

Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chweched Senedd](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)

HSC PSS 38

Ymateb gan: | Response from: Colegau Cymru

Blaenoriaethau cychwynnol a nodwyd gan y Pwyllgor Initial priorities identified by the Committee

Mae'r Pwyllgor wedi nodi nifer o flaenoriaethau posibl ar gyfer ei waith yn ystod y Chweched Senedd, gan gynnwys: iechyd y cyhoedd a gwaith ataliol; y gweithlu iechyd a gofal cymdeithasol, gan gynnwys diwylliant sefydliadol a lles staff; mynediad at wasanaethau iechyd meddwl; arloesi ar sail tystiolaeth ym maes iechyd a gofal cymdeithasol; cymorth a gwasanaethau i ofalwyr di-dâl; mynediad at wasanaethau adsefydlu i'r rhai sydd wedi cael COVID ac i eraill; a mynediad at wasanaethau ar gyfer cyflyrau cronig tymor hir, gan gynnwys cyflyrau cyhyrysgerbydol.

The Committee has identified several potential priorities for work during the Sixth Senedd, including: public health and prevention; the health and social care workforce, including organisational culture and staff wellbeing; access to mental health services; evidence-based innovation in health and social care; support and services for unpaid carers; access to COVID and non-COVID rehabilitation services; and access to services for long-term chronic conditions, including musculoskeletal conditions.

C1. Pa rai o'r materion uchod ydych chi'n credu y dylai'r Pwyllgor roi blaenoriaeth iddynt, a pham?

Q1. Which of the issues listed above do you think should be a priority, and why?

In terms of the **health and social care workforce**:

The Committee should investigate the impact of the changes to Health and Social Care qualifications (following the review conducted by Qualifications Wales in 2016) on the development of the workforce. ColegauCymru is concerned that the impact of recent changes to qualifications within Further Education programmes and within apprenticeship frameworks could be having a negative impact on both entry and progression within the health and social care workforce. We recognise the importance of all aspects of the health and social care workforce for economic as well as health reasons, particularly as Wales has an ageing population.

More widely the Committee could explore the possibility of restructuring some lower-level health and social care roles in line with the experiences of Denmark, with a view to recommending that



the Welsh Government proceed with a trial of such restructuring, including appropriate qualification/retraining/upskilling routes. Such an approach would complement the Welsh Government emphasis of the 'fair work' agenda and recognise the impact that a higher skilled workforce has on the perception of the role. Similarly, a greater degree of autonomy is an important aspect of work that is satisfying and fulfilling which ultimately reduces turnover.

On a related note, the Committee could also consider how to improve perceptions of the quality of careers and staff in health and social care. If such roles were regarded as more 'professional', in line with NHS roles, this may make such options more attractive to a range of able individuals, including those who might not previously have considered working in this area.

Earlier this year, ColegauCymru published a study about the future of Further Education in Wales. The research was conducted by a team of international experts from University of Sydney, Manchester and Cardiff (see [Enabling Renewal - FE.pdf](#) (colegau.cymru)). The most relevant aspect of the research (from page 43) is included in italics below (see 'Upgrading occupational breadth and depth').

A Committee inquiry could potentially recommend that the Welsh Government agree a trial in one or more health boards, in partnership with the FE and WBL sector (some joint sessions with the Economy, Trade and Rural Affairs Committee might be beneficial). Should the trial be successful, there would be the opportunity to reform certain health-related occupations in a way that raises both productivity and job quality/satisfaction. Ultimately, the approach could be applied to non-health areas – such as agricultural work – too.

Such an inquiry should begin as early in the first Senedd year as possible and include the NHS, Health Boards, workers in roles that could be part of the trial, Further Education colleges, trades unions and the Future Generations Commissioner's Office.

Upgrading occupational breadth and depth for hospital support workers: different experiences in Denmark and USA

*The key elements of this Danish innovation concerned the formation of hospital support workers. It involved a range of separate lower skills jobs being bundled together to create a new occupation. In essence this involved additional tasks being delegated to the role which had previously been undertaken by nursing assistants. The hospital service assistant role includes cleaning, making beds, linen service, serving meals, moving patients and patient personal hygiene. To shift to this role required 1 or 2 years training, undertaken at a vocational school, alongside working. Researchers investigating this reform found that this change increased the number of men working in the job (cleaning had previously been dominated by women) and improved job satisfaction, and reduced turnover. Sources: Eskildsen, J. and Løkke Nielsen, A. (2008) 'The upgrading of the skills of nursing assistants and cleaning staff in the Danish public sector hospitals' in N. Westergaard-Nielson (ed.) *Low-Wage Work in Denmark*, pp218-257, Russell Sage Foundation, New York, 186–217).*

Also connected to the **health and social care workforce**:

The establishment of a new medical school in North Wales provides the impetus for the Committee to consider Further Education's role as a provider of high-quality students into

medicine and associated pathways from the beginning of the school. This is particularly the case for Grwp Llandrillo Menai and Coleg Cambria but the potential role of other FEIs in Wales to develop students to study at the new college should also be taken into account. The provision of Welsh medium study options for new students at the new medical school could also be investigated by the Committee when scrutinising Welsh Government's plans. This could be part of a broader inquiry into pathways into medical schools in Wales from further education colleges and adult learning.

Similarly, the approach of Health Boards to working with Further Education colleges to meeting the full range of training needs of NHS Wales needs to be explored. This should include the potential benefits of Health Boards being specifically required to work with local Further Education colleges to meet training needs of the range of functions and roles across the NHS. A more coordinated approach would be beneficial here as Wales seeks to exit the pandemic and plan health (and care) needs over the medium to long term. The Committee could provide an insight to what is needed. In line with points raised in the previous health and social care workforce suggestion above, the potential to consider how to improve perceptions of the quality of careers and staff in health and social care should also be investigated.

As part of considering **public health and prevention**:

The Committee should revisit the work and the report of the Fifth Senedd's Health, Social Care and Sport Committee on Physical Activity of Children and Young People in light of Covid-19 and the impact on levels of physical activity. The role of Further Education colleges, existing initiatives to engage people, and the role of colleges and schools as community centres for sports and physical activity should be fully considered in as part of this reappraisal.

The Committee could refresh the report, understand the impact of Covid-19 on its recommendations, and make recommendations about how Welsh Government policy on physical activity and health can be better aligned in responding to the pandemic. This could be a short inquiry, early in 2022, after the autumn term, when post-Covid patterns of activity have had a chance to be established. It could be undertaken alongside an investigation of how the Welsh Government Healthy Weight, Healthy Wales strategy has adjusted in light of Covid-19.

Given that obesity was a significant factor in the severity of Covid symptoms, ensuring that more children and young people attain and maintain a healthy weight should be a key part of post-Covid recovery and resilience.

Stakeholders would include those involved in the original report but with a greater focus on hearing from children and young people outside of a school environment. This might be via Further Education or youth services.

Blaenoriaethau allweddol ar gyfer y Chweched Senedd

Key priorities for the Sixth Senedd

Q2. Yn eich barn chi, pa flaenoriaethau allweddol eraill y dylai'r Pwyllgor eu hystyried yn ystod y Chweched Senedd mewn perthynas â:

- a) gwasanaethau iechyd;**
- b) gofal cymdeithasol a gofalwyr;**
- c) adfer yn dilyn COVID?**

Q2. In your view, what other key priorities should the Committee consider during the Sixth Senedd in relation to:

- a) health services;**
 - b) social care and carers;**
 - c) COVID recovery?**
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Gwasanaethau iechyd

Health services

The Committee should investigate the viability of a much more closely aligned or integrated health and social care system for Wales and identify the measures required to ensure that the necessary knowledge and skills are acquired at the relevant level by existing staff and new entrants. (The structure of Q2 itself demonstrates that too often that health services and care services aren't conceptualised as part of the same system with part a) asking about health and b) asking about social care.) This should include structures, budgets, career structure, progression (salary progression), qualifications and entry pathways. Staff turnover in health professions should be investigated in comparison to turnover in care professions – especially where funded apprenticeship provision has been used – and the possibility of alignment, including a potential National Care Service, should be considered.

Such an inquiry has the potential to make radical recommendations to suggest a path for health and social care in Wales that directly addresses the issues we face rather than more of the same approach. It is no longer possible to ignore the challenges of a disjointed health and social care system as the average age of the population of Wales continues to increase, leading to greater health and social care support needs. Similarly, the low pay and perceived low skill of care sector work which contributes to high turnover needs action.

This investigation should involve a wide range of stakeholders – FE and HE, NHS Wales, Social Care Wales, students, learners (including adult learners), employers, Local Authorities – in order to be as comprehensive as possible. It may also be useful to consider other countries where health and social care is more effectively integrated to see what policy learning (rather than replication) may be possible, arranging in-person or virtual visits as necessary.

Adfer yn dilyn COVID

COVID recovery

The Committee could consider potential schemes for encouraging people who have been made redundant due to Covid to retrain for roles in the health and social care sector. This should include people at a variety of entry levels into a variety of professions, preferably with clear career paths rather than simply taking a 'fill existing vacancies' approach. Routes from adult community learning should be a key part of this.

Unrhyw faterion eraill

Any other issues

C3. A oes unrhyw faterion eraill yr hoffech dynnu sylw'r Pwyllgor atynt?

Q3. Are there any other issues you wish to draw to the Committee's attention?

Innovation in healthcare will become increasingly important over the years ahead and the Committee should continually bear in mind the need to challenge established ways of working. Further Education colleges provide a significant opportunity to develop and test applied research, whether that is through innovation in teaching, working with local businesses, or hosting a population base who may be willing to take part in testing initiatives at local or national level. The NHS is a significant employer in Wales and FEIs also provide the skilled workforce in non-care giving settings such as facilities, management, catering and other essential services alongside direct healthcare. Innovation in foundational economy sectors, including health and care, should be supported and encouraged, building on the findings of the Foundational Economy Challenge Fund experiments undertaken in the last Senedd.