

**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 49

**Ymateb gan: | Response from: Cymdeithas Llywodraeth Leol Cymru |
Welsh Local Government Association**



WLGA RESPONSE TO THE HEALTH AND SOCIAL CARE COMMITTEE'S INQUIRY INTO THE HEALTH AND SOCIAL CARE WORKFORCE



CLILC • WLGA

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About Us

1. The Welsh Local Government Association (WLGA) represents the 22 local authorities in Wales, and the three national park authorities and the three fire and rescue authorities are associate members.
2. The WLGA is a politically led cross-party organisation, with the leaders from all local authorities determining policy through the Executive Board and the wider WLGA Council. The WLGA also appoints senior members as Spokespersons and Deputy Spokespersons to provide a national lead on policy matters on behalf of local government.
3. The WLGA works closely with and is often advised by professional advisors and professional associations from local government, however, the WLGA is the representative body for local government and provides the collective, political voice of local government in Wales.

Introduction

4. The WLGA welcomes the opportunity to respond to the Health and Social Care Committee's Inquiry into the health and social care workforce. While many of the areas of interest identified by the Committee for the inquiry are focussed on implementation of *A healthier Wales: our workforce strategy for health and social care* (published in October 2020), it is essential to acknowledge the current context within which we are all working.
5. The long-term workforce strategy has been published, with implementation starting, in the midst of a global pandemic, one which is having a disproportionate impact on the health and social care sector, and importantly on those working across the sector. The pandemic has inevitably had implications for the implementation of the strategy, with the immediacy of the current pressures meaning that the focus has been on supporting the workforce in the here and now rather than necessarily being able to focus on some of the longer-term aspirations that would have been originally envisaged as the strategy was being developed. Much has still been achieved, for example the development of a range of well-being resources and support mechanisms, including: an employee assistance programme; peer groups to support managers;

peer group for grief and loss; and a new care worker card, but appropriately so the focus up to now has primarily been on supporting the emergency response.

6. While much of society is currently looking towards the easing of restrictions and recovery the health and social care sector remains under considerable pressure, with significant stress and challenges being faced across the workforce. There are now substantial challenges in relation to recruitment and retention across the social care sector, both for local authorities and independent providers, particularly in relation to domiciliary care. The recent urgent campaign burst supporting the national 'We Care' campaign led by Social Care Wales and supported by Welsh Government has been positive but the challenges around recruitment and retention which were in existence before the pandemic remain and have now been exacerbated further. The current situation has underlined the importance of the workforce, but also highlighted the significant progress that needs to be made in order ensure the sustainability of our vital health and social care sector.
7. The workforce is fundamental to all that is required in delivering high quality services and supporting vulnerable people. The reality is that the COVID-19 pandemic has had a devastating impact on many, if not all, working in social care. When adjusted for age and sex, social care workers had twice the rate of death due to COVID-19 compared to the general population¹. Similarly, we know that COVID-19 poses a higher risk to Black, Asian and Minority Ethnic communities, and so those social care frontline workers from Black, Asian and Minority Ethnic backgrounds will have been disproportionately impacted by this virus.
8. Our social care workers continue to be exposed to high levels of personal risk, long hours in difficult environments, and also experiencing the distressing awareness that people feel when they know they cannot meet all the needs of the people they are trying to care for, or when someone they care for dies. Many will also be concerned about their own family; many will be juggling family commitments, childcare and their job and many will be working in a different way. The intense pressure on these workers and the impact on their current and future mental health and wellbeing continues to be a source of concern.
9. Dedicated staff have put their lives on the line but the importance of their roles is often not reflected in their wages, sick pay or job status. It is essential that all social care workers are offered the same recognition, support and protection as NHS workers. The WLGA has welcomed the introduction of aspects such as the social care worker card during the pandemic, however, this is no substitute for appropriate pay and conditions and a pathway to progress within a professionalised care sector.

¹ <https://www.health.org.uk/news-and-comment/charts-and-infographics/what-has-been-the-impact-of-covid-19-on-care-homes-and-social-care-workforce>

10. In advance of the Senedd elections in 2021 the WLGA published its [Manifesto](#) which identifies the key priorities where we believe the Welsh Government can help councils deliver on national outcomes and prioritise services that matter most to the communities of Wales, empowering councils to reinvigorate and rebuild public services, communities and the economy post COVID-19.
11. One of the key areas was in relation to social care in which local government called for Welsh Government to value and invest in the social care workforce, realising the need for parity of esteem with NHS workers, including ensuring the workforce is appropriately rewarded for the invaluable work they do and have a pathway to career progression within a professionalised care sector. There must be an ambition and the resources made available to pay the Real Living Wage for the whole social care sector as a minimum. Local government has since welcomed Welsh Government's commitment in their *Programme for Government* to paying the Real Living Wage and is working with partners through the Social Care Fair Work Forum to support this work, but it is essential that progress on this is made at pace.
12. In addition to the significant shocks caused by COVID-19 the health and social care sector is also likely to be among the most dramatically affected by the changes being experienced as a result of Brexit and the new entry requirements of the post-Brexit points-based immigration system introduced in January 2021. Even before COVID-19 we had highlighted concerns about potential areas where recruitment may become more challenging post-Brexit, this included within social care and health. This adds further to the already existing challenges of: recognition and reward with low pay and issues around conditions of employment; lack of career opportunities; increasing demand for services; workforce diversity; workforce skills; changing models of care; and staff wellbeing.
13. The significant contribution that the social care sector makes to the economy has previously been evidenced, with adult services alone contributing some £2.2 billion to our national economy, creating 127,000 jobs². This vital economic contribution has been recognised by the Welsh Government with the social care sector identified as one of the pillars of the foundational economy. The current *Programme for Government* commits to addressing "the damage to our economy caused by decades of austerity, Brexit and the impact of coronavirus to provide decent jobs, relevant skills and new training opportunities." It is therefore essential that social care features strongly within Welsh Government's commitment, with all avenues explored such as increased use of apprenticeships in social care, in order to help reduce staff shortages, and to ensure our most vulnerable citizens receive the care and support they need when they need it.

² https://socialcare.wales/cms_assets/file-uploads/The-Economic-Value-of-the-Adult-Social-Care-Sector_Wales.pdf

Workforce Strategy

14. Even before the pandemic health and social care organisations in Wales were facing major challenges in terms of the sustainability of their finances and their workforce. Across the UK one in ten people in the working population are employed in the health and social care sector³. The skills and capacity of the workforce is a major determinant of the quality of care and outcomes. Successful delivery of sustainable health and social care services in the future will be dependent on our ability to reshape and support the workforce to deliver new models of care. The health and social care workforce need to be empowered, well-trained and multi-disciplinary with professionals given the responsibility and autonomy to be able to meet the needs of the population within the future strategic direction.
15. Across the health and social care sector we have been dealing with staff shortages and retention difficulties. The absence of an agreed long-term vision for health and social care in Wales led us to make shorter term planning and resourcing decisions, which can pose significant problems for local government and NHS organisations in planning the workforce of the future. The fragility of the social care market also impacts on care quality and contributes to discharge delays in hospitals. Years of public finance constraint have also led to reductions in education and training placements, thereby increasing dependence on overseas recruitment.
16. We therefore welcomed the publication of the long-term workforce strategy for health and social care, *A healthier Wales: our workforce strategy for health and social care*, and the opportunity to look at how we support and develop the workforce to meet the future health and social care needs of our citizens. The importance of a joint long-term workforce strategy for health and social care that aims to deliver a resilient, reshaped, well trained workforce with the necessary skills and capabilities to meet the changing needs of the Welsh population cannot be understated. With more than half of all local government and NHS budget being spent on staff costs, there is a need to maximise the productivity of the workforce, address potential skills gaps and reduce reliance on temporary staffing arrangements.
17. We have been broadly supportive of the themes that emerged during the engagement period of the strategy's development, and the ambitions and potential ways forward for each of the themes outlined. The acknowledgement that to achieve the vision and ambition of this strategy, we all need to work together has been welcomed. Our workforce is made up of a range of people including employees in statutory organisations, contractor professions and the private, independent and third sectors. The recognition given to the importance and value of volunteers and carers is essential, making sure that they are recognised, valued and included as part of the workforce planning, along with the need for the strategy and its supporting implementation plans to encompass all these people.

³ <https://www.kingsfund.org.uk/time-to-think-differently/trends/professional-attitudes-and-workforce/overview-health-and-social-care-workforce>

18. The strategy sets out a high-level, strategic and often ambitious direction and so it is essential that all partners, including Welsh Government, the NHS, local government, the voluntary and independent sectors as well as regulators, professional bodies and education providers agree with and are signed up to the strategy. A previous Nuffield Trust report⁴ recognises that large scale workforce redesign is difficult and requires commitment from national policy makers and local leaders. For our part, local government and the NHS need to invest the time and resources that are needed to develop a workforce with the right skills and a collaborative, prevention and citizen focused culture. We need to engage our staff and trade unions in designing, planning and delivering the changes needed.
19. The workforce is the key to developing a truly integrated health and social care system. As such, long-term workforce planning needs to take account of the system that we are aiming to create through delivery of *A Healthier Wales* and should encompass the whole health and social care workforce across the public, independent and third sector. One of the biggest challenges we have consistently highlighted is in relation to the need to have parity of esteem across health and social care. This needs to be supported by a review of workforce policies, employment models and conditions across the two sectors to identify barriers to integrated working and opportunities to develop greater synergy and parity between health and social care workforces.
20. It is helpful that the strategy recognises the importance of building parity of esteem, but we also need to acknowledge the significant resources needed in order to enable this to happen. For example, we have seen Welsh Government underwriting the cost of paying the Real Living Wage to direct employees in NHS Wales, but until the recent commitment in Welsh Government's *Programme for Government* the same offer was not made to social care. Much of this work is now being led through the Social Care Fair Work Forum and it is important that the links between the strategy and this forum continue.
21. The work to build parity of esteem also needs to recognise that social services operate within local authority structures and so when looking to create equity in pay rewards it is not as simple as just rewarding social care staff with increased wages. As a result of Single Status Agreements, similar pay and conditions for all local authority staff exist, which will include social services staff, and so any changes need to be considered within current local authority pay structures and the impact on the wider local authority workforce.
22. We know that there is a pressing and increasing need to develop a workforce in both health and social care with the skills mix required to work effectively within multi-disciplinary teams and this therefore needs to be built into the education and training of health and social care professionals, including more integrated training opportunities. Enabling and facilitating career development and flexible learning within the health and social care environment also provides

⁴ C Imison, S Castle-Clarke & R Watson, 2016, Reshaping the Workforce to deliver the care patients need, Nuffield Trust

for greater stability within our services and ensures robust connections with the populations we support. This is a huge challenge. Starting with our school children, we need to enthuse and educate our young people to encourage them to pursue careers in both social care and health, widening access to these careers from within our communities. We fully support the aim to create opportunities to encourage children and young people to consider a career in health and social care and it is critical that this links with and builds on existing careers support already available, an aspect that is being taken forward following the launch of a joint careers network earlier in the year, helping to strengthen the links between job seekers and careers in the health and social care sector.

23. We need to develop the current workforce at all grades, by extending the skills of registered professionals, training advanced practitioners and developing non-medical health and social care staff. Support workers provide vital, quality, patient focused care to individuals at home, in the community and in secondary care and further investment in non-medical staff can reduce pressure on qualified staff and provide a valuable route to professional qualification to those without academic qualifications. The ambition of having 'a motivated, engaged and valued, health and social care workforce, with the capacity, competence and confidence to meet the needs of the people of Wales' is fully supported, but as highlighted previously it is essential that the resources are made available to support this.
24. We also need to train and develop the current workforce to ensure they are comfortable and capable of making the most of new technologies in meeting outcomes for individuals and increasing efficiency. It is therefore positive to see the focus that is placed in the strategy on exploiting the digital opportunities available in order to optimise the way we work.
25. Designing, planning and providing seamless health and social care services in partnership with individuals and focused on their needs will require practitioners across health and social care to work together more closely. New integrated models of care are being developed across Wales and local government is committed to increasing the pace and scale of this work and as a system to learning from good practice as it develops. We fully support the need for a theme focussed on seamless working in the strategy, with the amount of work currently being undertaken in this area and the pace of this work that is being expected, we believe that we need to be ambitious in our aim to make multi-professional and multi-agency workforce models the norm.
26. As touched upon earlier in the response the pandemic has impacted on implementation of the strategy which has meant that the focus has been on the shorter-term and supporting the emergency response, with areas of the workforce strategy needing to be prioritised in order to support the response. It has however highlighted that the ambitions of the strategy are the right ones. It is now more important than ever that we have a joined up, national workforce strategy, that is able to support all partners to move at pace to ensure that we have a resilient, reshaped,

well trained workforce with the necessary skills and capabilities to meet the changing needs of the Welsh population.

Conclusion

27. COVID-19 has reinforced the case for change that underpins the existing joint workforce strategy and undoubtedly the pandemic will continue to have a lasting impact on both health and social care in future years. The current recruitment and retention challenges reflect the need to plan ahead on the future workforce needs and while recruitment and retention are key immediate concerns, wider Terms and Conditions for the workforce need to be addressed, including the potential for career development and progression, as well as pay. As highlighted earlier it has brought into sharp focus the issues of parity of esteem between the health and social care workforce and the need to protect the safety and wellbeing of our workforce, particularly those at the front line of service provision. The need for increased focus on the diversity of our workforce, and the additional vulnerability some people face, particularly those from Black, Asian and Minority Ethnic backgrounds, have also been brought to the fore. There remains a real need to focus on staff well-being, ensuring that all workers feel valued and supported.

28. In the context of the pandemic and plans to both respond and recover we remain supportive of the need to progress the ambitions of the workforce strategy. There are immediate challenges that we need to continue to respond to collectively in relation to the workforce. Much has been achieved over the last 18 months, but it is essential that any responses are set within a long-term strategic approach. The ambitions and actions of the existing long-term strategy remain relevant in supporting us in our endeavours to help ensure that we have a workforce capable of delivering the vital health and social care services that our citizens need and deserve.