

# Delivering a workforce development Plan

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Developing people  
for health and  
healthcare

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

# **‘A billion for a million by 2020/21’ (FYFVMH)**

70,000 more children will access evidence based mental health care interventions

No acute hospital is without all-age mental health liaison services, and at least 50% are meeting the ‘core 24’ service standard

Intensive home treatment will be available in every part of England as an alternative to hospital.

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

Increase access to evidence-based psychological therapies to reach 25% of need, helping 600,000 more people per year

The number of people with SMI who can access evidence based Individual Placement and Support (IPS) will have doubled

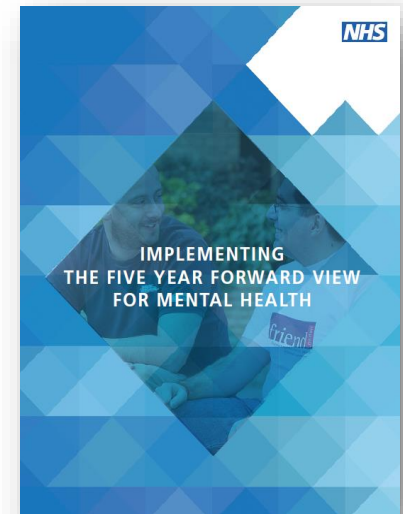
280,000 people with SMI will have access to evidence based physical health checks and interventions

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 for adults and 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



# Reaching the million

16/17

21,000 more CYP accessing treatment  
500 more women in perinatal period accessing treatment  
960,000 total people accessing psychological therapies  
7% acute hospitals reach Core24 service standard  
60% population accessing liaison & diversion

17/18

35,000 more cyp accessing treatment  
2,000 more women in perinatal period accessing treatment  
1.02m total people accessing psychological therapies  
140,000 people with SMI receive physical health check  
75% population accessing liaison and diversion  
50% EIP receive treatment in 2 weeks

18/19

49,000 more cyp accessing treatment  
8,000 more women in perinatal period accessing treatment  
1.16m total people accessing psychological therapies  
280,000 people with SMI receive physical health check  
20% of acute hospitals meeting Core24 service standard  
83% population accessing liaison and diversion  
53% EIP receive treatment in 2 weeks

19/20

63,000 more cyp accessing treatment  
20,000 more women in perinatal period accessing treatment  
1.37m total people accessing psychological therapies  
280,000 people with SMI receive physical health check  
40% of acute hospitals meeting Core24 service standard  
98% population accessing liaison and diversion  
56% EIP receive treatment in 2 weeks  
10% less people die by suicide

“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

Stepping Forward to 2020/21: the mental health workforce plan for England sets out a high level road map and reflects the additional staff required to deliver the transformation set out in the Five Year Forward View for Mental Health and the subsequent Implementation Plan, based on best evidence to date.

HEE is working with key strategic partners and stakeholders to identify the best skill mix to deliver evidence-based care in the optimal way to improve health outcomes

### Chapters set out

- Our existing workforce – where are we now?
- Our future workforce – where do we need to be?
- How we will get there: agreed actions
- The Delivery Architecture

#### Stepping forward to 2020/21: The mental health workforce plan for England July 2017



A report from Health Education England to support the delivery of the Five Year Forward View for Mental Health in England.

# Stepping Forward to 2020/21: the mental health workforce plan for England

- **The plan focuses on the health workforce changes we need to see by 2021** to deliver the Five Year Forward View for Mental Health, whilst acknowledging that social care, housing, community and the third sector all play an invaluable part in service improvement.
- **A longer term integrated health and care workforce strategy is required** – many posts, (e.g. consultant psychiatrists) take 14-15 years to plan and deliver.
- **This is the start of the process:** we have produced a high level road map and we will work with areas to create local workforce plans that reflect their individual strengths and challenges.
- **This is a joint effort:** No single organisation holds all of the levers necessary to produce the required workforce. Making this happen will require providers, commissioners, ALBs (including HEE, NHSE and NHSI), local authorities and the third sector to work together to ensure we recruit, retrain and retain the staff that we need.

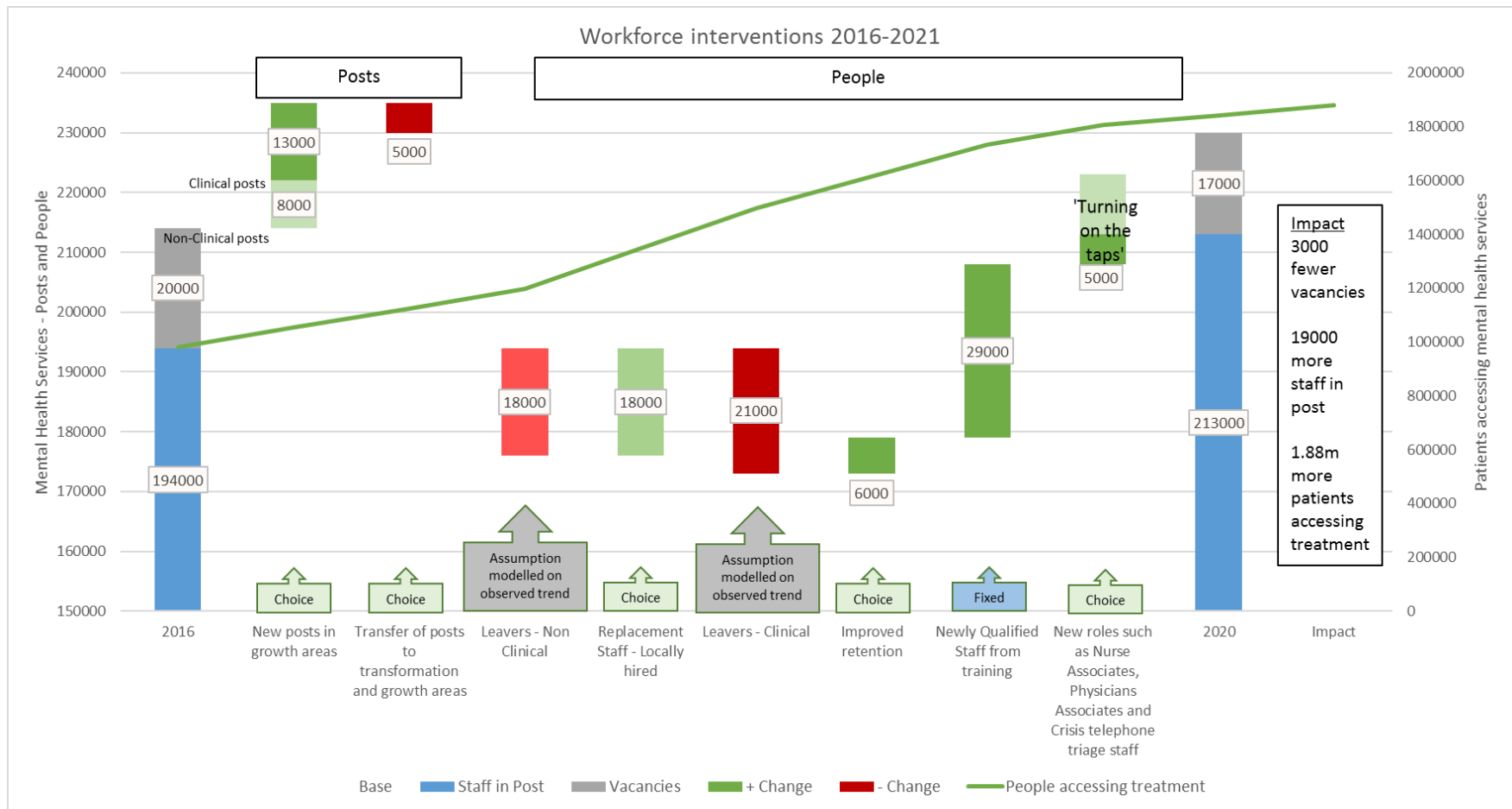


# Workforce challenges

- 21,000 new staff in 48 months: How do we find this number of skilled workers in the time available?
- Need to establish how many OTs are working in MH?
- Local providers and commissioners need to take targeted action to have enough staff with the right skills in the right place
- Shared responsibility across several organisations - requires system management to achieve growth in funded posts and people to fill them
- Local systems need to share learning to deliver the improvements
- Training psychological well being staff
- 18,000 non clinical support staff to be recruited
- STPs to re-skill existing workforce
- Other challenges:
  - Localised funding by CCGs – can we guarantee they will spend it on MH?
  - Expected to reduce demand eg unplanned / urgent care, short stay admissions, prescribing medication.
- Ageing population

# The roadmap

## Health Education England





## Where are the new posts?

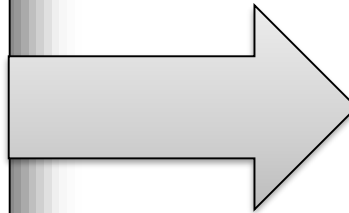
Current Posts + Expansion Posts	Medical *	Nursing and Midwifery	Allied Health Professional and Scientific, Therapeutic and Technical Staff	Total Professionally Qualified Clinical Staff	Support to Clinical Staff	Administrative and Infrastructure Staff	Total
CYP	800 (200)	3000 (1200)	4000 (700)	7900 (2000)	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 <sup>9</sup>	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)
<b>Total T.A.s</b>	<b>1900 (700)</b>	<b>9200 (8100)</b>	<b>10400 (4200)</b>	<b>21400 (13000)</b>	<b>5800 (7100)</b>	<b>4400 (700)</b>	<b>31600 (20900)</b>

## 7 Key expansion areas

- Perinatal Mental Health
- Children & Young People's Mental Health
- Improving Health Access to Psychological Therapies
- Mental Health Crisis
- Liaison Mental Health
- Early Interventions in Psychosis
- Access to Liaison & Diversion Services

# Training

- 19,000 net growth across the system reflects output of ongoing training programmes to produce qualified professionals by 20/21
- Workforce transformation – upskilling to develop highly skilled and flexible workforce
- New roles - peer support workers, personal well being practitioners, call handlers and nursing associates.
- Multi professional teams delivering person centred care
- Staff training to deliver better services to traditionally marginalised groups eg BME, disabled people, LGBT, prisoners
- Raising the Bar programme, e.g.
  - - Older Persons' Nursing Fellowship
  - - Trainee nursing associates – patient-centred and holistic



## Areas have learning to share and work underway to build **into** workforce plans...

- ✓ Building capacity in areas by harnessing opportunities in innovation, apprenticeships and continued professional development
- ✓ Importance of retention and productivity initiatives within local areas
- ✓ Understanding and accounting for complexities for the mental health workforce –integrated and multi-disciplinary teams, links to social care, current core service pressures

“Iterating service designs and workforce solutions locally will change the aggregate picture of how many professionals are needed **as local solutions** are created to **address local shortages**”

# Overview of local planning process



Establishing a baseline using information from HEE/NHSI/NHSE to identify:

- Gaps in skills and workforce numbers
- Attrition rates (incl. projection planning)
- Pressure points for local areas across full MH programme
- Current courses in place & capacity to increase

Develop granular local models:

- Build on diagnostic baseline
- Ensure these are clinically driven
- Identify required numbers by expansion area
- Broken down by STP, with regional aggregate
- Include attrition planning

Plans in place for:

- Local commissioning courses + numbers for areas (e.g. across region or sub region)
- Retention programmes targeting identified local pressure points
- Accounting for and mitigating local workforce needs e.g. core services; links with social care, primary care incl. pharmacy & schools; older age services
- Building in/developing evidence based competency frameworks

Delivery driven through STPs:

- Increased numbers in line with plans
- Reduced vacancy rates and improved retention in providers
- Core competency frameworks embedded and used by providers for CPD
- Courses tendered, commissioned & places allocated
- Support offers from national and regional teams, clinical networks, AHSNs, CSUs
- Tracked through operational STP tracker and cross-ALB governance

**Thankyou!**