

**NWW** New Ways of Working in Mental Health

# Mental Health Workforce: A National Perspective

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## Objectives

- What we know about the Workforce
- What Progress with Workforce
- Introduce Key Workforce themes
- Workforce Design and Planning  
– *Some Considerations & Early Lessons Learnt*

DH Department of Health  
Care Services Improvement Partnership (CSIP)

National Institute for Mental Health in England

### Modernising and Strengthening Workforce

Central feature:

*"A modern, skilled .... competent, adaptable and flexible workforce providing evidence informed outcome/ based interventions providing focused health, education and social care to meet the needs of children and young people and their families".*

## Workforce Matters: Feb 2008

"The single most important factor in delivering our aspirations for children is a world class workforce able to provide highly personalised support, so we will continue to drive up quality and capacity of those working in the children's workforce."

Children's Plan para 20

DH Department of Health  
Care Services Improvement Partnership (CSIP)

## CAMHS Workforce

- **Expenditure on CAMHS up 43% 2003 -2006**  
- From £322 Million 03/04 to £461 million 05/06 + £31 Million Tier 4 (60m schools, 173m IAPT)
- **Staffing levels up 33% 2003 – 2007**  
- rise of 2599 from 7761 to 10360
- **CAMHS Case Loads up 30% 2004 – 2006**  
- Total caseload 112,894 cases nationally
- **Waiting times and numbers waiting down**

DH Department of Health  
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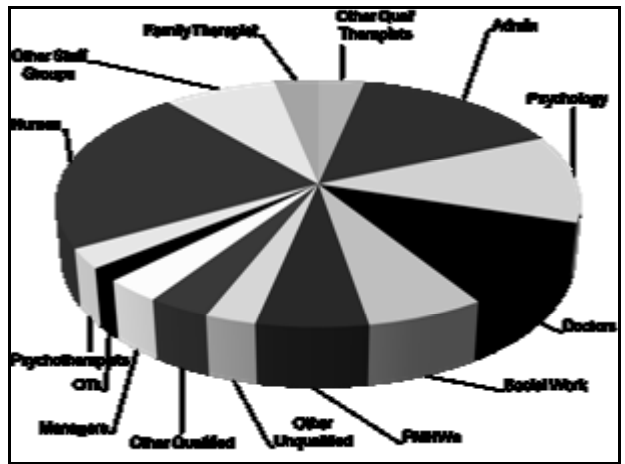
## The Future Child Mental Health Workforce

What we want to achieve:

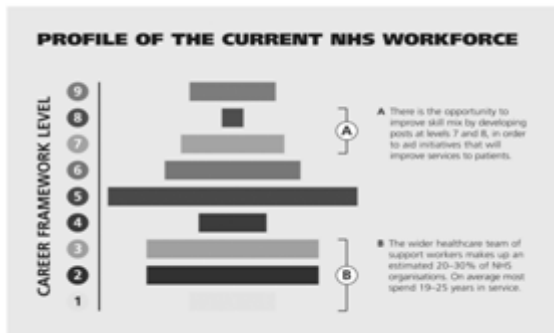
- Staff in the right numbers
- With the right skills
- In the right place
- At the right time
- Well supported
- Well led
- Reflect population served
- Responsive to needs of service users
- Locally driven

## Workforce by Staff Type 2003-2007

	2003	2004	2005	2006	2007	% change 06/07	% change 03/07
Nurses	2038	2517	2600	2685	2280	-15%	12%
Administrative	1230	1393	1552	1558	1562	0%	27%
Psychologists	997	1320	1320	1266	1198	-5%	20%
Doctors	866	1008	1019	1064	1145	8%	32%
Social Workers	638	640	722	599	657	10%	3%
Primary MH Worker	0	382	506	549	619	13%	N/A
Other Unqualified Staff	511	219	394	398	282	-29%	-45%
Other Qualified Therapist	507	522	447	397	342	-14%	-33%
Family Therapist	0	0	274	296	326	10%	N/A
Child Psychotherapists	270	312	289	287	267	-7%	-1%
Other Qualified Staff	426	254	352	259	347	34%	-19%
Managers	120	161	227	191	315	65%	163%
Occupational Therapist	159	165	176	157	181	15%	13%
Other Staff Group	-	-	-	-	839	N/A	N/A
<b>Total Workforce</b>	<b>7761</b>	<b>8894</b>	<b>9876</b>	<b>9705</b>	<b>10360</b>	<b>7%</b>	<b>33%</b>



## Profile of the Workforce NHS



### Key Workforce Themes in CAMHS

A national review identified the following key challenges (2005)

- Recruitment and Retention
- New Ways of Working
- New Roles
- Leadership
- Workforce Design and Planning
- Education and Training

### Delivering Good Practice –

Report on the Implementation of Standard 9  
(Nov' 2006)

- 15 – 20 WTE / 100,000 total population
- Skill mix, capability, competencies to deliver comprehensive CAMHS
- Use creative means to recruit and retain people in the workforce
- Promote New Ways of Working
- Create New Roles
- Leadership and Change management skills
- Root Workforce Design and Planning in local planning and service delivery
- Development of up to date Education and Training

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Review of priorities (2008)

Commissioning Partnership Working  
Skill Mix Information / Data  
Outcome / Impact

## Workforce Planning

### National Drivers

- Recognised imperative by the statement in the White Paper, *Our health, our care, our say*. NSF & ECM.
- Key to closer integration between Health, Social Care and Education
- Identified as a key priority within NCCS Business Plan



### Workforce Planning

From a poor baseline in terms of capacity and capability within CAMHS will be the development of Workforce Planning Framework/methodology and Associated toolkit.

#### Action

- A Strategic approach to Workforce Planning developed
- Workforce Planning Tool developed
- 9 regional sites nationally to test plan
- Plans now available

## Principled Pragmatism

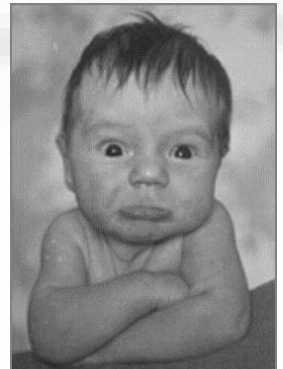
- Professional staff are essential to and are the greatest asset of any service - but the focus of any service must be on the service user”
- “Developing & Improving services requires changes in behaviour but it is no good designing a service around ideal behaviours which we know realistically will not be achieved” (Parliamentary select Committee 06)

## NWW in CAMHS

- Some CAMHS teams have been involved in NWW since it inception.
- Leadership, support & time is essential to sustain developments through the change process and beyond if improvements are to be embedded in services.
- The principles of NWW can be applied to a CAMHS context across the tiers for all staff including psychiatrists (Staffordshire, Derbyshire)
- CAMHS service users can be actively involved in workforce development (Richmond)
- Complex issues such as providing 24/7 access (East Lancashire) and assessment of high risk inpatients (Sussex) are amenable to NWW
- Extended and developing new roles enhances services to young people (Southampton)
- Developing increased capacity and matching it to demand results in improved services (Stockton)

## Barriers

- Lack of Time
- Fear of the impact on them
- Engaging - too busy
- Thinking differently
- Letting go
- Fear of change
- Fear of the impact on them
- Understanding whole system thinking
- Taking risks



# Ways Forward

- Continued investment and improved use of existing funding streams through the pooling or aligning of existing budgets
- Creative recruitment programmes to ensure sufficient specialists at every tier of need
- Development of specific evidence based skills training which recognises the needs of a changing children's workforce and the knowledge skills required
- More of the same, may not meet future need for adaptability and flexibility within the workforce
- Continued support of specialist training routes and specialist skills development
- Need to strengthen the focus in initial training for the full children's workforce.
- Strengthen the provision of professional supervision for all staff
- Development of guidance regarding clinical governance arrangements in multiagency working
- The provision of support and provision for children and young people with to be better integrated across children's workforce