Senior Management Briefing

New Ways of Working (NWW) and New Roles in Mental Health has been a major initiative since 2003 when NIMHE and the Royal College of Psychiatrists joined forces to address the problems of recruitment and retention of psychiatrists, and to address the concerns of service users and their families about their experiences of Mental Health services.

The final report *New Ways of Working for Psychiatrists: Enhancing effective, person-centred services through New Ways of Working in multidisciplinary and multi-agency contexts* was published in October 2005. The focus now moves onto looking at what NWW means for all staff in multidisciplinary and multi-agency teams.

NWW is intended to enable those with the most experience and skills to work face to face with those with the most complex needs and to supervise and support other staff to undertake less complex or more routine work. This enables qualified staff to extend their practice e.g. non-medical prescribing and increasing access to psychological therapies, and provides opportunities for new people to come into the workforce at various levels on the career framework e.g. Support Time and Recovery (STR) workers, Graduate Workers and Assistant Practitioners. NWW is about making the best use of the current workforce, providing job satisfaction and career development for staff, providing services that meet the needs of service users and their carers, and are value for money.

NWW is *not* about undermining the role of professionals, nor about ‘dumbing down’ the workforce. It does recognise, though, that with an ageing workforce and population, we need to concentrate on how we develop our staff to ensure we provide the mix of capabilities required to meet the needs of service users and carers. The solutions will differ across localities, depending on local circumstances for example, vacancies, workforce supply etc.

The NWW national programme seeks to remove barriers to local developments and to support local innovations, for example:

- The GMC statement makes it clear that consultant psychiatrists are *not* responsible for the clinical work of the multidisciplinary team – this can free up consultants from some routine work
- The *Joint guidance on the employment of consultant psychiatrists* (October 2005) provides greater flexibility in developing job descriptions when seeking to recruit new people. Although it gives indicative numbers based on population for guidance in the short term, it states that the psychiatrist role should be developed based on need and on the capabilities of staff within the service/team now and in the future.
• Work is now ongoing with applied psychologists, pharmacists, allied health professionals, social workers and nurses to address NWW in terms of team working, leadership, accountability, New Roles and other common themes. Underpinning all of the work is a common aim to move towards staffing services based on capabilities and competences and not based on assumptions about professional numbers or positions.

Many trusts and social care organisations have had difficulty in addressing these issues proactively. This is variously due to:
• Other competing agendas i.e. preparing for foundation status, addressing financial imbalances
• Lack of workforce planning and insufficient HR capacity and capability
• Professional defensiveness
• Poorly understood opportunities
• Short term solutions such as the use of locum and agency staff
• Anxiety of staff during organisational change

The workforce accounts for anything from 60% to 80% of organisational expenditure and is therefore fundamental to robust business planning in the future.

The Creating Capable Teams Approach (CCTA) is best practice guidance, developed by the NWW programme to help teams implement NWW and New Roles, based on the needs of service users and carers, with a defined workforce focus.

Although there is no cost associated with the CCTA documentation, following this best practice guidance will entail freeing up the team to attend 3 full day workshops, supporting the involvement of service users and carers, providing an experienced facilitator and a venue away from the workplace and providing administrative support. The Senior Management Team (SMT) should be committed to implementing NWW and New Roles and to working with the team to support the implementation of the proposed actions identified in the team profile and workforce plan.

The CCTA does not assume additional resources, which would be unrealistic in the current climate, but does enable teams and the organisation, as a whole, to review how existing resources, e.g. posts and learning and development, could be used more cost effectively.

The CCTA will help the organisation implement NWW proactively, by involving staff themselves in the process. To be really effective, however, it should form part of an overall organisational strategy, which takes account of all of the new flexibilities offered in the current and planned NWW guidance – outlined in Mental Health (MH) – New Ways of Working for everyone (Department of Health 2007).

In developing a capability approach to the workforce the organisation will be addressing productivity, benefits realisation and value for money.

In the longer term, if the organisation is able to support all teams to complete their own team profile and workforce plans, the outcome will be a powerful, needs led, bottom up, organisational workforce plan for the future.