



The NHS workforce strategy in context

Summary

NHS England and NHS Improvement, with Health Education England, have published a new, interim workforce strategy (2020), the first since the Interim People Plan which was released in June 2019.

This short briefing summarises the main themes of the strategy, which are:

- New ways of working and learning
- Workforce wellbeing
- Workforce expansion
- System level planning

It analyses the opportunities, challenges and limitations of the latest update on the NHS workforce, and reflects on what the strategy reveals about the future of mental health support in England.

This briefing highlights the importance of looking beyond the NHS to take a much wider view of the mental health workforce. Professionals and volunteers from across the sector will play a critical role in supporting the nation's mental health during a difficult recovery period.

Introduction

The Interim NHS People Plan (June 2019a) promised a 'full, costed five-year People Plan' by the end of 2019, which would be 'an integral component of the overall approach to implementing the [ten year] NHS Long Term Plan'. After some delay, a follow-up has been published.

In *We are the NHS: People Plan 2020/21 - action for us all* (July 2020), NHS England and NHS Improvement and Health Education England (HEE) set out approaches and commitments on workforce issues, including recruitment and retention, ways of working and wellbeing. The Plan reflects on experiences and learning from delivering services during the pandemic. Now is an important time to address key concerns – it is a pivotal moment to both prepare for population health needs and to protect the workforce which continues to be stretched by Covid-19.

For those interested in how the NHS will grow and support a workforce to meet its long term ambitions, *We are the NHS* may disappoint. The new People Plan is another interim instalment, a short term strategy (2020/21) which lacks detail on budgets for expansion, education and training. These budgets will be addressed more fully in the Comprehensive Spending Review, after which we may see more detail on the long term workforce strategy emerge.

Challenges, opportunities and new ways of working

New challenges and opportunities are, as might be expected, a recurring theme throughout the People Plan. Reductions in bureaucracy and distributed leadership, necessitated by crisis, are perceived to have empowered staff to work together effectively. The Plan heralds these as positive progress and calls for development through, for example, further design and coming together of multi-professional teams across systems. During the pandemic, teams have emerged which are not bound by job roles or protocol and include practitioners from across and outside of the NHS.

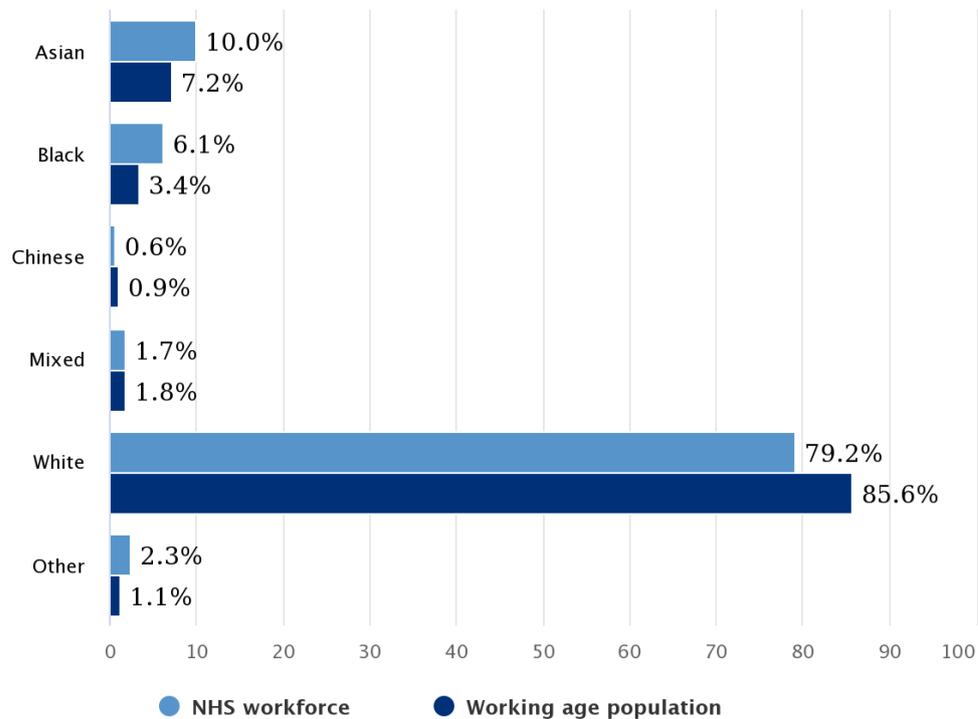
The pandemic has also catalysed surging advances in remote working, digital and telephony health care. For some practitioners, it has made it easier to work together across disciplines, agencies and boundaries. For others, it has made it much easier to spend time with service users – or at least with those who have access to digital technologies.

Although they are not addressed within the People Plan, concerns for people who are digitally excluded exist within the NHS and among partners and observers. Body language and non-verbal cues are important both for service users to express themselves and for practitioners to create psychologically safe environments. These can be lost in digital exchange. Moreover, many people with mental health needs are digitally excluded through poverty, physical disability, or poor connectivity. Others – especially women who experience domestic abuse, children who experience abuse or neglect, and LGBTQ+ people who are not ready or able to share parts of their identity with others at home – may not be able to engage for safety and privacy reasons.

Technology will play an increasingly prominent part in learning and workforce development. E-learning opportunities will be expanded in both university education and as part of continuous professional development. At the same time, through digital and more traditional means, NHS England and NHS Improvement and HEE will focus on supporting deployment and redeployment, upskilling staff, developing general skills, and expanding multidisciplinary teams in primary care.

The People Plan offers a welcome commitment to learning as a system, whether that means taking stock of what has worked well and what has not, or developing new metrics to monitor the impact of activities relating to the NHS workforce (to be developed by the end of September 2020). Covid-19 has also highlighted deeply entrenched inequalities, especially for people from black and ethnic minority communities which we know have endured higher prevalence and worse outcomes from the virus. This is likely to lead to increased levels of trauma and higher risk of poor mental health for certain ethnic communities, a significant proportion of whom work in the NHS and in other health and care roles (Allwood and Bell, 2020; NHS Digital, 2020c).

Title: Percentage of NHS staff and percentage of working age population, by ethnicity.
 Location: England. Time period: March 2019. Source: NHS Workforce Statistics, March 2019 | Ethnicity Facts and Figures GOV.UK



Protecting workforce wellbeing

International research on pandemic and epidemics and emerging evidence from the Covid-19 crisis highlights that frontline health workers are at increased risk of developing mental health problems, especially if they have themselves been taken ill with the virus or are from communities which have been disproportionately affected (Durcan et al., 2020). The People Plan includes a strong focus on supporting staff wellbeing and addressing inequalities. This is evident in two of the four main chapters – ‘Looking after our people’ and ‘Belonging in the NHS’.

The Plan summarises the support offers now available to NHS staff, which includes confidential text and telephone lines, bereavement support, guidance for difficult conversations with children at home, webinars, free access to mental health and wellbeing apps, and specialist support for workers from some black and minority ethnic backgrounds. Line managers will have access to coaching, mentoring support, guidance, and training on caring conversations about mental health and wellbeing. A new role of ‘Wellbeing Guardian’ will be established in every NHS organisation – this will be a senior person who will review all activities from the staff wellbeing perspective and act as a critical friend to leadership. Overall, there is to be a commitment to tackling bullying, harassment and violence against staff, and a conscious move towards compassionate leadership.

The Plan reiterates the aspiration for more diverse leadership, and pledges to elevate the voice of staff from black and minority ethnic backgrounds by fostering a ‘listening’ culture that encourages speaking out, and by refining the NHS Staff Survey to capture more diverse experiences. It cites progress on the Workforce Racial Equality Standard and Workforce

Disability Standard, and mandates line managers to include discussions on equality, diversity and inclusion as part of wellbeing conversations. While the Plan rightly recognises that discrimination in the NHS is systemic and outlines promising action to address this, NHS workers from some backgrounds have raised concerns that it is lacking in key areas (Health and Care LGBTQ+ Leaders Network, 2020). Accountability and monitoring of change will be key.

While some of these measures will require systemic and operational changes, the principles behind them are summed up in a new ‘NHS People Promise’:



The Plan also recognises the importance of the health and wellbeing of carers and people who work for partners outside of the NHS, including voluntary and community sector (VCS) organisations, social care and local government. It is unclear which resources available for NHS staff will also be freely available to others, but some welcome commitments are made. HEE will offer support for non-NHS employers to embed the principles of the plan within their organisations, and, as part of commissioning and collaborative working, NHS CCGs and local systems will help partners adopt measures to support staff health and wellbeing.

Expanding the workforce

Staff shortages put the workforce at greater risk of poor wellbeing, burnout and attrition. These are known to be acutely experienced in mental health services. Limited capacity also means that service users are less likely to access help quickly and easily, which will be critical during Coronavirus where most areas are expecting an increase in demand for support.

Successive national strategies have set substantial targets for expanding the mental health workforce. The Mental Health Implementation Plan (2019) for the NHS Long Term Plan outlined that 27,640 more mental health staff would need to be recruited by 2023/24 to achieve the ambition of delivering evidence-based services to an additional 2 million people. This was additional to the 19,000 new posts by 2020/21 called for in Stepping Forward (2017), the

workforce plan for the Five Year Forward View for Mental Health (2016-2021), which has fallen significantly short of its targets (APPG on Mental Health, 2020).

The new People Plan promises to address workforce shortages in key areas by harnessing the momentum and raised profile of the NHS during the pandemic; increasing undergraduate training places and health apprenticeships; focusing on recruitment locally (engaging diverse communities) and internationally (overseas marketing, language training and the introduction of the Health and Care Visa); and encouraging more people to return to practice – building on the 10,000+ professionals who returned during the pandemic.

With a spotlight on mental health, the Plan sets a limited number of specific targets for 2020/21, which include 300 peer support workers to join the NHS workforce, and training posts for:

- 100 responsible clinicians
- 50 community based specialist mental health pharmacists
- Nearly 3,000 Improving Access to Psychological Therapies (IAPT) practitioners
- 245 children and young people’s psychological wellbeing practitioners
- 300 children and young people’s IAPT practitioners

To give a sense of scale, by February 2019 (a decade after it was established), over 10,500 practitioners had been trained as part of the IAPT programme (Clark, 2019). The additional 3,000 which *We are the NHS* pledges to begin training in 2020/21 would be a significant expansion of the existing workforce.

The Plan also promises to increase training places for clinical psychology and invest in other measures to grow the number of psychiatrists, although it sets no target. [Data](#) from NHS Digital (2020a) reveals that, between April 2017 and April 2020, there were variable changes in the number of psychiatry posts in England by field. For example, the number of old age psychiatrists (FTE equivalent – all grades) fell by 1% to 1,067, while the number of general psychiatrists increased by 6% to 6,079 and child and adolescent psychiatrists increased by 5% to 992. Overall, the total number of psychiatrists and medical psychotherapists employed by NHS Trusts and CCGs rose by 4%.

Data for mental health nurses for the same period shows an increase (in all levels and grades) of 11% to 18,379 in community mental health nursing and only a 1% increase to 19,213 in the number of nurses working in ‘other’ mental health settings, which are mostly inpatient settings. The number of nurses working in mental health inpatient settings had previously been in rapid decline, so this represents some stability. Compare these figures to the most recent published vacancy rates for England (NHS Digital, 2020b; covering the last quarter of 2019/20), which suggest 9,241 FTE mental health nursing posts are vacant. The vacancy rate for medical posts in mental health, which includes medical psychotherapy and psychiatry roles, was 1,460 FTE.

The NHS mental health workforce has been growing steadily, but targets require an acceleration and investment in recruitment and training, the detail of which is not apparent in the new Plan. Notably, *We are the NHS* stays away from setting clear targets for psychiatrists, medical psychotherapists and mental health nurses. Embracing new roles will be important if the mental health workforce is to grow, but equally important will be the detail of plans to expand the number of mental health professionals in existing roles.

Many of these roles lie outside of the NHS. Approved Mental Health Professionals (AMHPs), for example, are responsible for key elements of coordinating care, safeguarding the rights and promoting autonomy of people who are in mental health crisis. Most AMHPs are social workers. The majority (80%) are employed by local authorities – only 16% are NHS staff. The size of the AMHP workforce has remained relatively stable in recent years, with pockets of variation both in areas which have seen growth and others which have seen numbers fall (Skills for Care, 2019a). Recruiting and retaining the AMHP workforce was recognised as a challenge in a review by the Care Quality Commission (2018). Forecasting by Skills for Care on demand for all social care services (not limited to mental health) predicts that between 580,000 and 800,000 new adult social care jobs will be needed by 2035 to keep up with demand, albeit driven mostly by the increase in the population of older adults (Skills for Care, 2019b).

Most NHS and wider Government strategies state the importance of VCS organisations. The People Plan is no different. Unlike the NHS and social care, however, it is difficult to firmly establish the numerical contribution to the mental health workforce made by the VCS (Durcan et al., 2017). Whatever the current number, it is at risk – in the latest of a series of monthly surveys, a third of charities reported that they think they will need to make redundancies over the next 12 months as a result of financial pressures. A further 36% reported that they were unsure. As the report states, this means that almost seven in 10 charities could make redundancies (ACEVO, 2020).

Without efforts to buttress the VCS workforce against the pandemic's financial shock, the best laid plans for the NHS to collaborate in the prevention of mental health problems, reduction in health inequalities, and delivery of meaningful care and support could easily go awry. The voluntary sector's contribution is critical in helping people to live independently, to recover from and manage complex conditions, and to access early help. The consequence of failure to support a growing a VCS labour force could lead to increased demand for high-intensity, high-cost NHS care, and an even more stretched NHS workforce.

Planning at system level

The People Plan positions systems as 'the key units in planning for recovery'. Integrated Care Systems (ICSs) (or, in some areas, their predecessors, Sustainability and Transformation Partnerships) will take the lead. The intention to shift planning to ICSs and more local Primary Care Networks (PCNs) was established within the NHS Long Term Plan. In theory, ICSs could facilitate closer collaboration between the NHS, local councils, and other organisations. However, evaluations of early models found that collaboration with other sectors was variable, with concerns in some areas that the ICS would detract and diminish the role and influence of local authorities (Hunter et al., 2018).

In order to deliver place-based, holistic support, to understand and respond to local health needs, and to deliver appropriate interventions for diverse communities, NHS planning at 'system level' must involve local perspectives, including councils and voluntary sector organisations. Only then will system leaders be able to target resource, develop the workforce, and create partnerships that meet demand and tackle health inequalities.

Reflections

The Government has an undeniable responsibility to look after those who work for the NHS. This is important in its own right. But safeguarding the wellbeing of the health workforce, growing staff numbers, and equipping people with the right skills is, ultimately, a means to an end: supporting us all to live our lives in good health.

As more details emerge about the measures outlined in the People Plan – and the metrics which will assess their success – their impact on people’s experiences of care must be carefully considered. All of our health – especially our mental health – is influenced by a broad range of factors which go far beyond our interactions with the NHS. To an extent, this is recognised in the People Plan.

To truly support the NHS to make a difference, Government must also take steps to support the wider system – social care, social security, public health and the VCS.

Detail on these areas would, of course, be outside the remit of the NHS People Plan. However, as the Government plans more detailed NHS workforce budgets during the Comprehensive Spending Review, it must adequately address the broader determinants by investing in local and national policies which promote good mental health and, where possible, prevent mental health problems from emerging. Doing this would demonstrate that both the NHS and the mental health of the population are highly valued.

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