

Modelling a future fit workforce

James Fitton is asking the right questions

At a recent conference organised by the Mental Health Network of the NHS Confederation, participants were invited to begin the day by proposing the topics about which they were most concerned. The resulting Word Cloud had “WORKFORCE” in large central letters – surrounded by “staffing”, “recruitment”, “training” and many other related words.

This is probably no great surprise to those who work in mental health. We’ve often heard clients tell us that finding the staff for a service development can be harder than finding the money; and that the daily task of ensuring wards and teams are safely staffed is consuming a huge volume of operational managers’ time. But what’s to be done about it?

Essentially, all actions intended to strengthen the workforce can be understood in three groups. Services must:

- **RECRUIT** – enough people to build the workforce for the future. It is of course possible to make short-term gains by “poaching” staff from other providers, but this is of no benefit to the overall mental health system – and risks creating a spiral of escalating costs if pay is used as the incentive.
- **RETAIN** – people for a larger proportion of their career, ensuring they are supported to stay in mental health.
- **REFOCUS** – people on to the skills and activities which are relevant to current service users’ needs.

The Centre for Mental Health’s 2017 report “The future of the mental health workforce” (Durcan G, Stubbs J, Appleton S, Bell A) concludes with a set of recommendations. Some of these are aimed primarily at policy-makers or training providers. Those which are directed at local service providers (and/or their commissioners) are set out below, organised into this Recruit, Retain, Refocus structure:

	Task	Why do it?	Questions for a workforce model	
1	RECRUIT	Developing relationships with local schools and colleges	Increase young people choosing mental health careers and taking up local opportunities	How many young people do we need to attract given expected retention rates? Which roles do we particularly need to encourage them towards?
2		Develop pathways into voluntary work or employment for people who have used local services	Open up access to employment for a new pool of potential employees. Improve the quality of clinical work by developing peer support models of care	Which roles could be taken on by people who have used services? How might this impact on demand for staff from other sources?
3		Ensure the number and variety of placements is sufficient for prospective students and trainees	Match the demand for placements with the capacity of the service to employ them and vice versa	What is the relationship between training places and recruitment numbers? How many places do we need to offer to ensure we meet demand?
4		Ensure there are sufficient time and resources for mentors to supervise students and trainees	Reduce attrition rate during and at the end of training programmes	What are the implications for overall capacity of providing mentoring to agreed standards?
5	RETAIN	Invest proper time and resources into management and clinical supervision	Improve the quality of clinical work, caseload management, and staff satisfaction with their role. Reduce staff sickness, and improve retention	What are the implications for overall capacity of providing supervision to agreed standards? What is the relationship between supervision, sickness and retention?
6		Prioritise staff wellbeing within mental health services	Reduce staff sickness, and improve retention. Improve career attractiveness	What is the relationship between sickness and retention? What initiatives have shown a demonstrable local impact?

		Task	Why do it?	Questions for a workforce model
7	RETAIN	Create specific career pathway for acute and crisis care	Maintain the pool of skilled staff able to manage periods of serious and acute illness. Reduce reliance on bank and agency staff	How large should the substantive staff pool be to optimise use of bank and agency staff – limiting this to unusual spikes of demand?
8	REFOCUS	Ensure training gives greater/sufficient weight to psychological thinking and psychological interventions	Ensure a fully biopsychosocial approach is offered. Make best use of staff skills and aptitudes. Match skills to service users' needs	What would be the capacity implications of a targeted programme to train/re-train in psychological thinking and psychological interventions?
9		Develop contract arrangements which permit consultation and skill-sharing activities as a core duty. This relates both to contracts of employment and contracts for services	Reduce use of simplistic activity-based metrics. Recognise and encourage skill-sharing as necessary work for mental health staff	What would be the structure, metrics and targets of a contract which recognised the importance of consultation and skill-sharing?

As well as identifying what needs to be done and why it's important, we've also proposed here a series of questions which a workforce model should address, provider by provider. Rather than simply take piecemeal actions, we suggest that providers should be developing coherent, quantified and interlinked plans informed by a structured model of their current and planned workforce.

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