

# Outline Workforce Strategy for Sussex

Children and Young People's  
Emotional Wellbeing and Mental Health

2018-2021 and beyond  
06.06.18

# Executive Summary

The development of a workforce strategy for children and young peoples' mental health (CYP EWMH) is being taken forward at a time when the focus in this area has never been stronger. The strategy will support local plans for transforming services for CYP EWMH in Sussex, as well as addressing one of the key requirements set out in *Future in Mind*<sup>1</sup> and the *Five Year Forward View*<sup>2</sup> - to identify and deliver actions to ensure that by 2021 we have moved closer to developing a workforce with right number of people with the and right skills deployed in the right place.

However, with access to a limited pool of health and social care staff has proved challenging and this, together with budgetary constraints, rising demand and a shift in focus to prevention and early intervention, the challenge will be to find new and innovative solutions to ensure our CYP are supported and treated in a timely way. We need to develop a deeper understanding of the skills, competencies and behaviours of the current and future workforce and to identify how we can bridge the gaps through recruitment, training, the development of new roles and working collaboratively across the wide provider network including statutory, private, voluntary and third sectors.

This is not a strategy that can be developed in isolation by any of the parties alone; commissioners, providers and key partners across the South East are working together to develop a consistent approach, that is sensitive enough to identify and capture local variation and needs, to

underpin the development of a sustainable, whole system workforce. Working with software engineers, a bespoke modelling tool, codesigned by local champions, will be used to capture data about existing skills and competencies and identify where effort and resources need to be targeted to address gaps that emerge.

The full strategy to be developed later this year will describe:

- a clear and shared understanding of the current and future workforce requirements to 2021 across the system, in terms of number, skill mix, competencies, roles and location and training needs.
- a clear, prioritised and agreed system wide implementation plan with innovative, affordable and creative solutions with identified implementation leads, timescales and deadlines.

As a starting point, this outline strategy sets out:

The national , regional and STP direction for CYP EWMH services, the challenges facing the workforce, plans and actions being taken		
Sussex Providers workforce challenges, plans and actions		
For each of West Sussex, East Sussex and Brighton and Hove:		
The local picture of CYP EWMH needs	The local NHS and LA commissioned services	The local workforce challenges and local actions underway
Next steps to develop the Workforce Strategy further		

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# Vision and ambitions in the South East

The developing vision and ambitions for the CYP EWMH workforce in the South East are:

The wide network of organisations, involved in supporting children and young people with their emotional wellbeing and mental health, has a competent, skilled and respected workforce. The workforce delivers high quality evidenced care, in partnership with children, young people and their families and through close collaboration across organisational and professional boundaries.

To deliver this vision we need a workforce that<sup>3</sup>:

1. Is capable and competent to deliver evidence-based, person centred services across the whole pathway;
2. Embodies the values of care and compassion, dignity and respect, openness, honesty and responsibility in everything they do;
3. Is motivated, confident, compassionate and respected;
4. Reflects the values, behaviours, diversity and character of our local community;
5. Has the right number of people with the right skills in the right place;
6. Supports CYP and their families and carers, to access greater levels of self-help enabled through technology, and help in better managing choices, risk and responsibility;
7. Works in new ways and has the flexibility, skills and expertise to respond to CYP needs regardless of organisational boundary and setting;
8. Is supported and encouraged to access education, training and other learning opportunities;
9. Is encouraged to and takes advantage of opportunities provided by technology and innovation;
10. Is well led with effective leadership which drives partnership working, integrated care, engages and empowers workforce and supports people to thrive throughout their career; and
11. Works in a mentally healthy work place, where strong morale and good wellbeing is encouraged and evident;

# Introduction and background

This is a Sussex-wide Outline Workforce Strategy for services for children and young people's emotional wellbeing and mental health (CYP EWMH). Over the next twelve months this Outline Strategy will be developed further following the completion and analysis of a workforce audit and the agreement of an implementation plan.

This outline strategy supports the delivery of the:

- three Local Transformation Plans (LTPs) for CYP EWMH services in West Sussex<sup>4</sup>, East Sussex<sup>5</sup> and Brighton and Hove<sup>6</sup> and their priorities of improving access, improving quality, reducing admissions and increasing early intervention;
- The Surrey Heartlands STP, Sussex and East Surrey Sustainability Transformation Partnership's (STP) aims to expand access to locally provided, high-quality CYP EWMH care<sup>7</sup>. As CYP EWMH services are commissioned on a Local Authority (LA) basis, East Surrey CCG is included in the Surrey Outline Workforce Strategy.

Workforce planning is particularly complex in CYP EWMH services as providing care; statutory, community, voluntary, and private sector organisations provide a full range of services from prevention and early identification to specialist and crisis support and transition to adult services. They operate from a variety of settings including primary

care, early years settings, health centres, schools, colleges, youth centres, youth justice settings, hospitals and family homes.

**Phase one (2018/19)** - the scope of the workforce review will focus specifically on services commissioned by Health or jointly by Health and Social Care to provide a EWMH intervention to CYP aged 0-24. This will include anyone working in one of these services, with a clinical or non-clinical role in supporting CYP to improve their outcomes.

**Phase two (2019/20)** - will extend to the workforce in services currently out of scope such as, inpatient services, forensic services, schools, families and communities. The scope of phase two will be fully defined and agreed further to the learning and feedback from phase one.

During each phase, an audit will be conducted across service teams from each of the services within scope, to provide a more detailed understanding of the numbers, skills, roles and competencies within the current workforce and this will be reviewed against the prevalence and demand. (See Appendix 1)

The findings from phase one audit will be used to inform the creation of potential solutions and an agreed, prioritised and affordable action plan to be incorporated with the Full Strategy in March 2019.

# Emotional wellbeing and mental health needs

The future life chances of children and young people are heavily affected by their wellbeing and mental health. Most mental illness has its origins in childhood and mental illness in childhood is a risk factor for adult mental illness.

Half of all mental disorders first emerge before the age of 14 years, and three quarters by the age of 25 years.<sup>8</sup>

Mental health conditions are often accompanied by complex social issues such as poverty, bereavement, domestic violence, parental mental health disorders or substance misuse, homelessness, looked after children and other risk factors such as special education needs, age and gender.

One in ten 5 to 15 year olds have a mental health disorder according to the last nationwide survey of children's mental health in 2004<sup>9</sup>. That is nearly 20,000 CYP in Sussex. There are indications that prevalence has increased since then, which suggests that 10% is an under estimate. The results of a new survey with updated prevalence estimates is due to be published in Autumn 2018. The revised estimates will be used to provide a more accurate estimate of future demand for CYP EWMH services and will inform the development of this strategy.

The future workforce needs to be able to respond to this complexity and feel confident to promote good mental health and wellbeing, identify problems early and manage escalation and crisis.

*Future in Mind*<sup>1</sup> identifies a consistency in the views that CYP have of the qualities and behaviour they would like to see in the workforce. These are summarised below:

A workforce which is equipped with the skills, training and experience to best support children and young people's emotional and mental wellbeing.	Behaviour that is characterised by fairness, and a willingness to listen to, trust and believe in the child or young person.	Everybody should work from a basis of asking and listening, being prepared to be helpful in creating understanding among other members of the workforce.
Staff who are positive, have a young outlook, are relaxed, open-minded, unprejudiced, and trustworthy.	Their processes should be transparent, honest, and open to being both inspected and clearly explained.	Visible actions should result from such scrutiny, enabling children to voice their opinions.
The workforce should provide real choice of interventions supported by enough resources to follow through, whilst remaining honest and realistic.	A workforce with the right mix of skills, competencies and experience	Sustain a culture of continuous evidence-based service improvement delivered by a workforce with the right mix of skills, competencies and experience

# National policy and guidance

It is our aim that everyone who works with children, young people and their families is ambitious for every child and young person to achieve goals that are meaningful and achievable for them. They should be excellent in their practice and able to deliver the best evidenced care, committed to partnership and integrated working with children, young people, families and their fellow professionals and be respected and valued as professionals themselves.”(Future in Mind, 2015<sup>1</sup>)

A number of national policies, reports and guidance will influence how the workforce strategy is shaped, both from a clinical and a workforce policy perspective. Some of the key policies are:

Five-year forward view for mental health, February 2016 <sup>2</sup>		Children and young people’s mental health: time to deliver, November 2016 <sup>10</sup>
Transforming Children and Young People’s Mental Health Provision: A Green Paper, December 2017 <sup>11</sup>	Future in Mind, March 2015 <sup>1</sup>	
		Stepping forward to 2020/21: The mental health workforce plan for England, July 2017 <sup>12</sup>

Together these documents build a picture of the national direction of travel for CYP EWMH services and those who deliver them.

They require providers and commissioners to reframe the way they define services and the workforce to:

- move towards a system built around the needs of CYP and their families and away from a system defined in terms of the services organisations provide (the ‘tiered’ model)
- move away from ‘traditional’ models of care to create new roles, provide training transcending professional boundaries and create flexible career pathways;
- define our workforce through the eye of the patient (the skills, values and behaviours a person needs to help them reach and maintain wellness) rather than through the numbers of registered professions;
- build a workforce that is representative of the community it serves.
- prioritise staff wellbeing and flexible working; and
- Develop an effective local system of care with a range of providers offering diverse and flexible services harnessing the strength of the wider network of voluntary and community organisations, as well as schools e.g. Mental Health Teams and trained MH leads.

# National workforce challenges

Workforce challenges nationally are set against a backdrop of increasing demand, due to a range of factors including improved awareness of CYP EWMH issues, societal changes such as growth in social media, changing educational policy, and the reduction in formal and informal roles, e.g. youth workers are able to offer early pastoral and preventative support.

Some of the internal and external challenges and influencing factors faced by the network of CYP EWMH providers are shown here and on the following page:

## Austerity

Impact - The impact of austerity on the MH system is not fully confirmed, however, since 2007 there has been a significant reduction in the formal and informal workforce and their capacity to support CYP EWMH. For example - reduced investment in programmes such as Sure Start, Children's Fund and Connexions as directly impacting the resilience within the system of support for children.<sup>13</sup>

## Changing provider landscape

Schools – there is an increasing role for schools in raising awareness, building resilience, early identification and signposting as set out in the Green Paper<sup>11</sup>.

Collaboration - the public sector is issuing fewer large contracts, for charities, this will make it increasingly impossible to secure funding from public bodies unless they are working in consortia or supply chains of larger organisations.<sup>14</sup>

Culture Change - embracing the non-NHS workforce and the value they bring.

## Brexit

International recruitment - NHS and the social care system are heavily reliant on international recruitment, the current workforce implications of the UK leaving the EU are unknown.<sup>15</sup> In the shorter term, changes to immigration policy could impact the ability of the system to recruit and retain staff. For example: around 5% of the UK's health workforce and a further 5% of the social care workforce are EU nationals, with higher proportions in London and the South East.<sup>16</sup>

## Technology

Technological changes - will have a profound impact on the job market and the nature of work over the next decade.<sup>14</sup> This will impact when, how and why CYP access services and the skills and competences needed within the workforce.



# National workforce challenges cont.

## Recruitment and retention

NHS Psychiatry - lack of doctors choosing to train at a higher level, reliance on non-UK and non-consultant grade doctors and not choosing to be substantively employed by the NHS.<sup>12</sup>

Third sector - most common barriers to recruitment are: salary, applicants' lack of skills, few or no applicants, applicants' lack of experience and insufficient funds to advertise widely<sup>17</sup>

Third sector - Salaries are less than those in the public sector.<sup>18</sup>

All providers are competing for the same, limited pool of staff<sup>15</sup>

MH nurses - fall in growth of MH nursing posts- fewer MH nurses employed each year -4% each year compared to +2% in adult nursing.<sup>12</sup>

Third sector – reliance on staff loyalty and commitment without which they would be unable to continue.<sup>14</sup>

## Turnover and attrition

NHS Trusts - the number of people leaving MH Trusts has risen from 10.5% in 2012/13 to 13.6% in 2015/16 (compared to 8.6% in secondary physical care) meaning that the NHS loses more than 10,000 mental health staff each year (adult and CYP)<sup>12</sup>.

Third sector - higher staff turnover in voluntary sector than public sector<sup>19</sup>

## Temporary and short-term contracts

Third sector - has a higher percentage of temporary or short-term contracts than public and private sector organisations<sup>20</sup>.

Local Authorities - the number of staff directly employed by councils is likely to decline.<sup>21</sup>

## Training

NHS - lengthy training programmes - 14-15 year lead time to train consultants and a 7-8 year lead time to train a MH nurse.<sup>12</sup>

NHS - changes in training nurses from bursary to tuition fees

Third sector – primary causes of skills gaps: lack of 1) funding for training and development (61%), 2) time available for employees to attend training (58%) and 3) lack of local training (21%).<sup>17</sup>

Third sector - Smaller charities would benefit from better succession planning and training opportunities.<sup>14</sup>

## Vacancy rates

NHS CYP psychiatry - consultant vacancy rate has almost doubled (6.2% in 2013 to 12.0% in 2017).<sup>22</sup>

MH Trusts - 9.6% vacancy rate in CYP services, largely filled by bank and agency staff (2016).<sup>12</sup>

Third sector - top 15 most challenging vacancies to fill includes youth workers and social carers (4/15) and advice workers/ counsellors (15/15)<sup>17</sup>

## Workforce Wellbeing

Third sector: staff are particularly susceptible to burnout because of the combination of scarce resources, high needs clients and expectations of sacrificial behaviour. Staff should be encouraged to prioritise their wellbeing.<sup>14</sup>

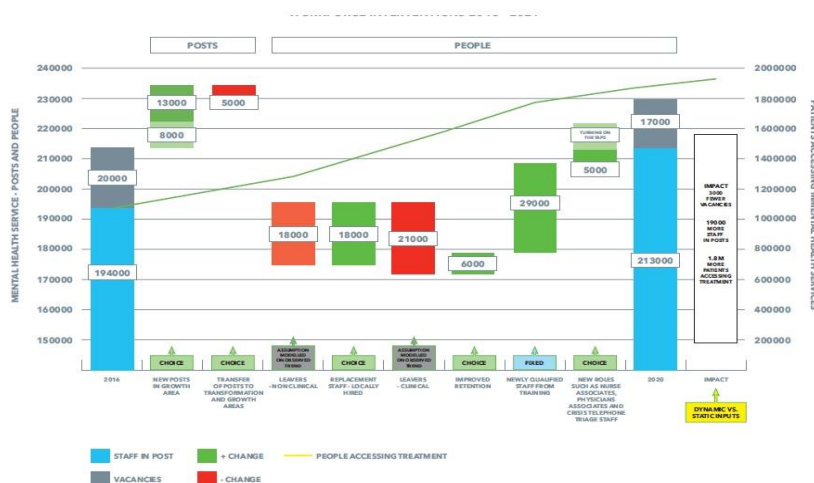
NHS - Poor mental health is estimated to account for more than a quarter of staff sickness absence in the NHS.<sup>23</sup>

# National actions driven by HEE

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Stepping Forward, 2017<sup>12</sup> summarises the actions being taken by Health Education England (HEE) and national partners to deliver the five-year forward for mental health. It sets out the need for 21,000 additional staff (medical, nursing, AHP and non-clinical) by 2021. Of these 4,400 are for CYP (200 medical, 1,200 nursing, 700 AHP, 2,200 support to clinical staff and 200 admin and infrastructure staff).

Growth and transformation for mental health services to 2021

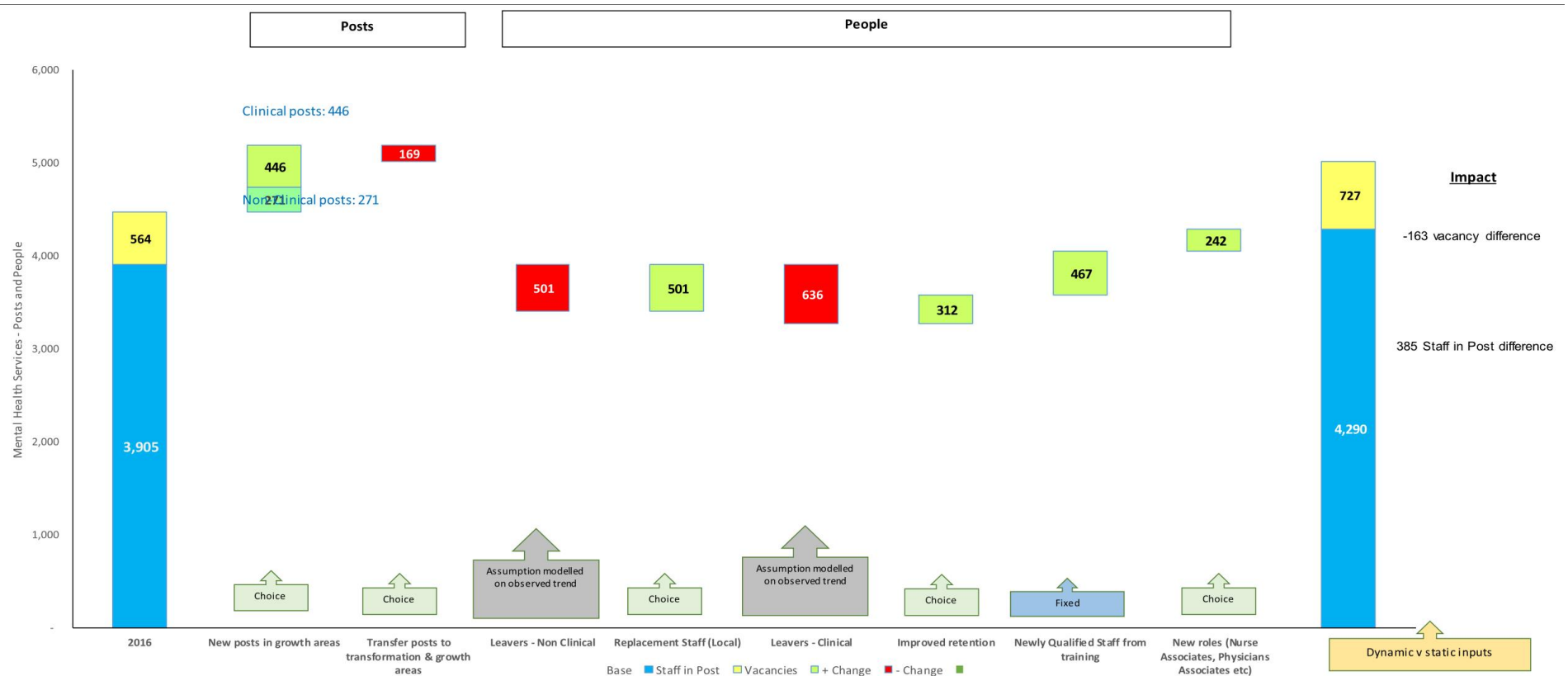


The waterfall diagram above summarises the starting and end points, variables and levers that need to be influenced: vacancy assumptions, leavers, transfers, new posts, improved retention and newly qualified staff etc. Key actions that HEE are leading on are described opposite.

	Key actions identified	Lead Organisations
1	Producing Good Mental Health (e.g. Mental Health promotion and prevention training, Making every contact count MECC)	Health Education England (HEE); Public Health England (PHE)
2	Identifying and responding as soon as possible to mental and physical health issues (e.g. Encourage post qualification year in psychiatry for GPs, MECC, raise awareness of MH)	HEE, Royal College of GPs (RcGPs), All mental health staff
3	Retaining and supporting our existing staff (e.g. dedicated workforce development budget, NHS accommodation, flexible approaches to retirement, Mental Health Officers)	HEE, NHS Employers (NHS Em.) Dept Health and Social Care
4	Employers supporting clinical staff to release more time for those who access mental health services. (e.g. release consultant time to develop and spread solutions, pharmacists working alongside consultants, physician's associates, senior nurses at top of licence)	NHS England (NHS E), NHS I, HEE, Royal College of Psychiatrist (RCPsych), NHS Em.
5	Encouraging qualified staff to return to practice in the NHS (e.g. Return to Practice campaign for psychiatrists and MH nurses, support for other staff)	HEE, NHS I, NHS Em., RCPsych
6	International recruitment to help fill short-term gaps (e.g. source skilled workers, ensure psychiatry has share of the Medical Training Initiative)	NHS E, HEE, RCPsych
7	New skills, roles and ways of working (e.g. Creation of leadership training courses, expansion of new: advanced practitioners, consultant nurses/ AHPs, physician/ nursing associates, and early intervention workers.)	HEE
8	Expanding the talent pool of future staff (e.g. Medical school entry requirements, mental health priority reflected in the UK Medical Licensing Assessment, development needs of Specialty and Associated Specialty doctors)	HEE, General Medical Council (GMC)
9	Attracting people to work in mental health (E.g. national / local recruitment campaigns, develop and publish a clear career pathway)	RCs, Trainees, MH Charities, HEE
10	Increasing the number of applicants for clinical training courses (e.g. increase the exposure to psychiatry during training, two-week taster in psychiatry during Foundation Programme, explore bursaries)	HEE, RCPsych
11	Supporting and retaining our trainees (e.g. develop 'run through' training for Child and Adolescent Psychiatry, reduce attrition rates from training programmes, Accelerated Return to Training programme)	HEE, RCPsych, NHS Em.
12	Better intelligence about the mental health workforce (e.g. access to workforce data from non-NHS sectors)	HEE, NHS DIGITAL (NHSD), ALBs
13	Compendium of Best Practice (e.g. compendium to support employers and teams to achieve workforce transformation and growth, robust local workforce plans)	HEE
14	Robust local workforce plans to grow and transform the Mental Health workforce, aligned with finance and service plans (Each STP senior leader, HEE's Local Workforce Action Boards (LWABs) lead on workforce, workforce plans as part of STP finance and service submissions)	STP, HEE, LWAB, ALBs

# Workforce plans in Sussex

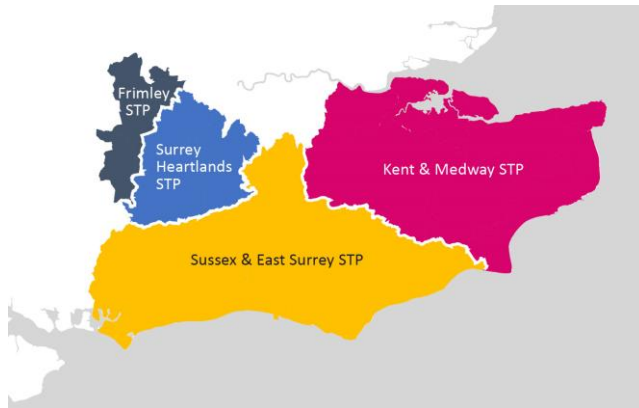
The national commitment to increase the mental health workforce by 21,000 previously mentioned, will support improving access to services at an earlier stage; nationally by 2021, at least 70,000 additional CYP annually will receive evidence-based treatment with a greater focus on prevention and emotional wellbeing. This represents an increase in access to NHS-funded CYP EWMH services to meet the needs of at least 35% of those with diagnosable MH conditions. Of the 21,000 additional national posts, 4,400 will be for CYP EWMH.<sup>12</sup> Analysis by HEE on a Sussex and East Surrey STP basis is on-going, to identify their share of the 4,400 in terms of numbers and roles. Latest analysis identifies the need for 534 additional clinical and non-clinical MH posts of which 158 would be for CYP services. Further detail is available on the following waterfall diagrams and from HEE directly.



# Workforce actions in the South East

The workforce challenges across the South East mirror the national picture. Various organisations are involved in supporting the expansion of the workforce

including Health Education England (HEE), Local Workforce Action Groups (LWABs), Skills for Health and Skills for Care. Projects underway include:



CYP IAPT	Clever together	Staff surveys
Communities of practice	Recruit to train	WRAPT workforce tool
Childrens' wellbeing practitioners	Bands 1-4	Clinical skills hub
Apprenticeships	Workforce planning	Many others

**New Roles** - HEE is offering 100% financial contribution to salary and training costs in the first year of employment for the new roles of *Children's wellbeing practitioners (CWP)*. CWPS will deliver guided self

management – a low intensity mental health intervention (not therapy) Together with Skills for Care, HEE is investigating the creation of new roles in *Bands 1-4*, which could help transform the CYP workforce including: care navigator, graduate support worker, STR worker, link worker.

**New Funded Training Routes** - HEE and the LWABs are commissioning a new training route, *Recruit to Train*, in partnership with the London and the South East CYP IAPT Learning Collaborative.

**Retention and recruitment** - *Clever Together* crowd sourcing campaign has been completed. There has been high engagement from the SES area in an online survey helping to understand and tackle the staff retention challenges

**CYP IAPT** - The CYP IAPT Programme<sup>24</sup> seeks to embed a set of principles, values and practices within the existing workforce to improve their capabilities to manage workload and achieve good outcomes. A range of courses delivered by CYP IAPT are offered and *Communities of practice* have been held focussing on mental health in schools, engaging CYP in service delivery, workforce and reflective supervision.

**Other initiatives** - Piloted the use of the WRAPT workforce tool, clinical skills hub, mental health workforce plan predictions, SES STP apprenticeship forum and SES STP collaborative bank project.

# Sussex and East Surrey STP priorities and actions

Surrey and East Sussex (SES) STP encompasses 2 mental health trusts, 8 CCGs, 4 Local Authorities, 215 GP surgeries and 4 places.

The strategy for Sussex includes West Sussex, East Sussex and Brighton and Hove. Whilst the SES STP boundary includes East Surrey CCG, CYP EWMH services for East Surrey CCG are commissioned by Surrey and are therefore included in the Surrey strategy Brighton and Hove has developed a detailed workforce strategy – accessible [here](#). Further details on scope and key parameters of the strategy can be found in Appendix 2.

**STP Workforce Priorities** – The SES STP ‘workforce statement of intent’<sup>25</sup> identifies a number of key areas where work can be focussed (shown below) This includes supporting the development of a high level mental health workforce strategy across the STP in line with the requirements of the National Workforce Plan for Mental Health.

Temporary Staffing Collaborative	Attraction and Retention	Leadership and Talent	Streamlining Project
Apprenticeships and the Levy	Flexibilities within Agenda for Change		Reward and Recognition
Wellbeing	Shared Services/Collaboration across Organisational Boundaries		Organisational Development
Workforce Race Equality Scheme (WRES)	Education and Training	New Types of Role/Workers	Mental Health Workforce

**STP CYP EWMH priorities** - The Mental Health in Sussex and East Surrey: strategic framework and delivery roadmap, 2017<sup>26</sup>, sets out the ambition that, “*young people will have a positive future outlook and be able to cope with the challenges of adulthood.*” The aim is that more CYP will:

feel connected with people like themselves	have a positive outlook of their future
feel more able to cope with moving into adult life	improve their confidence and independence

**STP CYP EWMH workforce initiatives** - With a high proportion of mental illness starting in childhood, early intervention in and the promotion of good mental health is crucial to lowering the risk of mental illness taking hold and in reducing its impact when it does. This is recognised by the STP, which asks the three Integrated Care Systems to take lead responsibility for addressing both primary prevention, resilience and early identification and intervention for CYP EWMH. This will be supported by four workforce initiatives:

Skills for workforce resilience	Co-production, lived experience and peer working
Workforce planning	Quality improvement programme

# Provider challenges and actions

Sussex Partnership NHS Foundation Trust (SPFT), the main CAMHS provider across Sussex has identified five key drivers that need to be addressed in reshaping their workforce.<sup>27</sup>

<b>Stress</b> One of the main causes of sickness absence Can reduce the quality of the care and treatment	<b>Recruitment and retention</b> Difficulties in traditional roles across registered professional groups	
	<b>Increase capacity</b> To provide evidence-based interventions to deliver on treatment that we know works	<b>Competing priorities</b> Delivering effective interventions at the same time as refining and developing the care coordinator role
<b>Agency staffing</b> Significant cost and quality impact		

Within SPFT's priority change programmes are three workforce challenges: improving teams, staff wellbeing and new roles.

In common with the national picture, SPFT is facing challenges in recruiting trained staff across all professions (clinical psychology has seen a draw to the independent sector), is carrying vacancies and has an ageing workforce, including staff with MH officer status.

SPFT is looking at a range of initiatives including succession planning to create horizontal opportunities within a lean leadership structure, new psychology assistant and nursing associate roles and apprenticeships.

SPFT in partnership with local universities delivers vocational qualifications, foundation training and internship programmes.

Although there are some common themes, Third Sector organisations face different challenges in relation to their workforce, for example<sup>28</sup>:

**Recruitment and retention** – the voluntary sector generally offer lower wages and benefits than statutory organisations and so are looking at ways of making their jobs more attractive.

**Staff development** – regular mandatory training, CPD and internal training opportunities are provided, but voluntary organisations cannot easily absorb costs involved in further training (fees, travel etc). They are being creative in finding internal options for career development.

**Flexibility** – the workforce is often made up of part time workers or volunteers from as little as four hours per week. This may be appropriate in some settings, but in others, such as a community setting, the lack of a support structure (such as in a school) may mean that a workforce working longer hours and more days becomes more sustainable.

**Governance and structure** – as the voluntary sector work more closely with statutory organisations, they are introduced to more governed ways of working, which may be different to prevailing cultural norms and may require a different skill mix. This can lead to staff feeling stressed/leaving and needs careful attention when planning inter-organisational projects.

**Changing role of volunteers** – changing volunteer programs in response to the changing environment e.g. YMCA Downslink honorary counsellors.



# West Sussex – local needs<sup>4, 29</sup>

- There are approximately 190,000 CYP aged 0-19 in West Sussex (2016). The 0-19 population constitutes 22.4% of the total resident population in the county, a smaller proportion than the national average (23.7%).
- The 0-19 population is projected to grow over time, with the greatest change anticipated in the 10-14 age group.

Age Band	2016 MYE	Population projection (% change from 2014)			
		2021		2026	
0-4	47,740	47,320	(-1.4%)	47,830	(-0.3%)
5-9	50,590	50,800	(+6.4%)	51,050	(+6.9%)
10-14	45,780	52,770	(+18.2%)	53,040	(+18.8%)
15-19	45,230	45,180	(-1.7%)	51,870	(+12.8%)
20-24	39,590	37,510	(-6.6%)	37,230	(-7.3%)
Total 0-24	228,930	233,590	(+3.1%)	241,020	(+6.4%)

Note. % change shows the difference between the projected population size and the 2014 mid-year estimate. These are projections NOT forecasts. Counts may not sum due to rounding.

- The number of CYP (aged 0-19) from minority ethnic groups is below the national average (25.1%), accounting for 13.2% of CYP in the county. The largest minority ethnic group are from Asian/Asian British communities (4.5%). Crawley has the greatest proportion of CYP from minority ethnic groups (31.9%).
- West Sussex is one of the least deprived areas in the country, ranked 131st of 152 upper tier authorities (1 = most deprived). Of the West Sussex Districts and Boroughs, Adur is the most deprived, followed by Crawley, Arun and Worthing. Small areas within three wards in Arun fall within the 10% most deprived areas in England.

- In 2015, 10.9% of children aged under 16 were living in low-income families in West Sussex, a smaller proportion than England (16.8%). Child poverty varies across the county with the highest rate seen in Crawley (14.8%) and the lowest in Mid Sussex (6.9%).
- There is a lack of current and regular data on the prevalence of MH disorders among CYP. ONS conducted a national survey in 2004 to estimate the prevalence of MH conditions in children aged 5-16. In 2015, 8.4% of CYP aged 5-16 were estimated to have a MH condition in West Sussex (taking into account age, sex and socioeconomic classification), equating to around 9,500 children. There are indications that the prevalence of MH conditions among CYP has increased since 2004 and that this is an underestimate.
- The What About YOUth (WAY) survey (2014) examined health behaviours of 15 year olds in England. In West Sussex, 15 year olds responding to the survey had a lower mean score (46.8) on a mental wellbeing scale (WEMWBS) than the national average (47.6). In addition, 59% of 15 year olds reported being bullied in the past few months (higher than England – 55.0%), and 51.0% stated that their body was “about the right size”.
- In West Sussex, the rate of self-harm among CYP (aged 10-24) has exceeded the national rate for a number of years. Self-harm is more common among young people and often manifests in adolescence. Locally, nearly two-fifths of all emergency admissions for self-harm were among CYP aged 10-24 (2015/16).

# West Sussex – local services

Services to support the EWMH needs of CYP are jointly commissioned by the three West Sussex CCGs (Coastal West Sussex, Crawley, and Horsham and Mid Sussex) and West Sussex County Council (WSCC). In response to what CYP and their families told us, services are aligned to four key themes:

**Reach and resilience** – CYP are supported through their lives by people who have the competency to meet their needs and grow their resilience and within an environment that reduces stigma.

**Early intervention and prevention** – CYP who are experiencing prolonged periods of emotional, social or behavioural difficulties are supported within universal or family settings so that we prevent or minimise the risks of problems emerging and respond early if difficulties emerge.

**Specialist support** – CYP are identified early and receive proactive and persistent support. CYP receive a timely service with seamless pathways.

**Crisis** – CYP receive support that promotes recovery, and they are prepared for and experience positive transitions between services (including transition to adult services) and at the end of interventions.

Service	Provider
A&E Liaison Service Child and Adolescent Mental Health Service (CAMHS) Community Mental Health Liaison Service Early Intervention Psychosis Service Sussex CYP and Families Eating Disorders Service Therapeutic service for unaccompanied asylum seekers	Sussex Partnership NHSFT (SPFT)
CAMHS Looked After and Adopted Children (LAAC) Service Youth Offending (Community MH Liaison) Assessment and Treatment Services (ATS)	SPFT (West Sussex County Council)
Advocacy	Brighton and Hove MIND
Bereavement support for families	Winston's Wish
Canine Assisted Therapy Face to face counselling	YMCA Dialogue
CYP Mental Health and Resilience Training Programme Youth Mental Health Service	Coastal West Sussex MIND
Domestic Abuse Recovery Together	My Sister's House
Eating Disorders Support for Parents	BEAT
Family Support for CYP with Autism	Aspens (Autism Sussex)
LGBT support	Allsorts West Sussex
Online counselling	Kooth
Sexual Abuse Therapy	Lifecentre
Youth Emotional Support (YES)/ Health and Justice Support	WSCC
Football Wellbeing Service	Crawley Town FC



# West Sussex – priorities and challenges

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West Sussex's vision for 2020<sup>4</sup> is: An integrated, multi agency system-wide approach which builds resilience, improves access to services and supports CYP along pathways of care whatever their needs. In collaboration with key partners we will have:

1. Accessible, timely services in the community
2. Intervention and targeted services catching problems early
3. More capacity and greater choice along the continuum of need
4. A focus on outcomes, particularly for the most vulnerable
5. Fewer gaps between services, including improved transition between CYP and adult provision
6. A workforce with the skills required to deliver the services CYP tell us they want and need.

Priority areas for investment from 2018-2021 are identified below:

Health and justice pathway	Early intervention and prevention and targeted services and support	Most vulnerable children and young people
Eating Disorder Services	Workforce development	
Crisis care and urgent help	Neurodevelopmental pathway	Transition

## Workforce challenges in West Sussex

- In addition to the national and regional workforce challenges previously discussed, the geography of West Sussex adds to the difficulties in recruiting and retaining a skilled workforce: e.g. the proximity to London, which offers enhanced allowances.
- The Training Needs Analysis undertaken in 2014 identified a number of gaps across West Sussex<sup>30</sup>:

Training needs to be coordinated and targeted	Lack of choice/range of opportunities. Where staff did have access to training, opportunities and options are limited
Specific gaps in , general mental health training and suicide awareness and prevention training	Insufficient training across the board to meet demand

- Workforce risks identified in the LTP include: delay in recruitment to key posts and ongoing recruitment and retention challenges reflective of national shortages particularly in some key staff groups, delay in recruitment to key posts and ongoing recruitment and retention challenges.

# West Sussex – actions underway

A range of actions including training, inter-organisational working and role development are underway. These are a few examples:

- CYP IAPT – the Sussex wide Delivering With Delivering Well Programme<sup>24</sup> oversees the workforce transformation programme. Sixteen staff from a variety of organisations in West Sussex have benefited and continue to benefit from CYP IAPT training. The programme provides training, backfill and expenses.
- Following the Training Needs Analysis (TNA) in 2014, the CYP Mental Health and Resilience Training Programme was commissioned. This includes for example: MH first aid, trauma & attachment, effects of social media and suicide prevention. To date 133 courses have been delivered to over 1,400 staff and volunteers in West Sussex<sup>31</sup>. The programme has been extended until 2021 and will also offer bespoke training for schools, enhanced digital training and training for parents/carers.
- Community Mental Health Liaison Service have undertaken a TNA and now provide training and support to professionals working with CYP to develop their understanding, knowledge and skills relating to CYP EWMH and developing reflective practice.
- Staff are working across traditional organisational boundaries e.g. CAMHS provide clinical supervision for YES staff. Joint case-working and assessments provide seamless and integrated support
- Training plans are being developed for the Integrated Prevention and Earliest Help Team (WSCC) following a skills audit in Nov 2017.
- Bespoke training is offered by a number of organisations e.g. Beacon House provided extended trauma and attachment training to YES and Youth offending Team, CWS Mind provided sessions to 336 staff in Primary Care and BEAT provided training to increase the awareness of the early warning signs for eating disorders among people who work with CYP.
- Provision of training and support for the Academic Resilience Approach<sup>32</sup>, which supports schools and colleges to develop a whole school approach to emotional resilience. So far 26 secondary schools have signed up for workshops, coaching and communities of practice to share learning and experiences.
- Emotional wellbeing leads in schools - a network of named emotional wellbeing leads has been established in every secondary school in the county as recommended by *Future in Mind*<sup>1</sup>. and a consultation is underway for a similar network in primary schools.
- Sussex University's Post-Graduate Certificate in Low-Intensity Psychological Interventions for CYP (provided in partnership with University of Sussex and SPFT) offers placements in schools across Sussex. By the end of 2018, they will have delivered over 2000 hours interventions to approximately 230 CYP.

# East Sussex – local needs<sup>5, 29</sup>

- In East Sussex there are currently 117,000 0-19 year olds, constituting 22% of the population, South East (24%) and England (24%).

Age Band	2016	Population projection (% change from 2014)			
		2021	2026		
0-4	27,890	28,720	+1.5%	29,190	+3.1%
5-9	30,750	30,840	+5.5%	31,570	+8.0%
10-14	29,040	32,550	+13.7%	32,810	+14.6%
15-19	30,290	29,120	-6.6%	32,620	+4.7%
20-24	26,040	24,400	-8.4%	23,680	-11.1%
Total 0-24	144,010	145,630	+1.2%	149,870	+4.1%

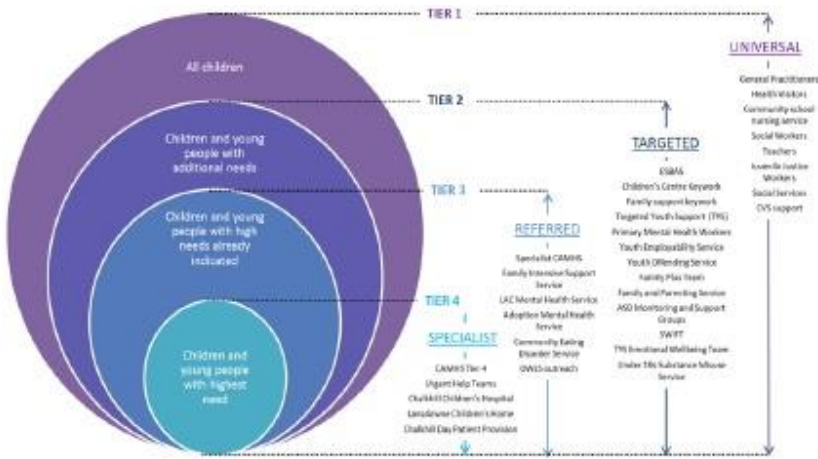
Note. % change shows the difference between the projected population size and the 2014 mid-year estimate. These are projections NOT forecasts. Counts may not sum due to rounding.

- The 10-14 age range is expected to see a 14.6% rise in numbers followed by the 5-9 year olds (+8%). By contract there is expected to be an 11% decline in the 20-24 age range.
- In 2015, over 14,000 CYP aged 0-15 and over 16,000 dependent CYP aged 0-19 in East Sussex were living in low income families.
- Although East Sussex as a whole has a lower percentage of children living in poverty (18%) than nationally (19.9%) there is much variation: from 10.9% in Wealden to 27.5% in Hastings. Both Eastbourne and Hastings have a higher percentage of children living in poverty than the national average.
- Overall, with population growth and changes in the profile of need, need and demand for services are projected to increase.

- East Sussex has significantly higher rates of school absenteeism in both primary (10.4%) and secondary school (15.4%); compared nationally (8.4% and 13.8% respectively). Both Hastings and Eastbourne have higher rates of young people who are not in education, employment or training (NEET). Hastings and Rother CCG has a significantly higher proportion of pupils receiving pupil premium (27% compared to 21% in East Sussex) and pupils with Specialist Educational Needs or Education Healthcare Plan (40 per 1,000 compared to 36 per 1,000).
- A higher proportion of 15 year olds in East Sussex appear to engage in risky behaviours – smoking (12.8%) and alcohol consumption (7.8%) compared to the national average (8.2% and 6.2% respectively).
- A significantly higher percentage of 15 year olds in East Sussex report being recently bullied (58.5%) than nationally (55%) and regionally (57.3%) and the mental wellbeing scale (WEMWBS) is lower than the national average (46.7/ 47.6).
- A higher proportion of 15 year olds in East Sussex (53.5%) stated that their body was “about the right size” than nationally (52.4%).
- Hastings has a significantly higher rate of youth offenders (4 per 1,000) than East Sussex (2 per 1,000) and youth offenders have much higher rates of MH disorder than the general youth population.

# East Sussex – local services

Services to support the EWMH needs of CYP in East Sussex are commissioned by the three East Sussex CCGs (Eastbourne, Hailsham and Seaford, Hastings and Rother and High Weald, Lewis and Havens) and East Sussex County Council (ESCC). Services are aligned to four key themes as shown in the illustration below<sup>5</sup>:



**Universal services** - practitioners who are not MH specialists offer general advice and treatment for less severe problems, contribute towards MH promotion, identify problems early, and refer to more specialist services. Universal services contribute to identification and nurturing of core protective factors for mental wellbeing: enhancing control; increasing resilience; facilitating participation and promoting inclusion.

**Targeted** – MH practitioners who offer effective and early support before problems become entrenched and significant.

**Referred** – Specialist community EWMH services provided by a number of linked multi-disciplinary teams

**Specialist Inpatient** –In patient services for CYP with the most serious problems are provided in Haywards Heath, Sussex, and sometimes outside the area.

The services commissioned by the NHS and ESCC in East Sussex are:

Service	Provider
A&E Liaison Nurses	SPFT
Family Eating Disorder Service	
CAMHS Learning Disability	
Specialist CAMHS	
Urgent Help Services	
Perinatal Mental Health Services	
Early Intervention in Psychosis	
Emotion – online counselling	Impact Initiatives, Brighton
Integrated Emotional Wellbeing Service	ESCC/ SPFT
SWIFT	

# East Sussex – priorities and challenges

The East Sussex LTP<sup>5</sup> sets out that all services for children and young people, and their families, can and should play a role in promoting positive mental health and emotional well-being in children and young people. We also believe that all organisations concerned with children and young people should work together to make sure services are of the highest quality, easy to access and providing every child and young person the opportunity to achieve as much as they are able to.

A responsive, supported and competent workforce for all CYP experiencing emotional distress is key in delivering these ambitions.

Priority areas for investment from 2018-2021 are identified below:

Whole school approach to emotional wellbeing	Improving evidence based treatment	Single point of referral and advice
Increase therapies for the highly vulnerable with complex issues	Improve the skills base and confidence in the workforce	Improve model of care for those who experience a MH crisis

These plans are consistent with the East Sussex Better Together Workforce Strategy 2016-18 (recruitment and retention of a skilled, flexible and responsive workforce) and the current draft Workforce Development priorities within the Sussex and East Surrey STP (see slide 8)

**Learning needs analysis** - East Sussex Children's Services Thematic Learning Needs Analysis (LNA)<sup>33</sup> was conducted with ESCC Children's Services Early Help and Social Care practitioners, ESHT Health Visitors and Community Nursery Nurses and ESCC Children's Services ISEND staff. The analysis from this work has highlighted areas that need investment for training and supervision to enable staff to feel confident about working.

Low levels of confidence in knowledge and skills were reported by:

47% in relation to substance misuse	43% in relation to domestic abuse
29% in relation to mental health	
20% in relation to child sexual abuse	25% in relation to generic knowledge and skills

In addition 23% did not have an understanding of common mental health illness and conditions and 20% did not understand the potential impacts of adult mental health on CYP.

The recommendations arising from this report included ensuring a clear distinction between mental health training on adult need, focused on CYP EWMH, offering foundation and professional training in mental health and exploring new developments and improving the marketing of existing learning opportunities.

# East Sussex – actions underway

A range of actions exploring opportunities for reskilling and developing existing staff, as well as attracting qualified staff back to the NHS are underway. Here are a few examples of work to date<sup>5</sup>:

**CYP IAPT** – the Sussex wide Delivering With Delivering Well Programme<sup>20</sup> oversees the workforce transformation programme. A handful of staff have benefited from CBT/ supervisors training.

**MH Learning pathway** – Following the LNA in 2016, East Sussex has prioritised improving its training offer to the wider workforce to help address the knowledge and confidence gap. The pathway has three distinct sequenced stages: ‘foundation’, ‘professional’ and ‘advanced’ and can be accessed through a single learning portal for all staff. In excess of 600 individuals training attendances in 2016/17. Learning opportunities are now available in a blended learning format that maximises time, access and reflective practice and include eLearning, brief bite briefings, classroom and eventually team practice discussion supported by team leads.

**Supervising Staff training workshops** - facilitated by SWIFT, a 2 hour Bite size reflective learning workshop for managers supervising staff with a MH Caseload (2016/18 x 5)

**Assessment and intervention framework** - Research has started on a framework for a comprehensive tool kit for CS staff<sup>34</sup>.

**Eating disorders** - BEAT provided bespoke training to increase the awareness of the early warning signs for eating disorders among people who work with CPY.

**Community of practice** – The second Sussex-wide community of practice learning event took place in November 2017 promoting IAPT practice targeted youth services.

**School Health Grant Programme** – supports the implementation of whole school approaches to addressing emotional wellbeing needs e.g. thrive, mindfulness, teacher CPD, resilience, nurturing.

**Mental health first aid** - Public Health has resourced all school health staff to attend Mental Health First Aid Training to support early recognition and referral, and to deliver appropriate interventions in school based clinics to pupils presenting with low level emotional, behavioural and mental health needs.

**Hastings Opportunity Area** – Additional funding over three years will allow Hastings to fund project to improve social mobility for CYP. The plan focusses on: making sure all CYP have the literacy skills they need to succeed, equipping CYP with world-class maths skills, improving MH and resilience for CYP and broadening horizons of CYP and developing vital employment skills<sup>35</sup>.

# Brighton and Hove – local needs<sup>6, 29</sup>

The issues highlighted in the B&H JSNA mirror those of England, including the gap between increasing need and availability of treatment services; accessibility difficulties with long waits for referrals and appointments; variable access to out of hours services and specific issues for vulnerable groups of children.

- Nearly one third of the population in B&H are under age 25. 8.4% of 5-16 year olds, who are registered with a GP, are estimated to have a MH disorder.

Age Band	2016 MYE	Population projection (% change from 2014)			
		2021		2026	
0-4	14,790	15,270	+1.5%	15,610	+3.7%
5-9	14,630	14,600	+1.6%	14,750	+2.6%
10-14	13,520	14,730	+11.2%	14,670	+10.7%
15-19	17,760	16,710	+1.9%	18,500	+12.8%
20-24	32,500	30,930	-3.3%	30,710	-4.0%
Total 0-24	93,200	92,240	+1.3%	94,240	+3.5%

Note. % change shows the difference between the projected population size and the 2014 mid-year estimate. These are projections NOT forecasts. Counts may not sum due to rounding.

- Current trends suggest that there is increasing need related to CYP with depression, anxiety, self-harm, and suicidal thoughts, with Tier 2 services seeing an upward trend in referrals
- The growing 10-14 age group is likely to place an increased demand on schools for prevention, whereas the decreasing 20-24 age group may help to increase capacity within counselling services for young people .
- There is a higher proportion of children in care compare to England.

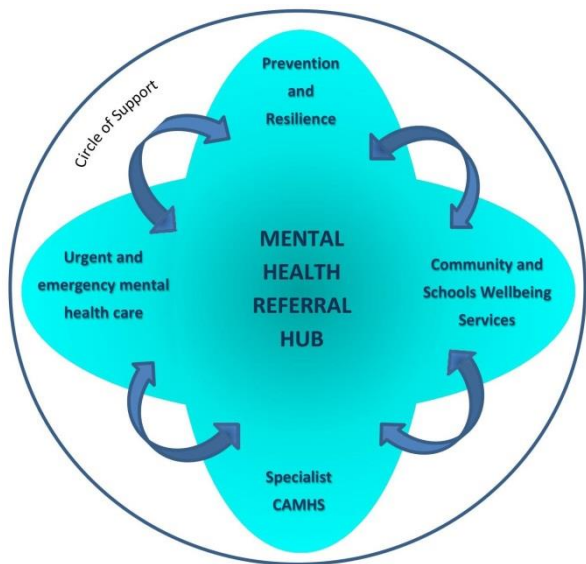
- Deprivation varies considerably with some wards among the 20% most deprived in England. The city is 102<sup>nd</sup> most deprived out of the 326 LAs in England. Approx. one in six children (17%) live in poverty.
- There is a higher rate of statutory homeless households with dependent CYP than England and a large student population.
- The numbers of CYP affected by health conditions and lifestyles that can cause and contribute to families living in poverty are higher than the national average. A significantly higher proportion of 15 year olds appear to engage in risky behaviours: smoking (14.9% - England 8.2%) and alcohol consumption (11.3% - England 6.2%). 56.9% report having experienced bullying (England 55.0%). The mental wellbeing scale (WEMWBS) is similar to the national average and 51.1% stated that their body was “about the right size” (England 52.4%).

More flexible services to break down boundaries	Transition from children's to adult services should be smooth and easy to navigate	More young-people friendly environment
Improved joint working across organisations and professions	Increased emphasis on skill sharing and communication between professionals to enhance collaborative working and put the CYP at the very centre of their approach.	Increase capacity in Community and Schools Wellbeing Services
Improved access to information on prevention, resilience building, referral criteria and pathways		Introduce a child-centred teamwork approach, taking mental health expertise to allied professionals



# Brighton and Hove – local services

Brighton and Hove CYP EWMG services are commissioned using a Thrive-informed model as the guiding paradigm. The model aims to blur organisational lines and criteria, providing support and interventions along a continuum, depending on need, has a policy of 'no door is the wrong door', and aims to be a whole system of support for children and young people's mental health and wellbeing<sup>6</sup>.



A responsive and experienced workforce should be well supported, strive for improvement and developed to meet local needs. Local assets should be considered including children and young people and their parents, digital enablers and our vibrant voluntary sector.

Service	Provider
Specialist CAMHS Urgent and emergency mental health care Teen to Adult Personal Advisors Paediatric Mental Health Liaison Service Looked After Children pathway CAMHS Learning Disability Team Urgent Help Service Early Intervention in Psychosis Perinatal Mental Health Service Sussex Family Eating Disorder Service	SPFT
Community Wellbeing Service including online support	HERE, YMCA, Mind, SPFT
Schools Wellbeing Service Youth Offending Service Therapeutic support for sexually assaulted children and young people under the age of 14	LA
RUOK? Substance misuse service	LA and SPFT
Beat Eating Disorder Service	Beat
Safety Net children's safety charity	Safety Net
Right Here (FindGetGive website)	YMCA DLG



# Brighton and Hove – priorities

The vision in Brighton and Hove is to ensure there is more proactive support for children and young people, providing them with opportunities to build their own resilience, recognise their need earlier, encouraging them to support one another and feel comfortable talking about their issues. If they need to access services they can do so when, where and how they choose to, embracing digital and social media. Services will work together and merge boundaries so that criteria and thresholds are less important than addressing need and outcomes in a timely way<sup>3</sup>.

The LTP identifies the following priority areas<sup>6</sup>:

Development of an integrated neuro-developmental business case (including autism, learning disability, Tourettes syndrome and ADHD)		Implementation of enhancement of specialist perinatal mental health service
Implementation of re-specified Specialist CAMHS service including the Thrive-informed model	Workforce development and training needs analysis - workforce strategy	NHS England Health and Justice and CCG joint commissioning for vulnerable groups, especially Looked After Children
Full implementation of Community Wellbeing and Schools Wellbeing Services	CYP IAPT implementation, training and quarterly reporting from the 3 main providers (SPFT, Here and partners and the Local Authority)	

A number of priorities in CYP mental health have been identified, including the following:

- Recognising the need for a flexible workforce who are able to respond to need across organisational boundaries;
- Retaining staff who work in mental health services;
- Enabling skill-sharing among mental health service staff;
- Developing local assets and local training;
- Creating a responsive workforce who are 'young person-friendly', delivering interventions for a group with different expectations about the mental health services that they should receive;
- Creating a workforce who are able to adapt to new models, new ways of working and new roles for change and innovation;
- Having effective leadership in place at all levels across all agencies from clinical and managerial leaders of mental health services, to leaders in higher education who design appropriate and relevant courses for the mental health workforce of the future;
- Anticipating the needs of the workforce and implementing strategies to meet them;
- Being committed to safe practice.

# Brighton and Hove – challenges and actions

There are a number of challenges currently being faced in relation to the CYP mental health workforce in Brighton and Hove. These include the following:

- Difficulties recruiting in a city which is a high-cost living area, but which does not attract a high-cost area supplement, such as the London weighting;
- Difficulties attracting people to train in traditional roles, with some roles depleting;
- Transforming the workforce so that it is innovative and responsive to need;
- Having an ageing workforce;
- Difficulties attracting new people to work in mental health services;
- Problems with the expense of mental health training and ensuring that people attend their training;
- Time delays in terms of waiting for people to be fully trained before they can become part of the new workforce.

A range of actions including training, inter-organisational working and role development are underway. The following are examples of recent actions that Brighton and Hove have implemented:

- Becoming a member of the Delivering With, Delivering Well Board;
- Forming a partnership with CYP IAPT, with 5 training places taken up in 2017/18;
- Placing Psychological Wellbeing Practitioners in the Community Wellbeing Service;
- Establishing the Schools Wellbeing Service - offering an emotional wellbeing whole school approach to staff, pupils and parents;
- Delivering mental health first aid in schools;
- Making use of Charlie Waller Foundation eating disorder and self-harm courses;
- Providing self-harm awareness training for parents and carers;
- Creating bespoke courses on awareness and the early warning signs for professionals regarding eating disorders;
- Providing group supervision by Specialist CAMHS professionals to the Schools Wellbeing Service;

There are many challenges facing the current CYP EWMH workforce and in planning a sustainable, skilled, competent and respected workforce fit to support CYP for the next five years and beyond. A fresh approach to addressing these challenges and planning the future workforce is needed; moving away from traditional job roles towards a skills and competences methodology, that is appropriate to the varied workforce needed by the network of providers across the NHS, Local Authority, voluntary, community, private and third sectors.

The concerted focus in this area, combined with a willingness among the wide network of organisations involved in commissioning and providing care and support to this group in the South East, provides a timely opportunity to develop a robust and comprehensive cross sector workforce strategy.

A current lack of information and data needed to make reliable and informed decisions has led us to develop a bespoke modelling tool, The Matrix, which is being rolled out from May 2018.

Once undertaken the audit result will enable us to plan more robustly and identify practical steps on how to bridge the gaps through recruitment, training, the development of new roles and working collaboratively across all local organisations. Not only will the Matrix help gather workforce data, it will also help to:

- identify areas of outstanding and innovative practice that can be shared across the system;
- identify what resources are needed and identify where to target our scarce resources more effectively;
- create robust arguments for securing additional resources; and
- potentially influence national organisations, such as HEE, through persuasive and robust reasoning.

Given the wide network of organisations involved in supporting CYP through formal commissioning arrangements and informally, the strategy is being taken forward in phases with the first phase in 2018/19 encompassing services providing MH interventions that have been commissioned by the NHS or LA. The workforce not within the scope of phase one including those that provide valuable prevention and early intervention in schools and communities, as well as more specialised crisis services, will be considered for phase two in 2019/20.

This Outline Workforce Strategy is the first stage in this journey. There has been strong support from the provider network and we hope that they will support and encourage their teams to complete The Matrix and join subsequent discussions and action planning.

The next steps in the development of phase one are set out on the next page.

# Strategy Development – Phase 1 (P1)

Key actions in Phase 1: 2018/19		Timescales
1	Work collaboratively with Champions from provider services across Kent, Surrey and Sussex to co-design a bespoke CYP EWMH workforce audit tool – The Matrix – created by Visual-Data Software LTD. The Champions will ensure that developers create the right indicators to enable the appropriate and relevant level of quantitative data is captured on current staff numbers, vacancies, skills and competencies as well qualitative data on the challenges and issues relating to recruitment, retention and sustainability.	April/May 2018
2	With help from Commissioners, the developers will pre-populate the audit tool with demand data (referral numbers etc) as well as CYP prevalence data - this will be updated when revised prevalence data is released later in 2018.	April/May 2018
3	Workforce Launch Workshops will be held in Maidstone, Leatherhead, Horsham and Brighton aimed at service leaders, to explain the purpose of developing the workforce strategy, conducting the audit and discussing joint outcomes.	May/June 2018
4	<i>All providers of NHS and Local Authority commissioned CYP EWMH services</i> will be asked to conduct the workforce audit – the aim is for service leads to identify the skills, knowledge and behaviours required to deliver our vision of transformation for CYP EWMH across the system.	June-Aug 2018
5	Review findings as services complete their audits, identify gaps, analyse existing services against future local population needs, pinpoint any emerging themes, challenges and opportunities.	Aug-Oct 2018
6	Collectively, with key stakeholders/Champions, share initial findings, tease out, explore and formulate ideas, appraise and prioritise actions (in the short, mid and long term). These could include training and development opportunities, rolling out new models of care and associated new roles, enhancing leadership skills, considering more appropriate skill mix and more flexible use of staff competencies, improved recruitment and retention strategies etc acknowledging national and regional work in this area.	Sept-Oct 2018
7	Develop an implementation plan of actions needed to move from current to future state and begin to roll out immediate actions.	Oct-Dec 2018
8	Identify and consult with wider stakeholders (ie not included in P1 such as schools and communities, parents, specialised services) to get involved in the programme, to assess the need and undertake the workforce audit in Phase 2.	Feb/March 2019

# Strategy Development – Phase 2 (P2)

26

Key actions in Phase 2: 2019/20		Timescales
1		April
2		
3		
4		
5		
6		
7		
8		

# Appendix 1 - Workforce audit – The Matrix

A summary of the next steps in the development of the Workforce Strategy for CYP EWMH can be found on the next page. The first two of the actions are in relation to undertaking a workforce audit.

Having reviewed a number of options for supporting the workforce audit, commissioners across the South East have jointly commissioned a workforce audit tool, The Matrix, to support the providers to review their workforce and capture data on workforce numbers, roles, skills and competencies using a consistent methodology. The tool will map competences against the University of London's competence framework for CYP EWMH services.<sup>36</sup>

**Phase 1: Stage 1 Codesign** - Commissioners and providers of NHS and LA commissioned services across the public and PVI sector will work collaboratively with Visual-Data Software LTD to co-design The Matrix, so that it collects the appropriate data for CYP EWMH, is user-friendly and meets the requirements for the developing workforce strategy.

At a design workshop held on 26<sup>th</sup> February, 42 system leaders (from NHS, LA and PVI sectors) considered how and what information would be needed from provider services to inform the CYP EW&MH workforce strategy in order to tackle the ever-increasing demand on services and to improve outcomes for CYP into the future. A number of champions from a range of providers across the South East were identified to test the development of the tool over the coming months.

**Stage 2 Audit** – Providers will use The Matrix to audit their workforce.

**Stage 3 Analysis and review** - Audit data will be aggregated to build a picture of current and future workforce requirements in Sussex. This will inform the recommendations of the strategy in terms of workforce roles and numbers, skills and competencies, training programme development and new role design. Providers will also have access to local data to inform their own workforce plans.

**The Matrix** - One of the key areas for improvement identified in *Future in Mind*<sup>7</sup> was the need for data that crosses different organisations involved in commissioning and delivery of EWMH services for CYP including workforce data. Visual-Data Software LTD previously developed a real-time data analytics and data visualisation tool for Early Intervention in Psychosis in 2015. This benchmarking tool allows registered users to gain insights into:

Population (MH incidence and age profile)	Demand (referrals and caseload)	
	Workforce	Performance
Outcomes		

Since its development, the EIP Matrix has been adapted for use by other services including Perinatal Mental Health. Stage 1 codesign will shape a bespoke Matrix for CYP EWMH services.

# Appendix 2 – Scope and key parameters

**South East Workforce Programme:** This strategy is part of a joint initiative to develop a sustainable, whole system workforce strategy in the South East. It will be underpinned by the co-creation of a bespoke modelling tool.

**Local Transformation Plans (LTPs):** The strategy is coterminous with and supports the West Sussex, East Sussex and Brighton & Hove LTPs.

**CCGs and Local Authorities:** The strategy covers:

- Local Authorities: East Sussex, West Sussex and Brighton and Hove;
- West Sussex Clinical Commissioning Groups: Coastal West Sussex, Crawley, Horsham and Mid Sussex;
- East Sussex CCGs: Eastbourne, Hailsham and Seaford, Hastings and Rother and High Weald, Lewis and Havens CCGs; and
- Brighton and Hove CCG.

**Sussex and East Surrey STP:** The geography of the strategy is not completely co-terminous with the Sussex and East Surrey STP as East Surrey CCG is included in the Surrey Outline Workforce Strategy. This is because services in Surrey are commissioned on a county basis with SABP the prime provider for CYP EWMH services

**Timescale:** The Outline Strategy will be published in May 2018 and the Full Strategy in March 2019.

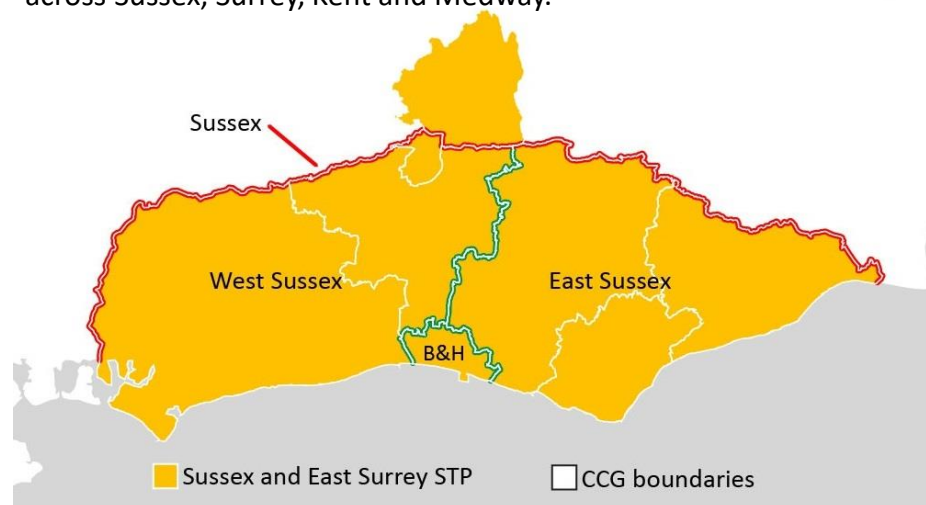
**Services:** The strategy covers services provided by Statutory or PVI organisations for CYP EWMH within the age range of 0-18/24, which have been commissioned to provide interventions by the NHS or LA.

**Phasing:** The strategy development will be undertaken in two phases.

**Workforce audit:** The strategy will be informed by a workforce audit undertaken in each of the phases (see appendix 1).

**Gap analysis and priority setting:** The audit findings will be used to develop appropriate actions.

**Funding:** The strategy has been supported by the SE Clinical Network, Health Education England, Local Workforce Action Boards and CCGs across Sussex, Surrey, Kent and Medway.



- 1: Department of Health. (2015). *Future in Mind: Promoting, Protecting and Improving our Children and Young People's Mental Health and Wellbeing*. London: Dept of Health.
- 2: The Mental Health Taskforce. (2015). *The Five Year Forward View for Mental Health*. London: National Health Service.
- 3: Adapted from: NHS Scotland. (2013) *Everyone Matters: 2020 workforce vision for NHS Scotland* [ONLINE] Available at: <http://www.workforcevision.scot.nhs.uk/> [accessed 3 May 2018]
4. West Sussex Clinical Commissioning Groups. (2017) *West Sussex Local Transformation Plan Refresh, Children and Young People's Emotional Wellbeing and Mental Health (2015-2020)* Refresh 2017/18. Retrieved from: <https://www.coastalwestsussexccg.nhs.uk/children-and-young-people> [accessed 3 May 2018]
- 5: East Sussex Clinical Commissioning Groups. (2017) *Children and Young People's Mental Health and Wellbeing Local Transformation Plan. Refresh 2017/18*. [ONLINE] Available at: <http://www.hastingsandrotherccg.nhs.uk/about-us/plans-and-strategies/children-and-young-peoples-mental-health-and-wellbeing-local-transformation-plan/> [accessed 3 May 2018]
- 6: Brighton and Hove Clinical Commissioning Group. (2017). *Children and Young People's Mental Health and Wellbeing Local Transformation Plan for Brighton and Hove (2015-2020). Refresh 2017/18*. . [ONLINE] Available at: <https://www.brightonandhoveccg.nhs.uk/file/12276/download?token=qv2wjEck> [accessed 3 May 2018]
- 7: Sussex Partnership NHS Foundation Trust. (2017). *East Surrey and Sussex Sustainability and Transformation Plan*. [ONLINE] Available at: <https://www.sussexpartnership.nhs.uk/stp> [accessed 3 May 2018]
- 8: Public health England. (2017). *Children's and Young People's Mental Health and Wellbeing Profile for East Sussex*. [ONLINE] Available at: <https://fingertips.phe.org.uk/profile-group/child-health/profile/cypmh/data#page/0/gid/1938133090/pat/6/par/E12000008/ati/102/are/E1000011> [accessed 16 January 2018]
- 9: Office of National Statistics (2004). *Mental Health of Children and Young People in Great Britain, 2004*.
- 10: Frith, E. (2016). *Children and Young People's Mental Health: Time to Deliver. The report of the Independent Commission on Children and Young People's Mental Health*. London: Education Policy Institute
- 11: Department of Health and Department for Education. (2017). *Transforming Children and Young People's Mental Health Provision: a Green Paper (Cm 9523)*. London: APS.
- 12: Health Education England. (2017). *Stepping Forward to 2020/21: The Mental Health Workforce Plan for England*. London: National Health Service.
- 13: Kent County Council et al. (2017) *Kent Local Transformation Plan for Children, Young People and Young Adults' Emotional Wellbeing and Mental Health, Version 3*.
- 14: Evidential Consulting (2017) *Facing forward*. Lloyds Bank Foundation for England and Wales
- 15: Care Quality Commission. (2017). *Review of children and young people's mental health services*. [ONLINE] Available at: [https://www.cqc.org.uk/sites/default/files/20171027\\_cypmhphase1\\_literaturereview.pdf](https://www.cqc.org.uk/sites/default/files/20171027_cypmhphase1_literaturereview.pdf) [accessed 3 May 2018]
- 16: House of Lords (2016) *Leaving the European Union: NHS and social care workforce*, House of Lords library
- 17: The FSI. (2017). *Small Charity Sector Skills Survey 2016/17* [ONLINE] Available at: <http://www.thefsi.org/policyresearch/skills-survey-201617/> [accessed 3 May 2018]
- 18: NCVO. (2014) *UK Civil Society Almanac 2014 / What is the state of pay in the voluntary sector?* [ONLINE] Available at: <https://data.ncvo.org.uk/a/almanac14/what-is-the-state-of-pay-in-the-voluntary-sector-3/> [accessed 3 May 2018]
- 19: Civil Society. (2014) *Voluntary sector sees "revolving door" of staff, says report* [ONLINE] Available at: <https://www.civilsociety.co.uk/news/voluntary-sector-sees--revolving-door--of-staff--says-report.html> [accessed 3 May 2018]
- 20: NCVO. (2017) *UK Civil Society Almanac 2017 / Workforce* [ONLINE] Available at: <https://data.ncvo.org.uk/a/almanac17/workforce-4/> [accessed 3 May 2018]
- 21: Local Government Association (2018) *Councils in a changing world* [ONLINE] Available at: <https://www.local.gov.uk/councils-changing-world> [accessed 3 May 2018]
- 22: Royal College of Psychiatrists. (2017). *Summary of the workforce census 2017* [ONLINE] Available at: [https://www.rcpsych.ac.uk/pdf/RCPsych\\_workforce\\_census\\_summary\\_2017.pdf](https://www.rcpsych.ac.uk/pdf/RCPsych_workforce_census_summary_2017.pdf) [accessed 3 May 2018]
- 23: Boorman S. (2009) *NHS health and well-being: final report*. London: Department of Health.



# References cont.

- 24: NHS England. (2014). *CYP IAPT Principles in Child & Adolescent Mental Health Services: Values and Standards "Delivering With and Delivering Well"*. London: CAMHS Press
- 25: Sussex & East Surrey Sustainability and Transformation Partnership (2017) Sussex & East Surrey Sustainability and Transformation Partnership Workforce Statement of Intent , September 2017
- 26: Sussex and East Surrey Strategic Transformation Partnership (2017). *The Mental Health in Sussex and East Surrey: strategic framework and delivery roadmap, 2017 v3*. [ONLINE] Available at: [https://www.sussexpartnership.nhs.uk/sites/default/files/documents/mental\\_health\\_in\\_sussex\\_and\\_east\\_surrey\\_-\\_strategic\\_framework\\_and\\_delivery\\_roadmap.pdf](https://www.sussexpartnership.nhs.uk/sites/default/files/documents/mental_health_in_sussex_and_east_surrey_-_strategic_framework_and_delivery_roadmap.pdf) [accessed 3 May 2018]
- 27: Sussex Partnership NHS Foundation Trust. (2017). *Clinical Strategy, the next steps in our journey 2017-2020*. [ONLINE] Available at: [https://www.sussexpartnership.nhs.uk/sites/default/files/documents/clinical\\_strategy\\_final\\_for\\_web.pdf](https://www.sussexpartnership.nhs.uk/sites/default/files/documents/clinical_strategy_final_for_web.pdf) [accessed 3 May 2018]
- 28: Personal communication with 3<sup>rd</sup> sector partners.
- 29: ONS. (2018). *Population estimates - local authority based by single year of age* [ONLINE] Available at <https://www.nomisweb.co.uk> [accessed 29 March 2018]
- NHS Digital. (2015). *Health and Wellbeing of 15-year-olds in England - Main findings from the What About YOUth? Survey 2014* [ONLINE] Available at: <http://digital.nhs.uk/catalogue/PUB19244> [accessed 3 May 2018]
- 30: Coastal West Sussex Mind. (2014). *West Sussex Emotional Wellbeing and Mental Health Training Needs Analysis Final Report, October 2014*.
- 31: Coastal West Sussex Mind. (2017). *West Sussex Children and Young People Mental Health & Resilience Training Programme*.
- 32: West Sussex County Council. (2017). 'Making progress, making a difference - Commissioning for children and young people's mental health and emotional wellbeing in West Sussex' Retrieved from <https://www.westsussex.gov.uk/media/10086/making-progress-report-2016-17.pdf> [accessed 3 May 2018]
- 33: Allcock, J. (2016). *East Sussex Children's Services Thematics Learning Needs Analysis Report*. Lewes: East Sussex County Council.
- 34: East Sussex County Council. (2017) Children and Young People Mental Health and Emotional Wellbeing Transformation Programme Board paper 7.12.16. Children and Young People Mental Health and Emotional Wellbeing Transformation Board
- 35: East Sussex Better Together. (2017) *Children and young people in Hastings to benefit from £6m to improve maths, literacy, mental health and employment skills*. [ONLINE] Available at: <http://news.eastsussex.gov.uk/east-sussex-better-together/2018/02/08/children-and-young-people-in-hastings-to-benefit-from-6m-to-improve-maths-literacy-mental-health-and-employment-skills/> [accessed 3 May 2018]
- 36: UCL. 2018 *Psychological Interventions in Child and Adolescent Mental Health Services*. [ONLINE] Available at: [http://www.ucl.ac.uk/pals/research/cehp/research-groups/core/competence-frameworks/Psychological\\_Interventions\\_in\\_Child\\_and\\_Adolescent\\_Mental\\_Health\\_Services](http://www.ucl.ac.uk/pals/research/cehp/research-groups/core/competence-frameworks/Psychological_Interventions_in_Child_and_Adolescent_Mental_Health_Services) [accessed 3 May 2018]

AHP	Allied Health Professionals	LAC	Looked After Children
CAMHS	Child and adolescent mental health services	LWAB	Local Workforce Action Board
CBT	Cognitive behavioural therapy	MH	Mental health
CCG	Clinical Commissioning Group	SABP	Surrey and Borders Partnership NHS Foundation Trust
CWP	Children's wellbeing practitioner	SES STP	Surrey and Sussex Sustainability and Transformation Partnership
CYP	Children and young people	SPFT	Sussex Partnership NHS Foundation Trust
CYP IAPT	CYP improving access to psychological therapies	STP	Sustainability and Transformation Partnership
ED	Eating disorder	UASC	Unaccompanied Asylum Seeking Children
EIIP	Early Intervention in Psychosis	WAY	What About YOUth (survey)
ESCC	East Sussex County Council	WSCC	West Sussex County Council
EW	Emotional wellbeing		
EWMH	Emotional wellbeing and mental health		
FBT	Family-Based Treatment		
HEE	Health Education England		
LA	Local Authority		

# Further information

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