for practitioners
  - Lead professional to coordinate care
  - Care manager to review regularly minimum standards of assessment
  - Support for young carers
  - Assessment of ASD – to follow care bundles approach
- **Specialist clinics**  
E.g. ADHD
- **Link workers across service**
- **Working towards a needs led service** (follow through with same clinician)
- **Wider PR for whole of CAMHS /One leaflet for services: identifying options**
- **Provision of creative / non-talking therapies**
- **Greater awareness of potential use of CAF, and the 'team around the child' Model**
- **Preventative work, early intervention**
  - More focus on mental health rather than mental ill health
- **Reducing waiting time for out patient appointments**
- **Audit, Research and Development**
  - Making the audit cycle easier to complete
  - More research Data collection (e.g. ethnicity)
- **Recognition of the impact of stigma and identifying ways to address this**
- **Crisis and timely interventions**
- **Influence managers, commissioners in using and providing users friendly environment**

### **AMBER**

- **Development of groups and group processes**
- **Development of Service user involvement and participation**
  - Recognition of the needs of the population
  - Including service users in planning of services

- Increased transparency
- Patient/family 'buddy' scheme
- Gaining service user feedback
- User friendly environment
- Involvement of family members
- Work in partnership with public
- Feedback (Questionnaires on discharge), outcomes
- Estates request for plants, bean bags
- More young people friendly NOT hospital environment
- **Utilising team skills efficiently to meet demands**
  - Maximise efficiency
  - Early appointments not having to wait to be seen
- **Provision of alternative therapies**
- **Focus more on occupational based assessments – standardised – which would give a different approach and complement existing assessments, interventions and understanding of the clients needs.**

## **GREEN**

- **Ongoing work with a variety of clients and more training**
- **Family focussed work – increase dedicated time. NWW better and more effective use of time**
- **Liaison – better links and more joined up working between other agencies.**
  - More liaison and agencies to ascertain roles and open communication
  - Need to have stronger links and universal services – more liaison
- **Increased learning about diagnosis to explain to families and able management and understanding for families ie ASD/ADHD etc.**

**Remaining changes to be made into Action Plans**

**CCTA Action Plan – Red Changes**  
**(longer term/complex changes, may require SMT approval)**

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
<ul style="list-style-type: none"><li>• <b>Care pathways/ More consistent/efficient care packages</b><ul style="list-style-type: none"><li>• Services for attachment disorders</li><li>• Choice re range of therapy options available</li><li>• Guidelines for practitioners</li><li>• Lead professional to coordinate care</li><li>• Care manager to review regularly minimum standards of assessment</li><li>• Support for young carers</li><li>• Assessment of ASD – to follow care bundles approach</li></ul></li></ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
<b>Resources required (needs to be existing or reengineered resources)</b>		
<b>Progress to date (please add additional pages as required)</b>		

**Remaining changes to be made into Action Plans**

**CCTA Action Plan – Red Changes**  
**(longer term/complex changes, may require SMT approval)**

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
<ul style="list-style-type: none"><li>• <b>Specialist clinics</b> E.g. ADHD</li></ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
<b>Resources required (needs to be existing or reengineered resources)</b>		
<b>Progress to date (please add additional pages as required)</b>		

**Remaining changes to be made into Action Plans**

**CCTA Action Plan – Red Changes**  
**(longer term/complex changes, may require SMT approval)**

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
<ul style="list-style-type: none"><li>• Link workers across service</li></ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
<b>Resources required (needs to be existing or reengineered resources)</b>		
<b>Progress to date (please add additional pages as required)</b>		

**Remaining changes to be made into Action Plans**

**CCTA Action Plan – Red Changes**  
**(longer term/complex changes, may require SMT approval)**

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
<ul style="list-style-type: none"><li>• <b>Working towards a needs led service</b> (follow through with same clinician)</li></ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
<b>Resources required (needs to be existing or reengineered resources)</b>		
<b>Progress to date (please add additional pages as required)</b>		

**Remaining changes to be made into Action Plans**

**CCTA Action Plan – Red Changes**  
**(longer term/complex changes, may require SMT approval)**

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
<ul style="list-style-type: none"><li>• Wider PR for whole of CAMHS/One leaflet for services: identifying options</li></ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
<b>Resources required (needs to be existing or reengineered resources)</b>		
<b>Progress to date (please add additional pages as required)</b>		

**Remaining changes to be made into Action Plans**

**CCTA Action Plan – Red Changes**  
**(longer term/complex changes, may require SMT approval)**

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
<ul style="list-style-type: none"><li>• Provision of creative / non-talking therapies</li></ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
<b>Resources required (needs to be existing or reengineered resources)</b>		
<b>Progress to date (please add additional pages as required)</b>		



**Remaining changes to be made into Action Plans**

**CCTA Action Plan – Red Changes**  
**(longer term/complex changes, may require SMT approval)**

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
<ul style="list-style-type: none"><li>• Greater awareness of potential use of CAF and the 'team around the child' Model</li></ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
<b>Resources required (needs to be existing or reengineered resources)</b>		
<b>Progress to date (please add additional pages as required)</b>		

**Remaining changes to be made into Action Plans**

**CCTA Action Plan – Red Changes**  
**(longer term/complex changes, may require SMT approval)**

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
<ul style="list-style-type: none"><li>• <b>Preventative work, early intervention</b><ul style="list-style-type: none"><li>• More focus on mental health rather than mental ill health</li></ul></li></ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
<b>Resources required (needs to be existing or reengineered resources)</b>		
<b>Progress to date (please add additional pages as required)</b>		

**Remaining changes to be made into Action Plans**

**CCTA Action Plan – Red Changes**  
(longer term/complex changes, may require SMT approval)

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
<ul style="list-style-type: none"><li>• Specialist clinics E.g. ADHD</li></ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
<b>Resources required (needs to be existing or reengineered resources)</b>		
<b>Progress to date (please add additional pages as required)</b>		

**Remaining changes to be made into Action Plans**

**CCTA Action Plan – Red Changes**  
**(longer term/complex changes, may require SMT approval)**

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
<ul style="list-style-type: none"><li>• Reducing waiting time for out patients</li></ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
<b>Resources required (needs to be existing or reengineered resources)</b>		
<b>Progress to date (please add additional pages as required)</b>		

**Remaining changes to be made into Action Plans**

**CCTA Action Plan – Red Changes**  
(longer term/complex changes, may require SMT approval)

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
<ul style="list-style-type: none"><li>• <b>Audit, Research and Development</b><ul style="list-style-type: none"><li>• Making the audit cycle easier to complete</li><li>• More research Data collection (e.g. ethnicity)</li></ul></li></ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
<b>Resources required (needs to be existing or reengineered resources)</b>		
<b>Progress to date (please add additional pages as required)</b>		

**Remaining changes to be made into Action Plans**

**CCTA Action Plan – Red Changes**  
**(longer term/complex changes, may require SMT approval)**

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
<ul style="list-style-type: none"><li>• Recognition of the impact of stigma and identifying ways to address this</li></ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
<b>Resources required (needs to be existing or reengineered resources)</b>		
<b>Progress to date (please add additional pages as required)</b>		

**Remaining changes to be made into Action Plans**

**CCTA Action Plan – Red Changes**  
**(longer term/complex changes, may require SMT approval)**

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
<ul style="list-style-type: none"><li>• Crisis and timely interventions</li></ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
<b>Resources required (needs to be existing or reengineered resources)</b>		
<b>Progress to date (please add additional pages as required)</b>		

**Remaining changes to be made into Action Plans**

**CCTA Action Plan – Red Changes**  
**(longer term/complex changes, may require SMT approval)**

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
<ul style="list-style-type: none"><li>• Influence managers, commissioners in using and providing users friendly environment</li></ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
<b>Resources required (needs to be existing or reengineered resources)</b>		
<b>Progress to date (please add additional pages as required)</b>		



**Remaining changes to be made into Action Plans**

**CCTA Action Plan – Amber Changes**  
**(need more time and may need reallocation of resources)**

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
<ul style="list-style-type: none"><li>• Development of groups and group processes</li></ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
<b>Resources required (needs to be existing or reengineered resources)</b>		
<b>Progress to date (please add additional pages as required)</b>		

**Remaining changes to be made into Action Plans**

**CCTA Action Plan – Amber Changes**  
**(need more time and may need reallocation of resources)**

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
<ul style="list-style-type: none"><li>• <b>Development of Service user involvement and participation</b><ul style="list-style-type: none"><li>• Recognition of the needs of the population</li><li>• Including service users in planning of services</li><li>• Increased transparency</li><li>• Patient/family 'buddy' scheme</li><li>• Gaining service user feedback</li><li>• User friendly environment</li><li>• Involvement of family members</li><li>• Work in partnership with public</li><li>• Feedback (Questionnaires on discharge), outcomes</li><li>• Estates request for plants, bean bags</li><li>• More young people friendly NOT hospital environment</li></ul></li></ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
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<b>Progress to date (please add additional pages as required)</b>		

**Remaining changes to be made into Action Plans**

**CCTA Action Plan – Amber Changes**  
**(need more time and may need reallocation of resources)**

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
<ul style="list-style-type: none"><li>• <b>Utilising team skills efficiently to meet demands</b><ul style="list-style-type: none"><li>• Maximise efficiency</li><li>• Early appointments not having to wait to be seen</li></ul></li></ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
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**Remaining changes to be made into Action Plans**

**CCTA Action Plan – Amber Changes**  
**(need more time and may need reallocation of resources)**

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
<ul style="list-style-type: none"><li>• Provision of alternative therapies</li></ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
<b>Resources required (needs to be existing or reengineered resources)</b>		
<b>Progress to date (please add additional pages as required)</b>		

**Remaining changes to be made into Action Plans**

**CCTA Action Plan – Amber Changes**  
**(need more time and may need reallocation of resources)**

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
<ul style="list-style-type: none"><li>• Focus more on occupational based assessments – standardised – which would give a different approach and complement existing assessments, interventions and understanding of the clients needs.</li></ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
<b>Resources required (needs to be existing or reengineered resources)</b>		
<b>Progress to date (please add additional pages as required)</b>		

**Remaining changes to be made into Action Plans**

**CCTA Action Plan – Green Changes**  
**(Quick wins, easy changes, can be achieved by team)**

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
<ul style="list-style-type: none"><li>• Ongoing work with a variety of clients and more training</li></ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
<b>Resources required (needs to be existing or reengineered resources)</b>		
<b>Progress to date (please add additional pages as required)</b>		

**Remaining changes to be made into Action Plans**

**CCTA Action Plan – Green Changes**  
**(Quick wins, easy changes, can be achieved by team)**

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
<ul style="list-style-type: none"><li>• Family focussed work – increase dedicated time. NWW better and more effective use of time</li></ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
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<b>Progress to date (please add additional pages as required)</b>		

**Remaining changes to be made into Action Plans**

**CCTA Action Plan – Green Changes**  
**(Quick wins, easy changes, can be achieved by team)**

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
<ul style="list-style-type: none"><li>• <b>Liaison – better links and more joined up working between other agencies.</b><ul style="list-style-type: none"><li>• More liaison and agencies to ascertain roles and open communication</li><li>• Need to have stronger links and universal services – more liaison</li></ul></li></ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
<b>Resources required (needs to be existing or reengineered resources)</b>		
<b>Progress to date (please add additional pages as required)</b>		



**Remaining changes to be made into Action Plans**

**CCTA Action Plan – Green Changes**  
**(Quick wins, easy changes, can be achieved by team)**

<b>Aim (what to you want to achieve)</b>	<b>Lead person</b>	<b>Target date (for achieving aim)</b>
<ul style="list-style-type: none"><li>• Increased learning about diagnosis to explain to families and able management and understanding for families i.e. ASD/ADHD etc.</li></ul>		
<b>Ref: (identify any existing work that this cross references with)</b>		
<b>How will service users and carers be engaged/involved in the change</b>		
<b>Objectives (what do you need to do to achieve your aim)</b>	<b>Who (identified person for specific objective)</b>	<b>Target date (for achieving objective)</b>
<b>Resources required (needs to be existing or reengineered resources)</b>		
<b>Progress to date (please add additional pages as required)</b>		

The Team Profile and Workforce Plan is completed throughout the CCTA 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 service users and carers
- The 20 priority needs of the service users and 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 service users and 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**

## We Need YOU!

### Would you like to take part in our workshops?

- We are currently organising 3 workshops to enable us to improve our service to you. We value YOUR opinions and input and would like YOU to take part in our workshops.
- The workshops commence at 9:15 and finish at 4:00pm
  - Lunch and refreshments will be provided

	EVENT	DATE	VENUE
Step 1	Preparation		
Step 3	Workshop 1	<b>19<sup>th</sup> April 2010</b> 9.15am – 4pm Refreshments provided	(Travel expenses will be paid)
Step 3	Workshop 2	<b>17<sup>th</sup> May 2010</b> 9.15am - 4pm Refreshments provided	(Travel expenses will be paid)
Step 4	Workshop 3	<b>14<sup>th</sup> June 2010</b> 9.15am – 4pm Refreshments provided	(Travel expenses will be paid)
Step 5	Closing		

Should you wish to participate in our workshops  
please contact:

**Dr P on Tel no**  
for further information  
*We would like to hear from you!*