

Delivering workforce capacity, capability and sustainability in Child and Adolescent Mental Health Services

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Summary

The National Service Framework for Children, Young People and Maternity Services establishes, for the first time clear standards for promoting the health and well being of children and young people and for providing high quality services which meet their needs. The importance of psychological well-being in children and young people, their healthy emotional, social, physical, cognitive and educational development is well recognised. There is now increasing evidence of interventions that improve the resilience of children and young people, promote their mental health and treat mental health problems and disorders.

One of the key factors in ensuring the successful delivery of the National Service Framework will be the workforce on whom we depend to deliver care and services which children have a right to expect. It is acknowledged that local service commissioners and providers will need to take the necessary action to ensure that their workforce is sufficient and skilled, well led and supported to deliver high quality services. Some of these solutions will be local however because of the complexity of the issues surrounding workforce improvements and the wider impact on and of changes in children and mental health services nationally the Departments of Health and Education & Skills recognise that they also have vital roles to play in offering support and guidance in helping to tackle the problems that the field may face. The National Service Framework recognises the context of the broader plans to reform the ways in which care is delivered. The NHS Plan sets out a clear programme of investment in the NHS which, over the next few years will see an expansion in staff numbers, changes in the way services are run and in the way people work. The principle across all agencies is that the service changes that are necessary will require fundamental modernisation. This applies to the numbers and type of staff employed and the value of working in partnership. We will see changes in education, training and employment of staff to deliver the flexible, multi skilled workforce that services of the future will need.

Current guidance presents us all with exciting opportunities and challenges to enable us to deliver high quality, effective services for children and young people who represent our future. In staffing a modern mental health service for children and young people that is equipped to deliver the National Service Framework across agencies and disciplines, we need to develop new ways of working, which will continue to value the contribution of our most important resource, our staff.

This will include:

- Challenging the historical demarcations between staff which serve only to hold them back from achieving their full potential
- Continued development and enhancement of flexible team work between professionals and across agencies
- The introduction of new ways of working and a new types of mental health workers
- Review of current commissioning of education and training and modernising this process to ensure it meets both the needs of those we serve and our staff.

National Service Frameworks Standards for CAMHS

Improvement, Expansion and Reform and the children's NSF sets out the standards and milestones for improvement in child and adolescent mental health services, including year on year improvements in access.

And will:-

- Support delivery of NHS priorities by ensuring there are sufficient numbers of appropriately trained, motivated staff working in the right locations.
- Increase the number of staff available.
- Increase workforce capacity and productivity through skill mix and continuing professional development; moving work from doctors to other healthcare professionals and from healthcare professionals to the support workforce, supported by pay modernisation, and service redesign.

Targets:

- All child and adolescent mental health services to provide a comprehensive service including mental health promotion and early intervention by 2006.
- Increase child and adolescent mental health services by at least 10% each year across the service according to agreed local priorities (demonstrated by increased staffing, patient contacts and/or investment).
- Develop comprehensive CAMHS to meet proxy targets
 - 24/7
 - Learning Disabilities
 - 16/17 yr olds

Introduction

Nothing matters more to families than the health, welfare and future success of their children. Healthy children have more chance of becoming healthy adults, and much adult disease and many emotional and psychological difficulties may have their roots in childhood. For the first time, the demographic profile of England has changed, with a declining birth rate and more people living longer. Profound changes are occurring in our multicultural society with changes in the skills needed for employment and changes in family structure.

The term “CAMHS” (Child and Adolescent Mental Health Services) should be taken to mean any service provision whose aim is to meet the mental health and emotional well being of children and young people. A distinction can be drawn between CAMHS in its broadest sense, which includes services for whom this is an aspect of their work but whose primary role may be other, such as education or primary care services, and “specialist CAMHS” which refers to all those services for whom this is their prime role. Children and young people make up around one quarter of the total population of England. Their vulnerability and often their inability when young to articulate what they are feeling poses a challenge for all those involved in delivering health and social care services to meet their individual needs as effectively as for adult services. Every child will come into contact with some health or social care services, and these early experiences will influence their future attitudes and the use they make of these services.

In total, there are:

- 12 million children;
- 400,000 children in need;
- 59,700 Looked After Children;
- 320,000 disabled children;
- 600,000 live births a year;
- Approximately 1 million with mental health disorders.

CAMHS have historically been small, under-funded and fragmented. The new modernisation agenda for CAMHS and children’s services generally envisages substantial growth and change. The implementation of national guidance with its associated investment will be hindered by the difficulties in recruitment and retaining appropriately trained staff. These concerns will cut across Health, Education, SSD and all related services and have been highlighted with the development of multi agency strategies. Workforce planning is an extremely serious issue for child and adolescent mental health services. Specialist services for children with mental health problems and disorders need to be properly resourced with trained professionals and practitioners. There is currently a serious shortage of such professionals and an urgent need to train sufficient staff to deal with the complexity of children’s mental health problems. An adequate and competent workforce is fundamental to the successful delivery of The NHS Plan and the NSF. For certain staff groups, the predicted demand will outstrip the projected supply. If local funding and training capacity is available, increasing training places for these groups will go some way towards bridging the gap, but in its self is unlikely to be sufficient to meet demand.

Training more professional staff is a high priority, as is the retention of existing staff and recruiting staff. It is clear, however, that these initiatives will not be sufficient to meet demand. It is essential, therefore, to make best use of our highly trained professionals and, hence, to support them to work most effectively and efficiently. This requires existing and new staff to be flexible in reviewing and changing their roles. Furthermore, we should seek to recruit from a wider pool of the population into health and social care. We should draw on people without the present minimum qualifications and graduates in health and social sciences (for example, 13,000 psychology graduates are trained each year), who may not want to train in the traditional professions. In order to attract these people into the workforce and create career pathways, we must explore new roles to complement new service configurations.

Nearly every intervention set out in Every Child Matters and the Children's NSF has implications for workforce. In order to improve outcomes for children and young people we require an adequately resourced, trained and motivated workforce. It is clear that across all of children's services workforce capacity and capability is a significant issue with shortages and problems with retention being reported in many of the staff groups providing services to children. National support and guidance will be required to support the delivery of the Standards identified in these strategy documents, with local delivery based upon the development of an all-agency workforce, recruitment and retention strategies based upon an understanding of local population needs.

Information gathered suggests we face a number of strategic challenges. We need to ensure and articulate a shared vision for CAMHS across all agencies and organisations. National guidance is required to support local workforce design and planning. We need to explore new ways of working and the development of new roles within CAMHS if these better meet the needs of children and young people. Recruitment and Retention is a significant challenge, we need to recruit more people into the CAMHS workforce offering more flexible entry routes and build more rewarding careers to ensure retention of staff. To support the development of new models of practice, which are envisaged we will need to promote stronger leadership, management and commissioning and sustain these changes. Considerable work has been carried out nationally with regard to education, training and staff development within CAMHS, greater co-ordination of this is necessary to ensure that all those working with children and young people have the necessary knowledge, skills and competence required for the task they are required to do. It is clear that nationally there is a significant amount of good practice happening across the children's workforce, effective ways of sharing the very best of current thinking and innovation will support service improvement and development.

Developing a Vision for CAMHS

The vision is of child and adolescent mental health services which are effective and efficient and which unite all professions in putting the needs of children and young people at the heart of their approach to services. Mental health problems and disorders in children and adolescents are often linked to issues within the young person's social context and in society in general. Therefore this approach to child and adolescent mental health must take into account other government initiatives aimed at addressing these possible underlying problems. Any vision for child and adolescent mental health services must be placed firmly in the context of social inclusion. Services for children and young people should be available irrespective of gender, race, religion, ability, culture or sexuality.

The implications for the workforce are that we need to develop diversity within, across and in the staffing of services. This can only occur if CAMHS is strengthened in terms of capacity and skills and through planned commissioning processes which are undertaken in partnership with service providers. The following principles show the kinds of workforce provision that all modern developing services require if they are to be effective. This list is derived from work done by the external working group for the mental health and psychological wellbeing module of the NSF for children in England and a review of key workforce issues facing CAMHS.

The Workforce Vision translates into the following principles:

- Services should be commissioned, provided and evaluated with the key purpose of making a positive difference to children and young people with mental health problems, their family and friends.
- Staff are the means of delivering effective services and need to be valued and supported in doing so.
- Staff within the Mental Health Workforce include professionally qualified and unqualified but trained practitioners.
- Staff may work in statutory services, NHS, Social Services, Education, at all tiers in non-statutory services, voluntary and independent sectors.
- Staff should have the appropriate education, training and supervision to enable them to deliver person centred, socially inclusive services.
- Staff should work collaboratively and flexibly across disciplines and teams, overcoming professional and organisational boundaries, to meet the needs of the people using services.
- CAMH services are child-centred and should seek to know and appropriately take into account the views of children, young people, families and carers and incorporate them into aspects of service delivery including direct work, planning and commissioning of services. Service users' and carers' contributions are crucial to delivering effective services and need to be valued and supported
- All frontline staff working with children, young people and their families have sufficient knowledge, confidence and training to promote the emotional well-being of children and their families. Have the ability to recognize or suspect when a child's emotional well-being is at risk and take appropriate action to prevent or treat mental health problems, or refer on to specialist child and adolescent mental health services when appropriate.
- All children, young people and their families have access to high quality, timely, multidisciplinary, specialist child and adolescent mental health services that are inclusive of difference and diversity, delivered by skilled and supported staff, working in appropriate and safe settings
- All CAMH services are commissioned on a multi-agency basis, informed by the assessment of local need and the best available evidence to ensure that services deliver effective outcomes and best value for money.
- Investment in workforce development, both the enlargement and appropriate training of the existing workforce and the development of new workforce, recognising that the traditional professions cannot between them train enough people quickly enough to meet demand
- Core specialist child and adolescent mental health services (CAMHS) are strengthened
- The workforce is of adequate size and skill mix reflecting the needs of service users and their families, not isolated but an acknowledged part of a network
- Services are well led and well managed
- The design of services is based on evidence and value-based approaches and espouse a similar ethic in practice

Understanding Workforce Issues in CAMHS (Nixon 2005) a review of workforce issues facing CAMHS identified 6 key themes to be addressed including :-

- to improve **workforce design and planning** so as to root it in local service planning and delivery;
- to identify and use creative means to **recruit and retain** people in the workforce;
- to facilitate **new ways of working** across professional boundaries;
- to create **new roles** to tap into a new recruitment pool and so complement existing staff types;
- to develop the workforce through revised **education and training** at both pre- and post-qualification levels;
- to develop **leadership** and change management skills

These key themes are now discussed in greater detail:

Workforce Design and Planning

Statement of Importance

Having effective Workforce Design and Development practices in place combining need, service models to meet that need and workforce consequences across all agencies is absolutely fundamental to enable services to be staffed appropriately over the coming years.

The development of effective workforce design and planning practices across all agencies is fundamental to enable services to be staffed appropriately in the future. Workforce planning means many things to many people. At its simplest workforce planning is about trying to predict the future demand for different types of staff and seeking to match this with supply. Doing so will, however, require a more holistic approach to workforce planning than has been the case. The range of HR policies, including education, training, pay, skill mix, recruitment and retention, and career structure issues as well as technical supply and demand modeling need to be brought together in a process of workforce development of which workforce planning as traditionally defined is only a part, albeit an important part.

A fundamental cultural change will also be required to put the consumer of services, rather than staff as the providers of services, at the heart of workforce planning. Workforce planning does not take place in a vacuum. In the case of health and social care its fundamental purpose is to ensure that there are sufficient numbers of staff available with the right skills to deliver high quality care to children, young people and their families. Workforce planning, in other words, is an activity done to support care and not for its own sake.

Workforce development has to start from the definition of the services and potential services the public need. This in turn needs to drive debate on the skills and competencies required to deliver these services and thus the numbers and types of staff required. In assessing staffing requirements it will be increasingly important to recognise that it is the skills and knowledge that staff can bring that are important rather than simply their professional background. It will be important also to recognise that staff are not involved only in direct care but in a range of other related work including, teaching, clinical governance, management, administration, further training and development all of which takes time and requires specific skills.

Education and training need to be responsive to the skills and competencies required for healthcare delivery. It is critically important that the needs of patients for care, and of the NHS and others as providers of care, drive the education and training agenda. Finally the continuing process of service development will highlight changes in clinical practice which will need to be fed systematically into thinking about service provision and into training and education. It will be important that, in considering the nature of the workforce required in future, planners do not simply fight yesterday's battles. A number of challenges have been identified:

- Insufficient ownership and prioritisation at top level of organisations
- Lack of capacity / capability to undertake workforce design and planning within CAMHS
- Ineffective joint working across statutory and non-statutory services
- Lack of effective feedback to contributors to the process leading to a lack of ownership
- Incompatible data within and between organisations, and the data needs at national from those at local level

Recruitment and Retention

Statement of importance

For mental health services to grow and develop, it is vital to recruit and retain good quality staff, which reflects the make up of the community they serve. Currently, mental health is not seen as an attractive place to work. We need to tackle this stigma by showing that it actually provides intellectual stimulus, good career opportunities, a fair rate of pay for the job and good support networks including a family friendly working environment. If there are insufficient staff we will continue to waste resources on agency and locum staffing, we will be unable to provide effective services for users and their carers and NHS Plan targets will not be achieved.

The Children's NSF clearly acknowledges difficulties in estimating the numbers of staff required to provide services that can meet all the demands and provide sustainable services. It suggests that the precise level of staffing will vary according to indices of deprivation, whether the service is in a rural or urban setting, and has teaching responsibilities, it does however offer guidance on staffing at tier 3. As services take on the new responsibilities determined by the NSF, additional staffing may be required locally. Whilst great strides are being made to train more doctors, nurses and allied health professionals, to recruit internationally and to retain staff through Improving Working Lives. Demographic factors including an ageing population, fewer school leavers and a healthy economy all indicate a need to be more imaginative in how we expand our workforce. In mental health, whilst training more psychiatrists, nurses, social workers, clinical psychologists, occupational therapists and other professions is critical, it is recognised that there will still be difficulties in producing the numbers required to staff services and that simply increasing numbers will not be the answer to the difficulties we face. The challenge then is to use our highly trained professionals, both currently and in the future, in a way, which maximises the positive impact they have on the service user experience.

The NSF poses a serious challenge to create a workforce of sufficient numbers with the right capabilities across all professional and non-professionally affiliated groups. The modest 3% growth per annum in workforce suggested would produce demand for 305,000 new staff. This needs to be seen within the context of the overall national workforce. There are record employment levels and by 2010, there will be 700,000 fewer people of working age. Vacancies in the NHS are running at a very high level and legislation, such as the European Working Time Directive, adds additional pressure to reduce hours and recruit more staff to compensate. It is vital that we recognise that the Child and Adolescent mental health workforce spans the health and social care sectors, including the voluntary and independent sectors. To date, workforce planning processes have been separate for each sector. For the NHS, based on new service models, a modest estimate of staffing demand, submitted to the Workforce Numbers Advisory Board (WNAB) in 2003, indicated the need for increases by 2006 of 500 psychiatrists, 3,000 nurses, 1200 social workers and 600 occupational therapists for employment in mental health services and a 15% annual increase in clinical psychology training places. Additional capacity is also required for other groups, including pharmacists, physiotherapists, child and adolescent psychotherapists, art therapists and dieticians.

Whilst increasing numbers of staff alone will not ensure the provision of comprehensive services a critical mass of staffing is required for services to be safe, timely and effective and able to respond to the wide range of needs which include: specialist and multi-disciplinary services (Tiers 2, 3 and 4), support, consultation and face-to-face work within primary care settings (Tier 1), teaching, training, consultation and liaison, research and audit. For Child and Adolescent mental health services to develop it is vital to recruit and retain good quality staff and services need to be seen as an attractive place to work.

There are problems with recruitment and retention within CAMHS and a number of causes and challenges are suggested:

- Image and status. Those working with children particularly social workers have suffered from a poor public image, and childcare is often seen as low status
- Variable management and supervision. This is a problem across the public sector which is identified in the Audit Commission's *Recruitment and Retention* report.
- Workload and bureaucracy. High vacancy rates contribute to pressure on those in post, and requirements designed to secure accountability impose increasing demands for information.
- Expansion. New initiatives and increasing investment run the risk of competing for a limited pool of staff
- Complex pay issues may play a part in recruitment and retention difficulties in some areas, and need further exploration. For many groups including social workers, nurses etc. the flexibilities in working conditions may not be enough to ensure employers attract the workforce they require.
- CAMHS Mapping report vacancy factors across all services & all services report issues with Recruitment and Retention.
- Vacancies for professional staff are currently running at 11.5% for consultant psychiatrists, 2.9% for nurses, 6% for clinical psychologists and 6% for occupational therapists. This is much worse in some geographic and in some service settings
- Challenges exist in building a workforce that reflects local cultural diversity or promote cultural capability
- Innovative solutions across agencies that take in the whole of the potential labour market second careers are few and far between.
- There is a tendency towards competition for staff between employers rather than collaboration to address common problems.

The complex and dynamic problems facing CAMHS in terms of recruitment and retention is discussed further in Recruitment and Retention in CAMHS, a discussion paper.

New Roles

Statement of importance

We need to recruit from a different pool of people if we are realistically to expand the workforce to the extent required. This may mean targeting people aged 25-60 who do not have GCSE's and graduates, particularly in health and social sciences. Many of these potential recruits do not want to enter the traditional professions, but with the appropriate training and supervision could take on important roles in services to support and release time from professionally qualified staff based on an analysis of the capabilities required.

The disadvantages of strict adherence to traditional professional groupings are becoming more apparent and are exemplified by the blurring of roles for many professionals. Increasingly however, we are now beginning to move towards workforce planning based around the competencies required to deliver a service rather than numbers and particular professional groups of staff. There are a significant number of non affiliated staff working in generic children's services and it can be seen that adult mental health have begun to take advantage of those from a variety of backgrounds and skills. Whilst some of these developments have occurred on an ad-hoc basis and for a variety of reasons it is likely that they will be increasingly driven by continued staff shortages. A further driving force for change will be the needs of children and young people. Generally it is of no concern to a young person which professional delivers care, provided they are appropriately trained. Consideration of potential new roles within CAMHS offers scope to fill identified gaps in the service with a practitioner with the required skills rather than by a particular professional grouping.

Notwithstanding these important considerations, the scope for harnessing the skills and enthusiasm of professionally non-affiliated people might have the potential to help to solve some of the significant problems with attracting sufficient numbers of people into the professions that constitute the mental health workforce.

The traditional, professionally affiliated specialist child and adolescent mental health workforce is, as discussed experiencing recruitment difficulties and the need for new roles and new ways of working is supported by representatives from across the workforce by professionals and by users and carers. If we are to realistically expand the workforce in CAMHS to the extent required we may need to recruit from a different pool of people than we have traditionally. Many of these potential recruits may not want to enter the traditional professions, but with the appropriate training and support could take on important roles in CAMHS to both offer support and release time to professionally qualified staff based on the capabilities required.

An exact definition of such staff is difficult but it embraces staff who do not belong to a recognised profession such as nursing, social work, medicine or occupational therapy etc. It would also include people whose job title may imply membership of a profession such as psychology assistant or occupational therapy assistant but who do not have the relevant professional qualification.

Challenges

- The capacity of commissioners and providers to review strategically their workforce to plan for new roles.
- The funding of new roles identified in the Policy and Planning Framework by PCTs and Local Authorities.
- Regulation and governance issues to be determined

New Ways of Working

Statement of importance

New ways of working are essential because services are changing, are largely multi-disciplinary team based, with a need to provide a clear pathway for the service user and carer. The pressure from demand for services and insufficient supply of professionally qualified staff mean that traditional practice must be reviewed to ensure that the best use is being made of highly trained professionals. It is important that all staff, in whatever sector or setting, look at the functions they perform and consider alternative ways that some of these can be delivered.

Within CAMHS it is essential that we make best use of the highly trained staff within and across services and support them to work most efficiently and effectively. Substantial work needs to be done for services to examining its role and size, the needs of the population, and how it will function. Then the staffing requirements can be defined for each service, by role, profession and grade. There are great pressures and constraints on services and the workforce as they operate at present. A severe constraint for some is the ability to staff both current services and future expanded services. Many planners will expose gaps in the local workforce when analysing their local service requirements, the staffing demand and the potential supply of staff.

There are a number of possible ways in which to respond to the gaps in the workforce. For example, many organisations simply make the best use of current resources. Fewer organisations are really exploring how to do things differently, their numbers are now increasing across the country, supported by national initiatives in health and social care. Many organisations are aware that current resources, mainly staffing, are not being used efficiently, or managed as well as they could be. Working practices do not meet service needs, there is duplication of effort and administrative systems can inhibit

effective working. These organisations know that recruitment and retention can be further improved, and staff can be better supervised, supported and developed. There are opportunities to expand the workforce, such as expanding the non-professionally affiliated workforce and increasing workforce diversity. Innovative and radical solutions need to be tried and evaluated. These range from changing job roles and skill mix reviews through to creating new teams working differently to deliver the service. Health planning usually concentrates on NHS provision, views the private sector with suspicion and marginalises the voluntary sector. An integrated economy approach would involve all parties in planning, constructing and supplying a comprehensive child and adolescent mental health service.

Challenges

- Professional bodies can be protective of current boundaries and practice
- Fears of staff about their professional roles and change
- Insufficient change management processes in place to facilitate, support and drive forward the modernisation agenda

Education, Training and Workforce Development

Statement of importance

Numbers are necessary, but not sufficient. A well educated, capable and supervised workforce committed to continuing learning is key to delivering effective services, which are valued by service users and their supporters.

Common across all strands of the Children's NSF and Every Child Matters is the need to ensure that all those working with children and families have the necessary values, competencies, skills, and ongoing training to enable them to recognise and respond to the identified needs of children. The level and depth of these skills will vary depending on the role of the professional but they need to engender a genuinely child-centred approach, without prejudicial views of particular groups of children and with high expectations for all.

An adequate and competent workforce is fundamental to the successful improve outcomes for children and young people. Many professionals however who work directly with children and young people lack training on children's mental health. Currently many of those entering posts within specialist CAMHS do not hold specialist child and adolescent qualifications and in some cases have not worked within a child and adolescent environment. The lack of training in children's mental health on core and more advanced training programmes for professionals working directly with children and young people has a major impact on the type of services provided to many children, young people and families.

It is essential that the skills and competencies of the CAMHS workforce at all levels of service provision meet the mental health needs of the population served. In addition to the generic skills that are required to work with and support children, young people and their families, specialist workers should be trained, supervised and supported to be capable of delivering a full range of interventions, based upon the best available evidence. The development of education and training opportunities will provide clear career pathways and encourage more people to work with children and enhance the skills of those who work with children as a priority.

More than four million people in England work with children, or support those working with children. This includes an estimated 2.4 million paid staff and 1.8 million unpaid staff and volunteers. In addition, many professionals such as GPs and hospital staff play an important role in supporting

children and families, but also have wider responsibilities. Figures below give estimates of the numbers of full-time equivalent staff in some of the key roles working with children, young people and their families and employed by local authorities, schools, the NHS, and the private and voluntary sectors. The children's services workforce is diverse, with people entering at various stages in their lives.

Health: 13,000 health visitors, 2,500 school nurses, almost 6,000 speech and language therapists, and over 50,000 other health professionals including paediatricians, children's nurses and midwives
Early years and childcare: 83,000 early years workers and 280,000 childcare workers
Schools workforce: 440,000 teachers and 230,000 school support staff
Social workers: 40,000 children and families social workers
Education welfare: 3,000 education welfare officers
Connexions: 7,000 Connexions personal advisers
Youth work: 7,000 youth workers
Play: 30,000 play workers
Sport: 400,000 sports and leisure workers
Youth offending: 5,000 people working in Youth Offending Teams and 5,000 people working in the juvenile secure estate

Principles of Training

All education and Training should facilitate the development of a unified culture for CAMHS with true inter-agency working, the education and professional development provided for staff must be accessible and useful, at all levels from unqualified support staff to professionally qualified workers. The structure within which professional development will be provided will therefore need to be flexible. It will need to be based upon a common core framework of knowledge, skills and attitudes and that can be delivered as a module or modules.

In summary, we need to commit to a strategy for training development which:

- Responds creatively and clearly to the government's mental health modernisation and workforce development agendas.
- Increases access to training for front-line mental health staff.
- Enhances the capabilities and competencies of mental health practitioners within specialist CAMHS, and builds capacity to design and deliver comparable training locally.
- Evaluates the impact of training programmes upon staff, and the delivery of clinical services.
- Makes a distinctive contribution to meeting national mental health training needs, based on our strengths as an organisation providing multidisciplinary mental health services in and for the NHS.
- Creates an environment where on-going education, training and development is valued and actively promoted.
- Creates a pathway that is adaptable to the needs and experience of the individual.
- Creates a pathway that can be monitored and evaluated.
- Creates a pathway that is not onerous but is sustainable and is a renewable resource.
- Links any created pathway into IPR, PDP, CPD planning for the individual.
- Links any created pathway into strategic planning both locally, regionally and nationally.
- Is multi-disciplinary team based training, shared learning

Challenges

- Accessible modularised CAMH training fit for purpose and practice and offered according to CAMHS tier
- Collaborative commissioning/development of training health/social care/education and voluntary sector
- Accredited CPD Post registration/backfill training
- Supervision networks to meet expansion of clinical training and services
- Higher education institutions and validating bodies to be involved to ensure CAMH in pre-registration education/national bench marking/competences
- Capacity building in HEIs, investment in training and accrediting trainers
- A recognised training matrix, with flexible pathways for education and career development
- Funding to be expanded and negotiated locally by Commissioners, SHAs and Providers
- Much current training, as identified is inadequate to produce newly qualified staff with the relevant values, skills and knowledge (“capabilities”)
- Staff and organisations are not always committed to lifelong learning.
- Commissioners not regularly reviewing the content, quality and the method of delivery of E&T
- Service users and carers are not regularly involved throughout the whole E&T process
- Many employers do not carry out a Training Needs Analysis nor provide sufficient resources; nor dedicated time from a lead person within the organisation
- StHAs/WDCs are not generally prioritising mental health.
- Lack of proactive use of competency/capability frameworks to help address E&T needs.

Leadership

Statement of importance

Having effective leadership in place at all levels across all agencies is crucial to facilitating the engagement of both staff and organisations in modernising mental health services.

Having effective leadership in place at all levels across all agencies is crucial to facilitating the engagement of both staff and organisations in modernising child and adolescent mental health services. Successful leadership in CAMHS means the ability to bring about and sustain new models of service and to improve the overall mental health of children and young people. It is about translating the key strategic documents into the local context and ensuring that all parties are signed up to the key challenges. Leadership is about action, and its development goes beyond support to nurture specific personal qualities – it also covers effective organisational and systems leadership, partnership working, leadership of improved clinical standards and the leadership of change. It is recognised that the developments and aspirations within CAMHS will require significant changes in the way decisions are made. Staff in frontline teams and services will need to be more readily involved in decision making on issues that effect practice and delivery. Staff at all levels will need to have opportunities to “think and work differently to solve old problems in new ways” in order that delivery of improvements set out in the key policy documents are to be realised.

Effective leadership is a prime element needed if improvement and change is to be sustained. A key feature being on the process of influencing, inspiring and setting direction, although the focus on transactional leadership (attending to the management of resources and outcomes etc) will remain a component it is no longer a key facet for leaders. As CAMHS move towards new partnerships and models of working new competencies will be needed that engender positive leadership in these environments, these will be the ability to form effective networks, to adapt to change, to influence and negotiate and to work within complex relationships and environments.

The emphasis on leadership and change management within this context is rightly beginning to receive increased attention and increasing investment.

Challenges

- Investment in leadership has been un-coordinated.
- Training tends to be on an individual rather than a team or service level.
- Varying assumptions about who should be trained as leaders.
- Confusion between leadership, management and service improvement initiatives and their respective priority.
- Lack of investment in service improvement and leadership initiatives approaches.
- Ambiguity both within and outside psychiatry regarding the role of psychiatrists as leaders
- Lack of capacity in HR in some areas to address issue.
- Ambiguity both in psychiatry regarding the role of psychiatrists as leaders and the training needed to support their roles in service improvement and leadership

Conclusion

Effective workforce planning is an important tool to support the maximising of resources and building capacity in a structured and planned way. People are the key to successful improvement and capacity building. The comparison between our present workforce and the desired future workforce will highlight shortages, surpluses and competency gaps, whether due to external pressures or internal factors. These gaps may become the focus of a detailed workforce plan, identifying and implementing strategies that will build the relevant skills and capacity needed for organisational success.

Developing and Implementing a Workforce Strategy in CAMHS

Design and Planning

Introduction

Workforce Strategy development should aim to ensure that all health, social care, independent and voluntary sector organisations are equipped with the skills, knowledge, competence and the tools and techniques to produce an organisation or network integrated workforce strategy and workforce action plans to deliver workforce capacity and enable key organisational objectives and targets to be met. It should also recognise the importance that an integrated strategy can play in modernising services through visioning new services, whole system planning of scenario's, assessing demand and supply, bridging and prioritizing gaps within the system and then implementing action plans to deliver the vision. The production of robust workforce strategies encapsulating workforce plans and workforce development action plans are seen as vital to the delivery of the NHS improvement plan, "Delivering Patient Centred Care", ensuring workforce capacity to deliver the Local Delivery Plan, forms part of the Governance elements of the Healthcare Commissions annual healthcare check reviews and is part of the programme of activities and documents that underpin improving working lives accreditation. In addition it is vital that an organisation knows strategically the direction of travel for service, the financial plans required to deliver the service and the workforce capacity needed to produce the service activity, only then it can begin to plan around the demands placed upon it and where it will source its new workforce from and what development staff will need to produce the workforce capacity expected.

The Vision

"A modern, skilled, competent, adaptable and flexible health and social care workforce providing focused health and social care to meet the needs of children and young people". It is fair to say that no one has ever been totally successful at strategic workforce planning. There are an abundance of examples of micro success but not the full macro achievement. Managers have combined intuition, experience and trial/error methodologies to meet the challenges and accomplish the workforce planning and development goals. Within strategic and operational workforce planning the learning process is continuous and as the philosopher Soren Kierkegaard wrote "*Life can only be understood backwards, but it must be lived forwards*". Applying this view succinctly to strategic workforce planning, organisations need a clear understanding of their current workforce baseline and how they have reached their current position. Visioning the future then allows mapping of the gaps between current workforce and future workforce. Workforce development is not just about people working differently, it is about them thinking differently about their work.

The Strategic Context

Ministerial Priorities and National Strategic Drivers

Now

- Implementation of Agenda for Change
- Equal Pay Claims
- Primary care contract review
- Renegotiate pay deal
- Removal of two-tier workforce
- European Working Time Directive (EWTD)
- NHS Pensions Reform
- MPET budgets
- New contracts for senior managers and non-consultants

Soon

- Reshaping workforce with targeted growth in key shortage areas
- Continue with model employer and skills escalator strategies (Improving Working Lives)
- Updated workforce strategy - *Creating a Patient-led NHS* and underpin the Local Delivery Plan

Workforce Planning

- Main focus on the Workforce Contribution of the Local Delivery Plan 2005-2008 and are they robust enough to deliver the workforce capacity required and are they integrated with Finance and Service?
- Reducing the widespread NHS deficits between trust demand and what trusts can supply and the post 2008 slowdown
- LDPs still portray a total of 3 years, 9.5% growth, with 59% spent on pay and the growth front-loaded over eg: 2005-2006
- More selective and less spectacular growth
- The Gershon Review and the new productive time efficiency measures will place more emphasis on productive time, productivity, efficiency, effectiveness and utilisation of skills and competencies.
- More focus on International inflow/outflow in key shortage areas
- What are we doing about the ageing workforce (equality and inclusion agenda)
- The impact of Independent Sector (it's demand and supply mechanisms and the effect on temporary labour (bank, agency, locums, casual)

National strategic drivers

- National Service Framework
- Every Child Matters
- NHS Plan and all it's components for staff, patients and supporting documentation
- Creating a Patient-led NHS - Delivering the NHS Improvement Plan
- Delivering choosing health: making healthier choices easier
- Emergence of Public Sector Agreements (PSA targets) – **Staffing, Activity, Finance, 24/7, Learning Disabilities, 16/17s**
- Self care and expert patients
- Human Resources in the NHS Plan
- National Service Frameworks (older people, diabetes, mental health, childrens, cancer, coronary heart disease amd pending for brain injuries and chronic disorders
- Healthcare commission – annual health checks -
- Modernising medical careers (MMC)
- Knowledge and Skills Framework (KSF)
- NHS Connecting for health (ICATS, NCRS and ESR)
- Expansion of foundation trusts
- System reform: Payment by results, practice based commissioning, choose and book
- Political, Economic, Sociological and Technological changes and innovation

This list is not exhaustive

Local drivers and initiatives

- Local Delivery Plan 2005-2008
- CAMHS Strategies
- Business Plans
- Independent sector provision (wave 1 and wave 2)
- Expansion of primary care services through new one-stop clinics
- Development of clinical networks (diagnostics, public health, mental health, children, allied health professionals, cancer)
- Financial stability
- Access inequalities
- Deprivation indices
- Demographic challenges across the connurbation
- Workforce speciality challenges across the connurbation

This list is not exhaustive

A Model for Workforce Planning

The model presented follows a rational approach to planning, although there is awareness that there is always some level of chaos within any system. The model presented follows a series of six stages and it is recognised that services will be at different states of development within and between each of these stages. (See Figure 1)

Aim

The Aim of this guidance is to set out the principles and methodology by which local specialist Child and Adolescent Mental Health Services can estimate the demand for staff across and to match this against the anticipated supply of staff. Its primary purpose is to offer guidance and support to the development of workforce plans that are well integrated with services. The outcome from following this guidance will be initially, the working towards the development of a Joint Workforce Plan that will assist localities in ensuring that they will have a workforce capable of delivering their service development strategy.

Client Group

The client group covered by this document is Child and adolescent mental health initially focusing on specialist CAMHS. Further development of this document will take place over time to support workforce planning across the four tiers of service provision and delivery.

Responsibility and Roles for Workforce Planning

The production of a coherent Joint Workforce Plan is not an optional exercise. Localities need to understand the dynamics of the workforce issues in order to develop service plans that are both realistic and consistent with Every Child Matters, the Children's NSF and NHS Plan. It is clear from the Local Delivery / Implementation Plans and CAMHS Strategies that localities are struggling with workforce planning in all its forms and in some cases it is not being prioritised.

Aims of Workforce Strategy

There are six key aims:

1. To improve **workforce design and planning** so as to root it in local services planning and make it understandable and meaningful to people in local services and other key organisations.
2. To identify and use creative means to **recruit and retain people** in the workforce in order to increase the overall numbers in successive years.
3. To facilitate **new ways of working** across professional boundaries. To make the best use of specialist staff group to meet the needs of service users and carers.
4. To create **new roles** to tap into a new recruitment pool and complement existing staff groups.
5. To develop the workforce through revised **education, training and development** at pre and post qualification levels and for continuing professional and practitioner development, increasingly focusing on the shared and distinct capabilities required to meet both staff and user needs.
6. To develop **leadership** and change management skills within professional and managerial staff in all stakeholder organisations and multidisciplinary settings.

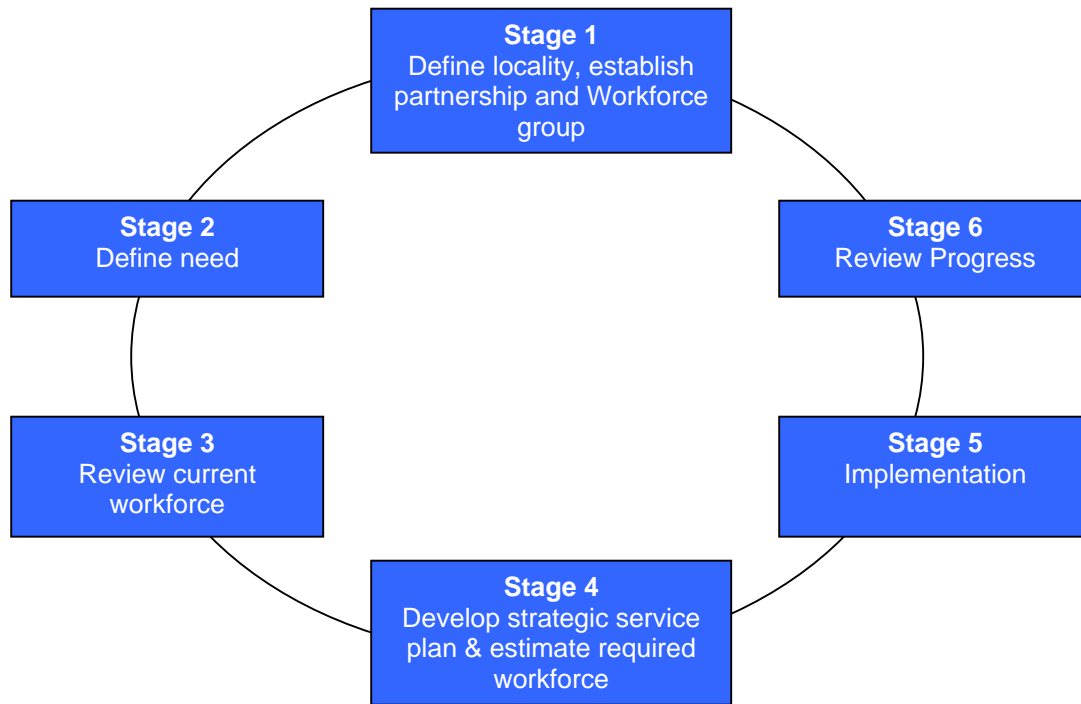


Figure 1. Workforce Planning Model

Stage 1. Define the Locality and Care Group/CAMHS Partnership and Establish the Workforce Team

The CAMHS partnership should take on the task of developing the Joint Workforce Plan or should establish a subgroup (Workforce Team) to take on the task. It is important to define the client care group and geographical locality at the start of the process. The workforce planning structures must match the local service planning structures and make sense locally. At the outset, consideration needs to be given to deciding the geographical boundaries of the locality.

Key directors and managers need to be fully engaged and participative in defining the exact scope of the workforce strategy. The strategy needs a clearly articulated vision, defined measurable objectives, workforce and HR encompassing actions plans, an implementation plan, evaluation and review mechanism and be able to be performance managed.

- Define the timescales – when is the strategy going to be delivered with clearly defined milestones for measuring success.
- Define the delivery programme – who will deliver it, which stakeholders are involved and what markers are there for determining the success.
- Scope the plan – what are the aims and objectives of the plan, what is its real intention?

The guiding principles below ask probing questions that will guide the defining of the time-scale's, articulating the scope and simply describe the function of the workforce strategy and action plans. These principles must be answered with finance, capacity and service colleagues. They cannot be completed in isolation.

Scope

- Are finance, service and capacity involved with scoping, timescales and function discussions?
- What services and organisations are included / involved in the over-arching strategy?
- What business and service strategies will the workforce strategy support? Focused or integrated?
- What services and staff groups will be impacted upon?
- What engagement, involvement and agreement plan will support the strategy?
- Who will lead the strategy and ensure the delivery of all the components?
- What barriers / challenges are likely to assist and what actions could be used to resolve them?
- What risks have been identified and what action plans can be implemented to reduce them?
- What location / boundaries / economies are included in the strategy?
- What alignment plans are there for service, capacity and finance?
- What key assumptions and evidence baselines will be used?
- What will be included or excluded from the plan and why?
- What format will it take?
- Who will deliver it?
- How will it be produced?
- How will it be marketed internally and externally?
- Will it cover public and user involvement?
- What are the key priorities?
- Who will be affected by the strategy?
- Have all partnership mechanisms been considered?

Timescales

- What are the milestones and timescales for delivery?
- When will the strategy be produced?

Function of the plans

- What objectives will the strategy deliver?
- What ministerial, national, local drivers will it achieve?
- What LDP targets will the strategy deliver?
- What will the strategy deliver to the health economy?

Stage 2. Defining Demand for Local Mental Health Services

In order to have a good grasp of the mental health needs of the children and young people, including those aged 16/17 and with a mental health and learning disability, for whom a service is to be provided, it is important to gather information about service demand. Responsibilities for collecting the data should be clearly defined. The scope of the data collection will need to be limited to avoid this becoming too onerous, particularly if resources are low.

There are two approaches to forecasting demand:

- identify the needs of those in contact with services and forecast changes based on previous experience
- estimate the demand from epidemiological data (ONS) – this is likely to reveal current and ‘hidden demand’

The first approach may be appropriate to get results relatively quickly when resources and time are limited. The second approach can provide valuable additional information about hidden demand, but is only partnerships have the resources and skills to make these forecasts and intend to take action to meet some of the hidden demand. With the first approach, data collection should concentrate on the local known morbidity. This information, may for example include:

- Numbers by age bands, gender and ethnic background
- Numbers of people ‘difficult to engage’
- Numbers seen in primary care
- Numbers of people with learning disability
- Numbers of people in contact with youth offending

- Number of young people in care of Local Authority
- Number of young people with SEN
- Number of people with substance abuse
- Numbers of people who self harm

With the second approach, the local population data should be multiplied by the morbidity data for each disorder, age/sex category and the results summed to give a crude estimate of the morbidity in each geographical area. This could then be adjusted to reflect local circumstances and factors such as ethnicity and deprivation. The resulting morbidity would be translated into a demand for service which would need to be taken into account when developing the Local Strategic Service Plan (Stage 4). This way of estimating demand (and the hidden morbidity), could be compared with the numbers in contact with services and forecast changes as a reality check.

In order to undertake this second approach, the following data about the population that might be served by mental health services would need to be collected:

- Numbers
- Age bands
- Gender
- Minority Ethnic groups
- Numbers of special groups (e.g. refugees, asylum seekers, SEN).

The population estimates should use ONS data and forecasts of the age-sex distribution for each area. It may be necessary to prorate the population forecasts if the model areas cut across forecasting areas (e.g. electoral wards). The Mental Health of Children and Adolescents in Great Britain (ONS) can then be used to estimate the prevalence of mental health disorder in the population. Mortality could also be included, although this does not directly affect service use.

It maybe possible to fine tune the estimates of local morbidity by using locally generated data, but this is often fragmented and relates more to provision than underlying need. Data on the local ethnic breakdown, deprivation, unemployment, education and housing may also be used to derive local morbidity. In addition, the resources and knowledge of public health staff maybe helpful in estimating demand. Finally, it may need to be assumed that morbidity will be constant over the planning period although it is recognised that the more proactive services will consider the likely future changes in demand.

Developing the vision requires key decision makers to articulate the vision of the organisation with a number of scenarios to deliver the vision. The vision requires some quantification to ensure progress can be made towards the vision via goals, targets and values (*for example: The organisation intends to deliver comprehensive integrated services to children and young people with learning disabilities in a particular locality by (specify date)*). The vision clearly sets out an action plan, timescale and number which can be measured against. The vision can include some high level modeling of the options around patient needs, new service models required and new ways of working across organisational boundaries to deliver patient centred care.

- The vision can include how the organisation will develop the demand forecast and the currency used (services, establishment, skills and competencies and capacity)
- The vision can include some high level gap analysis and a risk assessment which will highlight the solutions and action planning required that delivers the vision and any contingencies required.
- The whole process requires justification, review and evaluation.
- The whole process requires detailed currency for performance monitoring and management to ensure successful delivery of the vision and whether the implementation of option A or B has made a real difference
- The process requires consideration of the guiding principals

Guiding Principles

Are all stakeholders, staff, and services engaged and involved with articulation of the vision?

Does the vision take into account the locality, the region and health economy?

What will be the foot print of the organisation on achievement of the vision?

What types of services will be delivered, where will they be delivered, how will they be delivered and what types of skills and competencies will workers require to deliver the new workforce vision?

Are the workforce goals and targets clearly articulated and achievable?

Have all the potential scenarios been considered?

Does the workforce vision underpin the values and beliefs of the organisation?

What outcomes will the workforce vision achieve?

Does the vision underpin the culture of the organisation?

Have you considered all the services and the clusters of services?

Does the workforce vision match the service and finance vision – what gaps closing measures do you have?

Have you incorporated all the ministerial, national and local strategic drivers that impact upon your organisation?

Stage 3. Reviewing Current Services and Workforce

This stage involves identifying the current services provided to the client group, and the workforce and the workforce factors effecting the recruitment and retention of those involved in delivering services.

Review Current Services

A thorough review of current services and their operation is of great importance in developing the CAMHS Strategy/ Local Strategic Service Plan. The major considerations in conducting a review are identified below.

- Identify and map the current services. This should include identifying the service components, and how they relate. Services for people with a learning disability and mental health disorders should be included in the map.
- In the process of reviewing the current services, it is important to identify major issues and difficulties that need to be addressed in developing the CAMHS Strategy/Local Strategic Service Plan.

Review Current Workforce

A key part in planning for the future workforce is reviewing the current workforce. It is recognised that the breadth of CAMHS maybe initially difficult, but is important as a long term aim. This review should include issues concerned with the profile and supply (i.e. retention and recruitment) of existing staff. Consideration should also be given to the nature of the labour markets likely to impact on the recruitment and retention of staff. Issues to consider in this review are identified below.

The core data required are the numbers and types of staff by agency, service component and location. When collating data across a number of organisations care needs to be taken to ensure compliance with data protection legislation. A more detailed list of information that potentially could be collected is included below.

The local labour market

The collection of information about the local labour market is unlikely to be given a high priority. It is, however, likely to be extremely important in the recruitment and retention of certain groups of staff. The Workforce Team needs to be aware of these issues:

The following list provides some useful sources of information about the local labour market:

- To establish the current numbers of staff within each service component broken down further into whole time equivalent (wte) or headcount and part-time/job shares.
- To establish the current numbers broken down by types of staff e.g. professional and non-professional, care delivery, and administrative and support staff.
- To establish the current numbers of staff showing profiles by age, retirement, gender, ethnicity and length of service.
- To establish whether the workforce reflects or is representative of the local community.
- To establish the number of vacant posts and vacancy rates by types of staff, service models, care groups and geographic location.
- To establish use of locums (short and long term), agency or bank staff (and overtime) to include numbers, types, localities, costs and percentages of existing staff or staff employed elsewhere.
- To establish the past trends of recruitment (including first time recruits from training programmes), retention and vacancy rates.
- To establish the age ranges of staff being recruited.
- To establish the current team structures to include skill mix, qualifications and experience.
- To establish the staff absence rates, including reasons, and staff turnover rates.
- To map acknowledged “hard to staff” areas e.g. acute inpatient units.
- To establish where staff are recruited from (i.e. local, national or international pools).
- To establish whether there are any trends in the geographical localities (homes) of both numbers and types of staff.
- To establish the levels of training amongst the staff groups (this may be difficult to obtain if such data is not regularly collated).

The availability of local labour is linked with other local issues, including transport links and unemployment. However, a detailed consideration of the local labour market, relevant to the service, will involve answering the following questions:

- What is the breakdown in terms of ages of the population and gender mix? eg. is there a preponderance of older people? Is there likely to be a bulge in school leavers?
- What are the likely future economic conditions for the area?
- What is the local employment situation, including unemployment, competition and variations between different geographical areas? Are there any particular unemployed groups that could be targeted for employment in Mental Health Services?
- What are the levels and types of competition for local staff? eg. are there some big employers already in place or will there be some who are expected to move into the area?
- What are the local expectations about rates of pay, terms and conditions? eg. is the local supermarket paying more per hour for the “untrained” workforce?
- What is the local education attainment and expectations? eg. is there a sixth form college?
- What effect does a shortage of affordable housing have on the local labour market?
- Is there potentially an untapped source of staffing? eg. the minority ethnic population?
- How might service users and carers be used to develop the workforce?

(some of this information available from CAMHS Mapping)

The Regional/National/International Labour Markets

The recruitment and retention of certain staff groups will be dependent on national and regional labour markets. It is these levels that often are the most important for professional groups, and the local service needs to review the situation with respect to staff from the national/regional labour markets. The possibility of recruitment from the international labour market requires an awareness of the realities of these markets for particular professional groups.

Calculating the Demand

Calculating the workforce demand to deliver the workforce vision involves identifying the currency of the demand – the whole time equivalent of skills and competencies to deliver service capacity. The impact on demand comes from many sources and places tension on the direction of travel. For each service provision, the impacting drivers need to be taken into account as they can add weighting to the WTE required to effectively and safely deliver the services.

To calculate demand, is to look at what each of the service visions are expected to deliver and calculate exactly what you would need in terms of workforce capacity to deliver that desired future service. Ignore your current workforce capacity until this exercise is complete as it will only detract the thought processes required. The whole system planning model is ideal for determining future demand and takes into account physical and financial resources whilst determining workforce demand around population/patient centred needs. It is imperative that the demand calculated is affordable (*there is no point in forecasting a major growth in workforce when financial revenues are in deficit*).

Forecasting and assessing supply chains

The desired future demand of workforce capacity in terms of skills and competencies clearly identifies what is required in the future. To ensure organisations have sufficient supplies in the future it needs to analyse its current workforce supply (an audit or SWOT analysis) to indicate how far current demands are being met. Gaps in the system will need to be addressed immediately in order to deliver the new supplies of the future. Organisations need to consider all the supply mechanisms into their system, the outflows from the system and the impact on the actual workforce capacity delivering service.

Guiding Principles

Establish a clear picture of your workforce in terms of numbers and the areas of specialty based on occupational codes. Obtain clear numbers of the potential trainees to enter your system.

Using the model, consider;

The job ready population – (staff within or who could adapt to NHS working very quickly) which includes:

- Developing the skills and competencies of existing staff using agenda for change and knowledge and skills framework through personal development programmes
- Recruiting staff from other healthcare employers within or outside the NHS
- Return to practice staff from all specialties
- International recruitment for all specialties and hard to recruit to posts
- Succession planning for staff groups to develop into new or more skilled roles
- Retention strategies to keep your highly skilled and competent staff
- Effective workforce utilization can enhance the supply of your existing staff by smarter rotas and rosters.
- Utilisation of bank staff to increase supplies
- Utilisation of locums
- Utilisation of contract and temporary staff to increase supplies in period of high demand.
- Widening access schemes
- Offering incentives to stay or come back

Organisational Development and Modernisation

An organisation can enhance its supply through development, modernisation, and new methods of working and new roles.

- The role of support workers/assistant practitioners
- Role of and expansion of advanced practitioners
- Development of AHPs roles
- Modernisation of services

- New methods of learning can develop the existing workforce much quicker than the long lead times of some professional education.
- Multi-agency and multi-professional posts
- Productive time efficiency measures
- Ensure fitness for purpose through training needs analysis (TNA)
- Link in with education providers and the Ongoing Quality Monitoring and Enhancement Process (OQME) to underpin workforce improvement

New Supply

An organisation can increase its supply of workforce through:

- Recruiting from non-healthcare workforce to boost economy supply
- Recruitment of newly qualified staff from: undergraduates, assistant practitioners, and any others.
- Offering clinical placements
- Offering secondments
- Offering short term contracts to boost new supply
- Widening access schemes – equality and inclusion agenda
- Attracting school leavers and engaging school children
- Increasing commissions
- Reducing attrition rates in education
- Improving the first destination rates from education into health and social care

Independent Sector

- Enhance supply for specific services by using independent sector provision where applicable create joint ventures to share their supply

Consider the outflows and loss of supply in the system.

Key indicators are:

- Current and long term vacancies either to maintain establishment or achieve growth
- Sickness and absenteeism rates – covering sickness and absenteeism
- Bank and agency spend - diverting funding
- Locum spend – diverting funding
- The levels of overtime used – costs versus plain rates
- Service movements (relocation or reconfiguration of services)
- Competition from the Independent sector to recruit highly skilled and competent staff and vice versa.
- Retirements
- Leavers from your organisation
- Leavers from the healthcare sector
- Secondments
- Study leave and career breaks
- Potential losses from some flexible working arrangements
- Loss of goodwill factor – inflexibility and work to rule
- Very high stability – resistant to modernisation changes
- Do you have a current workforce capacity baseline?
- Do you have your current and future commission numbers for the timescale of the plan?
- Have you mapped future supply and against current supply and identified an action plan for closing the gaps.
- Are your current workforce supply meeting demand effectively
- What are you doing to reduce vacancies?
- Do you have a recruitment and retention strategy or action plan?
- Have all the options been costed for viability?
- Have you considered all the options for increasing, maintaining or re-deploying workforce supply?

Once each of the service provision future workforce capacity requirements is identified then you can use current workforce capacity baseline to map the differences. The differences should highlight the action planning required now to achieve the future demand through training, new roles, skill mix, service reconfiguration, modernisation, education commissioning, whole system change and workforce development. Lastly if the gaps between current workforce capacity and desired future workforce capacity portray a growth or maintenance of workforce establishment, this in turn generates additional demand.

Guiding Principles

Workforce demand / capacity can be measured in a number ways that are required to deliver the planned service by staff group / or service but clearly articulates the skills and competencies required to deliver the service these include:

- Headcount
- Actual whole time equivalent
- Establishment whole time equivalent

Calculation of the demand needs to take into consideration a number of key elements:

- Each service area or potential new service needs to be mapped for demand from the vision.
- The planning cannot be done in isolation and requires service and financial intervention to ensure that workforce delivers the services within financial balance.
- Demand cannot be calculated by increasing the current workforce by a percentage. It needs to be calculated from the vision of the service provision to highlight skills and competency mixes and new types of workers to deliver services.

Demand should be weighted to take into account

- Local weighted population and demographics
- The key targets noted in PSA/National Service Framework(s), national and local drivers etc...
- Current pressures to fill long term vacancies
- Demand from retirements and leavers to maintain current establishment
- Pressures placed on organisations to support the current training systems (competition for specialised / hard to recruit to specialties
- Sickness and absenteeism
- Bank, locum and agency usage
- Turnover
- Seasonal demands
- Political, Economic, Sociological and Technological demands
- Age profile of the workforce
- Productive time improvements via IT, workforce reform and modernisation of services
- Is the plan underpinned by the pending workforce productive time indicators?
- Do you have a numbers required for the desired future workforce?
- Do you have numbers of your current workforce capacity?
- Have you mapped the gaps between desired and current and identified methods of modernisation, skill mix, and system and process changes to reduce the gaps?
- Does your demand include the hidden demand to maintain service as well as expand services, change services or implement new service models?

Stage 4. Develop a Strategic Service Plan and Estimate Workforce Needed

In order to estimate the workforce required into the future, it is vital that the Workforce Team have a clear and coherent Local Strategic Service Plan designed to meet the demand. The changing nature of public expectations and evidence for the most effective services means that such Plans are inevitably dynamic and need to be regularly reviewed and updated (minimally every three years). The Strategic Service Plan needs to be developed with the relevant organisational stakeholders and service users and carers, should be disseminated widely and should be subject to robust scrutiny. It should be clear enough to be used as the basis for estimating future workforce demand. The crucial steps developing the Local Strategic Service Plan in Stage 4 are as follows.

- Review and update the existing service plans (see Stage 3).
- Identify the values and principles on which the service will be developed.
- Develop a coherent and comprehensive local Strategic Service Plan
- Decide the demand to be met for each service component and location, clarify functions and interrelationships between service components.

The Strategic Service Plan should also show the following features:

- Be future oriented, and make it clear what is being aimed for (eg: over the next 5/10 years).
- Be coherent with the strategic vision in the CAMHS Strategy/Local Delivery Plans and its key strategic objectives, activity milestones, targets and outputs.
- Include the service components specified in the Child and Adolescent Mental Health policy guidance (PSA Targets) and be designed to meet the standards of the NSF and ECM.
- Specify, as far as possible, which organisations will be responsible for providing those services.
- As far as is possible adopt a whole systems approach, include the role of the voluntary sector and private sector in the plan.
- Need to be under continual review to take account of experience and innovations, particularly with regard to the development of increased flexibility in the roles and responsibilities of staff.
- Should identify those groups of people with mental health problems who require StHA wide services, supra StHAs or National Services eg: tier 4, forensic.

Estimate Workforce Needed

The Local CAMHS Strategic Service Plan should be sufficiently clear to be used to estimate the workforce required and lead to the production of the Joint Workforce Plan. The work involved in the production of the Joint Workforce Plan is outlined as follows.

- Identify for each service component, the staffing and skill mix required to provide that service, taking into account national guidance, but also taking the opportunity to develop innovative local solutions.
- Collate the staffing information to give an estimate of the total staff numbers required by type, agency and location.
- Identify the gap between current and the future staff and skills required.
- Clarify the relationship between local labour market factors and expected staff demand (i.e. are there enough people available in the local labour market?).
- Identify the relationship between demand and the national labour market.
- Where appropriate, establish the workforce needs of other agencies involved in delivering mental health services e.g. YOT/, Social Services, Education etc.
- Provide information for the commissioning of training places and programme content, review the results for feasibility and discuss the skill gaps with the StHAs.
- Produce the Workforce Plan, if a Joint plan this to be agreed by the relevant agencies, and including the action required to develop the future service with priorities and timescales.

Skills Mix

In developing the Workforce Plan the issues of skill mix will require careful consideration. The *plan* needs to address not just the total numbers of staff required but their skills and skill mix between team members and agencies and the way they are deployed geographically and between teams. Below are a number of key questions which may require careful consideration in the development of the Workforce Plan and the implementation of the CAMHS Strategy.

- What do the current job descriptions say about roles, responsibilities, skills and competencies?
- How are the forthcoming National Occupational Standards, Skills for Health, going to be used to develop the skill mix of staff and to influence job descriptions/specifications?
- Do professional staff concentrate on what only they are trained to do?
- Are professional staff involved in tasks which others are more suited (or trained) to do?
- Does the morbidity and mortality data (trends) suggest a change might be required in the skill mix?

- Are there new types of workers joining CAMHS? If so, how are the new types of workers going to effect skill mix and where will they be located?

Contextual Issues

In putting together the Workforce Plan, it is important to take into account the variety of HR policies that should support putting the plan into practice. These policies can be accessed through the Internet (e.g. www.doh.gov.uk/iwl). A local HR Strategy should be part of the service development agenda and as such, it is important that HR managers and planners are integral to the service development process. The HR agenda should also be interwoven into the CAMHS Strategy, Local Delivery Plan and Joint Investment Plan process.

Any final estimate is dependent on other issues concerned with the recruitment, attrition (during training) and service retention after qualification of professional staff in training. This information should be given by the training providers to the StHAs or those organisations that will be required to make commissioning decisions.

Stage 5. Implementation

Stage 5 involves the implementation of the Workforce Plan. It is also important that the development of the services occurs in a way that is coordinated with the Workforce Plan. The Workforce Plan which should include an Action Plan identifying priorities and timescales should be drawn up and agreed by all parties. The plan should answer the majority of the questions identified below.

- Where are we now?
- What do we want to achieve?
- How do we get there?
- What steps or actions need to be put in place?
- What is the timeframe for achieving the steps/actions?
- What are the constraints and how might they be overcome?
- What resources are required and who will provide them?
- Who has the responsibility for achieving each step or action?
- What support can they call on and who will provide it?
- Who are the stakeholders and how are they going to monitor and review this?

Implementation will involve consultation and collaboration with, and action by the StHAs. The provision of data to about the commissioning of training numbers across professionals as well as advice about investment in continuing professional development and other workforce developments is vital to successful implementation. Without good local plans the effectiveness of the StHAs/Commissioning organisations will be significantly impaired. Linking into the workforce planning cycles with appropriate and timely information will also be crucial to successful implementation of the Plan. The Workforce Team should provide a report on progress with their Action Plans at agreed intervals to the StHAs. These plans should aim to ensure a high quality workforce within CAMHS capable of delivering the service that will inspire the confidence of the public and service users.

For those supplying the information which goes toward developing the Workforce Plan, there needs to be a feedback mechanism or loop. This is so that they can see that the data or information they are providing is both useful and is feeding directly into the development of such a plan. This will help drive up the quality, provide a sense of collective ownership to the process and provide for a review of the type, adequacy, quality and time-scales of the information being provided.

Stage 6. Cycle of Review

Workforce planning needs to run to a clear annual cycle of updating plans and evaluating the actions and timescales. It is vital that the workforce planning processes are tied into the broader cycles of service planning and review. It is suggested by StHAs that a more thorough systematic three yearly review of the information analysis and workforce planning process is undertaken. This tri-annual cycle is suggested to take account of the complexity of the workforce planning process and time required to evaluate implementation and maybe considered relevant to CAMHS. This cycle and timescales should operate across all agencies and all staff groups on a consistent and coherent basis. The review process should also monitor progress against the action plan, put in place to support the Workforce Plan.

The whole purpose of your workforce action plans is to bring about change – service development, workforce improvement, workforce development, applicable skills and competencies, a supply to meet the demand and mechanisms for bridging any gaps. The action plans will be worthless unless it is implemented and actions happen.

Performance management, monitoring and productivity; Local Delivery Planning (2005-2008) Monitoring

It is envisaged that the workforce envelopes aggregated from trust submissions in the Local Delivery Plan 2005-2008 will be monitored on a regular basis by the SHA, It is important that the organisations strategy and action plan underpin the envelopes established by the organisation. The Recovery and Support Unit have indicated that a number of Local Delivery Plan Reviews (LDPR) are planned over the next 12 months. Any modifications to the LDP must be reflected in the action plans to substantiate the change and ensure plans are robust.

The workforce envelopes will be monitored by the SUP01 staff subgroups. Any modifications must take into account the productive time measures for improving efficiency through skill mix and whole system process change.

Monitoring

Monitoring can take many formats; use the most applicable and appropriate for your organisation to monitor progress:

- Progress against action plans
- Project Plans
- Report Card
- Balanced Scorecard
- Variance monitoring
- Progress against trajectories
- Gap analysis
- Organisation comparison
- Organisation ranking
- Service delivery plans
- Financial budgets
- Star ratings – annual healthcare check review
- Traffic lighting progress

Evaluation of the process needs to ensure that the strategy is delivering the strategic objectives. The whole ethos behind this strategy / action plan document is that it produces a “living” strategic action plan that can be updated, amended, evaluated and reviewed to produce the best outcomes for the organisation. The concept therefore requires regular evaluation, review and adaptation as it works towards a whole CAMHS systems approach and as ministerial, national, local and current reality drivers kick in or change momentum. If the monitoring process does highlight any variances from the plans then implement the evaluation process. The table below is a guiding premise only.

Evaluation Process	Action
Which objective has not been achieved?	Trace through the 6 steps of your plan to identify the cause and effect of the variance.
Which action plan has not been achieved?	Trace through the analysis and action plans to identify the action plan and consider the elements outlined below. Look at the priority criterion and assess the impact assessment of not completing the action within the desired time frame or the outcome deviates from the plan.
Cause and Effect	What cause and effect does the variance have the rest of the action plan and strategy?
Visit the Project Plan (Milestone plan)	Which deliverables that underpin the final objectives are affected? What interdependent milestones are impacted?
Responsibility Chart	Who will be responsible for evaluating, review and adapting the actions and tasks? <ul style="list-style-type: none"> ▪ Decision makers ▪ Consultation team ▪ Participants ▪ Stakeholder ▪ Implementers
Activity Schedule	What impact is their on the duration of the task and interdependent tasks?
Risk Matrix	What unfavourable consequences may arise? What contingency plans can be implemented? Does the risk matrix need amendment?

Monitoring and evaluation may highlight potential variances from the goals and objectives. If plans and goals are not going to be achieved then a radical review of the plan may be required.

Summary

There is no intention that the guidelines contained in this paper are to be prescriptive, rather they have been drawn up to help localities in providing workforce plans that are well integrated with service planning.

NB. This document refers to a number of organisations that may have had responsibility for particular aspects of the plan with reference to reporting and data collection. This guidance has not taken into account possible changes that have taken place due to the current restructuring.

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