

# [Cyflwynwyd yr ymateb i ymgynghoriad y Pwyllgor Iechyd a Gofal Cymdeithasol ar y effaith pandemig COVID-19, a'i reolaeth, ar iechyd a gofal cymdeithasol yng Nghymru](#)

This response was submitted to the [Health and Social Care Committee consultation on the impact of the COVID-19 pandemic, and its management, on health and social care in Wales](#)

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Ymateb gan: | Response from: Professor Mark Llewellyn

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## **INFORMING THE COMMITTEE'S STRATEGIC PLANNING AND PRIORITISATION FOR THE SIXTH SENEDD**

Briefing Paper for the Health and Social Care Committee, Senedd Cymru

Thursday 7<sup>th</sup> October 2021

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Much has been discussed over recent weeks and months about all of the challenges facing the health and social care system in Wales. The pandemic has clearly acted as a huge stress test on an already stretched system, and we are now beginning to understand some of the impacts of this.

In order to help Members in their deliberations about priorities to consider as they set their work programme, I thought it might be helpful to bring to you an excerpt from some of the latest evidence on the experiences and views of people from within Wales and across the UK, with a particular focus on the care system.<sup>1</sup>

### **Key findings on care experiences**

- One in six adults (18%) have experienced problems with getting the right care for an elderly relative
- One in six people (17%) feel they've had to fight to get social care support for a loved one or for themselves
- One in two (52%) unpaid carers feel they've had to fight to get care or treatment for a loved one or for themselves, which is nearly double the rate (29%) for those who are not unpaid carers
- One in five (22%) people from ethnic minority backgrounds regularly care for another adult, compared to one in eight (13%) people who identify as white.

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<sup>1</sup> The data reported here comes from a survey which was commissioned by [Engage Britain](#) and conducted by Yonder to investigate themes coming out of 101 community conversations to further explore views on health and care. I am an unpaid Steering Group member for Engage Britain and was approached by them to provide my independent views on the health and social care system in Wales. [Engage Britain](#) is a registered charity, fully independent of government, using participatory methods to bring solutions to policy makers across the UK. This was a [nationally representative survey](#) of 4,010 UK adults. Online fieldwork was undertaken between 5-8 July 2021 and the data presented are weighted to the UK population profile by age, gender, region, socioeconomic grade and ethnicity.

## Key findings on funding

- Half of the people living in Britain (54%) don't know if social care is free and one in five (20%) believe it's free for all which it isn't
- The country is divided on whether people should pay for the cost of care in old age if they can afford it
- Most people (71%) see health and care services as underfunded

So, what are the implications of this? What should you be thinking about as you set your work programme for the sixth Senedd? In my view there are three areas that you might want to think about, which mirrors a number of the questions that were raised in the Committee's Meeting of 23<sup>rd</sup> September:

### 1. Ongoing challenges for unpaid carers across Wales require further attention

The burden of responsibility for unpaid carers has been exacerbated over the last 18 months during COVID. Unpaid carers provide a minimum of 96% of all the care that is provided across Wales (a figure that is likely to have grown under the pandemic), and whilst the previous Health and Social Care Committee's [report](#) shone a light on those experiences, emerging evidence from the [national evaluation of the Social Services and Wellbeing Act](#) that I am leading would suggest that the 'fight' to get support from social services as found in the survey is a daily reality in Wales. The Welsh Government has done much to respond to the recommendations made, and continues to do work hard in this regard, but further attention on this is warranted.

### 2. Concerns over the sustainability of the workforce persist, and have been exacerbated

[Research](#) that we undertook last summer pointed to the disparities in pay and conditions across the social care workforce in Wales that persist. The study demonstrated that there is evidence of variation in pay and conditions within and between each of the social care sectors and between them and the NHS. Findings showed that, while pay and conditions were consistent factors influencing recruitment and retention in the social care workforce, other important factors include the values and motivations of staff; the importance of being a 'good employer' with staff feeling valued, appreciated, supported and included; and staff feeling part of a team and having open communication with supervisors and managers. Things have now reached crisis point for many organisations, and this issue needs to be consistently monitored and reviewed.

### 3. Understanding why health and social care integration does (or doesn't) work could help

There is a clear context for the integration of health and social care in Wales, with the most recent iteration of this aspiration in the Welsh Government's [A Healthier Wales](#). At the frontline, high-level strategic statements policy statements need to be implemented and operationalised. This is not often an easy task. One of the ways to more effectively integrate work across health and social care practice is for practitioners within those teams to become more informed and reflexive about what works for them and why. There is an important precedent for this in Wales as part of the education reforms under the umbrella term of [Curriculum for Wales](#) which has sought to build a growing network of schools who have developed a range of enquiry skills to explore professional learning requirements for the new curriculum. Might it be possible to develop an approach to professional enquiry within health

and social care that could be used across the whole of Wales to build integrated health and social care teams that are more aware of how to optimise their working relationships?

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