

Mental Health Policy Implementation Guide

**A Learning and Development
Toolkit for the whole of the mental
health workforce across both
health and social care**



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Introduction

- 1.1 The health and social care workforce is the crucial element in driving forward and improving the delivery of mental health services. While it is important to have robust, well-thought-out policies and a sufficient level of resources, coupled with effective service models to support implementation, these perhaps count for little if the workforce does not have the opportunity to learn and develop.
- 1.2 The title of this guidance is deliberate. The phrase ‘education and training’ (E&T) is often used as a form of shorthand for learning and development, but use of the words ‘education’ and ‘training’ can be understood, too narrowly, to refer to classroom learning only. While this form of teaching has its place, learning and development encompasses much more, including for example distance learning, e-learning, work-based learning, supervision, mentoring, coaching and a focus on Continuing Professional/Personal Development (CPD).
- 1.3 It is the workforce that is at the front end. It is the workforce that service users and carers see day in, day out; and if the workforce does not have the opportunity to learn and develop, then service users do not receive the appropriate level of care, treatment and support that they need and should expect. This can lead a downward spiral that manifests itself in a lack of confidence on the part of service users in the staff they see, a consequent lack of engagement in services, greater morbidity, poor morale in the workforce, an increase in complaints and dissatisfaction for everybody. This is felt not just at a local level – it feeds upwards through all the layers at regional and national levels right the way through to Ministers.
- 1.4 Huge resources go into formal E&T each year at the financial, human and infrastructure levels. There is an expectation, not least on the part of the taxpayer, that this investment will be used wisely, be well targeted and provide Value for Money (VFM). Get the wider learning and development right and this is one way to counteract the downward spiral, leading to improved satisfaction for all – a ‘win-win’ situation.

Purpose of the Toolkit

- 2.1 This purpose of this Toolkit is to help separate the wood from the trees by providing a clear sense of what the current issues are; to set out the priorities that local health and social care organisations should take into account in developing their own learning and development strategies; and to provide a sense of what is coming round the corner in the immediate future.
- 2.2 This is a focused piece of guidance that concentrates on what the relevant stakeholders need to know about in respect of mental health learning and development across the full age range. However, it is not some form of prescription; rather it provides sufficient information and supporting tools to help health and social care systems to decide for themselves how best to take this agenda forward, working in partnership across both statutory and non-statutory agencies, with different staff groups and with service users and carers. Not only is this in line with the Shifting the Balance of Power (StBOP) initiative, but more importantly it recognises the changing scene regarding the commissioning (and provision) of learning and development, including the use and delegation of financial resources from a regional to a more local level.

Background

3.1 In August 2004, the National Institute for Mental Health in England (NIMHE) published a Workforce Strategy¹ that set out six key areas for development:

- Workforce design and development;
- Recruitment and retention;
- New ways of working;
- New roles;
- Education, training and workforce development; and
- Leadership.

3.2 In the education, training and workforce development section, reference was made to a number of challenges that stakeholders faced. These included:

- staff and organisations face significant challenges in promoting lifelong learning;
- commissioners not regularly reviewing the content, quality and the method of delivery of E&T;
- education providers not meeting the needs of Trusts and not ensuring their teaching staff are up-to-date and effective;
- service users and carers not regularly involved throughout the whole E&T process;
- many employers not carrying out a Training Needs Analysis (TNA), nor providing sufficient resources, nor dedicated time from a lead person within the organisation; and
- a lack of proactive use of competency/capability frameworks to help address E&T needs.

1. Mental Health Care Group Workforce Team (2004) *National Mental Health Workforce Strategy* [DH publication ref: 40276]

- 3.3** Since publication of the Workforce Strategy, some progress on these issues has been made. However, one of the present difficulties is the pressure on staff and their employers not only in terms of increased expectations and demand for high quality services but also in terms of the underlying learning and development agenda that gets ever more crowded and confused. The whole pace of change seems to be accelerating ever faster and it is often difficult for both commissioners and providers of learning and development, as well as for staff and their employers, to ‘see the wood for the trees’ with a plethora of expectations, initiatives, guidance and requirements.
- 3.4** In addition, Trusts are currently facing enormous pressures with E&T monies being an easy target for redeployment coupled with the inability to release staff for learning and development opportunities.

Who is the Toolkit aimed at?

4.1 The Toolkit is aimed at all those involved in learning and development primarily at the local level including:

- service users and carers;
- health and social care staff working in mental health services;
- learning and development managers;
- educators and trainers;
- health and social care employers (NHS Trusts and Local Authorities), including the voluntary and independent sectors;
- Local Implementation Teams (LITs); and
- Local Improvement Networks in support of Local Area Agreements.

4.2 At regional and national levels, this includes:

- commissioners of learning and development such as Strategic Health Authorities (SHAs);
- the voluntary and community sectors;
- providers of learning and development such as Further Education (FE) Colleges and Higher Education Institutions (HEIs);
- Care Services Improvement Partnership (CSIP) Regional Development Centres (RDCs);
- the Workforce Review Team (WRT);
- Learning and Skills Councils (LSCs);
- Sector Skills Councils such as Skills for Care (SfC), Skills for Health (SfH) and Skills for Justice (SfJ);
- the Department of Health (DH); and
- the professional bodies.

What are they expected to do with the Toolkit?

- 5.1 All the stakeholders listed above have a part to play in supporting the learning and development of staff. The expectation is that, once informed about the current and future agendas for mental health, they will, in respect of their role, make the appropriate links with their key partners across health and social care. The aim is to help shape a local learning and development strategy, moulding the wider national agenda to fit their local circumstances.

How might this be achieved?

- 6.1 Earlier guidance² suggested that localities might wish to set up a Multi-Agency E&T Partnership Group that would consider and co-ordinate a uniform approach to E&T across sectors. In that case, the focus was on Community Development Workers (CDWs). The same broad approach of establishing a Partnership Group could also prove invaluable in taking forward the wider learning and development agenda, affecting as it does both the statutory and non-statutory sectors across health and social care. How this might be achieved will, of course, be for Trusts and other local stakeholders to decide for themselves.

2. (2005) *Community Development Workers (CDWs) for Black and Minority Ethnic Communities: Education and Training – Supplementary Guidance: October 2005* [DH publication ref: 271259]

Vision

- 7.1 The vision for the learning and development of staff working in mental health services can best be captured in the Balanced Scorecard in Appendix A, which sets out the benefits of an effective learning and development strategy. This shows how each of the five main constituent parts fit together with the need to be mutually supportive. Adoption of the elements in the Balanced Scorecard should lead to better targeted learning and development opportunities through improved relationships and communication across stakeholders.

What the Toolkit does not cover

- 8.1 The Toolkit does not cover the learning and development requirements professional staff need to address in order to become qualified in their own field of expertise – that is a matter for the relevant professional bodies. Nor does it aim to be a comprehensive resource that lists every conceivable piece of guidance or research on learning and development.

Current learning and development issues and priorities

- 9.1 Learning and development take place at a variety of stages or levels from initial induction through foundation to advanced level. Examples are to be found in some of the existing NIMHE National Workforce Programme (NWP) publications.³
- 9.2 In addition to a local staff induction programme, there are a number of courses or programmes that staff are expected to complete. These are described variously by Trusts as either mandatory/statutory or required training (or a mixture of both) and Appendix B sets out what this might contain. Trusts will be expected to determine how this list of examples meets their own needs.
- 9.3 Building on the induction process, the expectation is that **all** staff, whether in health or social care, will learn about and adopt:
- the Ten Essential Shared Capabilities⁴ (ESC) using the learning materials published by NIMHE in conjunction with the NHSU and the Sainsbury Centre for Mental Health (SCMH); and, where appropriate;
 - the Recovery Approach⁵ using the learning materials published by the Centre for Clinical and Academic Workforce Innovation (CCAWI) in conjunction with NIMHE.
- 9.4 These two elements in particular should underpin staff Professional/Personal Development Plans (PDPs) as appropriate, and in turn should underwrite the philosophy of their employing organisation.
- 9.5 What emerges from this process is a hierarchy of learning and development covering:
- induction;
 - introduction to role and how this fits in with the team or organisation;

3. *Mental Health Policy Implementation Guide: Support, Time and Recovery (STR) Workers* [DH publication ref: 30742] and (2005) *Community Development Workers (CDWs) for Black and Minority Ethnic Communities: Education and Training – Supplementary Guidance: October 2005* [DH publication ref: 271259]

4. (2004) *The Ten Essential Shared Capabilities: A Framework for the Whole of the Mental Health Workforce* [DH publication ref: 40339]

5. (2006) *ESC Recovery Training: Learning Materials*

- mandatory/statutory or required training as defined by Trusts;
- the Ten ESC;
- Race Equality, Social Inclusion and, where appropriate, the Recovery Approach.

Above and beyond this, learning and development will depend on the nature of the individual's role and the degree to which specialist (professional) skills are required, such as assessment of mental illness, interventions etc.

- 9.6 More broadly, decisions will also need to be made about the learning and development required to provide the right numbers and balance of staff with basic and advanced level skills. For example, a possible proportion might be 30% of staff with basic skills, 60% of staff with intermediate skills, and 10% of staff with specialist skills. A local strategy will need to include learning and development pathways to support the appropriate balance, based on knowledge, skills and competences required, so practitioners can progress as they gain experience as part of a Career Framework (CF).
- 9.7 Coherent programmes of CPD are required to facilitate the development of the mental health workforce and support local clinical/service governance. This should be integrated with routine staff appraisal, PDPs and supervision to ensure high-quality practice. This is as applicable to non-professionally affiliated staff as it is to those from the traditional professions.

Contemporary guidance and learning materials

- 10.1** There is a wealth of guidance and research on best practice for learning and development – some of which has a generic focus, broader than just mental health. While individually helpful, there is a danger that in combination these documents can feel overwhelming and confusing. Bearing this in mind, Appendix C attempts to distil them into a list of contemporary learning and development guidance and learning materials for mental health.
- 10.2** Appendix C represents a set of guidance and learning materials relevant to a wide set of constituents including service users, a broad range of staff groups or types including those adopting new roles in mental health, and those employed across a range of disciplines and organisations.
- 10.3** In addition, both Pavilion (www.pavpub.com) and City and Guilds (www.cityandguilds.com) publish a resource pack or guide on available learning materials.

Supporting frameworks

- 11.1** There are three main frameworks that underpin the learning and development agenda. They are the Ten ESC, the National Occupational Standards (NOS) for Mental Health and the NHS Knowledge and Skills Framework (KSF). Appendix D describes briefly what their purpose is and how they link together.

Forthcoming issues

12.1 As indicated in the Introduction, we live in a world of change, and in the immediate future there are several major issues and initiatives that will need to inform and be incorporated into any local learning and development strategy. They are:

- subject to the passage of the Mental Health Bill,
 - the extended role of Approved Mental Health Professional (AMHP) will be introduced, replacing the Approved Social Worker (ASW). A learning and development programme is currently being developed by the General Social Care Council (GSCC) and the contact point is chrismerchant.damascus-music@virgin.net; and
 - the replacement of the current role of Responsible Medical Officer by the role of Responsible Clinician (open to all suitably qualified and experienced mental health professionals named in regulations). An approved competence framework, training curriculum and national approved process are currently under development by CSIP and DH. The contact point is again chrismerchant.damascus-music@virgin.net;
- the Improving Access to Psychological Therapies (IAPT) initiative that will introduce a new stepped care model. The contact point is ruth.duffy@westmidlands.nhs.uk;
- Race Equality and Cultural Capability (RECC). Learning materials have been developed and the contact point is imcgonagle@lincoln.ac.uk;
- the National Personality Disorder (PD) Development Programme, which has commissioned two linked, accredited E&T programmes for work with people with PD in both community and forensic settings. The contact point is mduggan@blueyonder.co.uk;
- the Social Inclusion Capability Framework that is under development. The contact point is Naomi.hankinson@nelmht.nhs.uk;
- the Review of the Care Programme Approach, particularly around risk assessment and management and the role of the Care Co-ordinator. The contact point is janet.davies@londondevelopmentcentre.org;

- Knowledge and Skills for senior psychiatrists. The Royal College of Psychiatrists Education and Training Centre is developing its portfolio of training by defining the knowledge and skills required by senior psychiatrists. The contact point is lchristopher@cru.rcpsych.ac.uk; and
- the Mental Capacity Act 2005, which will be fully implemented by October 2007. Training materials will be provided free of charge through the implementation programme. The contact point is paul.gantley@dh.gsi.gov.uk

Forthcoming guidance and learning materials

- 13.1** A number of pieces of guidance and learning materials are currently under development to reflect the major issues listed above, along with other priorities for mental health, and these are set out in Appendix E. Whilst most of the items shown in Appendix E are aimed at individual members of staff, a Creating Capable Teams Approach (CCTA) was published in March 2007. It aims to provide a mechanism for a mental health team to assess both itself as a whole entity and each individual team member, with a view to ensuring that the team meets the needs of service users and whether both the skills mix and learning and development needs are addressed.
- 13.2** On a more generic front that includes but is not specific to mental health, SfH and SfC are developing a Common Core of Principles for Self Care Support. The *Our Health, Our Care, Our Say* White Paper committed DH, working alongside the professional bodies and SfH and SfC, to take forward work that not only creates a clear self-care competency framework for staff, but also embeds key elements, including values and behaviours around assessment and support, in appraisal and CDP. The contact point is karen.walker@skillsforhealth.org.uk.

Child and Adolescent Mental Health Services (CAMHS)

- 14.1 This guidance concentrates on what the relevant stakeholders need to know in respect of mental health learning and development across the full age range.
- 14.2 Whilst the focus may be perceived as being primarily on those services for people of working age, all the principles discussed within this guidance can be framed within the context of CAMHS. The guidance provides information and supporting tools that will help CAMHS, both universal and specialist, decide for themselves how best to take this agenda forward. The principles of working in partnership across both statutory and non-statutory agencies, with different staff groups and with service users and families/carers are of particular relevance.
- 14.3 For some time the mental health and psychological well-being of children has acquired a higher status on the political agenda, and there are now greater numbers of people involved in addressing children's mental health needs. It is however, generally recognised that workforce pressures are a key constraining factor in effective delivery of the NHS Plan and the CAMHS agenda.
- 14.4 Common across all strands of the Children's National Service Framework (NSF)⁶ is the need to ensure that all those working with children and families have the necessary values, competences, skills, and ongoing learning and development to enable them to recognise and respond to the identified needs of children. The importance of all professionals who work with children and adolescents having a basic understanding of child and adolescent mental health is now widely acknowledged and well documented (Department for Education and Skills 2003; Department of Health 2004).
- 14.5 Few would disagree that all professionals who are responsible for the health, education and welfare of children and young people should possess the knowledge, skills, competences and capabilities needed to address the mental health needs of those for whom they are professionally responsible. A wide suite of policy and practice guidance, strategy and public inquiries have set the context for a review of the learning and development needs of professionals who work with children who have mental health problems. *Improvement, Expansion and Reform* (Department of Health 2002) identified a Public Service Agreement (PSA) target for CAMHS that set the expectation that comprehensive CAMHS will be in place by 2006. Successful implementation of the

6. Department of Health (2004) *National Service Framework for Children, Young People and Maternity Services*. London: HMSO

PSA target set for CAMHS depends crucially on a comprehensive and competent workforce. In addition, the cross-departmental Change for Children Programme⁷ recommends that all child healthcare staff should have education and training to meet the mental health needs of children and young people in their care.

- 14.6 There is currently a lack of learning and development in children's mental health on some core and more advanced training programmes for professionals working directly with children and young people. This could lead to a negative impact on the services provided to many children, young people and families. To counter this, several local and regional learning and development programmes have evolved. Many of these are being modelled on the newly developed capability frameworks and are currently being reviewed in the context of their fitness for purpose and impact on CAMHS service delivery, as well as attempting to address core competences that have common currency across universal and specialist CAMHS.

Key principles of learning and development in CAMHS

- 14.7 All learning and development should facilitate the development of a unified culture for CAMHS with true inter-agency working. The education and professional development provided for staff must be accessible and useful at all levels from unqualified support staff to professionally qualified workers. The structure within which professional development will be provided will therefore need to be flexible. It will need to be based upon a common core framework of knowledge, skills and attitudes and should:
- respond creatively and clearly to the Government's mental health modernisation and workforce development agendas;
 - increase access to training for front-line mental health staff;
 - enhance the capabilities and competences of mental health practitioners within specialist CAMHS, and build capacity to design and deliver comparable training locally;
 - improve access to relevant mental health training for ethnic minority staff;
 - evaluate the impact of training programmes upon staff, and the delivery of clinical services to patients;
 - make a distinctive contribution to meeting national mental health training needs, based on the strengths of an organisation providing multidisciplinary mental health services;
 - create an environment where ongoing learning and development are valued and actively promoted;

7. Department for Education and Skills (2003) *Every Child Matters*. London: HMSO

- create a pathway that is not onerous but is sustainable and is a renewable resource;
- link any created pathway into CPD planning for the individual; and
- link any created pathway into strategic planning both locally, regionally and nationally.

14.8 There are a number of challenges, however:

- accessible modularised child and adolescent mental health training, fit for purpose and practice and offered according to CAMHS tier;
- collaborative commissioning/development of training health/social care/education and voluntary sector;
- accredited CPD post-registration/backfill training;
- supervision networks to meet expansion of clinical training and services;
- HEIs and validating bodies to be involved to ensure that child and adolescent mental health is present in pre-registration education/national benchmarking/competency development;
- capacity building in HEIs, investment in training and accrediting of trainers;
- a recognised training matrix, which offers flexible pathways for education and career development;
- funding to expand and be negotiated locally by commissioners, SHAs and providers.

Summary

14.9 Children, their families and carers expect those professionals working to address their needs to be adequately trained and to possess the necessary skills, competences and knowledge to provide effective care and treatment. It is now widely acknowledged that the development of a competent and capable children's workforce is a long-term strategy. Learning and development for those who work with children and young people must be consistent with wider children's workforce strategy. CAMHS learning and development should be commissioned and provided and evaluated in an inter-agency context. Wherever possible, learning and development in child and adolescent mental health must fit seamlessly with broader children and young people's workforce training initiatives. Workforce development in CAMHS is not only about skills and competences, but also about creating a shared understanding, shared vision and effective partnerships.

The contact point is Barry Nixon, National Workforce Lead, CAMHS, at barry.nixon@wwl.nhs.uk

Older People's Mental Health (OPMH)

- 15.1** The mental health needs of older people are often multi-factorial and frequently complicated by failing physical health. This complexity requires the skills of specialised practitioners to be made available to 'upskill' those working in mainstream health and social care. Often, it is confidence as well as competence that inhibits mainstream services from attempting to meet the need of older people with mental health problems. With appropriate skill sharing and integration, the potential for creating a more capable workforce can be improved significantly. Specialist mental health services for this group should be the bedrock on which other services can rely for clinical advice, support and practical help. *Everybody's Business*⁸ is clear that services must meet the mental health needs of people, whatever age they are and wherever they are: in primary care, ambulance services, nursing and residential homes, specialist services or general hospital.
- 15.2** Staff must have the right skills to care for people of different age ranges. In practical terms this may have implications for hospital wards or Community Mental Health Teams that cater for people with functional mental health problems. The needs of older and younger adults may be considerably different. The skill set of staff working with those over the age of 65 may be significantly different from that of those working with adults of working age. The former are likely to have skills relevant to working with people exhibiting a mixed pathology of depression and dementia, physical illness and physical frailty. Careful and creative thinking about the best match of staff skills, service user compatibility and physical environment is of the utmost importance.

8. DH and CSIP (2006) *Everybody's Business: Mental Health Services for Older Adults: A Service Development Guide*

Making the links

16.1 In developing a local learning and development strategy, it is important to make the appropriate links at both national and local levels, particularly in respect of career development. As set out in Appendix A, learning and development are not just about gaining the knowledge and skills to meet the requirements of a current role, but also about the ability to increase knowledge and skills to meet current and future career expectations and aspirations.

16.2 At the national level, key linkages will include:

- the Agenda for Change process for NHS staff;
- the forthcoming Career Frameworks (CFs) for the NHS and social care, where links are being made between the CF levels and academic credits and levels, along with awards and qualifications as well as a CF for psychological therapists (the contact points are marc.lyall@skillsforhealth.org.uk and amanda.hatton@skillsforhealth.org.uk for the NHS and social care respectively);
- how learning and development can feed into workforce planning⁹ (the contact point is john.allcock@dh.gsi.gov.uk);
- New Ways of Working¹⁰ (the contact point is stephen.humphries@tney.northy.nhs.uk);
- the implications in respect of the Mental Health Bill and the Mental Capacity Act 2005 (the contact point is chrismerchant.damascus-music@virgin.net);
- the Sfc New Types of Worker (NTOW) Project (the contact point is jim.thomas@skillsforhealth.org.uk); and
- the Improving Access to Psychological Therapies Programme (the contact point is roslyn.hope@csip.org.uk).

9. *Mental Health Services – Workforce Design and Development: Report on the NIMHE National Workforce Planning Pilot Programme (WPPP): Best Practice* [DH publication refs: 274930 and 274929]

10. *New Ways of Working for psychiatrists: Enhancing effective, person-centred services through new ways of working in multidisciplinary and multi-agency contexts: Final Report* [DH publication refs: 270394 A/B/C]

16.3 Other key links are detailed below.

The Sector Skills Agreement

16.4 The Sector Skills Agreement (SSA) for health seeks to identify and prioritise the sector's future skills and workforce needs so that health sector employers, those that deliver and fund education and training, the Government and Skills for Health can take appropriate action to address them. The SSA will constitute an agreement between these stakeholders, committing them to do what is necessary to meet future skills needs and challenges. Achieving an effective SSA is challenging; in brief the process is about identifying the 'gaps' in skills and training provision and working with the sector and key partners to identify the best way to remedy these shortfalls. For more information on the SSA for health, the link www.skillsforhealth.org.uk/ss/ contains the full SSA and other documents as well as a contact point for queries.

UK Vocational Qualifications Reform Programme

16.5 The UK Vocational Qualifications (VQ) Reform Programme aims to simplify the vocational qualifications landscape for both learners and employers, ensuring that reformed qualifications and other learning provision are recognised, understood, valued and trusted.

16.6 The UK VQ Reform Programme has five sub-programme areas:

- Strand 1: sector qualification reform. Sub-programme led by Sector Skills Development Agency;
- Strand 2: framework development. Sub-programme led by regulatory authority partners;
- Strand 3: planning, funding and delivery of provision for learners. Sub-programme led by the LSC, working with planning and funding bodies across the four UK jurisdictions;
- Strand 4: preparatory rationalisation of existing qualifications. Project led by the Federation of Awarding Bodies (FAB) and the Joint Council for General Qualifications (JCQ);
- Strand 5: communications. Cross-cutting strand to be led by the Department for Education and Skills, covering the whole VQ Reform Programme.

The contact point is marc.lyall@skillsforhealth.org.uk.

Quality assurance

- 16.7** Skills for Health is formulating, with a range of partners and stakeholders, co-ordinated arrangements for quality assurance (QA) of healthcare education as a contribution to development of the skills required in a 21st-century healthcare workforce. This includes creation of a QA framework which, it has been agreed, will support implementation in England of the national standard Multi-Professional Education and Training (MPET) contract for pre-registration healthcare education. There will be an emphasis upon enhancement of learning as well as contract compliance. The service user and learner perspectives will also be incorporated as an integral part of the framework. A full consultation on the proposed framework will take place in the autumn, and it is anticipated that implementation in HEIs and healthcare providers will start in the academic year 2008/09. In supporting the MPET contract, the QA framework will complement the Learning and Development Agreement (L&DA).
- 16.8** At the regional level, this will include making contact with the workforce leads at both SHAs and the CSIP RDCs.
- 16.9** At the local level, any strategy aimed at improving the learning and development of the mental health workforce must acknowledge and include those who choose to work in the voluntary sector. This sector provides a vast range of frontline services as well as training for the statutory sector and has a unique and diverse workforce, many of whom have both trained in and worked in the statutory sector. The voluntary sector in mental health has a long and distinguished history and has often been the seed-bed for new and innovative ways of working. In the past, this sector has sometimes been seen as non-professional, with little regulation of the work they do and the services they provide. However, this perception has changed in recent years, and the voluntary sector workforce now has both professional qualifications and expertise, and experience of service delivery and service management. The voluntary sector is a leading provider of services that have the Recovery approach as their cornerstone.

Commissioning

- 17.1** DH, in conjunction with the NHS, HEIs and legal representatives, is developing two contracts as part of its work on the review of the MPET budget. One is a National Standard Contract for pre-registration tuition delivered by HEIs, while the other is a single, multi-professional L&DA for the delivery of practice learning in a clinical environment.
- 17.2** The aim of the L&DA is to encompass all training activity that SHAs commission in practice settings (eg Trusts, GP practices, non-NHS providers) as opposed to that which students receive in a higher education setting. The agreement will include:
- practice placement training for medical undergraduates;
 - practice placement training for non-medical pre-registration students;
 - postgraduate training for junior doctors;
 - CPD;
 - National Vocational Qualifications (NVQs);
 - infrastructure relevant to training;
 - other miscellaneous training; and
 - other support.
- 17.3** The L&DA will lay down a set of common standards for all professions in training, against which NHS (including Foundation Trusts) and non-NHS training organisations will be measured. This will cover the training activity of all professions that is commissioned by SHAs in a practice environment, irrespective of whether it is supported by funding.
- 17.4** The main aim is to ensure that all training commissioned from practice providers:
- is formalised into a single agreement;
 - is of high quality;
 - is subject to performance management criteria;
 - is of sufficient quantity to deliver increased training numbers across the professions;

- is raised in importance to become ‘core business’;
- is encouraged to be innovative;
- encourages collaboration among partners; and
- delivers value for money where it is supported by funding.

17.5 The establishment of the L&DA represents a fundamental shift in how learning and development are funded, monitored and contracted. It is important to note that while this contract will apply to all NHS placements providers, it will only be legally binding for Foundation Trusts.

17.6 The L&DA will establish a tighter framework for the delivery of practice learning and workforce development to the range of staff and students in both clinical and non-clinical settings. The contract will comprise a mixture of input and output requirements along with a quality specification.

17.7 The contract will be performance managed and failure to deliver the outputs will result in loss of funding. This change from funding determined by historical levels to funding based on activity delivered is in line with Payment by Results (PbR) principles.

17.8 If this arrangement is to work, health and social care communities will clearly need to establish processes to support the commissioning of learning and development that take account of recognised best practice and the growing (and changing) evidence that is accumulating around interventions.

17.9 The support of the CSIP RDCs will be key to the success of this new system and processes. Local networks, representing all the stakeholders, will need to be established.

Examples of innovative practice

Skills escalator

18.1 For learning and development to have meaning, they should form part of a skills escalator so that staff can see where they may progress and what steps or action they need to take to help achieve their goal. An example of a skills escalator used in a Mental Health and Social Care Trust is set out in Appendix F. Although this is intended for a mental health support worker, the principles apply across different roles or professions and local health and social care systems may wish to adapt and use this example. (The contact point is vicki.reed@candi.nhs.uk)

A training and practice development strategy

18.2 It is not uncommon for there to be a lack of co-ordination of learning and development, particularly in those health and social care Trusts with a large number of geographically spread sites, diverse staff groups and types, and a multitude of budgets with different criteria, timescales and priorities. Appendix G sets out the steps that one Health and Social Care Partnership Trust has put in place to help provide a more co-ordinated approach that meets the needs not only of staff but, perhaps more importantly, of the organisation in the delivery of effective mental health services.

Development of a skills matrix

18.3 As part of its work in developing a workforce plan, the former Tees and North East Yorkshire NHS Trust set about trying to capture information about the skills of its workforce to enable them to look at the requirements of the service and analyse gaps in learning and development needs. This illustrative example is set out in Appendix H.

Outline of a workshop programme

18.4 Concern has been expressed, both by both staff and employers, that some courses, workshops etc lack a clear statement about the purpose of the course, whom it is aimed at, and how links can be made with personal and career development. Two examples of workshop flyers are attached at Appendices I1 and I2.

Summary and next steps

19.1 This Learning and Development Toolkit:

- demonstrates the benefits of an effective learning and development programme;
- provides a clear sense of what the current learning and development issues and priorities are;
- lists the contemporary learning and development guidance and materials;
- outlines a hierarchy of learning and development; and
- provides a sense of what is coming round the corner in the immediate future, including future learning materials and guidance.

19.2 This Toolkit will enable local health and social care organisations **to develop their own learning and development strategy** to meet the needs of service users and carers, staff and their employers – a strategy which links with commissioners and providers of learning and development, underpinned by the key national documents.

Appendix A

Balanced scorecard

Benefits of an effective learning and development programme

STAFF	EMPLOYER
<ul style="list-style-type: none"> • Ability to access relevant and appropriate learning and development (L&D) opportunities • Ability to partake in own L&D assessment and align it to the needs of the organisation • Ability to increase knowledge and skills to meet the requirements of their current role • Ability to increase knowledge and skills to meet current and future career expectations and aspirations • Increased standing among peer group and team • Increased morale and pride of the workforce 	<ul style="list-style-type: none"> • To undertake a training needs analysis to establish L&D needs using a tool such as CCTA and information from annual PDPs • A well-trained and motivated workforce that is fit to meet the needs of service users and carers • More effective and targeted use of scarce L&D resources • More effective and appropriate throughput of service users along the care pathway
SERVICE USERS and CARERS	
<ul style="list-style-type: none"> • Ability to contribute to the planning, design, delivery, assessment and evaluation of L&D programmes¹¹ • Confidence about the capability of staff working in mental health services, leading to more effective engagement • L&D programmes becoming more relevant to the needs of service users and carers wishing to train as health and social care professionals 	
COMMISSIONERS	PROVIDERS OF TRAINING
<ul style="list-style-type: none"> • Understanding of the mental health policy drivers that underpin the need for L&D • Understanding of the L&D needs of staff and employers • Ability to commission high-quality, contemporary and relevant L&D that meets the needs of staff and employers and provides value for money • Ability to initiate, monitor and, where necessary, adjust current and future L&D requirements in the light of policy and/or service developments 	<ul style="list-style-type: none"> • Understanding of the mental health policy drivers that underpin the need for L&D • Understanding the priorities of local L&D commissioners • Understanding of the L&D needs of staff and employers • Ability to provide high-quality, contemporary, relevant and, where possible, accredited L&D that meets the needs of staff and employers and provides value for money • Ability to provide L&D by means of a variety of media to include formal training, distance/work-based learning, use of ICT etc

11. Mental Health in Higher Education/NIMHE/Trent Workforce Development Confederation (2004) *Learning from Experience: Involving Service Users and Carers in Mental Health Education and Training: A Good Practice Guide*

Appendix B

Mandatory/statutory and required training

Mandatory/statutory training

Serial	Type	Remarks
1	Cardiopulmonary resuscitation (CPR)	
2	Control and restraint (C&R)	Includes dealing with violence
3	Equality and diversity	For social care staff
4	Fire safety	
5	Health and safety	
6	Manual handling of loads	
7	Patient handling and lifting	

Required training

Serial	Type	Remarks
A	Automatic external defibrillation	
B	Child protection	
C	Care programme approach (CPA)	Includes involving service users and carers
D	Display screen equipment	
E	Equality and diversity	
F	First aid	
G	Food handling and hygiene	
H	Information management and technology security	Includes confidentiality and record keeping
I	Infection control	
J	Medication management	
K	Mental health legislation	
L	Personal safety	Includes breakaway techniques
M	Protection of vulnerable adults	
N	Risk assessment and management	
O	Working in partnership/together	

Notes:

- These tables do not include the contents of the normal induction process for new staff
- The types of training shown are not set out in any particular order of importance or priority – they are listed alphabetically
- The types of training shown in the second table do not apply to all staff
- This is an illustrative list

Serial	Title	Year	Published by	Contact point	Remarks
1	Richmond Fellowship Diploma in Community Mental Health	2002	Richmond Fellowship	peterallen@richmondfellowship.org.uk	Designed as a lead-on qualification from the Level 3 Certificate (see serial 18)
2	National Continuous Quality Improvement Tool for Mental Health Education*	2003	Northern Centre for Mental Health	ibaguley@lincoln.ac.uk	To help with the commissioning of post-qualification mental health (MH) education programmes
3	The Clinical Activities of Mental Health Lecturers in Higher Education Institutions	2003	NHS	ibaguley@lincoln.ac.uk	Identifies the continuing professional development needs of the MH lecturer workforce in relation to their clinical or practice activity
4	The Personality Disorder Capabilities Framework – Breaking the Cycle of Rejection	2003	NIMHE	debra.clarke@dh.gsi.gov.uk	Sets out a broad framework of staff capabilities to support the development of new training programmes
5	Support, Time and Recovery (STR) Workers	2003	DH	john.allcock@dh.gsi.gov.uk	Appendix D sets out an E&T pathway for STR workers
6	Level 2 Certificate in Mental Health Work	2003	Mental Health Foundation City and Guilds	www.pavpub.com (for learning materials)	Supported by DH. Provides underpinning knowledge for those new to MH
7	Primary Care Graduate Mental Health Workers	2003	DH	drushforth@lincoln.ac.uk	Training delivered by a single national programme

*Serials 2 and 12 are linked.

Serial	Title	Year	Published by	Contact point	Remarks
8	Acute Inpatient Mental Health Care: Education, Training and Continuing Professional Development for All	2004	NIMHE SCMH	www.nimhe.org.uk/priorities/inpatient.asp	Provides an E&T framework for staff working in acute inpatient services
9	The Ten Essential Shared Capabilities #	2004	DH CSIP/NIMHE	imcgonagle@lincoln.ac.uk	Provides in one overarching statement a list of the essential capabilities required of the whole of the MH workforce across health and social care
10	The NHS Knowledge and Skills Framework: A Framework for the whole of the Mental Health Workforce	2004	DH	www.dh.gov.uk/publicationsandstatistics	Not mental health-specific
11	Learning from Experience – Involving service users and carers in mental health education and training: A good practice guide	2004	Mental Health in Higher Education (in collaboration with NIMHE and Trent Workforce Development Confederation)	www.mhhe.heacademy.ac.uk mhhe@swap.ac.uk	Designed to support the development of service user and carer involvement in E&T
12	National Continuous Quality Improvement Tool for Mental Health Education – Handbook and Implementation Guide*	2005	CCAWI (in collaboration with CSIP/NIMHE and the University of Lincoln)	www.lincoln.ac.uk/ccawi	
13	Community Development Workers for Black and Minority Ethnic Communities: Education and Training – Supplementary Guidance	2005	DH CSIP/NIMHE	john.allcock@dh.gsi.gov.uk	A framework for the E&T of CDWs

Serials 9 and 14 are linked.

* Serials 2 and 12 are linked.

Serial	Title	Year	Published by	Contact point	Remarks
14	The Ten Essential Shared Capabilities: Learning Pack for Mental Health Practice #	2005	NIMHE NHSU SCMH	imcgonagle@lincoln.ac.uk	A set of learning materials on the Ten ESC
15	New ways of working for psychiatrists: enhancing effective, person-centred services through new ways of working in multidisciplinary and multi-agency contexts: Final Report	2005	DH NIMHE	john.allcock@dh.gsi.gov.uk	Provides a framework for New Ways of Working and the need for a flexible workforce
16	The Mental Health National Occupational Standards	2006	Skills for Health	www.skillsforhealth.org.uk/mentalhealth	A competence framework that sets out the minimum standards for the delivery of MH services
17	Recovery Approach Learning Materials	2006	CCAWI (in collaboration with CSIP/NIMHE and the University of Lincoln)	amustafa@lincoln.ac.uk	A set of learning materials for the whole of the MH workforce across health and social care, dealing with the Recovery Approach
18	Level 3 Certificate: Developing Practice in Community Mental Health Care	2006	Mental Health Foundation City and Guilds	www.pavpub.com (for learning materials)	Provides underpinning knowledge at an advanced level for staff who have some experience of working in MH services
19	Dual Diagnosis	2006	CCAWI (in collaboration with CSIP, the University of Lincoln and DH)	tom.dodd@csip.org.uk	A capabilities framework for working effectively with people with combined mental health and substance misuse problems, as an advanced part of the Ten ESC

Serials 9 and 14 are linked.

Appendix D

How the Ten ESC, the NOS for Mental Health and the NHS KSF fit together

The Ten Essential Shared Capabilities

Purpose

1. The purpose of the Ten ESC is to set out the shared or common capabilities that all staff working in mental health services should achieve as a minimum as part of their pre-qualifying training.

What the Ten ESC do

2. They describe the underpinning values and principles required to deliver appropriate and effective services for people with mental health problems.

How to use the Ten ESC

3. Use the Ten ESC:
 - as basic building blocks for the education and training of all mental health staff whether professionally qualified or not, and whether they work in the NHS or social care field or in the statutory, private or voluntary sector;
 - to help with curriculum development; and
 - to help inform CPD and appraisal.

The National Occupational Standards for Mental Health

Purpose

1. The purpose of the NOS for Mental Health is to help raise the standard of practice by providing a competence framework for each key role against which performance may be assessed and measured.

What the NOS do

2. They set out the key roles for the delivery of effective mental health services.
3. They provide:
 - a framework to benchmark those services;
 - a clear statement of the quality that service users should be able to expect; and

- for individual members of staff, a statement of the quality and outcomes expected in each key role.
4. They do this by describing the standards to be achieved by way of performance criteria and the exact knowledge and understanding required to deliver a key role in the provision of mental health services.

How to use the NOS

5. Use the NOS:
 - to develop pre- and post-qualifying education and training needs as part of CPD;
 - to help with curriculum development;
 - to help inform CPD and appraisal;
 - to demonstrate that key roles in the provision of mental health services are being delivered to a high standard; and
 - as evidence towards the achievement of the appropriate dimension in the NHS KSF.

The NHS (generic) Knowledge and Skills Framework

Purpose

1. The purpose of the NHS KSF is:
 - to facilitate the development of services so that they better meet the needs of service users;
 - to help in the development and review of staff working in the NHS; and
 - to provide the basis of career and pay progression as part of the Skills Escalator and Agenda for Change initiative.

What the KSF does

2. The NHS KSF is about the **application** of knowledge and understanding – not about the specific knowledge and understanding that individual members of staff need to possess.
3. It is a very broad, generic framework that is designed to be applicable and transferable across the NHS, and which draws out the general aspects of a particular function to show **how** individuals need to apply their knowledge and understanding within the NHS.

4. As the NHS KSF is a broad generic framework that focuses on the application of knowledge and understanding, it does **not** describe the exact knowledge and understanding that people need to develop. The exact knowledge and understanding required for the delivery of mental health services comes from the NOS for Mental Health which then provide evidence towards the achievement of the appropriate dimension in the KSF.

How to use the KSF

5. Use the KSF:
 - to recognise how to apply knowledge and understanding;
 - to support effective learning and development; and
 - for evaluating your job and the level at which you are working.

Summary

The Ten Essential Shared Capabilities

1. The Ten ESC provide the underpinning values and principles required to deliver appropriate and effective services for people with mental health problems.

The National Occupational Standards for Mental Health

2. The NOS describe the standards of service to be achieved by way of performance criteria and the exact knowledge and understanding required to deliver all the key roles in the provision of mental health services. (Other NOS that may apply to staff working in mental health include, for example, drug and alcohol NOS.)

The NHS (generic) Knowledge and Skills Framework

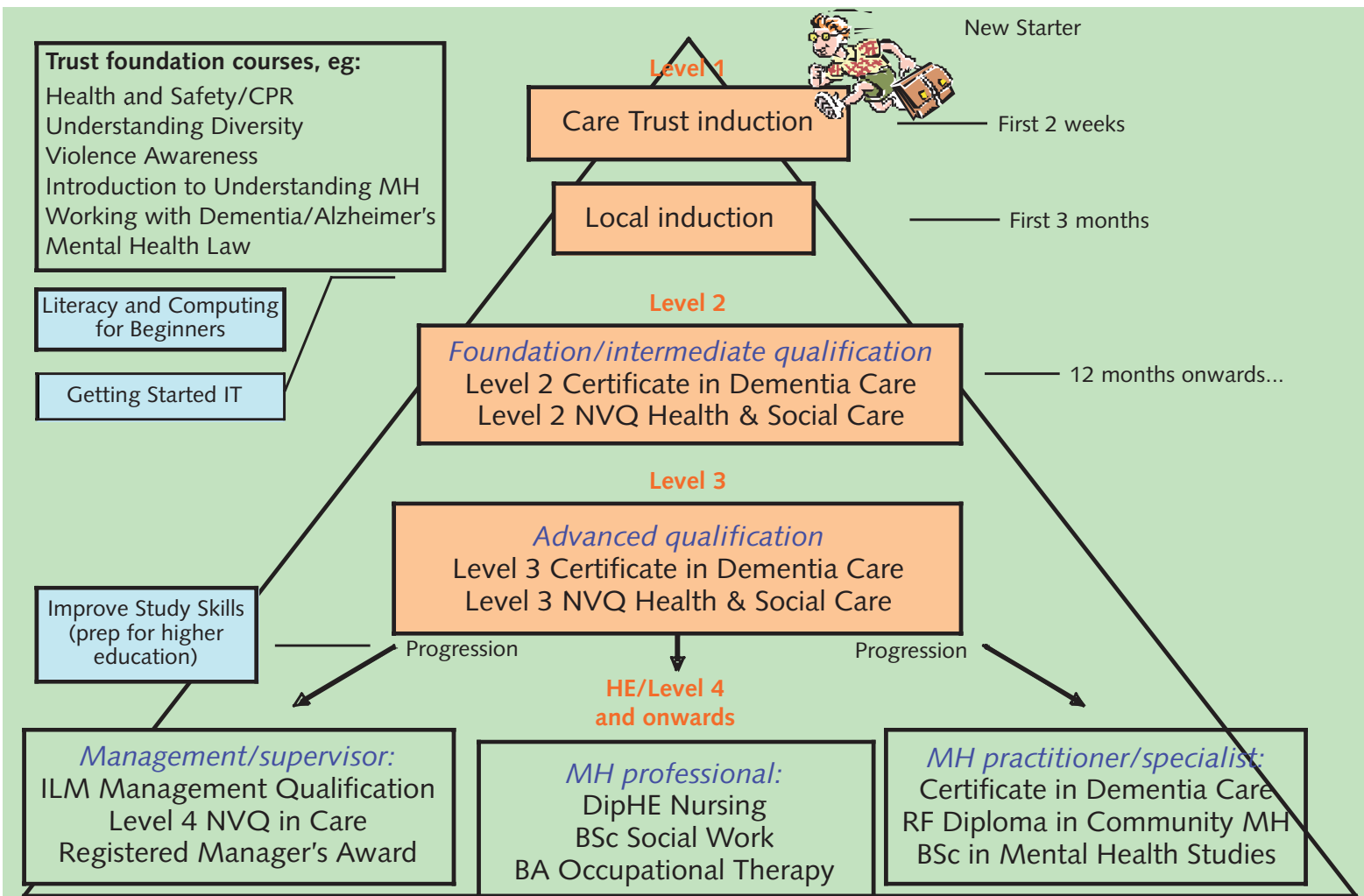
3. The NHS KSF, which is about **the application** of knowledge and understanding, shows **how** individuals need to apply that knowledge and understanding to particular functions that are generic to the provision of services by the NHS.

Serial	Issue/Subject	Expected date	Publisher	Contact point	Remarks
1	Ten Essential Shared Capabilities	April 2007	CSIP/NIMHE	imcgonagle@lincoln.ac.uk	Revised learning materials
2	Race Equality and Cultural Capability	April 2007	CSIP/NIMHE	imcgonagle@lincoln.ac.uk	New learning materials
3	Personality Disorder	Spring 2007	DH/CSIP/NIMHE	mduggan@blueyonder.co.uk	New learning materials for work in both community and forensic settings
4	Social Inclusion Capabilities for Mental Health Practitioners	Spring 2007	DH/CSIP/NIMHE	naomi.hankinson@nelmht.nhs.uk	Capability framework
5	Care Programme Approach	Spring 2007	DH	janet.davies@londondevelopmentcentre.org	Competence framework for care co-ordinators
6	Creating Capable Teams Approach	March 2007	CSIP/NIMHE	nicki@dpfs.karoo.co.uk	To help teams with their learning and development agenda

Notes:

- Serials 1, 2 and 4 apply to all mental health staff
- Serial 3 applies to those staff who will come into contact with service users who have a diagnosis of PD
- Serial 5 is primarily for the Care Co-ordinator
- Serial 6 is to be used by individual teams

Appendix F Example skills escalator



Appendix G

A training and practice development strategy

1. For some time, Cambridge and Peterborough Mental Health Partnership NHS Trust was aware that there was a lack of co-ordination regarding E&T, with a multitude of budgets not necessarily related to need and with some staff groups not having any dedicated E&T budget at all. An opportunity arose to recruit a training co-ordinator and an appointment was made.
2. In addition, a Training and Practice Development Strategy has been developed that includes:
 - a Practice Development Group; and
 - a Combined Training Budget.

Practice Development Group

3. This is made up of all staff disciplines as well as users and carers, with representation from the local college. It takes a strategic overview of E&T in terms of the needs of both individual members of staff and of the Trust, to support the effective delivery of mental health services. The Group also takes an overview of the deployment of E&T monies. The Group has proved invaluable to all staff disciplines as they have begun to appreciate one another's roles more and have gained greater insight into issues from having first-hand user and carer experience available.

A Combined Training Budget

4. There is a feeling that in the past there was quite a lot of training for training's sake. In addition, the old reactive system meant that E&T bids were often put together at very short notice for the local E&T consortia. The process, such as it was, did not make for a very effective planned programme of E&T. Bids were often made around individual priorities, with little sense of co-ordination or taking account of the E&T needs of a team or the Trust.
5. The national mental health policy agenda and priorities have helped to shape the future direction of E&T. It takes time to change the culture of an organisation or professional group, but the pulling together of what were 27 separate training budgets has helped that process. This applies even to those who 'lost out' because they no longer have their own (in effect ring-fenced) specific budget and have to share the available resources with other groups who previously did not have their own budget.

6. Some of the key points emerging from this new Strategy are as follows:
 - There is a sharper focus to E&T, which is more concentrated on the needs of the Trust in order to deliver the NSF and NHS Plan requirements.
 - It is helping to pick up those who lag behind in undertaking E&T.
 - More focused bids are being made to the SHA.
 - More focused commissioning is taking place via the local College for Education.
 - There is a more open and planned process for using the E&T budget, which will allow not only for individual bids to support PDPs or Investors in People accreditation but also for special projects and team/practice development.
 - The new process has produced a discernible shift to buying in more E&T.
 - It has helped to pull in E&T monies from social services, thus providing a more holistic approach.
7. A key point is the fact that the Trust is now able to monitor E&T more carefully, identify exactly what being spent by whom, on what and where.

Appendix H

Development of a skills matrix

1. A skills matrix is a way of capturing information on the skills of the current workforce and gaps in their training/development needs. This should include current and future skills that will be required to provide care to the client group.

Coding system

0 = skill not required

1 = skill needed – training/development required

2 = skill acquired/training undertaken or being undertaken

2. The following illustrative example of a completed skills matrix tabulates, for each member of staff, their individual position in relation to the coding system set out above. This can be broken down in a number of ways, for example to show, for each type of training or course, how many staff need to undertake a particular piece of training and the total number who have already completed it. This helps inform future education and training requirements and funding needs.
3. For example, the large number of staff that have already completed either Cognitive Behavioural Training (CBT) or training in Psycho-Social Interventions (PSI). This might then raise the questions a) why, if so many staff are already qualified in these areas, is there a shortfall in the actual delivery of CBT and PSI – does the delivery model of mental health services need to change?; and b) why then is the Trust wanting to invest yet more training resources into this area?
4. From the information gathered and analysis, Trusts should:
 - establish a list of core skills for each group of staff, eg nursing assistants, that will be consistent across the whole Trust;
 - identify a list of skills for each staff group, eg occupational therapists, that are specific to a clinical area or clinical team;
 - establish whether each member of a team requires a given skill, or whether the **team** needs to have this skill; and
 - identify those staff who have extended their skills and knowledge and who will be able to provide specific therapies (eg CBT) **across** the Trust.

5. One of the ‘spin-offs’ from this exercise is that it provides a mechanism to record, perhaps for the first time, what learning and development each member of staff has undertaken and what they would like to undertake, and to help compile a portfolio of evidence for CPD purposes.

Illustrative example of a completed skills matrix

Adult Inpatient Unit XXX											
Name	Staff grade or title	PSI basic	PSI intermediate	PSI advanced	Risk assessment	Risk management	Brief solution therapy	Anxiety management	CBT basic	CBT intermediate	CBT advanced
	Acting G Grade	1	2	1	2	2	1	2	2	1	1
	Staff nurse	1	2	1	2	2	1	2	2	1	1
	F Grade	2	2	1	2	2	1	2	2	1	1
	Acting F Grade	1	1	1	2	2	1	2	2	1	1
	Nursing assistant	0	0	0	1	0	0	0	0	0	0
	STR worker	0	0	0	1	0	0	0	0	0	0
	1 = Skill needed	3	1	4	2	0	4	0	0	4	4
	2 = Skill acquired	1	3	0	4	4	0	4	4	0	0

Appendix I1

Example outline of a workshop programme

Working Together

Two half-day workshops (one strategically focused, one operationally focused)

Developing practical strategies for joint working

Many job roles require an individual and their team to work closely with another person or team, possibly based in another organisation, working to different priorities and goals. How can you develop a win/win relationship? In this session, we will explore some of the strategic and operational issues that may arise and discuss ideas on how to overcome them. We'll introduce some practical techniques such as group decision making. After completing these workshops, participants will be able to:

- describe the difference between strategic and operational management;
- use a model of inter-professional collaboration;
- describe a partnership development process;
- use a joint decision-making process;
- explain how power may impact on partnership working; and
- use a psychological contract.

Target audience: Leaders at all levels who need to work in partnership with others

Process: Interactive

Handouts: Copies of slides

Links to KSF: C2 Personal and People Development – Level 3
G6 People Management – Level 3

Appendix I2

Example prospectus for a one-day course

WOMEN AND MENTAL HEALTH

FACILITATORS	Lorraine Knights/Cathy Freese		
COURSE SUPPORTS	Mainstreaming Gender and Women's Mental Health Implementation Guidance		
DATES AND VENUES	16/05/06 19/10/06	Venue to be confirmed Venue to be confirmed	
TIME	9.30 am – 12.30 pm		
TARGET GROUPS	All clinical staff		
LEARNING OUTCOMES	This course maps to the following standards:		
KSF Dimension	ESC	Domains for Health	
1. Raise awareness of gender issues within practice	6.1	3, 4	C7E, C13A
2. Brief participants on the Women and Mental Health Strategy	2.1	8	D4A, D13D
3. Have an opportunity to learn how the strategy fits within current practice	2.1	7	C14E
4. Have an opportunity to reflect and discuss how the strategy will impact on future clinical practice	4.1	8, 10	D8
5. Have an opportunity to identify future training needs regarding women and mental health	2.1	10	D7
BOOKING PROCEDURE	First gain your manager's approval, then contact the course booking line on 01332 622410 or via email to thebookingline@derwentsharedservices.nhs.uk		
STAFF DEVELOPMENT LEAD	Lorraine Knights lorraine.knights@chesterfieldpct.nhs.uk 01246 515672		

Source: Derbyshire Mental Health Services Education and Training Prospectus 2005–06

Contact harinder.dhaliwal@derbysmhservices.nhs.uk for additional information

Appendix J

Glossary

AMHP	Approved Mental Health Professional
ASW	Approved Social Worker
BA	Bachelor of Arts
BSc	Bachelor of Science
CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive Behavioural Therapy
CCAWI	Centre for Clinical and Academic Workforce Innovation
CCTA	Creating Capable Teams Approach
CDW	Community Development Worker
CF	Career Framework
CPA	Care Programme Approach
CPD	Continuing Professional/Personal Development
CPR	Cardiopulmonary Resuscitation
C&R	Control and Restraint
CSIP	Care Services Improvement Partnership
DH	Department of Health
DipHE	Diploma in Higher Education
E&T	Education and Training
ESC	(Ten) Essential Shared Capabilities
FAB	Federation of Awarding Bodies
FE	Further Education
GP	General Practice
GSCC	General Social Care Council
HE	Higher Education
HEI	Higher Education Institution
IAPT	Improving Access to Psychological Therapies
ICT	Information and Computer Technology
IiP	Investors in People
IM&T	Information Management and Technology
JCQ	Joint Council for General Qualifications
KSF	Knowledge and Skills Framework
L&D	Learning and Development
L&DA	Learning and Development Agreement
LIT	Local Implementation Teams
LSC	Learning and Skills Council
MPET	Multi-Professional Education and Training

NICE	National Institute for Clinical Excellence
NIMHE	National Institute for Mental Health in England
NOS	National Occupational Standards
NSF	National Service Framework
NTOW	New Types of Worker
NVQ	National Vocational Qualification
OPMH	Older People's Mental Health
PbR	Payment by Results
PD	Personality Disorder
PDP	Professional/Personal Development Plan
PQ	Post Qualifying
PSA	Public Service Agreement
QA	Quality Assurance
PSI	Psycho-Social Interventions
RDC	Regional Development Centre
RECC	Race Equality and Cultural Capability
RF	Richmond Fellowship
SCMH	Sainsbury Centre for Mental Health
SfC	Skills for Care
SfH	Skills for Health
SfJ	Skills for Justice
SHA	Strategic Health Authority
SSA	Sector Skills Agreement
StBOP	Shifting the Balance of Power
STR	Support, Time and Recovery
TNA	Training Needs Analysis
VFM	Value For Money
VQ	Vocational Qualifications
WDC	Workforce Development Confederation
WRT	Workforce Review Team



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