Health Education England

Stepping forward to 2020/21: The mental health workforce plan for England - summary

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"This plan makes clear that no one organisation holds all of the levers necessary to produce the required workforce. Delivery will require providers, commissioners, ALBs, local authorities and the third sector to work together to ensure we recruit, retrain and retain the staff that we need"

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Section 1: Purpose[1]

Mental health has never had such a strong focus and support. Following the publication of the FYFVforMH the Government has committed to a more proactive and preventative approach by investing £1bn in:

- Improved access to services at an earlier stage
- Services accessible at the right time
- Services delivered in a more integrated way
- Embedding mental health services into the NHS

This provides a rare opportunity to improve the way we provide care across all settings; all age groups, and across all health and care professions, with more care delivered in the community.

How can this be delivered?

- Motivated and multi-professional teams focused on delivering person-centred care

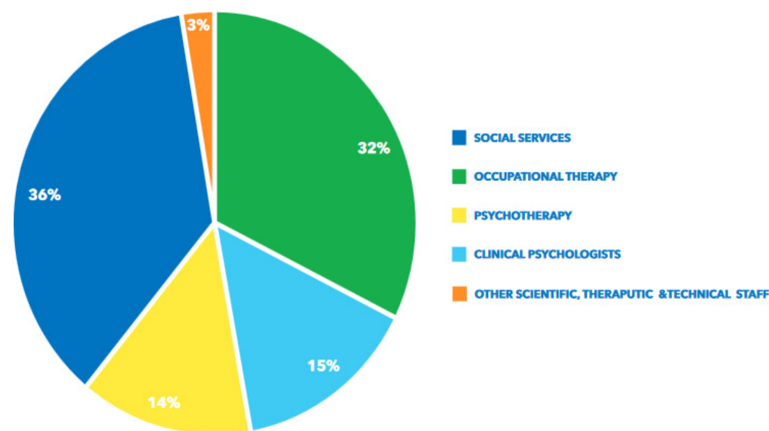
"The NHS will establish 21,000 posts and employ 19,000 additional members of staff by 2020. 11,000 of these will be drawn from the 'traditional' pools of professional regulated staff […] In addition there will be 8,000 people moving into new roles"

The document offers a workforce plan to help local systems deliver the FYFVforMH and sets out; where we are now, where we need to be and what we need to do to get there.

[1] Pages 4-5

Section 2: Existing workforce – where are we now?[2]

The plan is primarily concerned with the formal, specialist mental health workforce employed by Mental Health trusts and other NHS-funded providers. The NHS currently funds over 214,000 posts to provide specialist mental health services in England – just over 20,000 of these are vacancies, so approx. 194,000 people are substantively employed.



Distribution of qualified staff groups in Mental Health Trusts in WTE services

There is also a table on p. 6 showing the number of posts and vacancies (in FTE) in Mental Health Trusts as of 2016.

The volume of demand for mental health services, and the range and breadth of different needs is likely to change.

The attrition rates for all mental health staff are also rising – the number of people leaving has risen from 10.5% 2012/13 to 13.6% in 2015/16.

The plan focuses on the following workforces;

1. Mental Health nursing workforce
2. Medical workforce
3. Wider workforce (psychology and psychological therapies etc.)

[2] Pages 5-17

The Mental Health nursing workforce

With 67,800 posts in 2016 the mental health nursing workforce has the highest number of qualified staff. The number of posts for qualified nurses available has fallen in recent years. In 2016 it was nearly 12% below the 2009 level, in contrast to nursing as a whole which has grown over the same period. Mental health nursing has also lagged behind the growth seen in other mental health professions.

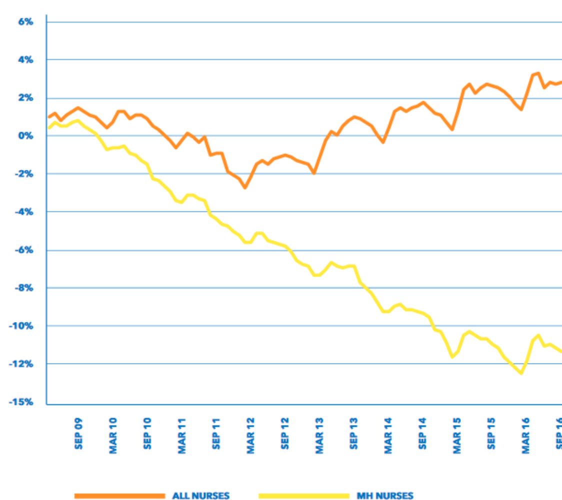


Figure 2. Comparative growth of mental health nursing and all nursing fields[3]

Comparative growth of mental health nursing and all other fields

In 2015, a range of reforms to clinical education were announced, moving nursing students onto the Student Loans Company support transitioning to the open market. Mental health nurses are typically older (27% of application in 2015/16), and it will be important to ensure that changes do not adversely affect recruitment. A more flexible option, Nursing Associates, has recently been introduced by HEE.

The growth of nursing posts in mental health has not kept pace with other professions to date and 11% of these are vacant. Also, the net effect of staff turnover in mental health is currently negative, which means there are fewer mental health nurses employed each year. Close attention will also need to be paid to the impact of Brexit and bursaries. It will be essential to explore opportunities for reskilling and developing existing staff.

The Mental Health medical workforce

There are currently 11,400 posts in medical posts in mental health services of which 5,400 are consultants. Of these, 1,400 (12%) are vacant including 700 (13%) consultants. There are a number of points in the training 'pipeline' for psychiatrists where potential supply can be lost;

- Not enough newly qualified doctors choosing/ able to train in psychiatry
- Low direct transition rates from Core to Higher Speciality Training
- Recruitment into higher psychiatry is therefore reliant on non-UK doctors in training
- A quarter of recently qualified consultant psychiatrists do not go on to be employed substantively by the NHS
- The psychiatric workforce also relies heavily on non-consultant, non-training grade (SASG) doctors

The FYFVforMH and this plan identify the need for significant additional psychiatrists to be employed.

The current levels of medical attrition may, in parts of the senior and experienced workforce, be attributed to the Mental Health Officer (MHO) scheme, 1976, which was introduced to address recruitment issues by offering the opportunity to retire at 50 after 20 years MHO membership.

Some regions are failing to attract and retain doctors in psychiatric training, in the North, the 'fill rate' can be as low as 38% which can lead to little competition for places and higher rates of non-UK recruitment into these posts.

Attracting more UK medical school graduates into both core and psychiatry training is therefore essential.

Wider workforce

Psychologists and psychological therapists fill a range of roles in mental health services – there are 10,000 clinical psychologists registered with the Health and Care Professions Council (HCPC) and alongside them smaller numbers of counselling psychologists (1,900) and forensic

psychologists (800). There are approx. 29,000 psychological therapists working across the health and wellbeing system (all sectors). Retention of the psychological professions is traditionally very high relative to other registered professions.

Improving Access to Psychological Therapies for adults (IAPT)

This service follows the principles of 'stepped care' i.e. the least intensive treatment that is appropriate – it employs two groups of clinicians; Psychological Wellbeing Practitioners (PWPs) and High intensity Therapists (HITs). There are nearly 7,000 WTE staff in post providing psychological therapies. The last IAPT census identified high levels of movement of staff and revealed a predominantly female, white, British workforce aged 26-45.

The FYFVforMH requires the training of an additional 4,500 therapists between 2015 and 2020. A successful transition from central funding by HEE to localised funding by CCGs will be key to achieving the 2020 ambition.

Occupational Therapy

There are currently 38,000 Occupational Therapists registered with the Health and Care Professions Council. The roles they play in the delivery of the FYFVforMH include:

- The individual and the environment
- The roll out of Individual Placement with support (IPS)
- Assessing and modifying the home environment
- Confidence to raise physical health issues with people

New Roles

Alongside improvements in recruitment and retention, skilling up staff to provide new models of care in new settings and teams need to go hand in hand. New roles (including peer workers, graduate mental health practitioners, nursing associates, assistant practitioners and physician associates) complement staff from traditional professional routes.

Section 3: Our future workforce – where do we need to be?[3]

"We expect local systems to learn from each other and consider how best to deliver the required improvements […] while the exact details will vary from area to area, in order 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 our 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"

There is no one right way to deliver the outcomes set in the FYFVforMH but a starting point is required. The assumptions are set out as a waterfall (Figure 8, p. 20) to make explicit the supply of posts and people and highlight the dynamic and interdependent nature of the model. This model sets out the endpoint: a net growth of 11,000 qualified staff by 2012 (19,000 in total) to support over a million more patients accessing treatment.

Current planning assumptions to support local systems:

- Existing posts and vacancy assumptions: the model assumes that although it may not be possible to fill all the vacancies by 2012, the 'vacancy rate' will reduce as we shift people into substantive policies
- New posts and growth assumptions: employers will need to create an additional 21,000 posts in the initial seven growth areas
- Growth and transformation assumptions: a reduction pf 5,000 posts in services facing reduced demand by 2021. Local employers will need to think about what posts they need where.

[3] Pages 18-22

- Staff leaving assumptions: 18,000 support staff and 21,000 clinically-qualified staff are forecast to leave statutory mental health services. Leavers must be replaced by suitably trained and skilled individuals. This model reflects the NHSI national programme of mental health retention which should provide an increase of 6,000 WTE to the system.
- Supply of non-clinical staff assumptions: employers will source 18,000 non-clinical support staff through local labour markets.
- Supply of HEE commissioned clinical staff assumptions: additional clinical staff are being trained by HEE and 29,000 newly qualified clinicians will be available for employment by 2020.
- Supply of other new staff: employers will source 5,000 clinical staff from outside the training pipelines described above.

If identified actions are achieved (as outlined in the waterfall model) then the assessment is that by 2021 the NHS will benefit from as many as 19,000 net additional WTE staff.

Section 4: How will we get there: agreed actions[4]

1. **Producing good mental health:** reduce demand by preventing the forecast rise in mental health problems.
   - HEE will work with PHE to support implementation and improve promotion and prevention training in the public health workforce.
   - Better support for the NHS's own staff, as well as those who access mental health services.
   - Tackling stigma that still exists about mental health
   - HEE will support mental health professional to have the skills and confidence to raise physical health issues with service users through MECC

2. **Identifying and responding as soon as possible to mental and physical health issues:** HEE will raise awareness of mental health amongst NHS staff; all mental health staff need skills in prevention and improving physical health

3. **Retaining and supporting our existing staff:** 10,000 staff are lost each year from mental health services. NHSI is implementing a national programme of mental health staff retention.
   The programmes offer:
   - Targeted support for those with highest clinical leaving rates
   - Retention masterclasses for Directors of Nursing and HR Directors
   - Joint support national retention programme run by NHS Employers
   - Encourage employers to intelligently rethink skill mix within teams

   In addition:
   - HEE will support improved retention through a workforce development budget
   - DH will explore opportunities through the Naylor review
   - NHS employers will work to support more flexible approaches to retirement
   - Impact of end of Mental Health Officer (MHO) status to be examined and recommendations made

4. **Employers supporting clinical staff to release more time for those who access mental health services**: development of spread solutions to reduce time taken for administrative and other tasks such as:
   - Personal Assistants; Pharmacists working alongside consultants; Physician Associates; Supporting senior nurses to work at the 'top of their license'

5. **Encouraging qualified staff to return to practice in the NHS:** learn from HEE's Return to Practice programme where 3,200 nurse have been attracted back to the professions by;
   - A major Return to Practice campaign led by HEE
   - Support for other qualified staff who want to develop a career in mental health

6. **International recruitment to help fill short-term gaps:** in the short term some key skilled workers will need to be sourced from the global market by;
   - HEE taking forward a number of international workforce initiatives
   - Ensuring psychiatry has a significant share of the Medical Training Initiative (MTI) allocation
   - Consideration of developing academic postgraduate degrees i.e. MA in Psychiatry

[4] Pages 22-28

7. **New skills, roles and ways of working:** new care models means building flexible teams across traditional boundaries.
   - NHSE's commissioned pathways will reflect more modern, diverse and highly multi-disciplinary teams
   - HEE will work to continue the expansion of recently created roles in mental health services
   - HEE will work to consider the creation of new roles such as Early Intervention Workers
   - The Leadership Academy will develop and deliver leadership training courses for Consultant Psychiatrists

8. **Expanding the talent pool of future staff:** Psychology is popular and rigorous but not recognised by medical schools, reducing the pool of potential applications.
   - HEE will explore changing entry requirements with the Medical Schools Council and work with GMC to ensure priority of mental health is reflected in the UK Medical Licensing Assessment
   - HEE will explore the development needs of SASG doctors working in mental health

9. **Attracting people to work in mental health**
   - Urgent action plan to attract and retain more clinicians
   - Commission focus groups and polls of potential and existing trainees so obstacles can be understood
   - Develop a major campaign to attract newly qualified people to training courses
   - Develop and publish a clear career pathway
   - Widen participation through local recruitment

10. **Increasing the number of applications for clinical training courses:** expansion of medical students places by 1,500 in England
   - Ensure allocation of these places to universities
   - Increase exposure to psychiatry during training
   - Ensure doctors in in Foundation Programme will be required to undertake a 'taster' 2 week placement in Psychiatry
   - Explore bursaries

11. **Supporting and training our trainees**
   - Work with trainees to understand what makes them leave/stay
   - HEE will continue its work to develop 'run through' training for Child and Adolescent Psychiatry
   - Reduce attrition rates from training programmes
   - The RCPysch will be a pathfinder college working on the Accelerated Return to Training Programme
   - Develop alternate training support for those not in training programmes
   - Employers asked to consider board level leadership support for all trainees and existing staff, and asked to review rotas

12. **Better intelligence about the mental health workforce:** HEE working with NHS Digital and other ALBs to get access to relevant data and establish a complete picture

13. **A Compendium of Best Practice**

14. **Robust local workforce plans to grow and transform the Mental Health workforce, aligned with finance and service plans:** by April 2012 employers are expected to create, fund and fill 21,000 new posts. It is recommended that:
   - Each STP appoint a senior leader for the delivery of a plan for mental health
   - LWAB's lead on the workforce element of the plan
   - STPs include workforce plans as part of their finance and service submissions
   - STP plans should include how they intend to re-skill the existing workforce
   - National ALBs review regional and local governance, resources and data collections to support alignment of finance, policy and workforce in mental health

Section 5: The Delivery Architecture[5]

The aim is to provide a framework and workforce model that enables STPs to develop local plans and actions. HEE will provide local workforce data and forecasts to help underpin those plans.

In the first phase it is proposed:

- Each STP appoint a senior leader to lead the development and implementation of a Mental Health Delivery plan
- HEE Regional Directors will be responsible for coordinating support given to STPs by ALBs and other 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 FYFVforMH
- A workforce operational sub-group, chaired by HEE SRO, will review regional progress in developing and implementing workforce plans
- ALBs will review national/ regional resources/ processes to prevent duplication

Longer term:

HEE will work with partners and the wider system to set out in more detail the longer-term strategy to achieve the FYFVforMH

Produced by Knowledge Management, HEE North West.

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Please note this summary is for information purposes only; it does not include validation or critical appraisal of any content.

[5] Page 29