

ON THE DAY BRIEFING: MENTAL HEALTH WORKFORCE PLAN FOR ENGLAND JULY 2017

Health Education England (HEE) has today published *Stepping forward to 2020/21: the mental health workforce plan for England*.

The workforce plan is intended to support the delivery of the *Five Year Forward View for Mental Health* and will draw on its funding. The plan is mainly concerned with the formal, specialist mental health workforce employed by mental health trusts and other NHS-funded providers. It sets out where we are now, where we need to be, and what we need to do to get there. There are a number of actions for trusts as employers and also for sustainability and transformation partnerships (STPs), and these are summarised below and set out in more detail in Annex A of this document.

If you have any questions about this briefing or our work in this area please contact Paul Myatt, policy advisor (workforce) at paul.myatt@nhsproviders.org or Cassandra Cameron, policy advisor (quality) at cassandra.cameron@nhsproviders.org.

WHERE WE ARE NOW

The NHS currently funds over 214,000 posts to provide specialist mental health services in England, but just over 20,000 of these are vacancies, largely filled by bank and agency staff. Figure 1 sets out the number of staff and vacancies in mental health trusts as of 2016. The aggregate picture masks geographic and service specific variations.

Figure 1 Number of posts (FTE) and vacancies (FTE) in mental health trusts as of 2016

Posts (of which vacancies)	Medical *	Nursing and Midwifery	AHPs and Scientific, Therapeutic and Technical Staff	Total Professionally Qualified Clinical Staff	Support to Clinical Staff	Administrative and Infrastructure Staff	Total
Children and Young People's	800 (100)	3000 (400)	4000 (500)	7900 (900)	1800 (0)	1700 (100)	11400 (1100)
Adult Improving Access to Psychological Therapies	0 (0)	0 (0)	5200 (600)	5200 (600)	2600 (300)	2000 (0)	9700 (900)
Perinatal	100 (0)	200 (100)	100 (0)	300 (100)	100 (100)	100 (0)	500 (200)
Crisis - Adult Improving Access to Psychological Therapies	400 (0)	3300 (400)	500 (100)	4200 (500)	1000 (100)	0 (0)	5200 (500)
Liaison Mental Health	400 (0)	1600 (0)	100 (0)	2100 (0)	100 (0)	300 (0)	2500 (0)
Early Intervention in Psychosis	100 (0)	800 (0)	400 (0)	1300 (0)	300 (0)	300 (0)	1900 (0)
Liaison & diversion	0 (0)	200 (0)	100 (0)	300 (0)	0 (0)	0 (0)	400 (100)
Total Transformation Areas	1900 (100)	9200 (800)	10400 (1300)	21400 (2200)	5800 (400)	4400 (200)	31600 (2800)
Core Acute	5200 (700)	31900 (3700)	14000 (900)	51100 (5300)	32800 (2600)	15400 (1500)	99300 (9400)
Core Community	4300 (600)	26700 (3100)	11800 (800)	42800 (4400)	27500 (2200)	12900 (1200)	83300 (7900)
Total Core	9500 (1200)	58600 (6800)	25800 (1700)	93900 (9700)	60300 (4800)	28400 (2700)	182500 (17300)
TOTAL	11400 (1400)	67800 (7600)	36200 (3000)	115300 (11900)	66100 (5300)	32700 (2900)	214100 (20100)

Good data is only available for the mental health workforce employed by NHS statutory organisations, not the workforce in social care or the independent or voluntary sectors. There are also rising attrition rates for all mental health staff and the NHS is losing around 10,000 mental health staff a year. Given the complex picture, the workforce plan focuses on three areas of the mental health workforce: the mental health nursing workforce, the medical workforce, and the wider workforce (psychology and psychological therapies – including adult Improving Access to Psychological Therapies, occupational therapy and other allied health professionals, and new roles).

WHERE WE NEED TO BE

HEE and the arms length bodies have had to use one care model in each area to create a high-level workforce planning model to inform the development of the workforce plan for mental health, but are clear that there is no one right way to deliver the outcomes set out in the *Five Year Forward View for Mental Health*. Different areas will have different communities and starting points.

Generally speaking, to deliver increased access to more integrated care at the right time and in the right place, the NHS will need to provide more person-centred care, focus more on retaining existing staff, invest in the skills and development of existing staff, expand the number of staff in mental health services, support staff to work flexibly across boundaries and in increasingly integrated settings.

Figure 2 sets out agreed areas of growth in the mental health workforce to deliver the *Five Year Forward View for Mental Health*. In total the ambition is for an expansion of around 21,000 mental health posts to enable improved access for over one million more patients by 2021.

Figure 2 Agreed areas of growth to deliver the *Five Year Forward View for Mental Health*

Current Posts + Expansion Posts	Medical *	Nursing and Midwifery	Allied Health Professional and Scientific, Therapeutic and Technical Staff	Total Professionally Qualified Clinical Staff	Support to Clinical Staff	Administrative and Infrastructure Staff	Total
CYP	800 (200)	3000 (1200)	4000 (700)	7900 (2000)	1800 (2200)	1700 (200)	11400 (4400)
Adult IAPT	0 (0)	0 (0)	5200 (2900)	5200 (2900)	2600 (1600)	2000 (0)	9700 (4500)
Perinatal	100 (100)	200 (500)	100 (200)	300 (700)	100 (400)	100 (0)	500 (1100)
Crisis ⁹	400 (0)	3300 (4600)	500 (200)	4200 (4800)	1000 (2300)	300 (200)	5200 (7100)
Liaison MH	400 (300)	1600 (400)	100 (-100)	2100 (600)	100 (-100)	300 (300)	2500 (600)
EIP	100 (100)	800 (1200)	400 (200)	1300 (1600)	300 (700)	0 (0)	1900 (2600)
Liaison & diversion	0 (0)	200 (300)	100 (0)	300 (400)	0 (0)	0 (0)	400 (400)
Total T.As	1900 (700)	9200 (8100)	10400 (4200)	21400 (13000)	5800 (7100)	4400 (700)	31600 (20900)

Table 4: Current posts plus expansion posts by 2021

Figure 3 sets out the key variables that will affect the supply of posts and people in the form of a waterfall diagram to highlight the dynamic nature of the model. The endpoint is net growth of 11,000 qualified staff (19,000 staff in total) by 2021. This is in line with the government's target of net growth of at least 10,000 professionally qualified staff. The

plan is based on various assumptions, some of which are stretching, such as that initiatives to improve retention will provide an increase of 6,000 FTE to the system.

Figure 3 Growth and transformation for mental health services to 2021

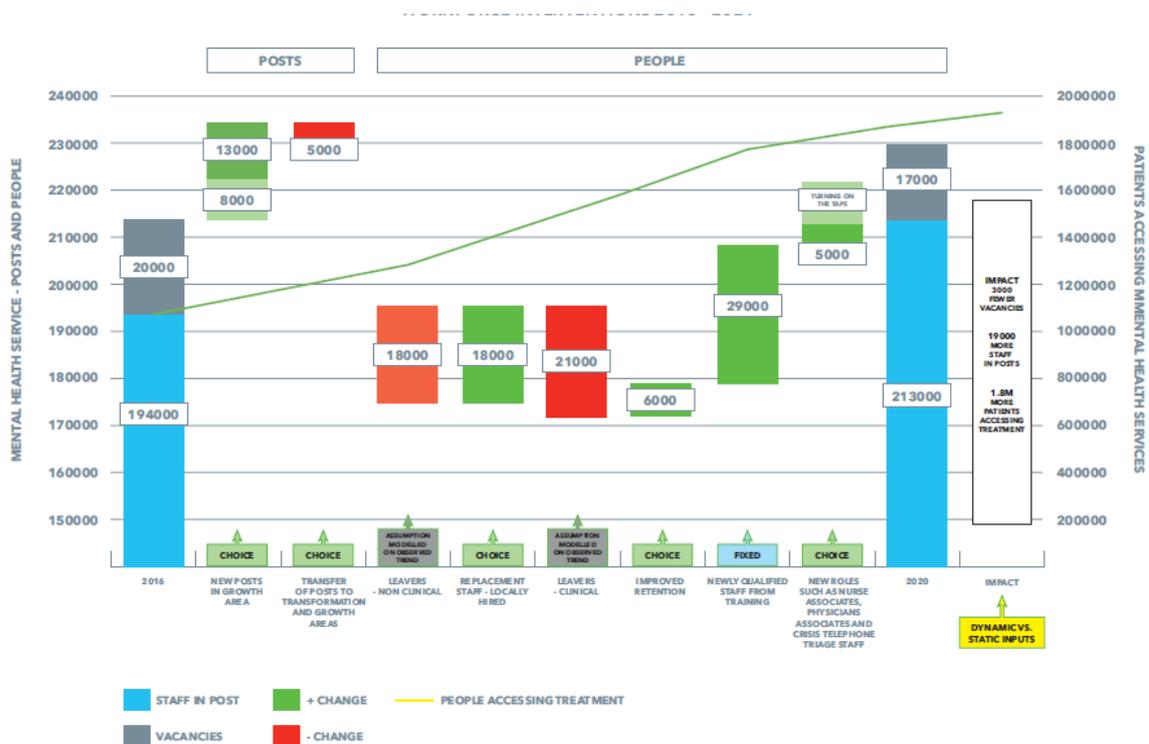


Figure 8: The 'waterfall': Workforce requirements and interventions 2016-2021

WHAT WE NEED TO DO TO GET THERE

The workforce plan acknowledges that no single part of the system holds all the levers necessary to implement its proposals. As the waterfall diagram illustrates a range of levers will need to be pulled if the proposed growth of the mental health workforce is to be realised.

Given this and the scale of the challenge, the system must work together to ensure there are enough staff with the right skills in the right place at the right time to meet the needs of those who access mental health services.

The plan sets out 14 agreed actions different organisations will take to increase workforce supply and support the delivery of the *Five Year Forward View for Mental Health*. We have summarised these agreed actions at Annex A. There is a focus on recruiting and retaining mental health staff and promoting their health and career development. There is recognition that better data will be required to support effective workforce planning for the mental health workforce of the future. There is also a clear message that the expansion of the mental health workforce and enhancement of mental health services must not be delivered at the expense of other services or financial balance.

The delivery architecture

The workforce plan says that it will serve as a framework for STPs to develop local plans and actions and that HEE will provide local workforce data and forecasts to underpin those local plans.

The workforce plan specifically proposes that:

- Each STP should appoint a senior leader (CEO or exec director) to lead the development and implementation of a Mental Health Delivery Plan that includes workforce.
- HEE regional directors will be responsible for coordinating the support given to STPs by national bodies in developing and implementing the workforce element of the Mental Health Delivery Plan.
- The Mental Health Delivery Programme Board will continue to provide oversight of and advice on overall delivery of the *Five Year Forward View for Mental Health*, with regional mental health programme boards reporting on overall local progress to the Mental Health Performance and Delivery Group.
- A workforce operational sub-group, chaired by the HEE Senior Responsible Officer, will review progress in developing and implementing workforce plans.
- The arms length bodies will review their national and regional approaches to prevent duplication and ensure clear accountability of oversight and support.

Planning for the longer term

The workforce plan is focused on key actions to deliver the 2021 commitments set out in the *Five Year Forward View for Mental Health*. There is recognition of the need to build a longer term strategy for the mental health workforce and HEE commits to working with partners to develop this, including a coherent academic strategy to achieve the *Five Year Forward View for Mental Health* ambition to make the UK a world leader in the development and application of new mental health research.

NHS PROVIDERS VIEW

We have put out the following press release in response to today's workforce plan.

IMPOSSIBLE FOR GOVERNMENT TO MEET MENTAL HEALTH COMMITMENTS WITHOUT ADDRESSING STAFF SHORTFALL

Responding to mental health workforce plan for England, the chief executive of NHS Providers, Chris Hopson said:

"We welcome the scale and ambition of this plan to address NHS mental health workforce shortages. Without enough suitably skilled staff, it will be impossible for the Government to meet its commitment to treat more than one million more patients with mental health conditions by 2021.

"Like other parts of the NHS, mental health trusts are facing major staffing shortages and are struggling to cope with rapidly rising demand. Our State of the NHS Provider Sector report showed there are persistent staff shortages across all roles in all mental health specialties. Less than a third of the chairs and chief executives who responded to our mental health survey were confident that national workforce planning will deliver appropriate numbers of staff. They were especially concerned about recruiting enough mental health nurses and psychiatrists.

"If the plan announced today is to be realised, these shortfalls will need to be addressed rapidly and effectively. This will be particularly challenging given the lag to recruit and train new staff. That is why it's crucial that mental health

services are fully supported to deliver this plan. As we have seen with other plans to boost NHS staffing numbers, staffing increases are not straightforward to deliver particularly in an environment where pay is frozen, there is significant uncertainty for EU staff and potential staff following Brexit and NHS roles are becoming more complex and stressful given growing demand, with a consequent impact on staff morale. Considering the age profile of the mental health workforce we will also need to particularly monitor the impact of removing nursing bursaries in the sector and take timely action to mitigate any risk.

“Finally, it’s vital that the funding, which has already been set aside, actually reaches the frontline – it is, after all, frontline trusts who have to recruit and retain the right mix of staffing to deliver these services.”

ANNEX A – AGREED ACTIONS SET OUT IN THE WORKFORCE PLAN

The plan sets out 14 agreed actions.

- 1 **Producing good mental health.** HEE will work with Public Health England to support implementation of the *Five Year Forward View for Mental Health* and improve the mental health promotion and prevention training of the public health workforce. NHS trust boards should have honest board-to-ward discussions about how to better support their own staff and how to remove barriers to mental health staff asking for and receiving help. HEE will support mental health professionals to raise physical issue with their service users.
- 2 **Identifying and responding as soon as possible to mental and physical health issues.** HEE will raise the awareness of mental health among NHS staff and work with the Royal College of GPs to enhance primary care mental health skills by doing a post-qualification year in psychiatry. HEE will also work with employers to expand the use of Making Every Contact Count in mental health services.
- 3 **Retaining and support existing staff.** NHS Improvement is implementing a national programme of mental health staff retention. In addition:
 - HEE will support improved retention by exploring the creation of a dedicated workforce development budget to help employers retain and develop their existing staff in mental health services
 - The Department of Health will explore Naylor Review opportunities to improve access to NHS accommodation for mental health staff
 - NHS Employers will work with NHS Improvement to better understand sickness rates and work with mental health charities to improve the mental health of the workforce
 - NHS Employers will also work with trusts to encourage and support more flexible approaches to retirement
 - The National Mental Health Nurse Directors Forum is working with the Royal College Psychiatrists and the Royal College of Nursing to look at the impact of the end of the mental health officer status.
- 4 **Employers supporting clinical staff to release more time for those who access mental health services.** NHS England, NHS Improvement, and HEE will work with the Royal College of Psychiatrists (RCPsych) and NHS Employers to develop and spread solutions such as personal assistants, pharmacists working alongside consultants, physicians associates, and senior nurses working at the “top of their licence”.
- 5 **Encouraging qualified staff to return to practice in the NHS.** HEE will work with NHS Improvement, NHS Employers, and RCPsych and mental health charities to deliver a major return to practice campaign for psychiatrists and mental health nurses. HEE and NHS Improvement will also explore support for other qualified staff who may wish to develop a career in mental health.
- 6 **International recruitment to fill short-term gaps.** HEE is looking to take forward a number of international workforce initiatives, including overseas recruitment, focusing initially on the four priority areas, mental health, primary care, urgent care, and cancer. RCPsych and HEE will ensure that psychiatry has a significant share of the Medical Training Initiative allocation. Consideration should also be given to developing academic postgraduate degrees, ie masters in psychiatry, for senior doctors from overseas.
- 7 **New skills, roles, and ways of working.** HEE will work with partners to continue the expansion of recently created roles in mental health services including: advanced practitioners, apprenticeships, nursing associates,

consultant allied health professionals and consultant nurses, peer support workers, physician associates and clinical academics. HEE will also work with partners to consider the creation of additional new roles and the NHS Leadership Academy will develop and deliver leadership training courses for Consultant Psychiatrists, Nurse and AHP Consultants, Consultant Clinical Psychologists and others to enhance and support their skills as team leaders.

- 8 **Expanding the talent pool of future staff.** HEE will explore with the Medical Schools Council changing entry requirements so that psychology A level can be used for entry to medical school. HEE will also work with the General Medical Council to ensure psychiatry is prioritised in the new UK Medical Licensing Assessment and will explore the development needs of specialty and associated specialty grade doctors working in mental health.
- 9 **Attracting people to work in mental health.** HEE will work with the royal colleges, doctors in training, and mental health charities to develop an urgent action plan to attract and retain more clinicians to work in mental health services and psychiatry. As part of this, HEE will develop a major campaign in advance of the 2018 recruitment round to help attract newly qualified people to training courses, as well as recruiting qualified staff from other sectors.
- 10 **Increasing the number of applicants for clinical training courses.** With the expansion of medical student places by 1500 in England, HEE will work with RCPsych and partners to ensure that the allocation of these places is to universities with a proven track record in producing psychiatrists. They will also work to increase the exposure to psychiatry during training. From 2019 all doctors in the foundation programme will be required to undertake a “taster” two week attachment in psychiatry unless they are doing a four month post. Bursaries for psychiatry training will also be explored.
- 11 **Supporting and retaining our trainees.** HEE and RCPsych will work together with doctors in training to understand what makes decide not to progress from core to higher psychiatry training. They will also work with employers to reduce attrition rates from psychiatry and address issues affecting trainees’ working lives such as rotas and access to training opportunities.
- 12 **Better intelligence about the mental health workforce.** HEE will work with NHS Digital and other arms length bodies to secure access to workforce data from non-NHS sectors as soon as possible to support more effective workforce planning.
- 13 **A Compendium of Best Practice.** HEE will support the royal colleges and providers to establish a Compendium of Best Workforce Practices, to support employers and teams to achieve workforce transformation and growth.
- 14 **Robust local workforce plans to grow and transform the mental health workforce, aligned with finance and service plans.** By April 2021 employers are expected to create, fund, and fill 21,000 new posts in the priority growth areas, but this cannot be at the expense of other services that those who access mental health services rely on and must not be isolated from continuing efforts to improve quality and improve financial balance. The workforce plan therefore recommends that:
 - Each STP will appoint a senior leader (chief executive or exec director) to lead the development and delivery plan for mental health, that ensures ongoing alignment between the funding, policy commitments and workforce availability and actions

- HEE's Local Workforce Action Boards will lead on the workforce element of the plan and support each STP lead with data analysis
- STPs should include workforce plans as part of their finance and service submissions and need to be assured that implementation is carefully planned so that transition and growth aligns with when the workforce and funding becomes available and that quality of care is not affected
- Arms length bodies will review regional and local governance, resources, and data collections, to support alignment of finance, policy and workforce in mental health while reducing duplication and maintaining their statutory accountabilities.