Health Education England & NHS Digital

Independent Provider Mental Healthcare Workforce Data Collection (wMDS)

8th March 2019

Taunton Rugby Club, Hyde Lane, Taunton

Health Education England (HEE), NHS Digital (NHSD) and other national bodies have over the past few months all been involved with discussions about the Mental Health workforce and the need for better data collection. In the South West exists one of the largest number of independent, private and voluntary providers of NHS services in the country.

Routinely, this workforce data from these organisations is not requested and subsequently data is not accurate. This needs to be addressed as a matter of urgency as there is a need to provide a clear picture of all the Mental Healthcare workforce in order to plan for future expansion and retain the staff already within services.

Just to add a little more context to the workshop, the following statement is essentially HEE's original basis for holding this series of events, this South West one being the first of a number to be held nationally:

- *"The Five Year Forward View for Mental Health set out the improvements in mental health services by 2021. Key to delivery of this plan is an appropriately trained, recruited, retrained (where necessary) and retained workforce being available. To achieve the net growth in staff needed, service providers, service commissioners, local authorities the private and third sector will all need to work together, supported by the national Arm's-Length Bodies.*

- *We would like to work with all Independent Mental Healthcare Providers to ensure that workforce data is available on a routine and consistent basis; collected once and used for multiple purposes and to reduce the burden of completing ad hoc surveys. To this end we are running a series of events to encourage your organisation to become involved in providing this data via the workforce Minimum Data Set (wMDS). The wMDS collection is a service provided by NHS Digital on behalf of the NHS and is widely used by non-NHS organisations, which are contractually obliged to complete it under the NHS standard contract"*

HEE are as a result of the above, hosting a series of events nationally with NHS Digital for Independent Mental Health Providers to help them ensure that their workforce data is available on a routine and consistent basis. Commissioners and providers had been strongly encouraged to attend to help ensure that all non-NHS MH providers in the region are taking advantage of this opportunity to get the information they need to fulfil their contractual data provision obligations. In essence, being the first in the series – this event also doubled up as a trial run for future sessions.

The workshop introduced and opened by **Nick Armitage – NHS Digital**, who helped set the scenario around data and suppliers by laying out few basics before getting stuck in:

- *Who are the independent sector – not for profit &, other independent (non NHS) organisations?*

- *Private Healthcare Providers – what role do they play?*
- *CIC/Social Enterprises?*
- *Third Sector/Voluntary organisations*

Discussing these open ended questions allowed us to set out general aims for the day, which were primarily:

- **To add more context around the wider reasons for data and the implications of not doing so**
- **Making a case for the importance of this data**
- **How to support this data**
- **Address any questions around process**
- **To work together…!**

Importance Of Workforce Information for mental healthcare providers, MH5YFV (Mental Health Five year Forward View) & Wider Context

This portion of the workshop was led by **Ursula James – NHS England - IAPT Programme Manager**, who looked to encourage a little more participation from those attending. Unfortunately, attendance on the day was below half those who had confirmed attendance, so whilst the numbers were a little disappointing it did allow for a more personal experience on the day. On a personal note, I also found a couple of other things left me a little concerned – firstly, that the majority of staff there were from NHS bodies (I was the only CIC attendee), and perhaps more importantly – despite this national initiative being cascaded to BNSSG (I was copied in on its circulation) I didn't recognise anyone from our footprint there. Perhaps this is something to be addressed at a later date when perhaps the sessions are more practiced.

The following slides were presented by Ursula to give a little wider context in terms of forward views, and the associated priorities:

Five Year Forward View for Mental Health

Simon Stevens: "Putting mental and physical health on an equal footing will require major improvements in 7 day mental health crisis care, a large increase in psychological treatments, and a more integrated approach to how services are delivered. That's what today's taskforce report calls for, and it's what the NHS is now committed to pursuing."

Prime Minister: "The Taskforce has set out how we can work towards putting mental and physical healthcare on an equal footing and I am committed to making sure that happens."

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- 20,000+ people engaged
- Designed for and with the NHS Arms' Length Bodies
- All ages (building on Future in Mind)
- Three key themes in the strategy:
  - **High quality 7-day services for people in crisis**
  - **Integration of physical and mental health care**
  - **Prevention and early intervention**
- Plus '**hard wiring the system**' to support good mental health care across the NHS wherever people need it
- Focus on targeting inequalities
- **58 recommendations for the NHS** and system partners
- **£1bn additional NHS investment by 2020/21** to help an extra 1 million people of all ages
- Recommendations for NHS accepted in full and endorsed by government

Mental Health Five Year Forward View: priorities for 2020/21

70,000 more children will access evidence based mental health care interventions.	Intensive home treatment will be available in every part of England as an alternative to hospital. Older People	No acute hospital is without all-age mental health liaison services, and at least 50% are meeting the 'core 24' service standard. Older People
At least 30,000 more women each year can access evidence-based specialist perinatal mental health care.	10% reduction in suicide and all areas to have multi-agency suicide prevention plans in place by 2017. Older People	Increase access to evidence-based psychological therapies, helping 600,000 more people per year. Older People
The number of people with SMI who can access evidence based Individual Placement and Support (IPS) will have doubled.	280,000 people with SMI will have access to evidence based physical health checks and interventions. Older People	60% people experiencing a first episode of psychosis will access NICE concordant care within 2 weeks including children.
Inappropriate out of area placements (OAPs) will have been eliminated for adult acute mental health care.	New models of care for tertiary MH will deliver quality care close to home reduced inpatient spend, increased community provision including for children and young people.	There will be the right number of CAMHS T4 beds in the right place reducing the number of inappropriate out of area placements for children and young people.

Looking further forward, the following slides reflect the longer-term overview for mental health and the longer-term plan ambitions through to 2023/2024:

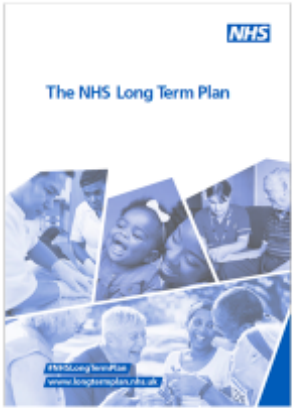
Mental health in the Long Term Plan – an overview

NHS England

Our headline ambition is to deliver 'world-class' mental health care, when and where children, adults and older people need it.

The NHS Long Term Plan published on 7 January 2019 commits to grow investment in mental health services faster than the overall NHS budget. This creates **a new ringfenced local investment fund worth at least £2.3 billion a year by 2023/24**. Further, the NHS made **a new commitment that funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending**. This will support, among other things:

- Significantly **more children and young people** to access timely and appropriate mental health care. NHS-funded school and college-based Mental Health Support Teams will also be available in at least one fifth of the country by 2023.
- Those with **moderate to severe mental illness** will access better quality care across primary and community teams, have **greater choice and control** over the care they receive, and be supported to lead fulfilling lives.
- We will **expand perinatal mental health care** for women who need specialist mental health care during and following pregnancy.
- The NHS will provide a single-point of access and timely, age-appropriate, **universal mental health crisis care** for everyone, accessible via NHS 111.



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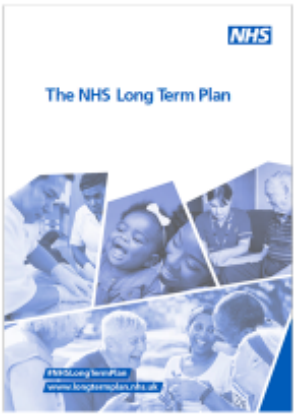

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5

These slides together give a comprehensive overview of timelines with regard to short, mid &longer-term planning over the following five years and outline clearly the commitments that are being made to the Five Year Forward View for Mental Health. These specific commitments will also ensure that we have the data for and can measure the workforce ambition outlined. This is will be supported by:

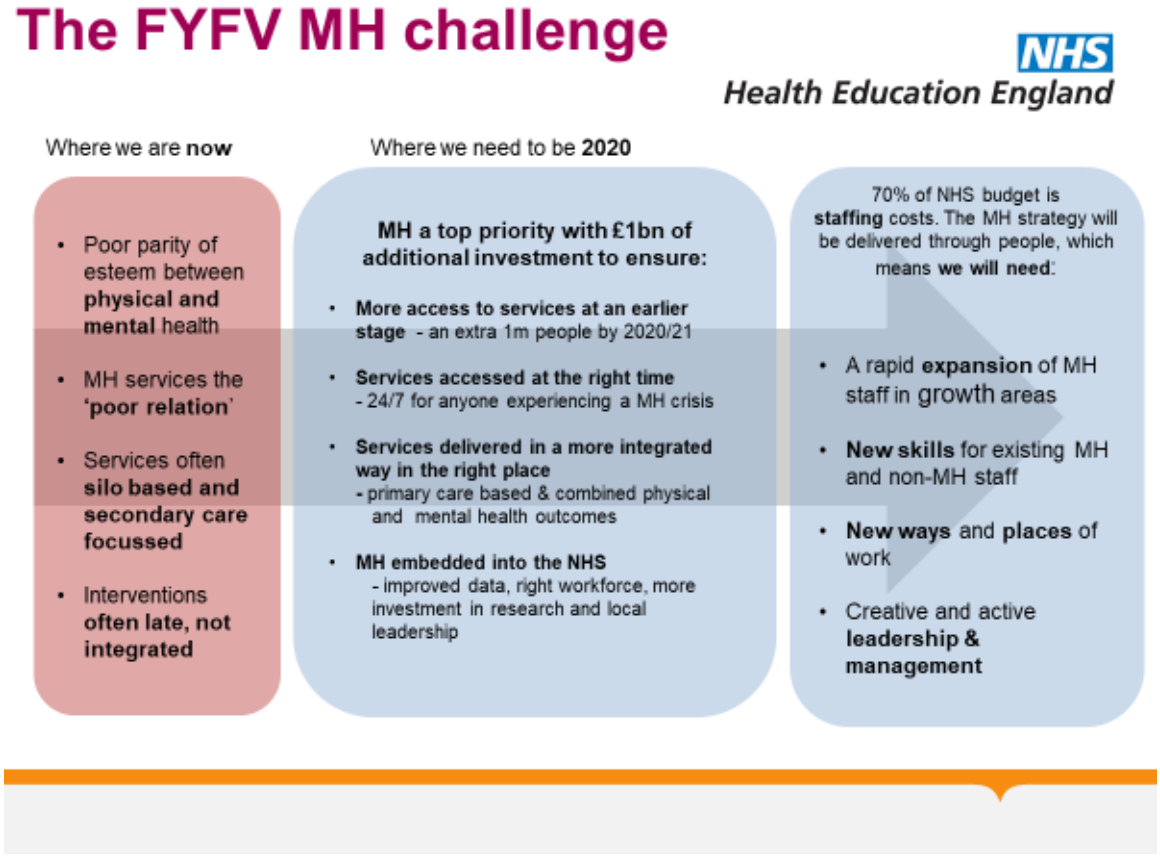
- Transitional plans
- Operational Procedures
- Internal implementation programmes

In addition, shared planning, guidance and support will be offered to all relevant HR departments to achieve these commitments:

Stepping Forward – Workforce Planning & the Focus On Developing The Mental Health Workforce

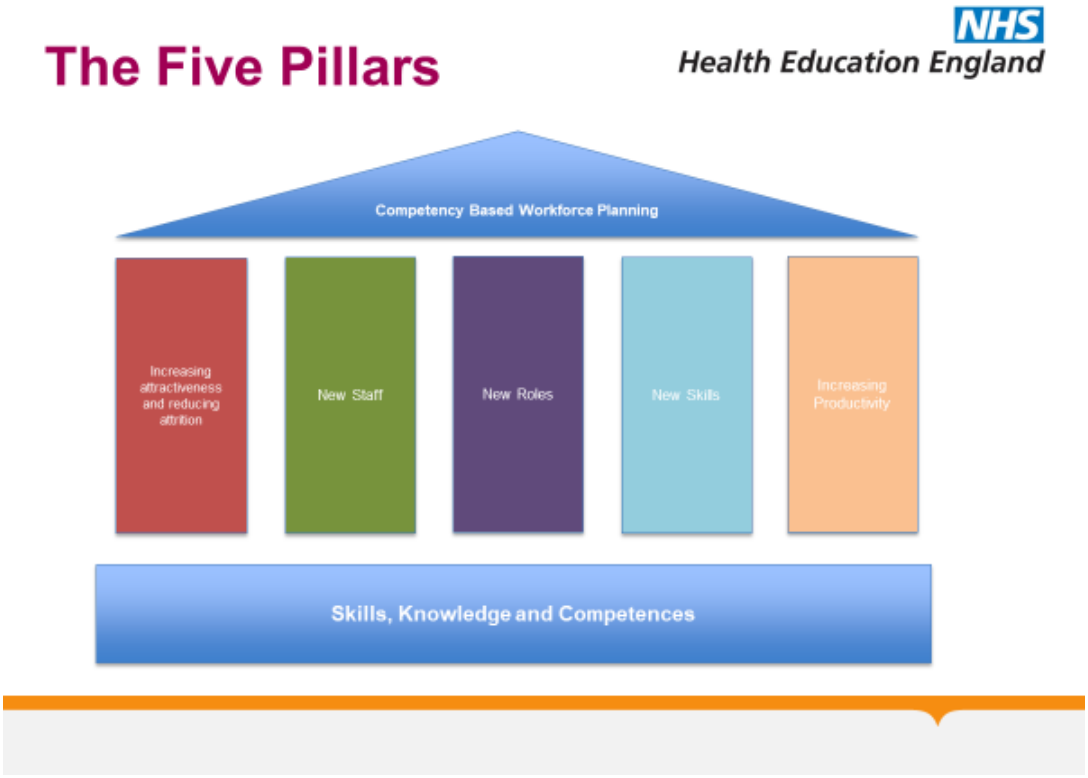
The workshop then moved into the next session, led by **Debbie Hilde – Workforce Transformation Manager – NHS England**. From her organisation's perspective she was also looking to set a little relative context around the workshop, the reality being that as an organisation we are facing a number of challenges that need to be balanced out against the following:

- As a body, Heath Education England (HEE) has its own corporate objectives to achieve
- HEE need to examine policy in very much a strategic high-level context as identified below:



- Effective communication/interpretation of HEE core messages

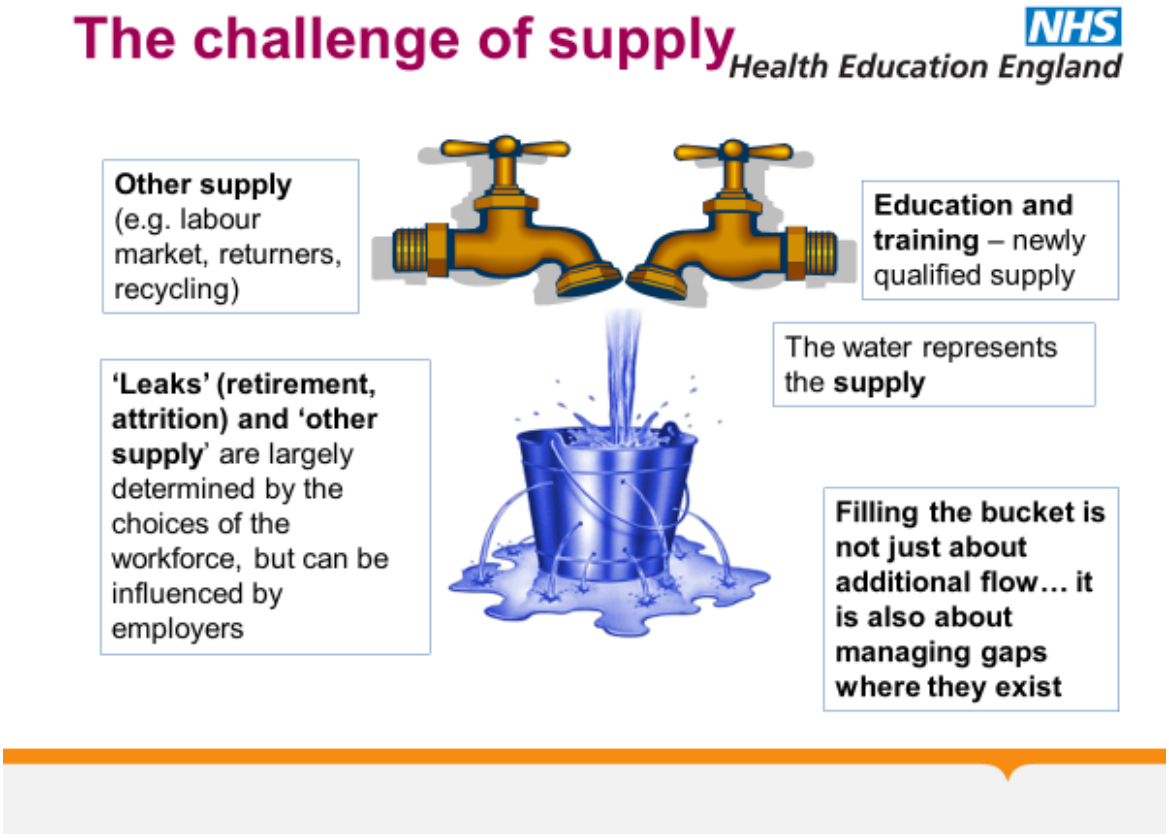
Arm's length bodies such as NHSE (NHS England), NHSD (NHS Digital), HEE (Health Education England), CQC (Care Quality Commission), NHSI (NHS Improvement) all help to determine policy, and all key mental health deliverables will be derived from applying the five pillars concept as outlined in the diagram below. What is interesting is that I saw or heard no mention of service user involvement in lived experience when the thoughts behind this concept and its application in this scenario were being discussed:



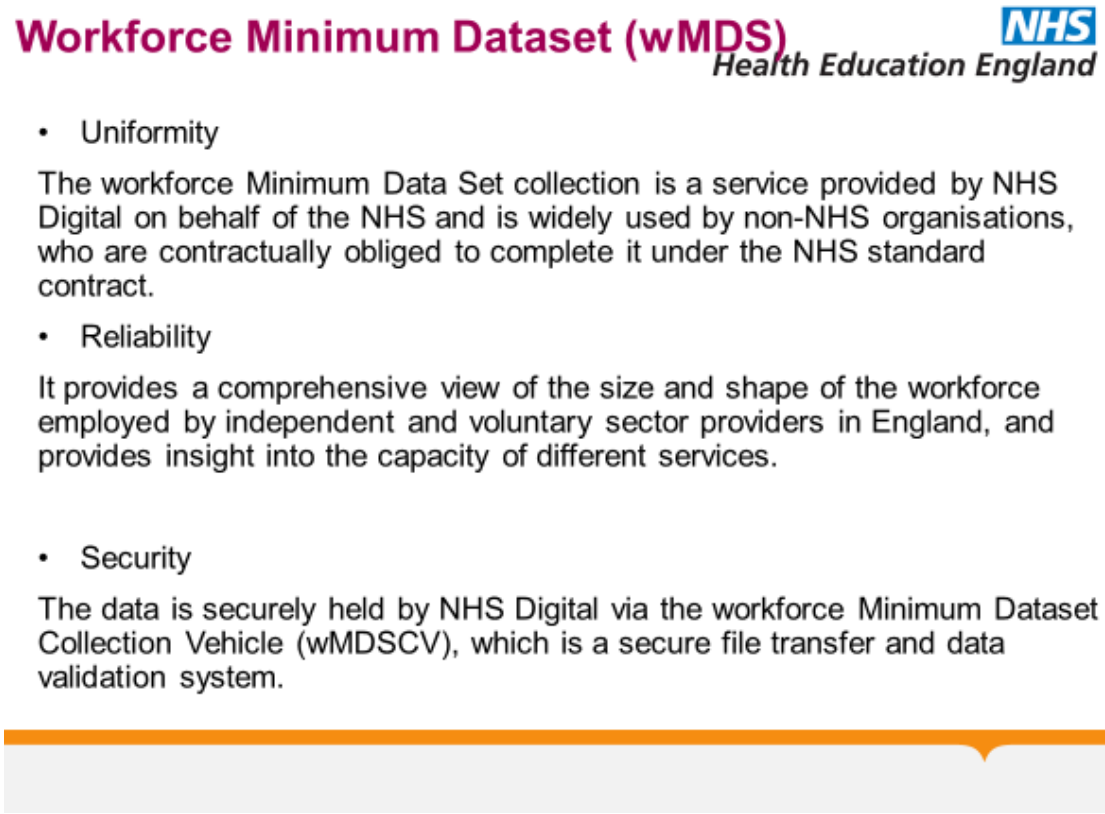
That's a question I would like to take back to NHSE & NHSD, but the nature of arm's length influence means that if anything this involvement should be determined at local level. The frustration for me is that involvement becomes much less of a priority (for many reasons) at local level, and we will only really result in any sort of desperately needed cultural change when the arm's length bodies can offer more direction, share responsibility in planning, implementation & follow up. I really don't think it's too much to ask an advisory or influencing organisation for levels of local support where needed. Of course specialist knowledge will always lie at locality levels, but this should really be coupled with appropriate engagement that leads to something tangible as would be identified in any systems implementation or change planning programme.

Stepping Forward, Facing Facts, Shaping Futures

ESR (Electronic Staff Record) is the main system used to record the unique number assigned to any MHN Employed member of staff. In addition this information is also used to identify & plan workforce numbers. The following waterfall diagram shows the challenge of workforce supply within the NHS.



The workforce Minimum Data Set (wMDS) is based upon foundations of **uniformity, reliability & security**.



On a separate note, I raised a question that wasn't really answered formally with regard to the challenge of capturing workforce supply data and how this fits with new non-core IAPT interventions that can be offered in holistic models. As it transpires, NHSE and NHSD have somewhat contrasting views here and this needs to be addressed. NHSE advised in discussion that anything that is not core IAPT is not IAPT data, will not form part of any IAPT or mental health dataset - and this raises the question as to where the non-core data lives, who it actually covers (by CCG) and what will happen with it!

NHS Digital on the other hand strategically will always state that there in the future will be possible inclusion of this information, and possible linking between datasets. NHSE objections to tis are based around the current IAPT dataset being of very high quality – and the inherent risks of linking a dataset with much less content integrity. This also raises a fundamental question about correctly managing outcomes from pathways that include core and non-core interventions together, only part of the picture of that journey is reflected.

If nothing else, the above point shows that we need to be looking at our data horizontally across services as well as data captured within specified services by datasets and supporting process, rather than the two dimensional dataset silo approach.

Benefits to be realised by independent mental healthcare providers include:

- Gap analysis and understanding
- Skills analysis and understanding
- Intention to replace the current IAPT census
- Published data to advise on workforce availability

wMDS (workforce Minimum Data Set – What, Why, How?

To understand the workforce Minimum Data Set in further detail, **Nick Armitage from NHS Digital** led this section of the workshop. In particular providing:

- A basic overview
- Why there is a need to get involved
- How is data being collected
- Standards, guidance & quality
- Who are we doing it with?
- Benefits

Collection of wMDS data runs in a biannual cycle (twice yearly) for non NHS independent healthcare providers. This information is collected in March and September of each year and captures staff details, retention information, absence information and vacancies information. This process is currently supported by NHS guidance via NHSD.

What are the data standards and guidance?

NHS Digital

- The National Workforce Data Set (NWD) provides the basis for the values collected via the wMDS.
- It includes a wide range of data items, such as Job Role, Area of Work, Occupation Code, Full Time Equivalent, Employee Number, NI number, Equalities information etc.
- NHS Digital, NHS E, HEE, the BPS and others have developed updates for the NWD set relating to the Psychologist and the Psychological Therapy workforce.
- The first phase of the updates are available now, the next phase will be available from the end of March 2019 – better identification of IAPT staff, Applied Psychologists and Psychological Therapists.
- These updates will greatly improve the information that relates to important aspects of the mental health workforce – the second phase will improve the detail on the settings in which mental healthcare is provided.
- These changes will continue to be built upon to capture information about evolving roles within Mental Health provision and we welcome your input.

What are the data standards and guidance?

NHS Digital

- DQ / completeness is improving as more independent organisations have made more submissions
  - Guidance materials have been updated and improved – though some issues remain with interpretation of guidance / values available, work is on-going to correct this
  - NHS Digital happy to provide tailored DQ advice to individual data submitters – including providing details of the most important data to focus on in the submissions…
  - Support is provided to help with mapping from local data to national standards where needed – for example for NHS Occupation Codes.
  - There is no such thing as a silly question!
- Feedback on collection process / data standards is welcomed and has been actioned where possible.
- NHS Digital is continuing to update the wMDSCV and deal with required changes and enhancements that have arisen during the collection.

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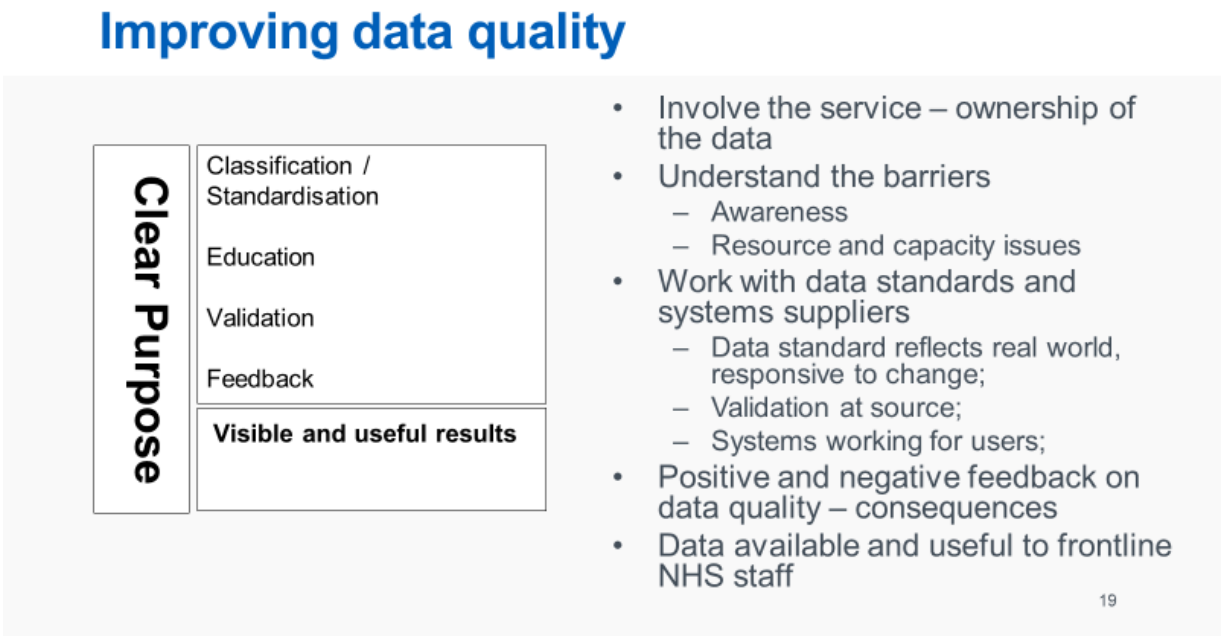
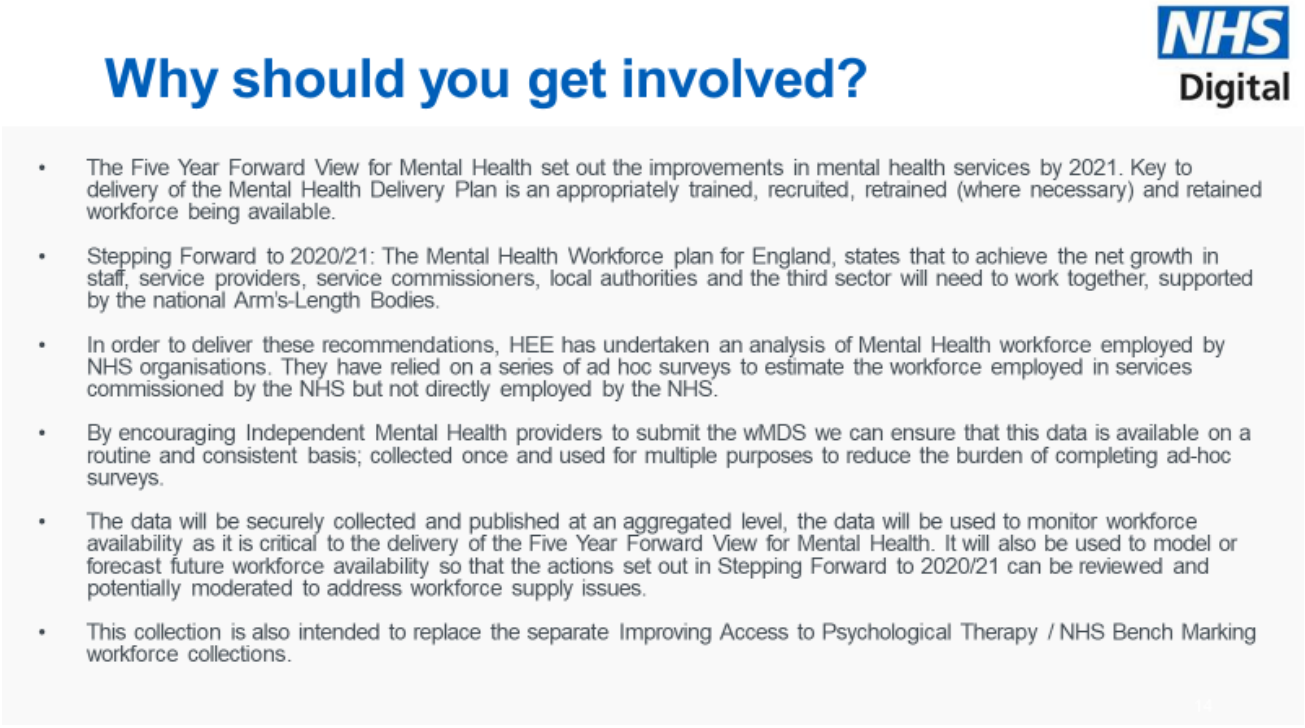


The primary purpose of the above slides pertaining to standards & quality are to aid and deliver a better understanding of the independent sector workforce, and also encourage benchmarking and quality improvement in the third sector – notably this already happens within the NHS.

We them progressed to examine the data collection vehicle to be used for wMDS – **wMDSCV** or the **workforce Minimum Data Set Collection Vehicle**. A demonstration of this system was given by Nick Armitage. Demos of the tool can be viewed on request via NHSD – on the face of it a simple data entry sheet, which is constructed in such a way that can feed the right data to all required databases & tables automatically, in accordance with NHSD standards and guidance as noted already.

The system is cloud based and as such is protected by the NHS N3 firewall and will always be a secure connection. Many of the offerings from NHS Digital now come in cloud based form. In addition, non NHS emails can be used within this tool to accommodate non NHS data about workforce.

The data addition process records all submissions, validates every entry, reports n any data errors that may arise and can provide summaries of all data added. Its error tracing capabilities are extremely powerful. We also have the option in submitting data to split particular fields – especially useful when highlighting specific workforce variances about a particular mental healthcare provider.



The wMDS Can only currently supply FTE level data for the independent sector. It would be useful to capture this detail at a lower level because there is a related trend within the third sector around many roles either being shared, split, or not even perceived as FTE roles or a portion thereof.

The validation & summary reporting function highlights errors, location of errors, nature of errors & in which files. It will even email the submitter with the summary to ensure the issues have been caught & returned to the person adding data to the wMDS

- For requests to set up accounts on the wMDSCV or general queries about the wMDS please e-mail the team at: workforcemds@nhs.net
-

- For specific questions about the content of the wMDS, or issues with the data standards / data quality issues please contact Jill Clark: jill.clark8@nhs.net or: n.armitage@nhs.net

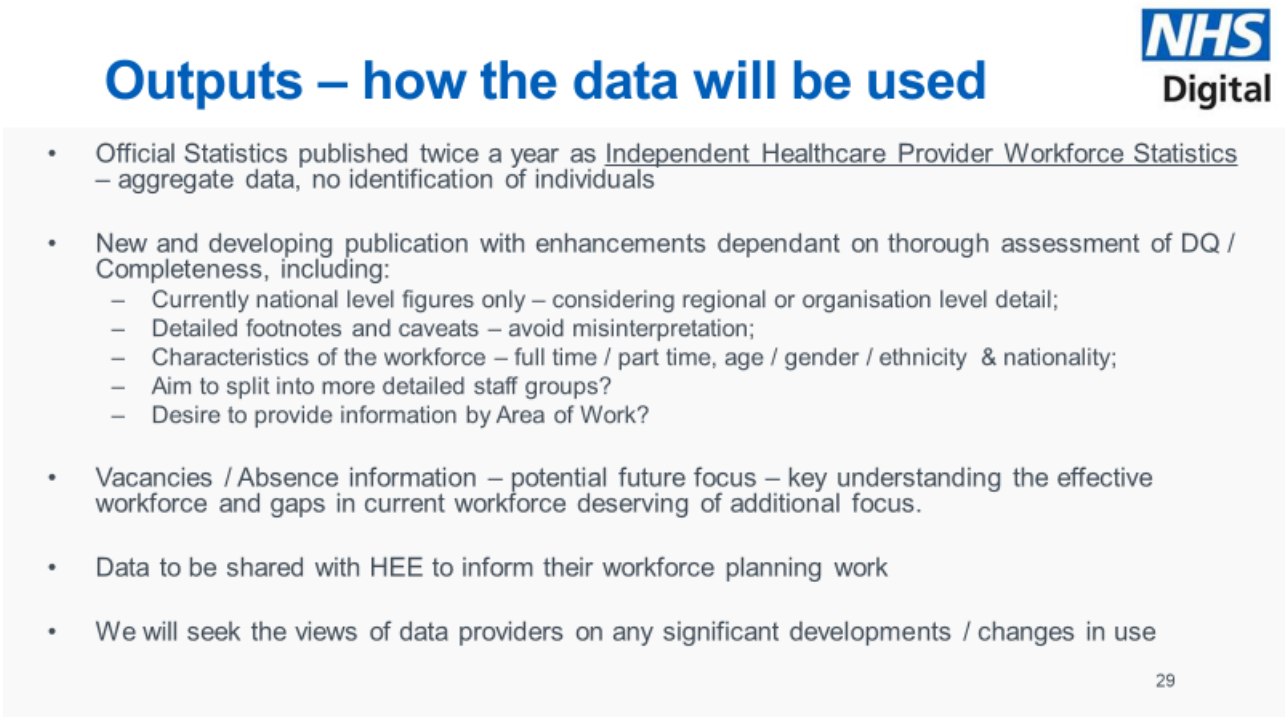
Outputs

Official statistics on workforce published twice a year

Focus on staff numbers/requirements

The data environment & its outputs are dependent on particular criteria:

- Organisational level reporting
- Detailed notes & comments
- Workforce clarity & clarity around priorities
- Areas of work (detailed staff groups)
- Validation & data analysis
- Links to other non NHS bodies such as ONS, CQC etc.)



Outputs – how the data will be used

- The NHS Digital Workforce Statistics Team have undertaken all necessary steps to ensure that our processes are compliant with all relevant data protection legislation. In summary we have completed similar activities in preparation for the implementation of the changes to data protection legislation as has been undertaken for other data assets held by NHS Digital.

- The NHS Digital corporate response to and communications about the organisation's data protection legislation compliance are continuing to evolve to ensure they are as complete and clear as possible and appropriate for all personal data, including workforce data. However, for the time being the information which is available (though mostly focused on patient and service user information), is available here.

- As part of this developing suite of information and documentation, NHS Digital is in the process of making information from our Unified Register visible. The list available on the NHS Digital website now includes an increasing number of workforce information assets. This includes an entry for the workforce Minimum Data Set here.

- NHS Digital has taken a wide range of actions to ensure we are prepared for the new data protection law, to make sure personal data is always collected, stored, analysed and shared securely and legally.

- The changes to the data protection legislation came into effect in the UK on 25 May 2018. We are the guardians of health and care data in England, and continue to work to ensure that as an organisation are fully compliant with the requirements this has placed upon us. This means that your personal data will carry on being handled securely and in line with the regulations.

- More information will be available in due course, but in the meantime if you have any questions / concerns, please contact the team via workforcemds@nhs.net

Questions & Feedback

From this point we went into a working late lunch and a Q & A session in the afternoon, quite open & relaxed. To be fair, the nine people in attendance were equally numbered by representatives of NHS bodies, and this actually made for quite a more intimate discussion. The attendees were a broad range of staff, from third sector Operations Directors to CIC representatives like me. Listed below are the question topics and the general responses given collective by the hosts:

DARS – it was put to the team whether the Data Access Request Service provided by NHSD will add wMDS to their portfolio of dataset services. Nick Armitage advised that this process was not yet in place, but the intention was to do so in time following all the standards NHSD set out for their datasets (which in itself is quite a complex multi-party process) involving approvals, standards, legal avenues and precedents to be followed, agreed & formally signed off before being made available as a useable set (question raised by RH)

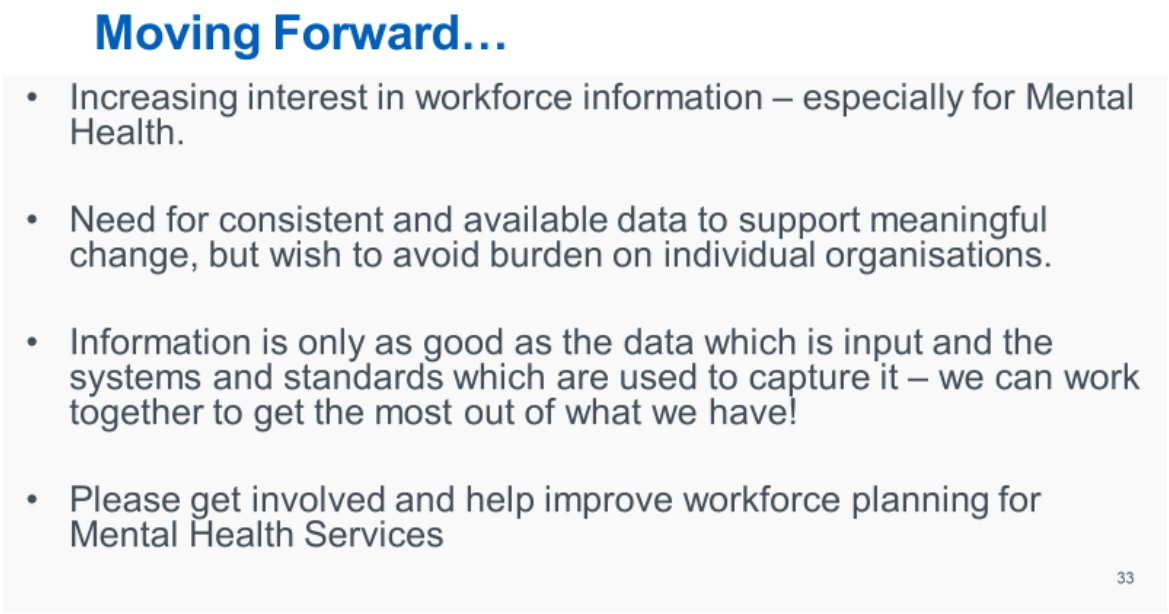
IAPT & MH-MDS – the team were questioned on whether a link was likely to be established between these two dataset considering that they share a number of common characteristic, fields etc., that straddle both and allow linking. IAPT England are adamant that these will not be linked as it will directly affect the integrity & quality of the IAPT dataset to introduce a link to another dataset that for whatever reasons, is not as complete or reliable. My view is rather than looking at why we shouldn't do it – instead we should be undertaking some root cause analysis work and addressing the question of poor MH-MDS data where it occurs – otherwise it sort of defeats the object of capturing data beyond using it for KPI & performance reporting. Data can be far more powerful if we work properly with it (question raised by RH)

Other general queries were focused around the issues of good information governance for independent mental healthcare providers, implications of GDPR, Data Protection & Retention & avoiding additional data or duplicate collections where at all possible. **Remembering always that good data has the power to change policy…!**

Drilling down a little into the data required, questions were then asked about further recording granularity with regard to hours worked, nature of role (part time or full time), students, volunteers, trainees, peer support staff etc., - at present the wMDS is only based on employed or contracted staff although empty fields exists in the dataset to potentially capture this information. This is a promising sign, in that we can potentially drill down to the further levels if we see any value or benefit in doing so.

Another point that was emphasised strongly in the conclusions of the day were around recognising the importance of data boundaries (functional, legal, regulatory, process) and endeavouring to work with datasets and data scenarios accordingly. The effort and process up front are crucially important in ensuring data supplied is fit for purpose, accurate and of a quality where it can be offered as a NHSD DARS service internally or externally.

What Can We do?



Any other queries from the day can be directed towards Ursula (NHSE), Debbie (HEE) or Nick (NHSD) at their respective NHS em (can be supplied upon request).