Consultation Response

A Healthier Wales: A Workforce Strategy for Health and Social Care

Health Education and Improvement Wales and Social Care Wales

September 2019

Introduction

Age Cymru is the leading charity working to improve the lives of all older people in Wales. We believe older people should be able to lead healthy and fulfilled lives, have adequate income, access to high quality services and the opportunity to shape their own future. We seek to provide a strong voice for all older people in Wales and to raise awareness of the issues of importance to them.

We are pleased to respond to Health Education and Improvement Wales and Social Care Wales' consultation on A Healthier Wales: A Workforce Strategy for Health and Social Care.

We broadly support the themes, context, vision and potential ways forward outlined in the consultation document. However, these are drafted at high level, and much will depend on the detail of implementation. The comments below highlight our priorities for implementation.

<u>Creating a stable workforce that feels valued, reflected by reward and recognition including opportunities for development</u>

In addition to the themes, priorities and actions in the consultation document, we would like to see plans for an expanded, knowledgeable and valued domiciliary care workforce, with a sense of identity, worth and standing in society, with shared values, enjoying an attractive and fairly remunerated career, and capacity sufficient to meet need over time.

<u>Multi-professional and multi-agency working, to deliver excellent services to support new person-centred models</u>

We support in principle Welsh Government's introduction of an accredited qualification for carers, to provide carers with recognition of their skills and opportunities to develop them. However, there is concern that the accreditation

programme may pigeonhole carers' skills within a social care context, and fail to recognise that many carers may wish to develop skills and seek opportunities which have nothing to do with their caring role. It is essential that no carer feels obliged to undertake training or to deliver types of care which they are uncomfortable delivering.

In terms of seamless working, we would also like to see an explicit focus on:

- Delayed transfers of care, where older people who are medically fit to be discharged remain in hospital because they lack the appropriate social care support that would allow them to return home, and where older people are inappropriately discharged without checks having place to ensure that they will be safe and cared for at home during their recovery;
- Support for people who live in a care home and often struggle to get the right support.[1] The higher proportion of older people dying in care homes and the lack of development of palliative care in these settings is another reason why older people may be less likely to receive services. In order to provide good care for people at the end of their lives, care home staff need to receive external clinical support, particularly from GPs, and/or be trained in particular clinical skills, such as the use of morphine pumps. Without this support, symptom relief may be poor and a resident may end up dying in great pain, or being transferred to hospital to die. Although the latter may be appropriate in some situations, there continue to be inappropriate transfers to hospitals from care homes. The factors which can influence this process include a lack of forward planning, a lack of knowledge of the older person's preferences, poor links with GPs and a shortage of resources in the care home;
- Greater social services involvement in end of life care, based on the conclusions of the National Audit office's report on end of life services in relation to place of care, unnecessary care changes, inadequate training and skills base and poor co-ordination between health and social care services in planning, delivery and monitoring of end of life care.[2]

<u>Developing capability to optimise the way we work, and the way we learn</u>

We would like to see, in particular, priorities and actions to use technology to:

- resolve complex discussions between agencies over the funding of long-term care packages which leave too many older people are waiting in hospital beds for longer than is necessary. Arguments over who is responsible for funding further care are a clear impediment to effective joint working, which software programming based on clear policy decisions should be able to resolve;
- co-ordinate multiple services for one person, which eliminate the frustration of the need to have multiple assessments or to have constantly to repeat the same information to different professionals from different sectors;

[1] Ibid.

[2] National Audit Office (2008): *End of Life Care*

- map the capacity and capability of the local community workforce to inform workforce plans and to match resources to need;
- map the Welsh Language capacity of the local workforce. It is important that older people who speak Welsh as their first language are accommodated and supported by health care services to communicate in Welsh.

There has been a rise in the availability of assistive technology in recent years, which offers an opportunity to support both carers and cared-for people. Older carers need good quality information, advice and guidance about what assistive technology is available and how it can help. We are concerned that digital exclusion and variable broadband coverage across Wales are barriers to the adoption of assistive technology for many older people. We are also concerned that technologies should always be seen as a support mechanism rather than as a replacement for human interaction.

We would like to see local authority Information, Advice and Assistance services drawing on the expertise of occupational therapists and physiotherapists to provide good quality information, advice and guidance about what assistive technology is available and how it can help.

<u>Establishing health and social care as a reputable brand and the sector of choice for our future workforce</u>

As we said in our original consultation response, we are particularly concerned that the domiciliary care workforce should be placed on a sustainable footing as a properly constituted, adequately paid and valued professional workforce.

Whilst we have not seen a scandal in the domiciliary care sector on the scale of those uncovered in both residential and health care settings in recent years, this does not mean there has been none. If anything, the risk may even be higher as a consequence of the fact there is inevitably less opportunity to provide supervision and oversight to a care worker operating alone in the privacy of someone's own home. The lack of oversight, when coupled with the high workforce turnover, is viewed as a significant factor exacerbating threats to the human rights of older people[3].

We would therefore like to see domiciliary care worker registration supported by easily recognised training qualifications and a commitment to continued training as part of the establishment of a reputable brand. However, these should not be so onerous as to create a barrier to entry for people considering domiciliary care as a career.

[3] I Koehler (2014): *Key to care. Report of the Burstow Commission on the future of the home care workforce*, p20

Ensuring a competent, capable and confident workforce who are supported to meet current and future service needs, and advance their careers

The lack of focus on ageing in education and training for healthcare staff is a clear omission of the current system, given the proportion of older people accessing health and care services in Wales. Issues around dignity, communication and understanding all can be improved with effective staff education programmes. In order for quality social care to be provided with dignity, it is essential that care workers receive appropriate training. Training alone is not sufficient to ensure quality care but it can help to increase the confidence of staff in carrying out their jobs and the ability of those staff to do their job to a good standard.

Many older people with dementia have little or no access to consultant geriatricians and other specialists. Often, and particularly when older people are resident in care homes, their dementia will be diagnosed and managed by a GP, but approximately two-thirds of people with dementia live in the community. It is probable that social care workers regularly encounter people who may have difficulty in communicating their needs, may be confused, frustrated or even on occasions aggressive. It is therefore vital that there is an understanding of the condition amongst general nursing staff, GPs and their staff, social workers and other professionals working in the health and care sector. All health and care staff should also be able to provide appropriate information on dementia and signpost to advice and support services.

Whilst Welsh Government has encouraged GP surgeries to take up Welsh Government funded dementia training[4], there is clearly a need for improved training and skills development for all staff caring for older people.

The Welsh Government and local authorities should also ensure that all health and social care staff in Wales receive mandatory, standardised equality, diversity and human rights, dignified care and dementia care training. This should include respectful communication, protecting privacy, promoting autonomy, recognising and addressing essential needs such as nutrition, hydration and personal hygiene in a sensitive manner, and ensuring that the needs of all vulnerable groups are met appropriately. Staff should also receive training in how the practice of spiritual care can be developed and supported so that spiritual needs at the end of life can be built into all aspects of care. Finally, all health and care staff must also be trained to provide appropriate information on and signposting to advice, advocacy and support services.

Developing compassionate leadership with a focus on quality improvement

Treating older people with dignity is a priority. Too often older people, their carers and family members suffer from poor communication about what is happening, a lack of involvement in decisions that directly affect them and inadequate support to carry out fundamental activities with dignity. For those older people with other protected characteristics, there are often additional concerns and anxieties with

[4] Welsh Government (2 April 2015): "New dementia targets and staff unveiled by Welsh Government". Available from http://gov.wales/newsroom/healthandsocialcare/2015/150402dementia/?lang=en

regard to the way in which they may be treated. There is a need for greater understanding of the particular issues and concerns that these groups face.

The Older People's Commissioner's Dignified Care review found the treatment of some older people in Wales to be "shamefully inadequate"[5] and called for fundamental change to ensure that all older people are treated with dignity and respect in hospital. The report details a series of recommendations, including stronger ward leadership to foster a culture of dignity and respect.

The review found that the best examples of excellent care were being delivered in settings where skilled ward managers were demonstrating strong leadership and were equipped with the knowledge and authority to shape the culture on their wards. Older people with whom we are in touch echo this point. They also tell us that they fell some problems stem from the fact that it sometimes seem as if no-one is in charge of wards and responsible for monitoring the overall standards of care.

Growing Old My Way, the CSSIW and HIW report, found that many patients and their relatives felt that staff often talked down to them, were patronising in their attitude, did not pay them sufficient respect, were over-familiar and automatically called them by first or pet names without asking how they wanted to be addressed[6]. Many older people were very concerned that they had no choice over the gender of the nurse caring for them, with a number of ladies in particular reporting that they found it upsetting and humiliating to be bathed and dressed by a male nurse[7].

Human rights, dignity, respect and communication must therefore form part of leadership development programmes.

<u>Ensuring a flexible and sustainable workforce in sufficient numbers to meet needs</u>

The Welsh Government must work with Local Health Boards to ensure there are appropriate staffing levels and skill mix in both hospital wards and in community services at all times. Whilst the recent Nurse Staffing Levels (Wales) Act 2016 works to ensure Local Health Boards calculate and maintain an appropriate nurse staffing level in adult acute settings, provisions do not currently extend to other areas such as mental health and community settings or to other important groups of healthcare professionals.

A shortage of GPs and Community and District Nurses means people miss out on palliative care delivered at home or in their communities. Perception and understanding about the support available from palliative care and hospice services, both among the public and healthcare professionals, can also adversely affect access to care, leading to late referrals or low rates of referral for specialist support.[8]

Further work is needed to identify appropriate staffing levels and skill mix in community services and care homes in particular. Trained volunteers can be better utilised, where appropriate, to support patients, but should never be used to replace qualified staff.

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[5] Older People's Commissioner for Wales, 2011: 4

[6] CSSIW and HIW, 2012: p59

[7] *ibid*

[8] Ibid.

We welcome the acknowledgement of the key role that carers play. Too often, carers still feel that they are struggling to have their role and contribution recognised by health and social care professionals. Whilst some professionals are very good at including carers in the process, others effectively ignore their contribution. More broadly, carers feel that their situation is ignored by society as a whole. 51% of respondents to a Carers Wales survey reported feeling that society does not care about them at all.

Carers want to feel like a partner in decision-making and receive an acknowledgement not just of the contribution that they make in providing care, but also their knowledge of the person for whom they care. The contribution of the carer in looking after the person cared for should be adequately recognised by health and social care professionals, whilst acknowledging that their contribution should not be taken for granted by the professionals involved.

However, it is essential that no carer feels obliged to undertake training or to deliver types of care which they are uncomfortable delivering.