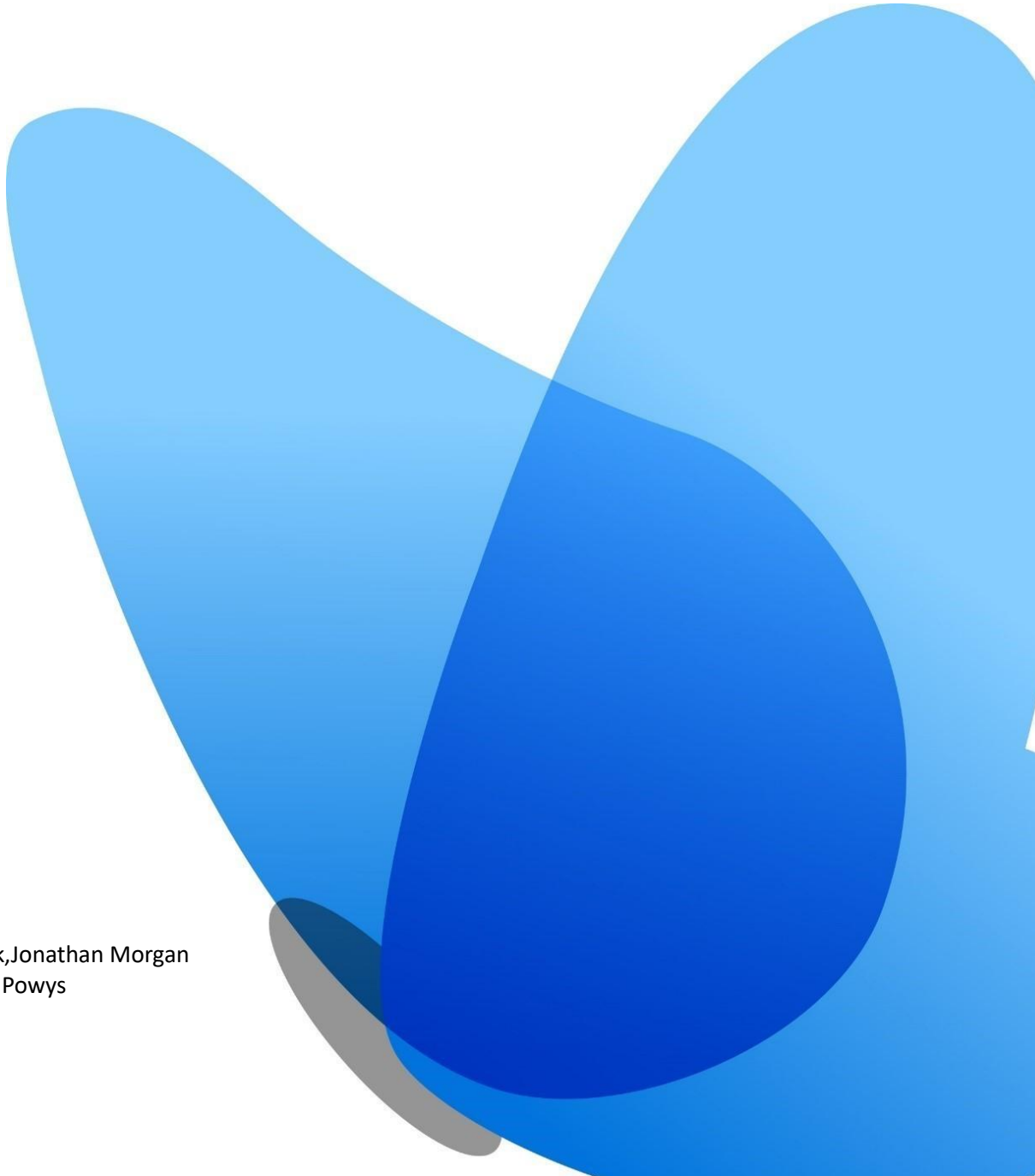
An Evaluation Review of the First Year Implementation of the Strategic Mental Health Workforce Plan (SMHWFP)



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Introduction

Practice Solutions Limited (PSL) was commissioned by Social Care Wales and Health Education and Improvement Wales (HEIW) to undertake a review of the first year of implementation of the SMHWFP.

Following completion of the review a report was submitted to Social Care Wales and HEIW in July 2024. However, the Chair of the Royal Colleges Expert Advisory Group (RCEAG), who is also the manager in Wales of the Royal College of Psychiatrists (RC Psych), queried why the group had not been engaged within the review, and requested on behalf of the RCEAG and the RC Psych that the group and RC Psych be engaged. The review's Project Lead was requested to undertake this engagement and to provide an addendum to the initial review addressing any issues raised. This addendum report is at appendix 2 below. As the issues raised did not require the report's findings or recommendations to be amended the report remains unchanged. However, it should be read together with the addendum report to ensure a full understanding of the issues identified within the review as a whole.

The development of the SMHWFP delivered the commitment made in Welsh Government's Mental Health Strategy 'Together for Mental Health' contained within its 2019-22 Delivery Plan. Fundamentally important to the basis of plan is the ambition set out in 'A Healthier Wales: Our Workforce Strategy for Health and Social Care' which has the aim of having "a motivated, engaged and valued Health and Social Care workforce with the capacity, competence and confidence to meet the needs of the people of Wales" by 2030.

The plan was published in November 2022 and launched by the Deputy Minister for Mental Health and Wellbeing. Publication followed a significant period of development and consultation with a range of sectors involved in the delivery of mental health services together with those who use them or act as informal carers. Funding has been sought but not secured to support the first three years of the plan's implementation.

The plan is broad in its scope, built on 7 key themes, it contains 33 actions and covers 6 phases of work across three years from January 2023 to December 2025. The review was tasked with analysing the first year of its implementation up to December 2023. Whilst implementation of the plan commenced in November 2022 delivery has taken place in a phased manner. Some actions included two phases within the period November 2022- December 2023. Some did not commence until June 2023 and 1 action, action 22 has been postponed until later in the plan's delivery. In the pre-launch period of the plan's delivery three service areas were identified as priorities for implementation. These were Child and Adolescent Mental Health, perinatal, and psychological therapy services. These three priority areas are therefore given specific focus within this report.

The plan seeks to improve the following 7 key themes:

- Workforce supply and Shape
- An engaged motivated and healthy workforce
- Attraction and Recruitment
- Seamless working models
- Building a digitally ready workforce
- Excellent education and learning
- Leadership and Succession.

The 7 key themes will be addressed within the review; however, it must be noted that many of them are interconnected, the review therefore analyses the various actions together with the co-dependencies of other supporting actions.

The review does not focus upon the outcomes achieved but considers the intent, the processes introduced to support implementation, outputs and products and where practical, measurement of

impact and delivery. Where impact cannot be measured in enumerative terms the review provides a narrative analysis of impact and delivery.

It seeks to evaluate progress made in its first year, to appreciate those things that have enabled the plan's implementation and recognise those things that have been barriers to its implementation. In doing so, such a review offers the opportunity to reflect and to highlight where some potential realignment or change in emphasis in the delivery of activities might aid the overall success of the plan in securing the ambition of the 7 key themes which remain constant.

The development of HEIW as the statutory workforce body for Wales and the fact that the mental health workforce should be afforded priority is a major step forward in mental health strategic planning. Furthermore, the fact that the SMHWFP is jointly owned by Social Care Wales and HEIW, that it recognises the third sector as partners in its delivery and the potential among those with lived experience to work as peer mentors and peer support workers combine to create an environment within which progress can be made to develop the mental health workforce within a whole system.

The creation of the plan is a major development, and it has won awards for how it was developed through partnership and consultation. Nevertheless, the environment into which it emerged creates a challenge to realise its full ambition for those tasked with its implementation.

Summary of key learning and recommendations

General

- The creation of HEIW and its partnership with Social Care Wales represents an opportunity to develop the workforce in line with strategic intent not previously available.
- The financial climate and workforce trends create a difficult climate into which the plan has been introduced but nevertheless, significant progress has been made in virtually all the plan's aims.

Governance arrangements

- The SMHWFP programme has well established governance arrangements in place. They include reporting mechanisms to the Boards of both HEIW and Social Care Wales. Importantly they also include reporting to the Mental Health Joint Ministerial Assurance Board.
- These arrangements need to be continuously reviewed to ensure that they adequately focus on some of the thorniest issues, cover all sectors involved within the plan and drive delivery with all agencies participating in this delivery.
- The work of the implementation group needs to be reviewed to ensure that it is continuously focussed upon delivery with all participants engaged in this delivery.

Workforce capacity to deliver the SMHWFP

- HEIW and Social Care Wales have dedicated capacity to drive implementation of the plan. HEIW has responsibility for more of the plan's actions. This is reflected in the staff recruited. However, staff in HEIW are also available to Social Care Wales and one of the strengths of implementation is the fact that HEIW and Social Care Wales Staff have worked in partnership and have not taken a siloed approach to implementation.
- Recruitment and retention of this workforce is not immune to the usual attrition and several staff left in year 1 partly attributable to the short-term funding from WG leading to job insecurity.
- In year 1 some aspects of the plan were commissioned for completion by third party organisations. This has assisted in driving implementation.
- Consideration needs to be given to the capacity within Social Care Wales to ensure that this sector can adequately deliver its actions in full and to provide the social care voice in all elements of the plan. Whilst capacity has been increased recently by the appointment of the Approved Mental Health Professional Community Manager further capacity should be considered**.**

Data and digital

- Access to accurate mental health workforce data across sectors is poor. These data are essential to measuring the success of the plan. Steps need to be taken as a priority to enhance data quality and accessibility.
- The NHS has established a DSCN which should enable a functioning workforce data dashboard. However, this is likely to take some time to enable the gathering of accurate data in a timely fashion. Consideration should therefore be given to taking remedial steps to ensure accurate and comprehensive baseline data.
- Particular attention should be given to ensuring that workforce data across all sectors can be gathered. This will require investment to achieve**.**
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Workforce planning methodology

- Workforce planning is a fundamental activity in all sectors delivering mental health services.

- Specific work has been undertaken to promote and enable effective workforce planning. Whilst this will be somewhat hampered by poor access to high quality data the tools to enhance workforce planning have been developed and are available to the various agencies responsible for planning the workforce together.

Workforce implications of Statutory functions

- Statutory duties within mental health services require an adequately trained workforce to deliver these specific functions. These include not only AMHPs and Section 12 (2) doctors but also Second Opinion Appointed Doctors, Care Coordinators, statutory assessors BIAs and those skilled in safeguarding.
- Steps have been taken to understand staff attitudes to delivering some of these functions and what may help to recruit and retain staff in these demanding and crucial roles. This includes practical steps such as increased places on AMHP training courses, HEIW facilitating Section 12 (2) training and the development of a Section 12 (2) doctor app due to be piloted in June 2024.
- These developments are important but the impact on the workforce of other statutory duties must be given due consideration not least the BIA role and that of Care Coordinators which carry significant burden and can only be undertaken by specified registered professionals.

Workforce engagement and consultation and the recruitment and retention of staff and improving career pathways

- A generic survey of social care staff has been piloted and rolled out across Wales. A second social care staff survey has been completed which provides a break down by service area including mental health. The results of this survey will be published in September 2024. The generic NHS staff survey was also delivered, and at the time of writing this report, a specific survey directed at the mental health NHS workforce is underway.
- These are important steps. Staff attitudes and opinions can help address the challenges they face that may impact on their potential to leave the workforce.
- Innovative recruitment and retention approaches have been developed and commenced in year 1.

The role and engagement of the third sector

- The importance of the third sector workforce is recognised within the plan. However, the review has found that the actions delivered in year one have predominantly focused upon the statutory sector workforce. HEIW and Social Care Wales have provided significant evidence of their actions to engage and involve the third sector in delivering the plan's actions.
- The work of HEIW in developing training is valued but further collaborative and co- productive work with the third sector is required.
- Engagement with the third sector and those with lived experience identified that they feel less involved in the delivery of the plan than is required to achieve a genuinely multi- agency approach to workforce development. HEIW and Social Care Wales have made training available to 3rd sector colleagues but take up was low.
- HEIW and Social Care Wales question whether they need to consider amending the marketing strategies for this training.
- A more co-productive approach would be valued by third sector agencies and those who do or may wish to provide peer support and peer mentoring. Similarly, the sector wishes to be fully included in the future development of recovery colleges within Wales. These developments are important elements within the plan, and the third sector can significantly enhance their development and the quality of the services created.

Enhancing the support for staff wellbeing

- The report contains several recommendations including those for Welsh NHS bodies and local authorities. In our view, this work defined the challenges and opportunities and the current policy landscape for Wales.
- Flexible working is clearly one area of development that positively impacts on staff but as this work is for all staff and not just those in mental health services, we would query the pace of change possible against those other areas of work that are also likely to improve the experience of the workforce.
- The flexible working initiative has now been incorporated within the work programme focused on enhancing staff retention.

Enhancing team management, leadership, and succession planning

- Work on developing a mental health team managers programme has progressed well. Consultation has been undertaken. Options for a programme including its content and delivery have been established the first three cohorts, 60 staff, commenced training in 2024. Plans are in place for a further three cohorts.

Education and training

- HEIW has developed several initiatives to advance training and education in support of career pathways for HCSWs for assistant psychologists and has enhanced CPD training in support of psychological therapies.
- This work is in line with the identified SMHWFP pre-launch and year 1 priorities. Allied Health Professionals (AHPs)
- Pathfinder projects have commenced albeit not evenly spread throughout Wales. It should be applauded that they focus on improving the physical health of those using mental health services which has long been understood to require a targeted approach.
- Due to the delays in starting the pilot projects, it was not possible for the review to determine their impact on supporting mental health service development. However, at the time of writing the report all had launched and many pathfinders have been running for several months. Evidence of impact is reported to be emerging and further 4 pathfinders will be supported in 2024-25.
- Furthermore, it is arguable that the scale of these projects will not give rise to expansion of services at scale and pace. 9 projects across 5 Health Boards can only provide evidence of a proof of concept, build infrastructure and embed new roles. It is too soon to determine whether adding these services to pre-existing mental health services can add significant value. However, it should be noted that several of the pathfinders are targeted at developments to improve the physical health of people with mental health problems which, if successful, may serve to address the disproportionately worse physical health of those with long term mental health problems that has been evident for many years.
- This work and its associated budgets may be better spent as part of a wider approach to embedding new roles within mental health services. Some of the biggest challenges that are likely to be confronted may well be cultural and relate to interdisciplinary communication and collaboration rather than relating to the effectiveness of less frequently developed specialisms within mental health settings.

New MDT roles and other roles making up wider mental health workforce

- Significant work has been undertaken to assist the expansion of roles within mental health services. This work recognises the importance of community settings in mental health work but is not setting specific and can therefore be applied in inpatient and community services and across the health, social care and third sector services. It provides practical tools to aid the development of new roles and their embedding within existing services. The work also could dovetail with the expansion of AHPs in mental health services.

Lived experience, peer support workers and recovery colleges

- People with lived experience and experience as unpaid carers have been engaged in delivering the SMHWFP. They are represented on the implementation board and the development of peer mentors and peer support workers are requirements within the plan. A Peer Support Worker community of practice has been established and is facilitated by HEIW. People with lived experience are also represented on task and finish groups and have their own steering group.
- Consultation with unpaid carers and people with lived experience highlighted a view that awareness of the plan and the drive to implement it have not reached those in the front line. They also felt that health and social services need to work more closely together. They recognised the pressure on staff within the system and the value of the plan to bring about change. In response, HEIW identified the fact that they have engaged with over 1000 staff to arrange Brief Solution Focussed Therapy for 350 staff, that 190 responses, were received largely from frontline staff. Furthermore the 3rd Sector survey commissioned from SfH was directed to staff at all levels within these organisations.
- Progress has been made in promoting and expanding the use of RCs. However, the data available to SfH did not allow many of the metrics that they sought to capture to measured.
- Work undertaken by the review team identified that the work of RCs is valued by people with lived experience of mental health problems. However, they feel that whilst an all-Wales approach will be helpful, local services should be able to design and develop local RCs to meet the needs of the population it serves.
- Furthermore, experience of the development of the Cardiff RC suggests that consideration needs to be given to ensuring that diversity among attendees is addressed and that people with lived experience and unpaid carers are adequately supported to participate in planning and use of RCs.
- Whilst people with lived experience expressed concern with the pace of change, the limited use of technology and the maturity of co-production approaches. This varied between different parts of Wales dependent upon the quality of existing structures and networks to support these approaches. Where networks and engagement have historically been embedded, there is more optimism about the direction of travel. Building on these local networks and a focus on improving communication channels would be helpful to better involve people in this work and aid the development of the peer support worker role.

Pre-launch specified priorities

Perinatal Mental Health Services (PMHS)

- A structure has been developed to advance the availability, quality and skill base of perinatal services. This is augmented by a curricular framework, training plan and the development of perinatal and infant mental health Champions. This work is entirely in line with the ambition of the SMHWFP and is dependent upon close collaboration with HEIW. A smart approach has been used drawing with permission upon the work done in NHSE Scotland.
- This provides an excellent backdrop to deliver education and training in PMHS services which should promote staff retention and recruitment over time. However, the service is clear that currently staffing remains inadequate, recruitment is challenging and having time to train is hampering progress. Furthermore, the situation varies across Wales with some HBs progressing more rapidly than others. In terms of progressing the implementation of the SMHWFP, much progress has been made but the realities of achieving outcomes will prove difficult in the current workforce and financial climate.

Children and Adolescent Mental Health Services (CAMHS)

- The importance of the need to train, retain and recruit the CAMHS workforce and to expand the skill mix of this workforce was stressed by those working in the specialism.
- Training developments have taken place, and more are planned. The needs identified and progress made are in line with the intent of the SMHWFP.
- A need to increase the pace of change and for a consistent approach to be adopted across Wales is required. Some contributors sought greater clarity on the role of HEIW and its ability to apply pressure on HBs to progress the SMHWFP.

The development of psychological therapies

- The development of psychological therapies specific education and training initiatives have been established to improve postgraduate and CPD training to enhance psychological therapies. HEIW has engaged with preexisting infrastructure that has led on strategic work to support the enhancement of these services**.**

Recommendations

1. The work of HEIW and Social Care Wales in developing and commissioning training is valued, but further collaborative and co- productive work with the third sector would help extend the understanding and buy- in. This will need to be supported by the wider Health and Social Care sector to promote and enable enhanced national engagement.
2. The National Implementation Group and its membership should be reviewed to ensure that it drives delivery with all participants actively involved in this delivery. Consideration should be given to the potential to appoint a national professional workforce lead.
3. Work should be undertaken to establish baseline workforce data. Given the complexities of the various systems in place within the various agencies this may need to be a manually collated census in its first iteration.
4. Investment needs to be made available to increase the capacity to develop a well governed system to establish accurate workforce data within local authorities and third sector organisations.

Within the NHS the HEIW mental health DSCN needs to be fully complied with. Whilst this will take time it is essential to monitor the impact of the SMHWFP in future years.

5. Priority should be afforded to the support of the workforce responsible for delivering HB and LA statutory duties. This should include efforts to attract people into these roles and the use of other staff to ensure that necessary registered professionals are freed up to effectively fulfil these duties.
6. Efforts to introduce a broader skill mix using AHPs, non-professionally registered staff and peer support workers and more flexible working should be prioritised to ensure that these approaches lead to change at the required scale and pace to alleviate workforce pressures, encourage recruitment, and reduce attrition of the existing workforce.
7. Actions to reinvigorate the level of awareness of the SMHWFP with Chief Officers, Board members, operational commissioning and strategic managers and front-line staff should be undertaken in support of the plan's implementation.
8. Ensuring that these tools are available to and understood by frontline managers will be essential to ensuring that workforce planning becomes a core component of service management. Promotion of these resources will therefore be essential.

Methodology

The project began with a detailed analysis of the SMHWFP by team members. This analysis was used to formulate a rational approach to the evaluation of a very broad range plan with 33 actions spanning 7 key themes.

An engagement matrix was created setting out the various responsible officers (ROs) identified within the plan. It was decided that the team would begin by interviewing the ROs to establish any products that had been developed in year one of the implementation plan, to understand the enablers and barriers they had confronted and to establish the names of stakeholders and team members with whom we should engage to gather further evidence and opinion of successes and any shortfalls in delivery.

The information gained from the ROs was added to the matrix and the products to an evidence folder. Further interviews were held with stakeholders and analysis of products was used to compile this report. A list of the products and other information sources analysed within the project is attached at appendix X.

The early implementation priority areas identified in the tender documentation by Welsh Government ahead of the launch of the plan included perinatal mental health, CAMHS and psychological therapy services. These were afforded specific attention with targeted engagement with relevant stakeholders.

One member of the review team was assigned to focus on engagement with service users and those who provide informal care to ensure that these voices were included within analysis of the plan’s implementation. To support this work, a questionnaire was developed and disseminated to those with lived experience and informal carers. The questionnaire focused upon people’s experiences and their views on how services are delivered and workforce implications, together with specific questions about their views and experience on peer support and the work of recovery colleges. A copy of the questionnaire is attached at appendix xx.

To develop a balanced approach to the delivery of the plan the team sought to analyse several factors which would demonstrate the degree to which first year goals set within the various actions had been completed and the extent to which this had contributed to the plan's delivery. These were: the intent of the plan and its actions; the processes established to meet this intent; the products and other outputs achieved within the first year of implementation, and any measurement of delivery using available data.

Many of the actions within the plan are intrinsically linked and interconnected with several other actions. It was decided therefore that to best illustrate delivery of the plan, a thematic approach would be used to

report findings rather than an action-by-action approach. The actions addressed within the theme are identified within this thematic analysis. It was also decided that a view of the plan's implementation would be of assistance setting out the key review findings in a tabular form. This would be used to draw together the review conclusions and to formulate its recommendations. To achieve this a red, amber, green (RAG) rating would be assigned to each action and compiled in tabular form within the 7 areas covered by the plan. A condensed version of this work is set out at table 1 below, and a full analysis is included as appendix 1.

Themes [7]	Actions [33]	Activities [72]	On track or not?
Workforce supply and Shape	7	16	One of the biggest areas of anticipated delivery, with 7 actions and 16 activities. Broadly the 7 actions are on track with many of the outputs/ areas of development completed.
An engaged motivated and healthy workforce	5	11	The 5 actions are clearly on track. Out of the 11 activities, there was one which hasn't been completed but the achievement here in building what is needed is clear.
Attraction and Recruitment	4	9	The 9 activities to deliver on the 4 actions in this theme are broadly on track.
Seamless working models	4	10	The 10 activities set out in the first year of the plan have been delivered.
Building a digitally ready workforce	2	5	The second action was removed from the plan and the first action has commenced. Overall, the expectations in the first year have not been met.
Excellent education and learning	8	18	This theme has the most actions and activities associated with it. At commencement of the review, for many of the activities the evidence of impact was limited and hard to assess. As a result, this theme has the biggest number of "amber" ratings attached to it.
Leadership and Succession	3	3	One of the actions doesn't have any activities associated with the first year of the plan. The other two are on track.

Table 1. Summary of the audit tracker

The SMHWFP was developed following broad consultation with stakeholders. It is comprehensive and has received awards and plaudits for its formulation. Analysis of the plan's suitability was neither required nor within this project's brief. As such, the plan has not been critiqued; its intent and implementation provide the focus for this review.

However, the team has considered the governance arrangements that have been established to oversee and drive its implementation. Consideration of these arrangements is included below

Background

Key drivers in delivering the workforce for tomorrow

Legislative drivers

Several pieces of legislation place specific duties upon mental health services, many of which have workforce implications. The Mental Health Act 1983 (MHA) and its 2007 revision require appointment of several specified professionals. These include Approved Mental Health Professionals (AMHPs), Section 12 (2) Doctors and Second Opinion Doctors. Wales specific legislation also place duties on NHS and local authority bodies which have workforce implications. These include the Social Services and Wellbeing (Wales) Act 2104 and the Mental Health (Wales) Measure 2010. This legislation requires the appointment of registered health professionals to fulfil the roles of Care Coordinators and assessors.

Policy drivers

"A Healthier Wales: Our Workforce Strategy for Health and Social Care" was published by Welsh Government in 2020 as a 10-year plan to address several challenges in delivering a more coherent health and social care system. Prior to this, the 'Together for Mental Health Delivery Plan 2019-22' was published. It set out the requirements for Welsh Government to Work with HEIW and SCW and its partners, to develop and produce a multi-professional workforce plan for mental health services in Wales. Together for Mental Health and Talk to Me 2 the extant mental health and suicide prevention strategies respectively have both reached their time spans. Policy to replace these strategies are currently subject to consultation. The SMHWFP has been developed with cognisance of the forthcoming refresh of these policy drivers.

Until the publication of the SMHWFP none of the strategies had previously been accompanied by a workforce plan, which has been a weakness. Effectively transforming services requires a clear strategic vision, a budget to support transition and a clear plan to ensure that a workforce fit for purpose is available to deliver the required transformation.

The financial and workforce landscape

The workforce plan was formulated and launched at a time of significant turbulence within public services. Long term financial constraints have placed pressures on public service budgets, they have also led to a history of public sector wage restraint during a time when the pandemic placed those working within public services under great pressure. Slow growth in public sector pay at a time of high inflation has, together with these factors, led to industrial action and reported discontent within the public sector workforce. This backdrop exists at a time when demand for mental health services is anticipated to face a threefold increase in demand over the next five years. The HEIW report on the first year of implementation identified that at an online conference hosted by HEIW 40% of those in mental health services do not feel valued and supported.

These factors are highly significant in terms of their impact upon the potential to recruit and retain a highly skilled and motivated mental health workforce. They are beyond the direct control of Social Care Wales and HEIW but will impact how much the plan can deliver its intended outcomes.

It is important to note that the wider landscape does not mean that this was a bad time to launch the first national mental health workforce plan within Wales. In fact, it could be argued that it was the ideal time to do so to mitigate these factors upon the sustainability of the mental health workforce. That said, the

landscape will impact upon the potential for certain parts of the plan to deliver, bringing into prominence other aspects within the plan that may become of greater importance, for example expanding the skill mix and the potential to draw upon peer workers and non-professionally registered staff. These issues are analysed further within the various themes and actions set out below.

Key learning points

The creation of HEIW and its partnership with Social Care Wales represents an opportunity to develop the workforce in line with strategic intent not previously available.

The financial climate and workforce trends create a difficult climate into which the plan has been introduced but nevertheless, significant progress has been made in virtually all the plan's aims.

Governance arrangements

To successfully deliver a plan comprising a broad range of actions spanning several agencies and multiple disciplines, robust governance arrangements are required to ensure oversight and implementation.

HEIW and Social Care Wales are joint owners of the plan and have shared responsibility for its delivery in partnership with the Health Boards, NHS Trusts and local authorities in Wales. Fundamental to understanding how such a plan is delivered is dependent in part on the appreciation of the different roles and responsibilities of HEIW and Social Care Wales. As one of the 12 bodies that form NHS Wales, HEIW has a direct, influential and supporting relationship with the 7 Local Health Boards who employ staff and deliver mental health services. Its' CEO, Executive Directors, Chair and Board are all connected in their relationships with those comparable roles in the other NHS Bodies. The potential to shape the workforce is significant.

Social Care Wales as an all-Wales body works closely with the 22 local authorities, who, although are separate sovereign bodies with their own elected leadership, work together in delivering a range of responses to the challenges in delivering social care services. Social Care Wales is well connected to the Directors of Social Services, individually, and collectively through the Association of Directors of Social Services Cymru.

Consequently, both HEIW and Social Care Wales have unique roles and relationships with the organisations delivering mental health services across the health service and local government, albeit those organisations are different.

The Implementation Board is supported by a governance structure which incorporates a programme delivery group, specific task and finish groups and a stakeholder group.
Oversight is provided by the SMHWFP Implementation Board. The Board has a multi-sectoral membership including two representatives with lived experience. It is chaired by the CEO of HEIW. The Board has several reporting lines, see Figure XX below. It reports to the Boards of HEIW and Social Care Wales and provides updates to the Mental Health Joint Ministerial Assurance Board.

The Board's Terms of Reference define its purpose as:

- To agree and direct the plans to ensure delivery of the mental health workforce work programmes required to implement the Strategic Mental Health Workforce Plan (these are also reflected in the respective plans of HEIW and Social Care Wales.
- To monitor progress against the plan and ensure that any exceptions, risks and issues are addressed.
- To provide assurance into HEIW and Social Care Wales Boards, and the Mental Health Joint Ministerial Assurance Board.
  Its' functions are defined as:
- Accountable for the implementation of the mental health workforce plan in line with the together for mental health strategy. It will agree and monitor implementation of the plan for both the immediate priorities and broader workforce plan for mental health services and support prioritization in light of available resources.

The SMHWFP identifies several Responsible Officers (ROs), accountable for delivering the plan's various actions. This accountability is ultimately managed by the Implementation Board.

Staff responsible for implementation present to board meetings on a quarterly basis as well as joint HEIW/SCW board. They have presented to Health Board Chair and Vice Chair meetings and at Directors group. They hold a monthly strategic leads meeting and contribute to the newly formed NHS Executive

infrastructure. They have also presented to frontline staff and managers via network meetings and use the website and communications strategy to disseminate messages via several relevant networks.

The structures established to provide oversight of the plan's delivery are coherent and lines of accountability clearly delineated. Minutes of its meetings are produced and reports setting out progress and barriers are developed for the Board. Its reports to the Mental Health Joint Ministerial Assurance Board are identified as being a priority. The organogram at figure 1 below illustrates the reporting structure of the Implementation Board.

Despite the cogency of the governance structure, HEIW and Social Care Wales believe that a more delivery focussed approach is required for the Implementation Board. This view is based on a desire for the Board to not merely receive information on delivery but that all members actively take responsibility for the delivery of the actions contained within the plan. Such an approach would be far more synergistic harnessing the capacity in all the sectors represented on the Board to enable improved delivery.

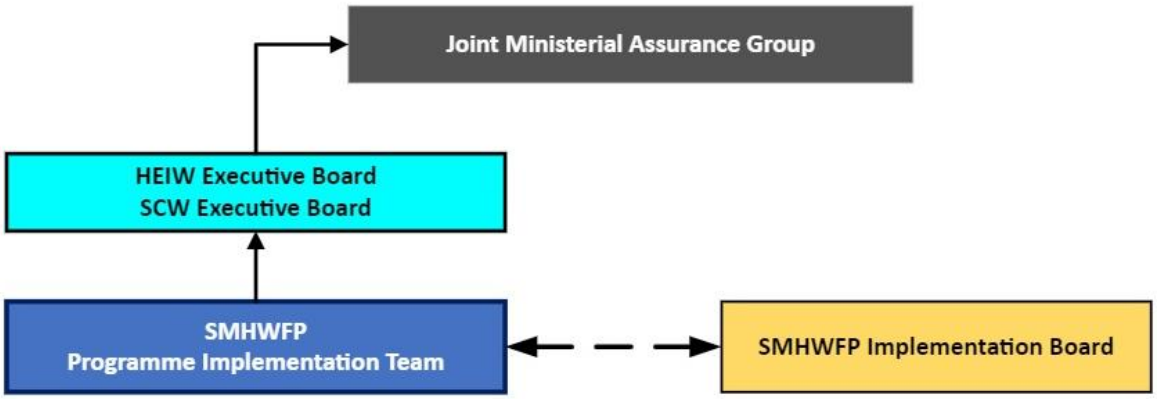

Fig 1. reporting arrangements SMHWFP Implementation Board

Key learning points

The SMHWFP programme has well established governance arrangements in place. They include reporting mechanisms to the Boards of both HEIW and Social Care Wales. Importantly they also include reporting to the Mental Health Joint Ministerial Assurance Board.

These arrangements need to be continuously reviewed to ensure that they adequately focus on some of the thorniest issues, cover all sectors involved within the plan and drive delivery with all agencies participating in this delivery.
The work of the implementation group needs to be reviewed to ensure that it is continuously focussed upon delivery with all participants engaged in this delivery.

Workforce capacity to deliver the SMHWFP

The plan is broad in its scope and ambition. Importantly, this is a plan that reaches across the delivery of health and social care, and whilst most of the activities are assigned to HEIW for implementation, virtually all actions are intended to impact across health, social care and third sector agencies.

Social Care Wales is working collaboratively with HEIW in the plan's delivery, this reflects the maturity of their working relationship and is reflected in the workforce structure as initially established within HEIW, set out in figure 2 below.

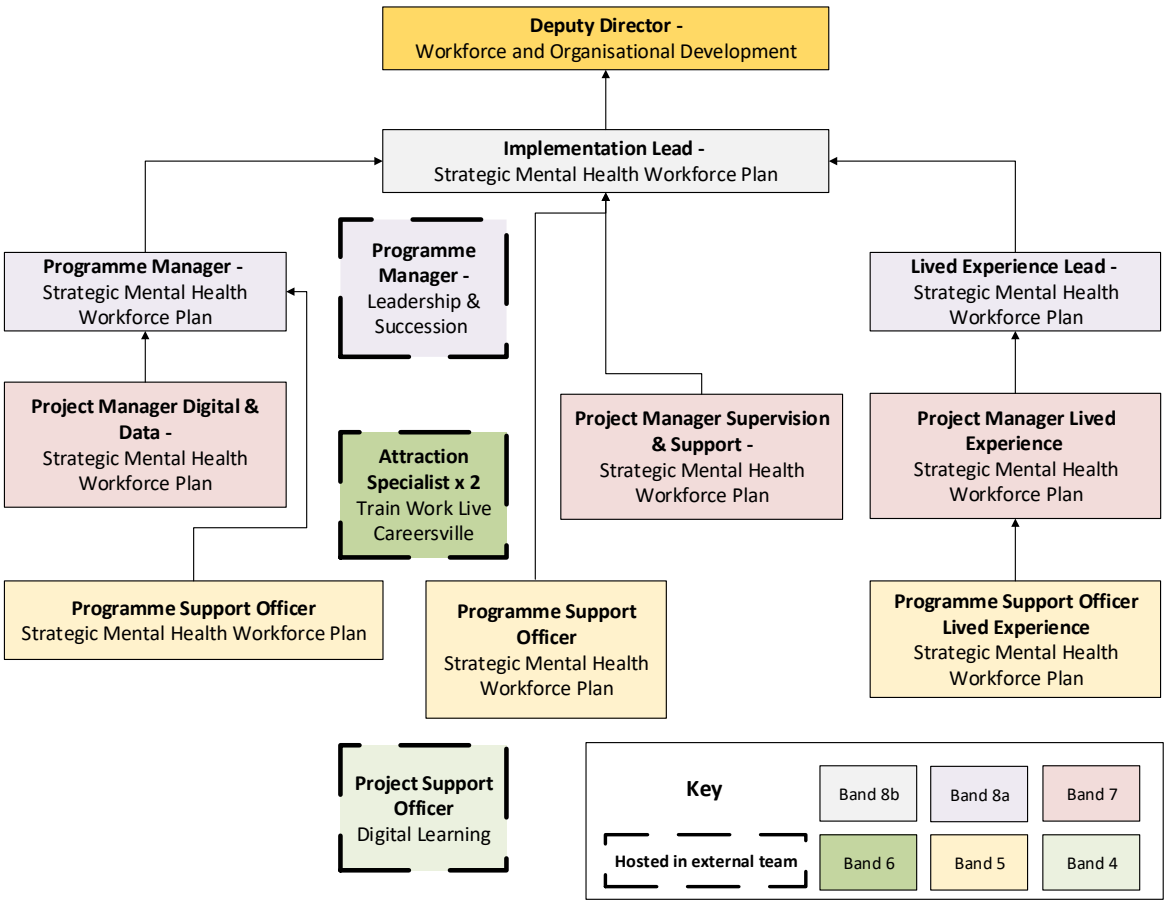

Fig 2. HEIW SMHWFP staffing structure

This capacity is at the disposal of both HEIW and Social Care Wales. However, the level of dedicated capacity within Social Care Wales is limited with the duties being assigned to one manager. Whilst that person has fewer actions to deliver as the Responsible Officer, the role that is required of this manager is broader than delivering the specified actions. A post dedicated to the AMHP workforce has been filled and is hosted in Social Care Wales.

The role must ensure that in delivering all actions the social care workforce voice is expressed and cultural barriers to change are addressed. It should be stressed however, that the shared capacity in HEIW includes a Social Work professional and that staff work across all actions and do not work in a siloed manner in the implementation of the plan's actions.

Each organisation has determined the level of internal support required to lead and deliver key elements of the programme.

The HEIW workforce structure is as open to erosion as the wider workforce. During the first year of delivery, one post remained unfilled for some time due to recruitment challenges and some of those appointed moved on due to promotion and other reasons for people to move within the system. However, it was reported to the review team that some of the attrition of the workforce was due to the job uncertainty due to the short-term nature of funding provided by Welsh Government for the implementation of the plan.

In year 1 HEIW and Social Care Wales commissioned work from several external bodies including Skills for Health (SfH), Academii, NCCMH and IPC. This has been beneficial in driving several of the actions during this first year. However, HEIW has introduced a new internal workforce structure. This should reduce the need for third party commissions in future years.

For the SMHWFP plan to deliver its intended outcomes recruiting and retaining a delivery workforce is essential if momentum is to be built and sustained. This workforce must work across NHS and Social services boundaries to ensure that the multi-agency, multi professional multi sectoral approach necessary to build a whole system workforce is to be delivered.

Key Learning points

HEIW and Social Care Wales have dedicated capacity to drive implementation of the plan. HEIW has responsibility for more of the plan's actions. This is reflected in the staff recruited. However, staff in HEIW are also available to Social Care Wales and one of the strengths of implementation is the fact that HEIW and Social Care Wales Staff have worked in partnership and have not taken a siloed approach to implementation.

Recruitment and retention of this workforce is not immune to the usual attrition and several staff left in year 1 partly attributable to the short-term funding from WG leading to job insecurity.

In year 1 some aspects of the plan were commissioned for completion by third party organisations. This has assisted in driving implementation.

Consideration needs to be given to the capacity within Social Care Wales to ensure that this sector can adequately deliver its actions in full and to provide the social care voice in all elements of the plan. Whilst capacity has been increased recently by the appointment of the Approved Mental Health Professional Community Manager further capacity should be considered.

Analysis of the delivery of the SMHWFP aims and actions.

The review team found that the majority of the SMHWP actions for year 1 have been realised. To most clearly illustrate the progress made, the review team compiled an audit tracker. This illustrates whether the range of activities to support the delivery of the 33 actions planned for implementation in year 1 of the plan had been delivered. A RAG rating methodology was used within the tracker, the full tracker can be found at appendix 1. A summary of the tracker is set out in table 1 below.

Themes [7]	Actions [33]	Activities [72]	On track or not?
Workforce supply and Shape	7	16	One of the biggest areas of anticipated delivery, with 7 actions and 16 activities. Broadly the 7 actions are on track with many of the outputs/ areas of development completed.
An engaged motivated and healthy workforce	5	11	The 5 actions are clearly on track. Out of the 11 activities, there was one which hasn't been completed but the achievement here in building what is needed is clear.
Attraction and Recruitment	4	9	The 9 activities to deliver on the 4 actions in this theme are broadly on track.
Seamless working models	4	10	The 10 activities set out in the first year of the plan have been delivered.
Building a digitally ready workforce	2	5	The second action was removed from the plan and the first action has commenced. Overall, the expectations in the first year have not been met.
Excellent education and learning	8	18	This theme has the largest set of actions and activities associated with it. Many of the activities

			are limited in their delivery and to what extent some have really begun is hard to assess. This theme has the biggest number of “amber” ratings attached to it.
Leadership and Succession	3	3	One of the actions doesn’t have any activities associated with the first year of the plan. The other two are on track.

Table 1: A summary of the audit tracker findings

Data and digital

It is perhaps no surprise that actions two and three of a workforce plan consisting of 33 actions aiming to ensure the provision of an adequate competent workforce relate to the collection of high quality, accurate and timely workforce data. Without baseline data and continuous data provision throughout the plan's lifespan, it will not be possible to measure progress against all aspects of the plan and deliver its overall aim.

The actions within the plan for phase 1 and 2 have been largely met.

The landscape of the mental health workforce data has been scoped and the findings from this scoping exercise have been set out in an Annual Report on actions 2 and 3.

However, the report spells out why the action to establish rules and minimum standards within mental health workforce data sets has not been achievable within phase 2 as had been planned.

The review team concluded that this annual report's content is of central importance to the delivery of the SMHWFP. In essence the scoping undertaken within the plan identifies that currently several factors are preventing access to the data required to effectively understand the state of the nation's mental health workforce.

Unfortunately, the report and commentary provided in its contents suggest that achieving this understanding will be neither quick nor easy.

The reasons for the inability to gain comprehensive standardised and timely data are many but relate to one fundamental cause, variation in complex systems used in data collection and reporting.

At a national level a secondary care staff dashboard exists using data pulled from the Electronic Staff Record (ESR). Workforce data are collected, collated and reported, but this system cannot identify mental health specific workforce data. ESR is underpinned by the National Workforce data set administered by NHS England. NHS Wales Shared Services Partnership (NWSSP) attend monthly groups on behalf of Wales to agree changes to ESR, but making the changes required for Wales through ESR is not solely within the gift of NHS Wales.

It should be noted that in England NHS mental health services are delivered by Mental Health Trusts. In Wales mental health services are delivered by integrated Health Boards responsible for acute, community and mental health services. As a result, it is very likely that in England mental health data held by NHSE are more easily disaggregated than the data provided to ESR by integrated HBs in Wales.

Across Wales at a local level no standardised approach is used to collect NHS workforce data. This varies from one HB to another. Frequently, for example, whilst all NHS bodies collect data on sickness absence the process is not standardised across health boards nor is the collection of vacancy data. These data are not necessarily reported at a level of detail to identify the mental health workforce and the various job roles within that workforce.

To scope the workforce data position each HB had to be engaged independently to build a picture of the landscape in Wales. The image produced was of a landscape with considerable variation subject to local nuances, practices and procedures in the collection and reporting of data. This prevents an accurate local, regional and national analysis of the NHS mental health workforce. The absence of such a data set makes comparison extremely difficult and more importantly a clear position at the local, regional and national level of the make-up of the mental health workforce, its skill mix, vacancies and gap analysis are not possible. Thus, workforce planning is undertaken without accurate baseline data and will lack accurate data on any progress made during the lifespan of the plan.

It has been reported to the review team that a data standards change notice (DCSN) has been issued within NHS Wales which can create a pathway into a workforce data dashboard. This will need to be monitored carefully to ensure that it will deliver the required data to enable evaluation of the delivery and impact of the SMHWFP.

Social Services workforce data are now collated in a workforce data dashboard developed by Social Care Wales. However, collation and granularity of data providing mental health specific workforce data are proving challenging. Social Care Wales has a register of Social Care Workers, but this does not provide the necessary data granularity to undertake workforce planning.

The mental health workforce is made up of registrant and non-registrant staff and capturing this skill mix will be imperative if the workforce is to expand as is intended within the plan. The situation is exacerbated by a lack of standardised Job Roles and Job descriptions across the 22 local authorities. Furthermore, the availability of resources within the social care system to report more effectively is reported to be lacking.

Work has been undertaken to evaluate the third sector workforce in partnership with SfH. A survey was disseminated to the third sector which included questions on its workforce. However, the response rate was low, thus producing only limited intelligence. A similar exercise led by the Wales Council for Voluntary Action (WCVA) identified that data on the 3rd sector workforce is not routinely available. A full analysis of this workforce will necessitate contact with a broad range of third sector organisations providing mental health support. Contacting the large providers such as MIND, Platform, Hafal, Alzheimer's Society is likely to demonstrate variation in workforce data collection, skill mix and job roles.

However, to gain a complete picture would require contacting a wide range of 3rd sector organisations such as children's agencies engaged in providing services to children and young people with mental health problems a range of older adult services providing support to older people with functional mental health problems and organic disorders such as dementias and other neuro degenerative disorders.

The third sector workforce is a vital part of a mixed economy of mental health provision but is dispersed across a range of large scale and smaller scale local provision. Attaining an accurate picture of this workforce in real time may require an incremental approach, developing a comprehensive picture over time. The potential of this workforce to augment the provision provided by statutory services is part of the solution to the workforce challenges faced not just in tiers 0 and tier 1 but in the provision of secondary level services.

A pragmatic approach may be to focus on the higher tier services as a priority, broadening the net to garner a more complete picture over time.

Key learning points

Access to accurate mental health workforce data across sectors is poor. These data are essential to measuring the success of the plan. Steps need to be taken as a priority to enhance data quality and accessibility.

The NHS has established a DSCN which should enable a functioning workforce data dashboard. However, this is likely to take some time to enable the gathering of accurate data in a timely fashion. Consideration should therefore be given to taking remedial steps to secure baseline data.

Particular attention should be given to ensuring that workforce data across all sectors can be gathered. This will require investment to achieve.

Workforce planning methodology

Workforce planning is core to the delivery of any strategic transformational change.
Planning should include consideration of:

- The necessity to understand the existing workforce.
- The current demands placed upon this workforce
- The future demands that can be predicted due to changes in population health
- The consequences of both the workforce and population ageing
- The potential increase or decrease in the incidence of relevant disorders
- The impact of new technologies.

All of these factors are likely to impact on the size, shape and skill mix of the required workforce.

In mental health, services are provided in a range of settings from primary to tertiary services. The use of technology is low compared to other aspects of health care. They cover the entirety of the lifespan including birth because of the importance of perinatal mental health in the mother, through to old age.

Whilst services are provided in hospital settings, the last fifty years have seen a significant shift from long stay inpatient mental health. Traditionally delivered in Victorian and Edwardian psychiatric hospitals that acted as total institutions to community settings via multi-disciplinary Community Mental Health Teams (CMHTs). Hospital stays have become shorter and are more frequently delivered in more modern estate.

As a result of this shift to community services the relationship of the ward to the community team has become much more dynamic and in recent years community services have begun to operate outside normal office hours with an expansion into evening and weekend working. The new model of care proposed in the various mental health strategies in Wales recognises the importance of interagency working. Whilst this is common in a range of health and social care services it is at the heart of a mental health whole system.

The health and social services interface are critical to delivering a biopsychosocial model of care. Furthermore, the role of the third sector in delivering core services and broader support services is also critical. In the last two decades the role of peer workers and people with lived experience of mental health problems, within third sector and statutory services, has become far more important. As such in mental health services individual discipline workforce planning or individual agency workforce planning is insufficient.

Workforce planning must span the boundaries of health and social care and the statutory and third sector workforce. This is extremely complex requiring strong partnership working, mutual respect and an ability to change the cultures within the workforce. The degree to which services have moved on this evolutionary journey varies. As a result, services in different parts of Wales have different models of care. Their workforce will vary in its makeup and the spread between primary, secondary and tertiary care and between hospital and community services.

The SMHWFP recognises this variance and complexity. It seeks to develop a workforce fit for purpose in line with the WG strategic intent and recognises the roles that different disciplines, agencies and sectors can provide. To achieve this a rational approach to workforce planning with a standardised approach but applied locally to address local need is required. To aid this HEIW and Social Care Wales Commissioned Skills for Health (SfH) to review workforce planning resources currently available and to develop a suite of resources for workforce planning in mental health services in Wales.

A diagnostic tool was applied by SfH that focused on a literature review, analysis of existing workforce planning, the data and resources available to conduct such planning, the challenges good practice and improvements made. The tool made a series of recommendations to HEIW and Social Care Wales. To

support this approach SfH produced a how-to workbook and an accompanying PowerPoint slide deck for use as a prompt for those using the how to guide in workforce planning.

In its introduction, the workbook outlines some complexities in applying workforce planning in mental health services. It also includes some mental health specific references within the guide and a link to a mental health specific resource. It also provides links to sources of generic NHS and LA social services workforce data.

It directly references the SMHWFP, its' 7 themes and 33 actions and includes links to the plan and its implementation plan for ease of reference.

The how-to workbook uses the SfH six steps to integrated planning methodology. The methodology and the workbook are largely generic allowing the user to draw on the mental health environment in its application. This makes sense because the method is one which can be used in any setting. That said its language and context are arguably NHS focused. Nevertheless, nothing would prevent agencies and the different sectors working together to develop an integrated multi-agency plan.

The workbook is coherent, contextualised and serves to achieve the goals set for developing a methodology suitable for use in mental health services.

The work undertaken by SfH recognises the poverty of workforce data in Welsh mental health service sectors. This is described as hindering planning but recognises that despite poor access to data developing workforce plans is an activity that should be undertaken as a dynamic iterative process which can be adjusted as information and circumstances change.

Key Learning Points

Workforce planning is a fundamental activity in all sectors delivering mental health services.

Specific work has been undertaken to promote and enable effective workforce planning. Whilst this will be somewhat hampered by poor access to high quality data the tools to enhance workforce planning have been developed and are available to the various agencies responsible for planning the workforce together.

Workforce implications of Statutory functions

Approved Mental Health Professionals (AMHPs)

To be appointed as an AMHP requires Post Qualification training and the demonstration of a range of competencies. Continued appointment requires continued professional development training and evidence of continuous competence to exercise the role. The independent decision making enshrined within the role, the potential for disagreements with medical staff, the rigorous training and requirement for continuous practice means that the role requires significant additional duties beyond those of their practice within their discipline.

The role also leads to additional personal responsibilities and inevitably pressures.
Nurses, Occupational Therapists and Chartered Psychologists are now able to become AMHPs. Despite this, in England and Wales Social Workers make up 95% of the AMHP workforce. Because of the importance of the roles fulfilled by AMHPs, having sufficient qualified and competent staff to fulfil the role within a local population is vital.
As a result, ensuring that an adequate number of people who can act as AMHPs are recruited and retained or trained from within the existing workforce to fulfil the role is fundamental for Social Services in partnership with NHS organisations.

The majority of Social Workers within specialist mental health teams will be AMHPs. Fulfilling the duties under the MHA will take up a considerable amount of their working week, limiting the extent to which they are able to carry out other tasks and duties within their Social Work role. It should be noted that the Code of Practice to the MHA requires that some AMHPs have specialist knowledge, skills and experience, such as an understanding of the needs of children and adolescents and those with learning disabilities.

Action 5 within the SMHWP plan required that a survey of AMHPs Section 12(2) Doctors and GPs and SAS doctors should be commissioned, which was undertaken and received 97 responses from a wide distribution of staff across Wales. Many issues were raised around capacity, training, resources, and how staff across social care could be encouraged to take up the role.

Section 12 (2) Doctors

For an AMHP to make an application for compulsory admission to hospital they must have received two medical recommendations, one of which must have been made by a Section 12 (2) Doctor.

To be appointed as a section 12 (2) doctor requires specialist training which needs to be sustained over time. The role is critical and ensuring we have the right number of trained practitioners is vital to avoid AMHPs facing difficulties in accessing medical recommendations in a timely manner.

To evaluate the views of medical practitioners to fulfilling the Section 12 (2) role GPs and existing Section 12 (2) doctors were provided with a questionnaire concerning the function. Out of 57 responses, of whom 14 were Section 12 (2) Doctors, the majority of the total respondents (42) had not been made aware of the role during their training compared to a minority (12) who had. In response to the question “would you consider becoming a S12 (2) doctor in the next year”, 11 said yes with 32 declining and 10 stating maybe.

In response to the question what would make the role more attractive? The responses included matters such as greater articulation about the role and what it’s about, local training opportunities and financial incentives were amongst those raised in the survey.

At the time of drafting this report a Section 12 Approved Doctor APP is in development. This will allow AMHPs to identify Section 12 doctors available to assess in real time. This is due for a pilot launch in June 2024.

Other legislative implications

The plan focusses upon several key roles involved in delivering statutory functions. However, other statutory duties have significant workforce implications. These include the Best Interest assessor (BIA) role within the Mental Capacity Act (MCA) and its Deprivation of Liberty Safeguards (DoLS), the safeguarding responsibilities and statutory wellbeing assessments within the Social Services and Wellbeing (Wales) Act and the Care coordination and Care and Treatment Planning duties within the Mental Health W(Wales) Measure 2010.

These duties are predominantly carried out by social workers and Nursing staff, and all require professional registration to carry them out. Whilst duties under the MCA are generic across health and social care services, they are disproportionately borne by those working in mental health and learning disability services.

These duties account for a considerable amount of the working week of suitably trained and competent staff. As a result, they are frequently unable to undertake other aspects of mental health work. These challenges increase the need for a broadened skill mix within the workforce. An expanded workforce with additional non-professionally affiliated staff being able to address those tasks and functions that they are competent to complete but which registrants do not have time to complete would broaden the scope of support available and enable registrants to ensure delivery of statutory functions.

Key learning points

Statutory duties within mental health services require an adequately trained workforce to deliver these specific functions. These include not only AMHPs and Section 12 (2) doctors but also SOADs Care Coordinators, statutory assessors, Best Interest Assessors (BIAs) and those skilled in safeguarding.

Steps have been taken to understand staff attitudes to delivering some of these functions and what may help to recruit and retain staff in these demanding and crucial roles. This includes practical steps such as increased places on AMHP training courses, HEIW facilitating Section 12 (2) training and the development of a Section 12 (2) doctor app due to be piloted in June 2024.

These developments are important but the impact on the workforce of other statutory duties must be given due consideration not least the BIA role and that of Care Coordinators which carry significant burden and can only be undertaken by specified registered professionals.

Workforce engagement and consultation

Social Care Wales commissioned a pilot workforce survey undertaken by Opinion Research Services (OPC) in August 2023.

This was not a mental health specific workforce survey but rather a survey of the entire registered social care workforce. As such it included those working in all aspects of adult and children services and included professionally affiliated staff such as Social Workers and
Occupational Therapists as well as other registered social care workers who are not members of a specified profession. The commission sought to scope and pilot a survey to provide broad, ongoing intelligence about the workforce in social care and social work in Wales.

The survey is intended to support the identification of trends and patterns to inform policy and operational decisions for Social Care Wales, Welsh Government and sponsored bodies, local authorities and other stakeholders in the field of social care and social work. The findings from the survey suggest a disparity between Social Workers and other parts of the social care sector. Social Workers appear to be under greater stress, feel less valued and less able to complete their work to the standard they would prefer. They have fewer opportunities to access training due to gaps in the professionally affiliated workforce. Care workers are less likely to feel sufficiently well paid and may be more likely to leave the workforce due to the ability to switch jobs more easily for more pay or better conditions than Social Workers due to a more fluid marketplace for these staff.

Importantly the survey found that there are real challenges in maintaining an experienced and qualified workforce, with over a quarter of all registered people expecting to leave the social care sector within the next 12 months, and 44% expecting to leave within the next five years. It is important to note that the data in the OPC report do not represent the views of those working in mental health but the overall social care workforce. Nevertheless, the data demonstrate a vulnerability in the retention and potential recruitment into the social care sector which is likely to be reflected among those working in mental health. This may become clearer when the NHS mental health workforce survey reports.

Social Care Wales is undertaking a mental health specific workforce survey, but the results are not yet available. These are due to be published in September 2024.

HEIW has undertaken an NHS workforce survey from which mental health workforce data have been disaggregated. The results of this survey are being analysed and will be presented on the HEIW website in due course.

Recruitment, retention, and improving career pathways

One of the key requirements in the development of the SMHWFP was to build a workforce fit for today's needs and the future. Recruitment and retention are a historic challenge and have often been more acutely felt in mental health services compared to other disciplines in the NHS. Several of the themes in the plan are linked to the ambition of a stronger, resilient, and supported workforce–attraction, motivation, and support. Promoting careers in mental health is one way of addressing the lack of success in articulating the value of working in mental health services.

Many of the key actions seek to address recruitment through active promotion, for example through an expanded use of the Careersville platform. Since launching the "Mental Health Building" in Careersville in October 2023 following a social media and email campaign to schools and FE colleges, the addition to the platform includes the promotion of mental health nursing, psychology, OT, psychiatry, social work and AHP roles it is expected that this provides opportunities to promote those roles which have been prioritised. One early win has been the recruitment of Psychiatrists from Kerala.

As part of this publicity campaign, there was a significant push to highlight the opportunity to train and work in Wales to an audience outside Wales. A public transport advertising campaign utilising the bus network in Manchester and London, together with the London Underground was a bold effort to reach outside Wales.

The SMHWFP Implementation: A Year on Report identifies that during this first year, and in line with the strategy there has been an increase in the number of commissioned training places for key professional groups, including:

- 47 additional mental health nursing places, providing a 20% increase by 2025
- 16 more occupational therapy places which increases the available places by 10% increase by 2025
- 8 more doctorate psychology places with the aim of getting to an overall increase of 50% by 2025.

SfH have been commissioned to undertake work in support of developing mental health career pathways. This work is under development. In discussion with SfH they stated that initially they had anticipated producing a tube map model identifying step on and step across points along the career pathways in differing disciplines and sectors. However, their early analysis is generating more linear career pathways than they had anticipated. This work is due for completion during April 2024.

Key learning points

A generic survey of social care staff has been piloted and rolled out across Wales. A second social care staff survey has been completed which provides a break down by service area including mental health. The results of this survey will be published in September 2024.

The NHS staff survey was also delivered, and at the time of writing this report, a specific SCW survey directed at the mental health Workforce is underway.

These are important steps. Staff attitudes and opinions can help address the challenges they face that may impact on their potential to leave the workforce.
Innovative recruitment and retention approaches have been developed and commenced in year 1.

The role and engagement of the third sector

The review team had limited success in engaging with the sector including requests to engage in conversation and to a survey that was distributed to the sector. This included both attempts to engage the wider 3rd sector and those with lived experience of mental health problems. The review team sought to engage in a variety of ways. They asked whether respondents wanted to engage within a group session or 1:1 or via a survey.

The Third Sector has a vital role to play in delivering the workforce plan. Members of the review team therefore engaged with several third sector agencies across Wales. These include local and regional groups, that support service users and carers, along with those commissioned to deliver this support on behalf of Health Boards.

The sector employs staff who directly provide services to people with mental health problems and to unpaid carers. It recruits people who wish to work in the sector on a voluntary, unpaid basis including the trustees of the various agencies. It supports the training and development of people who wish to work in the sector in many roles including as peer support workers, peer mentors and policy advisors drawing on their lived experience. The sector has a far more important role than supporting volunteering. It provides a fundamental component of core service delivery and provides a workforce with a different and highly valuable cultural approach, skill set and role to the statutory sector workforce.

The sector also provides a very specific viewpoint in terms of developing policy education, training and service development which provides an important dimension to the mental health whole system including the provision of an advocacy role. Because of the nature of mental health services, and particularly some aspects of the legislative framework, not least the MHA, the role of the third sector is more important in mental health services than in other aspects of health and social care.

We met with West Wales Action for Mental Health, Cardiff and the Vale Mental Health Support, PAVO, Swansea Voluntary Council, New Horizons, Gwent Voluntary Council, Newport Voluntary Council, Caniad, Conwy Voluntary Council, Denbighshire Voluntary Council, Gwent Mental Health Alliance, EYST Gwent, Lead nurse for vulnerable groups Gwent, Psychological therapies lead in Gwent community and others. We also undertook a survey for professionals that we were not able to speak to in a 1 to 1 or group setting. The results of the survey are set out below.

In one-to-one conversations and group work, professionals told us about the issues they face and those service users and carers face concerning the implementation of the workforce plan. We have also met with representatives including HEIW and Social Care Wales to understand the wider context.

The issues identified include:

- The Voluntary council has a vital part to play in realising the aims of the workforce plan. They face fewer recruitment constraints than statutory agencies and have a ‘trusted’ relationship within local communities. However, the language within the plan is somewhat confusing where the third sector is concerned, seeming to be aimed at health boards and local authorities. It does not fully reflect the difference between statutory and non-statutory services and the part that the third sector can play in expanding and extending the mental health workforce. In the first year of delivery this difference has not been exploited.

- The role unpaid carers play as a theme within the plan and its implementation has been weak. The experience of carers is entirely different to that of those with lived experience, the plan tends to align them without full recognition of this difference. Meeting the needs of carers must be addressed by the workforce in order to help carers fulfil their role.

- Training for workers is an important aspect of the plan. How the training is offered and whether it needs to be accredited is important in terms of parity between sectors. This links strongly with the theme of pay and conditions and how this is consistent between health, local government and the third sector. In addition, we (the third sector) were told that career progression is equally important in recruiting to peer support roles and that a clear progression pathway should be provided to attract the best candidates to the role. The potential for the third sector to support, using posts on a rotational basis should be considered.

- Whilst formal peer support workers are an important element within the strategic plan, we were told that individuals with lived experience also want unpaid peer support workers with the same training opportunities and networks as paid peer support workers. This leads to a concern that this may lead to a hierarchy within the role, with unpaid peer support workers perceived as somewhat 'less' than paid peer support workers. The training is available to the third sector but not all organisations were aware of this. Communication concerning the availability of training should be improved.

- Recovery colleges are in principle good but in their development the third sector has more questions than it has answers. The Recovery College model for each area needs to be looked at depending on local structures and local needs but development needs to be driven via national principles and standards that are non-negotiable. Consideration needs to be given to what is already being delivered. Some Third Sector organisations are already delivering a recovery college based upon locally developed principles. They may be in a better position to deliver the plan's aims more quickly and more effectively. HEIW told us a guidance document will be released soon which would address some of these concerns.

- This SMHWFP is one of many strategies currently in the system. Its aims and objectives are not known about or fully understood by all the frontline workforces.

- The third sector would be very much welcome further engagement work and the organisations engaged are happy to play their part in this work.

- We were told that the recovery college model is Cardiff centric, and that the NHS isn't always the 'best fit' to deliver recovery colleges because the NHS is focused on a medical approach to recovery. Some of the organisations we spoke to suggested using a university or college to deliver the work given that they are used to providing open access, which is one of the main principles of the recovery college.

Both HEIW and Social Care Wales would welcome ideas from colleagues in the third sector on how to improve the level of engagement with the sector and with those with lived experience. They questioned whether improved sector representation within national fora would assist. However, they also highlighted that they would welcome suggestions for novel and creative approaches to improve engagement with the sector. They recognise that the scale of the third sector and its diversity can create challenges to enabling unfettered involvement.

Review team survey results

To supplement this engagement work, the review team produced a survey which could be completed by professionals and other potential respondents. This could be completed in their own time expanding the potential to engage. However, the survey had a disappointing response rate with only 25 surveys completed.

The review team continually promoted the survey, using existing networks and through trusted intermediaries, but this only amassed a response rate of 25 respondents. This was disappointing given the time and energy expended on trying to obtain a higher response rate. This appears to mirror the experience of HEIW and Social Care Wales when engaging with the third sector and those with lived experience. Clearly, creative approaches co-produced with the third sector and those with lived experience need to be developed to enhance engagement and shared ownership.

The engagement exercise had limited success in eliciting views from the third sector and some voices from those with lived experience, the review team having experienced difficulties in reaching those with lived experience. This included cancelled meetings and 'no shows' to scheduled conversations.

The survey was open to staff, service users and carers to make a response. 25 people responded. Of those who did 28% were service users, 16% carers, 44% professionals and 12% other. This was a lower-than-expected response from service users and carers, but the engagement sessions provided were well attended by these groups and allowed for another avenue for people with lived experience to contribute. Most respondents were female (72%), 24% being male and 4% preferring not to say with 88% identifying as white and 12% identifying as Asian, Asian Welsh or Asian British.

All age groups were represented except for those aged under 24. The ages of respondents are contained in fig 3 below.

Most respondents (52%) had been involved in the system for over 5 years with only 8% having been involved in the past year.

We asked services if they felt that the workforce is connected and works well across organisational boundaries. 88% of respondents said no with the other 12% indicating 'unsure'. This was important considering that all those who responded were professionals and carers. Only service users responded unsure. This could indicate a discontent between services and in engagement with the third sector. In further exploring these themes, several responses from professionals are listed below.

These responses focus on increased training opportunities and better understanding of wider issues.

- Often not suitably prepared for the nuances of the experiences and needs of those who they are supporting.
- More training should be provided to the third sector.
- Most staff use out-of-date techniques or the same techniques with patients and do not alternate to the person's needs.
- We need better engagement with third sector and staff in community outreach roles who can deliver preventative interventions.
- There need to be a focus on support both at home and school for neurodiverse children to avoid difficulties escalating to secondary care.
- Upskilling on neurodivergence is needed.

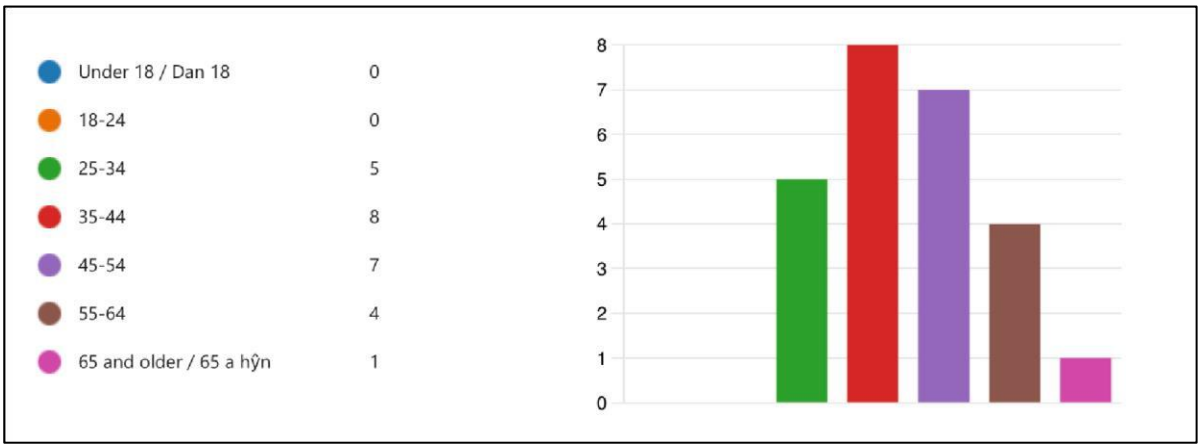

Figure 3: Age groups of survey respondents.

Figure 4: How long have you been involved within Mental Health services in Wales?

We delved into this further posing the question 'Is the third sector an appropriate or inappropriate place to provide more services for mental health services?'

68% of respondents indicated it was either highly appropriate or appropriate with only 8% stating it was highly inappropriate or inappropriate. This indicates a wider acknowledgement that the third sector has a vital part to play in delivering within a mental health whole system. As a caveat to this, 96% of respondents felt the third sector needed more skills, opportunities and staff to make this happen.

The third sector has some concerns about the level of their involvement in the work and the need for them to be better included in the future. However, overall, they remain positive about the aims of recovery colleges and peer support workers. They believe the whole system has a part to play in enabling this and, as such, want to be a part of driving this work forward.

During the time that this review has been undertaken SfH have conducted an analysis of the role of the third sector in mental health settings in Wales. SfH provided the review team with a draft version of its report. SfH conducted a survey which elicited 92 responses but only 12 answered all questions, 13 some questions and 67 did not answer any questions. As a result, they noted that the responses received cannot be representative of the opinions of the wider third sector workforce. Nevertheless, the report is helpful as it identifies the type of work undertaken, the challenges the sector faces including a lack of parity with the statutory sectors. The sector values the courses developed and in development within Ty Dysgu but identified some additional areas including neuro diversity that are not currently included.

The study identified that the sector is not currently fully mapped let alone its workforce, that there is a need to improve engagement by statutory services with the sector, the potential for volunteering to be embedded within statutory services and for greater coproduction in delivering services within the whole system.

Whilst response rates were not particularly high the evidence garnered by the review team and by SfH recognise that the full potential within the third sector is not being realised.

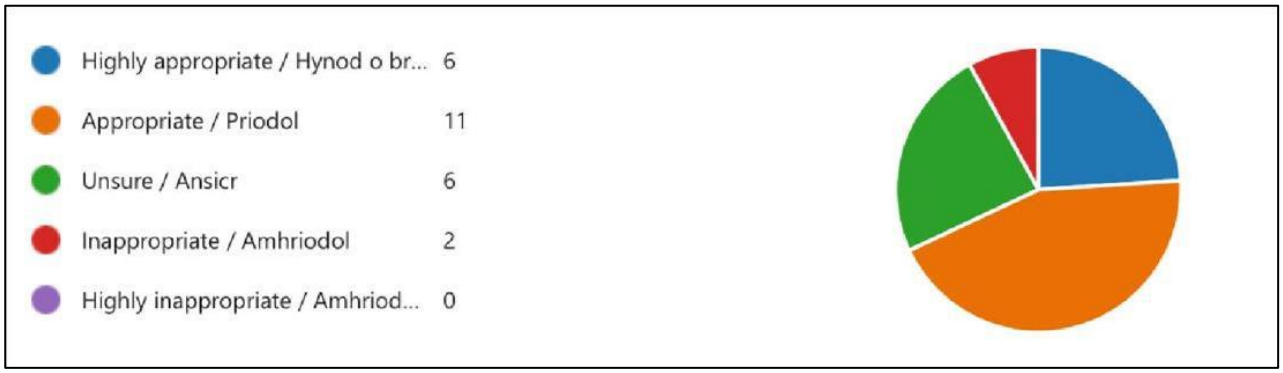

Figure 5: Is the third sector an appropriate or inappropriate place to provide more services for mental health services?

Key Learning Points

The importance of the third sector workforce is recognised within the plan. However, the review has found that the actions delivered in year one have predominantly focused upon the statutory sector workforce. HEIW and Social Care Wales have provided significant evidence of their actions to engage and involve the third sector in delivering the plan's actions.

The work of HEIW in developing training is valued but further collaborative and co- productive work with the third sector is required.

Engagement with the third sector and those with lived experience identified that they feel less involved in the delivery of the plan than is required to achieve a genuinely multi- agency approach to workforce development. HEIW and Social Care Wales have made training available to 3rd sector colleagues but take up was low. HEIW and Social Care Wales question whether they need to consider amending the marketing strategies for this training.

A more co-productive approach would be valued by third sector agencies and those who do or may wish to provide peer support and peer mentoring. Similarly, the sector wishes to be fully included in the future development of recovery colleges within Wales. These developments are important elements within the plan, and the third sector can significantly enhance their development and the quality of the services created.

Enhancing the support for staff wellbeing

Ensuring that roles are attractive, in addition to what people are paid and how they progress as professionals is an important consideration. The Plan has several actions aligned to responding to the challenges of developing a range of support for staff that enhances the "offer" in an environment which can prove on occasion difficult to work in. The actions around mentorship, supervision, staff support, wellbeing and flexibility in working patterns are the right approach.

Mentoring staff working in such an environment has the potential to both provide confidence to people currently on the front line of service delivery and to act as a reassurance for those considering a career in mental health. All too often a lack of support and supervision can lead to poor outcomes for staff and affect their own health. The inclusion of mentorship and support is a strong theme in the plan.

In our discussions with colleagues to assess progress, we were encouraged to see that plans have been agreed for a mentoring scheme to start in 2024 and a stakeholder group has been established to support this work and all health boards have been engaged together with staff across HEIW and Social Care Wales taking responsibility for delivery of this particular action.

We were informed that 19 people are to be trained at level 5 to develop their skills as mentors and coaches. Each mentor will have 3 mentees during the coming year and those mentees will then be offered mentoring training at level 3, supported by HEIW staff and the 19 "Super Mentors" from the initial cohort. Since the initial evidence gathering, the review team have been advised that amendments have been made to the mentoring programme. Training is now to level 7.

We would support their assertion that the development of a thriving community of mentors is on track and progressing. In support of this work and in line with the Mental Health Workforce Plan a set of standards are being refined, based on those introduced in NHS England.

Importantly, one of the key areas identified to support existing staff and to add to the attraction of roles for those seeking a career in mental health, is that of flexibility in working arrangements covered by Action 16 of the plan. The plan sets out the need to:

- "Scope the current landscape and uptake of flexible working within the mental health workforce".
- "Produce analysis on how to move this work forward into the future across the mental health workforce."

A report produced by HEIW sets out the current landscape, the importance of flexible working and the current experience in Wales and elsewhere.

The importance of this work cannot be underestimated. It starts with the benefit of flexible working which includes increased employee engagement, job satisfaction and wellbeing across organisations, where there is evidence demonstrating higher levels of staff retention, and more stability in team cohesion and output. Welsh Government committed to All-Wales policy on flexible working by the end of 2023. There is however a clear division between the ambition of this policy and the experiences of those leading Organisational Development in both NHS Wales bodies and local authorities around the challenges and barriers to addressing how flexible working can happen in practice.

To advance this at a national level, a group involving NHS employers, representatives and OD leads was convened to develop the flexible working policy and what was needed to support the development of a culture that leans towards a more positive attitude from employers towards requests from staff who requested flexible working. The group also included the Welsh Partnership Forum which brings Welsh Ministers together with employers, trade union representatives and professional bodies.

The experience within NHS Wales and local authorities is however at a different point. In NHS Wales the report identified a number of barriers to implementing flexible working such as system challenges, consistency of information and monitoring, line manager understanding and approaches, and staffing issues around the confidence to ask for flexible working. In local authorities whilst some of the broader issues are similar the report does cite evidence that mental health staff in social care have a better experience because the restrictions on office space, more developed IT infrastructure, means that staff are more used to working from home.

Key learning points

The HEIW report contains several recommendations including those for Welsh NHS bodies and local authorities. In our view, this work defined the challenges and opportunities and the current policy landscape for Wales.

Flexible working is clearly one area of development that positively impacts on staff but as this work is for all staff and not just those in mental health services, we would query the pace of change possible against those other areas of work that are also likely to improve the experience of the workforce.

The flexible working initiative has now been incorporated within the work programme focused on enhancing staff retention.

Enhancing team management, leadership, and succession planning

The plan has committed to develop and implement an inclusive and targeted talent management pipeline for mental health leadership roles at organisational level, recognising the unique context and challenges of mental health services. The actions to support succession planning (31, 32 and 33) have sought to establish a mental health leaders' network and promote the opportunities for people to join the wider clinical leadership opportunities.

In our discussions, it was clear that staff are working with colleagues in the sector to develop succession planning tools in mental health for the Health Boards. There are nevertheless gaps and it was reported to us that it can be challenging to attract people into leadership roles. There has been engagement with those in the newly established NHS Wales Executive on this important area of the plan, and work is underway to develop those digitally focused actions in the plan, together with an emphasis on improving the take up of opportunities for staff to do the Advanced Clinical Leadership programme.

Oxford Brookes University Institute of Public Care (IPC) was commissioned by HEIW and Social Care Wales to explore the feasibility of a new learning and development programme. The programme was to be designed for, and directed at, existing team managers in mental health and those aspiring to this role.

Detailed analysis was undertaken as an initial phase. Sector engagement work was completed, with 60 participants from across Wales, including representation from HBs, LAs and national bodies promoting mental health development.

A considerable appetite was evident for a bespoke management training programme tailored to recognise the complexities in managing mental health services. The preferred preference expressed for the training was that it should be a hybrid model including both face to face and virtual elements. Two options, an accredited programme and a non-accredited programme were proposed. The option of an accredited programme was preferred by Heads of Service and Clinical leads whereas the operational managers and development managers preferred the option of a non-accredited programme. The time and financial requirements are greater for an accredited programme.

Following this phase of the work IPC developed an illustrative programme which was reported to HEIW and Social Care Wales in April 2023.

The illustrative programme set out proposals for the programme outcomes, objectives, content delivery and CPD. The illustrative programme was comprehensive and proposed 6 days of learning for a non-accredited course. No time commitment was set out for an accredited course. 6 days is a short time span for the range of learning outcomes and objectives but is probably realistic considering the demands on this group of leaders and the availability of resource to deliver the training to an estimated 500 mental health managers and 550 if those spanning mental health and learning disability services were to be included. IPC added several overarching considerations that would need to be considered in the delivery of the suggested programmes these were:

- Questions from the workshops regarding how the programme will **complement other learning and development opportunities**. For example, by (1) possibly encompassing pre and post-

registration learning and development pathways as relevant to disciplinary backgrounds, and (2) as the first of a series of programmes for MH managers who may then access similar programmes as they progress to being middle managers and then senior managers.
- The programme would need support from executives/directors across health and social care to **promoting the value and potential impact of the programme**.
- The requirement of line managers to give a **clear commitment** to anyone attending the programme.
- **Modular options** - should we offer an approach where people can attend certain modules that address their individual learning and development gaps?
- **Accredited or non-accredited** – will this be optional? This may influence the funding requirement for the programme.

During the first year of the implementation of the plan, the number of applications to the Advanced Clinical Leadership Programme increased from 5 for cohort 1 and 2 (2021), to 27 for cohort 3 and 4 by the autumn of 2023.

Key learning points

Work on developing a mental health team managers programme has progressed well. Consultation has been undertaken. Options for a programme including its content and delivery have been established and the first three cohorts, 60 staff, commenced training in 2024. Plans are in place for a further three cohorts.

Education and training

Work in support of the development of education and training in mental health has been delivered during year 1 of the plan's implementation. A paper entitled *Options Paper: Developing a Mental Health Education Bundle - Laying the Groundwork* was prepared in 2023. The paper was developed to support CPD and workforce planning in mental health and the establishment of long-term training plans as required by Action 29 of the SMHWFP.

Early priorities were identified as the design and delivery of a bespoke multi-disciplinary CPD programme to support integrated working and co-production across mental health services in Wales and a physical health CPD programme for mental health specialists.

It aligned work to commission CPD in support of skills development in talking therapies and aligned the work to Matrics Cymru and Matrics Plant for adult and children's services respectively. The aim was to develop a bundle informed by a detailed understanding of needs and provision at a Health Board level, to include social care staff.

The paper proposed three options to map courses aligned to the Matrics. It took a long- range view recognising that early mapping of the courses available and identified need would be required to commission appropriate courses with the appropriate level of places. The goal was to have commissioned a mental health bundle of courses that could combine to create advanced practice at MSc level with commencement in January 2026.

It was identified that comprehensive local mapping and needs analysis was incomplete. A national lead based within HEIW and working with the newly established NHS executive was identified as being required to drive and oversee the development of this work. At the time of writing this report the post was being recruited with interviews planned for May 2024.

The options paper led to the commissioning of a mapping exercise of courses and providers and a training

audit process. This was to be completed by the end of March 2024. SfH were commissioned to produce Health Educational pathways in support of Action 29.

Utilising digital training opportunities, and expanding capacity to support delivery, has clearly been a feature in year 1 of the plan. For example, in Child and Adolescent Mental Health Services (CAMHS) foundation modules were built and over 20 staff were trained to be learning supervisors, and 7 perinatal mental health modules at foundation level were also established. During the initial period of the plan, over 250 users have accessed the CAMHS modules, more than 30 supervisors have been identified to support CAMHS learners and 172 users have accessed the Perinatal modules.

In year 1 HEIW was able to fund 750 staff to undertake postgraduate education courses across Wales. And 600 places in foundation courses to deliver talking therapies.

HEIW has also led on the establishment and evaluation of the Clinical Associates in Applied Psychology (CAAPs) programme. This programme has the potential to significantly enhance the provision of psychological therapies in Wales. The CAAP role is open to psychology graduates who complete a one-year MSc to become a skilled professional applied psychologist.

The role sits between assistant psychologists and psychologists filling a skills gap. They work alongside the existing psychology workforce and the wider MDT. They span areas of specialism in adult and children's services.

HEIW recruited two part time experienced Clinical Psychologists who undertook work to develop the CAAP role and to oversee recruitment, curriculum development and supervision arrangements. 6 of the 7 HBs have signed up to the programme.

A pilot cohort for CAAPs adult in January 2023 completing their training and education in February 2024 12 of the 14 graduated with two needing to re-sit in May 2024. The programme was very successful with no attrition, all participants moving into CAAP roles, and very high satisfaction with the course. A second cohort of 11 trainee CAAPs commenced in early 2024.

One issue facing HEIW in driving the CAAP programme forward is the number of CAAP roles being created by HBs which is impacting upon the numbers that HEIW can recruit onto programmes.

In addition to CAAPs, other work in psychological therapies has been undertaken. The review team was provided with information about additional CPD training that has been commissioned. This includes ACT Peer Supervision, CBT Supervisors Workshops, Dialectical Behaviour Therapy training, Systemic Family therapy training and new supervisor workshops. In addition, three hundred staff from different sectors, including the third sector, have been trained in BRIEF solution focussed therapy levels 1 and 2 and eighty-five staff in Cognitive Behaviour Therapy (CBT) foundation training.

Importantly the intervention of HEIW with two programmes in Cardiff and Bangor Universities at financial risk has secured the continuity of these two courses.
HEIW has addressed the need for a potential career pathway for Health Care Support Workers to study via the Open University for a BSc (honours) nursing degree. HEIW set aside funds to support 20 learners per organisation for HCSWs to undertake the open module K102 Introducing Health and Social Care commencing in February 2024.

Key learning points

HEIW has developed several initiatives to advance training and education in support of career pathways for HCSWs, assistant psychologists and has enhanced CPD training in support of psychological therapies.

This work is in line with the identified SMHWFP pre-launch and year 1 priorities.

Allied Health Professionals (AHPs)

The plan identifies the role that AHPs can make to the mental health workforce across settings. Its strategic aim is to develop and implement a specialist mental health model as a pathfinder for rollout across Wales.

In phases 1 and 2 of the plan, the aim was to identify a pooled fund, establish pathfinder projects across Wales, and evaluate and provide funding for these projects. This can be described as proof of concept in terms of the benefits that may emerge from the use of these professionals within a range of settings in mental health service provision.

This strand of the plan aligns well with other efforts to embed new roles within the mental health workforce, particularly multidisciplinary teams.

9 pathfinder projects were approved for funding. These include, embedding arts therapy into practice, recovery through sports project (physiotherapy), health promotion in mental health, dietetics in mental health, headroom physiotherapy project, music therapy project, speech and language and art therapy, gender identity speech and language therapy and voice, and an art therapy project.

The pathfinders are not evenly spread throughout Wales. 5 Health Boards had projects approved; one of which had 4 projects approved, one had 2, and 3 had 1 each.

The total budget for these in 2023/24 was £255,126. In year two this would grow to £640,956 with a total spend over the two-year pathfinder of £896,082. At the time of finalising the report all invoices had been received by HEIW prior to the end of March.
Internal reports produced by the HEIW project team identify several challenges that have confronted this action. The primary problem identified is the financial crisis arising from wider economic pressures leading to budget constraints placed upon public services.

This has led to and been exacerbated by local recruitment challenges. Health Boards have instituted additional financial controls which have also led to delays in some of the projects getting off the ground and in putting appropriate governance and invoicing arrangements in place. As a result, less than 50% of the budget was committed in year one with the remainder being repurposed. A further 4 AHP projects are planned for 2024-25 with an increased focus on physical health.

Key learning points

Pathfinder projects have commenced albeit not evenly spread throughout Wales. It should be applauded that they focus on improving the physical health of those using mental health services which has long been understood to require a targeted approach.
Due to the delays in starting the pilot projects, it was not possible for the review to determine their impact on supporting mental health service development. However, at the time of writing the report all had launched and many pathfinders have been running for several months. Evidence of impact is reported to be emerging. A further 4 pathfinders will be supported in 2024-25.

Furthermore, it is arguable that the scale of these projects will not give rise to expansion of services at scale and pace. 9 projects across 5 Health Boards can only provide evidence of a proof of concept, build infrastructure and embed new roles. It is too soon to determine whether adding these services to pre-existing mental health services can add significant value. However, it should be noted that a number of the pathfinders are targeted at developments to improve the physical health of people with mental

health problems which, if successful, may serve to address the disproportionately worse physical health of those with long term mental health problems that has been evident for many years.

This work and its associated budgets may be better spent as part of a wider approach to embedding new roles within mental health services. Some of the biggest challenges that are likely to be confronted may well be cultural and relate to interdisciplinary communication and collaboration rather than relating to the effectiveness of less frequently developed specialisms within mental health settings.

New Multidisciplinary Team roles and other roles making up wider mental health workforce

Demand for mental health services has increased significantly in recent years and is projected to continue to do so in the future. Public, service and political awareness of mental health needs has increased, bringing mental health needs into sharp focus for health and social care agencies. In addition to increased numbers seeking mental health support, the service request has also changed. The importance of psychological approaches, the promotion of mental wellbeing and social support to those with mental health needs has also increased.

The rising demand covers the lifespan and due to the nature of mental health provision includes a broad range of job roles to meet this need. The necessity for new roles includes a broadening of the ask, to include a recovery approach focusing increasing opportunities to return to education, to enter employment and to develop or regain skills. Self-management and personal growth and the use of peer support workers to assist recovery are all now important components of a mental health whole system.

The workforce is broader than the registered professionals operating in statutory and non- statutory services. The third sector is an important contributor of many core services.

To address the need to expand the mental health workforce, a how to guide was commissioned by HEIW and Social Care Wales from SfH to explore the embedding of new roles within mental health services. A draft paper was made available to the review team in March 2024. The how to guide dovetails with the SfH workbook produced to develop skills in workforce planning. The how to guide includes a tool to support needs analysis, communication and engagement, governance, management accountability and supervision, education training and development and to analysis of costs and sustainability.

The how to guide provides an aide memoir for those managers seeking to expand the skill mix within services by working through several stages when preparing to introduce new roles. It allows individual roles to be examined in terms of their added value and the impact on the wider workforce. It is not setting specific and would enable the expansion of skill mix in hospital and community settings and in primary, secondary and tertiary services.
Importantly the tool recognises the importance of organisational “buy in” and the importance of working with the existing workforce as change is planned. This includes cultural barriers to the introduction of new roles and the potential for professional protectionism and the importance of good governance and safety to be weighed up as services are reshaped.

Significant work has taken place within UK mental health services to expand the range of specialists and the use of non-professionally affiliated staff in mental health services. The document includes an appendix consisting of example job descriptions and person specifications for those planning to expand the range of roles within services to use as models. HEIW had developed a compendium of roles prior to the SfH work, this has been used to create the how to guide. The examples of roles “appendix yy” are not exhaustive in terms of potential roles, for example welfare benefits advisors and those specialising in meeting housing and accommodation needs are not included in the list. Nevertheless, the tool and its appendix can be a

dynamic document with roles being added as evidence is gathered including from the pilot work on Allied Health Professionals.

Key learning points

Significant work has been undertaken to assist the expansion of roles within mental health services. This work recognises the importance of community settings in mental health work but is not setting specific and can therefore be applied in inpatient and community services and across the health, social care and third sector services. It provides practical tools to aid the development of new roles and their embedding within existing services. The work also could dovetail with the expansion of AHPs in mental health services.

Lived experience, peer support workers and recovery colleges

To consider the experience of those who use services, members of the project team met with health professionals, service users and carers with a variety of lived experience within mental health services. These interviews and focus group sessions resulted in the emergence of several key themes detailing their views on the progress made in meeting the aims of SMHWFP. In addition, a survey was conducted to elicit views on the plan's implementation from the perspective of how it impacts those with lived experience.

Engagement

Members of the review team met with the lived experience representatives on the National Implementation Board and the Wales Mental Health and Wellbeing Forum. They also met with the National Clinical Lead for Perinatal services, the Programme Manager for CAMHS and the National Clinical Lead for CAMHS. This was in recognition of the need to address these priority areas in year one of delivery.

The meetings painted a varied picture of progress towards meeting the plan's aims from the perspective of those with lived experience and the degree to which development drew upon their knowledge, experience and skills. Some HBs had actively been working towards embedding the principles of peer support work and the role recovery colleges can play.

However, organisations and individuals felt that a lack of consistency currently exists within Wales, and this was due to local leadership and the priority afforded in different areas and is dependent upon the commitment of the individuals involved. One example provided was the development by Conwy County Council of a RC some years prior to the development of the plan.

The implementation board is seen as the vehicle for driving forward the plans, but most felt it didn’t reach the local workforce who are ‘on the ground’ and more work could be undertaken to obtain buy in. In the sessions held with service users, including the Mental Health Forum and the lived experience representatives on the implementation board, we were told:

- Local leaders were not always up to date with information and felt that senior managers within organisations had not cascaded the plans down the workforce chain when it comes to the aims of the plan.

- There is insufficient engagement with the frontline workforce on the implementation of the plan. It does not have a high enough ‘buy in’ from non-professionals or non-managerial posts within organisations to be effective in its aims. However, service users and carers still felt that work was

ongoing in the background and more can always be done. They wanted more direct information to share with their networks.

- Whilst the plan talks about health and social care, service users felt that budgets need to be combined and services forced together to meet some of the ambitious aims. They believe this is linked to a breakdown in information sharing and the number of clinical systems and information systems that end up costing more financial resources and duplication of effort.

- The plans around peer workers and recovery colleges were described by some people with lived experience as over medicalised and would be better delivered by trusted intermediaries in the community through the third sector. However, it should be emphasised that HEIW is clear that the rationale for introducing peer support workers is towards relationship-based care and away from the "medical model". The Peer T&F group is fully supportive of an approach where peer support workers are employed by and in statutory services. This group includes a wide range of stakeholders including third sector representatives.

Nevertheless, some in the third sector felt that they provide the most appropriate setting to recruit and employ peer support workers. They perceive themselves as having greater trust based upon pre-existing relationships, greater efficiency in recruitment and less 'medical approaches' than Health Boards. It was stated that third sector organisations working in the field of mental health have built up a level of trust with service users and carers. They believe they can contribute better to a person's recovery than statutory services.

Concerning recruitment, third sector organisations raised issues of reduced continuity of care, staff turnover and long recruitment lead in times within statutory services which the third sector does not experience as much. Continuity of care can help to sustain recovery and ongoing support.

In terms of the perceived 'medicalised' view of the NHS role in embedding peer support workers the roles are seen as vital to enabling people's recovery. The role includes providing support, inspiration and a listening ear to those in recovery. This is seen as easier to deliver when it isn't based within the NHS. These comments also included the need for local flexibility to deliver what is right for a specific community. Based upon the review team's consultation third sector agencies believe that they have a strong part to play in informing this local context.

Service users felt the mental health workforce have too many cases and are overworked and demotivated with the systems they are forced to deal with. This results in people leaving the system and a revolving door of uncertainty. They believe dedicated time to undertake training and a serious commitment to sustaining and improving the workforce through training would help to buck this trend.

Lower bands within the NHS system can be empowered and trained to deliver interventions where higher bands do not have the capacity to deliver. This can help to 'grow our own' and deal with soaring patient demand.

Service users had seen examples of the recruitment adverts by Train Work Live and We Care Wales and stated these adverts were good at getting across the effective messaging.

Key learning points

People with lived experience and experience as unpaid carers have been engaged in delivering the SMHWFP. They are represented on the implementation board and the development of peer mentors and peer support workers are requirements within the plan. A Peer Support Worker community of

practice has been established and is facilitated by HEIW. People with lived experience are also represented on task and finish groups and have their own steering group.

Consultation with unpaid carers and people with lived experience highlighted a view that awareness of the plan and the drive to implement it have not reached those in the front line. They also felt that health and social services need to work more closely together. They recognised the pressure on staff within the system and the value of the plan to bring about change. In response, HEIW identified the fact that they have engaged with over 1000 staff to arrange Brief Solution Focussed Therapy for 350 staff, that 190 responses, were received largely from frontline staff. Furthermore the 3rd Sector survey commissioned from SfH was directed to staff at all levels within these organisations.

Recovery Colleges

The development of RCs is an important development within the plan. HEIW commissioned analysis by SfH of a longstanding RC in Cardiff to ascertain whether analysis of the Cardiff RC help to support the development of a model for national evaluation.

The review team therefore spoke to the 3rd sector and those with lived experience to elicit their views on the development of RCs. Specific attention was paid to the Cardiff RC. Whilst this analysis provides helpful information on the experience gained in establishing the Cardiff RC and in its development over several years the analysis should not be confused with the specific work undertaken by HEIW to develop a national RC.

The HEIW national Recovery College

HEIW has established a national RC. It does not yet have a prospectus and offers Individual Placement Support (IPS) an evidence-based approach to supporting people with lived experience of mental health problems into employment and education settings. It also offers relationship centred care courses and a Care and Treatment Planning co-production course.

In the survey conducted by the review team, none of the 25 respondents had ever attended a recovery college. However, several responses provided valuable insights into the views of those people with lived experience of mental health problems. These include the importance of the college's location, the timing of the intervention and the significance of co-production in the RCs design and delivery. As an example, question 21 of the engagement survey asked what people thought of RCs.

5 individual respondents offered the following views:

- I would like to attend one and this could help me to understand more about anxiety and my depression.
- I have not been to a recovery college, but I believe they are needed to help people understand their condition.
- In many conditions, adopting a recovery model with an emphasis on Quality of learning may be more important to patients.
- It can be good from the start if service users are involved in the design of the college. It would help people to access support quicker.
- I want recovery colleges to be more available around Wales.

HEIW are developing national guidance around the RC model for local adoption where recovery colleges are to be adopted. Whilst this had not been published at the time of this review being undertaken, members of the project team have seen a draft guidance document which details several themes being worked towards that the national RC will be expected to meet and support and this is captured below in table 2.

National RC support	Examples of support
Support local quality, safety & governance.	*Provide guidance around Peer Led Quality Assurance processes for course development and offer support with best practice for Lived Experience Implementation. The Welsh National Fidelity Model and Principles & Values.*
Provide training programmes commissioning & consultancy.	*Provide staff training such as Intentional Peer Support or Relationship Centered Care.*
Create educational digital resources e.g. webinars, podcasts, videos.	*The National Recovery College will create a portal to host digital resources on policies, procedures and processes.*
Create guidance and best practice documentation.	*This guide will be continually updated and expanded to support the development of local colleges as they grow.*
Create learning sets / community of practice.	*The National Recovery College will host in person and online events to promote cross learning between colleges and signpost to events.*
Guidance around comms, showcasing & events.	*The National Recovery College will offer guidance to local colleges to promote and showcase their service nationally.*
Strategy, research, development, and innovation	*Commission national research and evaluation projects.*
Influencing and representation at a national level	*Supporting colleges across Wales to be part of national level strategic conversations.*

Table 2. National recovery college support

The principles within the draft guidance are like those discussed with the lived experience representatives engaged within the review. However, there appears to be a lack of understanding amongst stakeholders as to the progress that HEIW and Social Care Wales have made in supporting the development of RCs. Furthermore, it was emphasised by participants that HBs and their local and regional partners should be able to discuss and explore different models to ensure a best fit for the area in which the RC will operate. Work should also be undertaken to explore standards and to engage local networks to achieve local buy-in. HEIW are running 7 regional events and inviting people with lived experience, third sector, social care and other groups to attend and to begin shaping their local approaches.

The SfH review of the Cardiff RC

SfH were commissioned to undertake a review of the Cardiff RC as an example of a long-standing RC, seeking intelligence on the development of a national evaluation model, and what the data from the Cardiff RC can provide in the development of an evidence base.
The review sought answers to 10 general issues and 5 issues specific to ward-based courses to gain an understanding of the impact of the RC. Unfortunately, a lack of data required to address these questions of impact is currently unavailable. SfH have made recommendations for data collection in the future that will better enable the measurement of impact of RCs as they develop.

Key Learning Points

People with lived experience and experience as unpaid carers have been engaged in delivering the SMHWFP. They are represented on the implementation board and the development of peer mentors and peer support workers are requirements within the plan.

A Peer Support Worker community of practice has been established and is facilitated by HEIW. People with lived experience are also represented on task and finish groups and have their own steering group.

Consultation with unpaid carers and people with lived experience highlighted a view that awareness of the plan and the drive to implement it have not reached those in the front line. They also felt that health and social services need to work more closely together. They recognised the pressure on staff within the system and the value of the plan to bring about change.

Progress has been made in promoting and expanding the use of RCs. However, the data available to SfH did not allow many of the metrics that they sought to capture to be measured.

Work undertaken by the review team identified that the work of RCs is valued by people with lived experience of mental health problems. However, they feel that whilst an all-Wales approach will be helpful, local services should be able to design and develop local RCs to meet the needs of the population it serves.

Whilst people with lived experience expressed concern with the pace of change, the limited use of technology and the maturity of co-production approaches. This varied between different parts of Wales dependent upon the quality of existing structures and networks to support these approaches. Where networks and engagement have historically been embedded, there is more optimism about the direction of travel. Building on these local networks and a focus on improving communication channels would be helpful to better involve people in this work and aid the development of the peer support worker role.

Peer support workers

Peer support workers make up a vital component of the plan. HEIW and Social Care Wales have made significant progress in working towards the scoping and planning for a successful and dynamic peer support workforce pan Wales. There are several documents due to be published in the coming months, including an all-Wales job description containing detailed evidence of the competencies required and a basis for their need in Wales.
n our survey, only 4 of the respondents had come across a peer support worker in services in Wales with 2 indicating unsure as shown in figure 6. Of these respondents who had experience with a peer support worker, 50% had a good experience and 50% had a mixed experience with no one indicating they had a bad experience. We further explored this with the Mental Health Forum who were overwhelmingly positive about the role peer support workers can play in the recovery of individuals accessing mental health services. This is regardless of whether the peer support worker sits in health, social care or the third sector. 50% also felt the skills of the peer support worker were valued by other staff, 25% indicating unsure and 25% saying they were not valued by others.

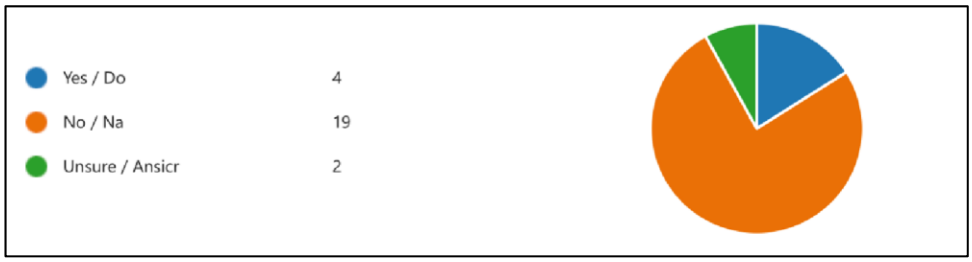

Figure 6: Have you ever had an experience with a peer support worker in mental health services?

The engagement with people with lived experience showed that they have the expectation that the themes of respect, personal recovery focus and hope are embedded across the work programme which is clearly documented by HEIW and Social Care Wales.

The lived experience groups raised concerns about the pace of the implementation and that some areas are further ahead than others in developing the programme. To further aid development service users and carers want more involvement with Health Boards and better communication channels that allow them to take part in a two-way conversation, rather than being told what is happening. This was not a universal view but was one expressed by people in certain geographic regions of Wales.

A community of practice event was discussed with people with lived experience, and this was further reinforced by scoping work undertaken by HEIW around the need for a community of practice for peer support workers in line with Action 18 of the SMHWFP.

People with lived experience felt it would be of benefit for these to take place locally if it becomes evident that there is variation across Wales. HEIW informed the review team that a community of practice has been established which delivered its first session within year 1 of the plan's implementation.

Generic questions

The survey sought to assess the progress made in implementing the plan identifying 'enablers' or 'barriers' that services need to use or overcome when delivering the plan. We asked survey respondents if they thought services effectively used technology, in which 72% stated no and 28% stated they were unsure. This suggests there may be opportunities to increase digital methods to enable people using services to access the college or peer support workers.

In further exploring how those with lived experience felt about the development of the peer support worker role participants identified that they did not feel that services were being co- produced. This view varied among participants from different parts of Wales. It is clear from the evidence provided by HEIW that extensive engagement with people with lived experience has taken place. However, some of the participants engaged by the review team expressed concern that some people do not feel listened to and are not asked for their views. Interestingly, those who responded yes or unsure were more likely to have been involved in services for longer than 3 years. This may suggest a correlation between greater experience with more confidence and an ability to navigate the system effectively.

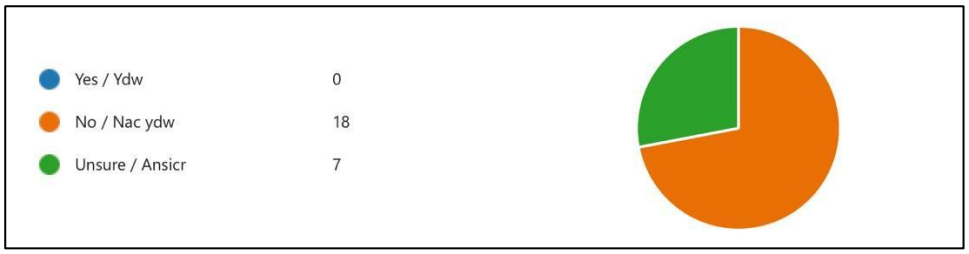

Figure 7: Do you feel that mental health services effectively use technology?

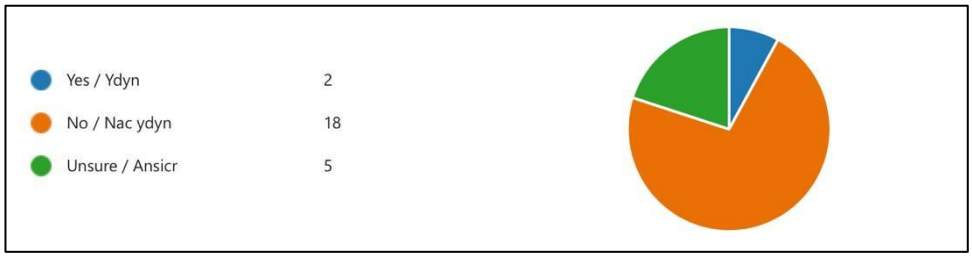

Figure 8: Do you feel that services utilise co-production in the design and delivery of services?

Key learning points

Whilst people with lived experience expressed concern with the pace of change, the limited use of technology and the maturity of co-production approaches. This varied between different parts of Wales dependent upon the quality of existing structures and networks to support these approaches. Where networks and engagement have historically been embedded, there is more optimism about the direction of travel. Building on these local networks and a focus on improving communication channels would be helpful to better involve people in this work and aid the development of the peer support worker role.

Pre-launch specified priorities

In addition to the analysis of the plan's implementation set out above, the review focused on the work undertaken within the areas specified as priorities in the period prior to the commencement of the plan and during year one these are; perinatal mental health services, CAMHS and psychological therapy services. The review team approached networks and key personnel to establish the perceived workforce needs in these specialisms and the progress made in meeting them.

Perinatal Mental Health Services (PMHS)
Several structures and frameworks were identified as having been established to promote the development of PMHS. These were not developed to support the plan and preceded it by several years. They have been of assistance to the implementation of the plan and are therefore considered below:

Wales Perinatal Mental Health Network
The Network's aim is to work with women and their families, practitioners, third sector and voluntary organisations across Wales, to ensure that all who need it receive the right care, at the right time and from the right people.

The Network seems to play an important role in supporting local delivery and strategic planning by identifying key gaps for service development and developing qualification and training frameworks for the workforce in partnership with HEIW.

The Network provides national leadership and a whole system approach, to drive forward the further development of perinatal mental health services that are evidence-based, prudent, proportionate and focus on early intervention and prevention across the whole pathway.

The **Perinatal Mental Health Curricular Framework** sets out the different levels of knowledge and skills required by the perinatal workforce to promote positive well-being and good mental health in mothers, babies, and families during the perinatal period. The Framework has been adopted and adapted with the permission of NHS Education for Scotland (NES). The knowledge and skills outlined at each level of the framework are constructed in an incremental way.

The framework aims to build perinatal and parent-infant mental health capability in the workforce, by identifying the skills required, and supporting teams across the pathway to assess their training needs. The framework supports practitioners to undertake a self– assessment of their knowledge, skills, behaviour to identify their own objectives and goals, informing their personal development plan.

This framework outlines the skills and knowledge required by practitioners working with families in the perinatal period. It classifies practitioners as:

INFORMED - Baseline knowledge and skills required by all staff working in health, social care and third sector settings. (All Staff)
SKILLED - Knowledge and skills required by staff who have direct and/or substantial contact with women during pregnancy and the postnatal period, their infants, partners, and families. (All maternity, health visiting, primary care, children & families social work, relevant third sector)

ENHANCED - Knowledge and skills required by staff who have more regular and intense contact with women who may be at risk of/affected by perinatal mental ill health, their infants, partners, and families. (All mental health, including adult, CAMHS, addictions etc. As well as maternity, primary care, health visiting and third sector staff who work in as enhanced role)

SPECIALIST - Knowledge and skills required by staff who, by virtue of their role and practice setting, provide an expert specialist role in the assessment, care, treatment, and support of women who may be as risk of/affected by perinatal mental ill health, their infants, partners, and families. They will often have leadership roles in education, training and service coordination and development. (Staff working within specialist perinatal and infant mental health services)

The Wales Perinatal Mental Health Training Plan has been adapted with permissions from the NHS Education for Scotland (NES) and developed in line with the Wales Perinatal and Infant Mental Health Curricular Framework.
HEIW led work to develop e-learning resources adopted and adapted with permission from NES A CAMHS specialist was employed by HEIW to deliver this work in partnership with the Wales Perinatal Mental Health Network. The resources are freely available for all to access via Ty Dysgu. The e-learning resource provides a highly detailed introduction for staff working from ‘informed’ through to ‘specialist’ levels as outlined within the Wales Perinatal and Infant Mental Health Curricular Framework.

Overview of the 7 modules:

- **“Introduction to perinatal mental health”** and **“Keeping baby in mind”** modules provide an overview of PIMH as well as the pathways that have been developed for PIMH services.
- **“Stigma”** module supports workers to address stigma and discrimination.
- **“Risk”** module recognises that all health and social care staff will encounter women and families in the perinatal period, and they need to recognise flags that signal preventative or immediate action must be taken.
- **“Assessment”** module covers assessment in the perinatal period which requires positive liaison between services and inclusion of perinatal-specific information, such as obstetric history. The module is comprehensive and includes lots of helpful resources.
- **“Interventions”** and **“Pharmacological Interventions”** modules help staff to confidently support women and families to choose a pathway to recovery.

The modules are intended for practitioners from a wide range of disciplines, including early years, emergency services, health visiting, maternity services, neonatal units, primary care, social work, specialist PNMH/PAIRS teams, voluntary sector, all mental health staff, including adult, CAMHS, addictions etc. as well as maternity, primary care, health visiting and third sector staff who work in an enhanced role and staff working within specialist PIMH services.

172 users have accessed the Perinatal modules to date and 20 staff have been trained to be supervisors of learners. The training is fully subscribed until 2025/26, and there is a call for more opportunities to meet demand. HEIW identified that no cap has been set on the number of participants and that the training is open access and freely available. The additional training needs for the workforce are being reviewed and redeveloped with HEIW.

Views from the service

Those engaged identified a number of general workforce challenges facing the service. The comments below are not specifically related to the implementation of the SMHWFP but provide context on the environment in which it is being implemented.

Extraordinary workforce challenges and pressures are evident for existing perinatal staff and there is an inherent difficulty in recruiting to some roles within teams. This is leading to concerns in relation to the impact this is having on the workforce and its ability to deliver services.

Staffing shortages are impacting staff wellbeing and morale. There are frustrations that the current environment inhibits workforce ability to provide care of the safest and highest quality and there is concern over the impact on patients.

There is an urgent need for increased staffing levels. There are concerns about workload management, stress and burnout and the impact of care provided to service users. The workforce emphasises the importance of psychological support, positive workplace culture, and staff wellbeing. They call for improved working conditions, clear career pathways, and a balance between work and personal life.

Funding challenges in some areas means that teams cannot plan their work effectively, hampering recruitment; some roles remain vacant, impacting service delivery which increases the pressure on an already stretched workforce. Staffing shortages also limit opportunities for professional development and inhibit provision of even mandatory training, mentorship, and supervision.

£5 million was allocated to specialist PMHS services in 2022/3. The Government has committed to providing specialist PMHS services that meet Royal College of Psychiatrists' Perinatal Quality Network Standards. Therefore, sufficient, sustainable funding needs to be in place to ensure HBs deliver services that meet these quality standards. However, there seems to be uneven levels of adherence to the standards. Extending support from 1st year of life to 2 years in Specialist Teams will require expansion of teams and challenges surrounding recruitment of qualified staff will put additional pressure on existing teams.

It is widely recognised that listening to the voices of and gathering feedback on women's and families' experiences of services is crucial to support a continuous cycle of quality improvement. However, there are challenges in securing funding for peer support roles and there seems to be a lack of parity of funding opportunities across HBs. Where MDT teams have been successful, some do not meet Royal College Standards. Where standards are being met, peer support is considered a critical role within MDT.

There are calls for equitable investment in training programs and opportunities for diverse roles. Where vital training needs and opportunities are identified by the network, HEIW endorsement for the funding of programmes is seen as paramount.

Training often occurs on an ad hoc and case-by-case basis, often with a lack of parity across Wales. The network has attempted to secure specialist training for perinatal psychiatry and psychology to no avail. There seems to be a lack of clarity over who is responsible for commissioning training.

There is strong recognition that the educational and training landscape requires increased time and funding, to enhance the capabilities of the perinatal workforce and improve multi- professional working.

The perinatal workforce believes training and support to be of critical importance, with a focus on continuous professional development. This extends to leadership and management training, the importance of nonclinical learning opportunities, and a culture that prioritises ongoing education to adapt to evolving standards and patient needs.

There is a recognition of the necessity for the perinatal workforce to embrace digital and technological advances. Yet digital capability and readiness remains inconsistent across HBs. Some HBs have embraced digital e.g., digital notes, e-prescribing, electronic appointment systems, virtual clinics etc. Others still operate paper-based systems.

There is a need for robust training and support mechanisms to enhance the digital competency and confidence of the workforce. This extends to identifying investment requirements in digital technologies and IT infrastructure to facilitate their adoption. This will support the streamlining of processes, improve efficiency, reduce duplication, and deliver person-centred care.

Perinatal and Infant Mental Health Champions

The PNMH Network has worked with the Institute of Health Visiting to provide training for Perinatal and Infant Mental Health Champions across all health boards in Wales. Champions provide leadership, advocacy, and cascade training across health boards. This work has been established by the Network. It promotes the work of perinatal mental health but is not a response to the requirements of the plan. HEIW and Social Care Wales are not involved in the Champions programme.

The role of Champions includes:

- Being an ambassador for perinatal and infant mental health
- Involvement in developing, progressing and implementing the national integrated perinatal and infant mental health pathways locally.
- Acting as a central resource and ‘point of contact’ for colleagues around perinatal and infant mental health concerns.
- To promote evidence-based practice at all levels across the pathway
- To empower and enable colleagues to ‘champion’ parity for perinatal and infant mental health.

Following training, Champions use resources provided to undertake a cascade of awareness training to colleagues (where agreed locally). The Champions programme aims to support informal leadership and advocacy across the network. And support and progress integrated care pathways/initiatives in their area and promote evidence-based practice.

Key learning points

A structure has been developed to advance the availability, quality and skill base of perinatal services. This is augmented by a curricular framework, training plan and the development of perinatal and infant mental health Champions. This work is entirely in line with the ambition of the SMHWFP and is dependent upon close collaboration with HEIW.

A smart approach has been used drawing, with permission, upon the work done in NHSE Scotland.

This provides an excellent backdrop to deliver education and training in PMHS services which should promote staff retention and recruitment over time. However, the service is clear that currently staffing remains inadequate, recruitment is challenging and having time to train is hampering progress.

Furthermore, the situation varies across Wales with some Health Boards progressing more rapidly than others. In terms of progressing the implementation of the SMHWFP, much progress has been made but the realities of achieving outcomes will prove difficult in the current workforce and financial climate.

Children and Adolescent Mental Health Services (CAMHS)

As in PNMHS the CAMHS service was asked to identify the general workforce challenges they face. People from within the service identified that workforce planning is considered an extremely serious issue for CAMHS. Specialist services for children with mental health problems and disorders need to be properly resourced with appropriately trained professionals and practitioners. There is currently a serious shortage of such professionals and an urgent need to train sufficient staff to deal with the complexity of and increasing need for children's mental health services.

NSF clearly acknowledges difficulties in estimating the numbers of staff required to provide services to meet demand and provide sustainable services. As services take on the new responsibilities determined by NSF, additional staffing will be required. Whilst positive strides are being made to attract and train more doctors, nurses, and allied health professionals, to recruit internationally and to retain staff, there is an ever increasing need to expand the workforce. To recruit and retain good quality staff, CAMHS needs to be seen as an attractive place to work.

Whilst increasing numbers of staff alone will not ensure the provision of comprehensive services, a critical mass of staffing is required for services to be safe, timely, effective, and responsive to the wide range of needs.

A common theme across all regions relates to funding streams, and the strongly perceived negative impact of short-term funding. Feedback indicates that this has led to instability in the workforce, often at the cost of delivery. In some cases, it has also reinforced barriers across organisations, leading to, for example, a 'carving up' of who should be paying for what. The potential of increasing pooled, longer-term funding dedicated to partnership initiatives and services may help alleviate many of these issues.

The long-term financial sustainability of partnership initiatives and moving to new models of working that reflect Neurodevelopmental Empowerment & Strategy Team (NEST) principles into core, 'business as usual' service provision was a regular feature. Whilst the principle of seeking to 'mainstream' continues to be supported, the concern with the potential for the tapering of funding, risks initiatives and services being stepped down. It is necessary to maintain and nurture this commitment and provide structured support for progressive improvement.

Concern was expressed over a lack of capacity to meet ever increasing demand for services. Some feel that young people are being rushed through the system. Many are not being provided with CAMHS support because of a lack of available resources rather than patients not reaching the threshold.

Reference was made to the reduction, or lack of, training places within psychology and psychiatry and the difficulty in attracting people into these roles, with many roles remaining vacant across CAMHS. Training in such roles requires intensive and rigorous supervision which is cost prohibitive and there is lack of adequate infrastructure and resources to support expansion across CAMHS. HEIW identified that psychiatry places specialising in children and young people are only partially filled, due to fewer doctors in training applying for this specialism than trainee places available.

Another issue raised consistently was regarding a lack of connectivity between services, between places of learning and CAMHS, and between CAMHS and Adult Mental Health Services (AMHS).
Training more professional staff is a high priority, as is the retention of existing staff and recruiting staff. It is felt that current initiatives are not sufficient to meet demand. It is essential to make best use of highly trained professionals and, hence, to support them to work most effectively and efficiently. This requires existing and new staff to be flexible in reviewing and changing their roles. Furthermore, practitioners stated there is a need to recruit from a wider population pool into health and social care.

CAMHS should attract people without the present minimum qualifications and graduates in health and social sciences who may not want to train in traditional professions. To attract these people into the workforce and create career pathways, CAMHS should explore new roles to complement new service configurations. National guidance is required to support local workforce design and planning. New ways of working and the development of new roles within CAMHS need to be explored if these better meet the needs of children and young people. Recruitment and retention are a significant challenge and attraction strategies need to offer more flexible entry routes and career pathways identified.

Considerable work has been undertaken nationally regarding education, training, and staff development within CAMHS, greater co-ordination of this is necessary to ensure that all those working with children and young people have the necessary knowledge, skills and competence required.

It is clear there is a significant amount of good practice happening across the children's workforce. Communities of practice are an effective way of sharing the very best of current thinking and innovation to support service improvement and development.

The disadvantages of strict adherence to traditional professional groupings are apparent and are exemplified by the blurring of roles for many professionals within the service. Workforce planning should move towards a system based around the competencies required to deliver a service rather than numbers and professional groups of staff.

There are many non-affiliated staff working in generic children's services, and increasingly CAMHS should take advantage of those from a variety of backgrounds and skills.

Consideration of potential new roles within CAMHS offers scope to fill identified gaps in the service with a practitioner with the required skills rather than with a particular professional group. The scope for harnessing the skills and enthusiasm of professionally non-affiliated people might help solve some significant problems by attracting them into CAMHS.

It is essential that the skills and competencies of the CAMHS workforce at all levels of service provision meet the mental health needs of patients. In addition to the generic skills that are required to work with and support children, young people and their families, specialist workers should be trained, supervised, and supported to be capable of delivering a full range of interventions, based upon the best available evidence. The development of education and training opportunities should provide clear career pathways and encourage more people to work with children and enhance the skills of those who work with children as a priority.

Having effective leadership in place at all levels across all agencies is crucial to facilitating the engagement of both staff and organisations. Successful leadership in CAMHS means the ability to bring about and sustain new models of service. Leadership is about action, and its development goes beyond support to nurture specific personal qualities – it also covers effective organisational and systems leadership, partnership working, leadership of improved clinical standards and the leadership of change. It is recognised that the developments and aspirations within CAMHS will require significant improvements in leadership and changes in the way decisions are made.

There seems to be limited evidence of peer support involvement, provided by people with lived experience, within specialist inpatient and community settings. It is strongly recognised as important that peer support workers are appropriately remunerated for their expertise. Challenges remain to ensure that peer workers have adequate support and supervision in a mental health setting, that they are truly seen as equal members of the team, and that their own mental health needs are respected. However, there are clear challenges surrounding peer support/lived experience involvement in CAMHS. Some practitioners questioned whether HEIW could have a role in promoting peer support by developing a strategy and pathway for non-qualified roles in mental health.

Mechanisms have been developed to support mental health staff with training opportunities and professional development. It is hoped that by increasing these opportunities, employees will be able to build skill sets that support high quality care, increasing a competence-based approach to the delivery of care.

Essential CAMHS modules have been launched and during the trial period, 250 users have accessed the modules and 30 supervisors have been trained to support CAMHS learners. An evaluation mechanism to measure impact will be available early in 2024. Two further modules will be available by April, including parent-infant training and a mental health foundation skills training course. Over the next 18 months, 14 new modules are anticipated.

The microlearning courses enable staff to increase their skills while continuing to practice, using a 'building block' approach. The introductory courses are an effective induction for new staff, individuals working in related fields, and more experienced staff looking to refresh their knowledge.

The programme aims to support professionals to transition to working collaboratively, safely and effectively with children, young people and their families. The programme is comprised of 5 eLearning modules with associated evidence portfolios.

A foundation of knowledge relevant to all professionals working with children and young people is presented in the first three modules. These three modules are open to all professionals working in CAMHS and the wider children's workforce who wish to learn more about child and adolescent development and well-being, refresh their knowledge or reflect upon their practice.

Module 1: Child, adolescent, and family development - introduces CAMHS clinicians to theories of child, adolescent, and family development as well as typical development trajectories.
Module 2: Engaging with children, young people and families - introduces CAMHS clinicians to issues relating to engagement and adaptations required to meet the needs of service users in CAMHS clinical work.
Module 3: Mental health of children and young people - introduces the determinants of mental health, diagnosis and classification systems and developmental psychopathology.
Module 4: Assessment and formulation - an introduction to clinical assessment and formulation with children, young people, and their families.
Module 5: Working therapeutically with children, young people, and families - an introductory overview of generic therapeutic skills and specialist therapeutic interventions in CAMHS.
Modules 4 and 5 build on the knowledge gained through completing Essential CAMHS modules 1-3 and are intended only for clinical staff working under supervision within NHS CAMHS teams.

Key learning points

The importance of the need to train, retain and recruit the CAMHS workforce and to expand the skill mix of this workforce was stressed by those working in the specialism.

Training developments have taken place, and more are planned. The needs identified and progress made are in line with the intent of the SMHWFP.

A need to increase the pace of change and for a consistent approach to be adopted across Wales is required. Some contributors sought greater clarity on the role of HEIW and its ability to apply pressure on HBs to progress the SMHWFP.

The development of psychological therapies

A considerable amount of work has been carried out by HEIW to deliver the priority actions relating to enhancing psychological therapies during the pre-launch period and during year 1 of the plan. These developments are set out in some detail in the section on education and training above. They build upon work previously carried out by Improvement Cymru and the Matrics Cymru leadership and infrastructure Project (MCLIP) through their relationship with the National Psychological Therapies Committee (NPTMC) and the local Psychological Therapy Committees (LPTMCs). It has been agreed that the delivery of Matrics Cymru and Matrics Plant are appropriate to be delivered by HEIW in partnership with the Health Boards, academic institutions and other agencies responsible for developing psychological therapies in Wales.

An appointment has been made for a senior psychological therapist to join HEIW with responsibility for driving the programme forward. They will take up post in Q4 of 2023-24.

Key learning points

The development of psychological therapies specific education and training initiatives have been established to improve postgraduate and CPD training to enhance psychological therapies. HEIW has engaged with preexisting infrastructure that has led on strategic work to support the enhancement of these services.

Conclusions

The development of the SMHWFP is a landmark in the strategic development of mental health services in Wales. The development of the plan, its comprehensive coverage, its intended multidisciplinary, multi-agency multisectoral implementation has rightly drawn plaudits.

The timing of its development and delivery has given rise to both extremely positive and negative implications. In terms of the negative consequences of its implementation from 2023 onwards the timing has meant that it has emerged at a time of unprecedented financial stringency and workforce availability. These factors particularly constrained the work on promoting AHP posts and digital initiatives. A fertile environment with an available potential workforce and the finances with which to attract, train and develop both new members of the workforce and the existing workforce are not fully available to HEIW, Social Care Wales and their partner agencies. However, in terms of the positivity of the emergence of the plan currently. This has meant that the challenging environment facing the organisations striving to expand and develop will be to some degree mitigated by the presence of the plan.

In short It is the right plan at the right time. Not least as its launch precedes a likely next iteration of a Welsh Government mental health strategy. The SMHWFP was included in the consultation exercise on the mental health strategy proposals. Furthermore, it should enable organisations to more easily prepare to address the workforce implications of anticipated legislative reform of both the MHA and the MCA. Due to the nature of mental health service provision the legislative impact on the workforce of the MCA and the SSWBA is greater upon these services than on other aspects of Health and Social care. The MHA, the Mental Health Measure and criminal law such as the Police and Criminal Evidence Act place duties mainly on these services.

The plan has made some progress in addressing some of the workforce implications of the MHA, not least needing to sustain and increase the number of AMHPs and Section 12 (2) doctors. However, the implications of DOLs and ensuring that within mental health services the Measure and the SSWBA are being fully implemented to deliver their intended outcomes should also be addressed within the plan. Consideration should be given to undergraduate training, continuous professional development training and working with Welsh Government, the Health Boards and Local Authorities to minimise the bureaucratic burden of the legislation in its application whilst realising the legislative intent. Digitisation may play a part in this de-bureaucratisation in the fulness of time.

Delivering the ambition of the plan's intent risks being somewhat constrained by the absence of comprehensive, reliable and sustainable workforce data. This is a long-standing issue impacting not just mental health services. However, it can be argued that workforce data poverty is impacting these services to a greater degree than other health and social services due to a legacy of too little attention having been placed on capturing a holistic picture of the mental health workforce in the past and the complexity of doing so because of the range of agencies and disciplines making up the workforce.

The improvements in digital competency within the workforce have also had to be delayed in part due to a requirement not to remove frontline service due to the financial pressures preventing the use of agency staff. The funding has however, been repurposed to create a digital fellowship during year two of the plan. One of the key findings in this review is the necessity to focus on the drive of the plan's intentions to improve the quality and availability of data, and the expansion of the digitisation within mental health services and of its workforce.

Without the establishment of good baseline data and the availability of these data at the various stages of the plan's implementation, progress and comparison with other health and social care economies will not be captured. Furthermore, without baseline data, comparison in the future between the situation and the plan's commencement will hamper meaningful analysis of its progress and impact. Target setting requires

such baseline data and performance as does performance management and monitoring. This must be a priority in the next stages of the plan's delivery.

Colleagues engaged within the review have commented that despite this data poverty those responsible for delivery have taken a pragmatic view that whilst they cannot implement the plan with perfection, they will deliver it to the best of their ability despite the constraints. This is prudent and will contribute to overcoming the barriers faced.

It has been suggested that it will take a considerable amount of time to develop a properly regulated data set. The review team would concur with this view. It would also concur with the opinion expressed by some of those interviewed, that a less than perfect baseline of the current workforce is worth undertaking. Whilst this will be difficult to deliver, due to the need to manually construct the best picture available drawing upon disparate data sources the snapshot this would generate would be of value whilst a more reliable and sustainable solution is achieved in time.

Many of those interviewed during the review were very involved in the delivery of the plan and have described it as having been welcomed by the service. However, it has also been reported that the degree to which its intent and impact have percolated down to front line managers and staff is questionable. The review has not been able to gather data at the level of detail required to confirm or counter this view, but it would not be unlikely.

Penetration of strategic approaches to the delivery end of services is an inevitability within complex systems such as health and social care services with many organisations and many services all working under considerable stress from rising demand and financial stringency. Addressing the reach of the plan should also be a priority for the next phase of implementation.

The development of tools designed to impact directly upon workforce planning and expanding the size and skill mix of the workforce with practical tangible and applicable products such as the SfH workbooks will provide the building blocks and foundations upon which delivery of the plan can progressed.

Some elements of the plan have been delivered more speedily than had been anticipated and some have faced challenges both anticipated and unanticipated, that have slowed progress in some areas. Nevertheless, foundations have been established in one year that will assist the plan in its delivery, but complacency should not set in where challenges have been met, instead greater force should be directed at these areas to ensure that they can be achieved as best as is possible.

A view has been expressed that the plan’s implementation has been somewhat skewed toward the NHS and the organisations and disciplines working within it. It is clear to the review team that the workforce brought in to drive delivery are primarily employed in the NHS. Approximately 90% of the current mental health workforce are employed within the NHS. Ensuring that this workforce is prioritised is therefore understandable. However, attention should be paid to ensuring adequate capacity exists to represent the social care and third sector workforce. When additional resources become available, investing in capability and capacity within Social Care Wales to include dedicated resources to work with the third sector should be prioritised. Whilst several of the senior staff employed within HEIW and Social Care Wales have a social work background they are not employed as Social Workers and therefore to fulfil this function consideration could be given to a Professional Social Work lead to join the implementation team.

Recommendations

The recommendations below recognise the considerable work and level of activity that has been undertaken and achieved in the first year of the plan's implementation. They reinforce aspects of work in train and amplify the need to progress several critical areas in future phases of the plan.

1. The work of HEIW and Social Care Wales in developing and commissioning training is valued, but further collaborative and co- productive work with the third sector would help extend the understanding and buy- in. This will need to be supported by the wider Health and Social Care sector to promote and enable enhanced national engagement.
2. The National Implementation Group and its membership should be reviewed to ensure that it drives delivery with all participants actively involved in this delivery. Consideration should be given to the potential to appoint a national professional workforce lead.
3. Work should be undertaken to establish baseline workforce data. Given the complexities of the various systems in place within the various agencies this may need to be a manually collated census in its first iteration.
4. Investment needs to be made available to increase the capacity to develop a well governed system to establish accurate workforce data within local authorities and third sector organisations. Within the NHS the HEIW mental health DSCN needs to be fully complied with. Whilst this will take time it is essential to monitor the impact of the SMHWFP in future years.
5. Priority should be afforded to the support of the workforce responsible for delivering HB and LA statutory duties. This should include efforts to attract people into these roles and the use of other staff to ensure that necessary registered professionals are freed up to effectively fulfil these duties.
6. Efforts to introduce a broader skill mix using AHPs, non-professionally registered staff and peer support workers and more flexible working should be prioritised to ensure that these approaches lead to change at the required scale and pace to alleviate workforce pressures, encourage recruitment, and reduce attrition of the existing workforce.
7. Actions to reinvigorate the level of awareness of the SMHWFP with Chief Officers, Board members, operational commissioning and strategic managers and front-line staff should be undertaken in support of the plan's implementation.
8. Ensuring that these tools are available to and understood by frontline managers will be essential to ensuring that workforce planning becomes a core component of service management. Promotion of these resources will therefore be essential.

Appendices

Appendix 1: Rag Table

THEME	ACTIONS	FIRST YEAR OUTPUTS	EVIDENCE/COMMENTARY	STATUS
Workforce Supply & Shape	**1** Increase the annual commissioning of education and training numbers related to the specialist mental health workforce for the next three years.	Launch of Clinical Associates in Applied Psychology programme	CAAPs in post - evaluation early 2024 HBs not generating sufficient CAPP roles to maximise impact of this development.	
		Increases in education places for Mental Health Nurses, Psychiatrists and MH Occupational Therapists	Additional places have been initiated; monitoring fill rates with further work in development.	
		Readiness activities to be explored locally and national guidance to be developed for mental health Physician Associates	There has been a scoping exercise of Mental Health Physician Associates and the guidance will be developed in year 2.	
	2 Undertake scenario planning to inform robust workforce planning assumptions for the core mental health workforce in nursing, psychiatry, social work, psychological therapies for the next 10 years.	Scope the current landscape of mental health workforce data.	Work undertaken on a Workforce Trend Dashboard in mental health, providing a platform that can be built upon and Health Boards are submitting data on a monthly basis.	
	3 Ensure that data quality improvement projects under the workforce strategy address the needs of the mental health workforce.	Establish business rules and minimum standards within mental health workforce datasets.	There is more understanding as to the challenges in data collection and the variable standards across the health service. Further work to do. Delivering this will take time and resource. There is a dashboard in place.	
	4 Review workforce planning tools and resources being developed under	Scope currently available workforce planning	SfH has undertaken a literature review, an analysis and produced a workbook and slide	

	the workforce strategy implementation to ensure they are fit for mental health purposes.	resources to establish best approach	deck to support local workforce planning	
		Provide and promote suite of workforce planning tools to mental health workforce leads	Tools produced yet to be finally signed off by HEIW &Social Care Wales for dissemination	
	5 Develop and implement plans to ensure that there is an appropriate supply of trained professionals to undertake new and existing legal roles.	Commission a survey of Approved Mental Health Practitioners, Section 12 doctors and GP/SAS doctors who could take on these legal roles in future	The AMHP survey attracted 97 responses with a wide distribution of staff from across Wales. The issues raised by AMPHS in undertaking their role, and thus the changes that may be required to make the role more attractive in the future. Survey for GPs and Section 12 (2) doctors distributed and learning collated	
		Using the surveys and wider research to inform targeted work to increase the attractiveness of legal roles in mental health.	The learning has been analysed with a focus on AMHP and S12 (2) approved doctors. Financial implications have been identified for consideration. Additional AMHPs have entered training in 2023-24	
		Using the surveys and wider research to investigate opportunities to improve the effectiveness of legal roles and to support evolving their infrastructure	Work has commenced on the development of an APP to provide real time information on the availability of Section 12 (2) doctors a requirement raised by AMHPs in their survey responses with broad agreement to participate from S12 (2) doctors. Further work required to address training needs and workforce use concerning other aspects of MHA MCA and Wales specific legislation. The work set out under Action 29 can facilitate improvements in outcome focussed care planning and review.	
	6 Commission a programme of work to identify and define impactful volunteering roles	Facilitate regional events targeted at volunteers and the voluntary sector in order to gain buy-in for	SfH have been procured to move work to next phase.	

	which will help to inform workforce planning, education and training.	the implementation of the plan		
		Host an event to promote and celebrate the role of volunteers and the wider voluntary sector within the mental health workforce	Case study sources identified and six individual cases to work with	
		Evaluate current training, guidance and resources to ensure that they can be made accessible to the volunteer workforce where appropriate	The YTD platform is able to support the voluntary sector to undertake take courses although we haven't seen evidence of an evaluation of current training.	
	7 Develop and implement a specialist mental health Allied Health Professional (AHP) model as a pathfinder for rollout across Wales.	Identify a pooled fund and advertise for Allied Health Professionals to suggest innovative pathfinder pilot projects across Wales	The fund has been established and pilot sites approved.	
		Evaluate and award funding to successful projects	However, due to local circumstances delivery of all projects approved has not come to full fruition**.**	
		Utilise project management resources to monitor projects and to make links between similar initiatives across Wales	Due to low uptake of resources locally this has not been able to be fully realised.	
Engaged, Healthy & Motivated Workforce	**8** Commission a mental health workforce survey across health and social care, to assess staff engagement, experience, and wellbeing.	Roll out staff surveys across NHS and social care mental health workforce	Social Care survey completed and analysis available on SCW website. Generic NHS staff survey closed with analysis available in Q1 2024/25. Mental health specific NHS survey completed.	

	9 Establish a National Support Function for the mental health workforce	Conduct a scoping exercise to ascertain what resources are currently out there to support staff and if there are any existing initiatives	This work is still in its development phase and there is a lack of clarity around the meaning of a national support function.	
		Provide project support to pilot psychiatry mentorship throughout 2023 to ascertain demand	Our discussions concluded that this hadn't taken place	
	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.	Ensure that a network and range of resources are available through the Gwella portal – including repurposing existing documents	19 people are to be trained at level 5 to develop them as mentors and coaches. Each mentor will have 3 mentees during the next year. Those mentees will be offered mentoring training at level 3, supporting by HEIW and the 19 "Super Mentors" from the initial cohort.	
		Map the current resources in the wider workforce and encourage mentors to bring their work into Gwella	The development of a thriving community of mentors is on track and well developed. In preparation for later phases of the plan a set of mentoring standards informed by the NHS England document where work has already been developed. Stakeholder engagement is helping to further refine these standards for Wales.	
	11 Use best practice and evidence to establish standards for supervision across the wider mental health team	Scope the current landscape of supervision across the mental health workforce	A survey was undertaken and received 195 responses. A presentation on the approach for supervision was given to the implementation board in March. Further to this the CNO has produced a WHC on restorative supervision approach and standards - to which the MH work is complementary.	
		Collate examples of successful supervision and	An understanding of what successful supervision looks like	

		investigate wider rollout	is being built it's not clear that this action has been completed	
	12 Building on the Social Care Wales Team Manager Approach, implement an accredited team manager development programme across mental health services.	Social Care Wales to establish a working group and series of workshops	The workshops were delivered.	
		Commission experienced consultancy to facilitate workshops and bring suggestions together	Completed	
		Consultants to produce engagement report and draft structure of Team Manager programme	Report summarising findings drafted	
		Consult on programme with wider workforce and roll out nationally	Commissioning undertaken with further work in 2024.	
Attraction & Recruitment	**13** Develop a targeted attraction campaign programme for the mental health workforce, supported by Train Work Live and We Care Wales.	Develop and run campaigns through TWL and We Care Wales targeting increased uptake of mental health careers for particular professional groups	Two sets of advertising campaigns comprise both digital platforms and physical adverts using public transport. 400 people completed an initial EOI with 200 of those filling in a more detailed form. Most interest has been in HCAs and people from outside of Wales currently in Health Care Assistants roles wanting to move into MH roles. A number of these were overseas. Professionals and lived experience groups felt these campaigns were well run. Successful offers were made to 23 psychiatrists in the Kerala.	
	14 Use the Careersville platform to promote mental health careers across health and	Scope the current resources that are in use to promote mental health careers to	There are blogs/videos/posters aimed at the younger generation, those aged up to 25, to encourage into mental health roles. Three priority lists of roles were identified for	

	social care through a marketing campaign	younger audiences	promotion and the initial focus has been on: MH nursing; psychology; OT; psychiatry; social work; AHP roles.	
		Develop the content for a mental health building in Careersville	Launched the "Mental Health Building" in Careersville in Oct 2023	
		Implement the MH building and begin to promote across various formats, events and groups	The Digital Team can assess the footfall. On the date of the launch there were 10,173 (higher than usual) visits to Careersville with 1,000 visiting the Mental Health Building.	
	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	Scope the current recommendations within the Health Education England report and provide an analysis on implications for Wales	Analysis undertaken comparing English / Welsh approaches. Further work to follow to map pathways	
		Engage with the HEIW Digital team to develop careers pathways resources for mental health	SfH procured to move work to next phase - starting Jan 24 contract commenced December.	
	16 Develop guides, tools and resources which help managers to facilitate improved work-life balance and increase staff retention across health and social care.	Scope the current landscape and uptake of flexible working within the mental health workforce	A report on flexible working has been produced setting out the landscape for the workforce across health and local government.	
		Scope the current approach to supporting improved work-balance within the mental health workforce and how significant flexible working is considered as a supporting factor	A report sets out the policy ambition but also the challenges in moving from policy intent to reality across different services. Whist this action has been delivered it also provides further work to be considered.	
		Produce analysis on how to move this work forward	A scoping report was completed in November 2023.	

		into the future across the mental health workforce		
Seamless Workforce Models	**17** Develop and roll out mental health literacy training for the health and social care workforce, to provide more seamless support for physical and mental health	Scope the current availability and quality of mental health literacy training	Working with Academii to scope existing resources to inform content of modules.	
		Commission an external digital provider to work with professionals and provide a new integrated mental health literacy curriculum available through y Ty Dysgu	Academii were commissioned in Summer 2023 to create a range of E-Learning modules based on the content provided through the HEIW/SCW team. this work is on track. The plan has flexed to account for changes in priorities.	
		Develop and launch a foundation mental health curriculum from within Y Ty Dysgu	Based on the work of Academii	
	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.	Development of resources to embed new roles among Multidisciplinary teams and the wider mental health workforce	A compendium of roles completed with a report.	
		Work with local areas to embed peer workforce, along with new roles such as CAAPs and PAs	A Community of Practice for Peer Support developed.	
		Develop overview of readiness within local areas for the uptake of new roles	There is cross health board engagement on new role readiness, together with engagement on Peer Support Competency Framework.	
	19 Initiate a project to capture the experience of people with lived experience including carers to inform the	Develop business case around the creation of an All-Wales Recovery College including readiness activities with regions	A Business case was completed by June 2023.	

	development of seamless care	Facilitate Co-Production events in Wales to engage with local workforce leads	Colleagues brought together to write the recovery college work, and a "lived in experience" advisory group has been set up. A robust evidence basis has been formed in the background and there is extensive input.	
		Scope the potential for a co-production framework approach	Being taken forward with input from service user forum.	
	20 Increase the capacity of community and primary care teams to support mental health services	Support the strategic program for primary care and identify opportunities to increase capacity within primary care service models	Links established to Primary Care program with further work planned to deliver this activity in year 2.	

Digitally Ready Workforce	**21** Assess current digital capability in the mental health workforce, against the national digital capability framework to inform training needs.	Support the national rollout of the HEIW digital capability tool within the mental health workforce	The digital capability tool is live and being promoted through the networks.	
		Work with the capability tool project team to analyse if there are any gaps or opportunities for mental health from the results	Assessment of those who completed it is ongoing as an action.	
		Develop a long-term plan for improving the digital capabilities of the mental health workforce	This work is being delivered in year 2 so it hasn't been actioned in year 1.	
	22 Create a network of digital champion roles to influence and lead digital workforce	Design and implement engagement events to facilitate involvement with	Removed from the programme for year 1 in this form, but an alternative plan for 2024/5 has been developed as a longer-term action.	

	transformation (to be discussed with Digital Health Care Wales and other partners).	the mental health workforce	The Welsh Clinical Leadership Fellowship will be providing support to HEIW on digitally focussed actions under the plan. Q1 2024/25	
		Scope the ongoing need for roles to support digital improvements within mental health as well as reconfiguring mental health data architecture to support futureproofing	Removed from the programme. This is no longer an action under this theme. Uncertain as to whether it will be built into further phases of the plan	

Excellent Education & Training	**23** Work with partners to develop proposals to redesign education and training programmes for psychiatry.	Scope recommendations of Future Doctor report for any implications for the Welsh medical workforce	The Welsh Future Doctor report has been reviewed and work is in progress with the medical directorate about action areas – report anticipated by December which will help refine actions that can be taken forward	
		Establish a Task & Finish group to drive forward any identified improvements from the report	T&F group has been convened approximately 8 times since February 23.	
	24 Review quality frameworks for commissioned education and training programmes relating to mental health.	Conduct a review of commissioned education programmes to capture the widest possible view	Commissioning external agency to take this work forward during Q4 2023-24.	
		Use results of review to conduct analysis and make recommendations for improvement	To follow	
	25 Consider how pre-qualifying training for social workers can be adapted to encourage greater specialism	Scope the landscape for current mental health resources that can be adapted for the	Scoping work has been undertaken - it is unclear whether there will be opportunities to amend curriculum in the short term and therefore options are under consideration.	

	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 specialists.	social work curriculum		
		Engage with students and educational institutions to identify opportunities to improve access to mental health specialist qualifications within social work	In progress.	
		Research the current uptake of mental health specialism for social workers and identify any opportunities for improvement	An Increase in SW registrations this year of almost 9% which is very positive, scoping ways to continue this trend.	
	26 Commission professional bodies to assess interprofessional education and training opportunities for the specialist mental health workforce.	Review modules available and liaise with groups around suitable inter-professional learning opportunities	Phase 1 of this action has been completed and delivered, and currently considering plans for additional work to be commissioned.	
	27 Commission evidence-based, multi-professional education and training frameworks in priority and specialist areas.	Scope the development of a strategic approach to psychological therapy infrastructure within Wales to replicate best practice from other areas	Working to develop a MH education bundle, including commissioning external body to map existing courses /providers in UK, as well as developing a training audit process.	
		Scope the installation of a senior professional role to drive forward the development of psychological infrastructure in Wales	WG agreement to fund two part time posts, hosted by HEIW and the NHS Executive to work together on infrastructure from 2024.	

	28 Establish a national investment fund for post-qualifying education for the mental health workforce	Scoping potential for national investment funds within post-qualifying mental health education	Annual funding cycle established through post graduate funding team.	
		Establish centrally commissioned contracts for a range of post-qualifying education that supports implementation of Matrics Cymru (such as EMDR, Systemic family therapy, DBT etc.)	In Year 1 £500,000 has supported 750 staff to access core training as identified by health boards	
		Identify a mechanism to support providing the widest possible range of essential training across mental health teams	Learning from training audit that PT leads will inform longer term approaches.	
	29 Provide targeted national continuing professional development programmes to support priority areas across the mental health workforce.	Support outcomes training implementation through tests of new approaches	Support provided to 2 Health Boards with PT secondments to embed outcome measures training.	
		Support psychologically informed practice by commissioning foundation training for all mental health staff	Successful delivery of BRIEF training to up to 650 staff. Evaluation undertaken with positive impacts	
		Commission an external digital provider to work with professionals and provide a range of distinct 'bitesize' CPD modules available through y Ty Dysgu	Academii working with HEIW to develop modules.	

	30 Building on Social Care Wales Qualification Framework, develop a mental health support worker education framework.	Publish a qualification framework for social workers	There has been limited support to take this forward to date, but options are being explored.	
		Investigate and adapt resources that could support an education framework for support workers in mental health	Scoping in progress.	

Leadership & Succession	**31** Develop and implement an inclusive and targeted talent management pipeline for mental health leadership roles at organisational level, recognising the unique context and challenges of mental health services.	Targeted promotion of national multi-disciplinary mental health leadership programmes	Work undertaken to develop succession planning tools in mental health for use by the Health Boards, understanding there are gaps and challenges in recruiting to leadership roles. Support has been provided by members of the NHS Wales Executive who take a lead on mental health services. Unclear as to completion	
	32 Promote and positively target places for mental health clinicians as part of the wider national multi-professional clinical leadership programme.	Identifying areas for ringfenced mental health places on existing leadership programs	A programme of work developing to improve the take up of those interested in the Advanced Clinical Leadership programme. There has been an increase in the number of applications.	
	33 Establish a mental health leaders' network on Gwella, to improve access to the compassionate and collective tools and resources for all staff.	Actions in phases from 2024 onwards	Not applicable for the evaluation of the first year of the plan.	

Appendix 2: Follow up report on the evaluation review of the first-year implementation of the Strategic Mental Health Workforce plan (SMHWFP).

Following submission of the initial report to Social Care Wales and HEIW in July 2024, the Chair of the Mental Health Royal Colleges Expert Advisory Group queried why the group had not been consulted. As the manager of the Royal College of Psychiatrists (RC Psych) in Wales, he also stated that members of the RC Psych had several issues that they wished to raise in relation to the review.

Practice Solutions was asked to undertake a follow up to the review, to engage with the RC Psych, and the Mental Health Royal Colleges Expert Advisory Group to seek their opinions on the review and to take stock of any issues they wished to raise. It was noted that members of the Royal Colleges Expert Advisory Group are also members of the SMHWP implementation group and will also be able to raise the issues of concern through this group.

It was agreed that the project lead of the review would be invited to a meeting of the group to provide background to the review, its key findings and to discuss these and any issues the group wished to raise.

The Mental Health Royal Colleges Expert Advisory Group meeting was attended by:

Oliver John	Manager Royal College of Psychiatrists (Chair)
Alwyn Fortune	Policy Lead Royal Pharmaceutical society in Wales
Ben Thomas	Royal College of Nursing
Dafydd Huw	Policy and Public Affairs Manager Royal College of Psychiatrists
David Davies	Professional Practice lead Royal College of Occupational Therapy
Marta Drozdowska	Student Occupational Therapist
Nicholas Unwin	Campaigns Officer Royal College of Nursing
Samantha Baron	National Director British Association of Social Workers
Sophie O'Keefe	Student
Phillip Chick	Associate Practice Solutions

Following attendance at the meeting this report has been prepared by Practice Solutions as an addendum to the report submitted in July 2024. It was forwarded to the Chair of the Royal Colleges Expert Advisory Group as a record of the meeting, setting out the issues of concern raised. Whilst some Royal Colleges were not represented at the meeting and the BASW representative had to leave the meeting before its conclusion. No request for a further meeting nor amendments to the report were received by Practice Solutions. Therefore, this report provides the response to request to engage with the review by the Royal Colleges Expert Advisory Group.

Introduction

Background information was provided to the group on the review's methodology. It was stressed that the review commissioned was not a consultation exercise per se, rather a gathering of evidence, and an analysis of that evidence, to determine the degree to which the actions required to be delivered in the first year had been completed. Whilst consulting with individuals and groups formed part of the brief it was not the primary task. Furthermore, it was not the role of the review to critically evaluate the plan, which had been subject to very wide consultation in its formulation, had received plaudits for its inclusivity and was broadly welcomed by services.

The issues Raised

Specific issues not addressed in the first iteration of the plan.

The initial issue raised by the group was the absence of a specific focus on several mental health and associated service areas including; dementia care, learning disability services and neurodiversity services. This approach had not formed a part of the initial scope in the commissioning of the plan. Nevertheless, whilst the Expert Advisory Group recognised that the plan covers a wide range of disciplines and service areas using a generic approach. The professional bodies wished to highlight those specialisms not as visible in the plan to ensure that they attract sufficient attention. They stated that they would want to be involved in the formulation of any future iterations of the plan to ensure a focus upon the less visible groups.
The issue was therefore not raised as a criticism of the plan nor the review but was raised in order that the review team could feed back to Social Care Wales and HEIW the need to ensure that the needs of those people within these groups may be amplified in the development of any future iterations of the plan.

The selection of pathfinder projects.

The second issue raised concerned the selection of the pathfinder projects. Whilst it was recognised that the selected pathfinders had included the further development and inclusion of some less well represented professions in terms of the number of these staff, clarity was sought on the rationale for investing in the chosen projects.

The review team had not been a party to the selection of the pathfinders but they had concluded from the evidence provided that the selection process had been driven by the quality of the bids, their alignment to the intent of the plan and its actions, and the ability to spearhead developments that would promote greater inclusivity in interagency working. This analysis was appreciated by the group, but a point was made that clarity and transparency of any such future selection process would be welcomed.

The degree to which individual disciplines were highlighted in the report.

The third issue raised by the group concerned the degree to which individual disciplines had been highlighted within the review. More specifically the fact that whilst pharmacy, and in particular community pharmacy, has a considerable amount of client contact time and that pharmacy is an important discipline within CMHTs and MDTs its role had not been highlighted.

The group was advised that the manner of investigation applied by the review team had not focussed upon individual disciplines and the degree to which they were impacted in year one of the plan's implementation.

The review had taken a more generic approach to impact, considering the overall delivery of year one of the plan. Some specific data had been provided, for example increasing training places available for some specialisms. Where these data had been available, they were used as evidence of progress made. Had more time and more complete data been available to the review team more specific analysis by discipline may have been possible. However, given both time constraints and limited available data this had not been practicable.

It was highlighted that one concern identified by the review team was the lack of data available on the existing workforce overall and in particular the degree to which the third sector had featured in year one of the plan's implementation. Evidence was provided to the review demonstrating that engagement with the third sector had been specifically sought, but detailed responses had not been forthcoming.
The group members were particularly keen to feedback to HEIW and Social Care Wales the importance of those disciplines working in Mental Health with fewer practitioners making up the workforce. Whilst they may not be as visible or have as powerful a voice as other specialisms they are nevertheless an important part of the workforce and due to their lesser visibility would wish to ensure that they are seen and heard.

The role of consultancy within MDTs and CMHTs.

Within the discussion on the importance of disciplines with fewer staff in the workforce, the role of consultancy to other members of the MDT and CMHT was discussed. It was accepted that this consultancy approach, where some disciplines may provide an advisory and sometimes supervisory role in the planning and delivery of services can make the most appropriate and efficient use of limited capacity. Nevertheless, it was stressed that this approach should not lead to such disciplines not engaging directly with clients where this is appropriate and beneficial.

Consultant nursing was used as an example of how this has been developed with consultants retaining a practice role together with an advisory and academic role.

It was stated that a paper is due for publication imminently on the role of the Consultant Nurse. It was suggested that this could be shared and may provide useful additional data and information to the review findings.

The role of Associate Professionals.

Whilst the group recognised the potential benefits accruing from the use of Professional Associates it very much wanted to stress that this development should be used to support and not supplant professionals delivering care. It was recognised that associates can provide valuable assistance and undertake roles that free registered professional staff to undertake more specialist duties specific to their field. However, this should not lead to registrant staff losing contact with clients. Nor should it lead to associate staff being used as a cheaper alternative to registered professional staff. It was acknowledged that delegation under supervision is attractive but that the supervising staff should not be too far removed from delivery. The potential was recognised for associates to enable registered professionals to undertake more therapeutic interventions with clients by delegating other roles to associates but that ensuring safeguarding needs to guide such delegation.

It was recognised that the successful introduction of associate roles will need careful implementation based upon an open and honest dialogue between staff and management.

Accurate workforce data are seen as an aid to managing the process and that this could include the use of data to analyse the availability and use of post registration training.

The introduction of associate posts was also seen as an opportunity to develop career pathways through which non-registrant staff could be enabled to undertake training, using the skills developed in associate roles to enable progress into training places for full registration.

Should Associate Nurses be introduced in Wales it was stressed that they will be registered with the RCN which may enable accurate data gathering on the use of associates and progression through the career pathway. This approach among disciplines could potentially reduce the attrition of newly qualified staff from the professions and encourage recruitment from within the local population in areas with low staffing levels.

The development and use of specialist skills.

RCN members pointed out that the RCN Institute has introduced a new programme on psycho-social interventions which recognises the need for a higher level of skills in the nursing workforce. Approximately 27 NHS Trusts in England have adopted the programme. It has not yet been introduced in Wales. This development has the potential to upskill the nursing workforce to deliver a more therapeutic approach to care and treatment. However, it was noted that as history has demonstrated with the Thorne programme, staff who develop these skills need to have protected time to utilise them. Lower caseloads were cited as a mechanism to enable them to use of these skills, delivering psycho-social and family interventions. The use of associate staff may provide a means of enabling such protected time.

Evolutionary approach

Colleagues within the group believed that the future delivery of the plan should use an evolutionary approach in which those changes introduced, and political and financial changes should help to inform delivery. They were very keen to contribute to this approach and to inform the delivery process. They wanted this and the other issues discussed to be fed back to HEIW and Social Care Wales to ensure their continued involvement in workforce development in the future.

Conclusions

The membership of the group appeared largely positive about the SMHWFP and the review. However, they wanted to stress that it should be scrutinised during its implementation to ensure that all client groups needs are addressed, those less visible disciplines are heard, the introduction of associate roles supports rather than supplants the professionally registered workforce, and that disciplines are best used and enabled to use their skill set most appropriately. This would require an evolutionary approach, and the group wished to stress that they should be used to inform implementation and future iterations of the plan.