

**October 2021**

Age Cymru welcomes the development of the workforce strategy for health and social care. This, along with other linked developments should help increase the number of staff recruited to work in this field, improve wellbeing, and help retain others who may otherwise leave their chosen profession in the longer term.

### Importance of a Real Living Wage

We welcome the Welsh Government's commitment to ensure that all care workers receive a Real Living Wage within the term of this Senedd. This development will be a main driver for improvements in health and wellbeing for staff in home care, care homes and respite services, all of which are disproportionately relied upon by older people. The complexity of the mixture of public, private and third sector care services means that change can not happen everywhere at once. Achieving this aim will be partially informed by the remaining lifetime of contracting arrangements but it is important that this work is also led by where changes are needed the most and where they will have the most impact. For example, the long-standing issue of delayed hospital discharge will be greatly reduced by achieving the Real Living Wage for domiciliary care workers as this will assist with market and workforce stability. The cost savings of reducing the volume of delayed discharge can then be used to help drive improvements in health and social care services, some of which will be improved working conditions for staff.

The funding allocated to services for older people has often resulted in poor terms and conditions for carer workers, a lack of resourcing with which to support carer staff in their role and a lack of continuity of care for older people. Continuity of care is important for all, but it is of vital importance to older people, particularly those who are living with memory related illnesses where changes can be very disruptive and cause high levels of distress. A lack of continuity can result in poor engagement with services. When care needs are not met, older people's health and wellbeing suffer and can result in increased use of blue light services.

### Staff training needs

Sufficient resources should be made available to provide job satisfaction for those in the caring profession, including appropriate training, personal development and supervision. We suggest that in considering the training and development needs of health and social care staff that full consideration is given to training needed for working with older people. With an ageing population that has increasingly complex needs, it is vital that specifically for older people training should include:

- Human rights training.
- Dignified care and dementia care training, understanding, recognising and managing dementia-related conditions.
- Respectful communication, protecting privacy, promoting autonomy and Addressing essential needs such as nutrition (as well as identifying any necessary support with eating, drinking or feeding and swallowing, hydration and personal hygiene in a sensitive manner).
- Training on equality and diversity issues to ensure that the needs of all vulnerable groups are met appropriately.

### Staff Engagement

We welcome the focus of the strategy on ensuring meaningful staff engagement. The mid-point evaluation of the Transformation Fund projects supporting *A Healthier Wales* have provided some opportunities for staff engagement. The report also highlights some weaknesses to date in sharing of information between projects funded through the Transformation Fund that would help reduce duplication in efforts to improve services.

Many staff in contracted services, particularly community roles, have few opportunities to meet with colleagues, share their ideas, knowledge and experiences, provide mutual support, gain confidence for their role and so support their wellbeing. In considering actions needed under the Strategy, consideration needs to be given on how staff can be provided with meaningful and ongoing opportunities to share their knowledge and experience with their colleagues across Wales. With the increased use of digital technology, the resource cost of such developments is lesser than previously and should be considered.

Engagement should meaningfully involve all staff in different roles. Many administrative staff and other 'back office' roles in health and social care are perfectly placed to understand where 'pinch points' are from their day-to-day work across their service area that may not be as obvious to other staff members, so consideration needs to be given on how all staff are engaged.

Other research on models of integrated health and social care demonstrates the improvements that can be realised through staff involvement at all stages of change planning. It highlights how staff that feel supported to suggest improvements are more engaged in the change process, and so improvements through change are more likely to be achieved. Where staff feel that their voices are heard, staff retention improves.

### Digital Technology

We recognise the importance of harnessing the benefits of digital technology to improve health and social care and welcome developments that reduce the

administrative burden on health and social care services and release time and resources that can contribute to service improvement.

Increased use of digital technology should be evaluated to identify where it is most useful and where its uses has been less beneficial. Some developments with digital technology have assisted older people in accessing health services during the pandemic. Our *Experiences of people aged 50 or over in Wales during the Covid-19 lockdown, and the road to recovery* survey report<sup>1</sup> highlighted issues with access to health and social care, with GP services being the most frequent focus of more detailed responses. 40.5% of respondents had issues with accessing GP services and 6% responded that they could not access GP services at all.

Some respondents either gave up trying, resorted to private health care or on occasion needed a blue light response when they were unable to access NHS services. Of those that had a negative experience of trying to access GP services, reasons given included how some GP practices still using appointment systems requiring people to phone when the surgery opens in the morning in the hope of getting an appointment that day. For some this meant ringing every day, sometimes for weeks, before an appointment was available.

In addition to improvements needed in appointment systems, many GP practices still rely on paper prescriptions that carry a large time burden for GPs that takes a great deal of time away from patient care. Respondents to our survey also highlighted issues with obtaining prescriptions. Some told us that they still had to visit the surgery in person to request a repeat prescription on paper forms. Some who telephoned were asked to use online systems that did not work and when they phoned the surgery about this were then able to have the request accepted over the phone when they were previously told this was not possible. These vast differences in experiences can be reduced through appropriate uses of digital technology. Staff will need training to be confident in the use of digital technology for improvements to be made.

Moves to develop digital solutions in referral systems between health and social care are not proceeding as quickly as are needed. Much time is lost in completing forms with very similar information collected through various systems that takes valuable time away from care and support. Investment in appropriate systems is needed, that needs to include high quality training for health and social care staff across the various sectors.

Whilst many older people are becoming more digitally literate and can see the benefits of digital technology, caution is needed for use in appointments, diagnosis and treatments and assessments of people's care needs. In Wales 52% of people over 75 do not have broadband access and many older people do not use computers and smart phones<sup>2</sup>, so for some, digital technology is a major barrier. It is important that older people who are unable to use digital technology do not become

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<sup>1</sup> <https://bit.ly/SurveyFindings>

<sup>2</sup> [National Survey for Wales, 2018-19: Internet use and digital skills \(gov.wales\)](#)

digitally excluded from health and social care services. Some respondents to our survey said that they do not feel comfortable with telephone appointments as they need to see the person who they are trusting with personal details.

### Challenges of an Ageing Workforce

The strategy details how the health and social care workforce is ageing. As people age, different life experiences and commitments can affect staff's ability to do their job to the best of their ability. As such, employers need to understand the challenges their staff face and be provided with the skills and tool with which to support them. This will assist in retaining valuable skills, knowledge and experience within the sector and reduce the volume of resources dedicated to recruitment.

The National Survey for Wales<sup>3</sup> shows that people between the ages of 45 and 74 were the age group most likely to be carers and that 31% of women were carers compared with 27% of men. Many carers do not see themselves as a carer, and so some will not be able to let their employer understand their position. Though there is a legal duty for employers to make reasonable adjustments for employees with caring responsibilities, work is still needed to ensure that carers are identified so that they can be supported to continue their paid work if they wish to do so.

Our survey referred to above highlighted that some older people had given up paid employment during the pandemic to provide care to a loved one. Given that health and social care is one of the largest employers in Wales, some people that work in health and social care may be in this position. An additional focus is needed in actions from this strategy to ensure that carers are identified and carers that wish to continue in their paid employment are able to do so either from reduced hours, more flexible working arrangements or a change in role that is more suitable to their life changes.

As people get older, physical health decreases and can affect people's ability to do their work. Though many public service staff that are older may benefit from policies that allow transfer to other roles, this is not the case across the whole of the health and social care sector. Consideration needs to be given on how experiences older staff can be supported to stay in the health and social care sector in other roles to prevent the loss of valuable skills that can continue to benefit the service. Contracting terms can assist with this if resources can be allocated to this area.

The strategy highlights that 83% of care workers are female, and that 29% are aged 50+. For public services this rises to 87% as female and 48% over 50. Many women experience a whole range of symptoms as a result of hormonal changes that can affect their ability to work as they go through the menopause. Further, due to the range of symptoms many will not recognise that the differences are related to this. It is important that women are supported to continue their work through what can be an incredibly challenging time. All public service and all contracted services should be

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<sup>3</sup> <https://gov.wales/caring-national-survey-wales-april-2019-march-2020-html>

required to develop a Menopause in the Workplace policy so that they can receive the support they need from their employer to continue in their role.

Retirement is one of the largest life changes that a person experiences. The loss of a sense of purpose and the daily working life routines can result in loneliness, isolation and poor mental health. All staff should be supported to prepare for retirement in advance.

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