Cyflwynwyd yr ymateb i ymgynghoriad y Pwyllgor Iechyd a Gofal Cymdeithasol ar y gweithlu Iechyd a Gofal Cymdeithasol

This response was submitted to the Health and Social Care Committee consultation on Health and Social Care Workforce

HSC 53

Ymateb gan: | Response from: Bwrdd Cynghorau Iechyd Cymuned Cymru | Board of Community Health Councils in Wales

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CYNGOR IECHYD CYMUNED
COMMUNITY HEALTH COUNCIL
BWRDD CYMRU | WALES BOARD

Health and social care workforce

The Board of Community Health Councils (the Board) is pleased to submit this response on behalf of Community Health Councils (CHCs) in Wales.

CHCs are independent bodies that reflect the views and represent the interests of people living in Wales in their National Health Service (NHS). CHCs encourage and support people to have a voice in the design, planning and delivery of NHS services.

There are 7 CHCs in Wales. Each one is made up of local volunteer members who live in the communities they serve, supported by a small team of paid staff. Each CHC:

- Carries out regular visits to health services to hear from people using the service (and the people providing care) to influence the changes that can make a big difference

- Reaches out more widely to people within local communities to provide information, and to gather views and experiences of NHS services.

- CHCs use what they hear to check how services are performing overall and to make sure the NHS takes action to make things better where this is needed

- Gets involved with health service managers when they are thinking about making changes to the way services are delivered so that people and communities have their say from the start

- Provides a complaints advocacy service that is free, independent and confidential to help people to raise their concerns about NHS care and treatment.

The Board of CHCs (the Board) exists to support, assist, advise and manage the performance of CHCs. It represents the collective views of CHCs across Wales.

CHCs in Wales do not have a statutory role in reflecting the views and representing the interests of people who may or do need to access social care services in Wales.

In the same way that people's individual health and care needs do not stop at organisational boundaries, neither do people's views and experiences of the health and care services they receive. So CHCs often hear what people think about their health and care services overall, and not just those provided by or funded by the NHS.

CHCs also hear through their scrutiny of the NHS about the impact of fragility or pressures in one part of the health and care system on another.

Our response reflects what we have heard in local communities across Wales, as well as what we have heard when talking to healthcare staff.

Throughout the pandemic, CHCs have heard from people about how those working in local health and care services (NHS, local authorities, the third sector and others) have worked together to meet the needs of their local communities when responding to the coronavirus pandemic.

This was clear in the planning and delivery of the vaccination programme.

What this has shown is that when people come together from

different sectors but with a common aim of meeting the individual needs of people and local communities, then this can be a powerful driver of positive outcomes, irrespective of organisational boundaries or complex operating environments.

As health and care services have moved through the various stages of the pandemic, CHCs have heard from patients, service users and healthcare services about how acute staffing and other capacity pressures in one part of the health and care system is affecting people's overall experience and the quality and safety of their care.

In recent months, as we approach the winter, CHCs have heard more and more about how health and care pressures are affecting many peoples' care:

- people are staying in hospital too long because of pressures in the care sector
- people are attending emergency departments because they have been unable to access urgent care in other places such as GP surgeries
- people are unable to easily access the routine care they need to keep as healthy as possible while waiting for hospital treatment or managing their life long health condition
- ambulances are not getting to where they need to be because people are staying too long on the back of ambulances outside hospitals.

So, it is essential that the delivery of the health and care workforce strategy responds to the pressures across the whole system in an integrated way – it's not enough to produce an integrated plan – the actions to implement it must be equally integrated. Health and care services must work together to achieve this.

CHCs have also heard how important it is to people that front line staff providing health and social care services are valued equally for the important part they play in meeting people's individual health and care needs.

It's important that all its policy and funding decisions reflect this.

Implementing the workforce strategy through the lens of COVID-19

CHCs welcome and value the intentions of the workforce strategy across Health and Social Care. We recognise that staff who feel well-supported, valued and engaged with will make "person-centered" care the cultural norm and ultimately improve people's experiences.

We also recognise that although the strategy was published during the pandemic, much of the data and information that informed it was based on the situation before the pandemic.

Therefore, the longer term delivery of the strategy through the detailed implementation plans must respond to the continuing impact of the pandemic as well as deal with the systemic challenges in the health and care system before the pandemic hit.

By its nature, the strategy itself is high level, so the detailed implementation plans will be key to its successful delivery. We think they must drive integrated action to address the following areas that make such a difference to people's experience of care.

Staffing levels and shortages

Before and since the pandemic, we regularly hear from people accessing care that they worry about how busy and stretched staff are. They worry about the impact of this on the staff themselves and their wellbeing, as well as what this means for how well and how quickly their care needs are met.

People will often put up with poor care because they are concerned about the strain on the individual health and care staff providing that care. This is unacceptable for everyone.

It is essential that the detailed implementation plans supporting the

delivery of the strategy responds to these staffing shortages in a joint up and 'whole system' way. There is little point in addressing staffing challenges in one part of the health and care system at the expense of another.

Staff wellbeing

People worry that tired and exhausted staff are more likely to make mistakes with their care. They can also see the difference tiredness and exhaustion makes in staff behaviours and attitudes.

Exhausted staff may spend less time explaining things to people being cared for, they may not be as kind and patient as usual, and they may not listen as much as they usually would. All of this makes a big difference to people experience of care, as well as the quality of clinical decision making and delivery of that care.

Staff skills and training

We regularly hear healthcare planners and policy makers talking about the development and introduction of new healthcare roles.

These roles are described as being designed to work alongside doctors, nurses and other healthcare professionals so that people can access care easier and quicker from those best placed to provide the care and treatment they need.

These include roles like advanced practitioners, paramedic prescribers, etc. Since the pandemic, the pace of these discussions and actions has increased. It's important that NHS bodies do this quickly, but they must also do it well – so that the benefits for people and communities are long lasting.

During the pandemic, we have also seen an increase in new roles designed to help patients, service users and their families keep in touch and stay informed about their care.

These include family liaison officers, care and wellbeing co-ordinators,

etc. These roles are sometimes taken on by volunteers, and are seen as an important development in helping people navigate their way through their care and treatment.

When developing any new roles, its essential that everyone involved in their design, recruitment, training, management and review think about the things that make the biggest difference to people's experience of accessing care and treatment, alongside the clinical skills that affect people's health chances.

Based on what we hear, people's positive experience is shaped by health and care staff with a range of core skills, knowledge and expertise working alongside clinical expertise:

- strong listening skills, where staff take the time to hear about, understand and respond to what people need as well as how they feel
- a caring and understanding attitude
- an ethos of shared decision making, working with patients and their families to decide what's best
- a good knowledge of health and care services, and what this means in terms of a patients overall care pathway
- a strong team ethos, where staff working effectively together within a multi disciplinary team to provide joined up care
- being able to communicate effectively and provide information in a way that best meets individuals needs.

The detailed implementation of the workforce strategy needs to reflect this. It's also important that existing health and care staff have the opportunity to receive good quality training and support to enable them to adapt their approach when providing care in different ways, including using technology effectively.

Developing new models of care – working with people to develop understanding and build trust and confidence in new approaches

Throughout the pandemic, people and communities have understood that the way services are delivered needed to change. They knew this needed to be done quickly to respond to the unique challenges health and care services were facing. Many people have told us they like many of the changes, and want them to stay. This includes things like:

- being seen in local opticians rather than going to a hospital setting
- getting advice and treatment at a pharmacy, rather than needing to see a GP
- being able to access GP services remotely, by telephone and videoconferencing – where this is suitable for their needs.

For others, changes have had more mixed responses - especially where people have been unclear why the changes were made, what the changes were, or what it meant for them.

It's important that people have trust and confidence in any new models of care or other changes affecting the way they access healthcare. This is particularly the case when people may have been used to accessing services in the same way for many years, eg., GP services.

Permanent changes in the way NHS services are delivered need to be designed and developed with the people and communities affected. This means that NHS bodies need to have enough people with expertise in public engagement to advise and work alongside clinical staff when looking at working with people in communities to develop new models of care.

Valuing 'first point of contact' staff

'First point of contact' staff carry out an essential role in every part of the NHS - whether they are signposting people to the right service, welcoming them to an agreed appointment or arranging an

appointment.

Seeing and hearing from a friendly, caring, supportive, reassuring and knowledgeable person when accessing healthcare services is vital.

During the pandemic, we have heard mixed feedback about people's experiences when dealing with staff in these key roles.

On the one hand, we've heard from people about the positive difference it has made to them when they were feeling vulnerable and anxious to feel supported by kind and caring first point of contact staff.

On the other hand, we've heard from people who have felt angry and upset when they feel they have been 'fobbed off', not listened to or sent from 'pillar to post' when they have tried to access NHS care.

In these situations people have described first point of contact staff as a barrier, rather than an enabler to getting the care and treatment they need.

We know that since the pandemic, the unrelenting pressure on all health and care staff has taken its toll on staff resilience and wellbeing. We also know that people struggling to access healthcare when they may be in pain, worried or anxious means that they may not always be as polite as they should be.

This essential part of the NHS workforce needs to be valued for the key part they play.

The detailed implementation of the health and care workforce strategy must ensure a strong skills and competence framework that sets the right standards and requirements for these roles; encourages the right people into these roles, and then enables and supports them to provide the highest quality service to people when they need it most.

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