**Recommendations from the South West Clinical Senate Council meeting on 19th July 2018**

**Question: *How do we become exemplars in looking after the Wellbeing and Mental Health of our Children and Young People’s Mental Health Workforce in the South West?***

***What is the support offer to the workforce and what practical steps can be recommended to implement this in the South West?***

**Overview**

Following the South West Senate Council deliberation regarding the workforce challenge in the South West on 1st February 2018, it was suggested by the Senate Council that the original workforce recommendations could be developed further and with a particular focus on the mental health workforce. The Children and Young People’s (CYP) Mental Health Clinical Network developed the above question for the Clinical Senate to consider in relation to the following core recommendations from the February workforce deliberation.

1. Co-ordinated National Strategy
2. Focus on Retention
3. Investment in the Social Care Workforce

In January 2015 the Clinical Senate also provided ‘Healthy Workforce’ recommendations to Public Health England (PHE) which largely support the retention strand of the 1st February Workforce recommendations. These summary recommendations are:

1. Embrace the prevention challenge in the Five Year Forward View
2. Commissioners to consider the development of a CQUIN to promote workplace Health and Wellbeing
3. Identify high-level champions to raise the profile of workforce health
4. All organisations to access PHE’s evidence base which will enable them to support a more pro-active approach to workplace based health and well-being
5. Organisations to encourage their employees to model positive behaviours around lifestyle choices

The mental health of the CYP mental health workforce was considered an apt starting point for determining how to tackle the challenges presented to this workforce and establish best practice to apply to the wider health and social care workforce. The Clinical Senate therefore brought together South West colleagues to provide evidence and share best practice examples in relation to different elements of the CYP workforce to inform the deliberation. Evidence was shared by Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) as a local provider organisation, Health Education England (HEE), Public Health England (PHE), South West and Central (SWC) CSU and the Citizens’ Assembly (CA) patient and public group.

**Evidence**

Nationally Mental Health Clinical Networks are currently working to deliver the priorities set out within the Five Year Forward View and are committed to supporting: Improved access to services at an earlier stage; Services being accessible at the right time, 7 days a week, 24 hours a day when needed; Services being delivered in a more integrated way and embedding mental health services into the NHS.

Specifically for the Children and Adolescents mental health Service (CAMHS) service this requires provision for: 70,000 additional children and young people with diagnosable mental health needs to be seen by 2020/21; Improved access and wait times; An increase in referral rates to Tier 3 CAMHS; A demonstrated increase in demand for CAMHS services.

In order to support the CYP services, who must engage with transformational change and the increased demand required to deliver *Future in Mind ,*the CYP Mental Health Clinical Network is keen to focus on work streams which will develop and secure the CYP mental health workforce. The South West Clinical Senate is therefore making the following recommendations to the South West CYP mental health network in order that they can support commissioners and providers to develop integrated workforce plans, delivered through a process led by commissioners in partnership with service providers including NHS, voluntary sector and local authority provision.

**Recommendations**

Following Clinical Senate Council deliberations, it was clear that there were six distinct areas about which the Clinical Senate could make recommendations. These recommendations encompass a greater scope than just retention of staff and it is clear that it will be essential for organisations to sign up to and be invested in the recommended organisational and cultural changes in order to maximise the impact of these recommendations as a lever for change. It would be prudent for the South West to find or develop evidenced exemplar workforce models which could be replicated to address the following recommendations.

1. **Reducing demand:** There is significant strain placed on the CYP mental health workforce due to the rising demand for these services. The Clinical Senate therefore recommends that there is an increased focus on prevention of mental health issues amongst children and young people and that early intervention therapy and treatments are available at the onset of an episode of mental illness with the aim of reducing future pressure on the workforce. Specifically:
* Mental health professionals within schools to forge closer links with community groups such as sports clubs to increase the opportunities for signposting children and young people at the early stages to an appropriate level of support.
* Support the swift roll-out of new roles in preventative work e.g. psychological well-being practitioners as specified in the Department of Health and the Department of Education’s imminent ‘Green Paper Next Steps’ document.
1. **Changing the Culture:** Providing outline suggestions for best practice working principles which organisations can adopt could prove essential for empowering staff and supporting the organisations move to a more supportive culture. Principles for individual organisations to commit to should include:
* Governance arrangements in relation to supporting staff health and wellbeing that are flexible and responsive.
* Dedicated time for supervision for staff, line managers and leaders.
* Provision of training for line managers about how to hold person centred conversations.
* Controls over workload volumes.
* Provisions to allow space and time for informal conversations.
* Adequate training provision to support competent supervision.
* Implementation of appreciative peer review appraisal techniques to structure quality 1:1 discussions between staff and line managers.
1. **Intelligent and Compassionate Commissioning:** There was significant support for commissioned service specifications to include the provision of quality supervision for staff and for implementation of the use of quality, structured debriefing tools. Commissioners should consider the following when redefining contracts for mental health services:
* All staff to have access to a range of supportive supervision to include: clinical, managerial, role based and professional supervision. This should include a process and time to discuss and address the outcome of the supervision.
* Implement a timely evidence based incident management debriefing tool (for example TRIM (trauma response incident management)). This could be tailored and used across all healthcare organisations.
1. **Supportive Environment:** Service specifications should outline the principles of a supportive working environment which is conducive to a healthy working life. For example access to fit for purpose equipment and tools to support the work function and an aesthetic environment.
* The CYP mental health clinical network will support the development of a specification for a good work environment for a CAMHS team. This will include the use of supportive technology and equipment and will be shared nationally.
1. **Recruitment and Retention:** This is key to securing a sustainable workforce for the future. Many and significant opportunities were highlighted for maximising the opportunities to retain staff within healthcare. To reiterate the 1st February workforce retention recommendation, a coordinated South West plan for retention of healthcare staff is required to incorporate all avenues for maximising this. This should specifically include:
* Extended return to work programmes to gain the full benefit of re-employing experienced staff who have retired. Bringing life experience into a mental health setting brings additional value.
* Rejuvenated redeployment scheme in which alternative roles are offered to skilled staff members across the system.
* Provision of support for staff members wishing to leave the NHS e.g. exit interviews and offer of alternative opportunities/roles.
* Competency based role development following assessment of the skill mix and requirements within a team. Use of the emerging SWC CSU standardised competencies framework to carefully manage this process.
1. **Access to Support:** It is essential for staff to have rapid access to a standardised package of mental health support and care interventions via their employing organisation. This is applicable to all staff groups not just the CYP mental health workforce. Additionally, organisations should explore reciprocal arrangements between providers of physical care and mental health to offer rapid access to services and to maximise the financial and quality benefits of in-house arrangements.

**Next Steps**

The South West Clinical Senate Council has signed off these recommendations and they have been shared with the CYP and adult mental health clinical networks, CCGs and STPs as well as with HEE, PHE, South West mental health providers and also with Clinical Senates nationally.

These recommendations are owned by the CYP mental health clinical network who it is anticipated will develop an action plan for implementation as part of their future work programme. The network will work with their partner organisations to agree who and how each recommendation will be taken forward.

**Pre-Reading**

* National Workforce Strategy for Mental Health
* 2015 Senate Recommendations on Healthy Workforce for PHE
* 2018 Senate Recommendations on Workforce
* Children and Young People’s Mental Health in School Green Paper
* AWP Wellbeing Strategy
* Overview of NHS Health and Justice and Specialised Commissioning Work stream
* Clever Together Staff Retention