

**14:30pm – 15:00pm –**

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**Looking ahead: The North of England Mental Health  
Workforce Plan**

# **Looking ahead: The North of England Mental Health Workforce Plan**

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Associate Director – Workforce Planning and Information  
SRO – Mental Health Workforce Plan (North)

# Where have we come from?



# What did you tell us?

STPs – Workforce Expansion as at June 2018	Growth
Cumbria and North East	1359
Humber Coast and Vale	1063
West Yorkshire	641
South Yorkshire and Bassetlaw	661
Cheshire and Merseyside	1166
Greater Manchester	1053
Lancashire and S Cumbria	602
TOTAL	6545

This gross increase includes posts in MH service providers, plus developing the wider workforce in those employers where they also provide MH services although this is not their primary function (for example in primary care, social care employers)

# What else did you tell us?

- The challenge of balancing finance, activity and growth of workforce remains a core theme
- More posts in MH service providers, plus developing the wider workforce in those employers where they also provide MH services although this is not their primary function
- Wellbeing of the current workforce may be impacted by the need to increase efficiency \ deliver changing service models
- IAPT \ PWP retention & career development, especially in non NHS employers, is challenging
- Move to tuition fee model removes ability of HEE to control and target growth of future supply
- Impact of increased competition for new staff groups identified as part of overall MH growth, for example physicians associates

## What else did you tell us?

- Lack of clarity from HEE on funding model for training grants and CWD \ workforce transformation funding
- How do we lever other funding routes, e.g. the apprenticeship levy
- Some early indications of geographical hotspots for supply
- Skill mix needs refining and reviewing in line with changing service delivery models, such as the development of support roles to aid early intervention \ support wellbeing of the current workforce, including assistant practitioner role
- Employers are sometimes reticent to commit much beyond the current \ next financial year

# What did we do in response?

- Expansion of IAPT training places
- Support (via clinical placement funding) for an increase in the number of MH nurse training places
- Continue to try and increase the application levels to psychiatry training for higher specialty trainees
- Developed 7 region wide projects
  - Assistant practitioner programme
  - Making MH training available to those working in primary care, acute settings etc
  - Routes into MH training
  - Review MH training included in pre registration programmes
  - Review the support workforce
  - Understand the non NHS MH workforce
  - Understand the prison healthcare MH workforce

# Continued Focus

Target Staff Groups	Key to delivery of FYFV or other MH commitment
<b>Children and Young People professionals (including CYP IAPT)</b>	Increase access so that 35% of children and young people with a diagnosable mental health condition access mental health support each year, which equates to 70,000 more per year by 2020/21
<b>Adult IAPT therapists</b>	Increase access to 25% of people with common mental health conditions (1.5 million people) by 2020, and deliver an extra 3,000 therapists in primary care.
<b>Perinatal MH Professionals</b>	2020/21 at least 30,000 more women each year are able to access evidence-based specialist mental health care during the perinatal period. 1,200 new posts will be needed to meet this target by 2020/21
<b>Crisis Care MH Professionals</b>	By 2020/21, ensure a 24/7 community-based mental health crisis response is available in all areas across England



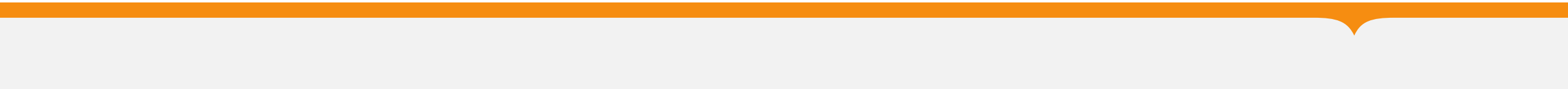
# Continued Focus

Target Staff Groups	Key to delivery of FYFV or other MH commitment
<b>Liaison MH Professionals</b>	By 2020/21, all acute hospitals will have all-age mental health liaison teams in place, and at least 50% of these will meet the 'Core 24' service standard as a minimum
<b>Early Intervention in Psychosis Professionals</b>	At least 60% of people with first episode psychosis starting treatment with a NICE-recommended package of care with a specialist early intervention in psychosis (EIP) service within two weeks of referral.
<b>CYP Green Paper Staff</b>	Funding and recruiting to new Mental Health Support Teams to provide schools based early intervention and support.
<b>Core MH Staff (including MH Nurses)</b>	Additional clinical staff currently being trained (which began as early as 2010 for medics and 2014 for nurses for the cohort emerging in 2017).

## What are the risks

- How do we ensure we target the funding for staff in the right areas?
- How do we ensure we keep what we have and encourage more to join the MH workforce?
- How do we ensure we continue to push the message that MH is not just for the MH employers?
- How do we help staff to access the training we can make available?

We cant do this alone, we need a  
system wide approach

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