



Gofal Cymdeithasol **Cymru**
Social Care **Wales**



GIG
CYMRU
NHS
WALES

Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Health Education Improvement
Wales (HEIW)

& Social Care Wales (SCW)

Virtual Mental Health Conference

Feedback Report
January 2021

Health Education Improvement Wales (HEIW) / Social Care Wales (SCW) Virtual Mental Health Conference Feedback Report

Supporting the Transformation of the Mental Health Workforce in Wales

Report submitted by Kerri Eilertsen-Feeney, Rachel Mooney, Sanjeev Mahapatra, Jon Day & Jim Widdett

Contents

	<i>Page</i>
Introduction	3
Executive summary	3
Current engagement	8
Background	11
Results	11
1. Engaged, motivated and healthy workforce	12
2. Attraction and recruitment	13
3. Seamless workforce models	16
4. Building a digitally ready workforce	18
5. Excellent education and learning	20
6. Leadership and succession	22
7. Workforce supply and shape	24
Next steps	25
Acknowledgements	27

Introduction

Running throughout October 2020, the first HEIW and Social Care Wales (SCW) Virtual Mental Health Conference was designed to offer an opportunity to share in the work that has been ongoing within the Mental Health sector in Wales and to help shape the future of the Welsh Mental Health workforce plan as a key commitment of the Welsh Government and support the *Together for Mental Health Delivery Plan 2019-22*.

A two-phase approach running in parallel encompasses:

- Phase 1: a plan of work to respond to urgent workforce priorities.
- Phase 2: a longer-term plan for the Mental Health workforce with a focus on enhancing the role of the wider workforce, recruitment and retention in key roles, and developing an agile workforce to respond to changing mental health needs.

Participation and responses offered stakeholders the opportunity to share their ideas for the future planning and approaches to workforce stability, and the requirements for shaping a leading service for the Mental Health sector in Wales.

Executive summary

Participants were given the opportunity to feedback through a range of interactive sessions, with the two sets of Poll questions structured and aligned to the themes embedded within the strategy 'A Healthier Wales: Our Workforce Strategy for Health and Social Care'.

The responses have been analysed with the overarching themes and trends with participants suggesting a need to focus on the following key areas:

1. Providing attractive and innovative career opportunities to improve workforce engagement and sustainability (A Healthier Wales – Our Workforce Strategy for Health and Social Care *Theme 1*)
2. Develop career development frameworks which include non-traditional pathways (A Healthier Wales – Our Workforce Strategy for Health and Social Care *Theme 2*)
3. Put the service user at the centre of all service and workforce models (A Healthier Wales – Our Workforce Strategy for Health and Social Care *Theme 3*)
4. Expand the use of service user involvement in MDT discussions relating to their care (A Healthier Wales – Our Workforce Strategy for Health and Social Care *Theme 3*)
5. Maximise the opportunities for delivering services with the support of digital technologies (A Healthier Wales – Our Workforce Strategy for Health and Social Care *Theme 4*)
6. Promote inter-disciplinary learning to ensure standardisation of approaches and methodologies (A Healthier Wales – Our Workforce Strategy for Health and Social Care *Theme 5*)

7. Recruit and develop service leaders and managers who foster the culture of compassionate and collective leadership (A Healthier Wales – Our Workforce Strategy for Health and Social Care *Theme 6*)
8. Create capacity and capability within the mental health service to develop a sustainable mental health workforce plan based on robust data and workforce analytics which informs future supply and shape (A Healthier Wales – Our Workforce Strategy for Health and Social Care *Theme 7*).

From feedback, expanding on the focused key areas above, participant opinion highlighted the service delivery model requires remodelling, placing the service user at the centre of management and team decisions about care delivery, with understanding and accessibility of navigation for service users currently seen as a significant barrier to effective and efficient service delivery. Within the service, approaches should be patient-led and quality driven as opposed to the currently perceived service-led and target-driven design. The KPI (Key Performance Indicator) measurement system should be based upon service users, their experiences and outcomes from service delivery with greater clarity of role definition and workloads.

The Mental Health service as a profession requires approaches to improve long-term sustainability through improved understanding of the range of career potentials and positive long-term career choice, to attract sufficient recruitment applications from suitably qualified staff and widening of access to professional pathways. This is particularly significant as a large percentage of respondents would highly recommend the sector and their particular Mental Health service areas for employment satisfaction and as a career.

Approaches are required to incorporate this strength of belief in the service not only to become champions for recruitment but also champions for change within this plan. Career progression, frameworks and training pathways (alternatives to the traditional) should be for all levels with routes to registration from Health and Social Care, with an embedded 'Grow your own' work-based focus approach including the inclusion of apprenticeships, enabling staff to feel valued and supported within their roles with effective and reinforced professional development planning and access to relevant CPD. Consideration of the role of emerging professions such as Physician Associates working with medical teams and peer support networks is required.

Management and leadership skills development and application should be made available for both those in post and those who will wish to upskill.

Service delivery efficiencies and effectiveness could be addressed through determined MDT teams and educational development incorporating blended service models approaches that are fit for purpose. This could be supported through multi-agency forums and single points of entry. The messages reflect the theme that Mental Health services are under-resourced including numbers of staff, levels of suitably trained, competent and confident staff and lack of resilience in the workforce to ensure sustainability. Further scoping will be required to evidence and understand whether

these responses are related to funding, difficulty in recruiting e.g. vacancies / the right skills being available to recruit or a skills gap in the existing workforce.

There is a requirement for a universal mental health information, training and resource support tool to enable knowledge and current referencing for efficient and timely access to the wide range of support pathways. This could provide an understanding of the complexities of the mental health services, creating clear pathways and accessibility routes for access to a wider range of services. Consideration is required for mechanisms to enlist the support of the third sector in how we develop and support our NHS services. There are many good examples from across the UK of the third sector supporting the NHS in their local areas by the provision of services e.g. crisis cafes/houses, peer support, homelessness support etc.

Opportunities for digital service approaches are extensive. Digital tools could be utilised in the creation of available resources for joint learning and development across professional boundaries, with enhanced digital technologies and skills development of staff supporting the co-ordinated storing and sharing of service information. The availability of improved digital resources with a single point accessibility would facilitate continuity in digital resourcing and digital service delivery scope. Telemedicine is being increasingly used to see patients by all healthcare professions particularly in light of the pandemic. However, there are many barriers that need to be considered with regard to patients accessing these services.

HEIW and Social Care Wales already have a number of initiatives that actively support both the Mental Health workforce development and the wider workforce transformation agenda, all of which closely align with feedback suggestions gained within the virtual conference.

The 'Gwella' site <https://leadershipportal.heiw.wales/> , based upon developing a cohesive leadership strategy for health and social care in Wales, offers learning and development opportunity to all staff where not just the mental health workforce has *'the opportunity to influence cultural change within NHS Wales working towards a more collective and compassionate culture, with significant benefits for staff wellbeing and thus improved patient outcomes'*. The three-year Framework for Action has been developed directly addressing talent and succession planning, implementing approaches to active compassionate and collective leadership development, resulting in a working environment that encourages people to find new and improved ways of operating. An example of this has been established through HEIW working in partnership with Professor Michael West and the King's Fund to provide access to compassionate leadership resources, the Leadership and Transformation scholarship availability through the Florence Nightingale Foundation supported by both the HEIW Leadership and Nursing Transformation teams (the Nursing Directorate will support 4 annual leadership scholarships per year for three years), embedded approaches to matrix working and the development of the Education Delivery System supporting the career framework initiatives for pathways of learning and progression for all professionals. The

compassionate leadership principles for health and social care in Wales will be launched March 2021, underpinning all leadership development and recruitment.

Each month, delivery of one principle via an expert speaker, masterclass and supporting materials will be hosted via Gwella. One of the 9 principles directly supports the findings of this paper: *'demonstrate compassionate leadership, strengthening voice, influence and control for staff and service users'*. The Welsh Clinical Leadership Training Fellowship is currently an opportunity for medical/dental trainees, pharmacists and optometrists and likely to be expanded to other professional groups. The 2019 cohort had its first two psychiatry trainees join the scheme.

All health and social care undergraduate programmes are required to embed compassionate leadership throughout the 3 years of the undergraduate curriculum. This has been written into the new commissioning and tendering. Access to Gwella resources will be provided to the universities to support this. HEIW working with Professor Michael West will publish a book and e-book "Developing Compassionate Leadership" which will be available to underpin the compassionate leadership running through the undergrad curriculum but also used by organisations to underpin leadership development provided within organisations. Further we have a range of materials from Michael West that we are digitising over the next 3 months which include materials on communication and empathetic listening.

HEIW are working with Glyndwr university to develop a 20 credit masters level module called "Compassionate Leadership in Action". This will be part of the health care science master's degree but will also be a free-standing module which universities and other organisations will be encouraged to make use of. This module will be hosted on Gwella as a learning pathway, enabling individuals to access learning materials and upload assignments while working towards certification.

Social Care Wales, for some years now, have had in place a range of post qualifying programmes for managers including a Team Manager Development Programme and a Middle Manager Development programme both offering 60 credits at Level 7 and both delivered by the Oxford Brookes University. In addition, there have been a range of non-accredited programme of management and leadership development programmes delivered to Heads of Service, Assistant Directors and newly Appointed Directors of Social Services. These have been bespoke designs

To enable a more clear and informative understanding of the current mental health workforce HEIW and Social Care Wales are currently undertaking data scoping exercises within their respective sectors. HEIW has distributed the trail version of the data collection tool to Health Boards to support base line data retrieval in preparation for a detailed analysis of current workforce structure, facilitating a gap analysis for both influencing variance in learning and development opportunities to be addressed but also evidencing potential workforce areas that could be strengthened.

Social Care Wales have issued a baseline template to all 22 Local Authorities to enable a mapping of all mental health services provided by statutory social services in order to

understand the workforce profile including the level of post qualifying competence that is in place particularly around Approved Mental Health Practitioners and Best Interest Assessors. This is essential data both in respect of the development of the Mental Health Workforce plan but also the impending change to legislation with the introduction of Liberty Protection Safeguards in April 2022. This statutory data will be complemented with data from the Social Care register which will map out the workforce profile for the wider voluntary and private sector that provides mental health services. The data from all these processes will feed into the workforce plan that HEIW and SCW will be jointly developing during 2021-2022.

The approaches to developing 'Made in Wales' has been embedded within HEIW across many departments underpinning education programmes through work-based learning approaches.

HEIW has begun designing, for release in early 2021, a 'Universal Basic Mental Health App'. The app will provide core basic elements of training and guidance on how staff can support people (themselves, colleagues and members of the public) with existing and potential mental health issues.

The training will be suitable for all levels of staff, serving as a readily accessible reminder of basic identification, conversational and support skills through text and video, and a resource for navigation and accessing additional support services.

It is aimed at enhancing staff capability and confidence to help provide MH support at any level and our initial focus on Suicide and Self-Harm Prevention supports early intervention and prevention. There will be a master app to which users can add and remove sub-apps that have specific focus areas relevant to what they identify matches their learning need such as Suicide and Self-Harm Prevention, Eating Disorders, Bereavement, Dementia, Learning Disabilities, General Mental Health, etc.

Current engagement

Cross-service sector stakeholder engagement on our draft workforce plan is set to include discussion on succession planning and alternative staff resources to provide service support in each service area. In addition to the virtual conference feedback HEIW and SCW have designed and communicated a workforce dataset capture sheet for each Health Board to ascertain specific roles and roles of wider Multi-Disciplinary support Teams in mental health support and establish the make up of our current Mental Health workforce. This will enable informed development of the workforce plan. Cross-service sector stakeholder engagement on our draft workforce plan is set to include discussion on succession planning and alternative staff resources to provide service support in each service area.

Nursing commissioning for pre-registration mental health education has been increased by over 25% the last 3 years with a 15% increase proposed in the education plan for next year's recruitment alone. In 2019-2020 places for 330 commissioned learners, rising to 356 in 2020 -2021 and proposed at 410 for 202-/2022. We have worked with the Psychological Therapies group and HEIW Education and Commissioning team to increase the number of Clinical Psychology funded places this year as an immediate response to pressures identified by the group. The funding has also been increased for more places in subsequent years. HEIW has increased medical training in Psychiatry and recently undertaken work to increase recruitment into core training which has been successful. Psychiatry specialties are under review again this year to determine workforce requirements for training places.

The success with recruitment into psychiatry training over recent years, particularly at core level was 98% in 2019 and 100% in 2020. This has been achieved with the focus on psychiatry as part of the Train Work Live campaign and targeted financial incentives to support costly RCPsych (Royal College of Psychiatrists) examination fees. More work is needed however, to improve recruitment and higher specialist training level particularly in old age psychiatry. Despite the successes we still have a real challenge in recruitment of SAS doctors into psychiatry. HEIW is addressing these requirements through work developing "training" and support for SAS doctors.

Our initial focus has been on developing a clear learning framework in Children and Young People's mental Health Service. Meetings are progressing to formalise varying levels of training in particular areas with a joint group meeting planned for early 2021 in order to align all streams of work to achieve a cohesive framework encompassing them all. We are leading on focused work on Early years and CAMHS training/education development through the Perinatal Mental Health group, CAMHS infant mental health (level 4) and Bangor University CAMHS level 7 to begin to shape career paths and options available. We are also facilitating a task and finish group within the Perinatal Mental Health group to digitalise Institute of Health Visiting training or create a new version that is suitable for purpose. The first group meeting has been held with clear actions set to progress. Engagement with Service Users and Carers through the Wales Mental Health and Wellbeing forum has occurred through the HEIW

workshop run to ascertain high-level key priorities as identified from service user perspectives. HEIW have also been invited to share best practice with Scottish government and the Scottish Royal College of Psychiatrists in workforce planning.

Social Care Wales, continues to support the professional development of the Mental Health Workforce through the Social Care Wales Workforce Development Programme grant and during 2019/2020 over 120 social workers were supported to pursue either a Best Interest post qualifying award or an Approved Mental Health Practitioner Awards. Significant work is now underway during 2021 to revise the whole of the post qualifying framework for social workers as well as account for the changes required under the new Liberty Protection Safeguards and the impact this will have on the learning and development requirements of the whole workforce.

The importance of health and well-being, including mental health is threaded throughout all of the new suite of health and social care qualifications (including the core, wider optional units, the new GSCE and new A Level). In addition, a number of the qualifications have specific units relating solely to supporting individuals living with mental health challenges/diagnoses, namely the Level 2 and Level 3 Health and Social Care Practice qualifications and the Level 4 Health and Social Care Professional Practice qualifications.

To address concerns around the attractiveness and recruitment issues of various health sector professions HEIW are investigating a range of potential solutions to support the development of a suite of multi-professional education programmes to warrant professionals to work and encompass other fields within their expert activities of specialism areas. One aspect of this is the Phase 2 HEIW education and commissioning programme supporting the scoping of the potential for introducing pre-registration dual qualifications for nurses in Wales, in particular within the areas of mental health and learning disabilities. The aim is to increase the attractiveness of new recruits to multidisciplinary practice. Any commissioning for the range of potential learning routes inclusions would be subject to engagement and appetite within HBs and the agreement from the Chief Nursing Officer. HEIW would expect to consult widely on sector requirements and enthusiasm, with the Phase 2 project acting as a catalyst to introducing new innovative, effective and efficient framework inclusions structured against funding model approaches to support delivery. As an example, work-based learning pathways for clinical psychologist employment via the CAPs role could be embedded to widen the scope of educational solutions and career progression.

Both HEIW and Social Care Wales host wellbeing networks and continually share developments and resources linked to the health and wellbeing of the workforce. Social Care Wales, has recently launched for the first time, an Employee Assistance Programme for all social care workers in the private and voluntary sector, enabling access to a range of free online resources, 24/7 online and face to face counselling and a provision in place to support managers in dealing with a range of workforce issues and challenges.

We have met with expert individuals within Suicide and Self-Harm Prevention in NHS Wales Health Collaborative to discuss the development of the Universal Basic Mental Health App with its pilot focus being on Suicide and Self-Harm Prevention. The aim will be to create a resource that, whilst designed for use by NHS staff at any level, will have transferrable application to other industry sectors and the wider public. It will contain such things as short resource videos that can provide users with reminders and tips on how to provide support, links and access to support groups and useful pathways. A capability framework has been created base on researched evidence and best practice. A small task and finish group has convened and begun creation of a draft working app to be demonstrated to key stakeholders and seek their input.

Discussions have taken place with HEIW Careers and Widening Access team to include Mental Health careers as a key priority. We have already worked with HEIW Careers and the University of South Wales to source candidates in various mental health support roles to sit on the panel in their careers fair. We also now have a list of people who are willing to participate in future fairs.

Background

As part of work towards the development of the Mental Health Workforce Plan, HEIW & SCW hosted a virtual month-long conference throughout October 2020, supported by Vaughan Gething. The conference format hosted speakers from both professional and service user backgrounds, as well as allowing participants the opportunity to undertake several interactive question sections including polls and word doodles.

The purpose of the polls and word doodles was to scope the current themes and trends being felt across the sector of Health and Social Care and allow us to refocus the priorities prior to the imminent data collection and mapping of the Welsh workforce.

The areas of focus, from Phase 1 priorities, were perinatal mental health, children and young people and psychological therapies. However, this was not exclusive and members of the Mental Health workforce from across the sectors were invited to participate.

Results

By the end of the month-long Mental Health Conference event the website page had received 2,444 unique page views of the landing page; 164 unique views on the service user videos; 242 unique views on the professional video accounts; 162 unique views on the best practice case studies; 68 views on certificates and feedback and 47 unique users on the Welsh landing page.

The scope of the audience extended across 25 different organisations including all Welsh Health Boards with 71% of interactive session responses from the Health sector, 21% from the Social Care sector and 8% from service /carer sector, of which 79% represented the statutory sector.

To maintain continuity, the summary of the results gained is presented in alignment with the themes embedded within the strategy 'A Healthier Wales: Our Workforce Strategy for Health and Social Care'. The results are collated as summative paragraphs encompassing the range of statements that were presented throughout the duration of the event. The statements will allow interpretation and formulation as part of the future workforce plan development. They do not currently represent any priority areas that may be incorporated into a final approach to workstreams for the future planning action but allow for the range of issues and gaps to be highlighted. The plan is to use the data from this initial conference and to test this thinking with the sector through 2021 to help shape the final workforce plan.

1. Engaged, motivated and healthy workforce:

Feedback suggested that there is a need within the sector for:

- Equity in multi-disciplinary teams (MDT) roles across health and social care sectors as well as between professions, with investment in making individuals accountable for their roles and responsibilities, robust job descriptions to provide clarity for all and clear logical staffing structures. There is often a difference in organisational values and service delivery that is misunderstood.
- Career planning with investment in learning, training and development framework progression opportunities
- Ensuring appropriate resources and funding availability to achieve the planned output
- Mechanisms for staff well-being and support structure with career planning and development. Regular and appropriate supervision at all levels with embedded positive leadership behaviours, acknowledgement of good work practices, acknowledgement of workload stress and better communication for staff consultation. There seems to be a requirement to improve the disconnect between management and the workforce.
- Improvements in staff motivation through increased engagement possibilities with service users and carers and in staff professional development.
- Awareness of the pressures on staff such as through the high expectations combined with increasing complexity of roles, ever increasing workloads and fewer resources, lack of leadership, support and communication, targets that do not reflect the values of the service, undertaking roles outside of scope of practice without appropriate training and lack of time to develop professional networks to enhance dissemination of best practice and creative initiatives.
- Inclusion of the workforce in the delivery of change and service re-modelling
- Recognition of the areas that prevent staff from working to the best of their abilities. These ranged from general public ignorance or bias against 'mental health', environmental space for all service delivery, IT infrastructure, shortages of staff, wasted time trying to contact other agencies, lack of information dissemination and support from management to time for detailed informed networking, supervision and clinical discussion.
- Improved opportunities for peer support/networking
- 39% of staff do not feel valued, 40% do not feel supported
- Only 18% feel valued and only 10% feel supported

Feedback relates to themes 1, 3, 4, 6 & 7 of 'A Healthier Wales – Our Workforce Strategy for Health and Social Care.'

Work to date:

Initial focus has been on developing a clear learning framework in Children and Young People's mental Health Service. Meetings are progressing to formalise varying levels

of training in particular areas with a joint group meeting planned for early 2021 in order to align all streams of work to achieve a cohesive framework encompassing them all.

Access to the Gwella resources within the wider workforce has been rolled out supporting leadership and management approaches.

Social Care Wales made an immediate response to the pandemic with dedicated wellbeing resources for the social care sector available on the Social Care Wales website, through regular newsletters going directly to registered persons and a newly created social care worker card, providing a form of identification which enabled access to a range of tangible benefits with retailers and access to a variety of wellbeing support.

As well as establishing a social care wellbeing network to share intelligence and solutions to support wellbeing, Social Care Wales have commissioned on behalf of Welsh Government an Employee Assistance Programme, which went live in December 2020, targeted at workers who may not have access to support available from statutory or larger employers.

Social Care Wales has also been engaging in the early stages of developing our staff governance frameworks, which sets out the expectations staff can have of their employer, and the expectations the employer can have from their staff. We are also improving the ways in which we measure staff experience by encouraging more local immediate feedback loops, as well as formal surveys, which was a key action (action 4) in the strategy.

Social Care Wales is committed to further develop the social care worker card into a long-term solution for the social care sector to provide recognition as social care workers and access a range of benefits and wellbeing resources.

2. Attraction and recruitment

An overview summary of the suggestions to improve these areas of practice within the sector included:

- Improving staff retention around adopting similar models to the Royal College of Psychiatrists 'choose psychiatry', career progression informed by clinical experience, portfolios and training including high quality supervision, time and support to attend training including skills improvement relevant to areas of expertise, rotational post incorporation and recognition of the pastoral and mental health needs of staff. This would equate to the Train Work Live programme with targeted incentive for the Wales NHS staffing.
- Recruitment improvement to be supported through flexible working options with development of portfolio career opportunities, incentives and accelerated training programmes, incorporate aptitude testing for recruits, clear interpretations for team development and MDT requirements recognising a range of core disciplines in mental health. Longer term approaches to 'grow your own' would encourage staff development and progression remaining within the service.
- The service benefiting from having posts that straddle mental health and physical health care settings including primary care. The current processes can mean that staff do not see people who do not meet 'criteria'. Further the sharing of positive stories particularly from service user perspectives, information of patient outcomes, career progression and training opportunities. This includes improved physical healthcare training for all mental health professionals.
- Scrutinising the evidence for reasons for leaving the mental health service would inform areas to be analysed and support deployment mechanisms in terms of increased retention.
- The need for a multi-professional induction closer to service delivery rather than organisationally based
- The range of staff groups requiring further support to ensure adequate supply and to keep people in post ranged from Occupational Therapist (as the role is generic they are not be able to utilise their practical skills), counsellors/therapist (which often change), Psychiatrists, General Practitioners, nurses, Health Care Support Workers, Housing officer, therapies and Mental Health senior management, Allied Health Professionals, Psychologists and specialist therapeutic disciplines. There is also a need to include the role of Physician Associates. The RCPsych has already done a lot of work with these roles supporting the medical team in mental health teams.
- Involvement of services users/patients/carers in the recruitment process
- 86% do not feel as though the service is well understood and portrayed to the public
- 48% say mental health is not a popular career choice with only 9% feeling as though staffing is appropriate to deliver care and 50% assuming retention is an issue
- 80% would recommend employment within the Mental Health sector as a career, suggesting positivity within the workforce. However only 27% believe

there is sufficient response rates to vacancies and 55% do not believe recruitment to posts is easy to undertake.

Feedback relates to themes 1, 2 & 5 of 'A Healthier Wales – Our Workforce Strategy for Health and Social Care.'

Work to date:

Discussions have taken place with the HEIW Careers and Widening Access team to include Mental Health careers as a key priority. Public engagement events and marketing is also being considered in partnership with Social Care Wales. The peer support competency framework is to be developed in partnership with service-user group. This has been discussed as a key area for development by the Wales Mental Health and Wellbeing forum and meetings have been arranged to address the facilitation of developing a framework and increase the operational support of peer support through Primary Care (potentially in partnership with 3rd sector organisations such as Mind Cymru).

Social Care Wales continues to develop the WeCare Wales website and jobs portal including additional video content promoting sector champions and delivery of further social media and TV based campaign bursts with a focus on nursing in social care, domiciliary care and social workers.

Other priorities identified for the medium-term future includes:

- *Develop schools-based resources to promote careers in social care*
- *Develop values-based resources to support employer's recruitment practice*
- *Capture positive practice and processes regarding recruitment and retention to share nationally*
- *Recruit and support additional WeCare Wales ambassadors*
- *Continue to financially support the care career connector posts in the 7 regions*
- *Work with key stakeholders such as Department of Work and Pensions and Careers Wales to strengthen links between job seekers and careers in social care.*

3. Seamless workforce models

Feedback highlighted a number of areas which included:

- Suggestions for modification and improvement in service models delivered included the need for education and awareness raising around the qualities of certain professions and how they link into the MDT model, with support development of multi-agency networks to make for a more effective service and more effective patient care. Clarity is required within sectors of the services that are offered, with potential pathway constructs for transparency for service users and training associated with this for at least the primary care service. Respondents also highlighted the need for involvement of staff, service users, patients and carers in any service redesign that may be discussed.
- Development of simple, user friendly, visual up to date models / diagrams or resource to show how the system can work, that are potentially standardised across organizations, and that are logical, clear, and explicit. Examples of current practices exist, and these should be evaluated to develop approaches to multi-agency central forums with single point of entry for referrals and multi-disciplinary allocation meetings to ensure service users are referred to the right service first time. Consideration for a single point of access self-referral, such as walk in or phone in services might be a potential mechanism for easy service user access.
- Ensuring that services are easily accessed and that staff from different sectors work together to deliver care pathway into services needs to be more easily established and communicated with education and knowledge enhancement around the different service provision availability needs to be readily available. Improved links between Local Authorities and NHS would link service provision
- Greater use of quality improvement methodology
- The need for third sector organisations be embedded within planning processes to ensure they are partners in a holistic approach as providers of services. Third sector services tend to have a much higher turnover of staff due to short term contracts. Service users need the more consistent long-term support as provided in the statutory sector.
- Recognising that whatever service(s) are involved with a patient / client / family, the relationship that is built up between a key worker and that person / family may be the most important working factor. This has implications in terms of MH (adult and child), attachment and previous developmental history and recognises the need for close supervision of staff who may hold the key relationship
- Only 17% think that services are setup to allow staff to deliver care easily with 85% wanting the service to be remodelled, only 45% believing teams work well together to deliver care
- 80% do not think that service models are easy to navigate for service users

Feedback relates to themes 1, 2, 3, 4, 5 & 6 of 'A Healthier Wales – Our Workforce Strategy for Health and Social Care.'

Work to date:

Workforce dataset capture sheets have been created and distributed by HEIW and SCW and requested for completion by Health Boards to ascertain roles of wider MDT in mental health support. SCW have already begun to collate and interpret data returns. This initial data scoping exercise, due to be completed by March 2021, will establish the current mental health workforce and allow further detailed analysis and gap analysis for incorporation into any future planning. The analysis of Primary Care pathways is scheduled for commencement in April 2021.

In addition to the development of a workforce plan for the Mental Health workforce, Social Care is in the process of developing a workforce plan for the Social Work profession including a revised and modernised post qualifying framework with specific modules and awards linked to the Mental Health workforce including preparation for the forthcoming LPS in April 2022

HEIW and Social Care Wales has refreshed and launched the delegation framework to support teams and professionals to work together during the pandemic, and this remains relevant to underpin cross profession and cross sector working.

4. Building a digitally ready workforce

In order to support the mental health services feedback was requested in relation to the types digital and technological areas of training that would best support the service area moving forward. Responses highlighted numerous areas including:

- The investment in suitable equipment to support communication platforms, remote working with access to systems, digital patient records accessible across different organisational boundaries with clinical information all in one place. This is of critical importance as in many areas different professional groups utilise different methods for clinical records e.g. different digital records between mental health and Local Authority and continued use of paper notes for some professionals), technology to enable staff to make secure accurate records immediately after house calls. This would be aided through closer collaboration and working between ICT services, external providers and NHS Wales clinical staff
- e-learning using video platforms
- Online/app platforms for delivering therapy interventions
- Skills development in digital literacy to address the workforce inconsistencies that exist for these skills
- To establish best practice approaches and appropriate operating models both digital and non-digital where appropriate
- 68% believe that digital resources need upgrading to enable effective care delivery with 40% of staff not having the digital skills to deliver services effectively.
- 92% believe working practices could be made more efficient with increased digital and technological capabilities and 95% wanting staff education, development and training with 61% not having the opportunity currently

Feedback relates to themes 4 & 7 of 'A Healthier Wales – Our Workforce Strategy for Health and Social Care.

Work to date:

Work is ongoing with the Perinatal MH group to digitalise the Institute of Health Visiting (iHV) training, potentially creating a new updated version. The Task and Finish group has been set up by HEIW and the first meeting has been held with clear actions set to progress. The Universal Basic Mental Health app discussions are taking place with potential partners to facilitate the design and development for release in early 2021.

Social Care Wales is working at pace to develop plans for the creation of a digital learning platform and test out opportunities for once for Wales training, which provide flexible approaches to learning and ensure appropriate support is in place. This will include a review of the Continuing Professional Development requirements of registration so that online learning is seamlessly incorporated into renewal processes.

HEIW has begun designing, for release in early 2021, a 'Universal Basic Mental Health App'. The app will provide core basic elements of training and guidance on how staff can support people (themselves, colleagues and members of the public) with existing and potential mental health issues.

The training will be suitable for all levels of staff, serving as a readily accessible reminder of basic identification, conversational and support skills through text and video, and a resource for navigation and accessing additional support services.

It is aimed at enhancing staff capability and confidence to help provide MH support at any level and our initial focus on Suicide and Self-Harm Prevention supports early intervention and prevention. There will be a master app to which users can add and remove sub-apps that have specific focus areas relevant to what they identify matches their learning need such as Suicide and Self-Harm Prevention, Eating Disorders, Bereavement, Dementia, Learning Disabilities, General Mental Health, etc.

5. Excellent education and learning

Feedback strongly suggests that all training would benefit if service users and carers were utilised in the design and development of content of learning programmes with service users and this was available through multi-agency training to bring the sectors together. The delivery of such learning at all levels should be underpinned by dedicated teaching and training roles via recognised teacher qualification routes.

The range of training that might support current and new roles included:

- Suitable training for Health Care Support Workers for psycho-education delivery
- Access to broader psychotherapy such as family therapy
- Leadership training
- CFT, ACT, Spring trauma focused work
- Nurses trained as PWP's and High Intensity Therapists
- Undergraduate relevant degree and Masters level training for Arts Therapies
- Communication skills such as empathic listening - for all levels and grades of staff
- All staff in CAMHS need to be trained in child development
- Reflective practice
- Post qualification training in and audit of record keeping
- Salford advances practise in medical imaging is excellent for speech therapists developing advanced videofluoroscopy skills (currently not being offered in Wales)

The areas or roles identified as requiring education and training development included Health Care Support Workers, research roles, housing, specialist training within forensic care in line with profession, Cognitive Behavioural Therapists, Psychological Wellbeing Practitioners, Wellbeing Practitioners, Advanced Nurse Practitioner (Mental Health), training on dementia for students of all health professionals, psychoanalytic thinking needs to be more widely available within Child and Adolescent Mental Health Services (CAMHS), and peer support workers and peer trainers.

Suggestions for ensuring that the professional pathways are accessible to the widest audience included generic requests for greater availability of funding and CPD. More specifically availability for paid for Access courses for those without formal qualifications, portfolio-based job descriptions to allow a range of different professionals to apply for roles based on skills, training and experience, potential relocation packages to attract people into roles in remote parts of the country, the creation of apprenticeships models and other forms of in-service training facilitating greater direct work based experiential learning programmes and the availability of more entry level posts which can lead into other roles through career framework pathway development. After entry further development into professional roles such as OT, nursing or social work should be supported and encouraged, including support through maintenance grants. Additionally, inclusion of greater opportunities for nurses

who embark on MSc courses relevant to their work to be able to become band 7 nurses without having to change job and enhancing the mental health service ability to deliver. The respondents highlighted the need for the increase in part time, grow your own and apprenticeship opportunities.

- 95% want more to be done to promotion and delivery of joint learning and development across professionals
- 46% believe the Professional Development Plans are not effective
- 65% think there are not enough qualified persons within the workforce to deliver services
- 93% feel more can be done to widen access to professional pathways but only 26% believe that CPD arrangements are robust enough

Feedback relates to themes 2, 4 & 5 of 'A Healthier Wales – Our Workforce Strategy for Health and Social Care.'

Work to date:

HEIW have already discussed service user input into training design via the All Wales Mental Health and Wellbeing Forum. There is ongoing work progressing the current review of training across Perinatal and CAMHS areas.

Social Wales continue to support learning providers to recruit sufficient students to meet the qualification standards of all social work registered persons and plans are in placed to uplift the funding for “grow your own” schemes with the potential for an additional 50 students for 2021/2022 to be recruited.

Social Care Wales will monitor the take up and delivery of the new Level 4 and 5 qualifications particularly the professional pathways at Level 4 which include specific mental health pathways.

6. Leadership and succession

Reiteration of the comments under section 3 suggest that increasing the profile of the mental health services in the media highlighting good and innovative practice and celebrating success would substantially build public confidence in services. This has the potential to enable inclusive leadership approaches that become more inclusive and co-productive using staff, other stakeholders, service users and carers.

Interestingly the percentage scores indicate that leadership is compassionate, but comments tend to contradict. One judgement observation is that there is a sense that leaders are unable to implement a compassionate approach, driven by system demands. However, the respondent percentages do indicate that the platform may be there, but it is unable to thrive currently.

A systemic embedded approach through every level of the service will enable compassionate and participatory leadership models to strengthen the work force enabling the practicing of these skills all the way through to patient care. Improvements in visibility and accessibility could enable sharing of culture and attitudes across the service. This could be embedded through inclusion of the principles from pre-qualification assembling leadership training at all levels throughout staff careers. This would ensure recruitment processes are designed to recruit compassionate leaders and ensuring leaders are trained, able to care for themselves and are able to be open and transparent when things go wrong and use those experiences to learn from a whole emphasised methodology then motivated, valued staff are more likely to be able to deliver compassionate care.

Strong leadership and compassionate care would be strengthened by ensuring that the voices of all involved in providing care for people with mental health problems and service users are heard in the process of delivering and improving mental health care in the community.

- 61% of staff believe there is opportunity to voice thoughts for service development and improvement, with 57% of staff experiencing compassionate leadership within their organisation but only 41% believing the service user is at the centre of management and team decisions about care delivery
- 54% do not see succession planning for senior leadership replacement

Feedback relates to themes 3 & 6 of 'A Healthier Wales – Our Workforce Strategy for Health and Social Care.'

Work to date:

HEIW have held meetings with specialist sector representatives and plans being developed to increasing the profile of mental health services through an Arts Therapies Week event. Internal meetings within HEIW have been set to discuss the use of Gwella platform and its resources to develop compassionate leadership in Mental Health services. Stakeholder engagement on the draft workforce plan is set to include discussion on succession planning and alternative staff resources to provide service support in each service area.

Social Care Wales will continue to invest in specific leadership programmes for social care professional heads of service and statutory directors and continue the development and support for support peer networks across registered managers in social care in private, voluntary and public services to enhance wellbeing and help protect resilience

Social Care Wales are introducing a range of resources, working closely with Professor Michael West. A Leadership Framework for Action has been developed for Health and Compassionate Leadership Principles for Health and Social Care in Wales are in final draft.

7. Workforce supply and shape

Suggestions to create a long-term sustainable methodology to deliver the mental health service across Wales included approaches to support the workforce of Health Care Support Workers who could undertake training to become registered staff through a 'grow your own' work-based learning competency approach. This would be underpinned by an increase in the 'non-registered' workforce with an embedded and structured training approach, supported and supervised by 'professional' staff. This could be reinforced through employment of post qualification contracts. Development of the training and teaching roles to include peer / service user / care involvement would facilitate standardised all Wales approaches and breadth of content.

- 83% do not think there is enough sector staff, 71% think staffing levels are not suitable to sustain the service

Feedback relates to themes 1, 2, 6 & 7 of 'A Healthier Wales – Our Workforce Strategy for Health and Social Care.'

Work to date:

HEIW are working internally with the commissioning team to ensure an increase in training places and have secured additional spaces on higher education clinical psychology courses this year as a response to the immediate need. All requests for additional existing and new role placement funding are being co-ordinated with our commissioning team as requested. Longer term discussions are being fed into the Mental Health workforce planning meetings, with the initial full membership Task and Finish Steering group meeting scheduled for early January 2021.

Social Care Wales will be due to complete a reform of the workforce data collection system for social care in Wales complementing the data that now exists on the register which has ensured that all domiciliary care workers are now registered within 12 months of commencing employment and the data indicates that this workforce includes over 20,000 individuals in Wales. Plans are in place to continue this extension of the register with adult care home staff identified as the next priority. All of these developments will provide rich insights and intelligence to the workforce, with greater ability to interrogate and analyse and provide support to their training, learning and development needs as well as assist future service planning.

Conclusion

HEIW and SCW are hugely grateful to the sector for their continued support and participation in the most needed piece of work through the virtual conference and the amount of intelligence that we have been able to gather even during this most difficult and hugely busy pandemic. The responses will allow for an informed continuation of the expectations of both phase 1 and phase 2 work, permitting timelines to continue to fall within scope of agreed expectations. Information gained and alignment with the data returns currently being requested from the NHS Wales mental health sector within Health Boards will provide an intelligence basis for gap analysis and will support the construct of priorities within the future workforce plan.

Next steps

An engaged, motivated and healthy workforce

HEIW continues to work service areas within Mental Health to increase engagement, motivation and health of its workforce. We are currently helping to review the Learning Needs Analysis approach in CAMHS, developing the Universal basic mental health app which aims to directly support the mental health and wellbeing of staff (as well as their ability to offer help), and most importantly we continue to engage with the workforce in consultation of the development of the workforce plan itself.

Attraction and recruitment

The HEIW Mental Health programme team will work with the Careers and Education & Commissioning teams to increase marketing, access, scope and numbers of identified required education places.

Developing career pathways and exploring innovative ways to support progression, looking to facilitate the integration of more work-based, practically evidenced learning into qualifications.

HEIW and Social Care Wales are planning to hold an Arts Therapies event that showcases the varied services that can support Mental Health services, the impact on service users and the expertise that lies within these services in Wales. In addition to promotion of alternative career pathways in Mental Health the event will demonstrate further options for inclusion within the Mental Health workforce plan.

Seamless Workforce models

Whilst our workforce vision and planning agenda will aim to promote a seamless workforce model across Mental Health services, we continue our work on educational development in our phase 1 focus areas of Perinatal Mental Health, Psychological Therapies and Children and Young People. We are making excellent progress particularly in co-ordinating a plan for the delivery of all Wales children and young people core services which aligns with this overarching aim

Our work on a level 4 CAMHS Infant Mental Health diploma, enabling the level 7 CAMHS course to be delivered pan-Wales and designing a holistic framework for CAMHS education to include work-based learning modules that integrate with achievement of the CAMHS course all support a move towards seamless workforce modelling in this particular service area. Scope of educational development will likely expand to other service areas in phase 2 and in alignment with recommendations from our workforce vision.

One of our strategic objectives for the coming year is to map, analyse and consider improvements to Primary Care Mental Health pathways in order to develop an agreed all Wales approach across our Health Boards and services.

Engagement with Psychological Therapies is still ongoing, working towards increasing commissioning more places and alternative models of delivering therapies.

Building a digitally ready workforce

HEIW will build on current work with Perinatal mental health to support the delivery of education and training in digital formats in other mental health service areas.

As part of our workforce plan stakeholder engagement, we will identify the digital learning needs that support improvements in the efficiency and effectiveness of service delivery in Mental Health.

Excellent Education and learning

We are currently working with Social Care Wales who are leading on the Liberty Protection Safeguard implementation to support the education standards roll out for this agenda.

We are also supporting and enabling the service to develop a universal programme for Perinatal Mental Health training.

Leadership and succession

Following the development and launch of the Gwella portal, the Mental Health Programme team will look to facilitate and encourage the adoption of compassionate leadership approaches and the use of the portal by relevant staff in Mental Health services.

All aspects of our workforce plan engagement will explore options and opportunities to support succession planning.

Workforce Supply and shape

HEIW and SCW are currently carrying out a Mental Health workforce data collection action. This information will then be analysed and reviewed with stakeholders alongside conference feedback to inform our transformational workforce vision document. In order to enable co-production of potential solutions and sustainable remodelling of the Mental Health workforce we will hold a series of engagement exercises with key stakeholders such as the Mental Health Network Board and all of its Sub-Groups, the Wales Mental Health and Wellbeing Forum (Carer and Service User group), National Psychological Therapies Management Committee (NPTMC), Royal College of Psychiatrists, Welsh Therapies Advisory Committee and other relevant groups.

The team are setting up a Task & Finish group to review and formalise competencies for Mental Health Peer support with the aim of developing a robust Mental Health Peer Support network for Wales.

We will continue to engage with the workforce and service users to ensure decisions and future developments are inclusive and support the current and future demands on the service which provide us with a unique opportunity to shape the workforce of the future, importantly taking into consideration Welsh language use and considering policy implications.

Acknowledgements

HEIW and Social Care Wales would like to extend our heartfelt thanks to all contributors to the Mental Health Conference who helped to deliver such a successful event. We are also grateful to all Mental Health service staff and service users who participated and for their continued input in co-producing our workforce vision and taking this agenda forward.