

# Gloucestershire's Future in Mind

## Workforce Development Plan

Children and Young People's Mental Health  
2016 - 2020



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# 1. Introduction and Background

This Workforce Development Plan provides an overview of the key opportunities and challenges in relation to workforce development, supporting the delivery of 'Gloucestershire's Future in Mind' five year transformation plan to improve Children and Young People's mental health in Gloucestershire. It should be read in conjunction with the original 'Gloucestershire's Future in Mind' document and the 2016 update which remain the main reference points.

This plan covers the period 2016-2020, aligned with the Gloucestershire Sustainability and Transformation Plan footprint. The implementation of Gloucestershire's Future in Mind sits firmly within the Gloucestershire Sustainability and Transformation Plan (STP) published in November 2016 as a key element for the current and future health and wellbeing of our population. For more information:

<http://www.gloucestershireccg.nhs.uk/gloucestershire-stp/>

## 2. Strategic Context

### 2.1 National context

Following the publication of Future in Mind and The Five Year Forward View for Mental Health, NHS England requires that each CCG publish a joint agency workforce plan detailing how they will build capacity and capability across the whole system, including implementation of children and young people's improving access to psychological therapies programme (CYP IAPT) objectives.

Nationally there have been a number of drivers highlighting the importance of workforce development in relation to children and young people's mental health services. These drivers include:

- Parliamentary Health Select Committee Review on children and young people's mental health - November 2014
- 2020 Children and Young People's Workforce Strategy – DCSF
- NHS – Mental Health 'Parity of Esteem'
- Future in Mind and Local Transformation Planning
- NHS Five Year Forward View
- Mental Health Forward View
- Strategic Clinical Network CAMHS review at regional level
- Sustainability and Transformation Planning – integrated working

Within this context, this plan describes the actions that need to be taken to address the capability and capacity needs of the children and young people's workforce in order to deliver the expansion in access required, as well as the needs of the wider mental health workforce, including primary care and the voluntary and community sector.

### 2.2 Local context

Our Transformation Plan takes a whole systems approach that is vital to transforming and making significant progress into a growing problem of increasing numbers of children with mental health difficulties. The key focus of our plan aims to:

- Address the gaps identified in our needs analysis
- Provide a balance between the need for more early intervention and prevention
- Meet the needs of those very vulnerable children and young people who achieve poorer outcomes than most of the population.

There are four broad themes and layers of support based on our model of coordinated and flexible mental health support.



We have been working hard as a partnership across agencies and with children and young people, to implement our plan over the four layers of support identified in the plan.

We know that children and young people live in families and communities, and we want to move to a model and system of support in Gloucestershire that builds the resilience of families and communities, to support children and young people more effectively. As well as building a system of **universal support for good emotional wellbeing**, we want a **more joined up system, with easier access**. This will include better **access to information advice and support** in a variety of ways. Our system will ensure children with **mental health issues are identified earlier, with strong links between schools, GPs, communities and mental health support**, with staff in universal settings having more skills and knowledge. Our model will make use of the wider systems of support in localities, including cultural and physical activities such as exercise, arts/creative based activities as well as early help and support for parents. We will ensure access to **evidence based treatments and interventions** and swift **support in a crisis** when and where people need it.

## 2.3 Our Local Sustainability and Transformation Plan – ‘One Gloucestershire’

Organisational and workforce development is a key feature of our local sustainability and transformation plan – STP. Looking ahead, we believe that by all working together in a joined up way as ‘One Gloucestershire’, there is an opportunity to build stronger, healthier and happier communities and transform the quality of care and support we provide to all local people. However, the size of the challenge is great and we can’t do it alone. We will need to work in collaboration with all our community partners, statutory and otherwise, to develop our detailed proposals for change. Achieving a state of ‘health’ for people in Gloucestershire and providing high quality care and safe services when they are needed must remain our priorities throughout. The state of the ‘health’ within our workforce is equally important.

In order to successfully deliver our Sustainability and Transformation Plan, we need to develop the right culture within and across our organisations, and invest in skills and leadership to support people to work in new ways across the system. We want people who work for us to adopt the values and behaviours agreed by the system and we are committed to developing our senior leaders to model and cascade these, and are working together as a community to take this forward.

Workforce planning presents an opportunity to align commissioned services and funded activities across sectors and agencies within the broader system for children and young people's mental health and wellbeing, as well as to explore potential areas for more integrated approaches to service improvement and commissioning. This will help to:

- Reduce duplication
- Ensure gaps can be easily identified and be addressed
- Ensure the most effective interventions are delivered and appropriately targeted.

We have established an Organisational Development (OD) and Workforce Strategy Group as part of our sustainability and transformation planning (STP) governance which is made up of representatives of our STP partners. This group has developed a work programme with a focus on Culture, Capability and Capacity – and feeds into the Local Workforce Action Board (LWAB) and the Community Education Provider Networks (CEPN). Our work around Children and Young People's workforce development will feed into the existing governance for the Gloucestershire STP.

### 3. The Mental Health and Wellbeing Workforce

We have strong mental health and wellbeing partnerships in Gloucestershire. All agencies work closely with the main provider of our children and young people's mental health services, <sup>2</sup>gether NHS Foundation Trust (<sup>2</sup>gft) and its Children and Young People Service (CYPS), in a variety of forums to take forward improvement eg the Children's Emotional Wellbeing Partnership. These partnership arrangements support a whole systems approach to the emotional and mental health and wellbeing of children and young people, recognising that no single service, agency, or part of the system can operate successfully on its own.

Children and Young People's mental health is high on the agenda and a countywide collaboration to creating a multiagency approach has developed over the last five years. Full details of these projects can be found in the [Gloucestershire Future's In Mind](#) local transformation plan. Highlights from these workforce developments include:

- A **common multi-agency language for safeguarding** children and young people through the Gloucestershire Safeguarding Children's Board
- **Gloucestershire Healthy Living and Learning** (the local replacement for Healthy Schools – GHLL [www.ghll.org.uk](http://www.ghll.org.uk)) is an accreditation scheme freely available to *all* schools and colleges in Gloucestershire where a named GHLL Advisory Teacher is allocated to each setting
- GHLL also provides training and **workforce development resources and opportunities for schools and colleges** and the voluntary and community sector. These are both in house sessions, for example PinK – 'People In the Know' safe-guarding curriculum (which includes mental health and wellbeing), and also externally purchased such as Mental Health First Aid
- **Gloucestershire On-line Pupil Survey** which is the biggest health survey of children in the country. The last full survey in 2014 had more than 23,000 responses, and over the 10 years there have been over 90000 entries, providing eight years of epidemiologically sound longitudinal data from the majority of children in years 4,6,8,10,12/Further Education. The results from the surveys directly impact on workforce development and understanding gaps in provision
- We have increased the number of Primary Mental Health Workers (PMHW) and a formal partnership between <sup>2</sup>gether NHS Foundation Trust and Teens in Crisis (TiC+) has built **additional capacity to provide earlier intervention**
- PMHWs offer access to advice and guidance for practitioners working with children and young people through the CYPS Practitioner Advice Line The advice line gives advice and support to practitioners who work with children and young people on any mental health matter
- A dedicated **self-harm helpline** for people who self-harm or are thinking about self-harming, is an alternative way for young people to access support and advice

- Development of a **pre-school autism pathway** providing additional specified psychology assessments from a psychologist with extended knowledge and skills in this area
- Increasing knowledge and expertise around **learning disabilities and autism** – including staff training on the Autism Diagnostic Observation Schedule (ADOS) tool
- **Improving Access to Psychological Therapies – IAPT.** Gloucestershire has been part of Wave 1 IAPT having trained a wide number of staff within our mental health trust and spreading this training further amongst staff across universal and targeted services – 21 people have accessed trained in subjects such as evidenced based practice, supervision and leadership
- **Commissioning and/or providing grant funding to local voluntary organisations** including Teens in Crisis (TiC) and Winston’s Wish to support children and young people across Gloucestershire. TiC support young people with issues such as depression, anxiety, bereavement, bullying, anger, relationship problems, low self-esteem and self-harm, through both face-to-face and online counselling. Winston’s Wish provides specialist services to children and young people who have experienced bereavement.
- **Other new models of service design have introduced a more integrated approach**, whereby CYPS workers have become embedded in multi-disciplinary teams: e.g. the Turnaround for Children Service (TACS - for families with under-5s), where a team of social workers, health visitors, family mental health and adult substance misuse workers combine to help a family keep their young children out of care; the Gloucester Pods for testing a new integrated approach to families involved with social care; the embedding of mental health work with integrated teams in youth support (for youth offending, substance misuse treatment, liaison and diversion) outlined below; integrated delivery of Functional Family Therapy with youth support and social care; and finally, in the current exploration of a new model for safeguarding and supporting young people addressing the unique needs of adolescents
- The benefits from these developments in integrating mental health into children’s social care have been:
  - having psychological expertise present in the formulation of approaches to children and families, which is proving key to diverting children from care
  - swifter access to age-appropriate therapeutic interventions (for individuals and family), which helps children (re)build secure attachment at any stage on the pathway to permanence (return home, adoption, long-term stable placement, independence)
  - much better understanding of the mental health needs of children in care and of the support needs of carers and others across the system.

In addition:

- <sup>2</sup>gft have a dedicated recruitment website [www.2gethernhs.co.uk](http://www.2gethernhs.co.uk) to attract applicants from all backgrounds to join the organisation and are key members of the Gloucestershire Health Community attending joint public events to recruit staff members
- <sup>2</sup>gft have worked to achieve a number of accreditations and awards in relation to supporting their most valuable asset. These accreditations include:
  - Investors In People
  - Stonewall Diversity Champion
  - Mindful Employer
  - Disability Confident Employer
- <sup>2</sup>gft’s organisational vision has four main elements one of which is:
  - To be an employer of choice in a competitive employment environment.

## 4. Key Issues and Challenges

### 4.1 National

- HEE anticipates that 80% of staff currently providing mental health services will be providing those services in 2020
- National shortage of psychiatrists. Those that enter the profession tend to want to work around deaneries. Additional challenge for those areas without a deanery therefore. Work by HEE and the Royal College of Psychiatrists has led to steady increases in the number of doctors choosing psychiatry, however supply forecasts won't meet existing service gaps by 2020
- Retention and recruitment of GPs, health visitors and social workers
- Difficulty recruiting and retaining nurses – entry level is band 5. Staff progress and move on quickly. There is a national shortage of mental health nurses. Some of this is likely to be a reflection of the increasing variety of settings in which mental health care is delivered. Mental health nursing supply may meet nursing demand by 2020; however historic trend data shows that nurses are leaving the system at an accelerated rate (not through retirement), leading to a downward trend in staff in post. This issue may be compounded by the introduction of student fees for nurse training at university level
- Gaps in relation to child psychotherapy, clinical psychology and occupational therapy. Existing gaps in clinical psychology will not be met by 2020 according to HEE supply forecasts.

### 4.2 Local

- Rural and urban demography of county leading to high travel times for staff and access issues for children, young people and their families
- Meeting the needs of diverse populations especially in Gloucester City
- The time required for workforce development in schools, further and higher education, acute hospital, community services and specialist mental health services can impact negatively on the delivery of core service provision
- Medical staff make up the highest agency and locum costs
- Work life balance issues to attend national training with the IAPT regional collaborative and other training providers
- Retention of medical staff post training due to many trainees returning to Bristol.

As at 30<sup>th</sup> of November 2016, key highlights from the <sup>2</sup>gft Gloucestershire CYPS workforce profile data are:

- There are 98 people working in 85.26 wte posts
- The majority of staff within service are female (86.8%) – future aims should include attracting more male members of staff
- The percentage of staff from culturally diverse BAME backgrounds is higher than that of the local demographic
- There is a good balance of staff across all age groups
- Forward planning for recruiting to nursing roles will be required over the next 5 years due to the age profile of mental health nurses
- A third of CYPS staff will become of retirement age within the next 15 years
- Absence rates for the Gloucestershire CYPS staff are low (2.3%) in comparison to the <sup>2</sup>gft average (5.10%)
- As at November 2016, staff turnover based on a 12 month period stands at 9.61% with a 2.06% improvement in comparison to the same time last year.
- Agency staff are not used to fill positions – with the exception of medical staff.

Detailed workforce profile information for <sup>2</sup>gft CYPS including age, gender, retirement profiles, headcount, WTE, ethnicity, absence, turnover, vacancy turnover and roles can be found in appendix one.

## 4.3 Stakeholder Feedback

Throughout our engagement across different partnership forums, the following issues have been identified as key priorities:

- Mental health is everybody's business. Ensuring all staff working in all schools have basic knowledge and an understanding of mental health
- The development of staff and volunteers from VCS organisations including, schools, faith groups, scouting organisations and youth support groups to develop emotional resilience within children and young people in community settings outside of the education environment
- Supporting the development of listening services to allow children and young people to express their opinions, feelings and views at an earlier stage when they are initially experiencing difficulties
- Continue to increase opportunities for multi-agency working to meet for the whole needs of children and families.
- Support and accreditation for young people to work with other young people – peer support
- Development of a common referral pathway to include all services and organisations including the VCS.

## 5. Future workforce development proposals

In line with the national HEE workforce strategy<sup>1</sup> for children and young people's mental health, the key workforce developments for countywide partnership projects for children and young people's mental health are defined through 'Five Pillars' of workforce development:

- Increasing Productivity
- Increasing Attractiveness and Reducing Attrition
- New Staff
- New Roles
- New Skills

The five pillars describe the means as to how the workforce gap can be closed and national ambitions for change realised. The priorities and actions will need good levels of collaboration across the whole system both locally and nationally.

Workforce development for all providers within the county is underpinned by the 'One Gloucestershire' Sustainability and Transformation Planning in Gloucestershire. <sup>2</sup>gft CYPS have committed to providing annual workforce information in a report format to the CCG which will include actions to target workforce profile areas where change may be beneficial.

### 5.1 Increasing Productivity

This pillar is defined to support the effective utilisation of staff, including enabling staff to operate at the top of their competencies and utilisation of support/assistant workforce roles; greater clinical capacity and better utilisation of community resources. This may be addressed through investment in technology such as early awareness and sign-posting, as well as self-care and digitally delivered therapies, as well as through systems of management and supervision and relationships with third sector organisations. Place based planning may support further rationalisation of care between organisations, opening up opportunities for staff to move to areas of expansion between organisations.

<sup>1</sup> <http://www.rcpsych.ac.uk/pdf/DRAFT-HEE-MH-Workforce-Strategy-V1.1.pdf>

## To strengthen this pillar we will

- Implement the **use of IT technologies** including voice recognition and 'speak to write' software for medical staff within <sup>2</sup>gft's services including CYPS to enable interactive working, increase efficiencies and reduce time spent on administration. Roll out options for staff to undertake **flexible working** using mobile devices and tablets
- Work with partners in education to offer staff working in unqualified positions career progression through apprenticeships and other staged approaches. We are currently part of the 'Fast Follower' initiative to implement Nurse Associate Practitioners
- Routinely offer **additional contract hours and overtime** for staff within <sup>2</sup>gft's CYPS specialist services
- **Develop webpages for practitioners** Following on from the success of the public facing website for emotional wellbeing [www.onyourmindglos.nhs.uk](http://www.onyourmindglos.nhs.uk) co-produced with young people, webpages are being developed for school based staff to be put on the Gloucestershire Healthy Learning and Living website and on the CCG G-care IT platform for GP's. This will provide:-
  - Staff with advice about emotional wellbeing issues
  - Good practice examples can be implemented in schools to improve emotional wellbeing
  - Links to sources of support including a streamlined training matrix and access to all other training opportunities available in the county
- Continue to operate the **telephone advice line for practitioners** working with children and young people
- Complete the pilot **online access to counselling support for children and young people** through Teens In Crisis (TiC). This has increased the capacity of professionals available to work with young people at an earlier stage and allows flexibility in service delivery
- Continue to support the **wellbeing of teachers** through the services provided by Gloucestershire Healthy Living and Learning (GHLL), including roll out of the Mental Health Champions Awards for Schools, this embraces a focus on staff well-being
- Ensure we use local and national best practice and embed any learning within our teams which may contribute to increased efficiency and outcomes
- Work alongside our adult mental health colleagues to ensure family orientated delivery of services and widen skills within these teams to meet the needs of young people in crisis

## 5.2 Increasing Attractiveness and Reducing Attrition

This is defined as increasing the attractiveness of careers in children and young people's mental health as well as reducing attrition from training and the existing workforce. We need to encourage new people into working in children's mental health as well as making sure our existing workforce feel supported and are able to achieve their career aspirations.

## To strengthen this pillar we will

- Continue to operate a clear policy of **career progression and development** to ensure staff remain within the mental health service and enjoy a varied and rewarding career
- **Continue to deliver a modular programme** to increase the skills and knowledge of staff within CYPS. All newly qualified staff and those recruited from other disciplines complete this series of internal training sessions. This enables staff to be recruited from a wider pool

- Work with local NHS organisations in the Gloucestershire Health Community, attracting local individuals into **healthcare roles and careers** at events taking place across the county.
- **Continue to work with HEE** to develop new roles to contribute to the changing skill mix required to meet supply demands, including nursing associates and physician associate roles
- Continue to learn from and be part of the national RePAIR programme commissioned by HEE to identify any key learning and support for student nurses and newly qualified nurses across all specialties, including mental health.

## 5.4 New Staff

New staff completing training over the course of the next five years are expected to make an extremely important contribution to developing the workforce needed. These staff need to be available to take up employment in addition to new starters into support and assistant practitioner roles.

### To strengthen this pillar we will

- Continue to provide an internal **training programme for core competencies** as described in the 'Increasing Attractiveness' pillar so that newly qualified staff are supported into specialist mental health services
- Work with HEE and local university providers to develop new routes into **nursing through apprenticeships**
- Encouraging providers to undertake **human resource and workforce planning** to be strategically prepared for changes
- Exploring **nationally available funding for training and development** to ensure staff are able to meet changing needs by accessing practitioner support.

## 5.5 New Roles

This pillar attests that despite the potential impact of increasing productivity, reducing attrition and employing new staff, it is unlikely that this will enable service providers to close the sizable workforce gap. New roles will be required which support an expansion of the available workforce in real terms. The new roles proposed shall include ones that have been developed recently as well as roles that have been available for some time but have been historically underutilised in mental health, namely nursing associates and physicians' associates.

### To strengthen new roles we will

- Scope the **training of nurse prescribers** to make the most of the skills in the workforce
- **Pilot new roles**, for example <sup>2</sup>gft have tested the concept of a Health Care Assistant role working within children's mental health services which is now moving to roll out within the service

- **Develop competencies and training** for the adult mental health service Mental Health Acute Response and Liaison Service to enable an all age response to young people and adults who present in crisis in the community or the hospital Emergency Department
- Develop support to meet the mental health needs of **young unaccompanied asylum seekers and refugees** based in Gloucestershire
- Develop a Dialectic Behaviour Therapy **DBT model of intervention** via a clinic structure to ensure children and young people with emotional dysregulation access evidenced based (NICE recommended) intervention
- Undertake a countywide review of **infant mental health** interventions to ensure that the pathway is aligned when further training and skills have been gained in the wider workforce
- Following the success of the **Schools and Mental Health Pilot funded through DFE/NHSE** we will roll out this model of earlier intervention to the rest of the county using a phased approach

This way of working aims to:

- ⊖ Join up mental health services and schools to promote early identification of need and ensure pupils get the right support.
  - ⊖ Support schools in further developing awareness and knowledge of good mental health and building resilience of staff and pupils
  - ⊖ Provide skills and knowledge to schools so that they can support pupils with schools staff
  - ⊖ Allow for additional primary mental health workers are available for schools to access support on a routine and regular basis
- Developing proposals for a new **Intensive Recovery and Intervention Service (IRIS)** for children and young people in Gloucestershire with complex multiple needs who are at risk of or who have been in high cost, sometimes distant placements, whether this is due to a mental health or social care related reason. A workforce plan will be developed if this initiative proceeds that will ensure that staff in these new roles will enable better opportunities to respond to the needs of complex and vulnerable young people, and contribute to cost efficiencies within the system. This multi-disciplinary approach, based on national best practice, will enable better deployment of staff.

## 5.6 New Skills

This is defined as the development of new skills into the workforce that will support individuals moving into new roles or the accommodation of existing roles such as qualified social workers or psychological therapists within multidisciplinary teams. New skills may include the up skilling of staff to deliver psychological therapies, leading to extending capacity to delivery NICE concordat care. It may also include the development of staff with other clinical skills such as non-medical prescribing and in leadership that will expand capacity for clinical leadership and management. New skills also include supporting team development or individual professional development that does not necessarily require post-graduate qualifications. This will entail utilising existing training resources, such as e-learning, and where available, innovations such as simulation training. In order to support the development of new skills, training will need to be available and funding identified, employees will need to be available to training and then use the skills on qualification.

### To strengthen new skills we will

- Continue to engage with local organisations and promote the **Improving Access to Psychological Therapies** children and young people's training programmes through partnership forums. The promotion of these opportunities is encouraging future human resource planning across organisations in Gloucestershire to improve local staff capability and increase capacity of staff on the ground

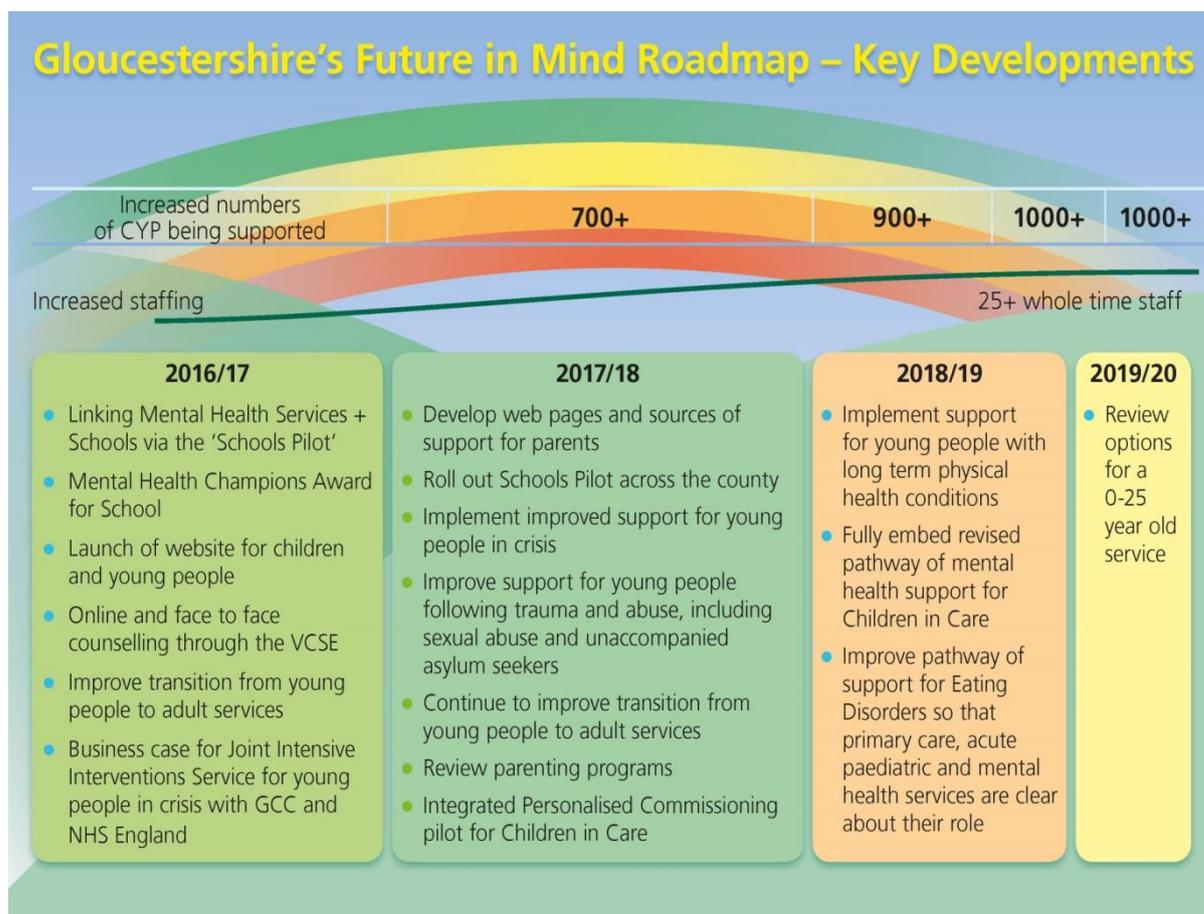
- Continue to provide supervision to the wider Gloucestershire voluntary and community sector for the **Improving Access to Psychological Therapies** training courses delivered through the regional Collaborative at the Charlie Waller Institute in Reading
- Continue the offer of **training, consultation and doing joint work** with practitioners across the county via mental health workers
- Continue with our countywide development of **mandatory mental health training for staff in schools and in other universal or 'non-mental health-specialist' services**. We believe that mental health is 'everybody's business' and as such the workforce who are not 'specialists' in this area should nevertheless have a consistent level of knowledge and competence in mental health. This will make the workforce as a whole better able to identify need, provide support, and in turn be more resilient in the process, thereby reducing the demand for specialist services. We are now progressing this with a stakeholder group representing all agencies
- Continue to implement a countywide approach to **Transitions**, for the acute and community providers (as well as mental health services) through a quality improvement measure CQUIN. Successful provider based events have increased staff awareness about transition for young people and how best to support them. Staff have conducted case reviews, attended best practice visits and conferences and completed e-learning modules about transition
- Develop an in-county sustainable network model to support **Video Interaction Guidance** for use by Health Visitors, staff in social care settings and children and families centres to promote communication and attunement between parents, carers, practitioners and children
- Develop a co-ordinated response to **Harmful Sexualised Behaviour** including a countywide strategic pathway and multiagency training for staff, including restorative approaches to meeting needs building on existing developments
- Provide a wide variety of **advice, guidance and training** which includes but is not limited to:
  - Guidance for all schools to consider **BACP recommendations and standards** for the employment of school counsellors
  - Working in partnership with the Maternal Mental Health Alliance as part of the **Mums and Babies in Mind (MABIM)** project to skill up local leaders to promote change and service development across the county
  - **CBT training** pilot and supervision programme on perinatal mental health for health visitors and the voluntary and community sector via a CQUIN
  - Train the majority of Health Visitors **Newborn Behavioural Observations** to support the parents infant relationship
  - Providing **training for school teachers and sports coaches** about mental health, the links between improving mental health through physical exercise and encouraging physical activity in those who may have mental health issues
  - Provide training for staff across specialist mental health services and youth justice in **Dialectic Behaviour Therapy (DBT)** to support young people in or on the edge of the youth justice system with dysregulated behaviour
  - Participating in the children and young people mental health & wellbeing **national commissioning development programme**.
  - Enabling all partners within the One Gloucestershire footprint area to attend **Quality, Service Improvement and Redesign (QSIR) Fundamentals and Practitioner courses** for Sustainability and Transformation Planning delivered through the Advancing Change & Transformation (ACT) Academy
  - **Promoting training opportunities** for children and young people's mental health professional development through Gloucestershire providers across various partnership forums.
  - An embedded approach to **sharing safeguarding information** issues including best practice and learning from serious case reviews.

## 6. Increasing capacity to meet the requirements for service transformation

A multi-agency partnership approach in Gloucestershire between the Clinical Commissioning Group and the local authority at Gloucestershire County Council allows joint working and a co-ordinated approach towards developing the local children and young people's workforce. Locally we will continue to work together and are communicating with the HEE through attendance at national events and regional conferences to deliver our local transformation plan.

The national commitment to enable 70,000 additional children and young people to be seen by mental health services nationally by 2020 translates into approximately 700 additional children to be supported in Gloucestershire. Our ambitious plans exceed supporting 700 more children and young people in Gloucestershire with mental health difficulties.

The Gloucestershire Future in Mind Roadmap highlights local key developments which will contribute to the additional staff within services.



The additional staff contributing to the skills mix required for an additional 1000 children and young people's mental health in the county have been resourced through:

- 8 additional FTE staff as part of the Intensive Recovery and Intervention Service (IRIS).
- 10 additional FTE posts for primary mental health workers through the roll out of the schools pilot
- 2 additional FTE posts within <sup>2</sup>gft's CYPS team to support towards reduction of waiting list times
- 1 additional FTE post through the Youth Support Service
- Funding for 4 additional FTE posts through grant funding arrangements with the voluntary and community sector to provide face to face counselling support
- 4 additional FTE posts to enable better crisis support

A multi-agency approach in Gloucestershire has enabled us to work better together to support the staff caring for our children and young people. A co-ordinated approach to joint workforce development planning will enable us to meet the gaps that exist in allowing for children and young people to have the mental health needs identified, assessed and treated at an earlier stage. We understand that there is still much improvement to be made and will continually review workforce arrangements to allow our staff to be efficient and effective within their roles.

## Appendix One - 2gft CYPS staffing profiles and baseline information as at 30<sup>th</sup> November 2016

Organisation	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Nursing and Midwifery Registered	Grand Total
CYPS Teams	18.02	5.60	18.35	7.64	35.64	85.26

CYPS Medical Directorate	WTE
Total	10.33

CYPS Staff Groupings and Age Bands	25 years to 29 years	30 years to 34 years	35 years to 39 years	40 years to 44 years	45 years to 49 years	50 years to 54 years	55 years to 59 years	60 years to 64 years
Total	10.5	6.1	8	3.8	10.36	11.25	6	3.36

### 2gft Children and Young Peoples Service Ethnicity Profile - 20 December 2016

Ethnic Group	%	% Gloucestershire (March 2011)
A White - British	86.8	80.0
B White - Irish	1.5	1.0
C White - Any other White background	2.9	5.0
F Mixed - White & Asian	0.7	1.0
G Mixed - Any other mixed background	0.7	1.0
H Asian or Asian British - Indian	2.2	3.0
M Black or Black British - Caribbean	1.5	1.0
N Black or Black British - African	0.7	1.0
S Any Other Ethnic Group	0.7	1.0
Z Not Stated	2.2	6.0
<b>Grand Total</b>	<b>100.0</b>	

## Children and Young Peoples Service Gender Profile as at 20 December 2016

Gender	Headcount	%	FTE
Female	97	86.6	83.99
Male	15	13.4	13.6
<b>Grand Total</b>	<b>112</b>	<b>100</b>	<b>97.59</b>

## Children and Young Peoples Services in Gloucestershire Absence between 01 December 2015 and 30 November 2016

Absence % (FTE)
2.87%

Month	Absence % (FTE)
2015 / 12	2.87%
2016 / 01	2.89%
2016 / 02	3.15%
2016 / 03	3.99%
2016 / 04	3.17%
2016 / 05	3.12%
2016 / 06	1.75%
2016 / 07	2.84%
2016 / 08	2.47%
2016 / 09	3.95%
2016 / 10	2.01%
2016 / 11	2.30%

## Children and Young Peoples Service in Gloucestershire staff movements between 01 December 2015 and 30 November 2016

	2015 / 12	2016 / 11
Headcount	98	110
FTE	82.76	95.59
Leavers Headcount	2	0
Leavers FTE	1.87	0.00
Starters Headcount	0	1
Starters FTE		0.60
Maternity	1	3
Turnover Rate (Headcount)	2.04%	0.00%
Turnover Rate (FTE)	2.26%	
Leavers (12m)	13	10
Turnover Rate (12m)	12.84%	9.69%
Leavers FTE (12m)	9.83	8.47
Turnover Rate FTE (12m)	11.57%	9.51%

## Appendix Two – Summary information on School Nursing service provided through Gloucestershire Care Services

The school nursing service is currently provided through Gloucestershire Care Services, commissioned by Gloucestershire County Council. During 2017 we are undertaking a re-modelling of the public health nursing service which will take effect from April 2018 onwards.

Amongst other things, this will result in a focussing of the workforce against 3 main ages and stages of childhood and adolescence as follows: pre-birth to 3; 4 to 11; 12 to 18+.

The aim is to be able to design and deliver differentiated support to children (and families) during these different stages of their development from a workforce which has the specific skills and knowledge to do so effectively.

Summary information on the current structure is below:

<b>Band</b>	<b>Funded FTE</b>	<b>In-post FTE at August 2016</b>
Nurse band 7	3.6	3.6
Nurse band 6	9.28	10.52
Nurse band 5	22.77	22.09
Nurse band 4	1.36	1.36
Nurse band 3	7.63	6.16
Nurse band 2	0	1.01