

# Implementation of the Strategic Mental Health Workforce Plan for Health and Social Care (SMHWFP)

A Year on  
22.01.24



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## Ministerial foreword



I am pleased to introduce this report about the implementation of the Strategic Mental Health Workforce Plan for Health and Social Care, one year on. The Mental Health workforce plays a vital role within our communities and they continue to be a priority for me. Through the workforce plan we aim to demonstrate our commitment to all sectors of our mental health workforce and to the people they serve.

Professionals across health, social care and the voluntary sector work tirelessly to support those experiencing mental health difficulties. Our mental health workforce faces numerous challenges, and despite this continue to deliver high quality care to the best of their ability day after day. I would like to thank employees in all professional groups for all that they do and am pleased to see the impact that our plan is beginning to have on supporting services across Wales.

Over the course of the year, Health Education and Improvement Wales and Social Care Wales have worked together to deliver against all areas within the plan. I am pleased to see increased places within mental health roles at university and an ambitious programme of training underway across the workforce, as well as the introduction of new roles like Clinical Associates in Applied Psychology and Physician Associates. I am delighted to see that staff are being enabled to put their skills into practice, with positive feedback from individuals receiving support. We now understand more about workforce data, and though there is more to do, now have a clear way forward to support improvements to the quality of data and how we use information to plan for the future.

It is also positive that we are promoting leadership development opportunities and supporting compassionate leadership approaches.

By creating a national approach for an all Wales recovery college and promoting peer support workers, we recognise the vital role that people who have lived experience of mental health conditions can play in supporting coproduction and relationship centred care.

I am also pleased to see a suite of projects expanding our allied health professional offer, by testing new ways of working and focusing on more holistic physical and mental health care for the whole person. We also see opportunities to improve the infrastructure and support around supervision and professional development through the actions that are now in place.

A lot has been achieved in this first year, but there is still more work to do. I want to thank Health Education and Improvement Wales and Social Care Wales for their support in delivering the first year of the plan, and to thank the mental health workforce for their ongoing hard work and dedication.

**Lynne Neagle, Deputy Minister for Mental Health and Wellbeing**



## Chief Executive forewords

We are delighted to present this first progress report on the delivery of our Strategic Mental Health Workforce Plan.

As the first plan of its kind in Wales, it represents a significant shift forward in supporting our workforce across health and social care. We are pleased to have been able to deliver progress across all seven areas.

One of the major strengths in the plan has been its focus on codesign and delivery across health and social care, and both HEIW and Social Care Wales have been working very closely together to implement the actions.

Being recognised for this partnership approach with a national HPMA award speaks to the importance of bringing stakeholders across all sectors together to achieve our goals. It also embodies how we are delivering on the Healthier Wales agenda of integration and how we are demonstrating the behaviours that we hope to see replicated across our health boards and local authorities as we face ever increasing challenges and opportunities.

In particular, it is good to see the feedback and evidence that our actions are beginning to have an impact for people accessing mental health services, for employees, and for teams and organisations.

We have taken significant strides to increase the training pipeline, to recruit new employees across professions, to strengthen training for psychologically informed care, and to support new ways of working through the introduction of new roles. We have also taken steps to support staff wellbeing, and to strengthen leadership capacity in mental health services.

Throughout we have adopted constant communication principles and we continue to engage widely with our stakeholders, including people with lived experience, frontline professionals, managers and senior leaders, national bodies as well as the voluntary sector.

There is still much to do - we are early into our journey but hope to continue going from strength to strength as we seek to increase, support and develop our workforce.

Our ambition is to have a motivated, engaged and valued mental health workforce with the capacity, competence and confidence to meet the needs of the people of Wales.

**Alex Howells, Chief Executive Health Education Improvement Wales**

**Sue Evans, Chief Executive Social Care Wales**



## Introduction

The strategic mental health workforce plan for health and social care (SMHWFP) was developed after 18 months of extensive engagement and consultation with stakeholders. It is the first mental health workforce plan in Wales and is a key deliverable of the Together for Mental Health strategy, and the Workforce Strategy for Health and Social Care. The plan was launched by the Deputy Minister for Mental Health in November 2022.

One of the biggest strengths of the plan has been the codesign and delivery across health and social care. Health Education Improvement Wales and Social Care Wales are working in partnership across sectors to ensure a truly inclusive and 'whole service' approach.

We are involving all parts of the system, from volunteers to charities, education, people who access services and carers as we deliver the wide range of actions set to improve the mental health workforce in Wales.

We knew from our work developing the plan that there are numerous challenges;

- ❏ 40% of staff in mental health services do not feel valued or supported
- ❏ Wellbeing has been impacted by increasing workloads, staff shortages and the pandemic- We need to do things differently
- ❏ There are critical shortage areas and health boards and local authorities are struggling to fill vacancies
- ❏ There is a desire to support more seamless working across sectors
- ❏ There is a desire to introduce new roles, but financial and practical support requested to embed them into practice - and competing priorities with other demands.
- ❏ There is a need to improve data and digital capabilities and to establish baseline information about the mental health workforce
- ❏ There is a need to support psychological therapy infrastructure in Wales

This report represents an overview of our progress during the first year of implementation, highlighting key achievements and next steps.



## Our approach to delivery

We published our [implementation plan](#) in April 2023. Each of the 33 actions across the seven themes, mirroring the Workforce Strategy for Health and Social Care, includes a detailed breakdown of delivery objectives, key activities and timelines, as well as information about how we know that we have been effective.

The plan is being jointly delivered by HEIW and Social Care Wales and we continue to work closely with weekly meetings and shared approaches to key implementation areas. Both bodies are also sharing reporting arrangements and have shared ownership of program documentation.

Following the launch of the plan, governance arrangements to oversee the implementation of the plan were immediately established. A multi-stakeholder Implementation Board has been meeting monthly since December 2022. HEIW and Social Care Wales report into their respective Boards and into a Joint Board, and also submit regular reports to the Joint Ministerial Assurance Board, which is jointly chaired by the Minister for Social Services and the Deputy Minister for Mental Health and Wellbeing. Where required, task and finish groups are leading on particular action areas, in a time limited manner.



A communications plan was also developed to ensure robust methods of sharing information across networks and platforms using a variety of media. Regular public facing updates have also been provided on progress through our newsreels, available from the [mental health website](#).

Throughout the first year, we have continued regular contact with a very wide range of stakeholder groups to keep them informed including delivery organisations, clinical networks, directors of social services, NHS executive networks, adult leads, director peer networks, allied health professional bodies and groups, Royal colleges, frontline staff, people accessing services, as well as carers.

Our implementation team draws on staff with expertise in particular areas to support delivery of the workstreams. This has included a national lead for lived experience, and a social worker, nurse and OT with mental health experience, as well as project staff with previous experience across a range of areas and our activities and subsequent impact, are considered through the lens of the duty of quality.

We have commissioned an independent evaluation of our work to date, and when received, this will help inform our objectives for year two, as well as to ascertain a deeper understanding of our impact so far on the mental health workforce.

## Supporting the Welsh language

One of the golden threads in the workforce plan is Welsh language. We recognise that for new roles such as the lived experience workforce, there may not always be existing resources in Wales, and that there is not always appropriate language that exists to describe newer concepts like coproduction.

We have employed a Welsh speaking peer support worker to assist us with this, and to embed culturally appropriate context and language in all of the things that we are doing to develop this emerging workforce. We are also checking our translated resources to ensure they fit well within a Welsh language context.

We are significantly expanding on the Welsh language training offer for mental health staff. We continue to work with universities to ensure that the Welsh language and culture is prioritised and this key criteria is built into our commissioning and monitoring processes. We continue to seek Welsh speaking practitioners to develop content for our platforms.

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## Understanding our current workforce

Throughout our engagement and development of this plan, we were told that getting a clear and consistent picture of our current workforce is challenging, and a number of actions have a contribution to improving this. Data about the mental health workforce is held in many different locations, systems and formats and sometimes crosses organisational boundaries. There are also issues around data quality and coding. However, we established a work programme which has included liaison with local NHS organisations and have been working to better understand these information sources across mental health services.

This work has been instrumental in getting us to a position where we are now actively collecting some information and hope to establish a routine cycle of data collection that informs a national dashboard. This will tell us important details about our workforce, such as vacancy and sickness rates, the age of the workforce, and our use of agency or bank staff.

Following engagement across all areas of Wales, we now have a much better understanding about the capacity and capability in workforce planning. All regions undertake workforce planning activities regularly, however, capacity to do this important work can sometimes be very focused on the short and medium term owing to system pressures. The people who undertake workforce planning are often managers, and not all areas are working with the support of workforce planning specialists.

We are currently developing a suite of resources that will support mental health services to plan for the longer term.

### Why does it matter?

Having a strong understanding of the current workforce helps us to plan for the future – it can also inform work around scenario planning, so that we can be prepared for a range of situations.

Our work is already having an impact – we have learned more about our national position than we have ever previously known. And our dashboard will help regions to see the bigger picture, as well as offering information that is critical to ensuring the pipeline of professionals is strong and able to meet need.

Resources and support to strengthen workforce planning and to improve the quality of data will be the next steps to helping our mental health services over the long term.

## Securing our future workforce

### Increasing training places – building our workforce pipeline

We know that we need to grow the mental health workforce to keep pace with demand for services, and to reduce vacancy rates for key professions. The size and shape of the mental health workforce needs to change to support future models of care as well as keeping pace with policy and legislative changes. During this first year, we have increased the number of commissioned training places for key professional groups, including:

- 47 more mental health nursing places representing a 20% increase by 2025
- 16 more occupational therapy places representing a 10% increase by 2025
- 8 more doctorate psychology places working towards an overall 50% increase by 2025

Although these increases in places have been secured, we know that applications this year, are significantly lower than we would like, and this is a risk to our overall education pipeline actions. To help to support the attraction of more applicants across all of our health professions, we have an additional focussed programme of work, aimed at attracting students into the courses, which will ultimately increase graduates coming out with qualifications in mental health. This programme includes

- our student attraction campaign ‘Your NHS, Your Career, Your Future.’
- virtual ‘live’ events in October 2023 where people were able to ask questions relating to mental health pre-registration university courses, and
- a ‘thinking about nursing’ webinar scheduled for February 2024.

We know that the medical workforce pipeline has improved in recent years, and we are increasing core psychiatry places, with 8 additional places each year from 2022 to 2025. We are working to understand the patterns of where people choose to work – for example, we have learned that many people choose to have a break between core and higher training, and increasing the opportunities to work less than full time hours is important to many. We know that our Train Work Live campaigns and associated incentives such as covering exam fees are contributing to the greater uptake in the profession. Alongside this we have been looking to recruit internationally, and our Train Work Live team has recently visited India with colleagues in NHS Wales Shared Services and Health Boards, to attract experienced psychiatrists to vacancies in health boards.

This is in addition to our ongoing mental health careers programme schedule to attract people into mental health careers, which will also help to both optimise the numbers of applicants to universities each year, across professional groups, and attract people directly into roles in mental health services.

### Why does it matter?

We know that for some occupational groups, there are not enough graduates to fill the jobs. By increasing our pipeline of students studying to become mental health professionals, we are helping to bridge that gap.

But increasing university places is not enough – alongside this we are also considering ways of encouraging already qualified staff to apply to our health and social care teams, both from within Wales and from other countries.

## Attracting people to work in mental health services

There are many different types of roles that support people accessing mental health services, and some professions have experienced recruitment challenges. There is also a steady pattern of increased demand for support and the creation of new services.

We have concentrated efforts on promoting the many benefits of a career in mental health and have undertaken a number of activities towards helping people to choose mental health professions.



Figure 1 - Train Work Live - Phone Booth Adverts

Our attraction and retention campaigns reflect the diverse nature of the workforce as well as the advantages of choosing to live and work in Wales. During the first year, we initiated a social media campaign, which in the first few weeks, resulted in 90 expressions of interest in mental health careers, which are actively being followed up.

We have recently launched advertisements which have featured in key transport hubs and on the side of buses to capture the public's attention. These carefully crafted campaigns have demonstrated increased traffic to our Train Work Live website.



Figure 2 - Train Work Live - Bus Poster

We have attended a number of events to promote mental health careers, resulting in many dozens of expressions of interest in working in Wales.

Some of the events we have intended have included:

- Royal College of Psychiatry National Trainee Conference
- Royal College of Nursing Congress
- Royal College of Psychiatry Congress
- British Association of Behavioural and Cognitive Psychotherapy
- Bevan Commission
- Various nursing conferences
- Royal Welsh Show
- ANCIPS (India Psychiatry event)

We are working with many existing frontline staff who have offered to share vlogs, case studies and examples of what it is like to work in mental health services, and who have offered to 'be the face' of our campaigns. More information can be found on our [Train Work Live](#) website.

This year we launched a brand new space on our [Careersville](#) platform for mental health services. This virtual town supports people to explore careers in mental health and is supported by staff currently working in services. In particular, we have worked with young people thinking about their career options.

On the two days of the launch event in October, the website saw 1,000 mental health building visits. We also engaged with 90 young people, teachers and organisations in a virtual session, who were very keen to learn more about mental health services.

“The ‘Roles in Mental Health’ session as a part of the Careersville live event gave the opportunity to provide insight into working within the field of mental health. The question and answer panel received high engagement and positive feedback, with so many questions we had to keep a list to respond to afterwards!”

Careers Team

### Feedback from polls – roles in mental health seminar

A poll was launched at the close of the session to gain feedback. There were 33 responses.

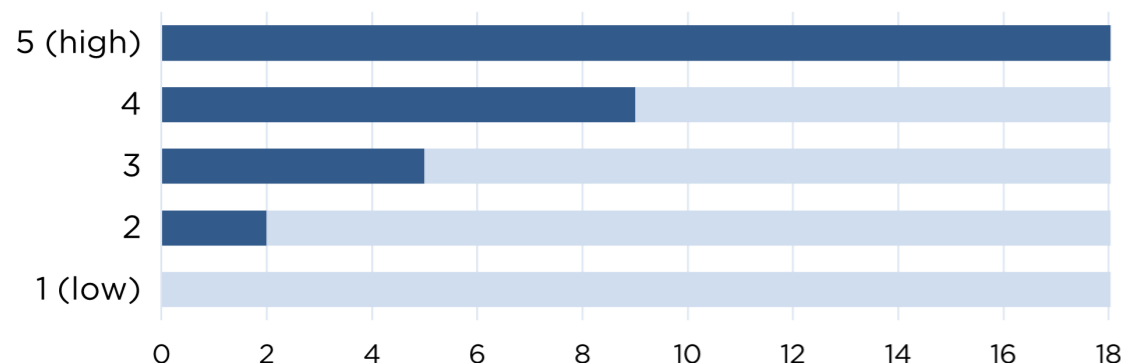
**Has your knowledge on this subject increased as a result of this session?**

- ✓ Yes – 31
- ✗ No – 1
- ✗ No Response -1

**As a result of this webinar do you feel attracted to finding out more about a mental health career?**

- ✓ Yes – 29
- ✗ No – 3
- ✗ No response – 1

**How would you rate your enjoyment of the session? (0 low – 5 high)**



### Why does it matter?

One of the key messages that has come out of our attendance at events and launch activities for Careersville is that there is a need to improve the information available to the public about mental health careers. We will only improve interest and uptake of careers in mental health if we are working to educate people and inform them of their choices, as well as answering questions.

## Legal roles

We know that there are challenges finding a sufficient number of specialist professionals able to support Mental Health Act assessments.

Under mental health legislation, Section 12-2 doctors and approved mental health professionals (or AMHPs) are two of the roles that we have been seeking to expand to improve in this area.

We established a task and finish group which has taken forward a range of actions during the first year of implementation, and we undertook a survey early in the year and identified some of the challenges and opportunities.

We are currently:

- ✦ Piloting an app that supports a rostering system and makes it easier to 'book' specialist professionals for assessments
- ✦ Supporting a number of GPs to become section 12 doctors, with training offered between January and the end of March
- ✦ Supporting 20 new approved mental health professionals to undertake training this year

In addition, we are actively working with the AMHP network and existing specialist doctors, to better understand other ways that we can support them in these roles.

### Why does it matter?

Having a Mental Health Act assessment can be a distressing experience for individuals that are in a period of crisis and at the point of needing urgent mental health support. By improving the response times and experience of citizens during these emergency situations, we ensure timely and high quality care is received at the point of need.

Our work this year is impacting positively on ensuring that we have enough specialist professionals, and that for people organising assessments, this happens as quickly as possible. We are also supporting professionals that work in this challenging environment, to have a manageable workload and appropriate support around them.

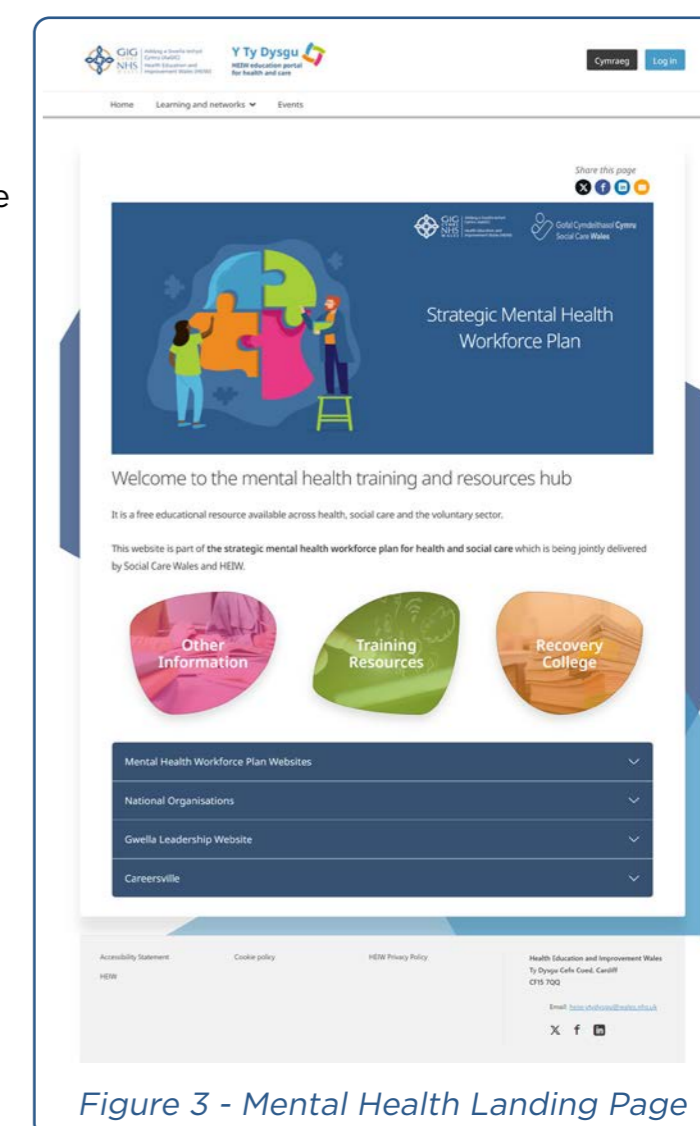


Figure 3 - Mental Health Landing Page

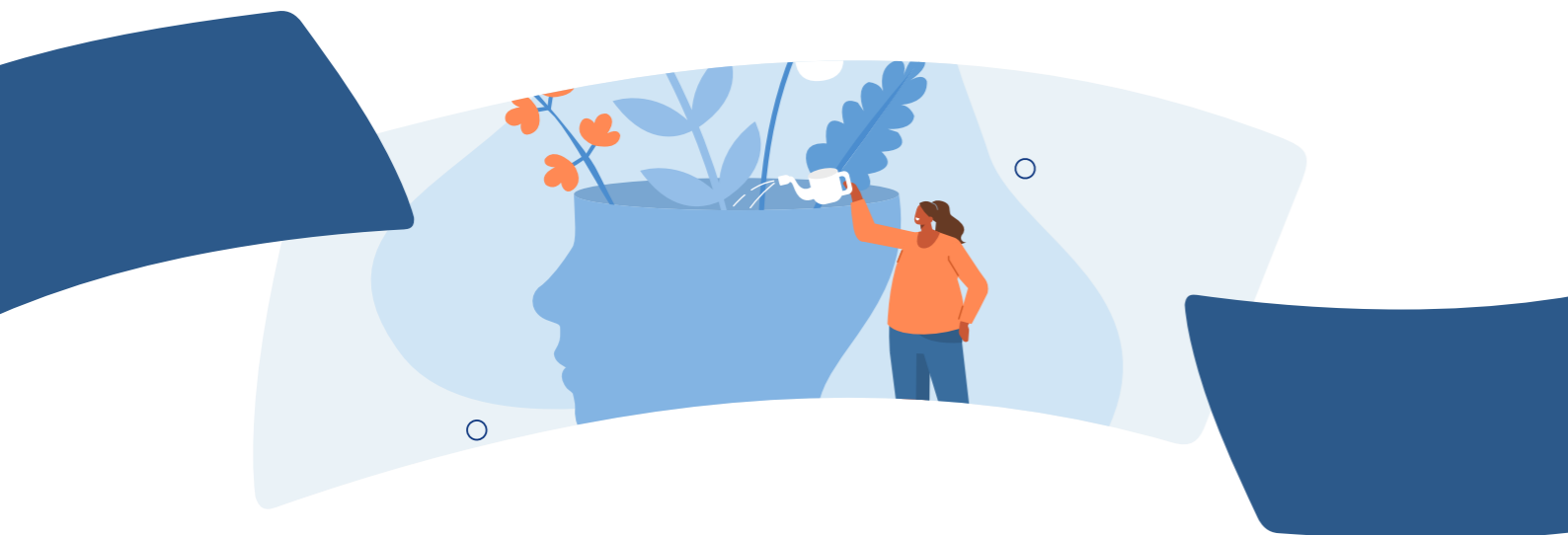
## Education and learning

A key area of focus this year has been to establish mechanisms to support mental health staff with training opportunities and professional development. We have progressed learning opportunities in three areas: Digital learning, Foundation level training and Postgraduate training.

### Digital learning

We know from developing the workforce plan that employees in mental health services would benefit from being able to access 'micro learning' opportunities – bite sized chunks of learning on a range of topics where staff identified feeling less confident. It is hoped that by increasing these opportunities, employees will be able to build skill sets that support high quality care, and increasing a competence based approach to the delivery of care.

In HEIW,, we launched our [Y Ty Dysgu](#) learning platform this year. The cross-sector nature of the platform means that those working in health, social care, the voluntary sector and education are all able to access our resources, and we have launched a number of digital programmes, with more planned for the next year and beyond.



This year we had a focus on children and young people as one of our phase one priorities. We launched Child and Adolescent Mental Health Services (CAMHS) foundation modules and trained over 20 staff to be supervisors of learners. We also launched 7 perinatal mental health modules at foundation level. Both courses are being refreshed following this initial period of trialling them and will become widely available from February 2024.

During the trial period,

- Over 250 users have accessed the CAMHS modules
- We have trained over 30 supervisors to support CAMHS learners
- 172 users have accessed the Perinatal modules

We have created an evaluation to measure impact which will be available early in 2024.

In addition, we have established an exciting programme of e-learning course development. We anticipate having two further modules available by April, including parent-infant training and a mental health foundation skills training course. Over the next 18 months, we anticipate up to 14 new modules being available online.

## Foundation level training

Alongside formal therapies, it is important that the workforce have opportunities to strengthen their skillset in relation to psychological interventions.

This year, we have offered foundation level mental health training in two areas: Solution focused brief therapy level I and II, and CBT foundation skills.

“the training validates the entire ethos our team are working with, to discover and nurture an individuals own hope / visualisation / dream / aspiration and help them turn this into reality - I have suggested this training be offered to all members of my team”

- By November 2023, 290 staff had been trained in solution-focussed brief intervention therapy level one – approximately 50% were NHS and 50% were Social Care. There were also 10 voluntary sector attendees
- 86 staff have been trained in Cognitive Behavioural Therapy (CBT) foundations
- As at October, over 360 patients and their families are reported to have been supported by staff that received the BRIEF training this year. Approximately 100 families have also been assisted by the staff trained in CBT.

“A service user of mine said - 'you have stopped me in my tracks and made me think’”

We have also measured the impact of this training on service users.

### Postgraduate training

The delivery of a range of therapeutic interventions by staff with the appropriate training, skills and supervision is a top national priority and essential to high quality mental health services.

The implementation of the Matrics Cymru / Plant requires a workforce that is equipped to deliver the breadth of support recommended for each type of mental health condition, and confidence to put those skills into practice.

This year we asked psychology and workforce leads in health boards to identify their priority areas for training. From this, we were able to support many hundreds of staff in a wide range of postgraduate training opportunities.

We are funding up to 750 places on courses for recognised psychological interventions, including cognitive behavioural therapy, EMDR, systemic and family therapy, dialectical behavioural therapy and many others, as well as funding a pilot for peer supported open dialogue.

We will be tracking how many staff are able to put their skills into practice and hope to establish an annual funding cycle through our education program. We will also measure the impact of the training on the delivery of interventions.

This year we are also developing a self-assessment tool which will help health boards to plan their training going forwards, working with the national and local teams to take this forward. We are also shaping a wider program for strengthening psychological intervention infrastructure in Wales.

## Why does it matter?

Alongside formal training, mental health staff should have easy access to opportunities to develop their skillset, from their first job in mental health through to retirement.

With the realities of working in a busy service, it is not always possible to commit to intensive courses that require a pause in working with people.

By introducing micro learning courses, we are enabling staff to increase their skills while also continuing to practice, using a 'building block' approach.

Our introductory courses are perfect for new starters, people working in other sectors that come into contact with individuals who have mental health conditions, and also for more experienced staff looking to refresh their knowledge.

As professionals progress in their career, they may wish to specialise – a wide range of interventions and psychological therapies require additional training and qualification to deliver safely.

By supporting postgraduate training, across all professions, we continue to upskill the workforce, and support the delivery of the Matrics Cymru and Plant, our guiding documents for the delivery of psychologically informed care in Wales.



## New ways of working – skill mix

Throughout the engagement and subsequent development of this workforce plan, we talked about delivering the best possible care, by the most appropriate, competent person, regardless of job title or employer. We have been developing a compendium of new roles in mental health and preparing resources to support teams to think differently about the workforce.

We have also been mindful of the rapid developments in digital technology and how it supports innovation in mental health models of care, just as in other services. To assist in embracing of new technologies and ways of working, in one of our actions we identified a plan to support a roll out of digital champions during 2023/24, who would work along influence and lead digital workforce transformation across mental health services.

However, as the financial and service challenges were becoming more critical, we took the decision to delay progressing this action and will review as part of our next stage of implementation planning.



## Allied Health Professional pathfinder projects

Allied Health Professionals (AHP) are an essential part of the mental health workforce, and there are numerous AHP roles that support our frontline mental health services, such as:

- ❖ Occupational Therapists
- ❖ Physiotherapists
- ❖ Psychologists
- ❖ Dietitians
- ❖ Speech & Language Therapists
- ❖ Arts Therapists

This year, we are supporting initiatives that demonstrate innovative ways of working. The purpose of doing so is to learn what works, and to share that learning across Wales, with the potential to scale and spread successful initiatives.

Following an expression of interest process early in 2023, we selected 10 projects to take forward. Each project produced a 'plan on a page' detailing key activities, outcome measures, and anticipated impact for people accessing services as well as for service improvement.

There was a particular emphasis on physical health monitoring and the whole person, as well as increasing access to therapies less readily available in Wales. Themes include:

- ❏ Introducing dyadic arts therapy within Child and Adolescent Mental Health Services
- ❏ Increasing the availability of community nutrition and cooking advice to people with a mental health condition
- ❏ Strengthening transformative speech and language therapy for people undergoing gender transition
- ❏ Recovery through sport with physiotherapy
- ❏ Health promotion and advice for individuals with severe mental health conditions to improve health outcomes
- ❏ Physical health rehabilitation for people aged 14-25 experiencing first episode psychosis
- ❏ Music therapy for older adults

The projects will run until March 2025, and each team is capturing learning and undertaking a full evaluation to inform next steps. We hope that by demonstrating the evidence base for effective new ways of working, this supports the transition into business as usual, as well as providing insight into other areas about 'what works'.

There were some delays in getting all of these off the ground due to the pressures in the NHS this year which affected spend, but we are pleased that this action is now back on track.



## Why does it matter?

All of the projects we are supporting translate into better outcomes for people accessing support – high quality mental health care that makes a difference to recovery. Some of the anticipated impacts from projects include:

- ❏ Improved physical health monitoring for people with psychosis
- ❏ Better physical health for people with mental health conditions
- ❏ Staff receiving accredited nutrition training with better support to people accessing services
- ❏ A reduction in non-attendance at appointments
- ❏ Improved health and wellbeing in older adults and their care supporters
- ❏ Improved self-esteem in young people and support to express themselves
- ❏ Improved confidence in the multidisciplinary team and greater awareness of the speech and language / arts therapy roles
- ❏ Increased access to arts therapy for younger and older people

## New roles in mental health

Alongside our actions to improve the education pipeline and to recruit new people into mental health careers, we are also supporting teams to think differently about their skill mix.

There are emerging professions that are increasingly joining the mental health workforce and these roles can offer valuable input and skills to enhance outcomes for people accessing support.

Modern mental health services include new and emerging roles alongside more traditional ones.

This year, HEIW has been able to support 13 Clinical Associates in Applied Psychology (CAAP) across Wales, offering our first in Wales training programme. Trainees are in placements across regions and are supporting services in numerous ways. We are undertaking an evaluation of the impact of these roles to understand how they will be embedded into services going forward. In addition, there are 7 Physician Associates in mental health services across Wales. We will be capturing the stories of some of these new professionals to showcase their work.

Another key role we are working hard to embed is peer support workers.

This year, we are establishing national standards and guidance for a Recovery College model.

Our Lived Experience lead and her team have established a working group that is undertaking a number of key tasks, including developing 'Once for Wales' job descriptions and a Competency Framework for Peer Support Workers.

A Recovery college offers coproduced courses on a range of Peer Led mental health and wellbeing topics.

It is unique in that people accessing services, staff and the public can all benefit from the courses.

By the end of this year, we will have guidance available to support regions in establishing their own College, as well as other resources and an online presence.

We also offered two training courses: Intentional Peer Support training for existing Peer Support Workers in Wales and a new National Recovery College Curriculum 'Exploring Relationship Centred Care' piloted in Cardiff and Vale Recovery College.

The Relationship Centred Care training programme was developed in partnership between HEIW, Social Care Wales, Swansea University, Intentional Peer Support, and Developing Evidence Enriched Practice (DEEP). Early feedback suggests that it has been transformative for some participants and had a real impact.

“If we don't get the basics right of relationship centred practice I don't think anything else is ever going to be quite right and this course gave me opportunity to consider that”

Senior Nurse.

## Why does it matter?

The needs of the population are changing alongside the expectations of our workforce. There are numerous benefits to increasing the diversity of the mental health workforce; the following are just some examples:

Peer support workers offer invaluable lived experience expertise that has been proven to transform services and effect meaningful improvements to patient care.

Physician Associates can lead to improved physical health outcomes for people with mental illness, who have been shown to be at a disadvantage and can die up to 20 years sooner than people without mental illness.

“It has been great to have our CAAP with us here in the local Primary Mental Health Support Service, as our first CAAPs trainee! I think the role offers such a range of benefits, both for the trainee and the service....The CAAPs programme allows us to ‘grow our own’ and keep talented clinicians working within our services and enhancing the quality of lives in our communities...the CAAPs role really could be a game changer!”

Lead Therapist CTMUHB PMHSS talking about a CAAPs trainee

Clinical Associate Applied Psychologists can offer a wide range of interventions and spend most of their time with direct contact with people accessing services. They support teams to develop their own therapists and can take numerous career pathways as they develop.



## Compassionate leadership

### Mental health participation in leadership programmes

In developing the plan, we recognised that support and investment in leadership development and talent management has often lagged behind in mental health services, and so we have been targeting support and development for mental health leadership at all levels, as this is needed to develop the compassionate and collective cultures that will improve quality of care and workforce wellbeing.

This year, we have been encouraging greater uptake of the Advanced Clinical Leadership Programme (ACLP) among mental health candidates. We are also engaging with leaders to encourage mental health representation on the Welsh Clinical Leadership Training Fellowship programme for the 2024 cohort, and a stakeholder Advisory Group has been established. Through our work, we have seen significant increases in mental health staff participation on two of our key leadership programs, as illustrated below:

Total applications to the Advanced Clinical Leadership Programme increased from a total of 5 for cohort 1 and 2 (recruitment autumn 2021), to 27 for cohort 3 and 4 (recruitment autumn 2023) following promotion activities.

The team is busy developing a number of exciting initiatives such as a mentorship programme, community of practice on our [Gwella platform](#) and other initiatives that lead to a compassionate culture and the transformation of services.

### Accredited Team Manager programme

Effective and compassionate managers at team, service, ward or department level play an essential role in ensuring that our staff are motivated, engaged and want to continue working in mental health over the longer term.

We have heard that there has been less focus on support, continuous professional development and career pathways for the mental health workforce compared with other areas which may be impacting on retention of existing staff.

Many staff told us that they have never received specific training around the transition from front line services to increased responsibility associated with becoming a manager. We need to support our managers to develop their knowledge and skills, and in particular to ensure that they can respond to changes such as the increased focus on flexible working.

We have commissioned a cross sector accredited team manager programme and will be piloting our first cohort during 2024. To date we have had over 130 expressions of interest in taking part in this cross-sector opportunity, and the first cohorts will begin in March, with delivery across Wales. We will be evaluating the post graduate certification programme and spreading it in upcoming years.

## Why does it matter?

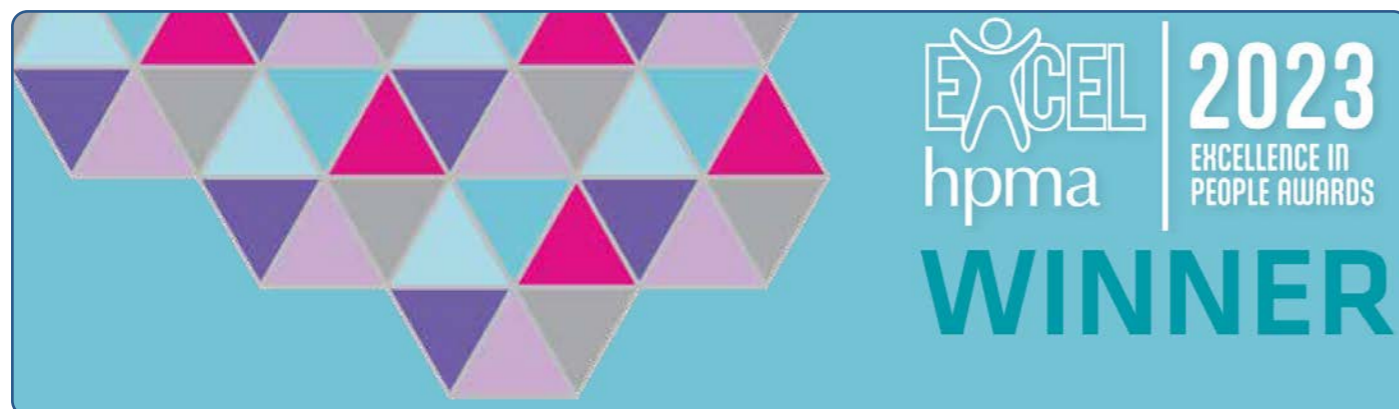
We need to create leaders who foster compassionate cultures which enable staff to thrive. Confident compassionate leaders are better equipped to manage the many demands of the job, and better placed to support their teams to deliver high quality care. Menta health is a career that requires compassionate approaches and support with work sometimes taking place in challenging conditions.

The evidence is clear – compassionate leadership delivers improvements in patient care. A well supported workforce will not only stay longer, but will deliver the best possible care to people accessing support, and consequently patient outcomes are improved.

## Quality

The Duty of Quality has come into force since we started the implementation of this plan. We are confident that the actions outlined in the place and progress described in the year update will have made a positive contribution towards the enabling standards for quality of mental health services across the system. Ensuring we have an engaged, motivated, capable flexible and sustainable workforce in sufficient numbers is key to improve quality, safety and patient experience, together with the right leadership and culture.

Continuing to work closely with staff and partners across the health and care system has been essential to progress. We were privileged to win a Healthcare People Management Association (HPMA) national award for System Planning and Workforce Development last year which reflects the important work that we are doing together.



## Next steps

This plan is very ambitious and involves many partners to deliver effectively. During this first year of implementation, we learned much to inform our approach for year 2. We have also commissioned an independent evaluation to help us in this, and to provide an objective opinion and identify where we can improve.

All actions across the seven themes, come together to deliver an engaged, motivated, healthy, confident, competent and compassionate workforce and will help us to retain our precious and valued workforce, and there are specific areas where we are concentrating our efforts. This includes but is not limited to establishing access to professional support, supervision standards, opportunities for mentoring, coaching and leadership developed.

This plan often reflects actions to attract and recruit new people into our workforce, we are also very conscious that many of our workforce today, will be with us tomorrow and so we need to ensure that all of our work comes together to support our workforce to deliver high quality care to the people who use our services. Key to this, is to ensure we have effective leaders who foster compassionate cultures, which enable staff to thrive and innovation to flourish.

This is the first joint plan of its kind in Wales, and while we recognise that some areas have not progressed as much as we would have wished, we have learnt a great deal and shared this learning with others who are currently developing strategic workforce plans and will implement them from April 2024 onwards. We are of course really pleased to see so much progress to date, and in reviewing our work in year 1, we have been able to translate our learning into a clear and appropriate approach for implementation of year 2, building on the significant achievements to date.

