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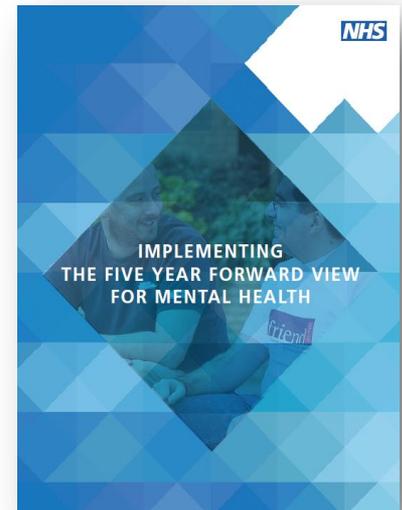
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'A billion for a million by 2020/21' (FYFVMH)

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

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.

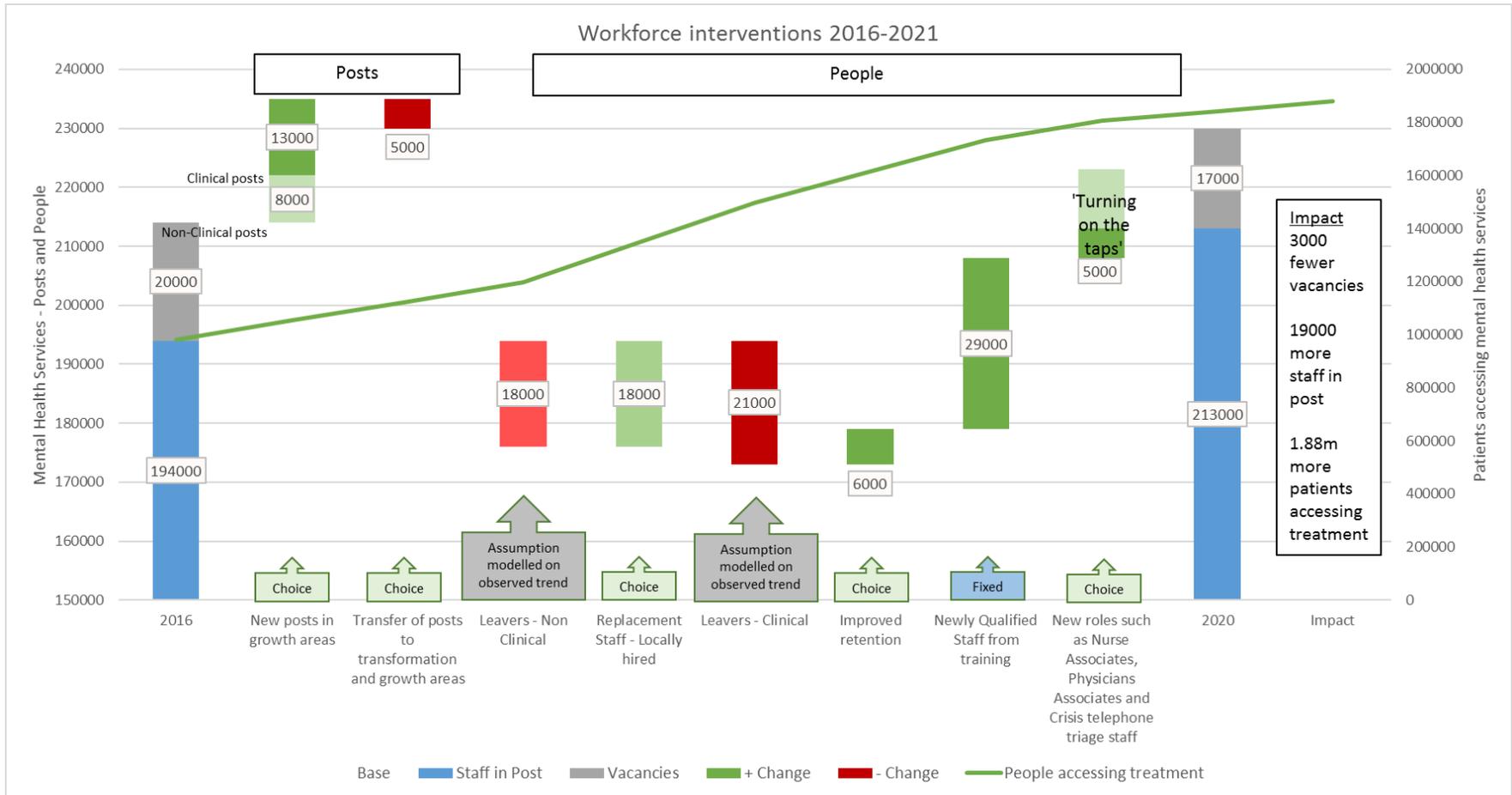
Stepping Forward to 2020/21: the mental health workforce plan for England

- **The plan focuses on the health workforce changes needed 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.
- **Its the start of the process:** its a high level road map and we will work with areas to create local workforce plans that reflect their individual strengths and challenges.
- **It needs 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.

7 Key Expansion Areas

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

The roadmap



Improving access to talking therapies: current IAPT workforce

- X 2 groups of practitioners:
 - Psychological Wellbeing Practitioners (PWPs)
 - High Intensity Therapists (HITs).
- Currently around 7,000 wte in post, consisting of predominantly of HiTs, CBT therapists, PWPs and a small number of employment advisers
- High levels of movement of staff, although the rate of movement between services is unclear.
- Predominantly female, white, British aged 26-45yrs so not always representative of local populations and the communities they serve

FYFVMH service requirements

Overarching objectives

75% of people accessing care within six weeks

95% within 18 weeks

Improved access for people from BAME groups, LD people , older people and women in the perinatal period.

workforce requirements

- Training of an additional 4,500 therapists between 2016 and 2020.
- Mental and physical health services integration; i.e. GP Forward View objective of 3000 therapists co-located in primary care by 2020.
- Opportunities for productivity gains through online delivery of therapies could enhance the capacity of available trained therapists.

Continued.....

- Expansion supported 2016-18 via joint HEE & NHSE funding – from March 2018 responsibility of CCGs but HEE has agreed to fund the tuition fees to enable 6,500 additional IAPT trainees
- Targeted group of geographies working to develop the evidence base for implementing co-located integrated services for people with co-morbid LTCs and/or MUS conditions addressing anxiety & depression
- New NICE depression guidance expected to endorse the existing range of individual talking therapies for depression – x3 new training curricula developed
 - Mindfulness Based Cognitive Therapy
 - Couple Therapy for Depression,
 - Dynamic Interpersonal Therapy.
- All x3 curricula have been launched into practice through an initial tranche of national commissioning leading to cohorts of 48 MBCT trainees and 59 CtFD trainees spread across England so far

Identifying workforce gaps; Regional Workforce Plans

- Each of the 44 STPs across the country are currently completing a workforce plan
- x4 HEE Regional Mental Health Leads will amalgamate these into x4 regional plans
- Each Regional Workforce Plan will include;
 - Region specific workforce waterfall diagram
 - Regional indicative expansion
 - Regional growth trajectory
 - Engagement and alignment across regional STPs
 - Next steps, key issues and risks

RWP development challenges

Each party involved facing challenges both regionally and nationally i.e.

- Workforce growth trajectories to be finalised by March 2018 end to meet national assurance deadlines.
- Need for engagement of non NHS mental health employers in workforce planning e.g. independent and third sector employers.
- Complexity of identifying and defining the current mental health workforce.
- Need for alignment of plans across the majority of STP's and mental health provider trusts.
- Issues related to workforce numbers and well being including the cost of living in London, workforce attrition rates etc.

Next Steps

HEE Regional MH working with the STPs and employers via the HEE LWABs to jointly populate trajectories to ensure consistency and ensuring 'a single version of the truth'.

Extensive engagement across all stakeholder groups, including staff and service users.

Development of HEE workforce supply and joint ALB dashboards is on track for completion by end of March 2018

Development of national and regional business/delivery plans to ensure implementation of Mental Health Strategy and workforce plans.

Regional Workforce Plan (RWP) Governance/Assurance Process Timeline

March 2018

Review and Collation

- HEE National Mental Health (MH) Programme Team review x4 Regional Workforce Plans (RWP's) - collate and provide executive summary –
- HEE National MH Programme Board review and RWP's sign off

April 2018

Sign off

- NHSE Regional Directors
- MH Performance and Delivery Group review and sign off RWP's
- MH and Dementia Programme Board review and sign RWP's

May 2018

Assurance and performance and Quality Monitoring

- Regional WFPs assured and delivery plans implemented
- Regional Joint MH Priority Programme Boards quality assure and quality assess RWP's and delivery plans on a quarterly basis.
- Assurance process is completed via national MH assurance cycle for Q1, Q2, Q3 and Q4, to include dashboard data collection and regional performance monitoring processes
- Red rated deliverables flagged to Clare Murdoch and Lisa Bayliss-Pratt

Thankyou