WF 25
Ymchwiliad i gynaliadwyedd y gweithlu iechyd a gofal cymdeithasol
Inquiry into the sustainability of the health and social care workforce
Ymateb gan: The Delivery Unit
Response from: The Delivery Unit

Health Social Care and Sports Committee Consultation

Inquiry into the sustainability of the health and social care workforce

The Delivery Unit welcomes the inquiry into the health and social care workforce and the opportunity to provide a response to the Committee's consultation.

The Delivery Unit (DU) is responsible for the functions of assurance, improvement of performance and supporting delivery within the NHS. In order to achieve this it works in partnership with statutory and non-statutory health and social care agencies. The health and social care workforce are therefore of significant interest to the DU.

Do we have an accurate picture of the current health and care workforce? Are there any data gaps?

Data on the workforce within Health and social care have improved and are likely to have become more standardised as a result of initiatives such as the Knowledge and Skills Framework. However, ensuring that steps are taken to maintain accurate records of the workforce, its age profile, skill-base and geographical deployment will help to ensure that the picture is accurate and that the data can inform workforce planning.

Among the issues that need to be considered to improve workforce intelligence are the number and nature of posts being held by staff approaching retirement. This will allow improved business continuity planning and the potential for skill deficits in particular specialisms and geographical locations to be addressed.

Whilst health and social care may be keeping improved data on their individual workforces the necessity to draw these data together to provide a more coherent picture of the total workforce is not well developed. Furthermore within local authorities they have services outside formal social care services that impact very considerably upon the work of the health and social care sectors. For example; education services, in their health care support and pastoral care functions will employ schools based counsellors and teaching staff specialising in special educational needs. Housing services play a very significant role in supporting people to remain at home whilst receiving significant packages of support. Communities First programmes undertake important work to make communities more sustainable and create the environment necessary to enable communities to support people with long term conditions including dementia.

The third and independent sectors continue to provide a very significant part in the mixed economy of health and social care services. The workforce within these sectors needs to be considered. If these sectors are unable to staff their services the impact upon statutory services is considerable. It is

likely that the full picture of the workforce of these sectors is not fully understood particularly given the likely fluidity of this workforce and the nature of the contracts held by staff for example the greater prevalence of part time working and zero hours contracts.

These difficulties are exacerbated by the different sectors recruiting from the same workforce. This can have the effect of "robbing Peter to pay Paul" within and between agencies, especially when new services are designed or one sector has a recruitment drive.

- Continuing to build intelligence on the current workforce and future workforce needs is required using a cross-sector and more integrated approach.

Is there a clear understanding of the Welsh Government's vision for health and care services and the workforce needed to deliver this?

A significant number of health and social care policy documents have been produced by Welsh Government which have workforce implications. These documents frequently set out a vision for a more community based model of care, with greater integration of health and social care services and a reduction in the reliance upon hospital and other care settings and sustaining people within their own homes and communities. This policy has in recent years been encapsulated within legislation with the same intent

It is not clear that this vision has translated into the undergraduate and vocational training of health and social care professionals and support staff. Nor has it been adequately integrated into workforce plans.

- It will be necessary to provide vocational qualifications to undertake sensitive roles within this workforce.

How well-equipped is the workforce to meet future health and care needs?

The ageing population within Wales means that more people are living longer with increased numbers living into their 90s and beyond. This ageing population is more likely to have a number of co-morbid conditions. This will include long term conditions such as diabetes, cardiac heart disease complicated by obesity and for many an accompanying mental health condition such as anxiety, depression and/or dementia.

In order to build sustainability into health and social care services these people's needs will need to be met within the community, but with likely periodic hospital admissions.

The current arrangements in the delivery, planning and training of the workforce do not currently reflect this changing need. The workforce tends

to be “siloed” into community services hospital, services and a separation between physical and mental health divisions. Training the future workforce to work across community and hospital settings meeting people’s complex needs will be vital in building a workforce with the skill set required to meet existing and future challenges. Increased specialism can lead to the unintended consequence of a fragmented approach to delivery.

Unfortunately the expertise of genericism is not as highly valued as the more apparent expertise of the specialist. Working with frailty in older people and greater complexity more generally will require expertise across a number of fields.

- There is a need therefore to recognise and promote the value the role of the “expert generalist” and to develop a workforce drawn from a range of backgrounds.

What are the factors that influence recruitment and retention of staff across Wales? This might include for example:

The opportunities for young people to find out about/experience the range of NHS and social care careers;

Encouraging people to seek a career in the health and social care sectors is vital if we are to grow the workforce required in the future. Importantly this may be enhanced by identifying the transferability of skills acquired within these sectors into other areas of work. Recent trends suggest that it is less likely that those people who come into the workforce will remain within it throughout their lifetime. People will work for longer and will be more likely to be more mobile moving between sectors throughout their careers. This movement will need to be planned for but may well bring benefits as people bring fresh ideas and experience into the health and social care sectors. Engaging pupils in school and colleges of higher education and further education will be critical in stimulating people to gain the skills required.

It is not just children and young people that need to see the potential of working within these sectors. The extension of people’s working lives into their 70s and the mobility of the labour market provides opportunities for middle aged and older people to consider career transition into the health and social care sectors. This is likely to become more important due to the increasing pressure to reduce immigration and the potential to attract qualified and unqualified staff into these sectors from the EU and beyond.

- There is a need to stimulate interest in a working in health and social care settings among young people but also in older people with an interest in making a career change

Education and training (commissioning and/or delivery);

Developing more appropriate services requires a well-educated and well trained workforce with the range of skills necessary to meet the future needs of people using services and the sectors providing them. This will require education in a range of settings in preparation for work within the statutory, third and independent sectors. There will also be a need for continuing professional development within the workforce with staff being trained and provided with other opportunities to acquire the skills and competencies necessary to care and treat patients and clients most effectively. Particular attention should be paid to training which enables career development. For example health and social care support staff could, through training, be enabled to develop their careers qualifying within relevant professions. This will enable a greater commitment to the service. Furthermore it will not mean that those people who may feel they have reached a career ceiling have to leave services to progress, and the consequent loss of their knowledge, skills and experience.

It may provide a more diverse workforce better representing the needs of minority groups and people from socially deprived communities. People from these communities may find it difficult to enter health and social care professions through traditional routes but may have specialist skills such as cultural awareness or language skills including British Sign language that can tailor service provision to local community need.

- Different delivery models and entry levels to training may be required to develop diversity and flexibility in the workforce.

Pay and terms of employment/contract;

In order to develop and sustain the necessary workforce a more flexible approach to work with terms and conditions that better reflect the way that families meet employment and caring responsibilities determine the manner in which this balance is struck. This is not always embraced by organisations in spite of policy frameworks seeking to achieve greater flexibility. The results of staff surveys should be used on a National level to inform how the workplace needs to adapt to improve staff retention.

Enabling 7 day services reaching into the evenings and night as required may be attractive to some families with child care and other family care commitments. However if flexible working does not generate a sufficient workforce which prefers to work in this way services may need to consider creating incentives for people to work “anti-social” hours.

- Greater flexibility in terms and conditions may be required. Considerations may need to be given to financial or other incentives to attract the workforce required.

Whether there are there particular issues in some geographic areas, rural or urban areas, or areas of deprivation for example.

Addressing the needs of particular geographical areas is critical. Rural communities are ageing with many young people leaving to find work and many older people retiring to rural and coastal locations. There are disincentives for people to commute to rural areas to work including the cost of commuting, frequently by car as a necessity, the addition of commuting time to the working day etc.

This has led to a depletion of the workforce required. Strategically planned steps should be taken to attract people, young and older, into the health and social care workforce from within these communities.

It may also be necessary to create a rural weighting to incentivise people to work in these settings. This could include enhanced travel and subsistence and a formal rural weighting being applied to jobs in very rural settings or in deprived communities with a history of recruitment and retention problems.

- Particular focus is required to ensure that rural areas and deprived communities are adequately served.

Once again the DU welcomes the opportunity to contribute to this consultation and would ask the committee to accept its comments above as part of this consultation.