

Mental Health

Mental Health Matters: The acid test for the government's mental health promises

By [Joe Gammie](#)

This is HSJ's fortnightly briefing covering quality, performance and finances in the mental health sector.

Feedback and comments are welcome, so please feel free to [email me in confidence](#).

Better late than never...

Better late than never is a cliché, but a pertinent one for the launch of the long awaited mental health workforce strategy this week.

Health Education England was originally tasked with producing the strategy by December last year, but it has been held up mainly, I understand, because sector leaders did not believe the initial drafts were good enough or seriously addressed the challenges in the sector.

So the authors went back to the drawing board. The now published report has been widely welcomed, although it remains to be seen how leaders will respond to the fine details. Buy-in is vital for the strategy to succeed, especially when staff and patients are understandably sceptical that promises of new cash and new posts will translate into better services.

Surprisingly honest

It is unlikely the strategy would have got this support from the Royal College of Psychiatrists, Mind and other organisations if it had been hurried out before Christmas and had glossed over the problems facing the sector.

But the strategy sets out a coherent plan to address the workforce challenge, even if that plan is based on a lot of estimates and assumptions.

It is refreshing to see that the strategy does not hail the [promised 21,000 new posts](#) to be created by 2020-21 as a panacea for the sector's workforce woes. This is a sharp contrast to the briefing that accompanied it, which did not mention the high vacancy rate at all.

For example most of the 8,000 new nursing posts will fill the gaps left by the 6,000 nurses the sector has lost since 2009.

Meanwhile the 700 new medics will also help balance the 4 per cent drop in psychiatrists

since 2014.

But the strategy accepts that even with all these new posts – which it optimistically assumes will all be filled – the current vacancies will only fall from 20,000 to 17,000.

Because – as the strategy is honest enough to admit – this will only tackle the immediate short term problems, a long-term strategy is also proposed. I understand that could extend to 2030, but this is not confirmed, nor is the date of publication – watch this space.

The risk lies in the complex assumptions and estimates which calculate these headline figures.

In the mix are: the new posts; the existing vacancies; plans to retain a third of the 21,000 clinical staff expected to leave the sector during this period; creating thousands of new roles and the forecast transfer of 5,000 roles from low demand to high demand services.

The plan is upfront that if one area performs badly another will have to perform better to make up for it. But risk is that if more than one area fails then the overall plan will fall to pieces.

Regional variation

Implementing it falls to the [sustainability and transformation partnerships](#). Each will have to develop a mental health workforce plan and appoint a senior leader to deliver it.

This is a positive move on many levels.

First, it allows each region to deliver the new roles that it needs rather than meet some arbitrary national quota.

Second, it allows each region to plan its workforce outside the immediate confines of the NHS. While HEE and the DH can only legislate for NHS staff, through joint working with local authorities and third sector partners, STPs can tackle the workforce issues both in and out the health service such as social workers.

Third, it acknowledges that mental health does not operate in isolation, but that better integration of mental and physical health will save cash and reduce pressure. This will give regions the breathing space and cash to hire the new staff or transfer roles from low to high demand areas.

This will be vital if the strategy is to be implemented successfully.

However, it is yet another demand on the STPs, which are still far from fully formed. The risk is that with social care funding continuing to fall, even if the NHS mental health sector gets to where it needs to be and this plan is an unprecedented success on every level, there will still be problems in social care that directly impact on the sector.

Acid test

Aside from how to make the sector more attractive so there are people to fill the new posts, the key question for sector leaders comes down to whether there is enough money to create the new posts.

The workforce challenges may well boil down again to former NHS Confederation chief executive Stephen Dalton's "acid test" – is the cash reaching the front line?

