

WF 35

Ymchwiliad i gynaliadwyedd y gweithlu iechyd a gofal cymdeithasol

Inquiry into the sustainability of the health and social care workforce

Ymateb gan: Leonard Cheshire Disability

Response from: Leonard Cheshire Disability

Health, Social Care and Sport Committee
National Assembly for Wales
Pierhead Street
Cardiff
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Dear Health, Social Care and Sport Committee,

Thank you for the opportunity to contribute to your inquiry into the sustainability of the health and social care workforce.

Inquiry into the sustainability of the health and social care workforce

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

Without access to Welsh Government data collection exercises, it is difficult to be definitive in answering this question. Clearly, Leonard Cheshire Disability has an accurate picture of its own workforce, but there is no clear, publicly-accessible picture of the overall workforce in Wales. Our impression is that the overall workforce does not have sufficient numbers to accommodate demand.

It would be of great benefit to service providers such as Leonard Cheshire to have estimates on the number of people likely to come into the care system over the next decade. Ideally, such estimates would include all areas of care such as care at home, supported living, respite, residential, residential with nursing care, elderly care, specialist care. We would recommend that the Committee asks the Welsh Government whether it has mapped out the services required now, and year on year over the next decade. We would also recommend asking it whether it has a clear picture of what services it will need to commission to meet this demand over the near future.

Anecdotally, commissioners have indicated to us that supported living units are no longer being built, despite these units offering flexibility and independence for an individual in receipt of care. It would be helpful to have clarification on this from the Welsh Government.

Likewise, it would be helpful to know whether there have been impact assessments on the closing of day services by Local Authorities. In particular, it would be valuable to know whether the users of such services have taken up provision elsewhere, and whether such closures have impacted on their emotional and/or mental health impact.

There remain huge challenges around the delivery of health and social care in rural areas. Developing staff with a multi skill set (and potentially roles/job descriptions that would not be found in traditional models of health/social care) may deliver efficiencies and provide a more coherent service for users, by reducing the sheer number of people required in the delivery of services. If a nurse can spend an extra time on a visit combining tasks and performing duties that would traditionally be undertaken by a carer, not only is there a cost-saving, but the service user can build up more of a relationship with the person assisting them. Vice versa carers could be skilled up in additional nursing tasks similar to the nurse assistant role already established on NHS Wards to create a service which traditionally delivered by a nurse could in fact be delivered by a carer/nurse assistant.

We recognise also the need for there to be consistency across Wales and would recommend that the Committee presses Welsh Government to produce uniform clear guidance across Wales on delegated responsibility as currently different LHB delegate clinical responsibilities differently from one LHB to another.

In certain circumstances, it may also be appropriate to formalise (through payments) the informal care often already being given by neighbours and the wider community around a person receiving.

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

Not yet.

There is a clear awareness of the need to professionalise the care sector and we have had some information as to what this would look like. But in some aspects there remains limited detail. The creation of Social Care Wales and the aspirations of the Social Services and Wellbeing Act 2014 clearly represent a significant step forward for the care sector. However, there remain risks around making a qualification part of the registration process. It is currently possible that training companies will spring up with an advertising emphasis on 'fast tracking' prospective carers through to an NVQ (so that they can start getting paid), rather than focus on actually providing meaningful learning. We do not yet have clarification on who will be delivering the training and accreditation for this QCF/NVQ, which will be critical and needs to be planned strategically. Qualifications need to be competency based as we have many good carers that are not academic but are excellent carers and for some the thought of a formal qualification will

distress some carers and act as a deterrent so formal qualifications need to be managed with this in mind and not create situation where carers leave the profession.

We would recommend that the Committee presses the Welsh Government on the issue of how training will be delivered, because the clock is ticking.

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

As noted above, we believe the overall workforce has insufficient numbers to accommodate the demands placed upon it.

This is not always obvious, because some agencies are able to fully recruit, while others cannot. An underlying driver behind this inconsistency is that Local Authority commissioned care staff are generally paid less than Health Board staff, and Health Board commissioning tends to be at better rates than Local Authority commissioning. A standardised pay rate would minimise the potential of staff jumping from employer to employer.

Not everything is about pay though. We believe providers should work with Social Care Wales to provide a pathway for those that want to get into management and senior management, and a pathway for those who want to be highly skilled carers, nurses or social workers. It is important to build a perception of care as a career and bring people into the sector. We should also be working with colleges and universities, looking at how to promote care as a career. At the moment it is very difficult, as the infrastructure and funding is not in place.

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

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

We believe secondments are an important element in developing opportunities.

Ideally, we could collaboratively work with other providers and promote the sharing of staff, to keep them interested in care. However, the competitive nature of tendering means that such collaborative working is often heavily dependent on individual relationships being fostered.

b) education and training (commissioning and/or delivery);

As noted above, it would be extremely valuable for the Committee to press the Welsh Government on who and how qualifications will be delivered.

As noted above, we need clear progression pathways and direction for staff, whether they are seeking to be a skilled carer, a nurse, a social worker, a manager or a senior manager. The training available to staff needs to match such pathways.

c) pay and terms of employment/contract;

As noted above, standardising pay and contracts would help to balance out staff across the sector. The Committee may wish to press for clarification on what the average pay of a carer currently is.

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

As noted above, we are aware that there are particular issues around the delivery of care in rural areas. Further research into this question- perhaps commissioned by Social Care Wales- could provide illuminating answers.

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