

Summary of proposal

To develop the proposal, the CAMHS leadership team has taken into consideration the following points.

- Resilience in terms of leadership and management
- Developing and expanding SPA to a distinct team
- Enhancing evidence-based practitioners and the supervision of these posts

The leadership team has reviewed the proposed submitted in Feb 22. The outcome of the review has resulted in the following amendments to the original proposal:

Removed from the original proposal is the:

- Contribution of 10% to the Service Manager role
- Data analyst (1FTE)
- FSW/Qualified CWP (4FTE)
- CBT Qualified (2FTE)
- CWP Qualified (2FTE)

The following roles have been retained in the proposal:

- Team manager (1FTE)
- Nurse Prescriber (1FTE)
- CAMHS Practitioner (2FTE)
- CWP Qualified (3FTE)

The following roles have been added to the proposal:

- Head of Service (1FTE)
- LI Supervisor (1FTE)
- High Intensity Practitioner (2FTE)
- Co-production Support worker (1FTE)

Rationale for roles

Head of Service role – As a service area, CAMHS has grown over the last few years and continues to do so with the addition of MHST, BEH, HLM and support to MST and CAMHS CIC. There is also the need to develop and transform the current model of CAMHS and closer working relationship with strategic partners and funders. This requires the service to have a dedicated senior manager (Head of Service) to ensure resilience across the leadership team and wider service.

New posts to SPA: The role of SPA has increased exponentially. This development will enable CAMHS to offer robust and comprehensive early intervention. CAMHS will also be able to reduce waiting times, increase access to the service and deliver life-span provision at the point of referral. CAMHS's early intervention model of delivery has previously been considered exemplary, extending the resources within the enables CAMHS to fully embed the Thrive model within the service.

High intensity posts – These post will increase the provision for high intensity therapeutic work in line with IAPT (CBT, IPTA, LI CBT, SFP, Parent therapists). Increasing this provision will require additional supervision for CWPs and intensity posts, provided by the LI supervisor (attached to hub 3 on the proposal)

An additional specialist: would allow for both an operational and clinical specialist and avoid drawing from the generic team to provide SPA cover. The additional specialist would also support with quality assurance by authorising assessments and supervising clinical work on SPA.

Nurse prescriber/Liaison: This role will be crucial in working across NHCT and NCC regarding medication reviews, health checks, provide practice guidance and consultation around unexplained medical illness. Liaison with healthcare providers

The additional of these role will transform the SPA's service offer and strengthen a much-needed health element and increase resilience in terms of specialist availability: