

WF 21

Ymchwiliad i gynaliadwyedd y gweithlu iechyd a gofal cymdeithasol
Inquiry into the sustainability of the health and social care workforce

Ymateb gan: Cymorth Cymru

Response from: Help Wales

Inquiry into the sustainability of the health and social care workforce

Cymorth Cymru welcomes the opportunity to respond The Health and Social Care Committee, regarding forthcoming priorities. The committee oversees a broad variety of areas that are of great importance to our organisation and to our sector, some of which are outlined below

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

The current health and care workforce in Wales spans several different forms of care, all possessing different needs but sharing similar core needs. As suggested in John Kennedy's workforce work for adult social care from 2014, introducing a single assessment instrument (providing real data on quality indicators, dependency profile and resource needs) could give an understanding of the care home sector, as well as valuable data to measure quality. It could provide a national statistical database to inform strategic planning for the future of health and social care.

While at times it can feel like the care sector often suffers from the amount of paperwork, in Wales we still have very little objective statistical data on care and the way in which people work within it. As Kennedy pointed out in 2014 we have no cross-sector way of measuring case mix, age profile, prevalence, conditions, complexity, and length of stay. Lacking this kind of information makes it difficult to strategically plan, as we have little knowledge of the workforce.

As well as finding a way of capturing the basic information mentioned above, we need to look at ways to remedy the lack of robust data about the economic benefits of the care workforce.

Areas we feel need immediate data attention are:

- Morale trend changes
- Economic contributions of the care workforce
- Hours worked by individuals
- Training given to individuals
- Requirements for sustainable funding for the sector, based on the market analysis pilot due to be extended further

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

The Welsh Government's vision includes the Social Services and Wellbeing (Wales) Act. This Act recently came into force in April 2016 outlining the vision for the delivery of health and social care. However we believe more work needs to be done with organisations and employers to ensure they are fully informed about what that Act means for their organisation and any changes that will need to be made to comply with the Act.

The increase in the National Minimum Wage and subsequent progression towards a National Living Wage has shown that there have been efforts made by the Westminster Government to place more value on a lower-paid workforce. It is certainly welcomed as a broad policy, and will go some way to appropriately paying staff that our communities are increasingly reliant on.

However, the financial consequences of this remain unresolved and pose a major risk to the social care market. The consequences of provider / market failure will be felt far more widely than simply in local authorities and providers, with major consequences for the National Health Service in Wales. This policy change in the National Living Wage is a clear signifier of the lack of importance paid to the social care workforce as part of the wider economy as a whole (by Westminster policymakers) – the change in the National Living Wage will have a huge impact on social care and other publicly funded services, and it does not appear to have been fully thought through.

Getting the balance between paying the workforce what it is due and the financial sustainability of the sector is vital.

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

When it comes to domiciliary care, social work and wider health and social care roles, training can be inadequate – or, if adequate, there is a risk that little institutional good practice can be engendered due to the rapid turnover of staff. Beyond mandatory health and safety training such as 'manual handling' and 'fire safety', there are concerns that other training is limited. Training could be offered that would increase a team member's career progression or understanding of the wider issues outside of personal care that they are working with every day.

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

One of the biggest influences on recruitment is people's initial draw to and interest in the profession. A large factor in this is a parity of esteem in comparison to other professions. Roles in wider health and social care are often perceived as 'bottom rung' jobs, under-skilled with no opportunities for personal development. People who work within these roles are assumed to know little about the sector they are working in, when in actual fact they possess more practical insight and knowledge about their client group than many others within the sector and certainly those outside it.

A way to increase the amount of people showing an interest in these roles is to publically celebrate and value the knowledge and skill held by this workforce and add to this by offering more useful opportunities to develop and build on these skills and knowledge. This will raise the opinion of the profession and the esteem of those working within it.

The health care sector and social care sector has a reputation for high turnover of staff (The Welsh Government estimates the domiciliary care sector has a turnover of around 32% and a vacancy rate of 6%). A potential reason for this is that the care workforce are often required to work long hours with irregular shift patterns and sometimes very low contracted hours. We feel that hiring people on decent contracts (e.g. with a promised 30 hours a week) and assigning people consistent working hours will increase retention of staff across the sector. A feeling of security and direction within an individual's working life will lower the amount of people viewing care as a temporary job and more of a long term career.

Another way to retain workforce is to give clear differentials in pay between roles, enabling providers to offer a career path within care that currently does not exist. Knowing there is a pay increase will not only motivate people to take on extra responsibilities within their roll but also a feeling of value that these new responsibilities show a progression from a past roll.

As important as we believe the above points to be, one of the largest reasons for high turnover in health and social care is the low wage. A fully trained support worker is worth more in value to an organisation than the national minimum wage most are being paid. As stated above we believe there needs to be a proper salary scale compensating for experience and qualifications. When properly valued, care work is an extremely rewarding career. However, whilst relatively low stress jobs, such as those in named supermarkets offer over £1.50 per hour more in pay, people are not naturally going to migrate towards a career as mentally and physically demanding as care.

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

The impact of loneliness on people using services in rural areas is an issue. If elderly or living with physical or mental disability that increases travel barriers, an individual living in a rural area without good travel links to public areas or long distances between loved ones then isolation is a real possibility. If the workforce caring for these individuals are overworked, only being afforded 15 – 30 minutes per house visit, this allows little time for the care worker to build up a relationship with their client and curb this loneliness by affording the individual more time to effectively signpost to community initiatives, re-establish connection with family members and generally check on their personal wellbeing.

The Campaign to End Loneliness argues that loneliness and isolation are as harmful as smoking 15 cigarettes a day and that 41 per cent of those who feel lonely saying transport is a barrier to seeing people. These statistics point to there being a need for more services in rural areas.

However these same rural areas may also experience the effects of 'brain drain' to urban areas, leaving the areas they have left underqualified for the needs that need to be catered for.

A properly remunerated social care workforce has a huge potential for positively impacting both on the quality of care provided and on the sustainability of often rural communities where jobs are scarce. As people requiring social care are scattered

throughout communities so are the employment opportunities provided by supporting them.

Conclusion

Whilst we welcome the effort to improve the sustainability of the workforce, we and our members are concerned about costs rising and funding falling within the care sector. There is the inescapable challenge of how the care sector itself is funded and sustained. As it stands, any action to support the workforce or to address challenges would be weakened by the ever-present scramble for resources amongst local authorities and providers.

For queries please contact:

Oliver Townsend / Policy Manager / Cymorth Cymru:

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