

## Response ID ANON-DA8Q-Y1VK-S

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### i. What is your name?

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### iii. Are you responding on behalf of an organisation?

Yes

**If so, name of your organisation:** Mental Health Nurse Academics (UK)

**Please state your position:** Chair of MHNA(UK)

### 1 Are these the right high-level objectives? If not, why not?

Maybe

**Please explain your answer:** The objectives of the new framework are appropriate for mental health nurse education and training so long as the interconnectedness between the objectives is acknowledged, e.g. 'widening participation' and 'value for money' should be within the context of 'high quality education and training' and not at its expense. World class commissioning of healthcare education is at the heart of the proposals, but there is a lack of just what this means and how we can ensure it is a reality in the commissioning process.

### 2 Are these the right design principles? If not, why not?

Yes

**Please explain your answer:** The design principles are appropriate for mental health nurse education and training.

### 3 In developing the new system, what are the key strengths of the existing arrangements that we need to build on?

**Your answer:** The key strengths of the existing arrangements are:•Robust quality monitoring that has reduced tariffs for education•Close partnership working between SHAs, Trusts and HEIs has been facilitated in many parts of England•Opportunities for Joint HEI and healthcare-provider posts. Though this most often happens in medicine, MHNA(UK) would be keen to see it expanded to the other professions including mental health nursing•SHA overview of wider Public Mental Health developments and its implications for mental health nursing and education.

### 4 What are the key opportunities in developing a new approach?

**Your answer:** Key opportunities include:•To have the same quality of education standards for all the professions.•Ensuring that quality monitoring is done by people with experience and understanding of contemporary (health) education theories and practice.•May tackle the chronic shortage of clinical placements for (mental health) nursing students

### 5 Should all healthcare providers have a duty to consult patients, local communities, staff and commissioners of services about how they plan to develop the healthcare workforce?

Yes

**Please explain your answer:**

### 6 Should healthcare providers have a duty to provide data about their current workforce?

Yes

**Please explain your answer:**

### 7 Should healthcare providers have a duty to provide data on their future workforce needs?

Yes

**Please explain your answer:**

**8 Should healthcare providers have a duty to cooperate on planning the healthcare workforce and planning and providing professional education and training?**

Yes

**Please explain your answer:** Furthermore, if there is to be payment for clinical placements for all the professions then a level playing field between the professions needs to be created.

**9 Are there other or different functions that healthcare providers working together would need to provide?**

Maybe

**Please explain your answer:** More detail is needed on skills network as a legal entity. Why is it needed? How will it look? How will it be funded? The suggested functions of skills networks seem comprehensive and the local networking arrangements seem sensible and appropriate for mental health nurse education.

**10 Should all healthcare providers be expected to work within a local networking arrangement?**

Yes

**Please explain your answer:** Because of the psychosocial nature of many mental health problems it is important that social care providers are included in any such networks. Note that educational quality assurance is identified as a function of the skills network (i.e. providers/employers) here but there is also reference to the health professions having this role in other parts of the proposals.

**11 Do these duties provide the right foundation for healthcare providers to take on greater ownership and responsibility for planning and developing the healthcare workforce?**

Yes

**Please explain your answer:** The duties of consultation, data provision and cooperation provide the right foundations.

**12 Are there other incentives and ways in which we could ensure that there is an appropriate degree of co-operation, coherence and consultation in the system?**

Yes

**Please explain your answer:** The key to effecting this, however, is partnership working. HEE and the skills networks need to have 'presence' in HEIs (and other education partners) and vice versa.

**13 Are these the right functions that should be assigned to the Health Education England Board?**

Maybe

**Please explain your answer:** Yes they are the right functions – but more detail would be useful, especially regarding the membership criteria of HEE. MHNA(UK) would argue that it is essential that mental health and educational experts are represented on the HEE board.

**14 How should the accountability framework between Healthcare Provider Skills Networks and HEE be developed?**

**Please explain your answer:** Once effective governance systems are established in the skills networks, MHNA(UK) would recommend a 'light-touch' system to reduce over-regulation and costs.

**15 How do we ensure the right checks and balances throughout all levels of the system?**

**Please explain your answer:** There needs to be a careful choice of performance indicators: quality as well as quantity of education needs to be measured.

**16 How should the governance of HEE be established so that it has the confidence of the public, professions, healthcare providers, commissioners of services and higher education institutions?**

**Please explain your answer:** The public isn't always interested in 'how many nurses' but the whether those nurses are competent, caring and patient-focussed.

**17 How do we ensure that the Centre for Workforce Intelligence is effective in improving the evidence base for workforce planning and supports both local healthcare providers and HEE?**

**Please explain your answer:** Through independent research and evaluation, perhaps through CfWI having funds available to commission research on the quality, effectiveness and cost effectiveness of healthcare education and training.

**18 How should we ensure that sector-wide education and training plans are responsive to the strategic commissioning intentions of the NHS Commissioning Board?**

**Please explain your answer:** Through cross-representation between the various boards.

**19 Who should have responsibility for enforcing the duties on providers in relation to consultation, the provision of workforce information, and co-operation in planning the workforce and in the planning and provision of professional education and training?**

**Please explain your answer:** HEE or a new body with representatives from all professional regulators (e.g. NMC, Monitor, etc). However, the relationship between HEE and professional and regulatory bodies is unclear in the proposals.

**20 What support should Skills for Health offer healthcare providers during transition?**

**Please explain your answer:** The question has already been answered to some extent because the proposals imply that Skills for Health would only offer support if individual employers wanted it.

**21 What is the role for a sector skills council in the new framework?**

**Please explain your answer:** Again, the question seems to have been answered already because the proposals imply that little, if any, role for Skills for Health. Can HEE not take on the role of Skills for Health?

**22 How can the healthcare provider skills networks and HEE best secure clinical leadership locally and nationally?**

**Please explain your answer:** Through the establishment of new networks and through drawing on existing networks. Many professional bodies already have excellent relationships with the NHS both locally and nationally. MHNA(UK) is certainly prepared to offer its advice and expertise locally and nationally regarding mental health nurse education.

**23 In developing the new system, what are the responsibilities that need to be in place for the development of leadership and management skills amongst professionals?**

**Your answer:** HEE should have responsibilities for the leadership development framework for managers as well as clinicians There should be a core curriculum/core competencies that all professionals and managers should have to achieve and more on management and leadership in initial training Leadership development can be further enhanced through: •Inter-professional education •'Fast-track' opportunities. •APEL for management experience •Managerial placements for all clinical students. •Encouraging and rewarding HEIs to develop joint clinical/managerial degrees/masters

**24 Should HEE have responsibilities for the leadership development framework for managers as well as clinicians?**

Yes

**Please explain:** HEE should have responsibilities for the leadership development framework for managers as well as clinicians

**25 What are the key opportunities for developing clinicians, managers and other professionals in an integrated way both across health and social care and across undergraduate and postgraduate programmes?**

**Your answer:** There should be a core curriculum/core competencies that all professionals and managers should have to achieve and more on management and leadership in initial training Leadership development can be further enhanced through: •Inter-professional education •'Fast-track' opportunities. •APEL for management experience •Managerial placements for all clinical students. •Encouraging and rewarding HEIs to develop joint clinical/managerial degrees/masters

**26 How should Public Health England, and its partners in public health delivery, be integrated within the new framework for planning and developing the healthcare workforce?**

**Please explain your answer:** As public health is an integral part of health, it makes sense to have PHE integrated into – or at the very least intimately associated with – HEE.

**27 Should Local Authorities become members of the healthcare provider network arrangements, including their associated responsibilities and what funding mechanisms should be employed with regard to the public health workforce?**

Yes

**Please explain your answer:** Considering the boundaries between mental health and social care are often blurred, it is essential that LAs become members of the skills networks.

**28 What are the key issues that need to be addressed to enable a strategic, provider-led and multi-professional approach to funding education and training, which drives excellence, equity and value for money?**

**Please explain your answer:** Collaboration and wide consultation with appropriate stakeholders – the professional and regulatory bodies, healthcare employers in the public, private and third sectors, the general public, HEFCE, etc. There should also be a focus on evaluating any approaches once implemented to ensure that they facilitate excellence, equity and value for money.

**29 What should be the scope for central investment through the Multi-Professional Education and Training budget?**

**Please explain your answer:** The risks here are that CPD becomes unimportant or 'low level'. CPD education money needs to be ring-fenced and providers need to understand that there is some CPD where HEIs clearly need to be involved (in specialist clinical or research training or in inter-professional education, for example).

**30 How can we ensure funding streams do not act as a disincentive to innovation and are able to support changes in skill mix?**

**Please explain your answer:** A variety of education provision (from a variety of providers) needs to be in place to ensure that employers have the flexibility to obtain CPD opportunities that reflect both the needs of practice, the needs of the organisation and the needs of the individual practitioner. More detail is needed on who can be a provider of education and by what criteria they will be allowed to provide this education

**31 How can we manage the transition to tariffs for clinical education and training in a way that provides stability, is fair and minimises the risks to providers?**

**Your Answer:** The tariff approach needs to be designed in such a way as to make the provision of clinical placements for student health professionals- including student (mental health) nurses – attractive to providers and not act as a disincentive. As placement capacity is a major issue for many HEIs, we need to be guarded about any changes that might result in reduced capacity even if only in the short term.

**32 If tariffs are introduced, should the determination of the costs and tariffs for education and training be part of the same framework as service tariffs?**

Yes

**Please explain your answer:**

**33 Are there alternative ways to determine the education and training tariffs other than based on the average national cost?**

Maybe

**Please explain:**

**34 Are there alternative ways to determine these costs other than by a detailed bottom-up costing exercise?**

Not Answered

**Please explain:**

**35 What is the appropriate pace to progress a levy?**

**Please explain your answer:**

**36 Which organisations should be covered by the levy? Should it include healthcare providers that do not provide services to the NHS but deliver their services using staff trained by the public purse?**

**Please explain your answer:** There is a logical argument for placing a levy on services that use staff trained by the public purse but many organisations may want something in return. For example, mental health charities employing mental health nurses may currently feel that providing 'free' placements for student nurses is a form of reciprocity and if a levy is imposed, there would be a good argument from their perspective for 'charging' for placements. A levy should not be implemented without much more thought being given to the detail – How will it be decided? How much? What criteria will be used? Will it have a positive or negative impact on clinical placement capacity?

**37 How should a levy be structured so that it gives the right incentives for investment in education and training in the public interest?**

**Please explain your answer:**

### **38 How can we introduce greater transparency in the short to medium term?**

Please explain your answer:

### **39 How can transaction costs of the new system be minimised?**

Please explain your answer:

### **40 What are the key quality metrics for education and training?**

**Please explain your answer:** Metrics should be more expansive than attrition and should include evidence of the impact of learning on the learners themselves and on the patients and service users they serve. Positive changes in the attitudes, knowledge and skills of learners need to be demonstrated as does the impact education and training has on (mental health) nursing practices and patient outcomes.

### **41 What are the challenges of transition?**

**Please explain your answer:** The challenges are, as always, the speed and scale of change that seems to constantly face the NHS and the risk of staff losing motivation or becoming cynical through 'change fatigue'.

### **42 What impact will the proposals have on staff who work in the current system?**

Please explain your answer:

### **43 What support systems might they need?**

**Please explain your answer:** It is a sensible proposal to encourage providers to take on existing SHA staff with appropriate knowledge and expertise – from MHNA(UK)'s point of view this would include those with knowledge and expertise in mental health education and practice.

### **44 What support should the Centre for Workforce Intelligence provide to enable a smooth transition?**

**Please explain your answer:** For a smooth transition it is essential that there is effective two-way communication between CfWI and the skills networks and that both parties understand the importance of a robust evidence base in decision making.

### **45 Will these proposals meet these aims and enable the development of a more diverse workforce?**

Maybe

**Please explain your answer:** To ensure equality of opportunity, the proposals need to be seen within the wider context of education policy and access to the professions. For example, we need to be careful that the increased entry requirements that come with all-graduate nursing and the debate over student funding do not lead to a homogenous population of mental health nurses – i.e. those that enter the professions should be selected primarily on merit and potential rather than on social or economic advantage.

### **46 Do you think any groups or individuals (including those of different age, ethnic groups, sexual orientation, gender, gender identity (including trans-gender people), religions or belief, pregnant women, people who are married or in a civil partnership, or disabled people) will be disadvantaged by these proposals or have greater difficulties than others in taking part in them? If so, what should be done to address these difficulties to remove the disadvantage?**

Maybe

**Please explain your answer:** To ensure equality of opportunity, the proposals need to be seen within the wider context of education policy and access to the professions. For example, we need to be careful that the increased entry requirements that come with all-graduate nursing and the debate over student funding do not lead to a homogenous population of mental health nurses – i.e. those that enter the professions should be selected primarily on merit and potential rather than on social or economic advantage.