

DEVELOPING A STRATEGIC MENTAL HEALTH WORKFORCE PLAN FOR HEALTH AND SOCIAL CARE

CONSULTATION DOCUMENT

- This consultation is open from 1st February 2022 until midnight on 28th March 2022.
- Please contribute your views through our [on-line consultation questionnaire](#)

FOREWORD

The [Together for Mental Health Delivery Plan 2019-22](#) sets out the requirement for Welsh Government to work with Health Education Improvement Wales (HEIW), Social Care Wales (SCW) and partners to produce a workforce plan for mental health services. Taking forward this commitment was one of the key actions in [The Workforce Strategy for Health and Care](#) published in October 2020. In that document we clarified our intention to:

Develop a multi-professional workforce plan to support implementation of Together for Mental Health. This will encompass all age ranges and protected characteristics aligning with the models of care and standards of service needed in the future. This will also take account of the roles of private and third sector provider services, volunteers and carers as well as statutory services.

The Plan will be a vehicle for driving radical change and comprehensive improvements in how we develop, value and support our specialist mental health workforce, in recognition of the critical role they play in supporting people with a range of mental health needs in a variety of settings. But we also recognise that mental health and wellbeing is everyone's business and so the plan is also an opportunity to develop the skills and knowledge of our generalist health and social care workforce to better equip them to deal holistically with the mental health needs of the people needing their care. The demands for mental health services will only increase as the pandemic continues to unfold, and we are determined that this plan will provide the tools, guidance and resources to step up to this challenge, and to accelerate reset and recovery.

The scope of this work is wide ranging, encompassing multiple professions, services and settings, and underpinned with a person and family centred approach. The focus of this consultation document is on the cross-cutting actions that provide solid foundations for the development of the mental health workforce, using the framework of the Workforce Strategy for Health and Social Care. We have taken the decision to consult on the actions that will form the core of the plan to allow everyone with an interest or involvement in this area to contribute at an early stage in the plan's development. During the consultation process we will consider any profession and service specific dimensions that need to be embedded in the final plan, so that it reflects the multi-faceted nature of mental health services. We will also continue to listen to people with lived experience of mental health difficulties to make this plan as positive and impactful as possible.

We have been overwhelmed by the enthusiasm and commitment that has helped us get to this point, and the collective energy to make positive change. In order to maintain that energy and input we will be holding a series of consultation workshops and events and attending a range of meetings during the 8-week consultation period. We look

forward to your feedback and ideas on the actions set out in this consultation document through our survey link or at the organised events.

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THE CASE FOR CHANGE

The case for change is well rehearsed in Together for Mental Health and the Workforce Strategy for Health and Social Care. In essence we need a mental health workforce plan because:

- We know that individual needs for care and support continue to change, with anticipated increases in demand which will continue post COVID supporting mental wellbeing through to serious and enduring mental illness.
- We have difficulties in recruitment and retention in certain professions and occupations in our specialist mental health workforce, creating particular challenges in services for people with severe mental illness.
- There are opportunities to deliver care differently which need additional skills and capabilities, different workforce models and new ways of working, both within and outside of mental health services.

CHANGES IN POLICY AND LEGISLATIVE CONTEXT

There are also numerous changes on the horizon with the potential to affect demand and delivery models, including:

- Potential changes to the range of professionals able to undertake assessment under Part 1 of the [Mental Health \(Wales\) Measure](#).
- Potential workload increase for some roles and changes to training requirements as a result of the proposal for reform of the [Mental Health Act](#).
- Impact of new [Liberty Protection Safeguards](#).
- Development and introduction of an evidence-based workforce planning tool for mental health nursing and the potential for extension of the [Nurse Staffing Levels \(Wales\) Act's second duty](#).

SCOPE

The scope of this work has not been rigidly defined given the breadth of services and workforce that support people with their mental health and wellbeing. It encompasses multiple professions, roles, services, settings and needs. This makes language and terminology especially important.

For the purpose of this document, we have used the definitions as per the <https://globalhealth.inparliament.uk/events/launch-new-report-new-directions-mental-health-workforce-globally> “specialist mental health workforce” to refer to those individuals that provide mental health services as their main focus and the “generalist mental health workforce” for the individuals who have other roles alongside their contribution to mental health services.

APPROACH

Our diagnostic work has been based on the following three building blocks which have been designed to collect, analyse and triangulate inputs and information from a range of sources:



The current [technical summaries](#) relating to this work can be accessed here.

Given the breadth of the scope outlined above there are multiple ways of structuring the development of a mental health workforce plan – in our development work we referred to it as in a Rubik's® cube. In order to embed a consistent and integrated approach, we have chosen to use the 7 themes of the Workforce Strategy as the core framework for the development of the suggested actions in this consultation document.



Together these themes ensure a comprehensive and coherent approach to the development of the plan.

In parallel with the consultation on these actions we will continue to engage widely to ensure that any specific perspectives that we need to inform a comprehensive mental health workforce plan are included.

This consultation document sets out the key findings and the suggested actions that we need to prioritise, cost and impact assess in order to support and develop the workforce required to deliver mental health services. We have focused predominantly on those which are specific to mental health, recognising that a number of cross cutting workforce priorities are being progressed through the implementation of the [Workforce Strategy for Health and Social Care](#), for example, in relation to parity of esteem between health and social care, Welsh Language, and diversity and equality of the workforce.

CONSULTATION PROCESS

The consultation process will launch on 1 February 2022 and conclude at midnight on 28th March 2022. We look forward to your feedback and ideas on the actions set out in this consultation document through our [survey link](#). In addition, we have arranged a series of open consultation workshop. For more details, please follow the [link](#).

In addition, we are more than happy to attend stakeholder meetings during the 8-week consultation period if that would be of interest and help you in formulating your response. Please contact HEIW.mentalhealth@wales.nhs.uk to arrange.

Consultation questions

In order to develop the full plan, we need your input and views on a range of questions and have developed an online form to enable you to feedback your views. The questions within the consultation will cover the following:

- Whether these are the right actions to include in the workforce plan
- Any gaps in the actions that we need to consider
- Any advice on implementation of the actions
- Any information on best practice and case studies that would help

An initial equality impact assessment has been prepared however this will need to be updated and refined once the actions are agreed in readiness for publication alongside the final plan. We welcome any views on equality impact to support the further work on this.

We are all agreed that change is needed – but we need a clear plan with concrete actions, supported by the right investment, if we are going to achieve our ambitions. Your feedback on these questions will be pivotal in helping us finalise the plan.

THE ACTIONS

What follows next is the set of proposed potential actions, grouped by Workforce Strategy theme, for comment and discussion.

During the consultation process these actions will be costed, alongside a mapping of existing and new sources of funding in order to inform prioritisation. We will also clarify timescales and lead responsibilities. The final plan may also require amendments to existing policy and legislation. These matters will need to be considered as part of the implementation process.

Workforce Supply and Shape

KEY FINDINGS TO DATE

- We need to grow the mental health workforce to keep pace with demand and address current deficits in key professions within the specialist workforce.
- The shape and size of the mental health workforce needs to change to support future models of care, policy and legislative context.
- Workforce intelligence about the current mental health workforce across health and social care is limited and needs to be improved to support future planning.
- It is clear, that there needs to be a continued focus on securing the right workforce to support people with chronic and enduring severe mental health problems, particularly in the light of the forthcoming changes to the Mental Health Act.
- Some specialist service areas will require specific workforce solutions over and above the actions in this plan due to the specialist and expert skills and knowledge required.

SUGGESTED ACTIONS

1. Increase the annual commissioning of education and training numbers related to the specialist mental health workforce for the next three years.

Current undergraduate and postgraduate education and training plans for mental health nursing, psychiatry, psychology and other relevant professions will be reviewed for 2023/24 to ensure that they support the need to grow the workforce. This will include plans to develop a dedicated cohort of Physician Associates for mental health. This work will need to take into account programme capacity in Higher Education Institutions, clinical placement capacity across Wales, fill and attrition rates, and infrastructure support.

2. Undertake scenario planning to inform the shape of the specialist mental health workforce including nursing, pharmacy, psychiatry, social work, psychological therapies and AHPs for the next 10 years.

This will result in the development of a 'Future Mental Health Workforce' report, which will be jointly commissioned with partners during 2022/23 and will include services models and demand capacity modelling. It will take account of the new service vision, the impact of Covid-19, and any potential changes in legislation and policy such as [Liberty Protection Safeguards](#) and the [Nurse Staffing Levels \(Wales\) Act 2016](#). This work will also provide the opportunity to consider the role of professions that have a key role to play in mental health services including AHPs and pharmacy.

3. Ensure that data quality improvement projects under the workforce strategy address the needs of the mental health workforce.

The mental health workforce spans a broad continuum of services, some working solely in mental health services and others working in general services. This creates additional challenges for workforce intelligence which is often a barrier to effective workforce planning. Improving the data around the mental health workforce will be part of a wider initiative to improve workforce data and analysis being taken forward as part of the workforce strategy actions. It will be linked to the scenario planning work in Action 2. This will be essential to fill gaps in current data to enable us to set a clear baseline and to measure and monitor progress, including key information about Welsh Language skills and diversity and equality.

4. Review workforce planning tools and resources being developed under the workforce strategy implementation to ensure they are fit for mental health purposes.

Tools and resources for local organisations and systems will need to be appropriate to support mental health services to plan their future workforce requirements in a highly complex system which contains multi-disciplinary teams and multiple employers including the third sector and volunteers.

5. Develop and implement plans to ensure that there is an appropriate supply of trained professionals to undertake new and existing legal roles.

This action will focus on increasing the numbers of mental health professionals who are able to participate in work often in relation to serious mental illness requiring a specific skill set, including Approved Mental Health Professionals (AMHP), Section 12 doctors, and other duties under the [Mental Health Act \(1983\)](#), and [Liberty Protection Safeguards](#).

6. Commission a programme of work to identify and define impactful volunteering roles which will help to inform workforce planning, education and training.

Volunteers play important roles across the continuum of mental health services but this can be difficult to quantify and plug into workforce planning. This action will build on work that is being progressed through the workforce strategy, to understand the contribution of volunteers. This will specifically include looking at work in other parts of the UK such as the programme being led by Helpforce. It will take account of the [WCVA – Helpforce Cymru Volunteer framework](#), published in 2021 and provide an opportunity to achieve clearer definition of the roles of the volunteer workforce in mental health services. This in turn will inform workforce plans and identify the need to provide support and access to quality education for volunteers in mental health services.

7. Develop and implement a specialist mental health Allied Health Professional (AHP) model as a pathfinder for rollout across Wales.

Access to specialist AHP support in mental health services is varied and inconsistent across Wales, despite evidence that this can make a positive contribution to quality and outcomes. This action will build on the good practice that has been developed in individual AHP professions and will be used to evaluate and shape a workforce model to support in primary, community and hospital settings.

An Engaged, Motivated and Healthy Workforce

KEY FINDINGS TO DATE

- High levels of vacancies in key areas exacerbate the increasing workload that continues to be experienced in mental health services, and the impact on workforce wellbeing.
- There has been less focus on support, continuous professional development and career pathways for the mental health workforce compared with other areas which may be impacting on retention of existing staff.
- Working in mental health services, especially in acute and specialist services, can impact on wellbeing in specific ways - For example, when dealing with suicide, homicide and the impact of coroners' inquests and external reviews.
- Access to occupational health support can be difficult in some areas.
- There is limited data about the diversity of the mental health workforce but the information that is available suggests that it is not reflective of the communities it serves.
- Equivalence between health and social care is just as much of a challenge in mental health services as in physical health services due to differences in rewards and recognition.
- The third sector is playing an increasingly critical role in multi sector delivery models, but this is not fully recognised or quantified in planning and partnership working.
- Flexible working arrangements would have a beneficial impact on participation rates and sickness levels.

SUGGESTED ACTIONS

8. Commission a mental health workforce survey across health and social care, to assess staff engagement, experience and wellbeing.

This would be the first joint survey across our full mental health workforce and would provide us with a baseline capturing how individuals in our mental health workforce are feeling in their role and experiencing their work. This would include questions relating to working practices as well as a benchmark for engagement and inform how we improve and measure our progress in relation to our workforce engagement, motivation and wellbeing going forward. The action would be developed and implemented in full partnership with staff and union representatives, which would maximise the learning from other staff surveys such as the national NHS Wales staff survey. This would also provide an opportunity to assess progress in relation to diversity and equality.

9. Establish a national Professional Support Unit for the mental health workforce

Over recent years across health and social care we have seen an increase in the resources, support and guidance available for staff to support their health and wellbeing. However, we have heard that at times this is not sufficient due to the unique nature of mental health services and that a more targeted and customised support is needed. This Professional Support Unit (PSU) would link to and supplement the resources and support already in place, by providing access to a more comprehensive service for dealing with staff who may be experiencing difficulty, which is impacting on their wellbeing, due to the particular nature of the work they do. The unit will provide guidance and information in confidential and supportive settings and in more complex circumstances, the PSU will provide access to a range of specialised support services. A similar model is already in place in HEIW for trainee doctors.

10. Identify, train and support a network of mentors which will be hosted on 'Gwella' to provide consistent and agreed standards for mental health staff mentoring.

Mentors play a key role in personal and professional development and we have heard that this support can be lacking in mental health services. This action will invest in a development programme for mentors in mental health services to improve access for potential mentees. Being a mentor can itself provide personal development and can be a rewarding activity for staff. Creating this approach, will ensure that the mentors receive ongoing support in their mentoring role and that mentoring becomes an accepted and expected part of the culture within the workforce. Gwella is the national leadership portal hosted by HEIW and already hosts a range of other professional and leadership networks.

11. Use best practice and evidence to establish standards for supervision across the wider mental health team.

Supervision is an essential part of practice for all health and social care professionals and can have a positive impact on wellbeing as well as on performance. Although most organisations provide a level of supervision, we have heard that there are significant variations in terms of understanding, roles, arrangements, effectiveness and access to protected time. This action will clarify the definition and standards for supervision based on research and best practice for staff involved in mental health services to ensure consistency and quality.

12. Building on the Social Care Wales [Team Manager Approach](#), implement an accredited team manager development programme across mental health services.

Effective and compassionate managers at team, service, ward or department level play an essential role in ensuring that our staff are motivated, engaged and want to stay with us. We need to support our managers to develop their knowledge and skills, and in particular to ensure that they can respond to changes such as the increased focus on flexible working. This action will ensure there is a sustained and consistent approach to developing our managers who have a critical role in supporting the workforce.

Attraction and Recruitment

KEY FINDINGS TO DATE

- The unique contribution, rewards and job satisfaction of working in mental health services must be promoted more effectively.
- There is still a stigma associated with working in mental health services compared with other parts of the health and care system, which can also affect rewards and progression.
- The diversity of careers and opportunities in mental health services is not well understood or communicated to the current and potential workforce.
- More could be done to embed mental health experience in education and training programmes to inform future career choices.
- Some mental health professions have experienced recruitment challenges for significant periods of time.
- Targeted financial incentives have had a positive effect in some areas, although overall the best incentives appear to be non-financial.
- The attractiveness of mental health professions is linked to a number of the actions throughout this consultation document.

13. Develop a targeted attraction campaign programme for the mental health workforce, supported by [Train Work Live](#) and [We Care Wales](#).

Effective recruitment is predicated upon a number of the actions in this plan such as CPD opportunities, support for wellbeing, effective leadership. However, investing in high quality, professional attraction campaigns is also essential to promote the value of these professions and roles, and the opportunities of working in Wales. Train Work Live and We Care are well established and well evaluated national campaigns. Phase 1 will commence with psychiatry, nursing and social work campaigns. We will develop a longer term (Phase 2) campaign plan which will be informed by the scenario planning outcomes.

14. Use the [Careersville](#) platform to promote mental health careers across health and social care through a marketing campaign aimed at schools and colleges.

Effective careers information provides clarity on roles as well as career progression, and for mental health services needs to articulate the unique features of working in this area compared with general health services. It is also an opportunity to reinforce the drive for diversity in the workforce, de-bunk any myths and stigma. The Careersville digital village will showcase mental health professions across a range of settings to schools and colleges and will host live

events to support student application to university, development of relevant curriculum material for schools, promoting volunteering, as well as highlighting the importance of Welsh language skills to non-native Welsh speakers and the career opportunities throughout the sectors for native Welsh speakers.

15. Implement recommendations relating to careers pathways for the mental health workforce, including opportunities relating to research, academic, leadership and improvement as described in the Centre for Mental Health's [Future of the mental health workforce report](#)

This will result in the development of clear career pathways which are able to adapt to the changing needs of both the services and our workforce. This will support the creation of career routes which are cross professional, and incorporate portfolio models as well as flexible working and flexible retirement options, which encourage staff retention.

16. Develop guides, tools and resources which help managers to facilitate improved work-life balance and increase staff retention across health and social care.

This could include flexible working approaches, job planning guidance, how to increase/enable access to remote working, 'stay' interviews, flexible approaches to retirement and retire and return opportunities. This action links closely to action 12.

Seamless Workforce Models

KEY FINDINGS TO DATE

- Person and family centred approaches require seamless workforce models, with a multi professional and multi-agency philosophy.
- Mental health is everyone's business, and this requires better integration between physical and mental health service and workforce models including contractor professions.
- We need develop our generalist health and social care workforce to feel confident in dealing with and sign-posting services and support for mental health issues.
- Roles of the mental health specialist workforce will increasingly incorporate leadership, facilitation, supervision and advice to generalist teams.
- This requires a common core of knowledge about mental health across the wider workforce in order to take a holistic approach and signpost effectively.
- A consistent approach to the development of the support workforce and third sector, across health and social care is key to delivering integrated and flexible models of care.
- A focus on prevention and recovery throughout mental health services requires multi sector workforce arrangements to meet the needs of service users.
- There are a diverse range of new and extended roles in place across mental health services.
- These are delivering many benefits to the mental health multi-disciplinary team, but they need to be embedded properly in service, workforce and governance design, and supported by appropriate education and training.

SUGGESTED ACTIONS

17. Develop and roll out mental health literacy training for the health and care workforce, to provide more seamless support for physical and mental health.

This could include the following:

- a 30-minute mandatory mental health 'level 1' - awareness programme for all health and social care workforce, including third sector, independent contractors and volunteers.
- a mandatory 'level 2' - mental health literacy low intensity curriculum component to ensure those who primarily deliver physical health interventions are equipped with the knowledge and skills to better support people experiencing mental health problems seen as part of a physical health

encounter and identify and take appropriate action to support individuals in their care.

- a 'level 3' - targeted mental health skills training and support models for professionals in key areas including primary care, social care and Emergency Departments.

18. Building on the work developed by [Health Education England \(HEE\)](#) design an All Wales resource for implementation of new, expanded and extended roles into mental health multi-disciplinary teams.

This will ensure the availability of clear guidance for managers and individuals to support planning, implementation, and utilisation of new, expanded and extended roles within the mental health workforce. It will be multi-professional and include but not limited to Physician Associates, Mental Health Social Workers, Pharmacists and Pharmacy Technicians, CAAPs, Emergency Mental Health Practitioners and peer support workers as well as the roles of some of our smaller therapy professions such as arts therapists, which are not always visible. This will also inform a consistent and quality managed approach to education and training, and consistent job descriptions.

19. Initiate a project working with arts organisations to capture the experience of people with lived experience to inform the development of seamless care.

This will capture and bring to life the impact of how we work from the perspective of the people at the centre, using different types of media to assist the development of skills, competences and ways of working.

20. Increase the capacity of community and primary care teams to support mental health services

Many of the other actions will help to develop capacity in primary and community care to support mental health and wellbeing. In particular targeted education and training will help ensure appropriate signposting and provide the workforce with the skills to make every contact count (MECC element). The importance of all contractor professions needs to be visibly recognised in the plan.

Building a Digitally Ready Workforce

KEY FINDINGS TO DATE

- Increasing use of digital technology is supporting innovation in mental health models of care just as it is in other services.
- There is a recognition that a blended approach will be necessary – to prevent digital exclusion and ensure good quality of care.
- These technologies include digital options for accessing care; supporting digital clinical monitoring, tools to support clinical decision making, self-management apps, digital consultations and digitally enabled models of therapy.
- Education and training in digital skills is just as important for the mental health workforce as it is in other services.
- Digital technologies will not reduce the requirement for workforce but will assist the workforce to introduce more efficient models of care to meet the growing demand.
- New technical roles will be required in mental health services to support clinicians and others in using new ways to interact with patients and carers.

SUGGESTED ACTIONS

21. Assess current digital capability in the mental health workforce, against the national digital capability framework to inform training needs.

The development of the digital capability framework is an action within the workforce strategy for health and social care. Plans for this assessment will be developed as more information becomes available on the wider work, and implementation timescales. The assessment will take place once the capability framework is launched.

22. Create a network of digital champion roles to influence and lead digital workforce transformation (to be discussed with Digital Health Care Wales and other partners).

Effective leadership will be essential to combat the lag referred to above and to ensure that mental health workforce models embrace the positive opportunities and benefits of digital technology, coproducing this with people with lived experience. This action proposes investment in a network of digital champions across health and social care organisations to lead digital innovation in our mental health services and influence and inform future changes to workforce models. These will be supported as a joint initiative by Digital Health and Care Wales and Health Education and Improvement Wales.

Excellent Education and Learning

KEY FINDINGS TO DATE

- Education and training programmes must reflect the needs of the future workforce model and recognise the need for a holistic approach to physical and mental health.
- There are high attrition rates in some education and training programmes for mental health professions that need to be addressed.
- All Wales evidence-based education and training frameworks are needed to support all aspects of mental health provision, including specialist areas.
- Opportunities for academic support for progression need to be more visible and accessible in mental health services.
- Opportunities for inter professional education in commissioned programmes are currently limited and require review.
- All health and social care professionals require a basic component of mental health literacy as part of their education and training, with additional or advanced training for some groups for example GPs and Emergency Department teams.
- There is a need to make education and training available to third sector partners, independent contractors and other agencies.
- Clinical academic and research roles should be encouraged in the mental health workforce to promote excellence and improvement.
- People with lived experience of mental illness can make an important contribution to education and training.

SUGGESTED ACTIONS

23. Work with partners to develop proposals to redesign education and training programmes for psychiatry.

There are long standing difficulties recruiting to training programmes in psychiatry and a demand for greater flexibility from trainees. Innovation in the design of these programmes is crucial to respond to the needs of our future workforce as well as the people at the centre of our services. The Royal College of Psychiatrists and HEIW have key roles, aligned with implementing the recommendations of the [Future Doctor Report](#).

24. Review quality frameworks for commissioned education and training programmes relating to mental health.

Quality of education and training experience has a direct impact on retention of graduates into the workforce. As commissioners, we will work with HEIs, NHS organisations and providers to ensure high quality, education programmes,

including clinical placements and to include the role of people with lived experience in contributing to the delivery of programmes. We also need to ensure that a broader range of health and social care professional students have access to multi-disciplinary training and clinical placements in mental health settings.

- 25. Consider how pre-qualifying training for social workers can be adapted to encourage greater specialism and take up in mental health, alongside how the new post qualifying framework can be developed to include opportunities for newly qualified and experienced social Workers in mental health specialisms.**

- 26. Commission professional bodies to assess interprofessional education and training opportunities for the specialist mental health workforce.**

Working in partnership with Royal Colleges and Professional Bodies, this work will identify commonalities within current professional education and practical options to develop inter professional learning opportunities to support our mental health workforce.

- 27. Commission evidence-based, multi-professional education and training frameworks in priority and specialist areas.**

This action will require a review of key documents such as that completed by [HEE](#) and the [All Wales Senior Nurse Advisory Group](#) to inform and agree frameworks for adoption across health and social care workforce, with specific regard to the Welsh language needs of the population.

This would include for example,

- A psychological interventions training framework to increase the capacity of staff able to deliver core therapies as set out in the [Matrics Cymru](#) and [Matrics Plant](#).
- Sustainable commissioning and delivery of the CAMHS education and training framework.
- Sustainable commissioning and delivery of perinatal mental health education and training.
- A review of any additional educational and training requirements associated with specialist services that need to be delivered in Wales.

- 28. Establish a national investment fund for post-qualifying education for the mental health workforce.**

This will create a new approach to the commissioning and funding for post-qualifying education across mental health services. It will also enable us more

readily to ensure the quality of funded training and allow us to evaluate the outcomes of our investment through talent management approaches.

29. Provide targeted national continuing professional development programmes to support priority areas across the mental health workforce.

This will enable investment to be focussed on strategic priorities which will alter over time. Education will need to be delivered in supportive working environments, where practitioners can implement their new skills and knowledge. Early priorities will be the design and delivery of a bespoke multi-disciplinary CPD programme to support integrated working and coproduction across mental health services in Wales, and a physical health CPD programme for mental health specialists.

30. Building on Social Care Wales [Qualification Framework](#), develop a mental health support worker education framework.

This would set common standards across health and social care employers and inform the development of defined criteria within support worker education including apprentice education programmes which support mental health multi-disciplinary team approaches. This would also involve work with Higher Education Institutions to review current entry criteria, recognise prior learning and provide enhanced career pathways directly into university under-graduate education in health or social work.

Leadership and Succession

KEY FINDINGS

- Support and investment in leadership development and talent management has often lagged behind in mental health services.
- Targeted support and development for mental health leadership at all levels is needed to develop the compassionate and collective cultures that will improve quality of care and workforce wellbeing.
- Leading across boundaries is a prerequisite for effective leadership in mental health services.
- Leadership for improvement at all levels will be essential given the significant changes facing mental health services.

SUGGESTED ACTIONS

- 31. Develop and implement an inclusive and targeted talent management pipeline for mental health leadership roles at organisational level, recognising the unique context and challenges of mental health services.**

The quality of senior leadership is essential to the positive culture and working environment in mental health services. Targeting support at senior clinicians and managers working in mental health services to ensure that they are prepared and equipped to fulfil these roles, is a priority.

- 32. Ringfence places for mental health clinicians as part of the wider national multi-professional clinical leadership programme.**

Effective leadership at team/ward/department and service level is essential to the quality of mental health services and can be provided by a range of professionals. The nature of the challenges affecting mental health services have similarities and differences to those affecting general health services. Whilst we need to avoid a silo approach in the development of our leaders there is an argument to suggest that we need to increase momentum in the roll-out of leadership development where the specialist mental health workforce has historically been less visibly represented, to cope with the transformation that needs to happen.

- 33. Establish a mental health leaders' network on Gwella, to improve access to the compassionate and collective tools and resources for all staff.**

Setting up a Mental Health Leadership and Talent Community of Practice on Gwella, would allow us to make targeted resources widely available and would allow us to monitor which resources are best used.

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