About Us

1. The Welsh Local Government Association (WLGA) represents the 22 local authorities in Wales, and the three national park authorities and the three fire and rescue authorities are associate members.

2. The WLGA is a politically led cross-party organisation, with the leaders from all local authorities determining policy through the Executive Board and the wider WLGA Council. The WLGA also appoints senior members as Spokespersons and Deputy Spokespersons to provide a national lead on policy matters on behalf of local government.

3. The WLGA works closely with and is often advised by professional advisors and professional associations from local government, however, the WLGA is the representative body for local government and provides the collective, political voice of local government in Wales.

Introduction

4. Health and social care organisations in Wales are facing major challenges in terms of the sustainability of their finances and their workforce. Across the UK one in ten people in the working population are employed in the health and social care sector. The skills and capacity of the workforce is a major determinant of the quality of care and outcomes. Successful delivery of sustainable health and social care services in the future will be dependent on our ability to reshape and support the workforce to deliver new models of care. The health and social care workforce need to be empowered, well-trained and multi-disciplinary with professionals given the responsibility and autonomy to be able to meet the needs of the population within the future strategic direction.

5. Across the health and social care sectors we are dealing with staff shortages and retention difficulties. Up to now the absence of an agreed long-term vision for health and social care in Wales has led us to make shorter term planning and resourcing decisions, which can pose significant problems for local government and NHS organisations in planning the workforce of

---

the future. The fragility of the social care market also impacts on care quality and is contributing to discharge delays in hospitals. Years of public finance constraint have also led to reductions in education and training placements, thereby increasing our dependence on overseas recruitment.

6. We therefore welcome the publication of the draft workforce strategy for health and social care and the opportunity to look at how we support and develop the workforce to meet the future health and social care needs of our citizens. The importance of a joint longterm workforce strategy for health and social care that aims to deliver a resilient, reshaped, well trained workforce with the necessary skills and capabilities to meet the changing needs of the Welsh population cannot be understated. With more than half of all local government and NHS budget being spent on staff costs, we need to maximise the productivity of the workforce, address potential skills gaps and reduce reliance on temporary staffing arrangements.

Comments

7. We broadly support the themes that have emerged during the engagement period, and the vision and potential ways forward for each of the themes outlined. The acknowledgement that to achieve the vision and ambition of this strategy, we all need to work together is also welcomed. Our workforce is made up of a range of people including employees in statutory organisations, contractor professions and the private, independent and third sectors. The recognition given to the importance and value of volunteers and carers is essential, making sure that they are recognised, valued and included as part of the workforce planning, along with the need for the strategy and its supporting implementation plans to encompass all these people.

8. The consultation document sets out a high-level, strategic and often ambitious direction and so it is essential that all partners, including Welsh Government, the NHS, local government, the voluntary and independent sectors as well as regulators, professional bodies and education providers agree with and are signed up to the strategy. A previous Nuffield Trust report\(^2\) recognises that large scale workforce redesign is difficult and requires commitment from national policy makers and local leaders. For our part, local government and the NHS need to invest the time and resources that are needed to develop a workforce with the right skills and a collaborative, prevention and citizen focused culture. We need to engage our staff and trade unions in designing, planning and delivering the changes needed.

9. The workforce is the key to developing a truly integrated health and social care system. As such, long term workforce planning needs to take account of the system that we are aiming to create through delivery of *A Healthier Wales* and should encompass the whole health and social care workforce across the public, independent and third sector. One of the biggest challenges we

---

\(^2\) C Imison, S Castle-Clarke & R Watson, 2016, Reshaping the Workforce to deliver the care patients need, Nuffield Trust
have consistently highlighted is in relation to the need to have parity of esteem across health and social care. This needs to be supported by a review of workforce policies, employment models and conditions across the two sectors to identify barriers to integrated working and opportunities to develop greater synergy and parity between health and social care workforces.

10. It is helpful that the document recognises the importance of building parity of esteem, but we also need to acknowledge the significant resources needed in order to enable this to happen. For example, we have seen Welsh Government underwriting the cost of paying the Real Living Wage to direct employees in NHS Wales, but the same offer was not made to social care. This also needs to link with the work being undertaken by Welsh Government and their commitment to make Wales a fair work nation. As part of this the Fair Work Commission has recommended that a Fair Work Wales Forum be established for social care which would bring together the multiple stakeholders within the sector to consider how best to promote fair work, including raising pay and improving other conditions of employment. The Commission was clear that it is important Welsh Government is itself a participant in such a Forum which would also promote the social partnership ethos and that they should address the questions of the funding and organisation of the sector, seeking to promote improvement in employment conditions through a programme of broader reform. The strategy needs to be aware of the work being taken forward in this area.

11. The work to build parity of esteem also however needs to recognise that social services operate within local authority structures and so when looking to create equity in pay rewards it is not as simple as just rewarding social care staff with increased wages. As a result of Single Status Agreements, similar pay and conditions for all local authority staff exist, which will include social services staff, and so any changes need to be considered within current local authority pay structures and the impact on the wider local authority workforce, and avoid any potential equal pay claims.

12. We recognise that the consultation document sets out the long term and high-level ambitions for our health and social workforce, with the detail of how this will be achieved in practice to be set out in implementation plans. It is essential that these plans fully consider these issues, the resources required and how they might be addressed in order that the ambition to build parity is both realistic and achievable.

13. We know that there is a pressing and increasing need to develop a workforce in both health and social care with the skills mix required to work effectively within multi-disciplinary teams and this therefore needs to be built into the education and training of health and social care professionals, including more integrated training opportunities. Enabling and facilitating career development and flexible learning within the health and social care environment also provides for greater stability within our services and ensures robust connections with the populations we support. This is a huge challenge. Starting with our school children, we need to enthuse and educate our young people to encourage them to pursue careers in both social care and health,
widening access to these careers from within our communities. We fully support the vision to create opportunities to encourage children and young people consider a career in health and social care. The proposal to establish a ‘national health and social care careers service’ is welcomed but it is critical that this links with and builds on existing careers support already available rather than creating a separate avenue or potentially duplicating efforts.

14. We need to develop the current workforce at all grades, by extending the skills of registered professionals, training advanced practitioners and developing non-medical health and social care staff. Support workers provide vital, quality, patient focused care to individuals at home, in the community and in secondary care and further investment in non-medical staff can reduce pressure on qualified staff and provide a valuable route to professional qualification to those without academic qualifications. The vision to ‘ensure a competent, capable and confident workforce who are supported to meet current and future health and social care needs, and advance their careers’ is fully supported, but as highlighted previously it is essential that the resources are made available to support this work.

15. We also need to train and develop the current workforce to ensure they are comfortable and capable of making the most of new technologies in meeting outcomes for individuals and increasing efficiency. It is therefore positive to see the focus that is placed on exploiting the digital opportunities available in order to optimise the way we work.

16. Designing, planning and providing seamless health and social care services in partnership with individuals and focused on their needs will require practitioners across health and social care to work together more closely. New integrated models of care are being developed across Wales and local government is committed to increasing the pace and scale of this work and as a system to learning from good practice as it develops. We support the need for a theme focussed on seamless working but given the amount of work currently being undertaken in this area and the pace of this work that is being expected, we would question whether the action to ‘scale up and roll out innovative and excellent approaches to seamless working’ by 2028-2030 is ambitious enough and whether the strategy should be working towards this at an earlier stage.

17. Beyond the health and social care workforce we also believe 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: the postal worker; the teacher; the fire fighter; the charity volunteer; and the shop assistant, could all play an active role in supporting individuals and communities to stay healthy and connected. It might be helpful for the strategy to consider the roles of these wider community occupations and how they could be further developed to provide valuable support to the health and social care workforce.