Think Ahead's Submission to the Change Consultation:
The 10 Year Health Plan for England.

1) What do your organisation want to see included in the 10-Year Health Plan and why?

Think Ahead's vision is a thriving mental health workforce; a workforce that is fully resourced and equipped with the right skillset and tools support people to live the life they want and deserve. For the last ten years, we have been funded by the Department of Health and Social Care to deliver a mental health social work programme. We have recruited and trained well over 1,000 social workers and delivered leadership training for hundreds more. In recent years, we have expanded our work across other parts of the workforce, for example supporting the recruitment of Individual Placement Support (IPS) practitioners, providing specialist training about problematic substance use and mental ill-health, and most recently, working with local authorities to embed the Approved Mental Health Professional (AMHP) National Standards.

Working across both the health and social care sectors, we are well placed to understand the mental health workforce and the systemic challenges that continue to affect its ability to provide consistent and effective care for people with mental health problems.

Integration is part of our DNA. We have long-standing partnerships with both NHS trusts and local authorities and see the challenges across both. For the 10 Year Health Plan to be a success, it must be developed and delivered with social care and voluntary sector services at its heart. The NHS will not be fixed if the plan is created in isolation from the suite of public services.

What follows is based on a continual learning approach within our organisation; our findings are based on extensive and ongoing research with trainee practitioners, experienced social workers, operational leads and people with lived experience of mental health services.

There are two lead arguments we want to make. Firstly, the 10 Year Plan needs to prioritise the workforce and provide meaningful support to all practitioners, including non-clinical roles. Secondly, we need a mental health system that recognises and responds to the social

factors affecting people's mental health, and that means protecting and expanding specialist social work provision within mental health teams

The 10 Year Health Plan must prioritise the mental health workforce.

We need

- To **grow the mental health workforce,** so it has enough people in the right services to respond to the communities they serve
- To **invest in the mental health workforce,** so practitioners have the skills, resources, and support needed to do their work effectively
- The **mental health workforce to be genuinely connected** to other parts of the health, social care and wider public sector landscape.

Grow the workforce:

- Make mental health a career of choice, by making pay and working conditions competitive and attractive.
- Re-assess the current approach to financial support for students: consider re-introducing tax-free childcare and lowering threshold for council tax support.
- Ensure consistent recruitment processes that are modern, engaging, and inclusive.
- Reduce financial barriers for all training routes into mental health roles.
- Create a national recruitment campaign that attracts brilliant and compassionate people, challenges misconceptions, and provides information on a range of roles and routes across all sectors.

Invest in the workforce

- Provide investment that allows for consistent and meaningful support throughout a practitioner's career.
- Increase support for newly qualified and inexperienced practitioners, assess the effectiveness and consistency of early career support.
- Provide practitioners with the appropriate pay, access to training and professional opportunities to retain their skills and expertise.
- Reduce caseloads to relieve pressure on practitioners and improve care.
- Create evidence-led interventions to support people from marginalised backgrounds and minoritised communities to join the workforce and progress at pace.

- Give practitioners technology, systems, and the appropriate training to reduce inefficiencies and time spent on administration.

Connect the workforce

- Provide the necessary investment and leadership to build true integration across statutory, voluntary and community sector services, ensuring capacity, capability, and cultures allow for effective partnership working through Integrated Care Systems.
- Explore how technology and AI can connect and source information from systems that cut across health, social care and public services; creating care plans that respond to risk and need, fully informed by all available information throughout the healthcare system and adjoining public services.
- Build tailored local workforce plans that include NHS, local authorities, and the voluntary sector, and reflect the specific needs of the local population.
- Improve referral pathways and communication between primary and secondary care, and between health and specialist services such as addiction, housing, and domestic abuse teams; build workforce strategy from the broad experiences and needs of service users.

The 10 Year Health Plan must embed the social approach to mental health.

We hear positive noise from the government about the shift in understanding mental health as a 'social issue', not just a medical one, but this is not reflected in current workforce planning or priorities.

Mental health is indeed a social issue as well as a health issue. It is part of our daily lives, impacting and affected by everything from our jobs and financial security to our physical health, relationships and homes. Many people have long-term and severe mental health problems that need clinical and therapeutic care, but they are more able to receive this treatment and benefit from it if the social issues (housing, personal finances, relationships, practical issues around travel, employment and education opportunities) are being resolved alongside clinical intervention. We cannot expect people to become better if the social circumstances in which they find themselves are traumatic, unstable or unsafe.

Research drawing on several studies across the UK and other European nations found consistently that social workers offered holistic, social and rights-based approaches within mental health teams, emphasising the 'widening perspectives with mental health, and

embedded an alertness to social determinants. It has also been established that these social approaches are distinct from, and an important companion to, medical approaches within mental health services.

And yet when we talk about workforce targets in relation to mental health provision, the focus is largely or solely on clinical roles. Indeed, the NHS Workforce Plan makes no mention of social workers at all despite the nearly 4000 social workers employed by NHS mental health teams across England (numbers accurate as of 2022 (HEE); Social Work England has this number as closer to 8,000 in 2023, but this will be split across NHS and local authorities).

Bringing a social lens to NHS mental health teams is a challenge; it cannot be expected that medical professionals have the knowledge, skill or time to help patients with social issues. Yet the failure to do so is hindering the effectiveness of support available to people and impacting the deployment of mental health professionals. The lack of social work provision or integration mean clinical professionals such as mental health nurses are often doing things like filling in benefit claimant forms and helping with housing applications, taking them away from the job they were trained to do.

The expansion and prioritisation of social workers within mental health teams is a practical solution to embedding the social approach into mental health teams. Supporting people to navigate complex challenges in their lives and bridging the gaps between the support available through health, care and community services their input can be transformational. They have the training and skill needed to build the long-term relationships that can help someone build their own independence, confidence, and overcome the barriers to receiving treatment.

2) *What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?*

We will be responding from a mental health perspective.

The biggest challenges:

- Lack of investment in the workforce meaning that practitioners are overstretched and under immense pressure meaning they cannot deliver socially informed care in

the way they want or were trained to do. Reducing reliance on hospital care means consistent and reliable relationship-based practice, but that is not possible if practitioners are carrying unacceptably high caseloads and are only able to respond to people in crisis.

- Poor retention rates and use of agency staff means people with mental health problems are not able to establish long-term relationships with social workers, which means people feel more isolated and are more likely become unwell and to utilise hospital care.

- Dysfunctional relationships between local authorities and NHS trusts, which results in poor information sharing and disjointed care. Many people with mental health problems find the bureaucracy and complex systems across health and social care difficult to navigate, and we see evidence of employment partnerships (section 75) collapsing meaning fewer social workers are directly working in NHS settings which impacts patient safety (HSSIB report Nov '24)

- Social workers not being employed by NHS trusts directly; our NHS partners are struggling to guarantee social work jobs. We see social work roles being seen as a 'nice to have' rather than critical to service delivery. This is a mistake. Social workers provide a social lens directly in clinical settings; they can build long-term relationships with service users based on trust and genuine understanding. Our Lived Experience Partners reflect that they are more likely to use acute care when they do not have a relationship with a social worker

- Local authorities reducing the number of social workers deployed into health services despite the benefit to practitioners and service users. A recent report by HSSIB demonstrates that impact of social workers within hospitals to speed up discharge plans, and yet local authorities are reducing the number of social workers within teams in hospitals meaning unnecessary delays are being created as non-specialist workers are helping with discharge.

The biggest enablers:

- Prioritising the AMHP role and supporting more NHS-based social workers to train as AMHPs (as well as social workers within local authorities); making it an attractive career progression prospect and researching the barriers to progression.

- Increasing the number of mental health social workers in mental health teams to provide consistent, relationship-based practice to reduce reliance on emergency care such as A&E. RCPsych found that 78% of people with mental health problems use emergency healthcare due to lack of mental health provision. Social workers help people with mental health problems gain skills, confidence and independence, and can respond to worsening mental health earlier, meaning less need of crisis care or hospital treatment. Increasing social work provision within hospital discharge teams; too often social workers in hospital discharge teams only have capacity to make one or two visits to people who have recently left inpatient mental healthcare. We need more social work provision within these teams, and then to provision to enable anyone who has received hospital care to receive long-term community-based care. When leaving hospital, service users may have lost their homes, their jobs, relationships may have suffered, they may even be in a new area of the country – embedding social work within post-hospital care means that these social issues can be improved, tackling isolation, and reducing chance of re-admission.
- Utilising technology and system transformation to share information across services meaning that risk is being responded to in a more agile way; providing care before someone reaches crisis, not waiting until it happens.

3) *What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?*

We will be responding from a mental health perspective.

The biggest challenges:

- Getting the basics right. While we support all efforts to modernise the NHS with advanced technological solutions, we urge the government to ensure we have got the basics right. Over 10% of our social workers say they struggle to keep on top of notes because their office does not an adequate Wi-Fi connection. Social workers tell us they start work without a laptop, or an email address, or the necessary software. While we support all technological progress, we need frontline practitioners to have access to the basic equipment and connectivity to do their jobs.
- Lack of training and development support. It is not enough to build new products or systems, we need to invest in the training of the staff to use these effectively, and

internal expertise within services to fix issues. We also need long-term investment in those systems to fix glitches and continue to adapt it, test it and improve it. Maintenance and improvement of systems is as important as investing in the development of new systems.

The biggest enablers:

- At Think Ahead, we have transformed our approach to recruitment through digital investment and innovation. We have built a digital portal that makes the application process to our social work programme far more inclusive and intuitive, allowing video application software and embedding nudge communications throughout the process. This has doubled conversion rates, meaning we are currently seeing the most successful recruitment marketing campaigns in the charity's history. We also have granular mapping of our target audiences (be that by geographic or demographic), which allows us to target our spend to targeted locations, many of which struggle which have local recruitment challenges. Because we are doing this at a national level, we can learn comprehensively what works, what does not, and adapt our content and strategy accordingly – this has seen great results. We are receiving 90 registrations per place, yet we have cut out advertising spend by a third in the same period. This technology could be utilised for other roles or for specific NHS trusts; recruitment is left to individual NHS trusts which have significant resource issues (time and money), meaning they are not able to learn from other recruitment efforts.

- We have seen that social workers are increasingly using AI to help with caseload notes and writing up meetings, but we think it could be used more ambitiously. One of the biggest challenges within mental health care is integration, and every part of the health, social care and voluntary sector needing to work together cohesively to understand risk and care needs of service users. AI could be utilised to manage and spot risk far more comprehensively; different services use different systems, and AI could cut across this, feeding information from different source into summary written positions on patients which focus on risk, need and priority. This technology would need to be tested and combined with professional judgement; we hear of the everyday challenges of different systems, conflicting metrics and poor communication with leads to missed opportunities to provide earlier and more effective support.

4) *What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?*

We will be responding from a mental health perspective.

The biggest challenges:

- Retention challenges in the mental health workforce meaning that caseloads are too high. We have heard from many of our social worker network that although teams would like to work in a more preventative way, the pressure and unacceptable workload means they are only able to respond to people in crisis, and often in an overly medicalised way. Social workers are often working to prevent a mental health crisis resulting serious harm or death, but due to workload pressures, they are unable to support people upstream and reduce the number of people reaching crisis in the first place. Nobody can disagree with a move to prevention, but until we have a workforce with enough people, enough investment, and proper integration, properly effective prevention will always be impossible. It needs practitioners with the space and time to work with people before they become severely unwell.

The biggest enablers:

- Protecting and increasing social work provision in mental health teams. It is well-evidenced that mental health problems can be caused and worsened by social issues, such as poverty, poor housing, and lack of employment or educational opportunities. Mental health social workers are one of the workforce solutions to meeting the prevention agenda; they have a strong understanding of mental health conditions combined with the practical knowledge of how to support on the pressing social issues around housing or benefits. Mental health can be worsened by the fragmentation of the health care system, and social workers are well placed to navigate those systems as they work in both local authority and NHS settings. Mental health social workers widen perspectives within clinical teams, providing a complimentary set of expertise and insights to clinical care, to navigate the practical issues that may be creating barriers to people with mental health problems becoming and staying well.

Please use this box to share specific policy ideas for change.

Please include how you would prioritise these and what timeframe you would expect to see this delivered in, for example: • Quick to do, that is in the next year or so • In the middle, that is in the next 2 to 5 years • Long term change, that will take more than 5 years

Quick to do (in the next year or so):

- Continue and expand the financial support for Think Ahead so we can grow our mental health social work programme and recruit hundreds more social workers with a mental health specialism and who are uniquely placed to work in NHS and local authority mental health teams.

- Put social work targets in the newly refreshed NHS Workforce Plan that is due to be published in the summer

- Ensure ICBs have social work targets that are based on the needs of the local population.

- Change the status of social work students so they are still eligible for tax-free childcare and universal credit. Currently many people are unable to afford to re-train as social workers due to low bursary levels and having additional support such as Universal Credit being removed.

Medium term:

- Launch a national mental health career campaign that demonstrate the range of roles and range of settings throughout the mental health sector, to make it a career of choice.

- Use technology and adopt the approach taken by Think Ahead on mental health recruitment, so that best practice and data is being shared nationally, to reduce the need to bring social workers from overseas and instead support trainee social workers from local communities.

Long term:

- A long-term transformative approach that genuinely integrates the NHS with other parts of social care and wider public services. This NHS 10 Year Plan will not succeed if we continue to examine the NHS's challenges in isolation.

- The use of AI could be transformative in gathering and analysing information across the whole spectrum of health and public services, to provide genuinely holistic care packages. If information gathered by mental health practitioners could be analysed alongside case notes sitting in housing teams, domestic abuse services, job centres and so on – it would be possible to see a person as a 'whole person' and respond to risk and need in a far more agile and responsive way.