



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

A RESPONSE FROM WCVA

1. Wales Council for Voluntary Action (WCVA) is the national membership organisation for the third sector in Wales. Our vision is for a future where the third sector and volunteering thrive across Wales, improving wellbeing for all. Our mission is to be a catalyst for positive change by connecting, enabling and influencing.
2. WCVA works with the Third Sector Partnership Council (TSPC) networks, representing 26 categories of third sector interest, the 19 county voluntary councils (CVCs) and other development agencies, to provide a support structure for the third sector in Wales.
3. We are pleased to have the opportunity to respond to the consultation on the Workforce Strategy for Health and Social Care. 25% of WCVA member organisations provide care and support services to the community. The provision of health and social care continues to be the largest proportion of both number of establishments (n:3265) and employees working in the voluntary sector. (UK Commission for Employment and Skills, 2018). 48,582 people (paid workforce) are employed in health and social care activity in the voluntary sector in Wales, and many more add value as volunteers, in an unpaid capacity. We note that the voluntary sector workforce (paid and unpaid) is mentioned as part of the definition of 'workforce', but what constitutes '*our workforce*'?
4. We agree that the status quo is not an option and that current health and social care systems are unsustainable. The importance of valuing the health and social care workforce is a top priority, with the public needing to have confidence in service delivery.
5. The health and social care 'workforce', in its broadest sense includes the voluntary sector, with both paid staff and volunteers, as deliverers of care and support services. A key

strength of the third sector is our ability to be responsive and mobilise a paid and unpaid workforce. However, there is no direct mechanism for involving the voluntary sector in workforce development and understanding the best points of access remains a fundamental challenge.

6. The voluntary sector needs to be involved at every stage of the implementation of the Strategy (potential action 2024-2027). However, it is unclear how this 'workforce' will be shaped, particularly how the voluntary sector workforce, including volunteers, will be developed and supported as key partners in delivering preventative services in the community. To create a stable and sustainable voluntary sector workforce requires resourcing, and that the sector workforce has access to and benefits from the same opportunities (e.g. training) as their public-sector colleagues. This will stimulate interaction, knowledge sharing, relationship building and a level playing field. This will ensure that the voluntary sector workforce feels valued for their contribution not only in supporting implementation of the Strategy on the ground (the sector's contribution to support home-based care and self-management, for example), but also in supporting the intentions of *A Healthier Wales* through 'buying in' to the Quadruple Aim.
7. The voluntary sector should feel valued as a partner, yet the sector is not referenced much beyond the Foreword. It is unclear as what is expected and hoped of, and at what level, from the sector. Specifically, will the voluntary sector (paid staff and volunteers) be part of the potential actions outlined under Valuing and Retaining our Workforce (p.6)? We welcome that the contribution of volunteers in partnership with paid staff has been recognised as an important aspect of delivering quality care and support services, however the mechanisms for engagement require some careful thought.
8. *A Healthier Wales* is more explicit in stating that the Welsh Government will '*continue to support and invest in the development of the health, social care and third sector workforce, including unpaid carers and volunteers*', but it, like the Workforce Strategy, does not set out how that will happen. The instability of the workforce, which includes the voluntary sector workforce, is a risk area and a challenge to remediate. The impact of Brexit looms, with a reliance on an EU workforce to bolster health and social care delivery. It is unclear how the Strategy will address and mitigate inevitable gaps as workers will be enforced to migrate back to the 'home' countries. It is not clear, that across the workforce, where the likely gaps will be, let alone plan for them. We seek an assurance that an audit has or will take place to show where the shortfalls are likely to have an impact, particularly given that Brexit could result in rapid staff losses across health and social care.
9. **Stability in the 'workforce'**: A stable workforce creates consistency, reliability and trust from a public perspective. While we recognised that the focus of the Strategy is largely on the paid workforce, volunteers and carers will continue to perform a vital role in supporting people in the community and being able to respond to people's needs close to

home. The ambition to have by 2030 *'the right number of engaged, motivated and valued people including volunteers and carers, able to deliver flexible and agile health and social care that meets the needs of the people of Wales'* is dependent upon:

- how that is resourced and strategically planned;
- having people to consider health and social care as a career choice by making it more appealing;
- re-balancing and creating a reciprocal relationship between services users and carers and professionals and embed a co-productive approach,
- whether regional commissioning processes foster and deliver locally to support the future ambition of home-based care and self-management alongside local health and social care services, and
- that there needs to be a plan in place for incorporating mental health and resilience into education and learning, not just supporting people once they are already qualified and working.

10. **Developing the Social Prescribing model and social prescribing workforce:** The Strategy sets out a vision to support regional partnerships to develop and deliver new models of care (Seamless Working, p.8) as does the Social Services and Well-being Act (Section 16 duty). As an example, Social Prescribing, as a non-medical alternative to support people to improve their health, psychosocial and well-being needs, is growing. While there is a recognised need to develop the critical evidence base, the early indications highlight that the models of Social Prescribing are valued and are producing good outcomes for people but requires further development. The individual is signposted or referred to a community asset, with a volunteer likely to be at the heart of delivery. The sustainability of both Social Prescribing and a range of community assets to prescribe individuals to, will be dependent upon having sustainably funded models and a workforce, including volunteers, who are supported and trained to an agreed level, as other members of the health and social care workforce.

11. A Social Prescriber, Community Connector, Link Worker or similarly titled worker have learning needs and need specific skills and experience to be effective. [The Social Prescribing Learning Needs for Education and Training](#) (2019) report highlighted that what type of training was accessed was dependent upon the individual; their needs based upon the *'local context and contingencies'*, but that there was variability in induction programmes. In the first year of employment it was important to access an accredited course so that Social Prescribers are *'seen to be "qualified" to offer social prescribing'*. Therefore, consideration needs to be given as to how this workforce can engage with Social Care Wales and the Workforce Strategy and work to develop accreditation on par with other professionals. This will give social prescribing credibility as a non-medical intervention and take the pressure off the demand for public sector health and social care services.

12. **Volunteers:** We welcome that the Strategy features the contribution and expertise of volunteers, and it clearly recognises that volunteers should be regarded as separate from and additional to the mainstream workforce. Volunteers can, however, add value, capacity and help support patients and service users to improve their well-being outcomes and those within voluntary organisations are involved in preventative health care in many different guises. The involvement of volunteers, within the context of health and social care services, needs to be planned, resourced and sustained. There needs to be investment in the development of leadership, (within statutory as well as voluntary sector paid workforce staff) for developing strategic and sustainable volunteer programmes, including liaison with voluntary sector partners. There needs to be a better understanding, based on evidence, of where volunteers can be the most effective and can make a difference for patients and service users. Volunteers need to have access to accredited training and appropriate supervision to ensure that there is quality delivery and safe practice. Volunteers can create impetus for innovation, for example through imparting fresh insight into what works ‘on the ground’. The potential of volunteering as a pathway to careers in health and care has been flagged up in the Strategy and for this to be maximised, greater opportunities for short term, informative and meaningful volunteering experiences needs to be available.
13. Volunteers should not be drawn on as part of the mainstream workforce. Core public services should not be dependent upon their use, with trade unions having a clear understanding of role of volunteers in health and social care settings. A draft [charter for clarifying and strengthening relations between paid workers and volunteers](#) has been co-produced by Wales Trade Union Congress and WCVA is currently out for consultation which sets out the principles for successful volunteering in a mixed workforce.
14. Volunteers can add value, capacity and help support patients and service users to improve their well-being outcomes, but their use, within the context of and contributing to health and social care services, needs to be planned, resourced and sustained. There needs to be a better understanding of where volunteers can be the most effective and make a difference for patients and service users. Volunteers need to have access to accredited training to ensure that there is quality delivery and safe practice, and their contribution can create innovative opportunities through having insight into what works for those they are supporting. Therefore, we note that the vision outlined under Seamless Working (p.8) includes volunteers as part of ‘*supporting education and the development of skills across the whole workforce*’ and would welcome further discussion on how the voluntary sector can contribute to this vision.
15. The Volunteer Passport initiative (an accredited short training course delivered in England) explores the key areas volunteers need to know and have expertise in to volunteer in health and social care settings. It will be important to explore further the initiative, in partnership with HelpForce Wales (sited within WCVA) to develop a standardised training

framework for volunteers that is adopted within implementation of the Health and Social Care Workforce Strategy

16. **Co-producing with citizens (service users and carers):** Co-production is not a paper exercise or a consultative mechanism, it should be grounded real world activity with citizens as co-producers co-designing, co-developing and co-delivering care and support services. Citizen involvement should lead to creating services based upon what matters to them, but there is some way to go to see the principles of co-production and involvement being embedded into every day thinking and practice across sectors. The timescale proposed for potential action to *'co-produce with employers, staff, and students, a set of standards that all our workforce can expect from a working environment'* seems too long and the principles of co-production needs to be more fully embedded in the Strategy, including how citizens, users of care and support services and their carers are involved as the key co-producers new models of health and social care provision.
17. **Person-centred models:** Some headway has been made to embrace principles of person-centred thinking and planning to develop person-centred models, but people still experience lip service being paid to the guiding principles of person-centeredness due to:
 - Limited choice, despite the best endeavours of practitioners to person-centred plan with individuals.
 - Models not being developed co-productively, established on the premise that others know what needs to be delivered without asking those likely to benefit (patients, service users and carers).

Voluntary sector organisations are well placed to respond to the needs of people and local communities to develop new delivery models as espoused in the Social Services and Well-being (Wales) Act, 2014 and help shape the workforce. They (paid staff and volunteers) can respond to demand and the cultural needs of communities, have more flexibility, have a wealth of skills and expertise to achieve better well-being outcomes for people and are part of the solution to move health provision from secondary settings (District General Hospitals) into community settings. The value of the voluntary sector and role volunteers play is underestimated and the potential priority (2020-23) to *'commission a programme of work to quantify the shape and contribution of volunteers and carers in health and social care'* (Workforce Shape, p.21) would require the involvement of the voluntary sector to set out what that programme should look like.

18. **Seamless working:** We would expect the voluntary sector to be part of a multi-disciplinary approach, where specific services join up, complement each other and are commissioned fairly. A transdisciplinary approach - going beyond the traditionally-expected partners, such as leisure, housing and the voluntary sector - needs to be considered from a holistic and well-being point of view. Standardised practice should include the voluntary sector, but there may be a need to be proportionate to the size and governance arrangements of a not

for profit organisation. Seamless working, as highlighted in A Healthier Wales '*calls for a fundamental shift in our understanding of who constitutes the workforce and how we support the contribution that each individual makes*'. Volunteers and carers set out in the Strategy to be one body of 'workers', but they have a different role and responsibilities. There is little mention of the voluntary sector paid workforce and the role it plays in the community and the seamless delivery of care and support services. With specific reference to emerging priorities (p.8) we would expect that the voluntary sector would be involved as to how to scale up and roll out innovative approaches to seamless working and be part of the discussion on developing a cross-sector competence frameworks, if the intention is to include the voluntary sector (p.9). Furthermore, the strategy does not seem to recognise and address the scale of workforce re-structuring and re-organisation that will be required to deliver the vision of seamless, holistic care that *A Healthier Wales* has set out.

19. **Fairness and inclusivity:** This covers several areas where we would expect the voluntary sector to be included, for example:
- **Fair Pay:** The 47 recommendations of the Fair Work Commission have been accepted by Welsh Government, which should see employers, including voluntary sector organisations, providing a living wage. This needs to be reflected in the contract tendering and procurement process so that fair pay is respected to be able to recruit the right staff with the right skills to provide care that is fairly assessed and delivered.
 - **Working environments and the 'social pledge' approach (Valuing and retaining our workforce):** The potential actions (2020/23) look to co-produce. Firstly, will the set of standards of what the 'workforce' can expect from working environments include the voluntary sector? Secondly, the voluntary sector needs to be included in programmes that support the increase of community impact as grassroot providers.
 - **Fair access to training:** Potential action 2020/23: *Implement the agreed minimum standard for access and completion of statutory and mandatory training for all staff in health and social care.* Is it envisioned that the voluntary sector would be included and, if so, at what level? The vision set out under Education and Learning includes volunteers and their opportunity to access learning and education opportunities, but does that also include the paid voluntary sector workforce who should also have the opportunity to have route to innovative programmes.
 - **Fair commissioning:** Contracts to the voluntary sector are often based on paying at a lower unit rate (e.g. contracts for domiciliary care provision) yet expect more and high-quality delivery.
20. **Digital technology:** We agree that the use of digital technology will be an important factor in support people closer to their local community, including in their own home and that may require a change or create new ways of working, but that should include the voluntary sector workforce who need to be trained to the same level to access new technologies as they arise.

21. **Safeguarding:** Health and social care workers provide the most intimate care to some of the frailest people in our society. For each of them, feeling safe in their care plays a large part in helping people to feel well, to stay well and to maintain their well-being. A person-centred workforce sees holistically everyone as a whole person and takes all their strengths and needs into consideration when supporting them to work towards their outcomes. This includes their safety and safeguarding needs.
- Trust is paramount when individuals are looking to others to support them with their healthcare and personal care. Where workers are placed in situations of lone working, based in homes, communities, remote rural areas and busy urban spaces, they need the tools and skills to protect themselves and to work safely, to provide a safe service to the individual in their care. Being able to recognise the risk of abuse and neglect, and harm to children, and know how to report it, is vital for each member of the workforce. Regular and consistent training opportunities will support the workforce to safeguard everyone they work with.
22. The Wales Safeguarding Procedures (due for launch in November 2019) will offer a consistent foundation for robust practice but will also require widespread access to training and development opportunities for the workforce. To initiate a response, individual workers and volunteers, and the cared-for and family members, need the confidence to report a safeguarding suspicion in the first place. Isolated individuals (not in group homes or hospital settings) may also benefit from a means by which they can easily report poor practice or inappropriate behaviour. Members of the workforce working in isolation also require easy access to support, guidance and reporting mechanisms.
23. Each member of the workforce should be appropriately recruited and vetted to ensure they are a safe and appropriate person to deliver their service. Currently, there is confusion and diversity in the way in which the Disclosure and Barring Service (DBS) checks are utilised across health and social care. Some organisations take a risk-averse and blanket approach of checks for all, whilst others seek almost to avoid running checks at all. Neither are the ideal; matching the level of check to the pertinent job description. But what is clear, is that many more organisations need access to support for understanding and using DBS checks appropriately.
24. **Well-being and the workforce:** It will be important to ensure that there is equitable access to mental health and wellbeing support for staff across health and social care, which is currently wildly inconsistent even within the same health settings, for example, an example is that GPs have a higher level of occupational health support than their nursing/admin colleagues who work in the same building (Mind Cymru). Will there be minimum standard and any plans for engaging with people with lived experience around employee mental health, which will be crucial to ensuring support is effective and breaking down stigma/barriers to seeking help.

25. The concept and ambition of the Strategy is sound, but we all need to come together, work together and deliver together, including the voluntary sector, patients, service users, carers and volunteers as partners. The Strategy needs more specific reference as to where, when and how to achieve this. A 'whole system approach' should include the voluntary sector as the sector is often able reach those most in need who do not engage with health and social care services. We acknowledge and agree that there is a need for collective leadership to bring about behavioural change, but the voluntary sector needs to be part of the conversation to support this.

Contact: Dr Sally Rees

WCVA National Third Sector Health and Social Care Co-ordinator

srees@wcva.cymru