Welsh NHS Confederation
Conffederasiwn GIG Cymru

	The Welsh NHS Confederation response to the Welsh Conservatives Social Services Policy Board
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Date:	3rd October

About us

1. The Welsh NHS Confederation (WNHSC) welcomes the opportunity to respond to the Welsh Conservatives Social Services Policy Board.

2. The Welsh NHS Confederation is the only national membership body representing all the organisations making up the NHS in Wales: the seven Local Health Boards, three NHS Trusts (Velindre University NHS Trust, Welsh Ambulance Services NHS Trust and Public Health Wales NHS Trust), and two Special Health Authorities (Digital Health and Care Wales and Health Education and Improvement Wales). The twelve organisations make up our Members. We also host NHS Wales Employers.

3. Our response highlights the key messages and priorities of our members within each of the Social Services Policy Boards themes and reiterates the key calls that we highlighted in our recent briefing, The NHS at 75: How do we meet the needs of future generations?

Why a strong social care system is vital to the NHS

4. The health and social care sector is facing tremendous pressure, which is subsequently impacting the ability of the NHS and social care providers in Wales to continue delivering services.

5. Social care services play a crucial role in care pathways – keeping people well for longer outside of hospital and enabling faster, safer discharges home. Therefore, the sector plays a critical part in protecting NHS capacity and its ability to deliver high-quality, safe care.

6. However, social care services are facing significant challenges, including vulnerabilities in funding and market stability, increased demand, growing unmet need and high levels of staff vacancies. The impact of these challenges means people are missing out on vital care and support, leaving them less independent, more vulnerable and more likely to rely on healthcare services.

7. The NHS is reliant on a sustainable social care system, and issues of capacity and workforce in social care are having serious implications on the NHS' ability to discharge large numbers of clinically optimised patients from hospital. At the time of writing, there are around 1,500 patients in Wales who were clinically optimised and ready for

discharge. This has the equivalent impact on bed capacity to shutting the University Hospital of Wales in Cardiff.

8. As highlighted in our briefing from last year, <u>"It's not just a crisis, it's a national emergency": Addressing the challenges in social care</u>, the key areas to support the sustainability of the health and care system includes:

    a. **Preventing hospital admissions**. Given the significant challenges to patient flow and the potential and actual harm that results from a prolonged hospital stay, it is essential that as many people as possible are supported in their own community rather than in a hospital. Efforts across the health and care system are therefore focused on reducing avoidable hospital admissions.

    b. **Discharge to Recover and Assess**. It is clear that assessing patients in hospital for ongoing and often long-term care can underestimate the ability of individuals to recover and improve. This can result in an over-provision of care and in some cases set a pattern of long-term care that becomes irreversible. A systematic approach to discharging patients from hospital to assess their strengths (strength-based approaches are becoming more widely enacted in practice) and identify care and support requirements is a major element of development across Wales.

    c. **Workforce**. It is important to recognise that workforce supply is critical. Whilst recruitment efforts are important, engaging, developing and supporting staff to aid retention is fundamental. Some of the developments therefore are focused on supporting staff and look to reduce or manage the risk of 'robbing Peter to pay Paul', and simply move staff between health and social care.

    d. **Broadening care and support approaches**. This focuses on widening the approaches to the provision of care and support, including working with the voluntary sector and families. It also looks to flex the role of some elements of the care system to meet local pressures.

Questions posed by the Welsh Conservatives Social Services Policy Board

1. Workforce retention, training and career progression

Our call: The need to promote staff wellbeing and developing cross-sector skills.

9. Retention is as just as important as recruitment, and we need to focus on the existing workforce as well as the future workforce.

10. The health and care workforce is at the heart of how we deliver care and services to patients and their families. The NHS is Wales' biggest employer, currently directly employing over <u>100,000 people</u>, and <u>Social Care Wales</u> estimate that over 29,000 people work in adult residential care in Wales in 2022. Together with volunteers and unpaid carers, the health and social care workforce impacts on the social, cultural and economic prosperity of Wales.

11. At present, the health and care workforce is designed to deliver services to outdated models and patterns of care. Previously, care has been modelled around treatment of single conditions, but with an ageing population and increasing co-morbidities, people often require long-term care from health and social services. The skills and capacity of the workforce is a major determinant of the quality of care and outcomes.

12. As well as meeting the future needs of the population, the workforce must develop new ways of working to manage an expected shortfall in future NHS and social care staff levels. We must acknowledge that maintaining and developing the current workforce is just as important as growing and training a new one. The impact of the pandemic and post-pandemic pressures on staff morale needs to be considered as staff struggle with moral injury due to feeling they are unable to provide adequate care. Social Care Wales estimate that between 2021 and 2022 there was a 4.6 per cent drop in the estimated workforce over the 12 months period, from 30,531 in 2021 to 29,100 in 2022.

13. We need to continue to promote staff wellbeing, delivering agile and improved ways of working for staff and volunteers. We must also plan for a sustainable and resilient workforce to better match changing demand and more digitally-delivered services. Developing staff roles and skills is key to providing complex, multi-disciplinary, co-ordinated care in partnership with individuals, cross-sector partners and communities.

14. Beyond the health and social care workforce, there are opportunities to develop the skills of other occupations to help support the wellbeing of the Welsh population. Individuals who work in local communities, such as postal workers, teachers, hairdressers, volunteers, and shop assistants, all have an active role to play in supporting communities to stay healthy and connected.

2. Recruitment
Our call: Raising awareness of the We Care Wales website and provide sustainable funding for social care, with a fully funded pay rise to enable recruitment and retention, alongside greater overall investment and career progression opportunities.

15. In our briefing "It's not just a crisis, it's a national emergency": Addressing the challenges in social care, we outlined the results of a survey conducted in August 2022 with NHS leaders. The results evidence the significant challenges in relation to staff recruitment and retention, with 100 per cent of healthcare leaders agreeing there was a social care workforce crisis in their local area, and this was putting the care and safety of patients in the NHS at risk.

16. The perceptions of a career in social care need to change and it is vital we show that working in social care can be fulfilling, rewarding and socially valuable. There needs to be more emphasis on working with schools and colleges, so young people at the beginning of their career journey are aware of the opportunities. It is also important to evidence the value of apprenticeships as a way of entering the social care sector.

17. Social Care Wales, and others, are working to make it more attractive, by improving the overall terms and conditions and offering clear career pathways for those who want to progress. Pay should be equitable across health and care if integration and the principles of fair work are to be achieved.

18. While significant work is being done, the current age profile and demographics in Wales, like other parts of the UK, mean that the workforce may not exist by 2035 to operate health and care in its current format.

19. The 2011 and 2021 census demonstrate the changes by age band, with the over 65 population up 17.7 per cent, and a general fall in younger age bands. It is estimated that by 2035 there will be 18.1 per cent fewer entering the workforce.

Population changes – age bands 2011 to 2021 Census

Relative Comparison by Age (All areas)

All sexes ■ Male ■ Female
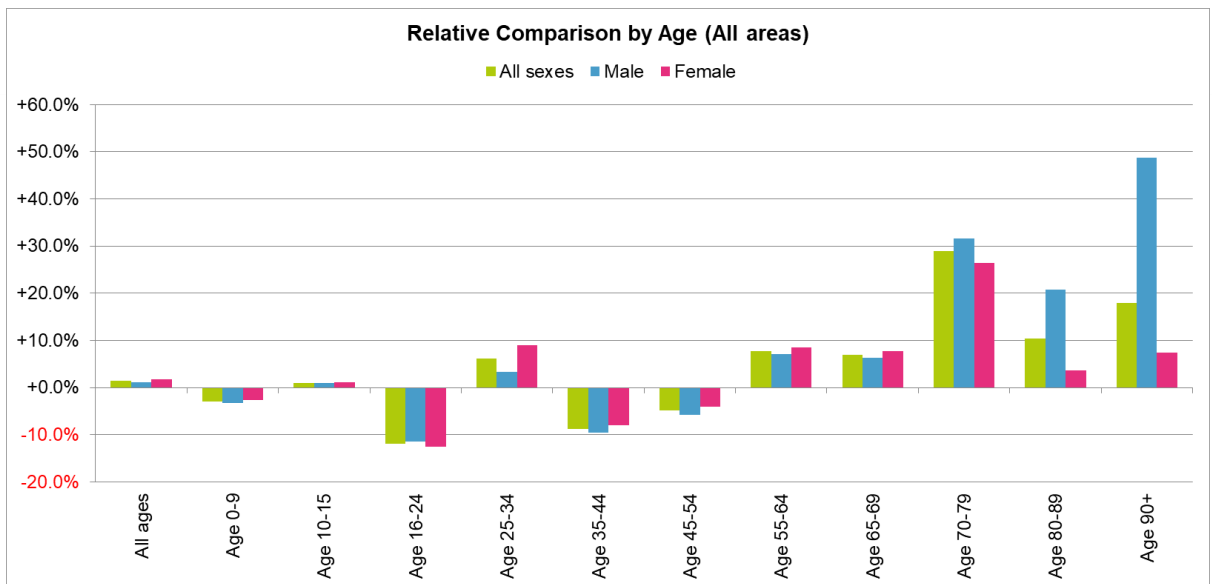
3. Measures to improve working conditions
Our call: Prioritising staff wellbeing and engaging, developing and supporting staff

20. As highlighted in Social Care Wales Social care delivery plan 2023 to 2026, the sector wants to prioritise the wellbeing of staff. The workforce is often described as fatigued, exhausted, and burnt out, so it's crucial that this theme continues and carries on the work already done in the last few years. There needs to be equal access to the wellbeing offer and parity between social care and health. This parity isn't just in pay, but also in wider terms and conditions, including more flexibility in working arrangements and creative solutions to employment contract offers. The little things matter as much as the big changes.

21. In addition, as the workforce becomes more diverse, we must put safeguards in place to support people to become and remain valued members of an inclusive workforce.

4. Funding
Our call: Need for long-term financial certainty and investing in Welsh communities.

22. As highlighted in the Welsh NHS Confederation report, 'Investing in the NHS: Priorities for future government budgets' (2022), the rise in demand, coupled with constrained financial resources, has made delivering health and care in the current model increasingly difficult. It is therefore essential for the sustainability of the NHS that the population engage in maintaining their own health and wellbeing.

23. As is well documented, NHS organisations are facing unprecedented financial challenges, with the seven health boards forecasting a deficit this financial year (2023-24). They have been impacted by a range of external drivers; increased inflation, energy

costs and the resulting cost of living crisis, lower growth, demand on services following the pandemic and staff recruitment and retention issues.

24. While there are vast financial challenges across public services, long-term financial certainty is needed from the UK and the Welsh Government. Short term funding fixes will not suffice if we are to address the serious financial challenges we face. Neither will small scale amendments to the edges of service delivery. Indeed, the House of Lords Select Committee report into the long-term sustainability of the NHS, published in June 2018, cites three key objectives if the NHS is to make real progress towards a sustainable health and care system. These are defined as: radical service transformation; long-term funding solutions; and immediate and sustained action on adult social care.

25. Spending money on the NHS is not just about plugging gaps. Health spending drives innovation and growth in communities across Wales. The Welsh NHS Confederation briefing 'Health, wealth and wellbeing: The NHS' role in economic and social recovery' highlights the numerous ways the NHS helps support the economy, including as a large employer, a key purchaser of goods and services, and a capital estate holder and developer. Recent analysis by Carnall Farrar shows that for each £1 spent per head on the NHS, there is a corresponding return on investment of £4.

5. Health and social care interaction
Our call: Need for one public service.

26. Integration is a means to an end – providing patients with a seamless service at the right time and in the right place. It is about getting all parts of the system to work together so that people receive timely, efficient and effective care that brings about the outcome that matters most to them. To achieve this, we need to get services working seamlessly across professional boundaries: health and social care; primary and secondary care; and physical and mental health. More broadly, improving population wellbeing and reducing demand on services requires an integrated approach as it depends on the provision of good social care, housing, education, community amenities, and an environment that actively promotes and encourages people to live healthy lives.

27. There is a need for one public service across Wales. Health and care are becoming more integrated across all public bodies and the health and wellbeing of the population is not the sole responsibility of the NHS; everyone must come together and play their part. Access to healthcare only accounts for around 10 per cent of a population's health, with the rest being shaped by socio-economic factors (The Health Foundation, 2017). Collaborative working and integration of services within and outside of the health and care service is vital to provide person-centred care. Partnership working cannot be prescribed or governed, instead it is based on strong relationships, brought together through a shared purpose.

28. Improving population health and wellbeing requires an integrated approach across services and sectors. We must support and empower the whole public, private and third sector to work seamlessly across organisational boundaries, ensuring the right governance structure, leadership, outcome measures and financial support is provided to design and deliver effective, simple and person-centred services.

29. All sectors have a role to play in creating a preventative model and collectively we need to create the economic, social and natural environment in Wales to support good health and wellbeing throughout the life-course. This requires good housing, education, social care, transport, access to the arts and leisure, community support and an environment that actively promotes and encourages people to live healthy lives.

30. Although the health and care system is complex, Wales has a golden opportunity to achieve so much when it comes to designing and delivering integrated person-centred services due to its size, structure and strong working relationships.

Other key areas to consider
Future of health and care services
Our call: The need for a national conversation

31. Health and care systems across the world are under considerable pressure and face significant challenges. These include but are not restricted to: increasing demand due to an ageing population with co-morbidities; workforce pressures and recruitment and retention issues which are more pronounced in rural areas; finance pressures; and public health. Due to the current pressures on the health and care system, now is the time to galvanise the Welsh public to engage in a national conversation on how the health and care system can innovate and transform to meet the needs of future generations as set out in our recent briefing, [The NHS at 75: How do we meet the needs of future generations?](#)

32. The public must feel personally invested in their wellbeing and our health and care service to help ensure its long-term sustainability, which will only be possible through public involvement and co-production of services. This will allow people to feel supported, empowered and informed to take more responsibility for their health and wellbeing, manage their conditions and use services responsibly.

Sustainability of the social care sector
Our call: Need for a National Health and Care Service

33. As previously highlighted, the last three years have further exposed deep cracks in the social care system and intensified structural vulnerabilities, with significant consequences for those requiring social care and their families. Social care has a crucial role to play in care pathways by enabling faster, safer hospital discharge and keeping people well for longer outside of hospital. Therefore, vulnerabilities in social care impact demand on and the capacity of the NHS.

34. As highlighted in our briefing, ['"It's not just a crisis, it's a national emergency": Addressing the challenges in social care'](#), the social care sector requires appropriate resource and a sustainable workforce, including pay parity with the NHS. The work of the National Care Service Expert Group and consideration of a national care service provides an opportunity to address issues in the sector and improve integration between health and social services to achieve seamless care and support for the patient.

35. There are also opportunities for Regional Partnership Boards and other innovative local partnerships to consider issues such as public engagement, workforce and supply chain development, community working, new forms of funding and strengthening population health through prevention and early intervention.

Responding to the public health challenges
Our call: Reshaping the public's relationship with the NHS and embedding population health

36. Wales faces a significant number of population health challenges which stall life expectancy and widens inequalities. This includes high levels of obesity, unhealthy alcohol consumption, smoking and poor levels of physical activity. The most recent National Survey for Wales results shows that 13 per cent of adults currently smoke, 16 per cent drink more alcohol than the recommended guidelines, only 36 per cent reported a healthy weight and 56 per cent reported that they had been physically active in the previous week. The impact of such behaviours is resulting in greater demand on health services, as well as to the public purse.

37. As highlighted in our report 'Reshaping the relationship between the public and the NHS', we need to reshape the public's relationship with the NHS and support people to look after their own health and wellbeing. This will require the government to redirect resources towards long-term investment in public engagement and communication and introduce a Deal for Health and Wellbeing. The Deal must clearly set out what the public and staff are entitled to from the NHS, the contributions that the public can make to their own health and wellbeing and how services can be co-produced with the public, delivering on 'what matters' to people.

Performance targets across the NHS and social care
Our call: Quality-based outcomes focusing on public experience across health and care

38. Waiting times are an important measure of whether patients can really access the comprehensive healthcare the NHS promises. However, saving lives and preserving the health of the population are the ultimate goals of a healthcare system. The current NHS targets sharply focus on secondary care and do not always support the system to grow and redesign, such as by moving services into primary and community care settings.

39. While targets have a role to play, we must also look at the bigger picture, instigating whole system change in the way prevention and health promotion is prioritised, treatment is delivered, how services are provided, and how population health is measured.

40. It is vital that meaningful, person-centred performance measures and frameworks are developed across health and social care, and wider public sector. These should focus on patient experience, value-based healthcare, clinical outcomes, prevention and whole-system collaboration.

Inequalities

Our call: Need for a cross-government approach to reducing poverty and inequalities

41. Health inequalities – unfair and avoidable differences in health and access to health and care across the population, and between different groups within society – have been exacerbated by the COVID-19 pandemic and the rising cost of living.

42. Audit Wales has recently called poverty the single major challenge facing all tiers of Welsh Government. Wales has the highest poverty rate among the four UK nations, with over a third of children (34 per cent) classed as living in poverty. Inequality has a broad adverse effect on societal wellbeing, as has been demonstrated across a range of measures, including health, life expectancy, crime, and mental health. It is estimated that health inequalities costs the Welsh NHS £322 million every year.

43. A report by Public Health Wales in 2022 analysed life expectancy and healthy life expectancy since 2011 to 2020. It highlighted that the gap in life expectancy between the least and most deprived populations in Wales has been generally increasing in recent years for males and females, suggestive of growing inequality. The inequality gap was over a year greater for males than in females. The gap in healthy life expectancy has remained relatively stable between 2011-2013 and 2018-2020 for males and females. The gap in females was over three and a half years larger than for males.

44. The current 20-year gap in health life expectancy between our wealthiest and poorest communities is significant. It is the consequences of inequality that mean a greater number of citizens require our services.
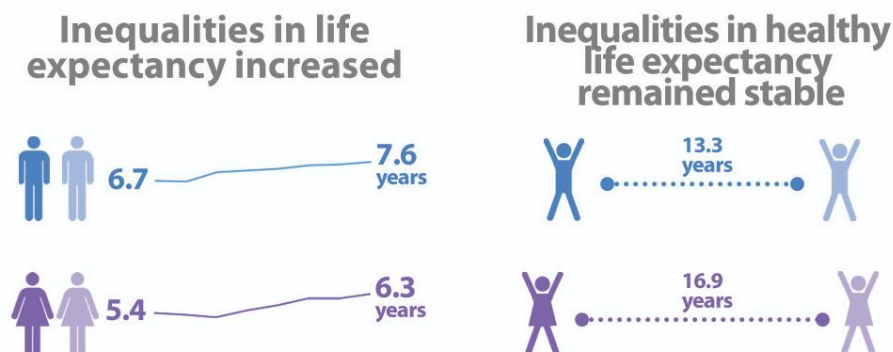
45. Some possible explanations cited for worsening health expectancies and widening inequalities include low wage growth, fuel poverty, food insecurity, and the period of austerity in Wales since 2010/11 as highlighted by Sir Michael Marmot. The recent rise in the cost of living is an additional pressure which may further increase inequalities in health expectancies as lower income households may not be able to afford basic necessities such as food and heating to maintain a decent standard of living.

46. The NHS alone does not have all the levers to reduce health inequalities, which is why we need to shift the focus from public health initiatives delivered through the NHS and local authorities to addressing factors such as poor housing, green spaces, transport and food quality. As highlighted in the Welsh NHS Confederation Health and Wellbeing Alliance and Royal College of Physicians report, 'Mind the gap: what's stopping change?, addressing the factors that cause ill health in the first place should be a central

focus for the Welsh Government and we must continue to relentlessly focus on improving population health in order to reduce health inequalities. There needs to be a whole cross-government and public service approach to inequalities and the Welsh Government should produce a cross-government plan for reducing poverty and inequalities in adults and children.

Embracing technology

Our call: Building a digitally ready workforce

47. If the health and care system is to realise its ambitions, it must maximise the strategic and operational potential of digital technology as an enabler of change. Digital technologies can support the NHS and social care professionals to predict poor health; detect early deterioration and illness sooner; diagnose more precisely; and make better and more informed choices about which treatment and care is right for the individual.

48. The pandemic has given us an opportunity to make significant progress in the use of digital skills and technology, and we must not lose momentum. We must ensure that no part of the workforce is digitally excluded, and we must make the most of opportunities to invest in infrastructure and a skills development programme. Learning through digital platforms needs to be accessible, and bitesize learning opportunities help with this approach. It creates greater equity of access, as does the use of mobile technology.

49. Digital technology should be considered one of the most significant strategic tools available to shift to a preventative model of health and social care – a model which will help to reduce demand on secondary care and social care services by keeping people healthier for longer. There are many examples that demonstrate some of the ways in which the NHS and local government are trying to embrace digital technology e.g. the use of text messaging services to support individuals with chronic conditions; or the establishment of online forums for unpaid carers.

50. We need to adopt a whole-system approach to digital transformation and to be explicit about what should be done locally and what could be done nationally. By focusing on the service user, and with the explicit aim of increasing self-care and service outcomes, organisations can review their internal processes and redesign them. This would remove duplication and waste to create an operational model with digital technology embedded through and across whole organisations. We also need to recognise that current public finance constraints mean NHS organisations and local government in isolation do not have the scale of investment needed to transform and integrate the whole system.

Conclusion

51. The Welsh NHS Confederation welcomes the establishment of the Welsh Conservatives Social Services Policy Board, and we look forward to engaging with the Board in the months ahead.

52. NHS leaders fully recognise that a well-funded social care system lies at the heart of delivering our vision for health and care services in Wales. This is about more than simply providing additional funding to local government – staff training, recruitment, and issues around the health and wellbeing of carers must all be considered key priorities –

but we must also recognise that the financial challenges experienced by Local Authorities have been, and continue to be, particularly acute. Against this background, now is the time for a national conversation about what the health and care service of the future could look like to ensure we have sustainable and person-centred health and care services for the people of Wales in the future.

Summary of our calls

- The need to promote staff wellbeing and developing cross-sector skills.
- Raising awareness of the We Care Wales website and provide sustainable funding for social care, with a fully funded pay rise to enable recruitment and retention, alongside greater overall investment and career progression opportunities.
- Engaging, developing and supporting staff to prioritise staff wellbeing.
- Need for long-term financial certainty and investing in Welsh communities.
- Need for one public service.
- Need for a national conversation.
- Need for a National Health and Care Service
- Reshaping the public's relationship with the NHS and embedding population health.
- Quality-based outcomes focusing on public experience across health and care.
- Need for a cross-government approach to reducing poverty and inequalities.
- Building a digitally ready workforce.