

# Nottingham and Nottinghamshire Joint Local Transformation Plan for Children and Young People's Emotional and Mental Health

## Priority 5 Workforce Development Plan 2017 - 2020

*Future proofing the Emotional Wellbeing and Mental Health workforce and supporting those who help children, young people and their carers with mental health issues across Nottinghamshire and Nottingham City.*



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## 1. Context and Summary

In October 2015, Nottingham and Nottinghamshire set out their ambitions for improving children's mental health in five-year local transformation plans. The plans were refreshed in 2016 and brought together into one joint plan, aligning with the footprint of the local sustainability and transformation plan. The revised plan sets out to achieve the following outcomes for children and young people:

- more young people to have good mental health, including those in vulnerable groups such as children looked after, children subject to child protection plans, children with disabilities and young offenders
- more children and young people with mental health problems to recover
- more children and young people to have a positive experience of care and support
- fewer children and young people to suffer avoidable harm
- fewer children and young people to experience stigma and discrimination

It is recognised that one of the key ways in which we can achieve these improved outcomes is through developing the **capacity** and **capability** of the children's workforce who support children and young people with emotional and mental health needs. This is one of the key recommendations from the national taskforce report, *Future in Mind*, and is the fifth key priority for delivery within the local transformation plan. We have adopted the *Future in Mind* ambition in relation to the workforce:

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, be committed to partnership and integrated working with children, young people, families and their fellow professional and be respected and valued as professionals themselves (*Future in Mind*, 2015)

This plan will outline how we will achieve this aim. The workforce covered by the plan includes anyone working or volunteering in a role which has the potential to support the improvement of children's emotional and mental health outcomes. It includes the statutory, voluntary, community and private sector. It includes staff working in a variety of settings including early years settings, schools, colleges, children's centres, youth centres, health centres, hospital, family homes, care settings. It includes both those whose core role is to provide emotional or mental health support (e.g. practitioners from a wide range of disciplines working within child and adolescent mental health services (CAMHS)) as well as those may be able to support children's emotional and mental health but whose primary role is different (e.g. social workers, youth workers, pastoral staff in schools).

We will:

- Identify the areas of the children's mental health workforce (CAMHS targeted and specialist) where additional **capacity** is required in order to increase access to evidence-based interventions for specific mental health needs, and identify the resources required to create such capacity.
- Ensure that we are making effective use of existing **capacity** through assessment of the capacity utilisation through the choice and partnership approach (CAPA)
- Work with regional colleagues through the Strategic Clinical Network and including Health Education East Midlands to develop strategic approaches to increase **capacity** where there are hard to recruit to posts

- Undertake a workforce needs assessment in relation to the non-CAMHS workforce, including voluntary and community sector, to understand where there is a need to develop **capability**, through workforce development approaches such as training, shadowing and consultation from professionals, and develop a plan to address the needs identified.
- Maximise engagement in the Children and Young People's Improving Access to Psychological Therapies (CYP-IAPT) programme, to increase the numbers of CAMHS and non-CAMHS staff able to develop their **capability** through accessing training in evidence-based interventions
- Actively engage with the Children and Young People's Providers Network in order to understand the **capacity and capability** within the voluntary and community sector

In addition to the paid and volunteering workforce, we will also consider the role of parents and carers in supporting their children's emotional and mental health, and identify opportunities for building their confidence and skill levels.

## 2. Developing capacity of the workforce

In 2011, there were 171,865 children and young people (aged 0-18) living in Nottinghamshire with this figure expected to increase by over 3.5% over the next 10 years. For Nottingham City there were 68,424 with an expected increase of 2.2%. Of these children and young people it is estimated that approximately 10% will suffer from some form of mental health issue during their childhood, equating to 24,000 children and young people across Nottingham City and Nottinghamshire. A national prevalence survey is currently being undertaken which will report in 2018. This is anticipated that this will show an increase in the prevalence of emotional and mental health needs in children and young people. NHS England through the *Five Year Forward View for Mental Health Implementation Guidance* (2016) and the *NHS Operational Planning Guidance* (2017-19) has set local areas targets to increase the numbers of children accessing evidence based treatment by 2019 (see appendix 1). In order to achieve these targets, further practitioners and supervisors will need to be recruited.

### *Understanding the current workforce*

The CAMHS (City and County) workforce as at April 2016 is outlined in Appendix 4. In terms of workforce capacity, additional investment was allocated into local CAMHS provision in 2015/16, with the aim of improving access to services including reducing waiting times. The workforce has increased by approximately 42 posts from March 2015 to March 2016, including the pilot CAMHS Crisis Resolution and Home Treatment Service across City and County, Primary Mental Health Workers in the County and additional posts within community CAMHS, particularly in Nottinghamshire County. Work now needs to be undertaken to identify where additional staffing resources are needed throughout CAMHS services (targeted and specialist) in order to deliver specific evidence based interventions, based on the needs of children and young people requiring assessment and treatment.

It is acknowledged that there is a national issue with recruitment into CAMHS services which is a risk for the delivery of Future in Mind recommendations and the delivery of the local transformation plan. It is essential that we continue to monitor the workforce through current reporting mechanisms to ensure that capacity does not reduce. As part of the Workforce Development Strategy Action Plan we will ensure that robust recruitment and retention plans are in place across our local providers, which cover the flow of staff e.g. maternity, retirement and enable providers to have recruitment processes in place to fill gaps in capacity, with limited use of bank/agency staff where required to provide a safe service to children and young people.

Key actions in developing the capacity of the workforce include:

- Identifying the areas of the children’s mental health workforce (CAMHS targeted and specialist) where additional **capacity** is required in order to increase access to evidence-based interventions for specific mental health needs as identified through *Current View* (or other local reporting systems), and identify the resources required to create such capacity. This includes consideration of the *Recruit to Train* and *Psychological Wellbeing Practitioner* posts that are part of the national drive to increase evidence based practice led by Health Education England.
- Ensuring there is effective use of existing **capacity** through assessment of the capacity utilisation through the choice and partnership approach (CAPA).
- Work with regional colleagues through the Strategic Clinical Network and including Health Education East Midlands to develop strategic approaches to increase **capacity** where there are hard to recruit to posts
- Implement recruitment and retention plans in CAMHS providers to maintain **capacity**

### 3. Developing our capability to support children and young people with mental health needs

Whilst we know that developing the capability of the workforce is a key priority for us, there have been some achievements in this area in 2016:

- In terms of the universal workforce, staff have been able to access a range of opportunities, particularly in Nottingham City:
  - the Behavioural and Emotional Health Team and Self Harm Awareness Raising Project (SHARP) have delivered a range of programmes to a wide range of stakeholders, in addition to training provided as part of the Wellness in Mind Strategy.
  - Community CAMHS within Nottingham City deliver the Time for Me project throughout secondary schools in the City. This is a monthly drop in service, within a safe confidential space, for young people and offers coping strategies, take away activities, signposting to local services and recommends further referrals.
  - Community CAMHS also deliver the MeSource project which offers full staff training, currently to secondary schools, around self esteem building, emotion regulation, coping skills and stress management. Further work will be undertaken to look at how this programme can be adapted and delivered to primary schools
- In the County, a partnership event looking at skills development for practitioners working with young people, including those who self-harm, was delivered.
- In Nottingham City Health Education England funding has been awarded to roll out the Mental Health First Aid programme to partners working with children and young people
- Primary Mental Health Workers are now established in Nottinghamshire County with a remit of providing training and case consultation to schools and GPs.
- We have worked to maximise our involvement in the CYP-IAPT Programme in terms of upskilling staff working in CAMHS services to deliver evidence based interventions. A full breakdown can be found at Appendix 3.

Key actions we need to take to develop the capability of the workforce include:

- Undertaking a workforce needs assessment in relation to the non-CAMHS workforce, including voluntary and community sector, to understand where there is a need to develop **capability**, through workforce development approaches such as training, shadowing and consultation from professionals, and develop a plan to address the needs identified. This will include the promotion of online learning tools such as MindEd, as well as face to face training.

- Maximise engagement in the Children and Young People’s Improving Access to Psychological Therapies (CYP-IAPT) programme, to increase the numbers of CAMHS and non-CAMHS staff able to develop their **capability** through accessing training in evidence-based interventions.
- Identify further development opportunities for the CAMHS workforce outside of CYP-IAPT, to support the ongoing development of **capability** in relation to providing evidence based practice.

#### **4. Delivering the priorities**

A partnership workforce development group will be established, and will be responsible for the ongoing development and implementation of this plan. The membership of the group will be representative of key partners who are able to jointly drive strategic workforce planning, commissioning and development forward.

## 5. Action Plan

	Action	Lead Officer	Timescale
1	Establish partnership workforce development group	Nic Reed	March 2017
<b>Capacity</b>			
2	Identify areas of the children's mental health workforce (CAMHS) where additional <b>capacity</b> is required in order to increase access to evidence-based interventions for specific mental health needs as identified through <i>Current View</i> and completion of SASAT and identify the resources required.	Nic Reed/ NHFT CAMHS Rep/ Anna Masding	August 2017
3	Ensure there is effective use of existing <b>capacity</b> through assessment of capacity utilisation through the choice and partnership approach (CAPA).	Nic Reed/ NHFT CAMHS Rep/ Anna Masding	TBC
4	Work with regional colleagues through the Strategic Clinical Network, including Health Education East Midlands to develop strategic approaches to increase <b>capacity</b> where there are hard to recruit to posts	Nic Reed/ SCN/ HEE	Ongoing
5	Implement recruitment and retention plans in CAMHS providers to maintain <b>capacity</b>	Nic Reed/ NHFT CAMHS Rep/Anna Masding	TBC
<b>Capability</b>			
6	Undertake a workforce needs assessment (see Appendix 2) in relation to the non-CAMHS workforce, including voluntary and community sector, to understand where there is a need to develop <b>capability</b> , through workforce development approaches such as training, shadowing and consultation from professionals, and develop a plan to address the needs identified. This will include the promotion of online learning tools such as MindEd, as well as face to face training.	Nic Reed / Education Rep/ Marie Ward	April 2017 – June 2017
7	Maximise engagement in the Children and Young People's Improving Access to Psychological Therapies (CYP-IAPT) programme, to increase the numbers of CAMHS and non-CAMHS staff able to develop their <b>capability</b> through accessing training in evidence-based interventions.	All	Ongoing
8	Identify further development opportunities for the CAMHS workforce outside of CYP-IAPT, to support the ongoing development of <b>capability</b> in relation to providing evidence based practice.	Nic Reed/ NHFT CAMHS Rep/ Anna Masding	August 2017

## 6. Appendices

### Appendix 1 – Future in Mind Targets

#### Demographics (0-18 population Mid Year Estimates):

	2014	2015	Percentages of England Figures
England	12,247,454	12,338,887	N/A
Nottinghamshire County	172,448	172,796	1.4%
Nottingham City	69,493	70,654	0.6%
Bassetlaw	24,258	24,232	0.2%
Total population	266,199	267,682	2.2%

#### National Target 1 – At least 70,000 more CYP receiving swift and appropriate access to services

Improving Access Standard 1a – The number of new young people receiving treatment from NHS funded community services

	2016/17	2017/18	2018/19	2019/20
Nottinghamshire County	1800	1927	2062	2216
<i>Nottingham North and East</i>	420	449	481	517
<i>Nottingham West</i>	200	214	229	246
<i>Rushcliffe</i>	360	386	413	444
<i>Mansfield and Ashfield</i>	480	514	550	591
<i>Newark and Sherwood</i>	340	364	389	418
Nottingham City	795	851	911	979
Bassetlaw	260	279	299	322
Total	2855	3057	3272	3517

#### National Target 2 – At least 3,400 more staff in existing services trained to improve access to evidence based treatments

	2016/17	2017/18	2018/19	2019/20
Nottinghamshire County				
Nottingham City				
Bassetlaw				
Total				

#### National Target 3 – At least 1,700 new staff to support improved access to evidence based treatments

	2016/17	2017/18	2018/19	2019/20
Nottinghamshire County				
Nottingham City				
Bassetlaw				
Total				



## Appendix 2 – Training Needs Analysis (Draft)

### CAMHS Workforce

The current CAMHS workforce will undertake the SASAT (embedded) to gain understanding of current skills and knowledge within the CAMHS teams.



SASAT-CoREindividual  
alquestionnaire.xls

### Non-CAMHS Workforce

The non-CAMHS workforce will be asked to complete the training needs questionnaire below. The questionnaire will be analysed in order to inform where there are training needs/gaps within the wider workforce.

Non-CAMHS Training Needs Questionnaire:

<b>Section 1: About You and Your Role</b>					
<b>Q1. Please enter the name of your place of work and current role</b> <i>If you have a number of professional roles in which you work with children and/or adolescents please identify all your roles beginning with the one, which has the greatest involvement with children and/or adolescents with emotional and mental health issues :</i>					
<i>Please answer the remaining questions in this section from the viewpoint of your principal (or only) role working with children and/or adolescents (Role 1 in the box above).</i>					
<b>Q2. How long have you been in this role:</b>					
<b>Q3. What proportion of your workload currently involves dealing with child and/or adolescent emotional and mental health difficulties?</b>					
% (approx.)					
<b>Q5. During your time in post has the proportion of your workload dealing with children and/or adolescents with emotional and mental health difficulties changed?</b>					
Increased		Stayed about the same		Decreased	
<b>Q6. If the amount or nature of your workload has changed please explain how:</b>					
<b>Q7. How many times per year are you involved with CYP with the following conditions?</b> <i>Please tick the appropriate box for each condition. If a CYP presents with the same condition four times during a year then this is to be counted as four separate episodes. Similarly, if a CYP presents with a number of different conditions then please count all the conditions, not just the primary need.</i>					
		<b>Number of times per year</b>			
<b>Condition</b>	<b>None</b>	<b>1-5</b>	<b>6-10</b>	<b>11-15</b>	<b>16-20</b>
<b>Behavioural problems</b>					
<b>Sleep difficulties</b>					

Attachment difficulties					
Family relationship difficulties					
Low mood/depression					
Anxiety					
Bereavement/Loss/Family break up					
Minor self-harm					
Early onset phobia					
Eating problems					
Solvent/alcohol/drug use					
Emotional aspects of child protection					
School related difficulties (not primarily learning problems)					
Emotional problems, presenting with physical symptoms with no obvious case					
Acutely distressed states					
Significant self harm					
Severe mental illness					
Developmental disorders to include autistic spectrum disorders					

**Section 2: Professional Qualification**

*Section two asks about the training you received in relation to child and adolescent emotional and mental health difficulties, whilst undertaking your professional qualification*

**Q8. Please complete the table with details of your professional qualifications**

Title of Professional Qualification	Which emotional and mental health topics, if any, were covered on this course?

**Q9. Do you feel that your professional qualifying training enabled you (please tick not applicable if this is a function you would not normally expect to perform):**

<b>a) To recognise a range of common child and/or adolescent mental health difficulties?</b>		
Yes	No	Not Applicable
<b>b) To manage a range of common child and/or adolescent mental health difficulties?</b>		
Yes	No	Not Applicable
<b>c) To refer children and/or adolescents with common mental health difficulties to universal services?</b>		
Yes	No	Not Applicable

<b>d) To refer children and/or adolescents with more complex mental health difficulties to specialist services as appropriate?</b>				
Yes	No	Not Applicable		
<b>Section 3: Additional Training</b>				
<b>Q10. Please record details of any other training or study days you have received in relation to child and adolescent mental health. Please include both in-house and external training.</b>				
Title of Course/ Study Day	Main topic areas covered	Was this course adequate for your training needs?	If not, what would have made it more useful?	
		Yes/No		
		Yes/No		
		Yes/No		
		Yes/No		
		Yes/No		
		Yes/No		
		Yes/No		
<b>Q11. Are there any factors which have encouraged/inhibited your attendance at, or completion of, training courses?</b>				
<b>Section 4: Confidence levels</b>				
<i>This section asks you to rate your current overall confidence in relation to child and adolescents emotional and mental health</i>				
<b>Q12. Please tell us about the level of confidence you have in being able to identify, manage and refer the following common mental health difficulties.</b>				
<i>0 – Not a function that you would normally expect to perform</i>				
<i>1 – No confidence</i>				
<i>2 – Limited confidence</i>				
<i>3 – Good level of confidence</i>				
<i>4 – Total confidence</i>				
	Identify	(Co) Manage	Referral to other universal professional	Referral to more specialised service
<b>Behavioural problems</b>				
<b>Sleep difficulties</b>				
<b>Attachment difficulties</b>				
<b>Family relationships difficulties</b>				
<b>Low mood/depression</b>				
<b>Anxiety</b>				
<b>Bereavement/Loss/Family break up</b>				
<b>Minor self-harm</b>				
<b>Early onset phobia</b>				
<b>Eating problems</b>				
<b>Emotional aspect of child protection</b>				
<b>Solvent/alcohol/drug use</b>				

School related difficulties (not primarily learning difficulties)				
Emotional problems, presenting with physical symptoms with no obvious organic cause				
Developmental disorders to include autistic spectrum disorders				
Acutely distressed states				
Significant self-harm				
Severe mental illness				
<b>Q13. Would you say you need to increase your understanding of which cases are appropriate for referral?</b>				
Yes		No		
<b>Q14. Would you say you need to increase your awareness of the specialist services to whom you can refer?</b>				
Yes		No		
<b>Q15. Would you say you need to increase your awareness of referral processes including thresholds for referral?</b>				
Yes		No		
<b>Q16. Have you had any difficulties in referring children and adolescents to specialist services e.g. CAMHS?</b>				
Yes		No		
<b>Q17. If you answered Yes to question 17, please indicate the difficulties (tick as many as appropriate):</b>				
I do not always know who to refer to	<input type="checkbox"/>			
I do not know how to refer to the specialist service	<input type="checkbox"/>			
There is not an appropriate specialist in this locality	<input type="checkbox"/>			
There is a long waiting list for cases referred to specialists	<input type="checkbox"/>			
The specialist has not accepted my referrals	<input type="checkbox"/>			
Other – please give details				
<b>Q18. Are there staff within your organisation to whom you can turn to for advice, support for consultation without necessarily making a referral?</b>				
Yes		No		
<b>If yes, please give their profession:</b>				

<b>Q19. Are there staff beyond your own organisation to whom you can turn to for advice, support or consultation without necessarily making a referral?</b>		
Yes	No	
<b>If yes, please give their profession/organisation:</b>		
<b>Q20. Please identify any of your own training needs (please tick as many as appropriate):</b>		
To enhance communication with parents	<input type="checkbox"/>	
To enhance communication with children/adolescents	<input type="checkbox"/>	
Use of referral guidelines to other Universal services	<input type="checkbox"/>	
Understanding availability of help and support to families	<input type="checkbox"/>	
Ethical issues including confidentiality, duties and responsibilities	<input type="checkbox"/>	
Team working with other agencies and role clarification	<input type="checkbox"/>	
Behaviour management	<input type="checkbox"/>	
Anxiety management	<input type="checkbox"/>	
Other: Please list		
<b>Q21. Are there any areas of training that you need to enable you to better manage common mental health difficulties? Please state below</b>		
<b>Q22. Please list the 3 most important training/support needs that you have</b>		
	<b>What is the training support/need?</b>	<b>Why is this important?</b>
<b>1.</b>		
<b>2.</b>		
<b>3.</b>		
<b>There may be relevant aspects of training and support needs which are important to you but which have not been covered in this questionnaire. Please use this space to tell us any other information:</b>		

**Thank you for your help. Your views are important to us and will be used to develop the capability of the workforce who are in contact with children and young people experiencing mental health or emotional wellbeing difficulties.**

### Appendix 3 – CYP IAPT

Number of staff (Nottinghamshire Healthcare Foundation Trust – CAMHS) participating in CYP IAPT training:

Training	2014	2015	2016	2017
CBT	1	1	1	4 (2 RTT trainees)
IPT-A				3
SFP			2	2 (RTT trainees)
Leadership	3	2	3	2
SFP Supervisor			1	1
CBT Supervisors	1	1		2
Enhanced Supervisor		1		
<b>Total Started</b>	<b>4</b>	<b>5</b>	<b>7</b>	<b>14</b>
<b>Total Completed</b>				

Number of staff (Nottingham City Council) participating in CYP IAPT training:

Training	2015/16	2016/17
CBT	1*	2
IPT-A		1
SFP		
Enhanced Evidence Based Practice	2	1
Leadership		1
SFP Supervisor		
CBT Supervisors		1
Enhanced Supervisor		
<b>Total Started</b>	<b>3</b>	<b>6</b>
<b>Total Completed</b>	<b>2</b>	

\* left the service before completing training

## Appendix 4 – CAMHS Workforce April 2016

### Nottingham City Specific services

	Total number (WTE) of practitioner/clinical staff	Total number (WTE) of non-prac/clinical staff supporting clinical staff (inc admin staff and managers etc)
Behavioural and Emotional Health Team (CityCare)	5.7	2.0
Kooth	4 + 6 volunteers	-
Looked After Children CAMH service (Nottingham City Council)	6.8	1 1 vacancy (manager)
Multi-Systemic Therapy Services (Nottingham City Council)	8	2 admin 2 supervisors
Targeted CAMHS (Nottingham City Council)	22.5	11.5

### Services across Nottingham and Nottinghamshire

**Nottinghamshire Healthcare NHS Foundation Trust** (providing services across Nottingham City and Nottinghamshire County, although in the Community CAMHS teams, only specialist CAMHS assessment and intervention is provided in the City, whereas targeted and specialist CAMHS assessment and intervention is provided in the County).

Team	Staff	WTE
<b>Community CAMHS North</b>	A&C Band 3	3.73
	A&C Band 4	1.8
	Community Nurse Band 6	6.85
	Consultant	0.5
	HCA Band 4	0.6
	Junior Doctor CT1-3	1
	PAMS Band 8a	0.27
	Prof and Tech Band 5	0.8
	Prof and Tech Band 6	2
	Prof and Tech Band 7	2.14
	Psychologist Band 7	3
	Psychologist Band 8a	0.6
	Psychotherapist Band 7	1
	Community Nurse Band 5	3
	Community Nurse Band 7	1.8
<b>Total</b>	<b>29.09</b>	
<b>Community CAMHS South/City</b>	A&C Band 2	2.72
	A&C Band 3	4.54
	A&C Band 4	1
	Community Nursing Band 5	2.7
	Community Nursing Band 6	9
	Community Nursing Band 7	3
	Consultant	1.5
	HCA Band 4	1.4

Team	Staff	WTE
	PAMS Band 8a	0.26
	Prof and Tech Band 6	4.25
	Prof and Tech Band 7	3
	Psychologist Band 8b	1.86
	Psychotherapist Band 7	0.6
	Psychotherapist Band 8c	0.8
	Apprentice A&C	1
	<b>Total</b>	<b>35.96</b>
<b>Community CAMHS West</b>	Team Lead	1
	A&C Band 3	3.08
	A&C Band 4	1
	Community Nursing Band 6	3.86
	Community Nursing Band 7	1.7
	Consultant	1
	HCA Band 4	1.71
	PAMS Band 8a	0.27
	Prof and Tech Band 6	2.47
	Prof and Tech Band 7	0.33
	Psychologist Band 7	0.4
	Psychologist Band 8a	1.8
	Psychotherapist Band 7	1
	Community Nursing Band 5	2
	A&C Band 2	1.33
	<b>Total</b>	<b>22.95</b>
<b>CAMHS Head2Head (inc Young Persons SMS and WAM)</b>	<u>Head2Head</u> Consultant	0.6
	Community Nursing Band 5	1.20
	Community Nursing Band 6	4.39
	Nursing Band 7	5
	Community Nursing Band 8a	1
	A&C Band 3	1.66
	A&C Band 4	1
	HCA Band 3	1.8
	<u>YPSMS</u> Consultant	0.2
	Community Nurse Band 6	0.85
	Community Nurse Band 7	1
	Prof & Tech Band 5	2.18
	Prof & Tech Band 6	1.78
	<u>WAM</u> Senior Manager Band 7	1
	Prof & Tech Band 5	1
	A&C Band 3	0.8
	<b>Total</b>	<b>25.46</b>
	<b>CAMHS Eating Disorders Team</b>	Consultant
Community Nurse Band 6		3
Community Nurse Band 8a		1
Dietician Band 7		1
Psychologist Band 8a		0.6



Team	Staff	WTE
	Psychotherapist Band 7	2.5
	A&C Band 3	0.8
	<b>Total</b>	<b>9.7</b>
CAMHS Children Looked After City	Consultant	1
	Social Worker Bt in NCityC	1
	Community Nurse Band 7	0.3
	Psychologist Band 8a	0.6
	Psychologist Band 8b	0.3
	<b>Total</b>	<b>3.2</b>
CAMHS Children Looked After County	Consultant	0.8
	Psychology Trust Grade	0.5
	Community Nurse Band 6	1
	PAMS Band 7	1
	Psychologist Band 7	1
	Psychologist Band 8c	1
	A&C Band 3	2.1
	<b>Total</b>	<b>7.4</b>
CAMHS Primary Mental Health Team	Community Nurse Band 7	1
	Prof and Tech Band 6	4
	Community Nurse Band 6	5
	A&C Band 3	0.4
	HCA Band 3	2
	<b>Total</b>	<b>12.4</b>
CAMHS SPA	Community Nurse Band 6	1.73
	A&C Band 2	1
	A&C Band 3	0.4
	HCA Band 3	1
	<b>Total</b>	<b>4.13</b>
CAMHS Crisis Team	A&C Band 3	1
	Community Nurse Band 6	4
	Community Nurse Band 7	5.7
	Community Nurse Band 8b	1
	Consultants	1.5
	Psychotherapist Band 8a	0.4
	Social Worker	1
	<b>Total</b>	<b>14.6</b>
CAMHS Young Person IAPT	Community Nursing Bt in NCityC	1
	Community Nursing Band 6	0.4
	Community Nursing Band 7	0.2
	Community Nursing Band 8a	0.1
	Psychologist Band 8a	0.4
	Psychotherapist Band 6	0.4
	Psychotherapist Band 7	0.2
	<b>Total</b>	<b>2.7</b>
Paediatric Liaison	Consultant	1
	Family Therapy Band 8a	1
	A&C Band 3	1
	<b>Total</b>	<b>3</b>

<b>Team</b>	<b>Staff</b>	<b>WTE</b>
<b>Specialist ASD/ADHD/Neuro/ID</b>	A&C Band 3	1.11
	Community Nurse Band 6	4.6
	Community Nurse Band 7	2
	Prof and Tech Band 6	2.6
	Consultant	0.6
	Consultant BT in University of Nottingham Consultant	1.7
	A&C BT in University of Nottingham	2.5
	Psychologist Band 7	1
	<b>Total</b>	<b>16.11</b>