



# A Strategic Mental Health Workforce Plan for Health and Social Care



Gofal Cymdeithasol Cymru  
Social Care Wales



GIG  
CYMRU  
NHS  
WALES

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

# Contents

FOREWORD	4
OUR AMBITION	6
A STRATEGIC MENTAL HEALTH WORKFORCE PLAN FOR HEALTH AND SOCIAL CARE	7
OUR MENTAL HEALTH ENVIRONMENT	9
BUILDING OUR PLAN - THE EVIDENCE	10
Diagnostics and Engagement	10
Stakeholder Engagement	10
WORKFORCE DATA AND ANALYTICS	12
RESEARCH AND BEST PRACTICE	13
Horizon scanning, literature, and professional body reviews	13
Anticipated changes in policy and legislation	14
FUNDAMENTAL PRINCIPLES	15
CONSULTATION ON THE DRAFT PLAN	16
THE DEMAND v SUPPLY EQUATION	17
The Demands Impacting on our Workforce	18
WHERE WE NEED TO BE	20
HOW WE WILL GET THERE	22
Building Our Workforce Supply	22
Local workforce planning and information	24
What will be different	25

<b>ACTIONS</b>	<b>27</b>
Workforce Supply and Shape	28
An Engaged, Motivated and Healthy Workforce	31
Attraction and Recruitment	34
Seamless Workforce Models	36
Building a Digitally Ready Workforce	38
Excellent Education and Learning	40
Leadership and Succession	43
<b>OUR HEALTH AND SOCIAL CARE WORKFORCE</b>	<b>45</b>
Our Mental Health NHS Workforce	45
Our Social Care Workforce	46
Our Medical Workforce	47
Our Nursing Workforce	50
Our Psychological Therapy Workforce	53
Our Allied Health Professions Workforce	55
Our Occupational Therapy Workforce	55
Our Mental Health Social Workers	57
Our Health Care Support Worker / Health Care Assistant workforce	58
Our Mental Health Social Care Workers	59
Our Primary and Community Care Workforce	60
Our Volunteers and Unpaid Carers	61
<b>DELIVERY OF THIS PLAN</b>	<b>62</b>
<b>REFERENCES</b>	<b>63</b>

# 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 (Social Care Wales) and partners to produce a workforce plan for mental health services. Taking forward this commitment was a key action in The Workforce Strategy for Health and Care published in October 2020 which 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.**

We have developed this Strategic Workforce Plan through extensive engagement, with employers, people with lived experience of mental health, stakeholders, trades unions, professional bodies, royal colleges and government, all of whom were encouraged to contribute to its development. We captured what we heard from the people who deliver our mental health services, to help us understand what

is important to them and this insight, together with the research, workforce intelligence and our horizon scanning, has shaped the actions within this plan.

Our consultation focussed on the cross-cutting actions that provide solid foundations for the development of the mental health workforce, 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 period, we continued to hold workshops, events and presentations where we were able to gather views from profession and service specific dimensions and listen to people with lived experience of mental health difficulties so that the final plan reflects the multi-faceted nature of mental health services and make this plan as positive and impactful as possible.

The responses to our consultation, gave overwhelming support for the actions we proposed, and suggested areas for implementation of these actions, which we are committed to delivering through strong partnership working.

This resulting plan is our 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 scope of this strategic mental health workforce plan is wide ranging, encompassing multiple professions, services and settings, and underpinned with a person and family centred approach. The demands for mental health services will only increase post pandemic, 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.

This **Strategic Mental Health Workforce Plan** is aligned to our 10-year Workforce Strategy for Health and Social Care (WFS). The plan sets out the **33 actions** we need to

take, to realise our vision for the mental health workforce, through the same seven themes and will contribute to the delivery of an inclusive, engaged, sustainable and flexible mental health workforce across health and social care in Wales.

Alex Howells  
Chief Executive  
Health Education  
& Improvement Wales

Sue Evans  
Chief Executive  
Social Care Wales

# Our ambition

Our ambition in the **Workforce Strategy for Health and Social Care**, directly translates into this Strategic Mental Health Workforce Plan. The actions in this plan will come together to deliver a motivated, engaged and valued, health and social care mental health workforce, with the capacity, competence and confidence to meet the needs of the people of Wales.

Specifically, this means that:

- We will have a workforce with the right values, behaviours, knowledge, skills and confidence to deliver evidence-based care, and support people's wellbeing as close to home as possible
- We will have a workforce in sufficient numbers to be able to deliver responsive mental health services across health and social care that meets the needs of the people of Wales
- We will have a workforce that is reflective of the population's diversity, Welsh language and cultural identity
- We will have a workforce that feels valued and is valued.

# A Strategic Mental Health Workforce Plan for Health and Social Care

The 10-year Workforce Strategy for Health and Social Care, published in 2020 and the Together for Mental Health Delivery Plan 2019 - 22 set out requirements for Welsh Government to work with Health Education Improvement Wales (HEIW), Social Care Wales and partners to produce a multi professional strategic workforce plan for mental health.

HEIW and Social Care Wales progressed this plan in two phases with phase 1 concentrating on a plan of work to respond to urgent workforce priorities, identified as perinatal services, parent-infant, children and young people, and psychological therapies, while phase 2 takes a longer-term approach, focussing 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.

We worked in partnership with our workforce, employers, people with lived experience of mental health, stakeholders, trades unions, professional bodies, royal colleges, volunteers, unpaid carers and government, to develop this plan, and are committed to delivering its actions through strong partnership working.

We commenced this work in Autumn 2020, following the publication of the Workforce Strategy for Health and Social Care. A series of conferences, stakeholder events and bespoke meetings, where we reached more than 2,000 people through our direct engagement work, and over 50,000 through social media, in one of the most challenging periods of a generation that tested and stretched the resources and systems of both health and social care.

We captured what we heard from the people who deliver our mental health services, to help us understand what is important to them as much as what matters to the people with lived experience of mental health services and this, together with the research, workforce intelligence and our

horizon scanning, shaped the actions in this plan which we consulted upon during the early part of 2022. During this period, we continued to engage with stakeholders through a series of presentations, workshops and events, before finalising the plan in the spring of 2022.

Following overwhelming support for the actions we proposed, this Strategic Mental Health Workforce Plan for Health and Social Care, sets out 33 actions framed against the seven themes of the Workforce Strategy for Health and Social care to deliver the overarching ambition of a motivated, engaged and valued mental health workforce, with the capacity, competence, and confidence to meet the needs of the people of Wales.

The people who provide our mental health services across health and social care, include employees in statutory organisations, contractor professions, independent and third sector providers. We also recognise the importance and value of volunteers and unpaid carers, and the actions within this plan are relevant to all who have a role in delivering mental health services.





# Our mental health environment



# Building our plan - the evidence

## Diagnostics and Engagement

The actions in this plan, have resulted from the evidence collated from our extensive diagnostic work. We designed three building blocks to collect, analyse, and triangulate information from a range of sources, including stakeholder engagement, analysis of the available workforce data, and carrying out research into best practice from Wales and beyond, together with horizon scanning for the next 3, 5, 10 years and beyond. We have developed a series of technical documents that accompany this strategic workforce plan.



## Stakeholder Engagement

Stakeholder engagement has been central to the development of this strategic workforce plan. In Wales we have a strong commitment to working with partners across the health, voluntary, education and social care system to design and deliver changes across the workforce. As mental health truly is ‘everybody’s business’ we undertook an extensive programme of engagement involving over 125 different organisations and members from 72 stakeholder groups, as well as people currently working in mental health services across health and social care, patients, universities, staff representatives, professional bodies and service providers.



Alongside this engagement, key Welsh Government strategies such as the A Healthier Wales and Together for Mental Health, the introduction of the National Clinical Framework, planning for the new Liberty Protection Safeguards, the consultation on the white paper Rebalancing Care and Support, Senedd elections in early May 2021 and subsequent Programme for Government and the recently published Social Care Recovery Framework, all have an impact on the health and social care workforce across Wales, and have influenced the development this plan.

We held a month-long virtual conference, voluntary sector workshops, arts therapy and events for people with lived experience. We worked with representatives from a wide range of health and social care professions including pharmacy and therapies to better understand our strengths and challenges, and how these wider professions currently support mental health services across Wales and how this can shape the future of our mental health workforce.

As our engagement and diagnostic phase ran from April 2020 to November 2021, we undertook much of this work during the Covid-19 pandemic and were reliant in

part on digital approaches to inform this plan, including virtual events, meetings and social media. Throughout the development of the plan, we maintained a programme board with multidisciplinary representation, including the voice of lived experience.

During this engagement phase we heard that:

- The person must be at the centre of all service and workforce models.
- Opportunities for inter-disciplinary learning to underpin new workforce models and standardise approaches should be expanded.
- Attractive career pathways and career development opportunities (incl. Non-traditional) is key to improving workforce engagement and sustainability.
- Mental health literacy in the wider health and social care workforce should be developed.
- 80% would recommend employment in mental health as a career.
- Inter-disciplinary learning to ensure standardisation of approaches and methodologies should be promoted.

We also heard that:

- 40% of staff do not feel valued or supported.
- 48% do not feel mental health is a popular career choice and highlighted recruitment challenges.
- 17% think services are set up to allow staff to deliver care easily.
- 80% do not think that service models are easy to navigate.
- Delivery of services with the support of digital technologies must be increased.
- Service leaders and managers must demonstrate compassionate and collective leadership and foster a culture of wellbeing.
- Creating workforce planning capacity and capability, based on robust data and intelligence in mental health services is essential.

# Workforce data and analytics

We have used a range of workforce data to inform this plan. Our technical document gives more detail, and we have included more detail on our workforce and the profession specific information later in this document. However, as an overall summary, we know that although our workforce is increasing, it is not increasing at the same rate as other health and social care services, and there are significant gaps in some areas. We have a workforce that is increasingly aging and has an earlier retirement age in mental health services than their peers in other health and care areas.

We are seeing more starters than leavers in some professional areas, there are others where this is not the case, and we know that short term solutions are required, while we work on medium to longer term approaches. This is particularly key in some medical areas, where due to the length of training, we know for example, that the gaps in higher specialty training will be with us for some time, until our core trainees move through the education pathway. Our modelling has identified how we can start to address these gaps, but there is much more to do in our data and analytical space which will inform our future modelling and scenario planning. This has been incorporated into our

action plans.

We have described our approach to this plan, as multi layered and multi-faceted, which needs solutions to work from different angles and layers across the multi professional workforce. We also recognise the importance of education, the work environment and taking part in meaningful activities in achieving good mental wellbeing. The whole community environment contributes to keeping people well. We must therefore consider those outside of 'traditional' mental health, social care and voluntary services, such as volunteers, unpaid carers, and those working in other public services as we plan a workforce model that is flexible, with skills transferability and is ultimately sustainable to meet the demands on our mental health services which we know will continue to increase.

# Research and best practice

## **Horizon scanning, literature, and professional body reviews**

The 'Parliamentary Review' and 'A Healthier Wales', set out a compelling case for change, emphasising that the current provision of health and social care was not fit for the future. It also recognised the potential and desire in Wales to improve health and wellbeing through a high-quality health and social care system.

Our research and technical analysis during the diagnostic phase of this work, indicated clear rationale for workforce change, but it was important to test this during the engagement and consultation phases of our work. This confirmed to us, that the needs of a person with lived mental health experience and people's expectations of work continue to change - millennials for example now make up around one third of our workforce, and are known to want variety, fast progressing careers, rewards for hard work, significant breaks from careers and good work life balance - and our workforce's wellbeing is of paramount importance.

We also heard about the importance of being able to provide care and support using the Welsh language. This is a particularly important element of delivering

mental health services and increasing the use of the Welsh language in our services has been identified as a priority area for action.

Throughout our diagnostic phase, we gathered evidence of our need to transform traditional roles and ways of working across our system. Our current and future workforce will deliver mental health services using digitally enabled systems and processes and will need to have appropriate skills aligned to the new approaches of service delivery. We have seen the significant increase and escalation in our need for this during Covid-19. We will need to support our workforce to do this, and to deliver the new models of care that are being developed. As we do this, we will gather evidence of what skills are needed, what works best and which skills and competencies are needed to meet future needs, so that improvements can be adopted or adapted at pace.

Our research confirmed what we heard from some of our stakeholders contributing to our engagement - that people are not familiar with the available careers, and that more work needs to be done in this area to both attract our future workforce and in helping to retain the people that are already working in our

services. This was reinforced in our dialogue with royal colleges and professional bodies working in mental health specialities, and who also shared their concerns about the anticipated impact of new legislation on the workforce, which we do not yet fully understand. In recognition of this need, our plan includes an action to address this.

#### **Anticipated changes in policy and legislation**

There are a number of significant changes on the horizon with the potential to affect demand and delivery models, and in the very near future, these will include,

#### **Review of the Mental Health (Wales) Measure 2016**

We are supporting a full Welsh Government review of the key components of the Mental Health (Wales) Measure 2016 throughout 2022-23, which will result in changes to practice and workforce, such as who can fulfil functions like assessment and care.

#### **Mental Health Act Reform**

The proposed changes to the Mental Health Act will likely introduce significant changes to workforce and training requirements in the coming years.

#### **Liberty Protection Safeguards**

In July 2018, the UK government published the Mental Capacity (Amendment) Bill which passed into law in May 2019. It replaces the Deprivation of Liberty Safeguards (DoLS) with the Liberty Protection Safeguards (LPS). To support implementation of LPS across the health and social care system Welsh Government are working with a range of delivery partners and key stakeholders including Directors of Social Services, Local Health Boards, the Welsh Local Government Association, Social Care Wales, Care Inspectorate Wales, Healthcare Inspectorate Wales, Estyn, Independent Mental Capacity Advocate (IMCA) providers and third sector organisations.

Social Care Wales have worked collaboratively with the sector to produce a national LPS workforce plan that will help to ensure that the workforce is aware, available and ready to implement the Liberty Protection Safeguards with funding to meet the associated learning plan to be provided by Welsh Government.

#### **Mental Health Officer Status**

Mental health officer (MHO) status is a benefit that was awarded to 1995 section of NHS Pension members



working full or part-time in a hospital for patients suffering from mental disorders. Having MHO status allows you to retire at 55 years old without your pension being penalised. To qualify for and retain MHO status, it is necessary to spend substantially the whole of your time in the direct treatment or care of patients suffering from mental disorders.

From 1st April 1995 entry into this scheme closed to new members. The last retirees with MHO status being able to retire at 55 will be in March 2029. On average the retirement age of the Mental Health workforce is generally slightly lower when compared against the NHS Workforce, and we will be closely monitoring this as we go forward.

#### **National Care Service**

Welsh Government has established an expert group to provide recommendations on practical steps which can be taken, towards the creation of a National Care Service where care is free at the point of need.



# Fundamental principles

The Workforce Strategy for Health and Social Care took the opportunity to identify three fundamental principles – wellbeing, inclusion and the Welsh language, which, instead of forming separate themes, underpinned each of the seven themes, with an expectation that these would be woven through all of the implementation plans. We have followed the same approach with this plan.

## **Wellbeing**

There is a compelling body of evidence linking compassionate leadership, wellbeing, capability and engagement of the health and social care workforce to improved outcomes for the people to whom we provide health, social care and support and so we want our mental health workforce to be happy, healthy and supported, so that they in turn support the wellbeing of the people in their care.

In our work to develop the Workforce Strategy, we heard that the lack of parity of esteem between health and social care workforce impacted on the wellbeing of our workforce, and this has continued when developing this plan. The action to address this is being taken forward as part of the Workforce Strategy (Action 3)

and therefore this action is applicable to our mental health workforce. Promoting and supporting the wellbeing of all of our workforce across health and social care must be at the forefront of all that we do to take forward the actions identified in this plan.

## **Welsh Language**

This workforce plan builds on the foundations of the Workforce Strategy for Health and Social Care, in creating a workforce that is reflective of Wales' diverse population, Welsh language and cultural identity. The evidence of better clinical outcomes, and outcomes for people accessing care and support through the language of their choice is clear and highlights the vital importance we place on the delivery of health and social care in the language of Wales.

We have assisted in the development of the Mwy na Geriau plan and subsequent recommendations and are building on work that is already in place, both in relation to our existing workforce and our future workforce. For example, from 2022 new education contracts have set clear expectations of the education provider in relation to the Welsh language support that all students can expect to see. This includes accepting written work as

part of assessment or examination in Welsh, assessment of skills at beginning of course, providing opportunities to learn Welsh or develop existing skills.

We aim to meet the Welsh language needs of our students, workforce and ultimately patients and people who use our services, as supporting our workforce to deliver care using the Welsh language where needed, is a fundamental principle which underpins every area of this plan and builds on the legislative frameworks relating to the use and delivery of services in the Welsh language, to create our workforce for the future that is reflective of Wales' diverse population, Welsh language and cultural identity.

### **Inclusion**

Creating a culture of true inclusion, fairness and equity across our workforce is central to this plan. There is clear evidence of deepening poverty and growing gaps in experience and opportunities for people born into different socio-economic backgrounds and protected characteristics and to ensure equity and fairness, co-production with those most affected will be at the core of the implementation of this strategy.

This will be taken forward through all of the actions within this strategy, and will reflect strategic equality plans, taken forward with strong compassionate inclusive leadership ensuring a clear focus on engaging and addressing inequalities for people from differing socio-economic circumstances, including those who share the same protected characteristics and those who do not.



# Consultation on the draft plan

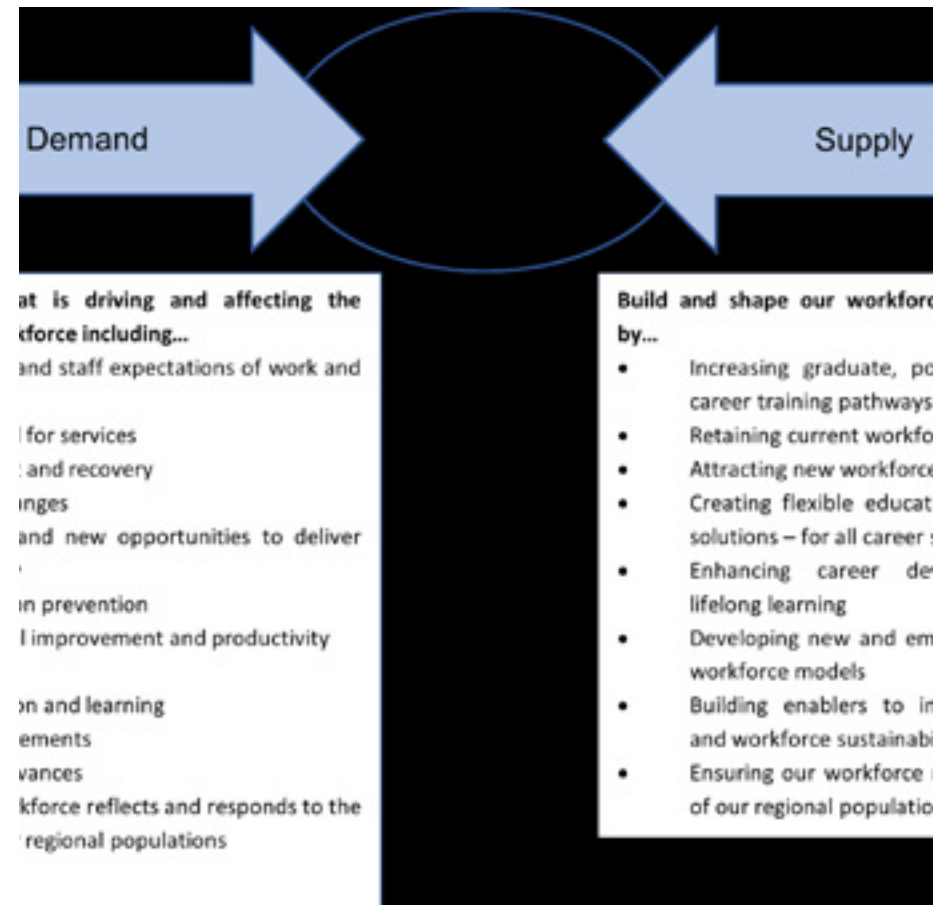
We used our findings from our diagnostics and engagement phase to develop the actions in our public consultation document which was shared widely. Our formal consultation process launched on 1st February 2022 and concluded on 28th March 2022. An on-line survey together with a series of open consultation workshops and stakeholder meetings were held during this period to help formulate the plan. Responses were encouraged in Welsh and English language.

Our consultation received over 300 formal responses. We also reached over 75,000 people via our English and Welsh social media channels. All comments and feedback received during the consultation period via consultation response, email or captured verbal feedback have been considered. The overwhelming majority agreed (86%) or partly agreed (14%) with the actions we outlined in the consultation document and have helped us shape the final actions in this plan. We are very grateful to have received such interest and are grateful to all that have contributed to the development of this plan.

# The demand 'v' supply equation

Getting this workforce plan right has far reaching potential, for both our workforce, and our population. The people who work in our health and social care services make up the largest workforce in the Welsh economy. Around 200,000 people, the majority of whom are female, work in more than 350 different types of roles across health and social care, together with volunteers and carers.

We have set our plan in the context of understanding what is driving and affecting the demand for workforce, and forecast our supply based on extending our current knowledge into the future. We will enhance this with scenario planning and will build on this through action 2 of this plan, to provide foresight – where we expand on a range of potential future changes that will influence our workforce demand and supply.



This workforce plan aims to support better mental health services, across health and social care, and this will result in better outcomes for our population and will impact on all aspects of Wales' wider economy and culture. As our workforce is also our population, this is everybody's business, and this plan is intended to be dynamic with regular review points to ensure that it remains live and valid.

### **The Demands Impacting on our Workforce**

This strategic mental health workforce plan gives us a huge opportunity to contribute to strengthening a seamless mental health system which brings multi-professional and multi-agency teams together through person centred mental health services.

The plan is set against the backdrop of an anticipated threefold increase in the demand for mental health services within 5 years. There is an average life expectancy reduction of 15 years for someone with severe mental health, the importance of well-being, prevention and tackling mental ill health as one of six priority areas is highlighted in Prosperity for All as having the greatest potential contribution to Wales's

long-term prosperity and well-being.

As our population gets older, we know that there will be an increased shift in long-term and complex conditions, and this means that there is likely to be an increase in people who experience mental ill-health, also experiencing a range of physical conditions, so we need to ensure that this plan supports the delivery of mental health literacy across our health and social care workforce. We also recognise the language needs of our population need to be met – so that delivery of care in the Welsh language is available to those who need it.

More clarity is needed to ensure those with severe mental illness receive the physical health monitoring they require and for staff in primary and secondary services to work more closely together in achieving this; there are also opportunities to provide training to physical health staff in delivering basic interventions to support good mental wellbeing

The complexity of the case for change, has been magnified through our Covid-19 experience, with anticipated demand increasing sharply. Our approach recognises the complexity of mental health services, and

the need for flexibility in our resulting plan, as the pace of change is rapid, and we need to avoid a plan that is out of date as soon as it is produced.

We are already seeing a shift in service models from treating illness to upstream prevention. Our mental health services are promoting a community rather than hospital-based approach to delivering the majority of our services. Consequently, we have taken a multi-layered, multi-faceted approach to inform this work from different angles and layers, which recognises the multi-professional, inter-dependent teams, and multiple services which come together, and all of which need to be supported to seamlessly work together.

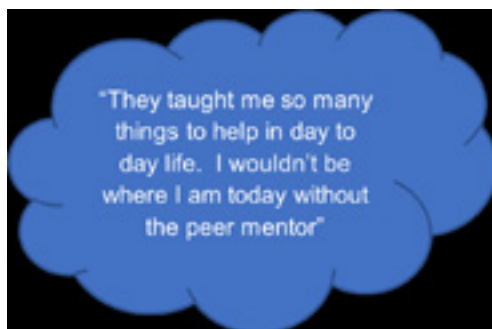
There are new opportunities to deliver care differently, with enhanced knowledge, skills and increased use of multi-disciplinary teams and digital technology. We believe that within 20 years, 90% of all jobs will require digital skills. Mental health services are largely delivered through complex team working involving many different professions and employers, and the need to deliver effective services through co-production as a fundamental principle, with the person with lived experience at the centre.

While it is unlikely that our workforce numbers will reduce as a result of this, the required skills will change as well as ways of working, including through multi-disciplinary, inter-professional teams with enhanced knowledge and skills working seamlessly together, supporting by digital technology. This means we will recognise existing skills/prior learning and the contribution of those outside of the 'traditional' mental health, care and third sector services, including youth workers, education professionals, housing and other public sector services such as police and fire and rescue services.

While we have identified significant challenges, we also recognise that we have an opportunity to develop different workforce models to work in different ways set against a backdrop where we have difficulties in recruiting to certain professions and occupations, and in retaining staff in some areas. We have outlined our need to build knowledge and skills across the wider workforce that will support the prevention agenda, enabling more care to be delivered within the community and start to eradicate the false delineation between physical and mental health.

This plan recognises the opportunities to widen the skills of our workforce with the ability to recognise and signpost people to appropriate mental health interventions by for example, a community podiatrist could recognise that a patient's foot condition is causing them to have mild depression and be able to provide an intervention at this point.

Many people experience mild mental health problems, and the majority of care is delivered in primary care settings. The future primary care workforce in Wales is being designed based on a close to home footprint, with easily identified self-help support and accessible talking therapies based on individual need.



Peer Support Workers engage a range of activities depending on the setting in which they work, their experience and skills, and the training and development they receive. Examples include,

- Working with individuals on a 1-2-1 basis
- Running groups and drop in sessions
- Advocacy
- Researching pathways to support wellbeing
- Challenging stigma
- Supporting and working alongside other mental health care workers
- Co-producing changes to systems
- Co-production of resources
- Offer interventions informed by relevant psychological therapies to aid recovery



The future workforce will be supported by new roles that are emerging to support the mental health needs of the population including peer workers, who bring a unique skill set informed by lived experience of mental health issues and can train in a number of specialisms and approaches, complementing traditional roles in a multi-disciplinary team environment, social prescribers and physician associates.

The role of the third sector, volunteers and unpaid carers is equally important in the future and there are many opportunities to share learning across sectors and to improve consistency of experience across Wales.



# Where we need to be

There has been good progress in transforming mental health services in recent years, with the movement towards providing more community-based care, the closure of out-dated mental health hospitals and the provision of specialist services in modern, innovative, and awarding winning new units for example, Wales's first dedicated Perinatal Mental Health Unit has been established.

There are many examples from across Wales and the rest of the UK where mental health services are already being provided in new ways across the whole of our workforce, with a greater emphasis on prevention and early intervention and these models and new ways of working will need to be expanded if we are to meet the increasing demand for mental health services and the workforce challenges that we are facing.

Earlier in this document, we referenced that some areas of the workforce including medicine, nursing and social work, are facing shortages and difficulties in recruiting. We recognise the vital role that our volunteers and unpaid carers have in our mental health services and ensuring that we support their needs including development and training, is key to the delivery of this

plan. We have already begun to increase the training pipelines for a number of professions, investing in developing new education and training opportunities to fully develop our staff, whilst other areas are developing with new roles emerging bringing new knowledge and skills to the multi-disciplinary teams.

The shape of our mental health workforce across health and social care is changing; in recent years we have seen an aging workforce, some with reserved rights to retire earlier, starting to retire in high numbers. There is evidence, that whilst there is still a high proportion of the professional workforce within the older age bands there has also been an increase of workforce in the younger age bands indicating some level of success with newly trained and younger professionals coming into the workforce to replace those who are retiring.

As we see this starting to rebalance the age distribution of the workforce, we will also see the challenges it brings, associated with a loss of organisational experience and experienced trainers, balanced against the opportunities from having a younger workforce of innovative and more digitally savvy workers who will be better equipped to deal

with the digitisation of working practices over the next decade. Additionally, although we are seeing some successes in increasing our workforce in some areas, the pace of this increase is slower in our mental health services than in other areas across health and social care.

Workforce behaviours are changing, and we need to ensure that roles and careers opportunities our services remain attractive to future generations of workers. How we provide services and working models in the future will help to make careers within mental health services an attractive option for the many people who work in our mental health services.

While we want to attract people into mental health professions at all ages and career stages, we must put significant effort into promoting mental health careers in schools. Our pupils who will graduate in the summer of 2030 will be in year 9, making their subject choices in the autumn of 2022. These pupils will go to university in September 2027 and will graduate as registered health professionals (3-year programmes) in the summer of 2030. For those pupils who choose medicine as a career, they will be looking to enter

foundation training in 2032, and on a pathway to become consultants around 2040.

This plan outlines the specific actions we will take to increase our workforce over the short, medium and long term. We are not starting from scratch though, so will build on work that is already in place across all of our professions. During our diagnostic phase, we regularly engaged with our colleagues in the workforce as well as royal colleges and professional bodies, and we will continue to do this as we progress this plan.

# How will we get there?

## Building Our Workforce Supply

### Attraction

Attracting People to a wide range of roles in Mental Health Services

### Attraction

Attracting People to a wide range of roles in Mental Health Services

### Education and Training

Providing excellent education & learning pathways and experiences, including undergraduate, post graduate and work-based learning

Our workforce supply comes from four broad areas, attracting people to careers in mental health services, supporting students into employment from education and training programmes, providing our volunteers and unpaid carers with development and training opportunities, building new and emergent roles and ensuring we provide excellent experience, so that we are able to retain our current staff.

The mental health workforce is made up of a multitude of roles and the workforce supply therefore comes from a range of sources. Within health there is a specific education and training pipeline for a number of professional roles, some of which are specifically commissioned by the NHS at undergraduate level, including mental health nurses and AHPs, and some post

graduate roles which are trained within employment for example in postgraduate medical training. Some roles are recruited directly from the labour market for example health care support workers and care workers.

For many of the roles working within mental health, with the exception of mental health nurses and psychiatrists, staff can choose to work across physical or mental health and this diversity makes planning for the workforce supply more challenging for mental health services.

Within social care, social worker training is generic with no specific training route for social workers who choose to work in mental health and some roles cross boundaries. For example, in occupational therapy, training is primarily commissioned by the NHS, but on qualifying, occupational therapists can choose to work in health or social care settings.

Our technical data shows that the age profile of the mental health workforce means that we can anticipate a continuing high proportion of retirements over the course of this plan, especially amongst medical staff. We will need to train more staff in certain areas to ensure we have a sufficient pipeline, ensure that our attrition from training rates remain low and that we continue to maximise our employment of those we train. Where we will have difficulties in training sufficient numbers, we will need to look to develop new workforce models. We have outlined in this plan,

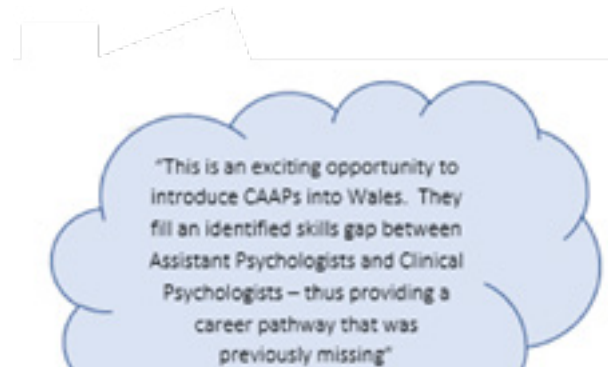
that to increase our medical training numbers will require long term actions, whereas we will be able to increase the numbers of Physician Associates that we train and employ within mental health services in the shorter term.

We will need to continue to develop different education and training routes that enable more people to train flexibly and locally, and that people are able to access education and training across all roles, especially our support workforce. We also need to further develop and provide new education and training routes to develop new roles such as Clinical Associate in Applied Psychology and to extend the practice of others.

In the short term, we will not be able to train all the staff that we require and therefore, recruitment and attraction of staff will be necessary and to support this we will design a three-year complementary Train, Work, Live & WeCare Wales recruitment campaign for the mental health workforce across health and social care, aligned to supporting our careers campaigns, student graduate and trainee programmes.

There are a number of national shortages in some professions and occupations and there will be a need for targeted interventions and incentivisation. We will also be seeking to attract people into new roles and training opportunities within mental health services and specific recruitment and attraction campaigns, aligned to new careers promotions and in conjunction with higher education partners will need to be developed to ensure that potential applicants are made aware of these new opportunities e.g., Psychology graduates training as Clinical Associate Psychology Practitioners Assistant Psychology Practitioner or Social Prescribers.

There will need to be further national planning undertaken to ensure that we plan for future specialist mental health services and to continue to build new workforces. An education and training plan will identify the numbers of graduate and postgraduate professionals that will need to be trained to support the growth across mental health services and for the provision of education and training for our support workforce.



"This is an exciting opportunity to introduce CAAPs into Wales. They fill an identified skills gap between Assistant Psychologists and Clinical Psychologists – thus providing a career pathway that was previously missing"

The rapid introduction of digital technologies as a result of the Covid pandemic has highlighted the need to develop the digital skills of our workforce, especially those roles where the use of digital technology has not previously been a part. A digital competence framework will be developed for the mental health workforce to support them to gain competence and skills that will enable new ways of working.

The majority of our future workforce is with us today, and therefore retaining this workforce is critical to this plan. Within the life of this plan, and indeed the wider Workforce Strategy for Health and Social Care, the next decade will see changes to pensions with the end of the Mental Health Officer status, potential extension of the state pensions age (currently under review), the impact of McCloud and changes to Annual and Lifetime allowance, we need to ensure that we retain staff who might otherwise have chosen to retire by offering greater flexibility across the entire employment life cycle.

We also need to ensure that we retain those who we train, building on our already low rates of attrition from training and ensure that there is a high transfer from training into employment. Improvements in workforce information will ensure that we can identify these flows and understand any emerging trends.

We need to address the gaps and deficits that have built up in our workforce and put in place robust workforce plans to ensure

that we are supplying the right numbers of staff with the right skills for the future.

### **Local workforce planning and information**

This workforce plan sets out the vision for the future workforce and the high-level actions that need to be taken to ensure that we achieve that vision. All organisations that provide mental health services to the population of Wales will be required to reflect the actions in their local workforce plans, tailored to meet local gaps and issues and creating local workforce solutions. Cross sector and cross boundary planning will be essential to deliver the future workforce.

One constraint we have identified is the current difficulty in clearly identifying the workforce that provides mental health services both within and across organisations. Many roles currently straddle the mental and physical health boundaries such as therapies and pharmacy and health, primary and community care boundaries, but it is not easy to identify and quantify this workforce split. To support evidence-based workforce planning, workforce data will need to be consistently recorded in agreed formats that enable sharing of the data across planning boundaries.

There are resources already available to support organisations to workforce plan, including workforce planning training, toolkits,

an approach developed specifically for primary care and a number still in development. These are designed to be used across sectors and are available from the HEIW and Primary One webpages.

### **What will be different**

This section outlines the shape of the future mental health workforce and what we will need to do to meet the demands impacting on the workforce that have been identified, utilising the opportunities from working in a more integrated way across health and social care. We have identified specific actions in this plan which come together to make a difference to our workforce and will result in,

The fundamental principles of workforce wellbeing, inclusion and the Welsh language are at the heart of this plan being woven through the implementation of all actions.

Roles will be designed to meet the expectations of future generations with increasingly flexible working options.

Careers will be more attractive and careers information will be more widely available across the sectors and any perceived stigma associated with a career in mental health services will be reduced.

The mental health workforce will be digitally ready with competence and skills that will enable new ways of working.

Our workforce will be representative of the population need through promotion of opportunities for work, improved access to education including through the medium of the Welsh language and improved career pathways enabling people to learn, develop and progress within the mental health workforce.

#### **Clinical Associates in Applied Psychology (CAAPs)**

offer a unique solution to help address the psychology and wider mental health recruitment challenges, providing greater access to psychologically informed mental health and wellbeing services and opening a new career pathway for graduate psychologists.



New workforce models to support and complement our existing staff to build sustainability will be in place. New roles such as Clinical Associate in Applied Psychology will be developed, and other roles will extend practice.

Our education and training plan will support the growth across mental health services for our health and social care workforce.

More staff will be trained to ensure we have a sufficient pipeline, attrition from training rates will remain low and we will continue to maximise our employment of those we train.

New education and training routes will be developed that enable more people to train flexibly and locally,

Existing skills, prior learning and the contribution of those outside of the 'traditional' mental health, care and third sector services, including unpaid carers, youth workers, education professionals, housing and other public sector services such as police and fire and rescue services will be recognised.

Leaders within mental health services will demonstrate compassionate and collective leadership to lead the organisational design and changes that need to underpin the development of the future workforce.

Multi-disciplinary models with a greater focus on prevention and early intervention, alongside the need for specialist and acute services and associate workforce skills will be in place.

Future specialist mental health services will continue to be planned and new workforce models designed.

Implementation of this national workforce plan will need to be supported by effective leadership. We need to develop our leaders within mental health services so that they can lead the organisational design and changes that need to underpin the development of the future workforce. This will give people the skills they need to innovate and improve mental health services.



# Actions

The actions in this plan have been consulted upon and a high level of support was received. Qualitative feedback from individuals and organisations has helped to shape and refine these 33 actions, and the consistent themes coming through the consultation has helped in prioritisation of the actions which are aligned to the seven themes of the Workforce Strategy.

We have triangulated our findings with the original data which was published in the technical documents, so that the proposed actions are aligned with the evidence, and we have costed the actions over the next four years.



# Workforce supply and shape

## Why we are doing this:

- 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 mentalhealth 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, severe mental illness, 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.

## The actions we will take:

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 professions, 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 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 broader factors that could impact on people's mental wellbeing such as environmental concerns, as well as 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 be adapted 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.

Delivery of the actions in this theme will realise benefits through:

- Long term sustainability
- Increasing pipeline to address current vacancies plus support new or expanded models
- Supporting workforce redesign
- Supporting long term horizon scanning to develop sustainable workforce models and inform development of robust Education & Training commissioning plans.
- Improved understanding of workforce patterns that will enable specific initiatives to be targeted to

improve recruitment & retention

- Supporting workforce sustainability by embedding workforce planning tools and expertise across health & social care
- Ensuring the workforce has right skills to comply with legislative requirements
- Consistent use of volunteers & peer supporters within MH settings
- Supporting Mental health services role development
- Supporting recruitment and retention
- Supporting top of license working.

# An engaged, motivated and healthy workforce

## Why we are doing this

- 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. Action three of the Workforce Strategy for Health and Social Care, is to 'Work towards fair reward and recognition across the health and social care workforce.' and this work will encompass our mental health workforce.

- 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.

## The actions we will take:

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 support service 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 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 service will provide guidance and information

in confidential and supportive settings and in more complex circumstances, will provide access to a range of specialised support services.

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 and develop an implementation framework for Wales.

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 will clarify the definition and standards for supervision based on research and best practice for staff involved in mental health services.

12. 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.

Delivery of the actions in this theme will realise benefits through:

- Giving insight into the specific issues within MH services to enable targeted action to support staff well-being and retention
- Dedicated service for MH professionals that is appropriate to the need and avoid duplicating local provision
- Rapid access to support to help retain people in workforce and reduce sickness absence and attrition rates
- Personal and professional development to support retention within the workforce
- Increase in skilled mentors in the workplace
- Supporting attraction and recruitment



- Supporting retention
- Reducing absence rates
- Improved quality & safety leading to improved patient outcomes
- Improved management of staff leading to better engagement and reduced absenteeism and presenteeism.

# Attraction and Recruitment

## Why we are doing this?

- 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.

The actions we will take:

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 with offerings including resources, information and live events aimed at all ages.

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. The Careersville digital village is aimed at all ages and will showcase mental health professions across a range of settings.

It will host live events for example, to support student application to university, application for roles in health and care, development of relevant curriculum material for schools, promoting volunteering, as well as highlighting the importance of Welsh language skills to non-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.

Delivery of the actions in this theme will realise benefits through:

- Increasing recruitment into vacancies
- Increasing recruitment into higher education
- Future recruitment into undergraduate pre-registration training
- Supports new careers pathways that support

- retention
- Future recruitment into service
  - Supporting retention

# Seamless Workforce Models

## Why we are doing this

- 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 to 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 people with lived experience of mental ill-health.

- 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.

The actions we will take:

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. A three-level training programme delivered via a digital platform will be developed which will include a mandatory mental health 'level 1' - awareness programme for all health and social care workforce, including third sector, independent contractors and volunteers.

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 action includes a specific proposal to develop a peer support model for Wales.

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, Clinical Associates in Applied Psychology (CAAP), Emergency Mental Health Practitioners and Peer Support Workers as a specific action, Improved recognition of how people who use our services are able to inform and contribute into the way we shape and develop our workforce 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 to capture the experience of people with lived experience including carers, 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, 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  
There are opportunities to develop resources (e.g., job roles/specifications) to improve consistency of approach across Wales and to invest in levelling up the availability of this service at a cluster level.

Delivery of the actions in this theme will realise benefits through:

- Consistent training for all staff in health and social care leading to improved awareness of mental health issues and ability to signpost
- Improved recognition of mental health alongside physical health
- Consistent roll out of new roles in Wales in line with good practice to support recruitment & retention
- Improved recognition of how people, including

carers who use our services are able to inform and contribute into the way we shape and develop our workforce

- Equitable local service access across Wales aligned with primary care model
- Improved access to mental health services
- Fewer inappropriate referrals into acute care

# Building a Digitally Ready Workforce

## Why we are doing this

- 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.

The actions we will take:

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.

Delivery of the actions in this theme will realise benefits through:

- Prioritises mental health services for testing of digital capability
- Assesses readiness of workforce to develop digital solutions
- Increased use of digital technology to deliver patient care & potential for more efficient and effective service delivery
- Delivery of a 'once for Wales' approach & methodology

# Excellent Education and Learning

## Why we are doing this?

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.

The actions we will take:

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 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.**

Through holding discussions with university providers to explore scope for developing elective modules in mental health as part of an extended curriculum for degree students. Scope the potential for accessing and funding specialist mental health modules available for social work students and newly qualified social workers. Understand the current uptake of mental health placements amongst social work students across health and social care including levels of unmet demand.

**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.

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.

Delivery of the actions in this theme will realise benefits through:

- Supporting principles of Future Doctor programme by developing more generalist skills so supports seamless workforce models
- Embedding quality into all commissioned programmes including a mechanism for quality assuring programmes including clinical placements
- Supporting team based working breaking down professional boundaries leading to improved quality & patient outcomes
- More efficient delivery of education & training
- Ensuring staff with appropriate skills in place to meet patient needs on a consistent basis across Wales
- More seamless care for patients
- CPD will support retention as well as improved quality and outcomes for patients who will benefit from a skilled workforce
- Improved quality and outcomes for patients
- Improved recruitment and retention
- Improved quality & patient experience
- Potential career pathways into pre-registration programme

# Leadership and Succession

## Why we are doing this

- 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.

## The actions we will take:

31. Develop and implement an inclusive and targeted talent management pipeline for mental health leadership roles at organisational level.

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. Develop and deliver clinical and professional leadership solutions that align to the leadership strategy for health and care in Wales and reflect the mental health workforce requirements.

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.

Delivery of the actions in this theme will realise benefits through:

- Improved recruitment and retention
- Improved quality & patient experience
- Creation of robust mental health leadership pathways
- Develop leadership capacity within the wider (including 3rd sector) mental health workforce.

# Our health and social care workforce

The mental health workforce is made up of a multitude of roles and the workforce supply, therefore, comes from a range of sources. Both health and social care collect workforce information routinely and this information is available in the technical documents which accompany this strategy. Many roles straddle the mental and physical health boundaries such as therapies, pharmacy and social workers, and it is not easy to identify and quantify this workforce split.

This information is collected in different ways, and although there are clear data gaps, there are opportunities to build on this at local, regional and national level to inform future plans. Action Three, aims to improve this to support future workforce planning and aims to have consistently recorded information in agreed formats that enable sharing of the data across planning boundaries.

While we have been able to identify the specific mental health workforce, we recognise that within the NHS, many health professionals and some social care professionals will deliver part of their role in mental health services, but are not easily identified within

the data so for the purpose of this section of the plan, we have described the workforce across seven of the larger professional groups working in mental health services – medical staff, registered nurses, health care support workers, psychological therapists, occupational therapists, social workers and social care workers, and are shown below as a proportion of the total of these groups.

## **Our Mental Health NHS Workforce**

Around 100,000 people work in the NHS in Wales. Of these 79% are female and 54% of females work full time. Of the 66% of the people who have completed the Welsh competency in ESR, 37% say they have some level of Welsh Language ability. In March 2021, our data from the electronic staff record (ESR) identified nearly 7,600 people working specifically in NHS mental health services, which equated to 6,894.1 Full time equivalent (FTE).



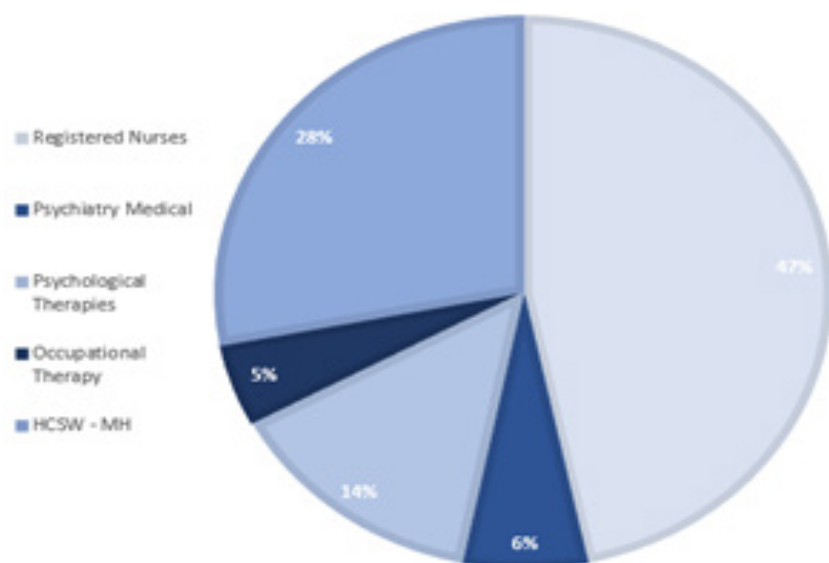
Staff Group	FTE
Registered Nurses	3,218.2
Psychiatry Medical	449.3
Psychological Therapies	957.7
Occupational Therapy	334*
HCSW - MH	1,934.9
<b>Total</b>	<b>6,894.1</b>

\* Identified as working in mental health services and may not include all areas

Registered nurses make up the largest proportion of all our staff groups, followed by Health Care Support Workers, and Psychological Therapies.

#### Our Social Care Workforce

We estimate there are about 91,000 people working across social care and social work in Wales. Of these 81% are female with around 61,000 people employed in commissioned services and 30,000 people in local authority-run social care services. 50% of the total workforce works 36 hours or more per week and 40% of the workforce has some Welsh Language ability.



Staff Group	HC MH Specific Team	HC Generic Team with MH Provision
Manager	61*	128*
Social Worker	391*	298*
Social Care Worker	292	351
<b>Total</b>	<b>1,521</b>	

\* The total figure includes social workers who also undertake the role of Approved Mental Health Professional (355) and Best Interests Assessor (199) who would work across various teams



We estimate that just over 1,500 people work across mental health services, either in mental health specific teams, or in teams with generic mental health provision.

### **Volunteers and Unpaid Carers**

The approach to unpaid carers and volunteers adopted in the Strategic Mental health Workforce Plan is underpinned by Action 32 of A Healthier Wales: Our Workforce Strategy for Health and Social Care which commits to commissioning a programme of work to understand the contribution of volunteers and carers to inform future workforce plans for whole workforce. As the Mental Health Strategic Workforce plan focuses more specifically on the mental health workforce the actions are designed to support planning, education and training that will seek to support our mental health workforce and improve outcomes for the citizens of Wales.

### **Vacancies**

As NHS Wales does not routinely collect an overview of vacancies within mental health services, we asked Health Boards to submit their full time equivalent

vacancy data and their agency/locum expenditure for September 2021 which is shown below.

- 462 Registered Nurse vacancies, of which 272 were in hospital settings
- 186 Health Care Support Worker vacancies.
- 71 AHP vacancies which included 50.5 occupational therapy vacancies
- 101 psychiatry vacancies (non-training), of which 77 were consultants

The combined agency and locum expenditure for the 12 months prior to end September 2021 was in the region of £15m, this period coincides with the Covid-19 pandemic, when all services were under unprecedented pressure.

Vacancy rates within social care are currently at 9% overall, but the highest vacancy rate is for Social Workers who have been qualified for 1 to 3 years which is out of step at 25%.

## Our Medical Workforce

Across Wales, there are 330 psychiatry medical staff (292.4 FTE) and over 150 trainees. In September 2021, there were 101 psychiatry vacancies (non-training grades), of which 77 were consultants.



This picture is not exclusive to Wales. The 2021 Royal College of Psychiatrists UK workforce census showed that overall, while there has been an increase in the number of consultants across the UK since 2017, only 76% of consultant posts across the UK were filled substantively. The number of Specialist, Associate Specialist and Specialty (SAS) doctors had increased across the UK but only 70% of these posts were filled substantively. For training grades, the census revealed that 13% of Specialty Training posts were vacant in 2021.

The retirement age of the medical mental health workforce in Wales is on average, four years earlier than other medical specialties in NHS Wales, with 32% retiring at 55, compared to only 6% of other medical colleagues.

## Psychiatry Training Pathway



We need to grow our psychiatry workforce due to the current age profile, impending retirements and increases in demand, however as the diagram above shows, it takes a minimum of 8 years post-graduate training to become a medical consultant, following the initial training in medical school of between 4 and 6 years.

Since 2015, our mental health medical workforce has reduced by just under 3%, while other medical specialties increased by 24.3%, however, these decreases occurred prior to 2020, and with our significant efforts to both attract and train more, we have seen an increase since then.

### **In 2020-21, Our medical workforce increased**

We are currently experiencing lower numbers progressing into higher specialty training, where there are currently a high proportion of vacancies across

the UK, as a consequence of a reduction of applicants into core psychiatry training in 2017 and 2018. This will continue to impact on both an inability to expand higher specialty training numbers until 2022 and consequently the numbers reaching the Certificate of Completion of Training until 2025 at the earliest. Our work to increase core trainees from August 2022 will play out through the pathway and we will see a corresponding increase in higher specialty training posts in 2025 and consultants in 2028 and beyond.

Recognising there is no swift solution, a multi-disciplinary approach is vital to provide sustainable services. This plan therefore looks at short, medium, and long term actions to build our medical workforce supply.

### **What we are currently doing**

In Wales work has been ongoing to increase the numbers of doctors in training and to improve attraction to training in psychiatry. Over the last three years, we have worked with partners in Higher Education Institutions, and the Royal College of

Psychiatry to address this shortfall in core trainee numbers. We have increased the availability of training places and delivered a number of successful Train.Work.Live campaigns. We have also introduced trainee exam fees incentives to improve attraction to medical training in psychiatry.

For the third successive year, in September 2021, 100% of Welsh training posts were filled. With this sustainable recruitment trend and a full training programme we are now ready to implement a planned expansion. This increase is mirrored across the UK and has now enabled Wales to increase the core training places by eight from the 2022 intake and start to increase higher specialty training posts.

There remains a high proportion of vacancies within the higher specialty training schemes in psychiatry and work will continue to be undertaken to improve fill rates. The vacancy rates within training are a UK wide issue and are coupled with an increase in the numbers of trainees choosing to train less than full time, which increases the length of time that trainees will spend in higher specialty training before achieving their CCT.

This is a pattern likely to continue and increase, so our planning is taking account of the need to train more people to adapt to this more flexible approach to both training and subsequent working experiences.

#### **What this means for our medical workforce**

Our modelling of our current psychiatry training pipeline up to 2026, taking account of the current vacancies within the training schemes and the anticipated levels of consultant retirements over that period, is indicating that we will see a 7.2% reduction in the psychiatry workforce, so it is essential that we create sustainable solutions to address this gap in the short term as well as planning for the medium and long term.

Action 1 of this plan commits to increasing our commissioning of education and training. In line with Royal College of Psychiatry recommendations, we will increase the number of Physician Associates within mental health services to support the medical trainees and multi-disciplinary team.

Physician Associates (PA) are healthcare professionals who work to the medical model, with the attitudes,

skills, and knowledge base to deliver holistic care and treatment within the general medical and/or general practice team under defined levels of supervision. In mental health teams, they are practitioners who work under the supervision of a psychiatrist. They were initially introduced into Wales in 2016 as part of the response to a shortage of junior doctors, to increase capacity as they are recruited from a different pool of graduates.

Our modelling suggests that if 10 Physician Associates are added to the mental health workforce each year until 2026, it would result in an overall increase of approximately 21 posts – a 7.6% increase.

Our commitments to increase medical workforce sustainability

- We will run regular campaigns to attract medical workforce to train, work and live in Wales
- We will develop age-appropriate careers information and resources to support and prepare people of all ages for careers in mental health
- We will continue to increase the availability of medical training places to account for less than full

time training and working

- We will continue to provide more flexible education and training places
- We will continue to provide incentives to encourage take up of training places
- We will increase the numbers of physician associates in training





## Our Nursing Workforce

The Nursing Mental Health workforce appears to have grown in line with the total Nursing and Midwifery workforce for NHS Wales from March 2017, showing a larger percentage increase between September 2019 and September 2020.

At the end of March 2021, 3,218.2 FTE registered nurses were working in mental health services in Health Boards and Trusts in NHS Wales. The overall trend in nursing is one of growth, but we have more to do, to attract people to both nursing training programmes, and to subsequently follow a career in mental health services in Wales.

Between March 2015 and March 2021, the growth of the Nursing Mental Health workforce was 5.9% whereas the percentage growth for the NHS Wales Nursing and Midwifery workforce has increased by 8%. So, while we are seeing growth in this area, it is not happening as quickly in mental health services as in other areas. This is a pattern we are seeing in many of the mental health professions.

There are a number of different routes to qualification as a registered mental health nurse in Wales. We support a range of part-time undergraduate and graduate entry masters programmes, but currently the most common route is the three-year undergraduate pre-registration training shown below.

**We have  
313 more registered nurses  
MH services than in 2015**





Since April 2015 the mental health nursing workforce in Wales has had more staff joining the workforce than leaving, with April 2019 - March 2020 having the highest number of staff starting in the workforce and the fewest number of staff leaving compared to other years, resulting in 98 more Nursing staff. Overall, the Mental Health Nursing workforce has increased by 313 since 2015.

The shape of service delivery has also changed during this period. We are seeing increases in nurses working in community settings, and a reduction in hospital settings. This is in line with what we see in the service model changes.

The demographics of the workforce continue to change – nurses aged over 55 increased from 14% in 2015 to 22% in 2021, and older workers are seeking to work less than full time hours, however nurses aged under 35 also increased from 19% to 27%. We have examined participation rate of our workforce - this is a measure of impact of part-time working on the availability of the organisation's workforce. The higher the participation rate the more hours on average,

an individual will work each week. Participation rates for the female workforce after the age band 25-29 starts to decline and is lower than the male workforce until the age band 60+. Both the male and female workforce show a significant reduction in the participation rate after the age of 54.

#### **What we are currently doing**

HEIW's review of health professional education commissioning arrangements and contracts in Wales has led to greater access to training. We have also increased the number of universities providing part time training routes that can be accessed by our support workers and dispersed and distance learning models that can enable student nurses to train locally.

Application rates remain at a record high and 89% of nursing applicants to Welsh universities are Welsh domiciled. Learning about mental health has been introduced across all branches of nurse training, increasing basic knowledge of mental health across all nursing disciplines. This will be supported by our action to develop mental health literacy across all of our current workforce.

In recent years, we have been increasing the number of mental health nurse student places as a result of our workforce modelling and in particular our anticipated retirements. We have increased our training numbers by 46%, from 330 in 2019, to 483 for September 2022.

We have also increased the opportunity to both learn in Welsh, and to learn to speak Welsh, and will continue to do this over the lifetime of this plan.

#### **What this means for our nursing workforce**

Our plan is to continue this journey of increasing nursing numbers to 580 places per year in 2025/26. 47 additional places will be commissioned in 23/24, 72 in 2024/25 and 97 in 2025/26. This is a further increase of 20% above 2022/23 levels and 75% above the 2019 levels of commissioning.

We need to do more to attract new people into the mental health nursing profession, starting at school age pupils who are considering careers in health, and looking for university courses, as well as people who may not have chosen or had the opportunity to study straight from school. We will also look to attract those

who have left the profession back into our mental health services.

In order to increase the numbers of nursing students, we also need to increase the availability of quality clinical placements within mental health environments. We are working with Health Boards, Trusts and other providers to ensure that we can support these increases.

Our mental health nursing workforce is anticipated to grow by 585 (16%) between 2020 and 2026 to 3,842. We have modelled this, based on new graduates entering the workforce in addition to our patterns of nurses, other than those newly qualified, joining and leaving the workforce, based on averages over the last three years.

**Our commitments to increase nursing workforce sustainability:**

- We will make mental health nursing more of an attractive profession by running regular campaigns to attract nursing workforce to train, work and live in Wales
- We will provide career development and career enhancement at all levels, supported by supervision and mentoring
- We will develop age-appropriate careers information and resources to support and prepare people of all ages for careers in mental health
- We will continue to increase the availability of nursing pre-registration training over and above the increase that had previously been planned
- We will continue to provide more flexible education and training places including grow your own options
- We will continue to provide the NHS Wales bursary to support nurses during their training
- We will support transition from education into employment through preceptorship
- We will continue to fund course fees of Welsh nursing students training in Wales

- As part of Phase 2 of the review of healthcare professional education in Wales, HEIW will commence work to scope and engage on developing a dual qualification route for mental health and adult nursing.

#### **Our Psychological Therapy Workforce**

Psychologists and psychological therapists play a major role in our mental health services. In recognition of this, we have increased our psychological therapy workforce by 404 FTE (73%) since 2015 and will continue to do so throughout the lifetime of this plan.

There are currently 1,135 people in this staff group working 957.7 FTE. The training pathway for the clinical psychologist profession is also a lengthy one, and short, medium and long term actions to ensure a sustainable workforce are required as part of this plan.

## Psychologist profession training pathway



### What we are currently doing:

The specific need to develop the psychological therapies workforce was identified in Together for Mental Health as a phase 1 priority, and we have progressed significant work alongside the development of this plan. This has included work to broaden delivery of psychological therapies by multi-professionals, increased commissioning of additional clinical psychology trainees and CBT training which has been commissioned at various levels.

During 2020 a review of psychological therapies was undertaken which identified the need to increase the numbers of Clinical Psychologist trainee and identified a skills gap between the Clinical Psychologist and Assistant Psychologist roles.

As a consequence, the numbers of trainee Clinical Psychologists has been increased and HEIW is developing the Clinical Associate in Applied Psychology (CAAP) role and associated education and training pathway. This CAAP role is a masters level British Psychological Society registered practitioner role that sits within the psychological therapies team

and can work in a wide variety of clinical settings.

### **What this means for our psychological therapy workforce**

This role, which is new to NHS Wales, is already embedded within mental health teams in Scotland and England. Currently Health Boards employ Clinical Psychologists and Assistant Psychologists (a level 5 role).

HEIW is engaging with stakeholders to procure a suitable CAAP course for delivery in Wales to start in 2022/23 and to ultimately provide a graduating cohort of 30 per annum. Due to this being a new role, it will be important to ensure that appropriate organisation design is undertaken following the model adopted for the introduction of the Physician Associate and other Medical Associate Professionals in Wales.

We are also increasing the level of education commissioned in psychological therapies, this includes DBT, EMDR, CBT modules, interpersonal/cognitive analytical therapy and systemic/family therapy which will be available to a range of professionals across the

multi-disciplinary team.

HEIW will also be building on the work from matrix Cymru to ensure that practitioners and managers have access to the evidence base for providing inclusive, safe and effective psychological interventions, disseminate good practice and sharing innovation. We will also be co-producing good practice guidelines as needed including for example the improving access and quality of interventions for those from Black Asian and minority ethnic communities, providing a single point of access to expert advice and guidance on the workforce and training requirements to implement National Strategy including a specific resource for developing the team.

- Our commitments to increase psychology professions workforce sustainability
- We will increase the career pathways available for clinical psychology, psychotherapy, counselling, and other psychological professions.
- We will provide career development and career enhancement at all levels, supported by supervision and mentoring.

- We will develop age-appropriate psychology careers information and resources to support and prepare people of all ages for careers in mental health and particularly psychology professions graduates.
- We will continue to provide more flexible education and training places including grow your own options.
- We will support transition from education into employment through preceptorship.
- We will provide resources to support psychology professions team development.

opportunity to develop our therapies workforce to deliver mental health services was highlighted. While Occupational Therapists are at the core of our mental health workforce, opportunities to expand the contribution of other AHP professions were identified, not only for their contribution in specialist mental health services e.g. Physiotherapists preventing falls within dementia specialist units, but also the contribution that AHP professionals could make in the prevention and recovery arena.

### **Our Allied Health Professions Workforce**

During the engagement phase of the development of our strategic mental health workforce plan, the

## Therapy Training Pathway



There is currently no specific pathway at undergraduate level for AHPs who wish to work in mental health services. At the point of registration, the therapist is able to choose their specialism which may or may not include mental health services.

### **Our Occupational Therapy Workforce**

Occupational therapists (OT) are the largest AHP profession providing mental health services in Wales and are a crucial and well-established part of the multi-disciplinary team.

Due to this specific contribution to mental health services, the occupational therapy workforce has been highlighted separately within this plan. There are over 300 occupational therapists working in mental health services in Wales, but there is nearly 14% vacancy of the total occupational therapy mental health service workforce. As occupational therapists follow a generic undergraduate training programme, we will be developing and targeting our attraction campaigns highlighting the opportunities and careers within the mental health setting.

### **What we are currently doing**

Most Allied Health Professionals have seen increases in commissioning of training places over the past three years. We will be continuing this, by increasing our AHPs through our Education and Training plan by 10% equating to 16 per annum specifically designed for mental health settings. It has not been possible to identify the AHPs specifically working in mental health services but overall, there is an opportunity to increase the AHP contribution.

As with all healthcare student increases, we also need to ensure that the appropriate clinical placements are available which would otherwise be a barrier to this growth so by working with our three regional MH Practice Education Facilitators, the recommended capacity can be built to accommodate increases and provide the safe quality learning experiences necessary for registration with the Health and Care Professions Council.

### **What this means for AHP Workforce**

Expanding the knowledge and skills for AHPs to be able to identify low level mental health problems when treating patients for physical health conditions would help to provide timely interventions and prevent conditions from developing. Actions 28 and 29 will provide access to the development of targeted mental health skills training and support models for staff which will include access to Cognitive Behaviour Therapy (CBT) training.

The valuable contribution of Arts, Drama and Music therapists was also identified throughout our engagement. Currently there are extremely small numbers of these therapists employed in mental health services across Wales however, there are examples of their contribution to the recovery of patients within specialist areas such as CAMHS and Perinatal units and in the prevention arena across all ages. Historically, Wales has employed these therapists in roles within mental health services and learning disabilities and we will explore with Health Boards whether there is a need to develop this workforce and other AHP professionals within mental health services into the future.



### **Our Mental Health Social Workers**

Social workers and other social care staff are a vital part of our mental health multi-disciplinary and Community Mental Health Teams. They bring a non-medical perspective to the team with a specific rights-based focus on the social determinants of mental health including education, employment, housing and social networks. Social care staff also provide an important link between health and social care which supports an integrated approach to supporting citizens who are experiencing mental distress.

The Social Care Wales registration data that has been used to inform this report is based on Social Workers who work across the spectrum of services that Local Authorities provide and is not specific to those staff who work in mental health services. However, the data will be applicable to the mental health workforce.

The overall trend is increasing with 505 more social workers registered with Social Care Wales in 2021 compared to 2017. In the last 12 months 454 social workers joined the Register and 277 left. 47% of those leaving did not maintain their registration, 19% of those

leaving had retired and 13% continued to work in social care outside Wales.

As with the NHS workforce, the large majority (over 82%) of the workforce is female. The average age of 46 has remained constant since 2017. We are seeing increasing levels of ability to speak some or fluent Welsh.

### **What we are currently doing**

We recently undertook a review of the social work qualifying framework for which a report will be published in May that sets out a range of recommendations to how the support for students undertaking the degree in social work can be improved. Equally a report will soon be published outlining how Newly Qualified Social Workers were supported through Covid-19. In addition to these research pieces a range of initiatives have been undertaken in recent times to support the social work profession, such as increased grant funding to increase the number of social work students sponsored by employers to undertake the degree and to support the delivery of all qualifying and post qualifying social

work provision. A new post qualifying framework for social work will also support the development of social workers.

We plan to run a social media-based attraction and recruitment campaign focussing on social work including a specific focus on mental health social work and are developing a workforce plan for the social work profession in Wales.

#### **What this means for our workforce**

The social work profession is a critical aspect of the social care workforce, and it is essential that is supported to develop and retain its unique function in society. To do this we have worked closely with the workforce to clearly understand the support required from qualifying training right through to the top end of post qualifying career journey.

The work that is currently underway is wide reaching and there is much more to do but there is a determination to ensure that the profession is respected, valued and rewarded appropriately. This next phase of development, with the help of our social

work stakeholder group, will see further development of the qualifying and post qualifying support available to the workforce to ensure that is well resourced to meet the needs of the population it serves. This includes ensuring that the wellbeing of the workforce is considered and provided for and that there is a greater understanding of the current workforce as well as having clear workforce planning in place to support the future supply and demand to ensure the profession is sustainable.

#### **Our Health Care Support Worker / Health Care Assistant workforce**

There are over 2,100 (1,934.9 FTE) health care support workers who play a key role in delivering healthcare in community and hospital settings throughout our NHS mental health services. This represents 23% of the total mental health workforce groups across health and social care identified in the plan, and when combined with the 643 Social Care workers, this rises to 30%.

#### **What we are currently doing**

We are keen to attract people from our local communities into our services and are committed to

continually developing our support workers in mental health services throughout their career with us. We continue to develop flexible learning opportunities and where appropriate, pathways into higher education. This will continue throughout the lifetime of this plan as part of our wider support worker development commitments.

The Healthcare Support Worker Career Framework supports the development of support workers within the NHS, from providing a standard induction and access to a Health and Social Care qualification that is suitable for support workers working within mental health services, through to higher level training and on pathways to pre-registration undergraduate healthcare professional training.

There is currently no specific pathway at undergraduate level for AHPs who wish to work in mental health services. At the point of registration, the therapist is able to choose their specialism which may or may not include mental health services.

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work provision. A new post qualifying framework for social work will also support the development of social workers.

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work stakeholder group, will see further development of the qualifying and post qualifying support available to the workforce to ensure that is well resourced to meet the needs of the population it serves. This includes ensuring that the wellbeing of the workforce is considered and provided for and that there is a greater understanding of the current workforce as well as having clear workforce planning in place to support the future supply and demand to ensure the profession is sustainable.

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#### **What we are currently doing**

We are keen to attract people from our local communities into our services and are committed to

continually developing our support workers in mental health services throughout their career with us. We continue to develop flexible learning opportunities and where appropriate, pathways into higher education. This will continue throughout the lifetime of this plan as part of our wider support worker development commitments.

The Healthcare Support Worker Career Framework supports the development of support workers within the NHS, from providing a standard induction and access to a Health and Social Care qualification that is suitable for support workers working within mental health services, through to higher level training and on pathways to pre-registration undergraduate healthcare professional training.

#### **What this means for Health Care Support Workers**

In Action 30 we have proposed the development of a mental health specific joint health and social care approach for support worker education and training. This will maximise the use of apprenticeships and education programmes to enable more of our support workers to be able to access career pathways.

To support the development of the support workers working within mental health services we will also build on our work which is already in place to improve access for support workers to undergraduate pre-registration nurse training.

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313 more registered nurses  
MH services than in 2015**

#### **Our Mental Health Social Care Workers**

As with the Social Worker registration dataset the data accessed to inform this report for social care support workers covers all services and is not specific to those staff that work in mental health services. Over 81% of the workforce is female, with a higher proportion of younger people (16 to 35 years of age) making up the workforce in commissioned services where the opposite is true with local authority services, where those aged 46 to 65 make up the largest group of

employees. 38% of the workforce have some ability to use the Welsh Language with the rest saying they speak no Welsh.

### **What we are currently doing**

A key focus at present is the registration of the workforce which has both a direct and indirect impact on the mental health service within the social care workforce. So, whilst the focus is rightly on how we prepare the sector for this in terms of ensuring the right learning, development and qualification opportunities are accessible to all alongside suitable and appropriate resources there are a whole range of other priorities to ensure the sustainability of the workforce, with the wellbeing of our workforce at the heart of all that we do.

Raising the profile of the sector is critical and the WeCare Wales campaign is fundamental in promoting the value of a career in social care so we can start to address the recruitment and retention challenges that exist. To help all programmes of work there is an important focus on the improvement of workforce data so that it can be used to target support and help with

effective and timely decision making.

### **What this means for our workforce**

Valuing the workforce is a constant theme fed back through all levels of engagement with the sector over the last few years and it is critical that all solutions to the challenges in the sector put the worker voice at the centre of the solutions of these workforce challenges. The initiatives underway and planned for the future are all focussed on the raising the profile of the workforce and ensuring they are suitably skilled and knowledgeable to support the people that receive care and support.

Our approach to engagement must ensure that the workforce is involved in identifying the challenges and also part of the design of the solution. We must strive to address the known disparity with health and social care and work towards the promotion of the social care sector as a valued, desirable and worthwhile career to be part of.



### **Our Primary and Community Care Workforce**

A large proportion of mental health service provision is undertaken within the primary care setting, and it is important that we work with the Strategic Programme for Primary in Wales, including our Dental, Ophthalmology and Pharmacy colleagues, to ensure that our primary care and community workforce has the right skills and knowledge to support mental health and prevention.

This area has unique opportunities for integrated working between health and social care and we will provide a funded programme of training to support integrated working and co-production to better enable this to take place.

### **What we are currently doing**

In recent years and with the establishment of clusters the multi-disciplinary team has expanded. Many clusters now employ Cluster Pharmacists and Occupational Therapists who have key roles in the provision of support to people presenting with low level mental health issues such as anxiety and depression; pharmacists play a key role in appropriate

medication and medication review and occupational therapists can provide mental health interventions to support people to recover faster.

The development of the cluster multi-disciplinary team is still emerging and there is opportunity through this workforce plan to create innovative employment arrangements to enhance delivery of mental health services in primary and community care settings. This could involve joint appointments of service level agreements between organisations.

There are opportunities to increase the knowledge and skills of the primary care workforce to care for people presenting with mental health issues. We will develop targeted mental health skills training and support models for primary care staff which will include access to Cognitive Behaviour Therapy (CBT) training.

### **Our Volunteers and Unpaid Carers**

Throughout this plan, we have recognised the role that volunteers, and unpaid carers make to the delivery of our mental health services. During the engagement and consultation phases of the development of this

plan, we heard of difficulties in both availability and access to training and development for volunteers and carers, which would support their wellbeing, increase their knowledge, skills, competence and confidence and the relevant actions in this plan is intended to improve this

Volunteers play an important part in improving people's experience of accessing mental health services as they help build closer relationships between services and communities and help to address health inequalities. Action 6 of this plan is to commission a programme of work to identify and define impactful volunteering roles which will help to inform mental health workforce planning, education and training. This action will help to ensure that a strategic vision for the role of volunteering within the mental health workforce in Wales is established and that the benefits of having volunteers in the workforce will be available across the nation.

Unpaid carers often provide a substantial proportion of care and support to people who are experiencing mental distress. It is vital that workforce planning,

education and training is informed by the experiences of unpaid carers and family members so that their contribution can be acknowledged and appropriately supported by the wider mental health workforce.

The Wales Mental Health and Wellbeing Forum have been a valuable partner in the development of the Plan, and it will be crucial to continue to seek the Forum's guidance during the implementation of this plan. By adopting a collaborative, holistic, people led approach, we can help to ensure that the carers and family members of people who are experiencing mental distress are fully able to positively inform planning, education, and training for our mental health workforce.



## **Delivery of this plan**

To deliver this strategic plan, we will need to work together at national, regional, and local levels. Implementation plans will need to be developed and taken forward in partnership with staff and stakeholders at local, regional, and national levels as appropriate.

Through additional investment of in our health and social care mental health workforce over the next four years, these actions will come together to deliver high quality mental health services through a motivated, engaged and valued, health and social care mental health workforce, with the capacity, competence and confidence to meet the mental health needs of the people of Wales.

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