

OVERVIEW: AN INTEGRATED WORKFORCE PLANNING TOOL TO MEET THE MENTAL HEALTH AND PSYCHOLOGICAL WELLBEING NEEDS OF CHILDREN AND YOUNG PEOPLE

The Child and Adolescent Mental Health Service (CAMHS) integrated workforce planning tool was first developed as part of the CAMHS National Workforce Programme (2011) and has since been further developed by Cme in the Community, in partnership with the Child and Maternal Health Intelligence Network ([ChiMat](#)), where it is hosted. [Cme in the Community](#) is a community interest company (CIC) which offers a comprehensive range of services direct to children, young people, their families and professionals focusing on improving the emotional well-being and mental health of children and young people.

This web-based interactive tool, and its associated guidance, supports effective workforce planning and development, facilitating organisations to produce a comprehensive, integrated plan, which can be updated as situations change and new data becomes available. It is designed to strengthen workforce planning capacity and capability across organisations and build the confidence of those involved in planning, to meet the mental health and psychological well-being needs of children and young people. It recognises

and embraces the notion that workforce planning and development is a dynamic process, and that the way this is undertaken continues to evolve as priorities, processes and capabilities develop. It is vital that an organisation knows the direction of travel for its service and the workforce capacity needed to produce this; only then can it begin to plan around the demands placed upon it.

Key Outcomes

- Originally the tool was implemented in pilot sites, across seven regions of England. As a result there is now a workforce plan in place for each region, underpinned by strategic thinking. These plans describes the current view and what is going to be done to achieve a workforce that has the right people in the right place at the right time, with the necessary skills to provide a comprehensive service.
- An additional ten workforce plans have been completed since the end of the pilot and three years after being launched the tool is still being used and kept up-to-date on ChiMat, demonstrating both its usefulness and sustainability.

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- The tool has also been adopted in New Zealand (NZ), after Cme in the Community were approached for permission to use it. This has led to the creation of a strategic framework in NZ around development of the child and adolescent mental health workforce (Wille, 2006).
- All of the pilot sites have worked with determination to produce workforce plans which overall produce a robust, local, integrated workforce plan. There are now a number of excellent examples of these plans available on [ChiMat](#).
- These plans have led to a total review of staffing, recruitment and retention within trusts. A formal evaluation has not been conducted with regard to the impact of the plans however anecdotal evidence suggests that workforce planning facilitates an appropriate connection between workforce demand and recruitment. In those trusts which have used the tool recruitment is focused upon what skills are required of the workforce, specific to the needs of the local population, and organisations are able to future plan for potential gaps in the workforce through shadowing, mentorship and succession-planning. Such high quality workforce planning is expected to have a long-term beneficial impact upon staff satisfaction levels and, most importantly, patient care.
- Developing these plans has taught those organisations involved invaluable lessons, such as the need for a common understanding amongst workforce planners, a new approach to recruitment and retention, enough adequately trained staff, and knowledge of the fundamental cultural change taking place in the NHS (where consumers, rather than staff, are at the heart of service provision). Greater understanding of these issues leads to better planning in the long run.

Background

The rationale for the development of this tool was influenced by thought on strategy, visioning and strategic thinking. We are currently facing challenging times due to financial austerity, major changes in health policy, the way in which services are delivered and by whom. Meeting the quality and productivity agenda will continue to mean significant change over coming years, and simply doing the same things in the same way may not deliver the vision of a world-class children and young people's workforce. Therefore modernising and strengthening this workforce is a central feature within current policy guidance. The vision is for a modern, skilled, competent, and adaptable workforce that can provide a focused response to meet the needs of children, young people and their families.

From a planning, commissioning and delivery perspective there is a need to be clear about the workforce required to meet the needs of a population of children and young people and be able to communicate this information effectively. In order to support future workforce planning and development

changes will need to be quickly and reliably implemented so that organisations have a workforce equipped to respond effectively to new models of service delivery as they emerge.

Key Aims

Building capacity and capability to workforce plan amongst provider and commissioner organisations was a key aim of this project. To achieve this, the development of an accessible, real-time tool was seen as essential to support organisations to plan the workforce. Key to this was local stakeholder engagement, effective engagement with relevant processes, strong leadership and freeing up capacity to undertake effective workforce planning.

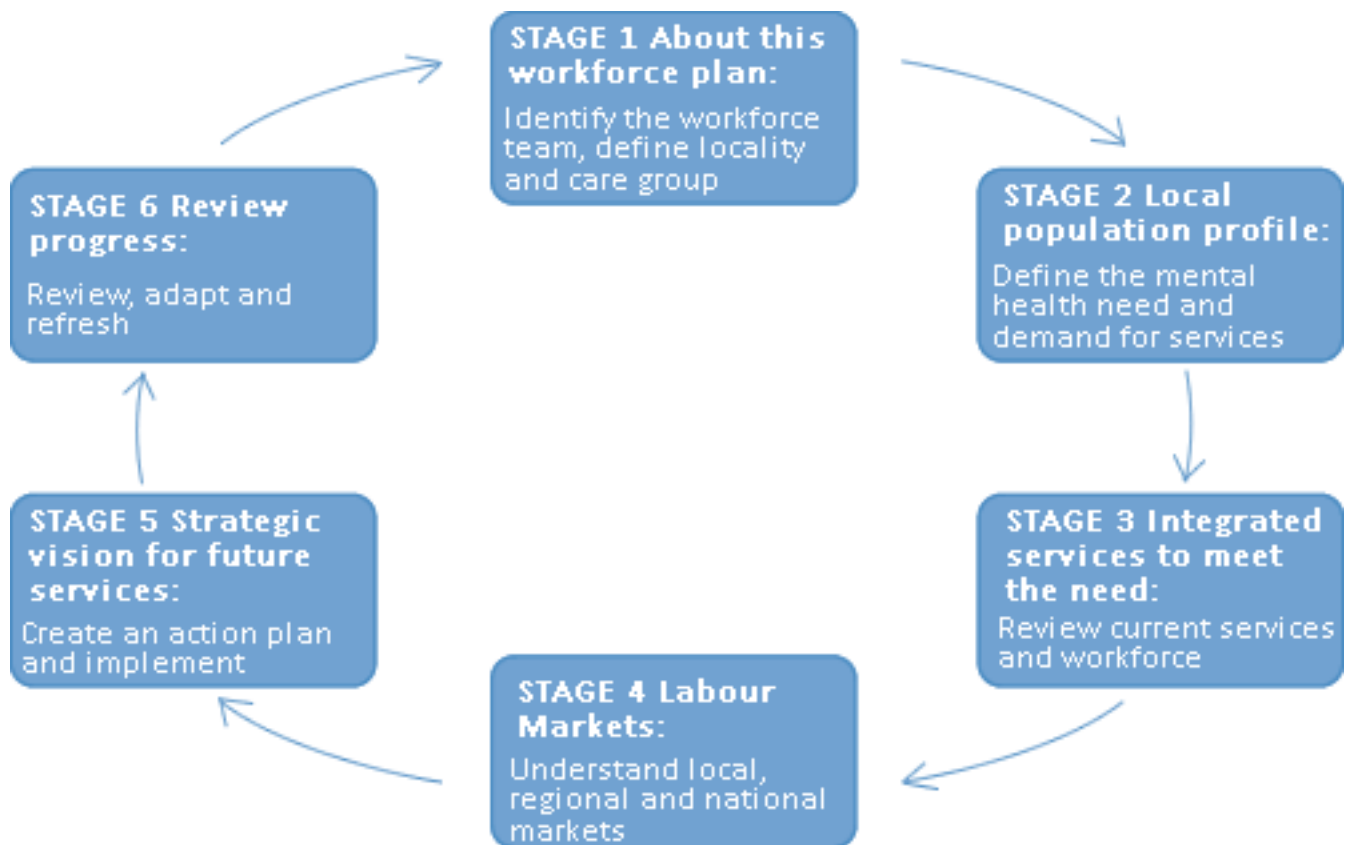
Key Stages of Setup



How It Works

This tool helps organisations to produce comprehensive CAMHS Integrated Workforce Plans that are succinct, meaningful and precursors to informed action. Plans are based on best available evidence and designed to contain knowledge, rather than overwhelming amounts of data and information.

It provides a workforce planning template which guides you through the stages of integrated planning in order to successfully complete your own plan. The data workbook, training modules and audit tools support you to engage partners and gain their input and advice as an integral part in the planning process, collect and analyse data and build capacity and capability to workforce plan amongst provider and commissioner organisations.



The model follows a rational approach to planning, following a series of six stages. It is recognised that services will be at different states of development within and between each of these stages.

Carrying out integrated workforce planning at all levels of an organisation is essential in influencing the shape of the future workforce and the delivery of services to children and young people. To do this it is important to:

- engage partners and gain their input and advice as an integral part of the planning process
- collect and analyse data and build capacity
- learn from others' experience

Resources

Funding to support the initial pilot sites was made available through the CAMHS National Workforce Programme, which ceased in 2011. The continued development of the tool has been achieved through partnership working between Cme in the Community and ChiMat. No additional funding was required to support this project, except the cost of employing a project manager and project officer. All other time and resource costs were part of 'business as usual'.

The development of a plan is the requirement of each individual organisation, and this is carried out within their existing workforce planning function.

Key Challenges

- **Winning hearts and minds** - getting a collective understanding of the importance of workforce planning has been the greatest challenge. It is vital that a broad range of staff understand that workforce planning is more than just about numbers. For this project to work it was necessary to win people's hearts and minds to the concept that workforce is a key activity which they need to be involved in, and to extend their understanding of its importance so that collectively we can develop new roles, and new ways of thinking and working. This was achieved through identifying key individuals in the first instance and having face-to-face discussions which helped spread this message throughout their organisations.
- **Time** - it is difficult to find time in people's busy schedules and to encourage them to think about workforce planning on top of their day jobs. To overcome this hurdle a project support officer was also employed who was able to actually travel to the pilot sites and speak to people where they worked. Furthermore, the tool itself was designed to be easy to use and guidance was issued to support those using it.

Key Learning

- **Need for common understanding** - there needs to be a common understanding of workforce planning across stakeholders. Workforce design and planning is not just about the number crunching, important though

that may be, it is also about setting the plan into both a national and local context to include the public health agenda.

- **Recruitment and retention** - it is acknowledged that workforce design and planning needs to focus on current ways of working and to consider the potential of introducing new roles into organisations. Recruitment and in particular retention of staff needs to be given closer consideration, for the current and future workforce, and the potential supply combined with the capacity and capability.
- **Cultural change** - the continued development of this tool and its continued implementation has identified that a fundamental cultural change is taking place; one that places the consumers of services, rather than staff, as the providers at the heart of workforce planning. In the case of health and social care its fundamental purpose is to ensure that there are sufficient numbers with the right skills to deliver high quality, effective services to children, young people and their families. Workforce planning is an activity to support care and not for its own sake.
- **Training** - training in effective treatment modalities is essential to the future delivery of children's services and essential to the maintenance and continued improvement of current services (Berwick, 2013). This is also true of effective supervision. In order to be able to undertake core tasks effectively there must be sufficient numbers of appropriately trained staff working.

Top Ten Tips

1. Recognise that workforce planning is important.
2. Ensure senior level commitment and support to the workforce planning process.
3. Secure workforce planning champions at all levels in the organisation.
4. Keep it simple - link it to existing established processes such as business and service planning.
5. Provide sufficient resources to carry out the workforce planning function.
6. Ensure there is both the capacity and capability to undertake workforce planning.
7. Develop an action plan identifying what is to be done, by whom and by when.
8. Consider doing workforce planning in stages, perhaps in discrete localities or service areas.
9. Use workforce planning to meet local needs.
10. Use the CAMHS Integrated Workforce Planning tool and associated guidance as a model.

Sustainability

To ensure that the tool is of continued relevance it is continually updated and Excel spreadsheets are provided with built-in formulae to assist with data transformation and analysis. This ensures that it is a living document that is modified and updated on a regular basis to take account of the changing environment locally, regionally and nationally. The Integrated workforce plan continues to be updated in partnership with ChiMat and is available at: www.chimat.org.uk/camhs

Supporting Material

The tool itself, guidance on how to use it, and a range of plans, completed as part of the national programme, are freely available as examples of good practice from [ChiMat](#) and [Cme in the Community](#). Information includes:

- guidance on how to use the tool
- a workforce planning template
- guidance through the stages of integrated workforce planning in order to complete your own plan
- workbook to collect and analyse data
- training modules to help engage partners and build skills
- audit tool to identify and analyse the skills and knowledge the workforce have
- audit tool of workforce planning skills and knowledge
- examples of Integrated workforce plans
- example skills audit reports using the Self Assessed Skills Audit Tool (SASAT)
- a model plan developed using the learning from the sites and utilising all the elements of the tool

Plans developed by seven pilot sites are available directly via this link: www.chimat.org.uk/camhs/workforce/plans

References

- Wille, Annemarie (2006). Whakamarama te Huarahi - To Light the Pathways: A Strategic Framework for Child and Adolescent Mental Health Workforce Development 2006-2016. Auckland: The Werry Centre for Child and Adolescent Mental Health Workforce Development.

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