

**Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#)
ar y [gweithlu Iechyd a Gofal Cymdeithasol](#)**

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

HSC 22

Ymateb gan: | Response from: Hospice UK



Senedd Health and Social Care Committee consultation: health and social care workforce

Hospice UK response, October 2021

About Hospice UK

Hospice UK is the national charity working for those experiencing dying, death and bereavement. We work for the benefit of people affected by death and dying, collaborating with our hospice members and other partners who work in end of life care. Our hospice members influence and guide our work to put people at the centre of all we do. We believe that everyone, no matter who they are, where they are or why they are ill, should receive the best possible care at the end of their life.

Consultation questions

- 1. 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.**

Actions 7 and 31 from the workforce strategy outline the need to review and develop targeted schemes where there are significant shortages in professional and occupational groups and hard to recruit areas. Scrutinising progress on implementation against these actions would be beneficial to ensure that the care people with palliative and end of life care needs is being appropriately planned for. Hospice UK would particularly draw attention to the need for planning in relation to community and district nursing, and the specialist palliative care nursing workforce.

Community and district nursing

The pressure on community and district nursing as well as gaps in these services has been recognised in successive reports as having a significant impact on the delivery of palliative care for adults and children in the community. The Fifth Senedd [Cross Party Group on Hospices and palliative Care inquiry into Inequalities in Access \(2018\)](#) recommended that the Welsh Government set out an action plan to address the gaps in the community nursing workforce, highlighting that inequalities exist in the care provided to people dying in their own homes in comparison with other care locations (such as hospice, hospital or care home) due to the pressures on community nursing. With reference to children's community nursing in particular, the inquiry recommended the need to plan for the appropriate skill mix within the community nursing team to enable equal access to care for children with palliative care needs in their own homes across Wales.

This recommendation was accepted by the Welsh Government and again raised by the Fifth Senedd's Health, Social Care and Sport Committee in its report [Community and district nursing services](#). Again, the Welsh Government accepted this recommendation. It is unclear whether a specific action plan for community palliative care nursing has been developed since this point but an update from HEIW and SCW on whether they are on track to deliver this would be helpful in supporting the Welsh Government to fulfil this action.

Specialist palliative care nursing

Hospice UK undertook a snapshot of the UK-wide hospice workforce in early 2021. Of those hospices that responded across the UK, 51.24% of the workforce was 50 years old or over. This is in comparison with 40% of the NHS workforce, indicating that the specialist palliative care workforce in hospices is considerably older than that of the wider health workforce and, by extension, may require a targeted approach to workforce and succession planning in order to respond to a projected increase in future need for care.

See also response to Q.2.

2. 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).

The Welsh Government's Programme for Government includes a 'focus on end of life care', delivered in part through the National Programme for Palliative and End of Life Care under the National Clinical Framework. Given the intention for a focused programme of improvement and investment in palliative and end of life care, Hospice UK expects the implementation of the workforce strategy for health and social care to reflect the workforce needs of the sector, which should include consideration of the specialist, generalist health and social care workforce supporting people with palliative care needs. The Health and Social Care Committee may wish to take a spotlight approach to the way in which the workforce strategy responds to and is involved with the National Programme for Palliative and End of Life Care.

The specialist palliative care workforce

As part of the implementation of the strategy we would expect HEIW and SCW to work in collaboration with the National Programme for PEOLC Board to ¹build on the Review of Specialist Palliative Care 2010-2021, which considered the progress made in developing the specialist palliative care workforce against recommendations taken forward by the Welsh Government following the Sugar Review of 2008. While significant progress has been made to meet the specialist workforce requirements this review highlights gaps in:

- Consultant sessions in paediatric palliative care, which means there is unequal access to consultant advice for children across Wales.
- Whilst meeting the requirement for adult Palliative Care Clinical Nurse Specialists to work seven days a week in six out of seven health board areas, the current workforce numbers are unsustainable, indicating a need to work differently.
- Access to Specialist Allied Health Professionals is varied across the country, with many of these posts being funded through charitable sources. Added to this is the variation in access to specialist AHPs to people living in care homes, with many areas only offering access to this specialist care for people in their own homes, hospices or in hospitals.
- While there is currently access to 24/7 consultant advice across all areas of Wales, the report raises concerns about how the implementation of *The Shape of Training* may adversely affect this access by effectively reducing the number of clinicians who are available to participate in the on-call rota.

The report identifies future considerations for the specialist palliative care workforce relating to these issues which we would expect the joint health and care workforce strategy to address by working in collaboration with the End of Life Care Board and its successor under the National Programme for End of Life Care and Health Education and Improvement Wales.

Added to this, the review rightly reflects that:

"We don't know enough about the interface between the specialist and generalist workforce and how this impacts care delivery."

¹ End of Life Care Implementation Group (2021) 'Review of Specialist Palliative Care 2020-2021'

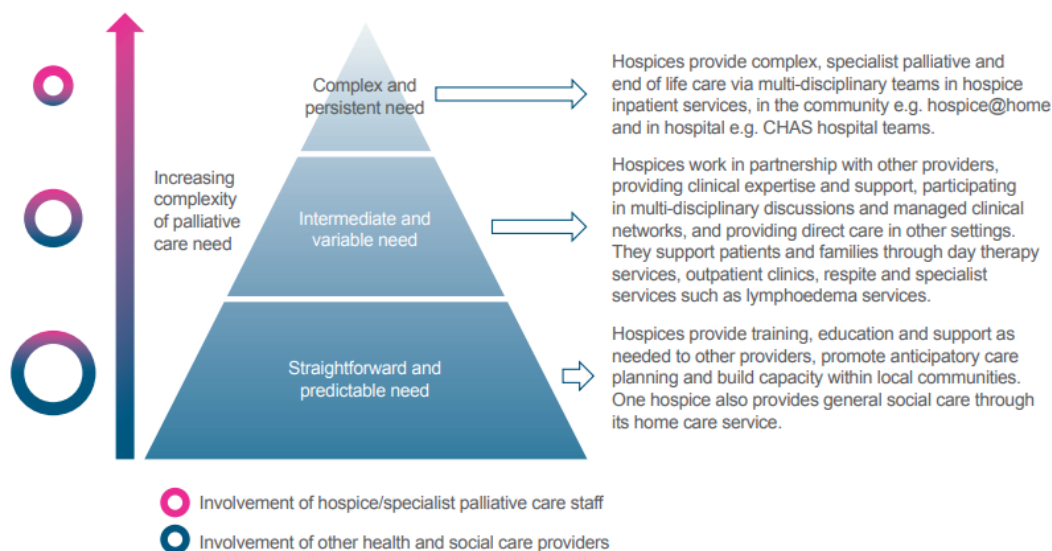
The interface between the specialist and generalist workforce

Care for a person at the end of their lives and their loved ones requires the input from a multi-disciplinary team across health and social care. For some people, this will require input from a specialist in palliative care and for many their needs can be met appropriately by 'generalists', including medical and nursing staff on 'general' hospital wards, GPs, district nurses, care home staff and domiciliary care providers.

The diagram below, taken from [The Future of Hospice Care in Scotland](#) (Hospice UK, 2021) but relevant to the Welsh context, demonstrates the involvement of the hospice and specialist palliative care workforce alongside the generalist workforce in meeting population palliative care need: the vast majority of population need will be met by generalists, supported through education, advice and training from specialists, with only the people with the most complex needs having their care primarily delivered by specialist palliative care teams. Workforce models of the future will need to respond flexibly to make the most of specialist knowledge to enable generalists to care for greater numbers of people. The Committee may wish to probe whether the workforce strategy addresses this sufficiently, including within the context of increasing palliative care need.



Hospices support people at all levels of palliative care need across all settings



3. 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.

Each year around 24,000 adults in Wales are estimated to have a palliative care need, with around 1,000 babies, children and young people thought to be living with a life-limiting condition that could benefit from a palliative care approach.

As we look to the future, palliative care need in Wales is projected to increase by 42% by the year 2040 (Etkind et al, 2017).² This is largely as a result of our growing and ageing population, with more people predicted to be living longer with multiple co-morbidities over the coming decades.

² <https://bmcmmedicine.biomedcentral.com/articles/10.1186/s12916-017-0860-2>

This is coupled with an associated shift in the anticipated place of care and death; with the number of people expected to die in their own homes increasing by over 80% in comparison with pre-pandemic levels, and the number of people expected to die in care homes increasing by over 100% by 2040.(Bone et al, 2018).³

We are not aware that this population need for health and care is identified directly by health boards, local authorities or Regional Partnership Boards. We would expect HEIW and SCW to be holding an ongoing dialogue with Regional Partnership Boards, health boards and social care providers about developing a workforce that is fit to meet future population needs, including for palliative and end of life care.

Seamless models of working

Priority 3 within the strategy is 'Seamless models of working' with Action 11 to 'Translate the workforce models being developed through Regional Partnership Boards into a good practice guide for integrated working.' Hospice UK would encourage the Health and Social Care Committee to probe into the extent that this is being realised with the integrated palliative care workforce in mind. As part of this, the Committee may wish to reflect on the impact the Covid-19 pandemic has had on integrated models of care and integrated teams.

Hospice UK's Future Vision programme in Wales, 'Seamless and sustainable' has specifically focused on the integrated approach to caring for people closer to home at the end of their lives. In our programme launch meeting with frontline workers drawn from across primary care, social care and specialist palliative care, colleagues referred to the impact the Covid-19 pandemic has had on driving forward the integration agenda for the benefit of people who need care. Of those who attended, 77% agreed that they were working in a more integrated way since the pandemic. Despite this, 37% of professionals did not believe that the improvements in integrated working would be sustainable in the long run, indicating a need for focussed planning and increased resource.⁴

The next phase in this programme will build on small group discussions held throughout Summer 2021 to consider the demand and capacity to deliver overnight palliative care in people's own homes, which has been identified as a priority for people with experience of care. This will draw on some of the solutions around integrated, cross-organisational and flexible team working put forward by frontline workers. The Committee will be interested to follow progress from this work as part of its scrutiny of seamless models of working under the workforce strategy.

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

No strong view at this stage

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

No strong view at this stage

6. 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.

Volunteers

Action 32 in the workforce strategy refers to the commissioning of a programme to understand the contribution of volunteers to inform future workforce plans. The unpaid workforce are significant contributors to the provision of palliative and end of life care and we would expect due consideration of this workforce in the programme.

³ <https://journals.sagepub.com/doi/pdf/10.1177/0269216317734435>

⁴ Taken from polling conducted during the Hospice UK Seamless and Sustainable launch meeting, 16 June 2021.

Hospice UK estimates that there were around 3,700 volunteers supporting the work of hospices in Wales in 2019 ([‘Hospice Care in Wales 2019: activity and need’](#), Hospice UK, 2020). While a significant proportion of these volunteers will have worked in roles that are not part of the direct health and care provided by the hospice, such as fundraising, administration, gardening and charity retail, a growing proportion of the voluntary workforce will be involved in providing people-facing services, including hands on care.

There is a growing body of volunteers caring for people towards the end of their lives and their loved ones through compassionate community approaches. Hospice UK’s survey of hospice community volunteering initiatives across the UK found that 70% of adult hospice respondents had a community volunteering initiative, providing wellbeing support in the community. Of those hospices that responded to the survey that did not have a community volunteering initiative, 60% indicated that they planned to develop one. ([Results from an analysis of hospice community volunteering](#), Hospice UK, 2019)

Initiatives such as these and Helpforce will be significant contributors to the Welsh Government Compassionate Cymru movement and warrant due consideration by the workforce strategy. This should include reference to related Welsh Government strategies, [including Connected Communities: a strategy for tackling loneliness and isolation and building stronger social connections](#) and [Age friendly Wales: our strategy for an ageing society](#).

Unpaid carers

Hospice UK recognises the significant contribution unpaid carers make to the care and support needed by people at the end of their lives; for many people, care in the community would not be possible without the support and skills of loved ones who provide hands on care day and night, bridging the gaps between care provided by the paid workforce.

We would expect the workforce strategy implementation to explore pilots where unpaid carers have been supported and trained to deliver care usually reserved for the paid workforce, such as the [CARiaD](#) trial – Carer administration of as-needed sub-cutaneous medication for breakthrough symptoms in home-based dying patients. This approach has been trialled in Cardiff & Vale UHB, Betsi Cadwaladr UHB and Powys tHB as well as being promoted across Wales at the outset of the pandemic through [all-Wales guidance](#). While carers should never be required or expected to take on tasks usually reserved for medical professionals, some carers have welcomed this approach which increases their involvement and responsibility in caring for their loved one, provided there is time and opportunity for professional clinicians to train and support them.

As with the relationship between the specialist and generalist workforce, the upskilling of unpaid carers to deliver medical interventions highlights the significance of the education and training element of the specialist’s role, which needs to be prioritised if we are to build a sustainable health and care system that is fit to meet greater need into the future.

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

As mentioned previously in this response, focused work from the Committee would support scrutiny of the implementation of the strategy in the following areas:

- Developing the district and community nursing workforce (for children and adults)
- Seamless models of palliative and end of life care, and their relevance to Regional Partnership Boards
- Responding to the changing dynamic between specialists and generalists, including within the delivery of palliative care, to meet greater population need. This should include the consideration of education and training as part of the specialist’s role.
- The out of hours, or overnight, workforce skilled in palliative care, including exploration of the development of flexible and cross-organisational teams to meet increasing need in people’s own homes and in the community.
- Exploration of the role of unpaid carers in delivering hands on care, including to people at the end of their lives.

Response completed by, Policy and Advocacy Manager (Wales), on behalf of Hospice UK. I confirm that I am over 18, have sought consent to use the information shared in this response and am willing for my response to be published. For further information, please contact

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