

# Stepping Forward Workforce Planning and the Focus on Developing the MH workforce

**Debbie Hilder**

**Mental Health Workforce Specialist**



Developing people  
for health and  
healthcare

[www.hee.nhs.uk](http://www.hee.nhs.uk)

Health Education England (HEE) exists for one reason only: to support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place

# Our corporate objectives

We have five objectives, devised in response to our emerging role:



**Thinking and leading** - we will lead thinking on new workforce policy solutions in partnership with the Department of Health and others as appropriate to support high quality and sustainable services



**Changing and improving** - we will design and respond positively to innovative recruitment, retention, development and transformation initiatives locally, regionally and nationally which change and improve NHS services and the quality of care



**Delivering and implementing** - we will deliver high quality education and training, implement our Mandate and support partner-led programmes to improve the quality of care and services, guided at all times by the principles of the NHS Constitution



**Focusing on tomorrow** - we will strategically focus on the future including new roles and pathways to the professions and helping the NHS workforce embrace new technology



**Analysing and influencing** - we will use high quality data, evidence, advice and workforce expertise to influence the delivery of NHS priorities

**To find out more search 'objectives' on HEE Connect**

# Policy/Strategic Context

“The *Five Year Forward View for Mental Health* has made an unarguable case for transforming mental health care in England. The costs of mental ill health – whether to the individual, their family or carer, the NHS or wider society – are stark. The opportunity of action cannot be ignored, and this document describes how we will take the action required... ..lays out a roadmap for delivering the commitments made in the *Five Year Forward View for Mental Health* to people who use services and the public “

## Chapters set out:

- National-level objectives
- Costs - where & when money will become available
- Planning assumptions
- **Workforce**
- Data, payment and other system levers





# The FYFV MH challenge



*Health Education England*

Where we are **now**

- Poor parity of esteem between **physical and mental health**
- MH services the **'poor relation'**
- Services often **silos based and secondary care focussed**
- Interventions **often late, not integrated**

Where we need to be **2020**

**MH a top priority with £1bn of additional investment to ensure:**

- **More access to services at an earlier stage** - an extra 1m people by 2020/21
- **Services accessed at the right time**  
- 24/7 for anyone experiencing a MH crisis
- **Services delivered in a more integrated way in the right place**  
- primary care based & combined physical and mental health outcomes
- **MH embedded into the NHS**  
- improved data, right workforce, more investment in research and local leadership

70% of NHS budget is **staffing** costs. The MH strategy will be delivered through people, which means **we will need:**

- A rapid **expansion** of MH staff in growth areas
- **New skills** for existing MH and non-MH staff
- **New ways and places of work**
- Creative and active **leadership & management**

# Core Messages



*Health Education England*

**Mental Health is a key priority for the Government and the NHS**

To deliver the benefits outlined in the **Five Year Forward View for Mental Health and NHS Long Term Plan**

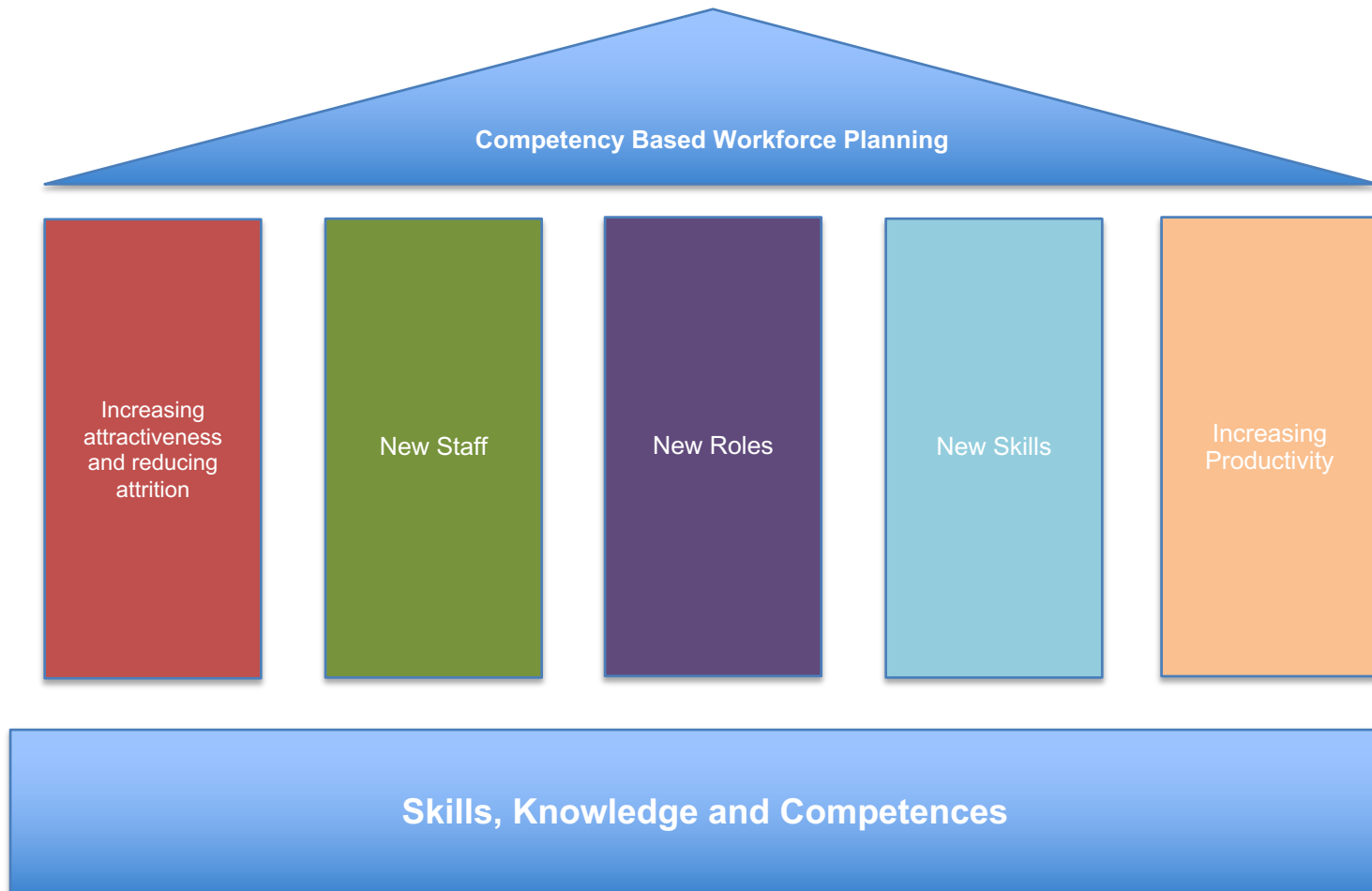
The system will need **more MH staff** working in **different settings & ways**, providing opportunities for existing staff to work differently and develop new skills

Our aim is not to grow new areas at the expense of existing services, but to support a **genuine transformation in the offer to patients** across the whole spectrum of care

The **scale of this change/paradigm shift is massive** and will require **ongoing, active and creative clinical and managerial leadership and management at system level** to 2020 and beyond

This is an exciting opportunity for **MH to be in the forefront of service transformation**, increasing the **profile and attractiveness of the profession** as well as services to patients

# The Five Pillars



- Producing good mental health - **population health and public health**
- Employers supporting clinical staff to release **more time to care** for those that access services
- **Robust local workforce plans** to grow and transform the MH workforce aligned to service plans
- Encouraging qualified staff to **return to practice** in the NHS
- Increasing the number of **applicants for clinical training courses**
- **Retaining and supporting** existing staff
- **International recruitment** to help fill short term gaps
- **New skills, roles and ways of working**
- Expanding the **talent pool**
- **Attracting people** to work in mental health
- Supporting and **retaining trainees**
- **Better intelligence** about the mental health workforce
- Compendium of **best practice**
- **Early intervention**

# Stepping Forward



## *Health Education England*

**The Mental Health Workforce delivery plan sets out clear actions for providers, STPs, and the national ALBs to delivery the workforce growth and transformation needed to deliver on the FYFV-MH.**

- Delivering the FYFV-MH and treating an additional 1million patients each year, using current service models, will need the NHS to employ 19,000 additional staff in 20/21
- Arms and Lengths bodies have agreed on the actions needed (on retention, training, etc.) to reach this total, and the aggregate number of staff required
- Service models will be revised over the period to 20/21, meaning fewer than 19,000 staff may be required, however the net gain will exceed the 10,000 additional staff included in the Government's manifesto
- Delivering the growth will require STPs to understand the level of ambition and actions required of them





# The Mental Health Workforce Plan



*Health Education England*

- Sets out clear **actions** for each sector/body needs to take now **to increase supply** of staff and **develop skills** within budget
- Sets out **further work** required to build a sustainable MH service

*...to deliver the 2021 commitments, from a starting position **NHS and non-NHS providers and other organisations should recognise:***

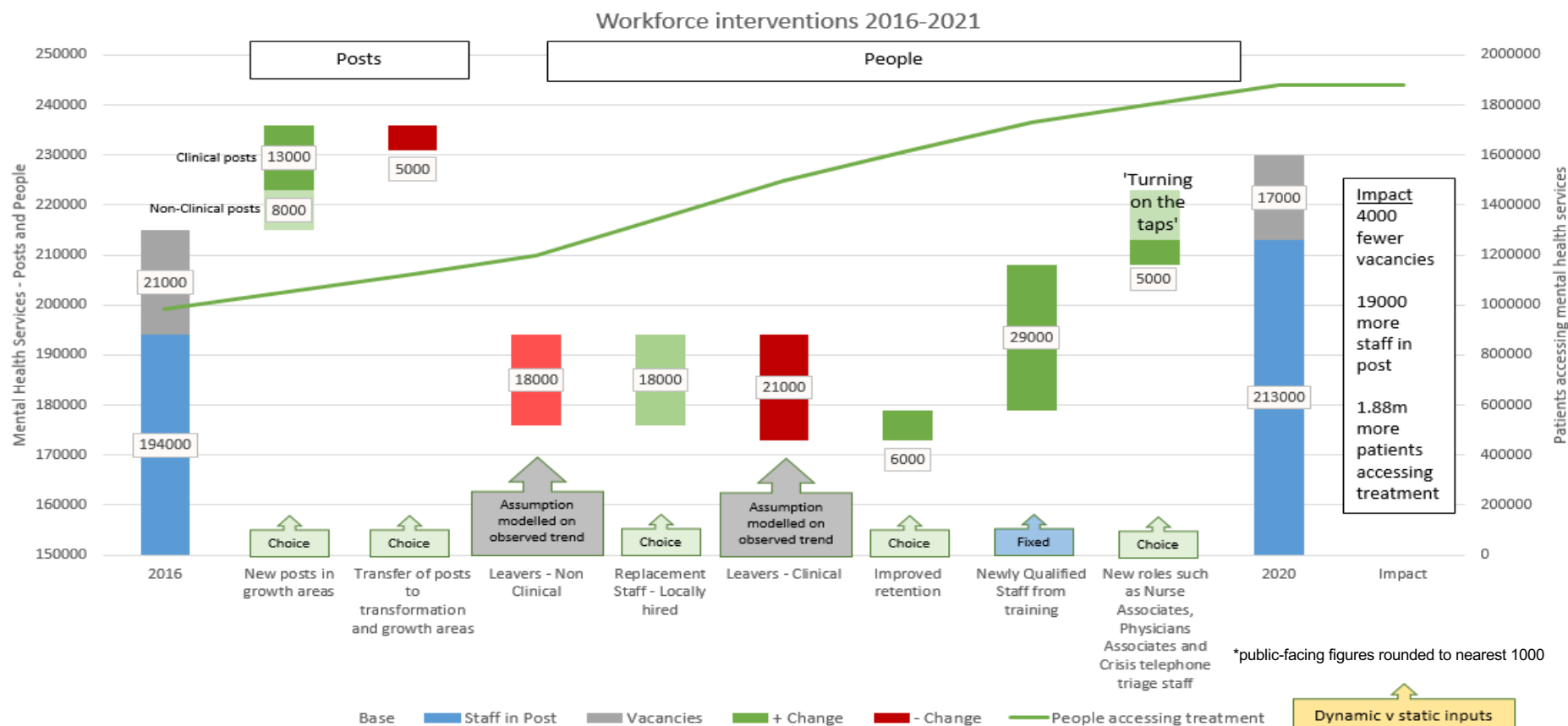
- **Where we are now** – the overall workforce numbers, skills and distribution of MH staff
- **Where we need to be** to deliver the 5YFV and beyond: a net growth of c19k staff, with new skills and new ways of working in different settings
- **Who needs to do what** to achieve the growth: clearly setting out actions on retention, recruitment and education, training and upskilling

### *Why do we need workforce information?*

- **To model projections for required staff numbers** according to Stepping Forward and Long Term Plan against each of the deliverables, including a breakdown by profession and requisite skills and mapped against the allocation of funding for CCGs to ensure capacity is developed in parallel with resources becoming available;
- **To understand the baseline position** for existing staff, **and** the impact of expected **turnover rates** on the need for additional numbers;
- **To identify the gaps in the workforce**, the extent to which these will be closed through existing pipelines, and further actions to deliver the required skills and capacity;
- **To identify training needs for improving skills for existing staff**, including plans to develop and roll out potential new curricula;
- Mental health services is not very well defined and the **staff delivering those services can provide them in a variety of settings by a wide variety of staff**, including non-health staff such as social workers, Youth Offending Teams and voluntary and community organizations.
- *The NHS Long Term Plan* builds on the commitments made in the *Five Year Forward View for Mental Health* to increase the NHS mental health workforce.

# Waterfall diagram

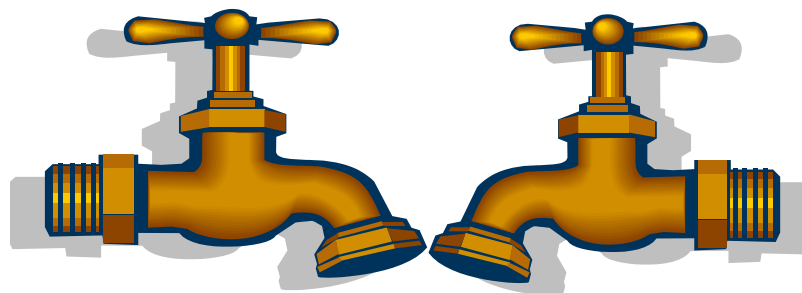
## How will we get there: Key variables and actions to achieve the net staff growth



Official - Sensitive

# The challenge of supply

**Other supply**  
(e.g. labour market, returners, recycling)



**Education and training** – newly qualified supply

**‘Leaks’ (retirement, attrition) and ‘other supply’** are largely determined by the choices of the workforce, but can be influenced by employers



The water represents the **supply**

**Filling the bucket is not just about additional flow... it is also about managing gaps where they exist**

# Changing workforce numbers

- Growth comes primarily from three areas: ***new graduates, return to practice,*** and ***external recruitment.*** These sit alongside retention of current staff
  - We have turned on all these supply taps, and education and new roles will grow the system further and improve existing skill mix. However, these require several years to take effect, and we know we have shortages now
- Therefore, **retention of current staff** will have the most immediate impact on growth and quality of care
  - We therefore need to move towards self sufficiency for staff, but also maintain our position as a world-class provider of education and training.
- We also need to upskill the workforce, to both **manage demand more effectively and improve productivity** – to actively manage gap between demand and supply



# Workforce Minimum Dataset (wMDS)



*Health Education England*

- Uniformity

The workforce Minimum Data Set collection is a service provided by NHS Digital on behalf of the NHS and is widely used by non-NHS organisations, who are contractually obliged to complete it under the NHS standard contract.

- Reliability

It provides a comprehensive view of the size and shape of the workforce employed by independent and voluntary sector providers in England, and provides insight into the capacity of different services.

- Security

The data is securely held by NHS Digital via the workforce Minimum Dataset Collection Vehicle (wMDSCV), which is a secure file transfer and data validation system.

# Benefits to Independent Sector Healthcare Providers



*Health Education England*

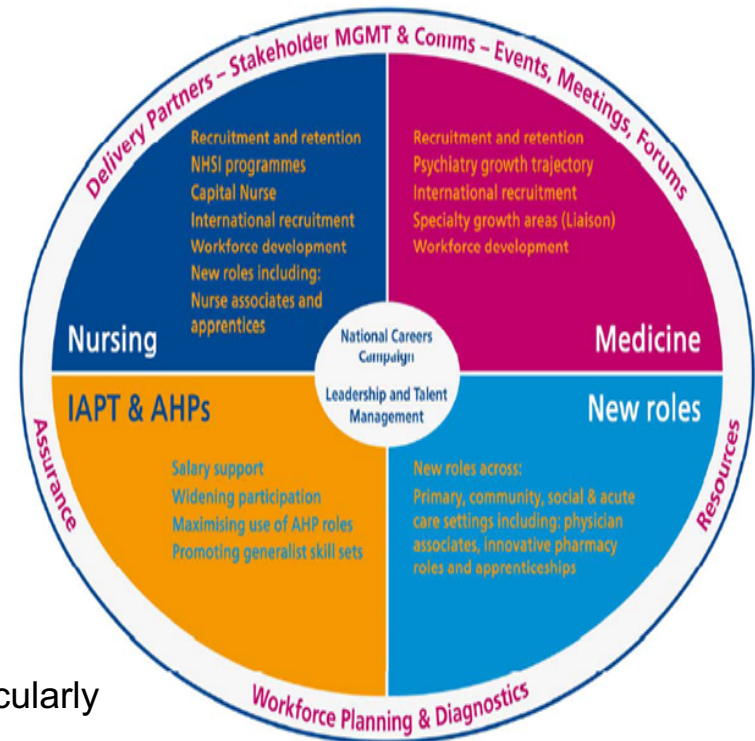
- Understanding gaps in workforce supply and working collaboratively will enable the future needs of the sector to be factored in to workforce planning
- Opportunities to capture and share workforce innovation and transformation
- Understanding skills gaps, and identifying priorities for investment in workforce training and development
- Published data help to understand workforce availability as this is critical to the Five Year Forward View for Mental Health, and deliver the actions set out in *Stepping Forward*.
- The collection will replace the IAPT census and NHS Benchmarking (Child and Adolescent Mental Health Services)

- Spare Slides

# Delivery of the Mental Health Workforce Plan

*Mental Health Workforce plan is being implemented in partnership with all ALB partners and DHSC.*

- Exploring ways **to attract people** and have qualified staff **return to practice** to work in mental health
- Focusing on **increasing the number of applicants** for clinical training courses – such as IAPT education commissions and the introduction of the CYP Wellbeing Practitioner.
- Working with NHS Digital **to accurately record both the mental and non-mental health workforce** and through the development of the MH Workforce Dashboard to monitor the delivery of workforce transformation.
- Working to **expand and upskill** the current talent pool.
- Ensuring there are robust **Mental Health STP Workforce Plans**
- Defining **New Roles and New Ways of working** as well as **New Career pathways** focusing on the wider mental health workforce such as the Mental Health Support Teams.
- Establishing a repository of **best practice**
- **Supporting and retaining trainees.**
- **Promoting population health and early intervention** – particularly through Making Every Contact Count.



### What workforce information do we use for the workforce planning and modelling?

- There is a wide range of Mental Health Workforce Data in the NHS Electronic Staff Record for NHS employed staff by professional group (e.g. doctors, nurses), grade, provider organisation, agenda for change band and etc. This enables time series, and exploration of turnover for example, for Mental Health Doctors, Nurses and Therapists by type of provider, staff specialty or staff main area of work
- We use data or commission specific audits, censuses and other data collections focused on individual services such as Children and Young People's services and Liaison Mental Health.
- The current data does not completely align with the specific clinical areas targeted for growth within Stepping Forward and, therefore, some one off data collections are being commissioned that could cover both the NHS-delivered and NHS-commissioned services (non-NHS services).

### CAMHS Workforce Audit Project Report V1.1, September 2016



Benchmarking Network

Raising standards  
through sharing  
excellence



### 2015 Adult IAPT Workforce Census

03 November 2016

The 2015 Adult Improving Access to Psychological Therapies (IAPT) Workforce Census provides a snapshot of the size and shape of the IAPT workforce in 2015 in England. The current report follows on from previous census reports from 2012 and 2014, and provides insight into the growth and stability of the IAPT workforce.



### Report of the 3rd Annual Survey of Liaison Psychiatry in England (LPSE-3)

*Prepared for Health Education England, NHS England and the National Collaborating Centre for Mental Health, part of the Royal College of Psychiatrists.*

*Jessica Barrett<sup>1</sup>, Peter Aitken<sup>2</sup>, William Lee<sup>1,3</sup>*

- 1. Plymouth University Peninsula Schools of Medicine and Dentistry.*
- 2. Devon Partnership NHS Trust.*
- 3. Plymouth Community Healthcare CIC.*



HEE has commissioned NHS Digital to expand the data collection to independent sector healthcare providers due to limited workforce information being available from independent sector healthcare providers providing NHS services.

The workforce information from independent sector providers will provide a comprehensive view of the size and shape of the workforce employed by independent and voluntary sector providers in England. It provides insight into the capacity of different services.