



# Psychological Professions Workforce Strategy



2021 - 2024

# Psychological Professions Workforce Strategy

## Contents

1.		
<b>Background</b>		<b>4</b>
What are we trying to achieve?		4
What is the breadth of service functions?		4
What are the elements of care provided by the Psychological Professions?		4
What is the purpose of the approach?		4
2.		
<b>Vision</b>		<b>5</b>
Bringing together a collective vision		5
Aligning with the vision of the Psychological Professions Network		5
The Bradford Primary Care Wellbeing Service		5
<b>3. Stakeholders</b>		<b>5</b>
4.		
<b>Principles</b>		<b>5</b>
<b>5. What are the Psychological Professions?</b>		<b>6</b>
South West Yorkshire Partnership NHS Foundation Trust		6
Mid Yorkshire Hospitals NHS Trust integrated physical-mental health care pathways		7
<b>6. National context and scale of expansion</b>		<b>7</b>
The five year forward view		7
Long term plan		7
Leeds & York Partnership NHS Foundation Trust		7
Total expansion requirements		8
<b>7. What does this mean for West Yorkshire &amp; Harrogate?</b>		<b>9</b>
<b>8. Priorities</b>		<b>9</b>
<b>9. Next Steps</b>		<b>11</b>

## Executive Summary

The West Yorkshire & Harrogate Psychological Professions' Workforce Steering Group was established in 2020. The aim was to bring together key stakeholders from across the Health and Care Partnership, to develop a workforce strategy to meet the challenges facing the psychological professions now and in the future, including the targets set in the Five Year Forward View and the NHS Long Term Plan. Since the publication of these documents the context within which we all live has changed significantly; the Covid pandemic, wider recognition and acceptance of inequalities further exacerbated by Covid; the death of George Floyd and the Black Lives Matters Movement, and the impact of Brexit. This all feels like, and is, complex territory but if ever there was a time where the competencies and skills of psychological practitioners were needed, it is now. However, to contribute in a meaningful way to the 'reset and recovery' agenda and to 'building back fairer' we need to have a comprehensive understanding of our workforce to support effective workforce planning.

This strategy is an ambitious step towards proposing a system wide approach to understanding our psychological professions workforce which spans mental health, community, acute, primary care, social care, independent and the third sector services. This strategy proposes that the first phase of the work will focus on the NHS workforce prioritising a comprehensive gap analysis; career development and expansion plans; enhancing and embedding psychological leadership in the commissioning, development and operation of services. An additional strand of the project is to work with colleagues in the Voluntary Community and Social Enterprise Sector to understand their workforce challenges in the provision of NHS services and ways of working together to maximise the impact of our provision to meet the increasing demand for psychological therapies and psychologically informed care. We are committed to developing a workforce which reflects the communities that we serve. Representation and inclusion is key, as is ensuring that the services we provide meet the diverse needs of our communities.

This document, unlike other strategies, is intended to be a 'live' and evolving endeavour which is further informed and shaped by engagement with wider stakeholders. At its core is the ambition and vision to embed psychological knowledge and practice across the whole health and care system. If you are reading this we would ask that you engage with us and support both psychological and workforce leads in your area to make this vision a reality.

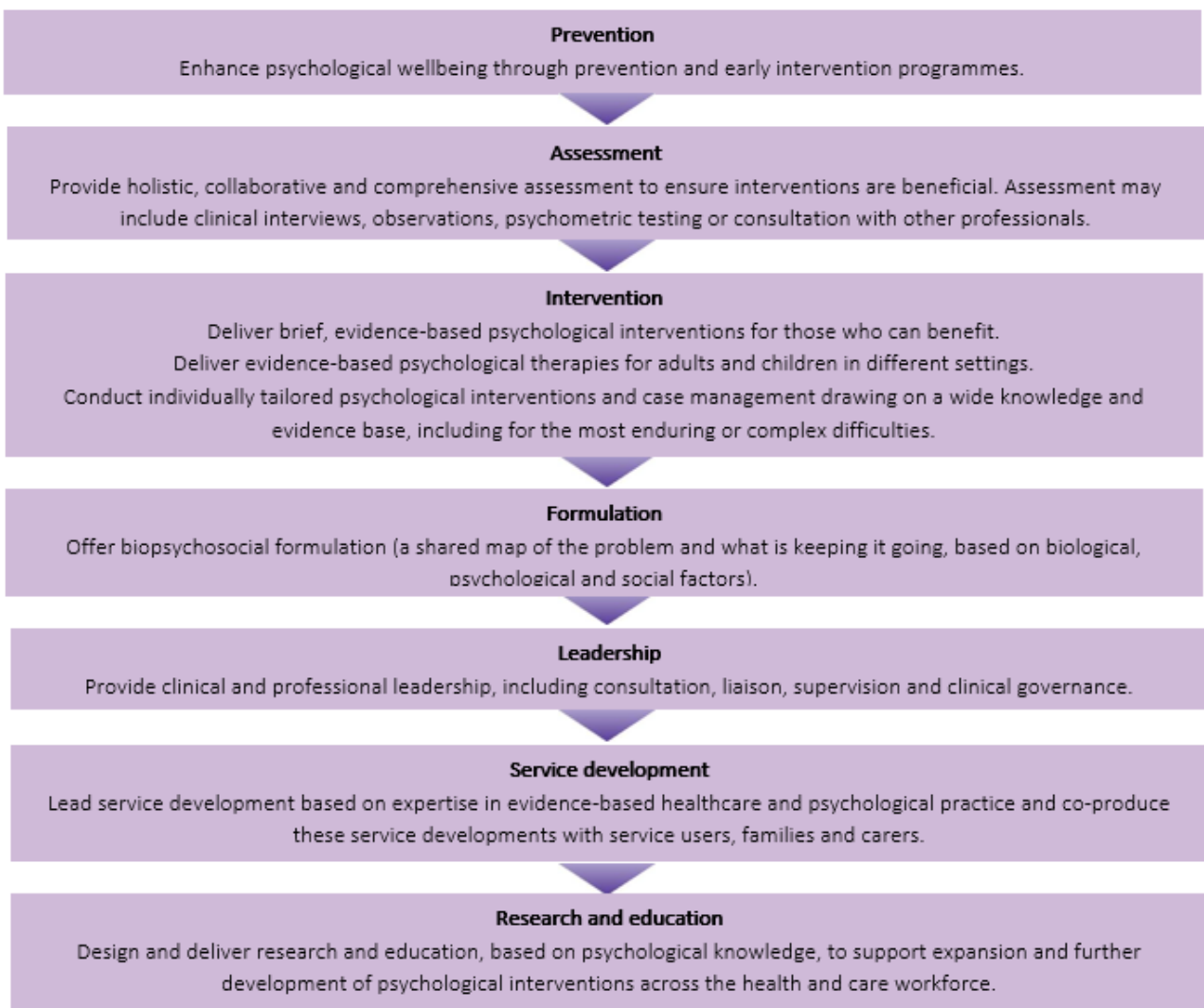
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## 1. Background

The NHS is facing significant workforce challenges which have been further exacerbated by the covid pandemic. The psychological impact of the pandemic on staff, service users and wider community have been well articulated with modelling indicating that the demand for psychological interventions and approaches to care will significantly increase. We already know prior to the pandemic that there was increasing demand for access to psychological therapies, with individuals wanting safe and effective services that provided a choice of treatment and support. The Psychological Professions are all key roles in trying to address this demand for psychologically informed care, influencing and shaping the development of services; delivering therapeutic activity and evaluating impact; whilst also delivering against the NHS strategic agenda as set out in the Five Year Forward View for Mental Health (2016-2012), NHS Long Term Plan (2019) and the Mental Health Implementation Plan (2019-2023/24).

The breadth of services and functions within which the psychological professions operate is wide ranging; working across primary and secondary care; community and inpatient, mental and physical health services. Elements of care provided by the Psychological Professions are not limited to but include:

**Figure 1: Psychological Professions Report: Delivering the expansion in the psychological professions**



Within the current context the challenge for the Psychological Professions is significant, and therefore the purpose of this document is to articulate a strategy which has been developed collaboratively with key stakeholders from across the West Yorkshire and Health Care Partnership. Working together across systems and professions will ensure that we have the momentum to drive this agenda forward, with energy and at a pace that will help us to achieve our ambitious target. This approach also serves as a model for new ways of profession specific working across an ICS footprint and facilitates the ambition of a more integrated mental and physical health agenda.

## 2. Vision

This Strategy brings together the collective voice of Psychological Professions and other key stakeholders from across West Yorkshire to transform lives and communities by extending and embedding psychological knowledge and practice across the whole health and care system. Within the West Yorkshire and Health Care Partnership, we will strive to align ourselves with the vision of the Psychological Professions Network (PPN) which focuses on:

- Uniting and increasing diversity within the psychological professions workforce.
- Making all health and care psychologically informed, so we are better able to meet all of a person's needs- psychological, physical and social.
- Committing to using psychological evidence and expertise to boldly innovate and improve services.
- Putting the needs and voices of people at the heart of everything we do and treating service users, carers, families and staff with kindness, empathy, openness, respect and dignity.
- Helping our communities thrive with a more psychologically informed public.

### Bradford District Care Trust NHS Foundation Trust

The Bradford Primary Care Wellbeing Service (PCWBS) is a psychology-led multidisciplinary team, including clinical psychology, occupational therapy, physiotherapy, dietetics and a Personal Support Navigator. The function of PCWBS is to work with patients with unexplained medical symptoms and long term conditions, who GPs have identified as frequent attenders of their service and critically, where they suspect there is a significant psychological component and where the frequent service use is not beneficial. The service has been evaluated twice and shown both positive clinical outcomes and significant savings. It is repeatedly cited as an example of good practice and innovation for using clinical psychologists and psychologically informed care within the Primary Care context.

[CentreforMH\\_ClinicalPsychologyInPrimaryCare.pdf \(centreformentalhealth.org.uk\)](#)

## 3. Stakeholders

The key stakeholders involved in drafting this Strategy include:

- Senior Psychological Professions Leadership
- Mental Health, Learning Disabilities and Autism (MHLDA) Workforce Lead
- Health Education England (HEE) West Yorkshire and Harrogate Workforce Transformation Lead
- Voluntary Community and Social Enterprise Sector
- Place Workforce Planning leads

We are aware that the first iteration of this report is yet to be discussed with service user and carer representatives; and wider involvement of voluntary, community and social enterprise sector colleagues is also needed. Increasing involvement and representation by linking in and working in a meaningful way with established forums or groups will also be a key part of this work.

## 4. Principles

- 4.1 Work collaboratively across the system to explore workforce gaps and opportunities, ensuring that service redesign and workforce planning is psychologically led.
- 4.2 Promote and raise awareness of the breadth of roles within the psychological professions and share learning across all partners.
- 4.3 Focus on exploring where we can do things at scale across the Partnership to achieve economies of scale and benefit for all, or equally where things are best done locally at place, providing a forum for shared learning.

- 4.4 Use the combined experience and skills of the Group to develop, shape and inform the strategy and implementation.
- 4.5 Identify and share best practice locally, regionally and nationally.
- 4.6 Maintain a flexible learning approach to inform innovative solutions.
- 4.7 Ensure a continued focus on service users and carers in the work that we do.
- 4.8 We will strive for excellence.

## 5. What are the psychological professions?

The psychological professions deploy a wide range of psychological competences in health and social care which make a difference to individuals, patients and their families, as well as positive impact on health economic outcomes. Many work in specialist mental health services but recent expansion has seen developments in wider contexts across primary, acute care and community services. There are over 20,000 psychological professionals working in the NHS. The workforce consists of a wide range of different practitioners, whose practice is informed by the disciplines of psychology and psychological therapy. These include:

Psychologists	Psychological therapists, psychotherapists and counsellors	Psychological practitioners
Clinical psychologists	Cognitive behavioural therapists	Psychological wellbeing practitioners
Counselling psychologists	Counsellors	Children’s wellbeing practitioners
Forensic psychologists	Child and adolescent psychotherapists	Education mental health practitioners
Health psychologists	Adult psychotherapists	
	Systemic family therapists	

Psychological professions continue to enjoy a very healthy supply of applicants to various professional training. Psychology is a popular undergraduate discipline, with 12,000 graduating in the UK with psychology degrees each year and many wanting to work within health and social care. It is therefore typical for non-registered roles such as assistant psychologist posts to attract 200 applicants per vacancy, and clinical psychology training can only offer one in six applicants a training place. The majority of candidates are of an excellent calibre and their progression is solely limited due to the lack of training places. Although there has been a welcome increase in HEE funded training places this is still insufficient to meet the level of need. However, the popularity of the psychological professions represents an opportunity for us to work collaboratively and look at creative and alternative ways to find career pathways for these applicants.

Meeting the workforce challenge requires a multi-pronged approach including having a good understanding of the current workforce data, including an understanding about those entering and leaving the professions; the number of available and planned training places; development of new roles and training requirements; and the capacity for placements across the regions including both traditional and new opportunities. And this all needs to be explored and understood, whilst maintaining quality and standards.

### South West Yorkshire Partnership NHS Foundation Trust

The pandemic has had a significant impact on the way mental health services have been delivered, most significantly the shift from face to face to remote appointments. There was no research or guidance on working remotely with people with Learning Disabilities so the clinical psychology team proposed service-related projects to explore how people with Learning Disabilities would respond to this way of working. The full results of these studies have been published (Rawlings et al, 2021; Rawlings et al, in press). Key learning indicated that although some service users benefitted from remote therapy, the majority declined remote contact or their presentation was such that remote therapy was not indicated. Consequently, to mitigate against the inequalities already experienced by this group of service users, face to face appointments needed to be reinstated as soon as was safe to do so.

Rawlings, G. H., Gaskell, C., Rolling, K., & Beail, N. (2021). *Exploring how to deliver videoconference mediated psychological therapy to adults who have intellectual disabilities during the coronavirus pandemic*. *Advances in Mental Health and Intellectual Disabilities*. (In press).

Rawlings, G. H., Wright, K., Rolling, K., & Beail, N. (2021). *Telephone delivered compassion focused therapy for adults who have intellectual disabilities: A case series*. *Advances in Mental Health and Intellectual Disabilities*. (In press).

### Mid Yorkshire Hospitals NHS Trust integrated physical-mental health care pathways

MYHT Clinical Health Psychology Service are leading on the development and implementation of integrated care pathways between the acute Trust and community Improving Access to Psychological Therapies (IAPT), IAPT-LTC and secondary mental health services. An established joint operational meeting between representatives across organisations meet regularly to optimise mental health patient pathways between hospital and home. Additionally, MYHT has piloted the utility of hospital-based 'mental health navigators'. This pilot has helped direct strategic developments consistent with the jointly developed Mid Yorks Hospital Trust Mental Health Strategy, which highlights key areas for improvement and development to optimise and enhance the experience and outcomes of people with mental ill-health who are also engaged with hospital services.

## 6. National context and scale of expansion

### 6.1 The five year forward view

To complete the 2021 trajectory expansion requirements of the Five Year Forward View for Mental Health to deliver greater access to psychological therapies and interventions, an additional 6,425 psychological professionals in an expanded mental health workforce was required during the period 2016 to 2021. We can anticipate that this target has not been met and as such we enter into the next phase of development in deficit.

### 6.2 Long term plan

In addition to the above, further expansion of the psychological professions workforce is essential to enable services to deliver on the key areas of the Long Term Plan and maximise benefits for patients as well as the organisations within which they work. Whilst mental health is identified broadly as a key priority in the NHS, the specific need to continue the development of integrated psychological care related to physical health was not clearly identified. This paper aims to address the workforce challenges in both the mental health and physical health context. These roles will offer to:

- Facilitate more integrated, connected and user-centred services ensuring preventative care for patients.
- Bridge the gap between primary and secondary care.
- Support the personalised care agenda ensuring individuals have more control over their own health.
- Address health inequalities.
- Improve integrated care between physical and mental health.
- Contribute to the Community Mental Health Transformation and increase access to psychological therapies.
- Improve autism assessment and supporting post diagnostics care and mainstream services to better support adjustment

### Leeds & York Partnership NHS Foundation Trust

Synergi Leeds is a growing Network with leadership from Public Health and a Consultant Clinical Psychologist, from the Mental Health Trust. In partnership with agencies across the City including the local authority, third sector services, and other stakeholders, Synergi Leeds are passionate about tackling mental health inequalities for minority ethnic groups and are acting as catalysts for change within a complex health and social care landscape. The commitment to this work is not only evidenced from the partnership and sign up from CEOs and Directors from across the city but also from recurrent Clinical Commissioning Group (CCG) financial investment to support senior capacity in the system and to fund grassroots mental health grants. Also, in the last year a similar commitment has been made by the Children's mental health commissioner to support a focus on the mental health of minority ethnic children, young people and families. The project is being used by Public Health England as a case study for the Prevention Concordat.

### 6.3 Total expansion requirements

Below are the indicative figures for both the national expansion requirements (Mental Health Implementation Plan) and the implications for West Yorkshire. Requirements for Learning Disability and autism services and also acute care services are as yet to be determined both nationally and for the region.

Area	Profession	National Indicative Expansion	West Yorkshire Indicative expansion (if 3.87% of total)*
Perinatal Mental Health	Psychologists	210	8
	Therapists	280	11
CYP Mental Health services	Psychologists	1350	52
	Psychotherapists and psychological professional	2550	99
	Other Therapists	780	30
Adult Common Mental Health Problems	Psychotherapists and psychological professionals	2860	111
Adult Severe Mental Illness	Psychologists	750	29
	Psychotherapists and psychological professionals	210	8
	Other Therapists	3930	152
Mental Health Crisis Care & Liaison	Therapists	580	22
Therapeutic Acute Mental Health Inpatient care	Psychologists	160	6
	Other Therapists	450	17
Suicide & bereavement support	Therapists	60	2
Problem Gambling Mental Health Support	Psychologists	40	2
Rough Sleeping Mental Health support	Therapists	10	0
Learning Disability and Autism	Significant expansion of posts for psychologists will be required to support improved learning disability care and timely autism assessment	To be confirmed	To be confirmed
Maternal Mental Health	Therapists (EMDR)		3
Acute Health	Support psychological adjustment and psychologically informed health care following a diagnosis of major health conditions e.g. cardiovascular disease, cancer, dementia, diabetes and stroke; also now need to include post-covid/long-covid pathway support plus post-ICU input	To be confirmed	To be confirmed
	<b>Grand Total</b>		<b>553</b>

\*Ref Psychological Professions Vision for England 2019-24, NHS Improvement. All figures are pre-pandemic.

\*Presumes a fair share distribution of resources, based on population size of each ICS. However in all likelihood, each ICS has a different starting baseline for the psychological professions, and differing levels of deprivation and health inequalities, which could result in a case for 'levelling up' rather than a purely fair share approach across the region.

Across the WY and H Health and Care Partnership, in addition to psychological professions services within statutory NHS Trusts, there are psychological practitioners within the VCSE sector providing valuable and essential services to the population of West Yorkshire (e.g Bereavement Support Line, Mental Health and Wellbeing Hub, Suicide Bereavement Services, also a breadth of services for specific population groups and conditions) . We anticipate that the next phase of the



work will involve a baseline audit of the psychological practitioners within these contexts, so that we have a whole systems understanding of numbers, distribution, needs and gaps. We will work with the VSCE sector to understand and build on existing provision to strengthen cross sector working.

## 7. What does this mean for West Yorkshire & Harrogate?

It is difficult to precisely determine the number of Psychological Professionals working in the NHS across West Yorkshire, the reasons for this focus around coding, data collection methodology and accuracy. From the data we have available, we can establish that across WY&H in 2019/20 there was a gap of 25wte (6.1% vacancy rate) posts; by 2021 we estimated that it would be around 46.7 wte (10.9% vacancy rate), at the time of writing this document this figure is yet to be confirmed. This figure does not consider the impact of the demand as a result of the pandemic both in terms of the number of additional service users and staff wellbeing.

## 8. Priorities

No.	Area	Impact	Action
1.	Provide a comprehensive needs and gap analysis with regards to the psychological professions workforce; across community, mental health and acute sectors.	Ability to more effectively workforce plan and evaluate capacity and supply against demand.	<p>1. HEE / MHLDA Workforce Lead to work closely with Workforce planners to establish robust systems for collating workforce data for all of the psychological professions across WY Mental Health Trusts. To do this:</p> <ul style="list-style-type: none"> <li>a) Agree consistency in how workforce data is recorded / coded to ensure accurate data reports going forward.</li> <li>b) Agree who has oversight /responsibility of the data.</li> <li>c) Establish process / resource to cleanse current data to ensure accuracy going forward.</li> <li>d) Production of a quarterly dashboard which highlights areas of challenge and opportunity.</li> <li>e) Produce operational guidance on the above to ensure the processes are embedded as a priority.</li> </ul> <p>2. Work with VSCE colleagues to agree a methodology for reflecting VSCE workforce contributing to this work.</p>
2.	To provide leadership, and in partnership with key stakeholders determine how psychological professions can influence and shape the development of frameworks and services to support the HWB of the workforce which is a psychologically led service.	Improved HWB support for staff resulting in <ul style="list-style-type: none"> <li>- reduced absence rates</li> <li>- improved morale</li> <li>- improved retention</li> <li>- improved service delivery</li> <li>- improved engagement and reduction in presentism</li> </ul>	<ul style="list-style-type: none"> <li>a) Work closely with the Mental Health and Wellbeing Hub across the ICS to identify and develop capacity to support the workforce with a focus on prevention and promotion of well-being – flourishing – as well as addressing distress/need.</li> <li>b) Psychological professions involvement in commissioning of services to support the workforce i.e. Occupational Health, Employee Assistance Programmes.</li> <li>c) Developing and embedding shared psychology roles within different systems and organisations across the system to support the workforce.</li> </ul>
3.	To provide leadership and work with key	Improved services and outcomes from service	<ul style="list-style-type: none"> <li>a) Psychological professions representation during workforce redesign programmes and at relevant</li> </ul>

	stakeholders to influence and ensure all provision is subject to evidence-based rigorous psychological scrutiny in order to optimise outcomes	users across a range of domains e.g. psychological, physical and social.  Safer care.	Workforce Groups. b) Ensure psychological safety of all staff through consideration and review of i) the processes and procedures of the organisation ii) service developments.
4.	Increasing the diversity within the workforce, ensuring better representation of the communities which we serve.	Better able to meet the needs of all services users.  Improved experiences of service users.  More engagement from service users.	a) Link with Equality, Diversity and Inclusion Leads at HEI's and HEE. b) Engage with local communities, VSCE and showcase the opportunities / career pathways available and to locally increase psychological professions profile. c) To develop WY programmes, linking with mentoring schemes, local schools, colleges, developing videos on changing and moving careers and sectors.
5.	Increasing both cultural competence and cultural humility in the workforce; ensuring the current and future workforce is able to genuinely think about the cultural needs of all individuals they work with.  To support the development of antiracist practice within the training and practice of psychological professionals.	Improved experiences of service users.  Reducing inequality and inequity of access.	a) Work with HEIs to influence how the training of future professions is delivered. b) Review the CPD offer to existing staff. c) Commission relevant and appropriate training. d) Contribute to and support the ICS initiative on antiracist practice within services.
6.	Engaging and working with the Psychological Professions Network other relevant professional bodies, networks and key stakeholders to raise the profile and promote career pathways for all psychological professions and demonstrating the positive impact these	Increased visibility of career pathways for psychological professions.  Increased numbers in people pursuing careers in these areas.  Increasing the diversity within the professions.	a) Working with I-Care Leads across WY to recruit Ambassadors to promote careers in schools and colleges. b) Representation at Career Fairs, including communications with those within the VSCE sector. c) Identify best practice in use of our psychological professions workforce and consider appropriate skill mix across the work. d) To support the development of the communities of practice.

	roles can have on the delivery of services.		
7.	Exploring emerging new roles and how they might best fit into existing and developing structures e.g. Clinical Associate Psychologists	Increase flexibility in workforce and ability to meet service demands.	a) Support the evaluation of new roles and feasibility of wider roll out within NHS and the Voluntary Community and Social Enterprise Sector.
8.	Exploring how we can increase the number of placements offered to training psychological professionals across the region	Increase supply of future workforce.	a) Ensure relationships with providers i.e. Higher Education Institutions (HEI) b) Work with HEE and stakeholders to establish demand.
9.	Steering Group to have an awareness of the pressures and risks with regard to psychological resources within the system to support workforce planning, recruitment activity and commissioning.	Improved workforce planning, understanding of capacity.  Improved recruitment and allocation of resources.	a) Review quarterly workforce dashboard data. b) Consider secondments, splits posts, regional posts where appropriate. c) Consider joint recruitment campaigns. d) Explore potential of psychological professions Boards at Place to enable evaluation of capacity at place.
10.	To embed psychological professions activity across all areas of mental and physical healthcare	More Integrated services.  Better outcomes for service users	a) Ensure when commissioning services that psychological professions' are represented, ensuring a multidisciplinary perspective.

## 9. Next steps

The Workforce Strategy will be formally launched in August 2021, remain a live document and will be updated on a regular basis in line with local and national developments. Additional resource to support the implementation of the Workforce Strategy and to develop a more detailed implementation plan will be appointed as soon as possible. The Psychological Professional Workforce Steering Group will continue to meet on a regular basis and oversee the development of this work.

Any comments and feedback on the Strategy to be sent to:

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