

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 131

Ymateb gan: | Response from: Health and Wellbeing Alliance Subgroup on Social Care

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

Health and social care organisations have come together through the Welsh NHS Confederation Health and Wellbeing Alliance (HWA) to outline the key areas that the Health and Social Care Committee should consider in the Sixth Senedd.

The Welsh NHS Confederation HWA was established in 2015 to discuss key priorities and policy areas right across the Welsh health and care system. The HWA consists of over 60 health and care organisations from Royal Colleges, third sector organisations and social care organisations, who collaboratively pool their knowledge, insight and expertise to identify and resolve the many and varied challenges that exist within and across the system today.



Over the last 6 years, the HWA has established several sub-groups to examine specific areas of interest or concern in greater depth. The HWA sub-group on Social Care is the most recent group to be established. Like the HWA, the sub-group is represented by a diverse range of organisations looking to not only raise the status of social care but to also practically assist both local and national government with resolving the short, medium and long-term challenges that they face.

We welcome the opportunity to respond to this Health and Social Care Committee call for evidence on what priority areas the Committee should focus on during this sixth Senedd term. As a group, we have collectively identified what our immediate priority areas are and, in many respects, they align with a number of the thematic areas the Committee has already identified:

- Workforce (recruitment, retention and well-being)
- Sustainability of the social care sector
- Prevention and early intervention
- Learning the lessons from the COVID-19 pandemic
- Improved integrated model of care

In terms of prioritisation, we believe the issues identified by the first two bullets are areas that require urgent Committee scrutiny.

Workforce (recruitment, retention and well-being)

We would support an inquiry into the health and social care workforce. Workforce, in relation to recruitment and retention, is widely regarded as the most significant challenge facing the Welsh health and care system now and in the future. COVID-19 has compounded the issues of staff shortages, for example we have a significant shortage of OT's working in social care.

Specifically in terms of social care, there are now real challenges in relation to recruitment and retention both for in-house and commissioned services. Social care departments within local government have maintained a constant recruitment programme across Wales which has seen some success, but the market remains very volatile, particularly in relation to domiciliary care/care at home workforce. The sector has welcomed the support that the Welsh Government have given to fund a further national media push around the 'We Care' campaign, led by Social Care Wales, which has been matched by Local Authorities within their localities. However, both Local Authorities and independent providers are struggling to retain and recruit carers. This has always been a challenge but over recent months it has become significantly more difficult.

We have particular concerns about the resilience of the workforce supporting children's services. This part of the sector continues to face serious challenges in the following areas:

- Difficulties in recruiting qualified childcare social workers - a recurrent theme over many years but this has worsened;
- Difficulties in finding agency social workers and ever-increasing agency fee levels;
- Significant pressures in respect of high levels of unexpected absence and staff sickness; none of which could have been predicted or planned for;
- Social workers stepping down from the profession into non-professional roles due the immense strain – consequently adding to the strain on the remaining workforce;

- Staff that remain in the system becoming increasingly fatigued, both emotionally and physically.

There needs to be an urgent focus on parity of esteem with health in relation to pay, terms and conditions and career progression. We cannot wait for the investment when additional social care funding is timed to arrive in two to three years' time. We need an investment in the workforce now because within current financial envelope, local government cannot make the step change that is required.

It would be beneficial that any inquiry into the health and social care workforce also considers the impact that the COVID-19 pandemic has had on health and care staff wellbeing. Staff wellbeing across all parts of the health and care sector continues to be a key priority for NHS, social care and third sector organisations.

As part of an inquiry considering the health and social care workforce, the Committee should consider how well the current health and social care workforce is equipped to make use of innovations in digital systems in the delivery of care. Digital systems are playing an increasingly large role in the delivery of services and digital skills are an essential part of the day-to-day provision of care. However, it is important that in the move to digital solutions that full consideration is given to digital exclusion by those needing health and social care services. For example, in Wales 52% of people over 75 do not have broadband access and many older people do not use computers and smart phones so for some, digital technology is a major barrier. As older people make up a large proportion of those needing social care, it is important that they are not left behind with technological changes.

Sustainability of the Social Care Sector

The parity of esteem agenda with the NHS must extend beyond equal pay and conditions for the social care workforce. There needs to be a genuine, long-term, and sustainable funding settlement for social care, something which had been called for long before the current COVID-19 crisis. The financial short comings in relation to cost pressures and cost differentiation that existed before the pandemic must be acknowledged and understood in order to put the current period in context. For example, the Holtham report highlights that over time the proportion of older people receiving care and support has declined even though older people make up a larger proportion of the population.

Sustainability of Adult Care Services

We believe that the pandemic has exacerbated the precarious financial position that many care providers have found themselves in and calls into question the long-term viability of a number of care providers in the market, particularly within the residential care market, which have been disproportionately impacted by the pandemic. Many residential care providers remain under financial pressure, which is compounded by falling occupancy levels, either due to excess deaths or due to practical restrictions on new admissions, as well as a reduced demand for residential care.

Short-term funding has been made available to offset the cost of occupancy voids through the Welsh Government's Hardship Fund. This has been a significant financial support mechanism and we welcome the Government's continued support the remainder of this financial year. However, it is important that any decisions regarding the tapering of the support to care providers are taken in full consideration with all partners to ensure this is undertaken fairly and at the right time. If decisions are rushed or arbitrarily taken, it could hasten market withdrawal in the sector and see care homes being returned to the public sector at a time when local authorities and other providers have limited or no capacity to intervene. This means that capacity would be lost from the sector completely and may limit the level of choice when exploring longer-term provision. Moreover, it would also have a significant impact on the ability to support the hospital discharge process, which would result in even greater pressure being placed on the acute health sector, as well as domiciliary care.

We believe there is a need for a wider and more honest conversation on market reform, transparency of cost and quality improvement that goes beyond the development of national commissioning frameworks. It is reform that must guarantee care providers a much greater level of certainty regarding income but coupled with enhanced expectations about further investment in people and assets to improve and maintain the quality of provision. However, there needs to be a realisation that rebalancing the care market means increasing local authority market share, to have a full mixed model of provision. Further involvement of local government and not-for-profit providers will initiate reform that promotes co-production and social value, with a much stronger emphasis on the contribution providers can make to the lives of the people they support and to the communities in which they operate.

We need to urgently reflect on the suitability of the social care structural asset base in a bid to understand what is fit for purpose in a post-COVID society. There is a need for increased capital investment to modernise and adapt facilities and spaces – particularly day care, respite and short break provision – to allow us to embed new models and ways of working that have emerged from the pandemic. We all must support the sector to adapt and improve. Failure to do this will have an impact on revenue costs and there will be spaces and facilities that may not survive this pressure.

While there has been a real focus on protecting vulnerable adults in care homes, we should not lose sight of the support and services that are given to vulnerable adults in the community – those in supported living, in extra care accommodation or in shared lives accommodation, and particularly those receiving domiciliary care at home. Both in-house and commissioned services are under significant pressure and Local Authorities are experiencing domiciliary care packages being handed back to commissioners. This has a wider impact on reablement provision, hospital discharges, prevention of admissions and responding to urgent need.

Sustainability of Children's Services

As with adults, children's services across Wales have met the challenge of the COVID-19 pandemic by continuing to provide services to vulnerable children and families with creativity, commitment and determination. However, like adult's services they are equally under significant pressure, with increasing demand at levels not previously known, which is coupled with workforce shortages.

As restrictions have eased, we have seen changing complexity and increasing demand for services. We are already seeing the associated increases in anxiety, poor mental health and substance misuse, all leading to family breakdown. These issues are all linked to the impact of the pandemic, which is putting many children and families under immense pressure and strain. Looking to the future, more parents and children will need health and care services across the spectrum of need, delivered by a resilient and robust workforce.

While there has been considerable media attention recently on the plans the UK Government have presented the UK Parliament in relation to the creation of a UK-wide health and social care levy, this needs to be examined in a devolved context. We need to understand what the full consequential spend for Wales, whether specific Welsh legislation is required and what the Welsh Government intends to do with the money to support the sustainability of the whole social care system (both adults and children's services) over the medium to long-term. However, in the interim, we need to understand what plans the Welsh Government has to stabilise the sector until that funding comes on stream.

Support and services for unpaid carers

We would support an inquiry into support for unpaid carers and would recommend that any inquiry builds on the predecessor committee's work around the impact of the Social Services and Well-being (Wales) Act 2014 and considers any additional support required as a consequence of the COVID-19 pandemic.

As highlighted by Carers Wales, the number of unpaid carers has risen as a result of the pandemic to an estimated 683,000. ([Covid-19 Briefing: Impact on Unpaid Carers in Wales, Carers Wales, 2020](#)). Health and social care organisations recognise the significant support provided by unpaid carers and how unpaid carers are key partners in the delivery of services and maintaining the health and wellbeing of the people that they care for.

We would recommend that any inquiry also considers the impact that caring has on unpaid carers own health and wellbeing. Respite care, information and support services are key to carers maintaining their own health and wellbeing and ensuring they have an equal opportunity to stay well and active alongside their caring responsibilities. Access to these services are just as important for the person being cared for as they can be negatively impacted by a deterioration in a carer's health. The result of this could be greater demand on unplanned and emergency NHS and social care services.

Adfer yn dilyn COVID

COVID recovery

Access to COVID and non-COVID rehabilitation services

We would welcome an inquiry into COVID and non-COVID rehabilitation services. Rehabilitation needs (COVID and non-COVID) require an integrated response across health and social care. There will be many affected by the pandemic whose needs manifest across the system and will require intervention, including from the third sector, local government and housing. Rehabilitation then needs to be understood as a whole-system issue. As highlighted in our election briefing, it is important that the Welsh Government commit to a cross-sector approach to the delivery of rehabilitation services in Wales that involves the NHS, local government, social care providers, housing associations and the third sector.

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?

Public engagement

We recommend the Committee considers how the Welsh Government and public bodies can better engage and communicate with the public. There is an urgent need for a meaningful dialogue with the public about the future expectations of public services, the reality of COVID-19 recovery and the different role they need to play, with public support critical to delivering and securing policy and service change. A social movement and a national campaign would be beneficial.

There needs to be investment in a cross-governmental, national programme, backed by a comprehensive and inclusive awareness and engagement campaign, to support the public to live healthier lives and maintain their independence, take more responsibility for their health and wellbeing, manage their conditions and know how to use services responsibly. The public will need to be supported in taking more responsibility for their own health and wellbeing, with communication and co-production with the public, third and independent sectors required. The public need to become partners in managing and improving their health, rather than passive recipients of health and care.

This response is endorsed by:

Age Cymru

Association of Directors of Social Services Wales (ADSS Cymru)

British Dietetic Association

BMA Cymru

Marie Curie

MS Cymru

Parkinson's UK Cymru

RNIB Cymru

Royal College of Occupational Therapists

Royal College of Physicians

Welsh NHS Confederation