Sustainability of the health and social care workforce

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Summary of consultation responses

Over summer 2016 the Health, Social Care and Sport Committee ran a consultation and survey on the sustainability of the health and social care workforce.

The Committee received 36 responses to its written consultation, representing a wide range of health and social care organisations and professional groups. A full list of respondents is attached as Annex A. A summary of some of the key themes raised by stakeholders in their consultation responses is presented here. The detailed responses are being used to inform the Committee's work programme and high level strategic objectives for the Fifth Assembly, and will also feed into relevant, specific pieces of work such as the Committee's inquiries into medical recruitment and primary care.

There is an accompanying analysis of the survey results.

Some common themes were identified in both the written consultation and the survey responses from frontline staff. These included:

- the need for **greater promotion** of the wide range of health and social care careers, among young people and also older people who may be seeking a career change;
- improving the **accessibility of training**. For example, routes for people without formal academic qualifications to enter professions, more focus on 'practical' training, and greater support for ongoing professional development;
- making the **health and well-being of the workforce** a priority.

Other key issues discussed in more depth in responses to the written consultation included:

- a lack of robust, comprehensive **data** about the health and social care workforce;
- delivering more education and training in **community settings**, to reflect the direction of travel for healthcare services;
- taking action to recruit more people **locally** from within rural and deprived communities;

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- a need for staff with a broader **mix of skills**, able to provide more holistic care. The workforce will need to work flexibly across a range of settings, rather than within professional and organisational silos;
- **social care** is under-valued as a profession, yet care workers will play a vital role in meeting future population needs and enabling the delivery of more care in community settings.

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

There was general agreement that we **do not have an accurate, comprehensive picture** of the overall health and social care workforce. This is a barrier to effective workforce planning. There **isn't a joined-up approach** to data collection – types of data/methods of data gathering can vary across sectors, organisations and professional groups, and there's often a **lack of robust data at national level**. Specific issues/data gaps were highlighted in relation to:

- skills/competencies of staff
- vacancies
- prevalence of part-time working
- use of temporary staff
- staff satisfaction
- staff in primary care and community settings
- social care staff
- unpaid carers
- the independent health and care sector
- the voluntary sector
- staff in services outside formal health and care services, for example in education or housing, who may have a significant role in supporting health and care needs.
- Welsh language skills of staff

> *"There are no national figures on vacancies in registered nurse posts and no meaningful figures by Local Health Board either."* (Royal College of Nursing)

> *"while we have a good picture of the number of paediatricians and gaps in paediatric units, we need a better picture of the paediatric workforce overall – in particular GPs, children's nurses, health visitors and CAMHS."* (Royal College of Paediatrics and Child Health)

Some stakeholders noted that the planned registration of domiciliary care and adult residential care workers would give us an improved picture of the social care workforce.

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

While there is a broad understanding of the direction of travel for health and social care services, some respondents suggested that the Welsh Government's vision, and their role in delivering this, may be less clear among frontline workers.

Several stakeholders, representing a range of organisations, described a **disconnect between the 'vision' and service/workforce planning**. There is a lack of clarity about what services will be needed, and what workforce is needed to deliver these.

Workforce planning often happens in **silos**, whereas a whole system, joined-up approach is needed. Some respondents emphasised the need for a comprehensive workforce strategy.

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

The majority of respondents highlighted concerns about current and future **staffing capacity and ability to meet demand** in their particular specialisms or areas of practice. These were wide-ranging, and included: audiology; children's services; general practice; medical physics and clinical engineering; midwifery; neurology; nursing (particularly children's nursing, district nurses, nursing in the care home sector, specialist cancer nurses, and theatre nurses); occupational therapy; ophthalmology; paediatrics; pharmacy; psychiatry; social care; speech and language therapy; unpaid carers, and; visual impairment.

> *"the current workforce is unable to meet the needs of visually impaired children and young people (…). Unless things improve children and young people in Wales with visual impairment will fail to achieve their full potential and will be unable to take advantage of life chances."* (Guide Dogs Cymru)

Unison and Marie Curie Cancer Care highlighted the potential destabilising **impact of Brexit** on the health and care workforce, and the need for contingency plans to be put in place.

There was a clear view that the workforce will need to evolve to meet future needs. Workforce planning, and education/training of the workforce, must enable **more flexible working across a range of settings/sectors**.

> *"Integrated working and shared outcomes with health and social care partners should be the norm; physicians and medical teams should spend part of their time working in the community in order to deliver more specialist care in, or close to, the patient's home."* (Royal College of Physicians (Wales))

There will be a role for staff with a **broad mix of skills**, capable of providing more holistic care. The importance of **developing the existing workforce** was emphasised. There's also a need to maximise the role of allied health professionals.

> *"Learning and development has been strong in the fields of child care and mental health but weaker in that of work with older people. (...). Older people access services in larger numbers than in other service areas so the lack of emphasis on appropriate training could be viewed as somewhat perverse."* (British Association of Social Workers Cymru)

The **ageing population**, and need to support increasing numbers of people with **chronic conditions and complex health/care needs**, was highlighted. Some stakeholders described a need for more geriatric specialists, and for more doctors with generalist skills (reflecting the findings of the UK Shape of training review). It was also suggested that there will be a **greater need for support workers** – this role will make a significant contribution to the future delivery of integrated health and care services. Training/competence frameworks should support the development of support workers **aligned to pathways rather than professional groups**.

What are the factors that influence recruitment and retention of staff across Wales?

Some stakeholders, as a general point, suggested there's a lack of evidence and understanding about the factors which affect recruitment and retention of staff.

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

Some respondents described a **lack of unbiased information** about health and social care careers, highlighting the role of negative media.

There's a fragmented approach to recruitment campaigns and career events, which are often profession-specific. There's a need to develop **more co-ordinated campaigns** to promote new, integrated ways of working.

There tends to be a focus on the more 'obvious' healthcare careers – greater **promotion of the wide range of professions**, roles and specialisms is needed.

> *"young people should be targeted at secondary school age and medical schools to be well informed of NHS careers. Work experience, careers fairs and Young People's debates on Mental Health provide young people the experience and knowledge to make an informed decision about their future career." (Royal College of Psychiatrists in Wales)*

A number of stakeholders highlighted the importance of **engaging with young people** at an early stage, and suggested that stronger links could be developed with schools/colleges, before career options are narrowed by subject choices etc. It was noted that outreach activities to schools and work experience opportunities were limited due to staffing pressures and lack of formal support.

The Delivery Unit also highlighted the need to stimulate interest in working in health and social care settings among **older people who may be seeking a career change**.

Education and training

A number of stakeholders talked about the **accessibility of training** in some areas. For example, some people from more deprived communities may find entry to health/social care professions difficult through traditional routes, but may have particular skills (e.g. cultural awareness, language skills) which would help tailor services to meet local needs. Care Forum Wales also said that many existing care staff may have poor experiences of academic education – training needs to be practical, and build skills through practice rather than formal education.

> *"We need to be able to support a mobile workforce that can move between sectors, underpinned by training, qualification and progression opportunities. Career pathways are vital and we need to be able to support the workforce to be able to follow easy routes within and between health and social care, recognising the value of experience and not just simply qualifications."* (Welsh Local Government Association/Association of Directors of Social Services Cymru)

The Executive Directors of Therapies and Health Science suggested that **apprenticeships** could provide an opportunity to develop a local workforce in some of the most deprived areas. The Welsh NHS Confederation raised concerns about the impact of the Apprenticeship Levy[1].

Some respondents highlighted that **training rotas which cover the whole of Wales** (such as for junior doctors), may deter some from undertaking their training here. (This point was echoed by some of the medical students we spoke to during the Committee's visit to Cardiff University). The British Medical Association suggested that use of more geographically-concentrated training rotas could help to address this concern.

A number of stakeholders highlighted the need to increase **education/training placements in community settings**, as this is where most care will be delivered in the future.

[1] Further information – Research Service, The Apprenticeship Levy (June 2016)

"North Wales is piloting a new approach to the Pre-registration year for pharmacists which includes a split between community, hospital and primary care pharmacy in order to better equip individuals for a career in pharmacy rather than a sector specific career." (Royal Pharmaceutical Society Wales)

Another key theme was the development of **joint training across professional groups** to support integrated working.

"We support a greater emphasis on the use of multi-disciplinary teams in the planning and delivery of healthcare and believe that multi professional training programmes have a role to play in encouraging respect and understanding for other roles in the provision of service." (Royal College of Midwives)

Traditional education/training programmes can take a number of years, which can make keeping pace with changing demands difficult. There may be a role for innovative, fast-track schemes to enable a more rapid response.

It was also suggested that there is sometimes disparity between training courses provided and actual posts available:

"Where numbers of staff are very small, accurate workforce planning is difficult and the availability of vacancies to match training course outputs is unpredictable. This is a major issue. Some good staff are 'lost' and Health Boards should be encouraged to provide flexibility." (Institute of Physics and Engineering in Medicine)

The importance of **ongoing training and professional development** was emphasised by many respondents. The College of Occupational Therapists noted that access to post-registration development activity was much more limited for staff employed in local government as opposed to the NHS.

Age Cymru and the Older People's Commissioner emphasised the need for dementia training across all health and social care staff (except paediatrics).

Pay and terms of employment/contract

A number of respondents suggested that pay and employment/contract terms have a significant impact on recruitment and retention. This was felt particularly strongly in relation to the social care workforce. Responses described **comparatively low employment standards in social care**, despite the high levels of responsibility the work may entail. The issues go beyond pay and terms and conditions however:

A clear theme in responses was that social care is **under-valued as a profession**. Action is needed to ensure care work is recognised as a positive career choice. This is particularly

important given the move to deliver more care in community settings and support people to remain at home.

> *"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."* (Leonard Cheshire Disability)

Stakeholders highlighted a **high turnover of social care staff**, and identified a number of factors which may affect recruitment and retention including lack of recognition, stigma associated with care work, low pay, use of casual and zero-hours contracts, long hours and irregular shift patterns, rotas/time pressures, lack of career structure, and lack of opportunities for training and development. This may be even more the case in the independent sector, which provides a significant amount of social care services.

Some respondents told us that there's no parity of esteem between social care and other professions. There could be tension between frontline staff working side by side when those employed in social care are on different (generally inferior) terms and conditions to NHS workers. This could be a barrier to integrated working.

The Care Council described a lack of strategic approach to recruitment in social care, and the need for a holistic careers recruitment/retention framework.

While recognising the importance of a properly-remunerated workforce, a number of stakeholders highlighted the financial pressures on social care providers, to the extent that the introduction of the national living wage could have an impact on the sustainability of some services.

Wellbeing of staff and carers

Several stakeholders told us about the importance of **staff's own health, wellbeing and safety**, and that this should be given greater priority. The British Medical Association is calling for an all-Wales, occupational health service for NHS staff. The British Psychological Society suggests that too little focus is given to psychological health & wellbeing at work, and that greater promotion of this would have a positive impact on the sustainability of services.

The Carers Trust highlighted the importance of adequate support for unpaid carers:

> *"Replacement care and short breaks play a vital role in protecting the well-being of both carers and those they care for. Similarly, there is a large evidence base that supports the economic case for investing in support for carers – doing so reduces demand upon both health and social services."*

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

A number of respondents described factors which may make recruitment and retention more difficult in rural areas, including:

- a perception that hospitals in rural areas may offer less training opportunities;
- rota gaps can mean isolated working, with not enough face to face consultant teaching time;
- rotas may be more demanding in smaller hospitals;
- distances/travel time, and need for access to a car;
- availability of work opportunities, schools and services for family members;
- 'brain drain' to urban areas;
- rural communities are ageing – many young people leave to seek work and many older people retire to rural/coastal locations;
- a perception that Welsh language ability is a requirement in some areas.

Some possible solutions were identified such as:

Developing **training pathways in rural/remote healthcare** (and advertising these widely).

Developing staff with **multi skills sets**, and roles that wouldn't be found in traditional models of care. This could provide an efficient and coherent service for users, and reduce the volume of people needed to deliver care.

Providing **incentives** such as opportunities to obtain additional qualifications or formal experience in service development/leadership roles. Also rural weighting, or enhanced travel and subsistence.

Taking action to **recruit more people from within these communities**, including both young and older people. There could be more effective local promotion of careers and education/training opportunities. The participation of local services in the recruitment process (for example at university entrance) may be of benefit.

Increased use of **technology**, in training and the delivery of care.

> *"SLTs [speech and language therapists] in Wales are currently developing a range of telehealth projects to support access to specialist services within more rural communities. As an example, the Macmillan Telemedicine project is a joint project between Abertawe Bro Morgannwg University Health Board and Hywel Dda University Health Board which enables people affected by head and neck cancers in sites across Hywel Dda University Health Board to access consultations via videoconference removing the need to travel to Singleton Hospital for appointments."* (Royal College of Speech and Language Therapists)

Cymorth told us that a properly remunerated social care workforce has the potential to have a significant impact on quality of care and the sustainability of rural communities.

Welsh language

Several respondents highlighted the need to **develop and support Welsh language skills** among the workforce.

Cardiff University School of Medicine told us that there's a **lack of accurate data on Welsh language ability.** This is self-reported data, and skills may be hidden due to lack of confidence. This also makes it difficult to identify Welsh-speaking mentors/academic supervisors in the workplace for Welsh-speaking students.

It was also suggested that a perception that ability to speak Welsh is an employment requirement could be a barrier to recruitment in some areas. A broader point however – in relation to recruiting from outside Wales – was that there may be a lack of awareness that NHS Wales and NHS England are separate organisations with different policies, values and opportunities.

Annex A – Consultation respondents

01	Age Cymru
02	Older People’s Commissioner for Wales
03	Macmillan Cancer Support
04	Guide Dogs Cymru
05	Royal College of Nursing
06	Community Pharmacy Wales
07	Royal College of Physicians (Wales)
08	Association of Independent Healthcare Organisations
09	Royal College of Physicians of Edinburgh
10	Royal College of Psychiatrists
11	College of Occupational Therapists
12	Welsh NHS Confederation
13	UNISON
14	Cardiff University School of Medicine
15	Royal College of Midwives
16	Royal College of Paediatrics and Child Health
17	British Association of Social Workers Cymru
18	Hywel Dda University Health Board
19	Directors of Therapies and Health Science
20	Multiple Sclerosis Society Wales
21	Cymorth Cymru
22	Royal Pharmaceutical Society Wales
23	The British Psychological Society
24	Marie Curie Cancer Care
25	The Delivery Unit
26	Institute of Physics and Engineering in Medicine
27	Welsh Local Government Association and Association of Directors of Social Services

28 Care Council for Wales

29 British Medical Association Cymru Wales

30 Royal College of Pathologists

31 Care Forum Wales

32 Carers Trust Wales

33 Royal College of Speech and Language Therapists

34 Betsi Cadwaladr University Health Board

35 Leonard Cheshire Disability

36 RNIB Cymru