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### 1. Introduction

This briefing summarises the NHS Long Term Workforce Plan in England. It considers implications for mental health and the psychiatric profession, outlining important next steps for the plan’s implementation.

#### **Context**

In November 2022 the government announced its Autumn budget. It committed to delivering a ‘comprehensive’ NHS Workforce Plan in 2023, including ‘independently verified forecasts for the number of doctors, nurses and other professionals that will be needed in five, ten- and fifteen-years’ time’.

The plan comes after the ‘Stepping Forward to 2020/21 Mental Health Workforce Plan for England’ (2017 - 2021) – which has already reached its target deadline; and ‘NHS Mental Health Implementation Plan’ (2019-2024) – due to end next year. Both plans committed to growing the mental health workforce, enabling some welcome progress but with targets - particularly those related to growing the psychiatric workforce - unmet. This has meant psychiatry continues to be an under-resourced speciality, with workforce growth in other specialities considerably stronger.

#### **College role**

The Royal College of Psychiatrists has a history of directly engaging with national bodies to develop, implement and monitor workforce planning.

Most recently this has included campaigning for the NHS Long Term Workforce Plan to be published, backed by funding. We recommended that as part of the plan the Government should commit to doubling medical school places (alongside continued expansion of core and higher psychiatry posts), include promised forecasts to track progress, adequately address retention and ensure a parity of esteem between the mental health and physical health workforce.

## ***Key messages impacting on mental health***

- The plan is divided into three themes: 'train', 'retain' and 'reform'. The following actions are committed to in the plan:
  
- Train
  - A doubling of medical school places to 15,000 by 2031.
  - The introduction of medical degree apprenticeships, with pilots running in 2024/25.
  - Expanding clinical and support staff: mental health training places will increase by over a quarter by 2030 with a focus on clinical psychologists, child and adolescent psychotherapists and mental health nurses.
  
- Retain
  - Integrated Care Systems (ICSs) are required to develop and implement plans to invest in Occupational Health and Well Being (OHWB) services for staff.
  - NHSE will support ICSs to agree plans across their system for implementing flexibilities – where permissible – within national terms and conditions (such as local incentives for new recruits and bank rates).
  - In 2023/24, NHSE will work with partners to develop a national, multi-profession, integrated community and primary care core capability and career framework to support workforce development.
  - NHSE will work with government to deliver actions to 'modernise' the NHS Pension Scheme - building on commitments made by the government which came into effect in April 2023.
  - From autumn, recently retired consultant doctors will have a new option to offer their availability to trusts across England, to support delivery of outpatient care, through the NHS Emeritus Doctor Scheme.
  - NHS organisations are encouraged to improve organisational culture - with a focus on EDI; as well as on listening and Freedom to Speak Up approaches.
  
- Reform
  - Optimising multidisciplinary teams, including increasing the number of peer support workers and approved clinicians within mental health services.
  - Expanding capacity in the community.
  - Digital and technological innovations, including procuring a data platform that will allow providers and Integrated Care Boards (ICBs) to connect and access patient information.
  - Educating and training 'differently', including NHSE working with Royal Colleges to understand and address the reasons students leave training and the variation in their experiences.
  - A recognition of parity of esteem.

## 2. Funding commitments

NHSE is investing more than £500 million in 2023/24 and 2024/25 in addition to education and training budgets. The government has also supported the plan with over £2.4 billion over the next five years to fund additional education and training places. To aid transparency, NHSE will separate out education and training expenditure in their regular financial reporting.

## 3. Train

According to the plan, there will need to be an estimated 50 to 65% expansion in domestic education and training over the next 15 years to address the projected workforce shortfalls, prevent significant reliance on international recruitment and reduce agency spending. NHSE expects the proportion of new staff recruited from overseas (excluding dentistry and community pharmacy) to reduce from 24% to around 9 to 10.5% by 2036/37 if the plan is fully implemented. To effectively train the workforce, the plan commits to:

### 3.1 Medical School Places

- An increase medical school places by one third to 10,000 per year by 2028/29 and by double, to 15,000 per year by 2031/32. The first new places will be available in September 2025.
- A higher proportion of the new 2024/25 cohort of 1,500 additional medical students will carry out their postgraduate training in parts of the country with the greatest shortages and in services such as mental health, primary care and cancer. For future increases, NHSE will continue to apply distribution methodology so there is a continuous pipeline to grow the future permanent medical workforce where it is needed most.

### 3.2 Apprenticeships

- Provide 22% of all training for clinical staff through apprenticeship routes by 2031/32, up from 7% today. To support this ambition, NHSE commit to reaching 16% by 2028/29.
- Introduce medical degree apprenticeships, with pilots running in 2024/25, so that by 2031/32, 2,000 medical students will train via this route. Subject to evaluation of the pilots, this would expand to over 850 places by 2028/29 and 2,000 by 2031/32.

### 3.3 Nursing

- Increase nursing training places by 34% (40,000 places) by 2028/29 and 80% (53,500 places) by 2031/32. This will include:
  - Increasing adult nursing places by 41% (nearly 28,000 places) by 2028/29 and by 92% (38,000 places) by 2031/32.
  - Increasing mental health nursing places by 13% by 2025/26, 38% by 2028/29, and 93% (11,000 places) by 2031/32.
  - Increasing learning disability nursing places by 16% by 2025/26, 46% by 2028/29 and 100% (over 1,000 places) by 2031/32.
  - Training places for district nursing, school nursing and nursing associates will also see increases.
- Expand nursing apprenticeships so that the proportion of all registered nurses qualifying by this route increases by 20% by 2028/29 and 28% by 2031/32.

### 3.4 Psychological professions training

- NHSE's ambition is to grow training places in clinical psychology and child and adolescent psychotherapy by 26% by 2031/32.
- To support working towards this ambition, more than 1000 training places for clinical psychology and child and adolescent psychotherapy will be created each year up to 2028/29.

## 4. Retain

The plan notes that actions to improve retention aligned with increases in capacity would reduce the leaver rate of NHS staff from 9.1% in 2022 to between 7.4% and 8.2% over 15 years, equivalent to retaining 55,000 to 128,000 full-time equivalents (FTEs).

In the short term the plan acknowledges that leaver rates will increase, due in part to staff who delayed retiring or leaving to assist in the pandemic now leaving. To retain the workforce, the plan sets out the following commitments:

### **Retirees**

4.1 NHSE will work with the Department for Health and Social Care (DHSC) to reform the NHS pension scheme. DHSC will introduce reforms to the legacy pension scheme so staff can partially retire or return to work 'seamlessly' and continue building their pension after retirement if they wish. With the support of their employers, this aims to enable older staff to draw down their pension, work more flexibly and remain in the workforce longer. This is in addition to pension tax reforms announced in the Spring Budget 2023.

4.2 NHSE will improve flexible opportunities for prospective retirees to keep them for longer; and make it easier for those who have already left NHS employment to return by creating more options to come back in flexible, contracted roles or as part of the temporary staffing workforce (such as through the *CaReforMe* programme for doctors).

### **Integrated Care Systems (ICSs) and Integrated Care Boards (ICBs)**

4.3 NHSE will support ICSs to agree plans for rewarding and recognising staff, such as local incentives for new recruits.

4.4 ICSs will need to develop and implement plans to invest in Occupational Health and Wellbeing (OHWB) services. NHSE will work with systems and stakeholders to consider how best to complement local investment in OHWB services. NHS organisations will also be expected to review the guidance on healthy working environments. ICBs will need to set out how they will support staff who experience domestic abuse and sexual violence.

### **Culture**

4.5 NHS organisations are encouraged undertake regular cultural reviews and following NHSE's NHS equality, diversity, and inclusion improvement plan (June 2023).

4.6 NHS organisations are encouraged to review their "listening approaches" - involving staff in making improvements. Building on existing policy, every NHS organisation should have a clear and regularly communicated Freedom to Speak Up approach.

## **Development**

4.7 NHSE will continue to deliver talent, leadership and management improvement interventions and will focus on the related Messenger recommendations, as well as ensuring the continued success of the NHS Graduate Management Training Scheme.

4.8 In 2023/24, NHSE will work with partners to develop a national, multi-profession, integrated community and primary care core capability and career framework to support workforce development.

## **Employee Value Proposition**

4.9 From 2023/24, NHS organisations should develop an employee value proposition (EVP) setting out national and local benefits, pensions and salary sacrifice schemes, and local financial support initiatives.

## **5. Reform**

The modelling assumes that NHS productivity could be improved by 1.5 to 2% through delivery of the workforce plan. The plan notes improvements in productivity are dependent on sustained investment in the ageing NHS estate and digital infrastructure. The plan sets the following changes to ways of working and training:

### 5.1 Digital innovations

- Building on the *Topol Review*, and to ensure it takes advantage of the opportunities that Artificial Intelligence (AI) can offer, NHSE, working with government, will convene an expert group to work through in more detail where AI can best be used, and what steps need to be taken so that it supports NHS staff in the coming years.
- NHSE is procuring a Federated Data Platform that will allow providers and ICBs to connect and access patient information, which should reduce time spent on administrative tasks.

### 5.2 Educating and training differently.

- NHSE will work with Royal Colleges, HEIs, clinical placement providers and students to understand and address the reasons students leave training and the variation in their experiences.
- NHSE will enable greater placement capacity in line with the expansion of training places by reviewing the NHS education funding policy, designing clinical placements 'into' health and care services and providing more placements in specialised services that can find it hard to recruit. The plan commits to formulating education and training plans three years in advance from 2024.
- NHSE will ensure that all foundation doctors can have at least one four-month placement in general practice by 2030/31.

- NHSE will work with DHSC, legislators and employers to support SAS doctors to have a better professional experience, by improving equitable promotion and ensuring options for career diversification.
- NHSE will work with partners to review medical career pathways and identify ways to better support postgraduate careers.
- NHSE will work with stakeholders and government to ensure that doctors other than GPs are more easily able to work in primary care.
- NHSE will do more to leverage opportunities to fully embed digital technology - including virtual learning - in training pathways.
- NHSE will improve digital literacy in the workforce and upskilling staff to maximise advancements in genomics and gain core skills in personalised care and public health, including prevention.
- NHSE will work with the Medical Schools Council, Dental Schools Council, HEIs and other partners to incorporate compassionate leadership and workforce psychological wellbeing within undergraduate curricula.

### 5.3 Parity of esteem

The plan states the need for 'parity of esteem between physical and mental health' which it says is 'reflected in the anticipated workforce shift between care settings, with the proportion in community care, primary care and mental health needing to increase substantially'. It also recognises the impact of the Covid-19 pandemic on mental health services, and notes that unless there is intervention, two-thirds of those over 65 will have multiple health conditions with a third of those people also having mental health needs.

### 5.4 Optimising multidisciplinary teams

The plan sets out an expansion of new and extended roles to increase the breadth of skills within multidisciplinary teams, to enable more care to be delivered in primary and community settings.

- As part of these efforts the plan aims to increase the number of approved clinician roles across mental health services so that by 2036/37 there are at least 1,000 more than in 2022/23.
- From 2023/24, around 1,300 physician associates (PAs) will be trained a year. This will increase to over 1,400 a year in 2027/28 and 2028/29, supporting an ambition to increase training places to over 1,500 by 2031/32. The plan emphasises the need to focus this expansion on primary care and mental health services.
- Over 3,000 clinicians will start advanced practice pathways annually from 2023/24, tailored to support service demand. This will increase by 46% to 5,000 by 2028/29, supporting the plan's ambition to have over 6,300 clinicians starting advanced practice pathways each year by 2031/32. Mental health is one of the areas highlighted as in demand for advanced practice.

- The plan also commits to expanding ‘Peer support workers’ in mental health services. NHSE’s current projections commit to extending growth from the NHS Mental Health Implementation Plan so there are over 6,500 in post by 2036/37. Projections will be monitored and refined over time, based on continuous learning of the most effective MDT skills mix and impact of technology and digital opportunities.
- NHSE will work with DHSC to develop the drug and alcohol treatment and recovery workforce over the coming years, in line with the Governments 10-year drug plan.

### 5.5 Upskilling

- The plan commits to upskilling staff to shift care towards prevention and early intervention.
- It emphasises that staff should be better equipped to deliver smoking cessation advice and to use recognised screening tools, such as *ASSIST-Lite*, to help identify potential harmful and hazardous levels of alcohol and drug use; and that mental health staff should be trained and competent in the recognition, treatment and care of adults and young people with co-occurring mental health and drug and alcohol use conditions.
- The plan also acknowledges *Oliver McGowan mandatory training* launched in November 2022. The training aims to equip staff with the knowledge and skills to reduce health inequalities and supports the Health and Care Act 2022 requirement that all regulated health and social care providers must ensure their staff receive training on learning disability and autism, appropriate to their role.

## 6. Next steps

- NHSE will refresh the plan at least every two years.
- The modelling underpinning the plan will be independently verified to inform future updates.
- NHSE commit to working with system leaders, employers and stakeholders, including the royal colleges, to gather better data on specialist staff and establish clearer demand signals so they can set out the demand and supply position for specialties and tailor training and recruitment to best meet pressures.
- NHSE will continue to work with system leaders and stakeholders to refine the detail of the actions and support effective implementation and delivery of the ambitions in the plan.
- ICSs will play a prominent role in delivering the plan. The plan recommends that ICBs and wider system partners prioritise actions that drive recruitment and retention.

- ICBs and their partner trusts will set out their priorities for workforce action in their five-year joint forward plans (JFPs), to be published in due course. JFPs will describe their steps to provide the workforce and services required to meet the physical and mental health needs of their population over the next five years. They serve as the shared delivery plan for the system's integrated care strategy – produced by the integrated care partnership with their whole system, including local authorities and voluntary, community and social enterprise organisations.
- To support systems, NHSE is expanding its support offer for systems, including through a new tool that provides additional system-level workforce intelligence, and facilitating an accredited Strategic Workforce Planning course – contextualised for the NHS and health and social care - through the Chartered Institute of Professional Development (CIPD).

## **7. College response**

The NHS Long Term Workforce Plan has been much anticipated and is very welcome, particularly commitments to double medical school places and the £2.4billion funding promised by Government. Increases in medical school places will need to be accompanied by continued investment in trainee places for psychiatry. Aligning funding with promised developments will be critical.

The proposal to expand the medical workforce through apprenticeships is novel. We are keen to learn how these apprenticeships will work in practice, ensuring the required infrastructure and capacity is in place to support good quality education and care.

It is also positive to see the importance of 'parity of esteem' acknowledged alongside commitments to invest in the wider mental health workforce.

At the same time, it is important to note the lack of detail about how to address under-resourced specialties including psychiatry. We are pleased to see NHSE recognise the need to work with royal colleges on developing this area, as well on issues related to trainee retention.

Similarly, though commitments to retain staff are very welcome, they arguably do not go far enough in addressing the urgency with which we need to retain staff.

We look forward to continued engagement with NHSE, ICSs and ICBs to support the development and implementation of this plan as well as future iterations.