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

HSC 11

Ymateb gan: | Response from: **Arolygiaeth Gofal Cymru ac Arolygiaeth**  
**Gofal Iechyd Cymru | Care Inspectorate Wales and Healthcare Inspectorate**  
**Wales**

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## **Response from Care Inspectorate Wales and Healthcare Inspectorate Wales Consultation on the health and social care workforce**

- Vicky Poole, Deputy Chief Inspector, Care Inspectorate Wales and Rebecca Jewell, Head of Strategy, Policy and Engagement, Healthcare Inspectorate Wales
  - This evidence is submitted jointly on behalf of our organisations.
1. Thank you for the invitation for Care Inspectorate Wales (CIW) and Healthcare Inspectorate Wales (HIW) to submit evidence to the Committee's consultation on the health and social care workforce. We confirm our response can be published and do not require the committee to treat any of this written evidence as confidential.

### **Plans for implementation of A healthier Wales: our workforce strategy for health and social care (published in October 2020), including progress made to date and whether delivery is on track for 2030.**

2. Given the impact on COVID-19 it is too early to comment on whether implementation of this ambitious strategy is on track.

COVID-19 continues to have a huge impact within healthcare and social care, both on the delivery of services and wellbeing of the workforce. Healthcare and social care services are continuing to find they need to quickly adapt services and alter models of delivery, this is in order to deal with pressures which come directly from dealing with COVID-19 but is also due to efforts to restart planned care provision within secondary care and social care. This ongoing challenge which has implications that require immediate solutions and innovation is drawing focus away from considering longer term plans.

In the context of these huge pressures, it is essential workforce development plans for social care and the NHS are considered holistically to avoid NHS recruitment where there are better terms and conditions drawing capacity away from social care.

HIW and CIW have both recently set out in their Annual Report the critical importance of supporting staff wellbeing and recognising the continued impact on them as services recover and resume pre-pandemic activity.

### **The alignment of the strategy and its implementation with other priorities and actions, including those identified in the Welsh Government's Programme for Government for 2021-2026, and A Healthier Wales: our Plan for Health and Social Care (2018).**

3. In our response to the consultation of the draft strategy we supported the development of a shared framework but considered it did not address some of

the underlying systemic issues such as parity of pay, terms and conditions and equally importantly esteem.

The development of the health and social care workforce together should help to realise priorities in the Programme for Government including:

- Reform primary care, bringing together GP services with pharmacy, therapy, housing, social care, mental health, community and third sector
- Prioritise service redesign to improve prevention, tackle stigma and promote a no wrong door approach to mental health support

**The extent to which HEIW/SCW's workforce strategy and broader work on workforce planning and the commissioning/delivery of education and training, will ensure that we have a health and social care workforce which is able to meet population health and care needs, and support new models of care and ways of working, including optimising the use of digital technology and the development of Welsh language services.**

4. It is positive HEIW and SCW are working together on workforce planning. There is a danger the breadth of workforce needs of the NHS can over-shadow those of disparate social care workforce.

The focus on shared principles of compassionate leadership is important. Joint learning and development opportunities to embed this should be sought. It is rare for us as inspectorates to find a poor quality / failing service in which leadership and management is strong. We endorse the focus on creating positive and compassionate workplace culture.

Whilst the use of digital technology can be a positive enabler, it is important to consider issues of digital exclusion alongside this. Many smaller social care providers, and their staff, have limited access to the digital technology available to public sector organisations.

Within primary care, one of the key new models of delivery to mitigate COVID-19 transmission risks has been the introduction and use of digital patient appointments. This has a range of benefits for the future delivery of care but also potential risks to access which need to be explored and consulted on where appropriate.

**The mechanisms, indicators and data that will be used to measure progress in implementing the workforce strategy and evaluate its effectiveness.**

5. The actions in the plan do not have specified dates which limits measurement of progress. We recognise this is work in progress and this is an early stage in the implementation of a 10 years strategy.

**Whether the financial and other resources allocated to implementation of the strategy are adequate.**

6. We do not know the resource allocation and so are unable to respond to this question.

**The extent to which the strategy and its implementation are inclusive, reflect the needs/contribution of the whole workforce—for example, on the basis of profession, stage of career or protected characteristics—and also take into account the role of unpaid carers and volunteers.**

7. The strategy attempts to be inclusive with a focus on equality and inclusion across the wide range of roles. However it could be updated to reflect Welsh Government's aspirations as set out in its Race Equality Action Plan.

**Whether there are any specific areas within the strategy that would benefit from focused follow up work by the Committee.**

8. There is a disparity in workforce regulation. Whilst many healthcare professions are registered and regulated, unlike social care workers, there is no registration for healthcare support workers. It is important to recognise registration is underpinned by induction frameworks and requirements for continuous professional development. Yet healthcare support workers are generally more highly paid than social care workers. This anomaly could be an area for consideration (action point 14).

In developing a seamless workforce the complex issue of charging for social care whilst healthcare is free at the point of delivery remains an obstacle. Whilst outside the remit of this workforce strategy, it will continue to undermine aspirations of A Healthier Wales.

Follow up work on the areas raised in HIW's Annual Report on wellbeing initiatives to support staff, and appropriate usage of digital technology to support services and staff would be beneficial.