

## **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 112**

**Ymateb gan: | Response from: Fforwm Gofal Cymru | Care Forum Wales**

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### **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?**

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The most urgent and present issue facing the care provider sector at this time is the difficulty in recruiting and retaining staff to provide the services that citizens need. This needs both a quick fix to get us through the next winter and a long term strategic approach. Whilst much work is being done in this area the Committee could play a role in bringing strands together to help form that.

Longstanding underfunding of social care has prevented the sector from being able to provide fair or competitive terms and conditions for many years, whilst expectations and accountability (e.g. registration via qualification nationally but also local contractually set conditions) are increasing. Social care faces competition from many other sectors fishing from the same diminishing pool of workers following Brexit, but also from the better terms and conditions that the statutory sector seem able to fund for their own employees but unable to fund for those they



commission. On the one hand we are losing staff to other sectors such as retail and hospitality as they are exhausted from the effects of the Covid pandemic and crave the relative return to normality that they see in the rest of society. On the other those who wish to remain in the sector are moving from social care to health where there are better terms and conditions and no requirement to register. Unlike other sectors, the price charged for services is set by public bodies in the main so there are limited opportunities to increase income.

Staff who need to complete the new qualification before renewing registration are finding that it is unnecessarily complicated and requires more study time than expected. We are now seeing significant numbers of long serving staff leave the sector after the pressure of the last 18 months. Additional funding has been made available to the sector during covid, but it is not always clear that this reaches providers to enable them to improve staff terms and conditions. With some local authorities already talking about increasing provision of services internally it is unclear that they have thought through the implications of decreasing staffing further amongst independent providers. This instability also impacts on unpaid carers who too often need to pick up the slack from a struggling system.

All parties in the Senedd committed to paying care staff at least the real living wage, it is in Welsh Government's Programme for Government and work has begun on this via the Fair Work Forum <https://gov.wales/social-care-fair-work-forum> . However, the Forum is clear that this is only a first step in a significant piece of work to reward care workers appropriately.

Difficulties in accessing Mental Health services also affect providers and sometimes results in breakdowns of placements in care homes.

Whilst there are several different workstreams looking at some of these issues, the Committee has an opportunity to take a wider overview of the staffing crisis, that looks at the barriers to recruitment and retention difficulties over and above terms and conditions; the availability and suitability of wellbeing opportunities for care workers; and the difference between how statutory bodies commission care services and how they fund in-house services.

Any such enquiry would need to include professional bodies such as ourselves, frontline workers and managers, regulators, commissioners and qualifications setting bodies.

## **Blaenoriaethau allweddol ar gyfer y Chweched Senedd**

### **Key priorities for the Sixth Senedd**

**C2. 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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### **Gofal Cymdeithasol a gofalwyr**

#### **Social care and carers**

The funding and commissioning of social care is clearly a key issue to be resolved in this Senedd term and the committee could play a role in examining current arrangements and proposed solutions.

See also response to c)

### **Adfer yn dilyn COVID**

#### **COVID recovery**

The combination of long covid and decreasing capacity presents a danger that the threshold for social care packages will be raised and that there will a) be unmet need, b) a greater reliance on unregulated volunteers or family carers to provide more services at a higher level and c) reduced respite services for carers. There is already some anecdotal evidence of commissioners arguing that shorter visits during covid have worked and should continue, which has wider implications for the general wellbeing and even safety of vulnerable citizens. This should be reviewed after a suitable period of time.

We are also yet to see modelling on how the pandemic will affect future demand for social care but we think it inevitable that while we have sadly lost some people who would have needed social care services in the future the after effects of covid have increased the likely need of others