



Gofal Cymdeithasol Cymru
Social Care Wales

BOARD MEETING
12 December 2019
Social Care Wales Offices, Cardiff
09:30 – 11:20

Public session			Page	
09:30	1.	Welcome and Opening Comments from the Chair	Oral	
09:35	2.	Apologies and Declaration of Interests	Oral	
09:40	3.	Minutes of the Board meeting 24 October 2019 To endorse	SCW/19/24	3
09:45	4.	Matters arising	Oral	
For decision:				
Strategic objective 6: Support the workforce to improve practice in line with social care legislation and evidence by				
• developing workforce strategies to meet future needs				
09:50	5.	Our Workforce Strategy for health and social care To consider and approve Appendix 1 – our Workforce Strategy Appendix 2 – Technical document – engagement Appendix 3 – Technical document – consultation summary Appendix 4 - Equality Impact Assessment	SCW/19/25	9
For information:				
10:50	6.	Key messages from the Chief Executive and Directors To note and receive	Oral	
11:00	7.	Update from Committee Chairs To note and receive	Oral	
For discussion:				
11:10	8.	Messages to Communicate To consider and agree	Oral	
11:15	9.	Meeting effectiveness To discuss	Oral	

Date of next meeting:
Friday 31 January 2020, Social Care Wales Offices, Cardiff



Gofal Cymdeithasol Cymru Social Care Wales

BOARD MEETING

24 October 2019

Social Care Wales Offices, Cardiff

11:00 – 12:45

Present:

Board Members:

Mick Giannasi (Chair)
Abigail Harris
Carl Cooper
Damian Bridgeman
Emma Britton
Grace Quantock
Jane Moore
Jo Kember
Kate Hawkins
Maria Battle
Peter Max
Rhian Watcyn Jones
Simon Burch
Trystan Pritchard

Social Care Wales Officers:

Sue Evans (Chief Executive Officer)
Joanne Oak (Director of Corporate Services and Strategy)
Sarah McCarty (Director of Improvement and Development)
David Pritchard (Director of Regulation)
Kate Salter (Assistant Director of Corporate Services)
Geraint Rowlands (Assistant Director Finance & ICT)
Jon Day (Assistant Director Workforce)
Abu Askira (Engagement and Development Manager)
Llinos Bradbury (Governance Senior Officer)
Beth Calnan (Corporate Governance Team - minutes)

In attendance:

Natalie Price (PA to Damian)

Public session:

1. Welcome and Opening Comments from the Chair

- i. The Chair greeted members, officers and visitors to the October Social Care Wales Public Board meeting.

2. Apologies and Declaration of Interests

- i. Apologies were received from Donna Hutton. There were no new declarations of interest.

3. Minutes of the Board meeting 19 September 2019 SCW/19/20

- i. The minutes were checked for accuracy and **endorsed** by the Board providing one amendment is addressed:
- ii. Maria Battle is added to the list of attendees for the meeting.

4. Matters arising

- i. The following developments were reported against the actions from the last meeting:
- ii. **Item 8: Key messages from the Chief Executive and Directors** – The Fair Work (Wales) report has been uploaded to the portal along with links to the necessary website page if further information is required.
- iii. **Item 5: Accountability meeting with Julie Morgan AM, Deputy Minister for Health and Social Services** – A letter has been received from the Deputy Minister to which Social Care Wales will now reply with further information regarding diversity in the Social Care Wales' workforce and also the wider social care workforce. It was confirmed that a response has been provided regarding the diversity of Board members.
- iv. **Item 7: Transforming Care in the 21st Century: A Consultation Document** – Amendments to this item were approved at the September Regulation and Standards Committee. It was confirmed that the consultation is now live and is titled 'Registration is Changing'.

For decision:

5. Business Plan: Quarter 2 progress report SCW/19/21 - to consider and approve

- i. Kate Salter, Assistant Director Corporate Services provided members with an overview of the performance against the business plan as at the end of quarter 2.
- ii. The Chair invited comments from members which included the following:
 - Referring to page 16, RWJ asked if the necessary actions and plans are in place in preparation for the Register extension given that we are already seeing an increase in the number and costs of hearings being held. David Pritchard responded noting a Regulation Programme paper is on the agenda for November's Regulation and Standards committee, which considers these issues. Members asked if he could bring the paper to the Board for assurance prior to April and David agreed. **ACTION**
 - The Chair noted that a discussion will be held in December's Board meeting regarding Social Care Wales resources and future financial scenarios.
 - In relation to the extension of the register PM asked whether the contingency allowed resources to be aligned at the times required. Joanne Oak confirmed that the Contingency Plan for the extension of the Register will be a paper for discussion at the November Regulation and Standards Committee. **ACTION**
 - Hearing timescales were discussed. GQ suggested the revision of Social Care Wales waiting for everyone else to undertake their investigations and where possible to ensure that there is no repetition during investigative processes to allow a conclusion as soon as possible.
- iii. Jo Oak confirmed that business plan activities noted as on-track were as expected at this point in time and were contributing to the business plan objectives. It was noted that whilst the focus at the Board meeting is on amber and red activities; the Chair

suggested that the Board could select certain items noted as on-track and look at these in detail during the Board meetings, similar to the approach taken at Committees. Members **agreed**.

- iv. Geraint Rowlands, Assistant Director Finance & ICT provided members with an overview of the Budget Report, Appendix 2.
- v, Geraint Rowlands noted that the second sentence of the second paragraph in appendix 2 should be 'Welsh Government have confirmed additional funding of **£214,800** of which £193,800 is funding our initial request for our data work and additional capacity to support the Workforce Strategy development' not £193,800 of which £172,800 as noted in the paper.
- vi. Geraint Rowlands went through the Quarter 2 Budget Report. He noted that registration income has been higher than expected due to the timing of registration fee payments from both existing and newly qualified social workers who traditionally pay in the summer months and higher activity for apprenticeship certification. In respect of expenditure he noted that less bursaries had been awarded than budgeted with the budget now predicted to underspend by £125k. There had been reallocation in the Social Work Training budget and this budget would be therefore in the majority spent at the end of the financial year. Hearing costs reflected an increase in activity levels and this was now predicted to overspend by £119k at the end of the financial year. A small potential underspend was noted for the Improvement and Development directorate due to vacant posts. He referred to the predicted total net underspend figure of £39k but noted that this position would be within our 2% end of year cash balance limit.
- vii. Members **approved** progress against the Business Plan 2019-2020 at the six-month stage.
- viii. Members **approved** the two additional activities to the Business Plan.

6. SCWWDP Circular 2020-21 SCW/19/22

- i. Jon Day, Assistant Director Workforce gave an overview of the paper and highlighted the following:
 - The proposal to adopt a light touch review for 2020/2021
 - The completion of the first year of monitoring
 - The potential impact of the Workforce Strategy
 - The changes detailed in section 1.9
 - The proposals detailed in section 1.12
 - The change detailed in section 1.13
- ii. Jon Day noted that the changes have been marked as 'tracked changes' however, some of the dates referring to 2019/2020 will be corrected to 2020/2021 in early December prior to the letter being circulated to the regions.
- iii. The Chair invited comments from members which included the following:
 - TP welcomed the additional funding for the care career connector posts

- PM requested a Board level debate regarding opportunities for changes to the grant prior to approving next year's letter
 - Members discussed the potential to highlight the long term ambition within the letter and future alignment with the workforce strategy
 - The expectation that the workforce group aligns to the Regional Partnership Boards
 - The potential to reinforce good communication between Regional Partnerships Boards and funded work, so there is strengthened oversight of this grant.
- iv. Sue Evans agreed to make the changes as mentioned on behalf of the Board. **ACTION**
- v. Members **approved** the SCWWDP grant circular letter for 2020/2021, including a temporary 1 year uplift in resource to support regional care career connector function.

7. Equality Action Plan 2018-19 SCW/19/23

- i. Abubakar Askira gave an overview of this item and noted the delivery of a strategic equality plan across Social Care Wales. He noted the various outcomes detailed in the paper and highlighted the table on page 61. He emphasised the links between this item, the Workforce Strategy and the WeCare Wales campaign. He highlighted the organisational move towards a disability confident accreditation.
- ii. The Chair invited comments from members which included the following:
- DB asked for confirmation of the resources that would be required to become disability confident accredited. Abubakar Askira confirmed that costings are yet to be undertaken.
 - KH praised the report and the overview provided by Abu Askira
 - GQ noted the number of part time workers in the sector and asked about intersectionality and Abubakar Askira confirmed these are included in the paper but could be strengthened
- iii. Board members **approved** the publication of the Annual Equality Report.

For information:

8. Key messages from the Chief Executive and Directors

- i. The Chair asked Sue Evans to draw members' attention to any key developments.
- ii. Members noted and received the following updates from Sue Evans:
- **Healthier Wales** – She noted that there is a new programme of work titled 'Building a Healthier Wales' which is being led by Public Health Wales and focussed on social determinants of health, prevention and early intervention. Key areas of priority will be shared with the Board in due course.
 - **Future Generations Commissioner steering group**- Sue Evans noted that she has been invited to sit on a steering group focusing on how the delivery of health

and care services in Wales should evolve to become more holistic, preventative and focussed on wellness, in line with the Wellbeing and Future Generations Act.

- **Skills for Care Partnership Alliance** – Sue noted that Social Care Wales is a member of this UK wide partnership and uses the partnership as a means to share learning and linking regulation with improvement.
- **NMC hosting of Health and Social Care Regulators** – Sue noted that this engagement highlighted several common purposes and efficiencies that may be derived from closer collaboration.

iii. Members discussed the recent Wales Audit Office publication on the review of Public Service Board which would be useful for all members to read and placed on the portal **ACTION**.

iv. Members noted and received the following updates from David Pritchard:

- He reminded members that the consultation, 'Registration is Changing' is now live on the Social Care Wales website
- He gave a brief update regarding a panel member training session last week
- He gave an update on the registration figures for domiciliary care workers and noted that this is on target.

9. Update from Committee Chairs

i. **Audit and Risk** – Rhian Watcyn Jones noted further detail is in the minutes of the committee but highlighted discussions regarding the SCWWDP grant and Strategic Risk Register. The purpose of the Strategic Risk Register was discussed in the committee and a refreshed version of the Register was agreed for the next committee meeting.

ii. **Improvement Committee** – Peter Max also referred members to the committee minutes on the portal if required.

iii. He noted discussion of the following areas;

- National and Regional Safeguarding Boards – how Social Care Wales can assist to clarify gaps and issues outside its remit
- Work Welsh
- Collaborative working between Social Care Wales and Care Inspectorate Wales (CIW) regarding the Attraction, Recruitment and Retention campaign
- Daffodil Projections – Peter Max suggested that Social Care Wales publicise the secondment post and ensure work on this is well known

iv. Peter Max invited non committee members to attend the next session.

v. **Regulation and Standards** – Simon Burch stated the committee focussed on the 'Registration is Changing' consultation along with domiciliary care worker registration. The committee asked for regular updates on both items so that issues can be managed ahead of the deadlines. He noted the strategic review into Regulation through a

proposed Regulation Programme approach. Grace Quantock also praised the style of exception reporting in the last committee meeting.

10. Meeting effectiveness

- i. The Chair asked members a series of questions regarding the meeting effectiveness.
- ii. Members **agreed** that:
 - They had been clear about what was being asked of them in the papers
 - They didn't feel there were any papers where further information or background reading would have been useful
 - The Board progressed key items in an efficient manner
 - All the agenda items considered had been timely and relevant and members had been clear on the decisions made
- iii. The Board wished to thank Beth Phillips and Lowri Ellis from the Corporate Governance team for their work over the years as they will soon be leaving the organisation.

Date of next meeting:

Friday 31 January 2020, Social Care Wales Offices, Cardiff



CYFARFOD / MEETING	Board meeting				
	PREIFAT / PRIVATE		CYHOEDDUS / PUBLIC		
	<input type="checkbox"/>		<input checked="" type="checkbox"/>		
DYDDIAD / DATE	12.12.19				
EITEM AGENDA / AGENDA ITEM	5				
TEITL / TITLE / SCW/19/25	Our Workforce Strategy for Health and Social Care				
AWDUR / AUTHOR	Jon Day, Assistant Director Workforce				
CYFRANIADAU GAN / CONTRIBUTIONS FROM:					
PAPURAU CEFNOGOL / SUPPORTING PAPERS	Appendix 1 – Our Workforce Strategy for Health and Social Care Appendix 2 – Technical Document – Engagement Appendix 3 – Technical Document – Consultation Summary Appendix 4 – Equality Impact Assessment				
GWEITHGAREDD CYNLLUN BUSNES / BUSINESS PLAN ACTIVITY	Strategic objective 6: Support the workforce to improve practice in line with social care legislation and evidence by: <ul style="list-style-type: none"> • Identifying and sharing practice and supporting innovation • Developing workforce strategies to meet future needs • 				
GWEITHRED / ACTION REQUIRED	CYMERADWYAETH / APPROVAL	DARPARU LLYW / PROVIDE A STEER	DARPARU SICRWYDD / PROVIDE ASSURANCE	TRAFODAETH / DISCUSSION	CRAFFU / SCRUTINIS E
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ARGYMHELLIAD / RECOMMENDATION	Board members are invited to approve the Workforce Strategy for Health and Social Care to be submitted to Welsh Government.				
PRIF BWYNTIAU; MATERION ALLWEDDOL I DYNNU SYLW	Members are asked to consider the strategy contained in Appendix 1 and comment on the strategic intent within the document, with specific reference made to the actions as identified from page 15 onwards				

<p>ATYNT; CWESTIYNAU I'W YSTYRIED</p> <p>MAIN POINTS; KEY ISSUES TO DRAW TO ATTENTION; QUESTIONS TO CONSIDER</p>	
<p>ASESIADAU EFFAITH / IMPACT ASSESSMENTS</p>	<p>An equality impact assessment across HEIW and SCW has been completed</p>

Our Workforce Strategy for Health and Social Care

1. Context

- 1.1 [A Healthier Wales: Our Plan for Health and Social Care](#) was published by the Welsh Government in June 2018 in direct response to [‘The Parliamentary Review of Health and Social Care in Wales’](#) earlier that year. The review described the increasing demands and new challenges facing the NHS and social care in Wales, including an ageing population, lifestyle changes, public expectations and new and emerging medical and digital technologies with rising costs in healthcare expenditure, outpacing the country’s growth, and shortages in our health and social care workforce.
- 1.2 To support the delivery of A Healthier Wales, the Welsh Government commissioned Health Education and Improvement Wales (HEIW) and Social Care Wales to develop a long-term workforce strategy in partnership with NHS Wales and Local Government, the voluntary and independent sectors as well as regulators, professional bodies and education providers.
- 1.3 This programme was overseen by a steering group that was co-chaired by the CEO’s of both HEIW and Social Care Wales. Officers from both HEIW and Social Care Wales were joined by representatives of Welsh Government and workforce development representatives of the health and social care sectors.
- 1.4 A robust approach to engagement was adopted and the detail of this is contained within appendix 2. In summary this engagement involved contributions from nearly 1900 people through a variety of methods including online surveys, workshops, webinars, 1:1 meetings and attendance at a variety of professional meetings, network and conference events
- 1.5 The resulting outcome of this engagement was to generate 200 useable responses to the formal consultation and the details of these responses are contained within appendix 3. These responses, together with reviews of, recent literature, good practice and innovation, workforce intelligence, workforce trends and the workforce implications of national legislation and policy, have assisted us in shaping this strategy
- 1.6 At the conclusion of the consultation process, a draft strategy was developed using the intelligence from the formal responses as well intelligence gained from other forms of engagement.
- 1.7 It contains the ambition, case for change and a series of 7 themes all with an associated vision and actions that will shape the future direction of travel for the health and social care workforce.
- 1.8 This draft was then discussed at both Improvement Committee in November as well as a private Board Meeting in HEIW, also in November. As a result of these discussions further amendments were made to create a final strategy that is shown in Appendix 1.

- 1.9 Pending sign off from the respective boards of Social Care Wales and HEIW, it will be sent to Welsh Government for consideration, publication, launch and decisions reached on how implementation will be approached.
- 1.10 The strategy and associated annexes will be accompanied by a letter from both Social Care Wales and HEIW, outlining the enablers that will need to be in place to realise the ambition of the strategy
- 1.11 Once approved and published, there will need to be developed, detailed implementation plans to support the delivery of these actions.

2. Resource implications

- 2.1 At this stage there are no further Social Care Wales resource implications, The workforce strategy will be a key driver for our work progressing forward and will have resource requirements to be identified as part of implementation planning.

3. Risk considerations

- 3.1 The main risks to the programme of work are:
 - clarity required over the ownership of the strategy i.e. is it Welsh Government, Social Care Wales and HEIW or a combination of both
 - due to the extensive levels of engagement, there appears to be a heightened level of expectation of the sector
 - linked to clarity on ownership and heightened expectations there is a focus on how implementation planning is approached including how this is resourced to achieve the ambitions within the strategy. Equally there is a risk associated as to how priorities are determined
 - Within the approach to implementation there needs to be consideration and account taken of initiatives already in play that complement and support the ambitions of the strategy

4. Engagement

- 4.1 This programme of work has been subject to a full programme of engagement both in terms of the sector and the intelligence generated that has shaped this strategy, the full extent of this engagement is shown in appendix 2 but also in there has been clear internal engagement and scrutiny as follows:
 - A steering group has been in place for the duration of this programme of work (details of its membership is shown on page 16 of Appendix 2)
 - The workforce strategy has been the subject on frequent updates to both Social Care Wales Board meetings and Improvement Committee Meetings

- Most recently it was the subject of a private session with Board members on the 24th October 2019
- Equally it was an agenda item for a discussion with the Improvement Committee on the 20th November 2019

5. Impact

- 5.1 The workforce strategy represents a ten year, long term strategy for the health and social care workforce. The ambition articulates the significant impact this strategy is seeking to make.

A HEALTHIER WALES: OUR WORKFORCE STRATEGY FOR HEALTH AND SOCIAL CARE

FOREWORD

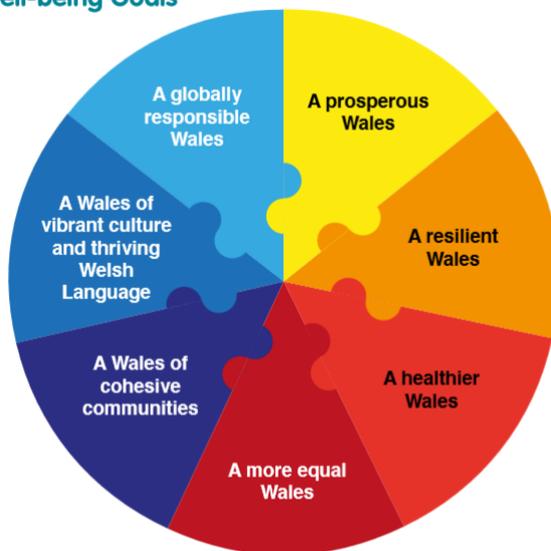
The delivery of health and social care to the population of Wales is completely dependent on our workforce who work in a range of statutory, private or voluntary provider services, volunteers or as carers. Without them, high quality health services, care and support could not be provided, and this strategy encompasses all of these people.

The people who provide health and social care are highly valued, not just for their dedication and commitment to the health and care system, but as members of local communities, they contribute greatly to the wider socio-economic prosperity and sustainability of Wales.

Well being of Future Generations (Wales) Act 2015

The desire for a high-quality health and social care system is clear in Wales’ legislation for sustainable development, through the [Wellbeing of Future](#)

Well-being Goals



[Generations \(Wales\) Act 2015](#), which sets out seven wellbeing goals, and the duty of public bodies to think more about the long term to prevent problems and take a more joined up approach, the [Social Services and Wellbeing \(Wales\) Act 2014](#), [Regulation and Inspection of Social Care \(Wales\) Act 2016](#), the Welsh Government’s national strategy [Prosperity for All](#) and the recent review undertaken by the Equality and Human Rights Commission [Is Wales Fairer? \(2018\)](#).

The [Parliamentary Review of Health and Social Care in Wales \(2018\)](#) sets out the case for change in health and social care provision, and acknowledged the need to bring health and social services seamlessly together, designed around the needs of individuals, with a greater emphasis on keeping people healthy and well. [A Healthier Wales: Our Plan for Health and Social Care \(2018\)](#) was the response to the

Parliamentary Review and commissioned the development of this workforce strategy.

This strategy sets out the vision, ambition and approaches that are needed to put wellbeing at the heart of our plans for the workforce. A core element of the Parliamentary Review and A Healthier Wales' *'Quadruple Aim is to deliver an inclusive, engaged, sustainable, flexible and responsive workforce in health and social care. Its importance is supported by an increasing body of evidence, which correlates the inclusion, wellbeing and engagement of the workforce with the quality of health and care experienced by the people we serve.*

This Strategy is our opportunity to create a compassionate culture, to address a number of long standing challenges as well as preparing our workforce for future challenges. The rising demand for services, increasing health and wellbeing inequalities, higher public expectations, as well as the possibilities that new and emerging medical and digital technologies offer, are set against a backdrop of changing demography, recruitment and resource challenges.

This strategy is not just about "more of the same" – existing approaches are clearly not working, or not working well enough. We need to transform traditional roles and ways of working to support the new models of care that are being developed through Regional Partnership Boards, the Strategic Programme for Primary Care, the National Clinical Plan and the Care and Support at Home Plan. As we develop new models of care we will gather evidence of what skills are needed, what works best and which skills and competencies are needed to meet future needs, so that improvements can be adopted or adapted at pace across Wales.

We will build a culture of compassionate and inclusive leadership which will attract, continuously support and develop a flexible and agile workforce who feel valued, and are valued, by an inclusive and modern health and social care system. We will use principles set out in [prudent healthcare](#) and [sustainable social services](#), promote inclusivity and wellbeing, and offer roles and opportunities which attract, reward, develop, and retain our workforce within a fair and just health and care system.

Our workforce will be supported to deliver care using digital skills and the Welsh language aligned to the new approaches of service delivery. Our workforce will be able to optimise digital technology to manage workload and caseloads more effectively. We will develop a workforce that is able to meet the health and care needs of people through the medium of Welsh.

The actions in this strategy can only be delivered through engagement and partnership with the workforce, through listening to them, and understanding what matters to them as they deliver health, care and support to our population. This

strategy has huge importance, not just for the health and care system, but reaches far wider in the context of a prosperous Wales.

We must acknowledge that what we spend on our workforce is not a cost, but an investment. This Strategy will ensure that we get maximum value from this investment for our workforce, for the people we serve and for the health and social care system in Wales.

Final Draft

OUR WORKFORCE STRATEGY FOR HEALTH AND SOCIAL CARE – STRATEGY ON A PAGE

The Ambition – 2030

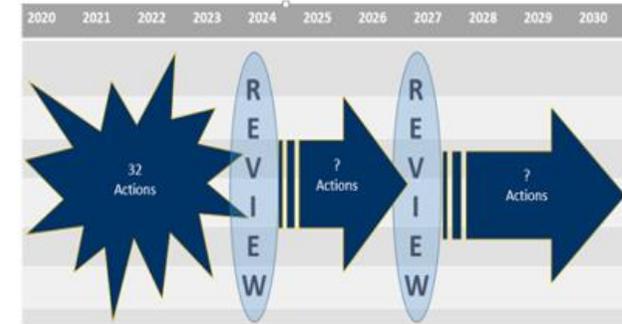
To have a motivated, engaged and valued Health and Social Care workforce with the capacity, competence and confidence to meet the needs of the people of Wales



What will be different

- Our workforce feels valued, is treated fairly and their wellbeing is supported
- Workforce language, culture and diversity reflects our population
- Potential shortage areas are known earlier and targeted effectively
- Widespread values based and inclusive recruitment ensures we have the right people
- Common competences are identified and underpin new and different ways of working
- Learning is delivered through flexible and accessible routes
- Widespread digital skills capability underpins care delivery
- National bi-lingual careers service is widening access to careers in health and care for all ages

Implementation



What success will look like

- Very high levels of staff engagement, motivation, wellbeing and satisfaction
- Better recruitment and retention of staff through attractive and flexible working arrangements and career opportunities
- Increased levels of Welsh language skills in the health and care workforce
- Flexible education opportunities and career development
- Intelligence led workforce planning enabling us to change our workforce to meet our population need
- A compassionate culture, role modelled by excellent leaders and managers

The Legislative Framework

Engagement & Consultation – what we heard



CONTEXT

'A Healthier Wales: Our Plan for Health and Social Care' was published by the Welsh Government in June 2018 in direct response to 'The Parliamentary Review of Health and Social Care in Wales' earlier that year.

The review described the increasing demands and new challenges facing the health and social care in Wales. This includes an ageing population, lifestyle changes, public expectations, new and emerging medical and digital technologies, rising costs in health and care expenditure outpacing the country's growth, and shortages in our health and social care workforce. This is set against a backdrop of a demographic profile that forecasts fewer people of working age available to work in health and social care roles, which presents a significant challenge to health and social care services.

The World Health Organisation estimates a projected worldwide shortfall of 18 million health workers by 2030, and while they anticipate this impact may be particularly felt in low and lower-middle income countries, they warn that all levels of socio-economic development face to varying degrees, difficulties in the education, employment, deployment, retention, and performance of their workforce.

To support the delivery of A Healthier Wales, the Welsh Government commissioned Health Education and Improvement Wales (HEIW) and Social Care Wales (SCW) to develop a long-term workforce strategy in partnership with NHS Wales and Local Government, private and voluntary provider services as well as regulators, professional bodies and education providers.

ENGAGING STAKEHOLDERS IN THE DEVELOPMENT OF THE STRATEGY

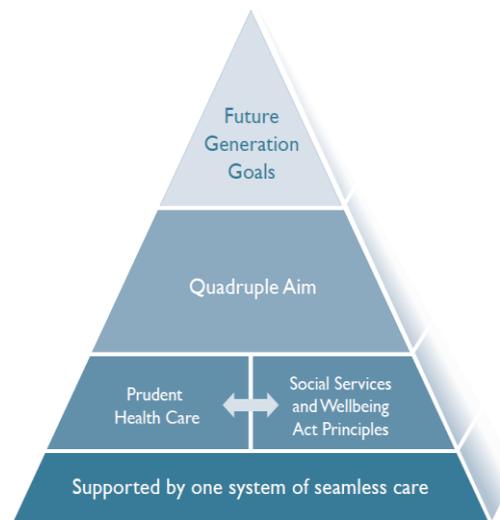
In Wales we have a strong commitment to working in social partnership between employers, trades unions and government to design and deliver changes across the workforce. Social partners have been able to contribute to the development of our thinking on this strategy and delivery will be underpinned by strong social partnership working too.

Following an extensive programme of engagement with over 1,000 people and organisations - including patients, private and voluntary providers, universities, staff representatives and professional bodies, volunteers and carers - who have an interest in the health and social care workforce across Wales, a consultation document was issued in the summer of 2019.

200 formal responses to this were received, with the overwhelming majority in favour of the ambition and approach we proposed. These responses, together with

consultation from people with protected characteristics and an integrated approach to equality impact assessment; reviews of recent literature, good practice and innovation, workforce intelligence, workforce trends and the workforce implications of national legislation and policy, have assisted us in shaping this strategy.

This strategy sets out the vision and the seven key themes that will contribute to the delivery an inclusive, engaged, sustainable and flexible workforce in health and social care by 2030. A set of 32 actions have been identified and these will drive the implementation of the strategy in the first 3 years. We plan to review the actions every 3 years, to renew and refresh the strategy.



We recognise that to achieve the vision and ambition of this strategy, we all need to work together. We recognise the vital importance and value of our workforce and this strategy and the supporting implementation plans, which will be developed next, encompasses all of the people who provide services to individuals who receive health, social care and support services.

THE CASE FOR CHANGE

The Parliamentary Review and A Healthier Wales, set out a compelling case for change in emphasising that the current pattern of health and social care was not fit for the future. [The Kings Fund](#) has identified key areas affecting future service delivery, highlighting the impact of growing and changing need, more working age people living with complex conditions, increasing public expectations, the potential impact of Brexit, advances in digital and medical technologies including genomics, and the challenges of securing our future workforce.

While these challenges are laid out in the Parliamentary Review, it also recognises that there is the potential and desire in Wales to improve health and wellbeing through a high quality health and social care system. Key to the Parliamentary Review and A Healthier Wales, was the Quadruple Aim which set out four interdependent goals.

- a) Improve population health and wellbeing through a focus on prevention;
- b) Improve the experience and quality of care for individuals and families;

- c) Enrich the wellbeing, capability and engagement of the health and social care workforce; and
- d) Increase the value achieved from funding of health and care through improvement, innovation, use of best practice, and eliminating waste.

The clear focus on improving the wellbeing, inclusion, capability and engagement of the health and social care workforce is at the forefront of this strategy. The evidence is clear that better staff experience contributes to a culture of compassionate care, and results in better care for the people we serve. This strategy will therefore provide an important foundation for improvements in quality and safety.

A Healthier Wales clearly maps out the journey for the next 10 years in terms of system transformation to meet the growing demand and to meet the needs of the people of Wales. It describes the ambition to bring health and social care services together, to deliver a seamlessly co-ordinated approach from different providers. It reinforces the need to strengthen and expand services in primary and community settings, and commits to the development of a National Clinical Plan. It is clear that our health and social care services will be changing dramatically over the next 10 years and consequently our workforce needs to be flexible and agile so that we can respond.

We need to transform the way we attract, train, continually develop and support our workforce through a culture of compassionate and inclusive leadership with a focus on wellbeing at the core.

This means we will need to better understand the shape and supply of our workforce, including the ability to deliver our health and care in the Welsh language. We will need to transform the way we work, by expanding existing roles, developing new roles, building skills and capability in areas we have not done so previously and embrace new technology in delivering our services.

This compelling case for change was tested out through wide and comprehensive engagement across health and social care in Wales. During our engagement phase, we heard from over 1,000 people who told us unequivocally that the health and wellbeing of the workforce, with an emphasis on culture, inclusion and leadership, was of the utmost importance.

We also heard consistently that the differences in terms and conditions, particularly in the lower paid areas are a significant issue, not just between health and social care, but between the range of social care providers in the 22 local authorities, and between professional groups in the NHS. We also heard much in relation to workload, with significant deficits being reported in key areas and the need for new workforce models, more training and digital solutions to improve the way we work.

The engagement phase shaped our consultation document, which gathered a further 200 formal responses and in turn has informed the content of this strategy.

This strategy sets the future direction for the health and social care workforce in the next ten years. It sets out the fundamental building blocks needed to address the opportunities and challenges facing the workforce and to align efforts across the health and social care system. It is not intended to give specific details in relation to single professions or roles, but a clear set of themes and succinct actions which will inform the subsequent implementation plans.

Some of what is proposed in this strategy is already underway, as issues have been recognised and positive action taken. For example, leadership actions commenced in February 2019. Some of the actions we propose in this strategy are radical, but there is also a need to build on current practice and to do some of the things we currently do, much better. This strategy brings everything together so we don't lose this good work and progress but build on it using a once for Wales approach.

Central to the delivery of this strategy is the requirement for true collaboration and partnership at all levels. Everyone will have a role in shaping and delivering implementation plans that take us closer towards the ambitions of this workforce strategy and meet the challenges laid out to us in the extensive engagement and consultation processes. This includes better alignment and integration across professional boundaries which too often get in the way of doing the right thing for the people at the centre of our service.

THE AMBITION

Our ambition is that we will have a motivated, engaged and valued, health and social care workforce, with the capacity, competence and confidence to meet the needs of the people of Wales. Specifically, this means that;

- We will have a workforce with the right values, behaviours, knowledge, skills and confidence to deliver evidence based care, and support people's wellbeing as close to home as possible;
- We will have a workforce in sufficient numbers to be able to deliver responsive health and social care that meets the needs of the people of Wales;
- We will have a workforce that is reflective of the population's diversity, Welsh language and cultural identity, and
- We will have a workforce that feels valued and is valued.

We will achieve these ambitions through the implementation plans which will be developed in partnership with staff and stakeholders and will be delivered at local, regional and national levels as appropriate.

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THE SEVEN THEMES

This strategy is underpinned by seven key themes which have been shaped by the engagement and consultation we undertook. A series of implementation plans will be developed to take forward specific actions to realise the ambition and deliver the strategy.

THEME	DESCRIPTOR
1. An Engaged, Motivated and Healthy Workforce	By 2030, the health and social care workforce will feel valued, fairly rewarded and supported wherever they work.
2. Attraction and Recruitment	By 2030, health and social care will be well established as a strong and recognisable brand and the sector of choice for our future workforce.
3. Seamless Workforce Models	By 2030, multi-professional and multi-agency workforce models will be the norm.
4. Building a Digitally Ready Workforce	By 2030, the digital and technological capabilities of the workforce will be well developed and in widespread use to optimise the way we work, to help us deliver the best possible care for people.
5. Excellent Education and Learning	By 2030, the investment in education and learning for health and social care professionals will deliver the skills and capabilities needed to meet the future needs of people in Wales.
6. Leadership and Succession	By 2030, leaders in the health and social care system will display collective and compassionate leadership.
7. Workforce Supply and Shape	By 2030, we will have a sustainable workforce in sufficient numbers to meet the health and social care needs of our population.

FUNDAMENTAL PRINCIPLES

This Workforce Strategy has taken the opportunity to be brave and bold in embedding equitable opportunities for its workforce and embracing the recommendations laid out in *Is Wales Fairer?* We expect to see the fundamental principles of wellbeing of the workforce, Welsh language, and inclusion being woven through all of the implementation plans.

WELLBEING

Earlier in this document we demonstrated that there is an increasing and compelling body of evidence linking wellbeing, capability and engagement of the health and social care workforce to improved outcomes for the people to whom we provide health, care and support. We will ensure that our workforce is treated fairly and recognised for the contribution they make. We want our workforce to be happy, healthy and supported, so that they in turn support the wellbeing of the people in their care.

This strategy will support the development of a culture of wellbeing, mutual respect and improvement. It is essential that this is reflected in strategic and consistent arrangements across Wales for commissioning the private and voluntary provider services.

WELSH LANGUAGE

The strategy will build on the foundations of the [Wellbeing of Future Generations Act \(2015\)](#), and [Cymraeg 2050: A million Welsh speakers](#) to create an engaged, healthy, flexible, responsive and sustainable workforce for the future that is reflective of Wales' diverse population, Welsh language and cultural identity. The legislative framework relating to the use and delivery of services in the Welsh language that we are working within, will drive the embedding of the Welsh language into the care and support we provide.

Evidence of better clinical outcomes, and outcomes for people accessing care and support, highlights the vital importance we place on the delivery of health and social care in the language of Wales.

Our aim will be to understand, anticipate and plan to meet the Welsh language needs of health and social care students, our workforce and ultimately patients and people in receipt of care and support across Wales as we move forward.

Supporting our workforce to deliver care using the Welsh language where needed, is a fundamental principle which must underpin every area of this Workforce Strategy.

INCLUSION

Creating a culture of true inclusion, fairness and equity across our workforce will be at the heart of this strategy and reflective of the Welsh Government's Strategic Equality Objectives and included in strategic equality plans. There is clear evidence

of deepening poverty and growing gaps in experience and opportunities for people born into different socio-economic backgrounds and protected characteristics and to ensure equity and fairness, co-production with those most affected will be at the core of the implementation of this strategy.

This will be taken forward through all seven themes of this strategy, with strong compassionate inclusive leadership ensuring a clear focus on engaging and addressing inequalities for people from differing socio-economic circumstances, including those who share the same protected characteristics and those who do not.

OUR CURRENT WORKFORCE

Our health and social care workforce is the largest in the economy of Wales. Over 180,000 people, the majority of whom are female, are employed in more than 350 different types of roles across health and social care, and together with volunteers and carers, our workforce hugely impacts on the social, cultural and economic prosperity of Wales.

Both [Health](#) and [Social Care](#) collect workforce information routinely. These documents are available as annexes to this strategy. Currently this information is collected in different ways, and direct comparison across health and social care is difficult for example *Is Wales Fairer?* states that “there are clear data gaps in Wales which make it difficult to understand the experiences of people sharing protected characteristics.” However, there are opportunities to build on this at local, regional and national level, to inform future plans. We have made this a key action of the strategy which will be progressed with urgency.

In NHS Wales, between 2009 and 2019 the workforce increased by nearly 8,000 people (9%) and is now over 92,000. Currently 41% of the workforce is part time, which has increased by 2% since 2009. Out of the total female workforce, 48% work part time, and out of the male workforce, 15% work part time.

[The Economic Value of the Adult Social Care sector - Wales](#) estimates that there are 83,400 jobs in adult social care alone in 2016, an estimated 6% of the working population of Wales. In addition, it is estimated that there are 7,100 jobs in children services across all social care provision in Wales.

Nearly 3,900 social workers were employed in local authorities at the end of March 2018, an increase of 275 since 2014. 21% of all social workers were employed on a part time basis in 2018 compared to 20% in 2014. In 2018, 83% of social workers working in social services departments were female. This has remained similar since the data collection began in 2009. 8% (326) of whole time equivalent social worker posts were vacant at 31 March 2018, compared to 5% (212) in 2014.

It is estimated that 53,000 staff currently work for commissioned care providers in Wales, the vast majority of whom are female (83%), and 29% of this workforce are over 50 years old. 11,900 work for local authority regulated services where 87% are female and 48% of the workforce are over 50 years old.

The NHS workforce overall is aging. In 2009, 29% of the workforce were over the age of 50, but 10 years later, this has risen to nearly 40%. The same is true for a number of staff groups, especially Nursing & Midwifery, which has increased from 25% to 37%.

The staff group with the highest age profile and the group that has seen the largest shift is Estates and Ancillary from 44% to 58%.

The Social Care Wales register of social workers shows that the majority (51%) are aged 45 or over which is the same as in 2014. 22% are aged 55 or over compared to 21% in 2014. In April 2018, 66% of all male social workers employed in local authority social services were aged 45 or over, compared to 48% in the female social worker workforce, the same as in 2017 and slightly higher than in 2014 when it was 65%. 31% of all male social workers were aged 55 or over, compared to 20% of all female social workers. Again, this age profile for male and female social workers has changed little in recent years.

Our expenditure on agency workers is increasing across both health and social care. Between 2010/11 and 2018/19 financial years, NHS Wales' agency spend has increased from £50 million to £143 million. The staff group that has seen the largest increase in agency spend is Nursing and Midwifery. Recruitment is difficult in certain professions including medicine, domiciliary care, social work and nursing. The use of agency workers to fill vacant posts continues across social services in Wales with adult services having 2% of its posts filled with agency and children services 4%.

We recognise that we need to improve our understanding of our workforce, not only nationally but regionally and locally. We will need to develop analytical methods and sophisticated modelling techniques to support workforce planning, development and productivity across health and social care. Some of the fundamental steps we will need to take will be to agree standardised data sets, develop a shared understanding of workforce data and jointly develop reporting arrangements, so that we turn our information into robust intelligence that will underpin decisions relating to our workforce. This is one of the reasons why we have included specific actions in Theme 7.

It will be important to measure the impact and success of this workforce strategy as our workforce changes over the forthcoming decade. Better workforce information

and intelligence will support us to measure changes and trends, to enable us to better plan and react to these changes.

Development of meaningful measures at local, regional and national level will not only help us to monitor the changes but will help and support the required changes going forward.

Better workforce information systems will also help us gather the views of the workforce, in relation to their wellbeing and engagement and their ability to identify, contribute to and inform the changes to the delivery of health and social care, to ensure that we are delivering our ambition to have a motivated, engaged and valued health and social care workforce, with the capacity, confidence and competence to meet the needs of the people of Wales.

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ACTIONS

STRATEGIC THEME ONE

AN ENGAGED, MOTIVATED AND HEALTHY WORKFORCE

OUR AMBITION

By 2030, the health and social care workforce will feel valued and supported wherever they work.

WHY WE ARE DOING THIS

We often say that our health and social care workforce is our biggest and most precious asset in delivering high quality health and social care. However, in too many cases our feedback from staff suggests that they do not feel valued and supported. This can lead to a lack of engagement and motivation and can impact on attendance and turnover which ultimately impacts on quality of care for the people at the centre of our services.

We need to change this and ensure that health and social care is a great place to work, and for our staff to be the best advertisement for this. So, we need some fundamental building blocks to be put in place to drive a concerted, proactive and evidence based approach to this.

All of the themes make a contribution to this ambition of valuing, supporting and retaining our staff. In this theme we are focusing on what we can do from an **employment perspective** to achieve this, including:

- Healthy working arrangements and environments;
- Exemplar employment practices with a clear focus on equality and diversity, employee voice and collective representation;
- Work life balance;
- Fair rewards and recognition, including addressing pay gaps across the protected characteristics;
- Flexible career opportunities to meet changing needs.

To deliver this vision we will:

Action 1	Introduce a Health and Wellbeing Framework across the health and social care workforce setting clear and measurable standards to help drive improvement.
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	<i>This will be co-produced with employers, trade unions, staff and students, including groups from protected characteristics and based on exemplary practice from other sectors.</i>
Action 2	<p>Introduce a ‘Staff Governance’ Framework setting out expectations for both employers and employees to drive positive employee experience and improved quality.</p> <p><i>This is based on the model in place in Scotland which enshrines social partnership and is underpinned by legislation. It will represent a system of corporate accountability for a fair and just culture and effective management of all staff. It will encompass a range of key areas including information and communication, Welsh language, training and development, partnership approaches, equality and diversity, health and wellbeing, and holding people to account. This doesn’t just include the statutory sector but is reflected through commissioning arrangements with the private and voluntary providers. The staff governance framework will be developed in partnership with professional and staff organisations, and it will drive all policies that affect the workforce.</i></p>
Action 3	<p>Work towards fair reward and recognition across the health and social care workforce.</p> <p><i>This will take account of the Report of the Fair Work Commission (2019) and Is Wales Fairer? (2018).</i></p>
Action 4	<p>Implement a consistent approach to monitoring and measuring employee experience through health and social care staff surveys.</p> <p><i>This will include an ongoing engagement index score that enables us to capture staff experience across different settings, professional groups and protected characteristics.</i></p>
Action 5	<p>Incorporate a set of workforce wellbeing and engagement measures in the performance framework for organisations, and the broader health and social care system.</p> <p><i>This should include quality of leadership, staff engagement, bullying and harassment.</i></p>

STRATEGIC THEME TWO

ATTRACTION AND RECRUITMENT

OUR AMBITION

By 2030, health and social care will be well established as a strong and recognisable brand and the sector of choice for our future workforce.

WHY WE ARE DOING THIS

We are experiencing shortages in many occupations and professional groups in many services and settings. Whilst there are a wide range of roles available that suit a diverse range of skills and interests, the public focus traditionally has been on just a small number of roles – the social worker, the nurse, the doctor. We need to increase our efforts in how we market and promote the hundreds of roles – and therefore opportunities available - at local, national or international level.

We need to be proactive in targeting specific shortages and in helping and supporting staff who want a change in career and direction. We need to reach out to children, and young people beyond our traditional paths to help shape their career choices and open access to the many people in our communities that have valuable skills and experience currently underrepresented in our workforce. We also need to make sure that the process for recruiting people is underpinned by our values and is as smooth and efficient as possible, reinforcing our reputation as an excellent place to work right from the start.

To deliver this vision we will:

Action 6	<p>Establish a bi-lingual National Health and social care Careers Service which promotes all roles and reaches out to all parts of the community and workforce.</p> <p><i>This will build on current approaches and be supported by a comprehensive marketing campaign and single branding for the full range of occupations, professions and roles across health and social care.</i></p>
Action 7	<p>Review and develop targeted schemes, for under-represented and shortage groups and hard to recruit areas.</p> <p><i>This will include identified protected characteristics including Welsh language considerations, rural and remote areas, incentives, bursaries and international recruitment.</i></p>

Action 8	<p>Implement a modern values based bi-lingual recruitment approach for all health and social care staff.</p> <p><i>This will be based on best practice and supported digitally with recognition of socio-economic impacts to ensure a streamlined, speedy, efficient, smooth, accessible, inclusive recruitment approach and excellent experience for new employees.</i></p>
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STRATEGIC THEME THREE

SEAMLESS WORKFORCE MODELS

OUR AMBITION

By 2030, multi-professional and multi-agency workforce models will be the norm.

WHY WE ARE DOING THIS

Future service models will increasingly be based on the concept of “what matters to me”, which shifts the focus from what professionals think to what the person at the centre of our service needs, in line with prudent healthcare and sustainable social services principles. This co-productive approach relies on excellent team work between members of the multi-professional team but sometimes professional and occupational boundaries can get in the way of doing the right thing. This can be a particular problem when a person has complex needs requiring the unique and valuable contribution of a number of health and social care professionals.

A lack of seamless working can result in gaps and duplication of care, which at best wastes resource and at worst can lead to harm. The statutory sector is not always the best solution to meeting an individual’s needs, and engagement with private and voluntary provider services, volunteers as well as carers, leads to much greater benefit for the individual such as social prescribing and collaboration. Person-centred care is also a driver for extended skills and advanced practice, ensuring that, where appropriate, health and social care professionals can work at the ‘top of their license/competence.’ To optimise this there should be a consistent approach across professional groups, not limited by socio-economic circumstances.

We want to translate the good practice and innovation in the development of integrated and seamless workforce models which are at the heart of A Healthier Wales, into a sustainable and mainstream approach.

Fragmented approaches in terms of regulation can also get in the way of seamless working, although sometimes the problems are more perceived than real.

To deliver this vision we will:

Action 9	<p>Develop a multi-professional workforce plan to support implementation of the new primary and community care workforce model (Strategic Programme for Primary Care).</p> <p><i>This will encompass the education and training needed to sustain innovation and improvement in primary care, as well as the development</i></p>
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	<i>of improved workforce intelligence, modelling and implementing cross sector competence frameworks.</i>
Action 10	<p>Develop a multi-professional workforce plan to support implementation of Together for Mental Health.</p> <p><i>This will encompass all age ranges and protected characteristics aligning with the models of care and standards of service needed in the future. This will also take account of the roles of private and voluntary provider services, volunteers and carers as well as statutory services.</i></p>
Action 11	<p>Translate the workforce models being developed through Regional Partnership Boards into a good practice guide for integrated working.</p> <p><i>This will draw on the innovation being developed at local level and accelerate the transformation process by ensuring it leads to fundamental and sustainable changes in the workforce. This will include private and voluntary provider services, volunteers and carers.</i></p>
Action 12	<p>Develop a clear competence and capabilities framework for extended skills and advanced practice across professional groups.</p> <p><i>This will support staff to have more flexible career pathways and will support organisations to have a clearer understanding of what they can expect from each level of practice. This will, in turn, allow recognition of the contribution of each staff group, and in bringing together multi-disciplinary teams, reduce constraints by historic protocols or prescriptions for practice.</i></p>
Action 13	<p>Implement a values based, common induction programme for all of our workforce who deliver health and social care in primary and community settings.</p> <p><i>This will be based on the results of the current pilot in the Hywel Dda area and will be made accessible to private and voluntary provider services, volunteers and carers where appropriate.</i></p>
Action 14	<p>Work with partners to harmonise governance, regulation and registration arrangements to facilitate multi-professional working.</p> <p><i>One of the key priorities will include the support workforce, considering statutory registration mechanisms for current non-registered, or voluntary registered staff. It will also be important to influence the regulation agenda at a UK level, alongside the other nations, to encourage a more streamlined and unified approach in the future across the Health Professions Regulators and Social Care Wales as a Social Care Regulatory body.</i></p>

STRATEGIC THEME FOUR

BUILDING A DIGITALLY READY WORKFORCE

OUR AMBITION

By 2030, the digital and technological capabilities of the workforce will be well developed and in widespread use to optimise the way we work, to help us deliver the best possible care for people.

WHY WE ARE DOING THIS

There is a mismatch between the pace of digital and technological change and our ability to implement and embed them in our everyday work in health and social care. This includes the use of everyday information technology and information management systems as well as genomics, digital medicine, artificial intelligence and robotics. One of the reasons for this is the variable socio-economic circumstances, digital literacy, confidence and capability of our current workforce, and the limited attention we have given this as a system to date.

As well as improving quality of care and extending the boundaries of what we can deliver for people, the optimisation of digital ways of working and new technologies can make an important contribution to changing the nature and efficiency of work. Many of our ways of working are outdated and burdensome resulting in wasted work. This is critical when we consider the extent to which current workload pressures are having a significant impact on our current workforce, and an issue that was identified repeatedly in our engagement process.

The future requirements for the health workforce are articulated in the [Topol Review](#), with transferable messages for social care. This theme highlights the need to raise the profile of digital literacy, skills and capabilities as an integral part of service and digital transformation, and the parallel need to invest in education and organisational development if we are to accelerate the pace of change.

The Topol Review also identifies the need to focus on the development of the digital professional workforce who will be an increasingly essential part of the health and social care workforce. This is being addressed as part of the Welsh Government's Digital Transformation Programme and is not duplicated in this strategy.

To deliver this vision we will:

Action 15	<p>Implement a “Building a Digitally Ready Workforce Programme” focused on enhancing the digital literacy and confidence of the wider health and social care workforce in Wales.</p> <p><i>This will require the development of a digital capabilities framework and will be undertaken on a partnership basis with staff organisations and professional bodies.</i></p>
Action 16	<p>Commission consistent digital aspects as part of all under graduate curricula for health and social care professionals.</p> <p><i>This will align with the previous action so that there is a consistent approach to digital capabilities; with consideration needed in relation to the socio-economic constraints and the physical / learning requirements of all learners.</i></p>
Action 17	<p>Implement a requirement for all digital transformation projects and programmes to include a clear organisational development plan.</p> <p><i>This will require the development of organisational development plans to deliver the cultural change required when integrating digital, workforce and service developments.</i></p>

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STRATEGIC THEME FIVE

EXCELLENT EDUCATION AND LEARNING

OUR AMBITION

By 2030, the investment in education and learning for health and social care professionals will deliver the skills and capabilities needed to meet the needs of people in Wales.

WHY WE ARE DOING THIS

The education and training pipeline makes a critical contribution to the supply of our workforce and we need to ensure that we continue to invest in our capacity to train in Wales. As well as increasing the numbers, we need to ensure that the investment delivers value by delivering the kind of education, learning and training that supports future needs and future service models. In particular, we need to maximise the benefits from a graduate workforce with a focus on supporting people to work at the top of their licence/competence.

Much of our education and training has been traditionally delivered in uni-professional or uni-discipline formats, this needs to change to reflect the need for more multi-professional approaches, seamless working and accessibility to those most under-represented in our workforce. We also need to ensure that education and training pathways reflect the needs of volunteers and carers, rural and remote communities where the solution to the workforce challenge is to “grow your own”, requiring more flexibility in delivery and location.

The need for the workforce to have additional skills has also emerged over recent years – the emphasis on care in primary and community settings, the increased focus on prevention and health promotion, quality improvement and research, evidence informed practice, leadership, the commitment to the Welsh language, and digital as described earlier in this document. These need to be embedded in core education not developed as additional skills.

Our approach to Continuous Professional Development (CPD) is fragmented, both in its connection to service need and across professional and occupational groups. This can result in certain occupational and professional groups, both from those who share protected characteristics and those who do not, feeling undervalued, and not having opportunities to develop. In addition, the pressures and challenges facing our education providers are increasing and without a strategic dialogue, we will not be able to plan a sustainable pipeline that produces the right workforce with the right skills.

There is also a need to ensure that high quality placements, supported by mentorship and practice-based assessment, are available to support excellent education and training with protected, identified time to support and enable high quality learning to take place.

To deliver this vision we will:

Action 18	<p>Work with education providers to ensure education meets the needs of the health and social care system, and includes programmes delivered through the medium of Welsh.</p> <p><i>This will need to include pre-registration programmes, continuing professional development programmes and opportunities to deliver programmes through the Welsh language.</i></p>
Action 19	<p>Work with education providers to support the workforce to develop and/or improve Welsh language skills.</p> <p><i>This will need to include support for health and social care students and our existing and future workforce to learn Welsh, enhance existing skills and build confidence to use these skills.</i></p>
Action 20	<p>In partnership with Higher Education Institutions, implement changes to the content of curricula and flexibility of provision for undergraduate programmes to meet future needs and delivery modes, stipulating inter professional education, placement requirements for common competences, and language requirements.</p> <p><i>This will need to reflect skills such as leadership (inclusive of positive action schemes), quality improvement, prevention, co-production, academic and research skills.</i></p>
Action 21	<p>Continue to invest in increasing the numbers of health and social care professionals who are trained in Wales, with a focus on value.</p> <p><i>This will be informed by the increased sophistication of workforce intelligence, value based investment and underpinned by a clear quality and equality management framework across all professional and occupational groups.</i></p>
Action 22	<p>Widen access into health and social care careers by developing the work-based learning model.</p> <p><i>This will be designed to support apprenticeships and “grow your own” approaches, especially from under-represented groups and people with disabilities, with more flexible and more local training pathways in</i></p>

	<i>health and social care, and opportunities to recognise prior learning and experience.</i>
Action 23	<p>Develop a clear and equitable funding and commissioning model for health and social care education including undergraduate education, apprenticeships and vocational education.</p> <p><i>This will need to take into account views of students, service users, education providers and education commissioners.</i></p>
Action 24	<p>Develop a clear strategy for Continuing Professional Development (CPD) across professional and occupational groups.</p> <p><i>This will increase the proportion of inter-professional learning and consider appropriate funding models. The strategy will need to work towards an equitable approach across professions based on the specific needs of their roles.</i></p>

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STRATEGIC THEME SIX

LEADERSHIP AND SUCCESSION

OUR AMBITION

By 2030, leaders in the health and social care system will demonstrate collective and compassionate leadership.

WHY WE ARE DOING THIS

Leadership makes a significant contribution to shaping the culture of organisations and we have already identified that we need to change the culture in health and social care. This was reinforced heavily in the engagement and consultation that we have undertaken where glass ceilings and inequalities were highlighted. We know that leadership has a critical impact on staff experience and in turn this has a direct impact on the experience of the people at the centre of our service, so leadership also affects quality. Compassionate leadership drives compassionate care.

Too often “leadership” has been equated with a few individuals in senior positions, when in reality leadership is needed at all levels and across protected characteristics, in all services and settings. Our approach to leadership development needs to reflect this, by being accessible to all leaders in the system, as well as better preparing individuals for the privileged leadership positions that exist at Board level.

We also need leaders who can work effectively with other sectors and organisations, through distributed and shared leadership that goes beyond organisational boundaries, as role models of public leaders in Wales, and delivering their contribution to the prosperity of Wales and the ethos of one public service.

With leadership comes accountability, and this will be achieved through creating cultures that promote inclusion, justice and fairness, manageable and safe workloads, clear goals and performance management, and a focus on learning and continuous quality improvement.

To deliver this vision we will:

Action 25	<p>Develop a strategy to frame a consistent approach to compassionate leadership in health and social care in Wales.</p> <p><i>This will articulate clear expectations and actions for leadership across the system. This is linked with the actions in Theme 1 in particular, where people’s protected characteristics, physical and mental</i></p>
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	<i>wellbeing are maximised and in which choices and behaviours that benefit future health and wellbeing are understood.</i>
Action 26	<p>Establish an accessible range of leadership development resources and programmes for individuals and organisations.</p> <p><i>This will be supported through a digital portal and other accessible formats; hosting leadership resources, signposting to local and national leadership opportunities including positive action schemes, supporting social networking and promoting experiential learning opportunities. We will develop a range of inclusive leadership implementation and assessment tools to support organisations embed the leadership strategy.</i></p>
Action 27	<p>Develop a talent management pipeline for leadership roles.</p> <p><i>This will be supported by core role descriptions, inclusive access to appropriate development programmes opportunities and alumni networks.</i></p>

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STRATEGIC THEME SEVEN

WORKFORCE SUPPLY AND SHAPE

OUR AMBITION

By 2030, we will have a sustainable workforce in sufficient numbers to meet the health and social care needs of our population.

WHY ARE WE DOING THIS

As we have noted earlier in the strategy, there are significant shortages in some professions, services and skills. This has consequences for service delivery, quality of care, staff experience and escalating costs.

The actions described in relation to the other themes will all have a positive impact on these gaps during the course of this strategy, moving towards a more sustainable position. However, there is also a need for further workforce modernisation, new roles and extended skills, supported by the improvement of workforce intelligence and workforce planning skills. This includes the development of appropriate efficiency and productivity measures that help facilitate benchmarking and demonstrate value.

The development of a National Clinical Plan and Regional Partnership Board Transformation Plans in support of the delivery of A Healthier Wales, also have the potential to affect the shape of the workforce and this will need to be kept under review as the plans develop.

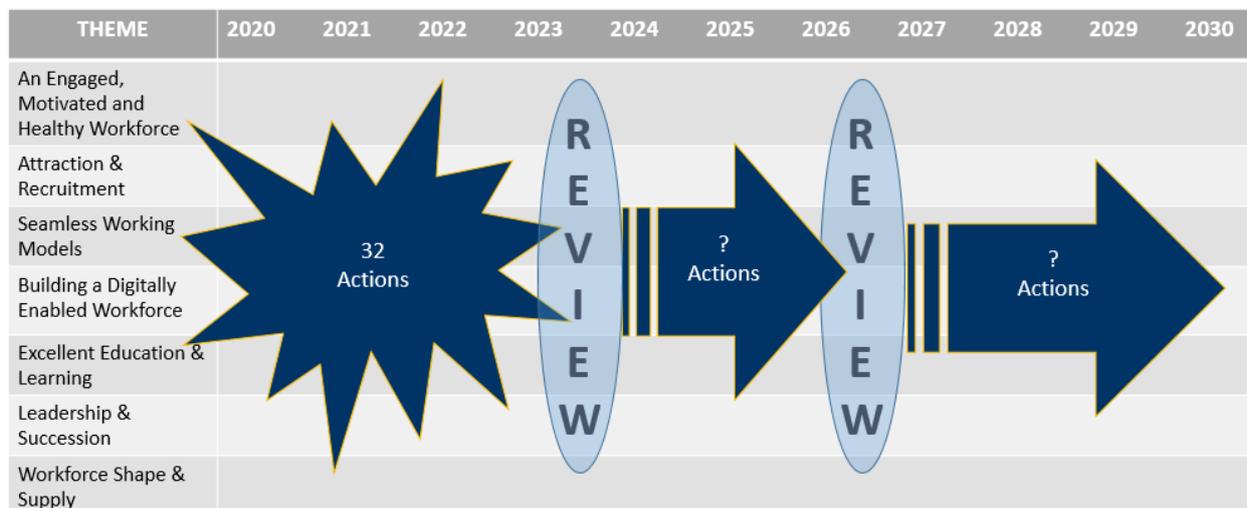
In the meantime, there are some critical areas that require an urgent and intensive focus in the short term to accelerate solutions that support safe staffing arrangements.

To deliver this vision we will:

Action 28	<p>Create a centre of excellence for workforce intelligence for health and social care in Wales.</p> <p><i>This will use high quality standardised data sets, analytical methods and sophisticated modelling techniques to support workforce planning, development and productivity. This will facilitate benchmarking and opportunities to improve efficiency.</i></p>
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Action 29	<p>Build capacity and capability in workforce planning and development across health and social care, underpinned by a standardised, methodology.</p> <p><i>This will be based on a six step inclusive methodology for workforce planning across health and social care.</i></p>
Action 30	<p>Develop workforce planning guidance for Welsh language skills identification and development in the health and social care workforce.</p> <p><i>This will be used to implement the Welsh language Skills Strategy and inform our workforce supply.</i></p>
Action 31	<p>Develop workforce plans for key professional and occupational groups, in the first instance;</p> <ul style="list-style-type: none"> • Nursing • Domiciliary care • Social Work • Medicine <p><i>These plans will bring together the actions described in the other themes to focus specifically on short to medium term improvements in these shortage areas and maximise opportunities to engage under represented groups. The plans will be built on a review of what we need from these roles in the future, rather than focusing on what these roles have been in the past. These plans will reflect guidance and standards on inclusivity, quality and safety, efficiency and productivity.</i></p>
Action 32	<p>Commission a programme of work to understand the contribution of volunteers and carers to inform future workforce plans</p> <p><i>This will help us to understand the volume and shape of this workforce so that we can plan our workforce more effectively and support them in their roles.</i></p>

IMPLEMENTATION OF THIS STRATEGY



This workforce strategy sets the direction and ambition for the delivery of an engaged, motivated and valued health and social care workforce, with the capacity, competence and confidence to meet the needs of the people of Wales. We will achieve our vision through a series of implementation plans which will be co-produced in partnership with staff, stakeholders and social partners, to deliver the actions identified in this strategy.

These 32 actions will be taken forward in the first 3 years of the strategy, although some actions will take longer than others to deliver in full. The strategy will be reviewed at least every 3 years alongside its Integrated Equality Impact Assessment, so that adjustments can be made, and further actions identified to ensure this strategy remains live and valid.

Many of the actions will inform the future plans of HEIW and SCW. Some of the actions identified will be taken forward on a national level, and there are also actions that will need to be taken forward on regional and local levels.

The final implementation process and launch of this strategy will be agreed with Welsh Government.

ACKNOWLEDGEMENTS

We would like to thank all who contributed to the engagement and consultation stages during 2019, for their valuable contribution to the development of this strategy.

We look forward to your continued contribution to the development of the supporting implementation plans and in the realisation of the ambition of this strategy.

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TECHNICAL DOCUMENTS

Technical Document - Engagement

Technical Document - Consultation Summary

Integrated Equality Impact Assessment 2019

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Final Draft

A Healthier Wales:

Our Workforce Strategy for Health and Social Care

Technical Document - Engagement

Introduction

Health Education and Improvement Wales (HEIW) and Social Care Wales (SCW) jointly led the development of a workforce strategy for health and social care in partnership with NHS Wales, Local Government, the voluntary and private sectors as well as regulators, professional bodies and education providers. To support and facilitate this programme of work, the Institute of Public Care were commissioned.

The workforce strategy aims to be a key enabler in delivering the ambition of *A Healthier Wales*, through an engaged and motivated workforce that is valued, agile, flexible, digitally literate and able to respond quickly to future challenge and opportunities.

It has built on a number of the principles that are embedded in '*Prosperity for All*' and '*A Healthier Wales*' including:

- The workforce of the future will be defined by new models of integrated health and social care, which are based upon evidence of good practice and sustainability, to deliver better health and well-being;
- To be effective in planning the future workforce, a clear understanding of the current workforce is required including challenges of maintaining and sustaining current service supply with an understanding of the required changes in skills mix to support new models of delivery;
- Needs will be met based upon who is best placed to provide the care not solely directly employed or contracted staff. This will include workers who are employed outside of statutory health and social care organisations e.g. housing associations, private and voluntary sector;
- The role of unpaid carers will be better supported, to ensure they have the knowledge and skills to continue caring and that their own well-being needs are considered;
- There will be parity of esteem between all health and care professionals, who have similar levels of responsibility and accountability;
- The health and well-being of staff will be designed into workforce and service models, including support to better manage demand through service re-design;
- Education, training and development must evolve and diversify to support a multi professional approach, an increased focus on prevention, early intervention and the delivery of care across settings from home, primary and community through to hospital and specialist provision;
- Changing expectations of work and careers must drive increased flexibility in work patterns, education, training, career pathways and workforce models to

improve recruitment and retention. This will maximise opportunities arising from part time learning and working, digital technology and accelerating digital change, and new ways of delivering treatment, care and support;

- Increased flexibility will require an understanding of how the workforce is currently deployed and measures that can be taken to strengthen deployment approaches which maximises the mobility and flexibility of the workforce in meeting shifting service demands;
- Prudent principles will be used to ensure that staff are supported to work at the top of their competence and to drive the expansion of generalist skills; and
- A whole system collaborative approach will be taken to aligning workforce planning, recruitment and career pathways across health and social care to avoid competition and de-stabilisation.

Our ambition is that we will have a motivated, engaged and valued, health and social care workforce, with the capacity, competence and confidence to meet the needs of the people of Wales. Specifically, this means that;

- We will have a workforce with the right values, behaviours, knowledge, skills and confidence to deliver evidence based care, and support people's wellbeing as close to home as possible;
- We will have a workforce in sufficient numbers to be able to deliver responsive health and social care that meets the needs of the people of Wales;
- We will have a workforce that is reflective of the population's diversity, Welsh language and cultural identity, and
- We will have a workforce that feels valued and is valued.

The aim of the strategy was to produce a series of agreed priorities and associated actions that would then lead to more detailed implementation plans that would respond to the demands and challenges facing the workforce to drive, inform and underpin all subsequent workforce plans and models over the next ten years. These implementation plans will further detail the actions required, how they to be delivered and by whom. This recognises that in the complex system of health and social care, plans about the workforce may need to take various forms.

The timescale for the development of the strategy was initially from December 2018 to November 2019 and to help facilitate the delivery of the strategy through such a tight deadline, the Institute of Public Care (IPC) were commissioned through a competitive tendering process to be the delivery partner alongside HEIW and SCW.

The final timetable was as follows:

- Diagnostics and engagement – January 2019 to May 2019
- Drafting – May 2019 to June 2019
- Consultation – July 2019 to September 2019
- Review, draft and refine – October 2019 to December 2019

A robust governance process was in place to support effective and positive working relationships between HEIW and SCW. Jointly chaired by the Chief Executive Officers of HEIW and SCW, a steering group was established, with membership across health and social care key stakeholders, Welsh government officials,

including, the Director of Workforce & Organisational Development and the Deputy Director of Social Services Improvement Division to ensure specific focus on key policy issues, which required support were addressed. (See annex 1 for list of members)

The Approach to Engagement

The development of the strategy has taken a 7-stage approach, encompassing:

- Preliminary analysis of the workforce and its key challenges;
- Horizon scanning of current and future policy and legislative intent for health and social care;
- Engagement with a wide range of agencies and representative bodies;
- The development of key priorities and actions that would inform the strategy;
- Formal consultation with a broad range of stakeholders;
- The development of two technical documents to support the final strategy; and
- Production of a final strategy signed off by the respective boards of SCW and HEIW in December 2019.

Planning for Engagement

Clear plans were put in place as part of the initial project plan as to how engagement would take place, with whom and through which methodology including:

- 1:1 Face to face meetings
- Attendance at meetings
- Attendance at conferences
- Webinars
- Workshops
- On line surveys
- On line consultations

The range of stakeholders was reflective of the governance and professional landscape as well as the wide range of interest groups that exist within Wales and the full list of those included in all invitations to be involved is shown Annex 2

The strategy is not restricted to the employed workforce but is inclusive of Unions, education providers, volunteers and carers who provide health, social care and support services to our population. This is reflective of an overarching aim of enhancing the wellbeing of the workforce as an underpinning commitment through the strategy and is equally integral to the seven themes which emerged during the engagement process.

Preliminary analysis of the workforce and its key challenges;

In preparation for wider engagement and ultimately consultation, HEIW and SCW

identified a small group of stakeholders that were in a position to illustrate the current and future challenges facing the health and social care workforce across Wales. The stakeholders were primarily Health Board and Local Authority senior officers with responsibility for workforce, Organisational Development or Human Resources and were then invited to a 1:1 interview with IPC.

Participants were provided with an outline of the project, the ambition of the strategy and questions about role and responsibility. The 7 themes were also shared and were intended to be stimuli for further analysis and discussion that would help shape the next wider engagement phase. Respondents were asked to respond to three key questions in a semi-structured interview format as follow:

- Major areas of concern regarding the current workforce.
- What would help them most from a workforce strategy for health and social care?
- To what extent are workforce challenges being addressed on a joint basis across the NHS and Local Authorities in the localities and the regions?

These were expanded and interrogated in the interview discussions. A series of more practical questions were also asked regarding data sources, further engagement and sharing of information about the project with colleagues. This was to establish a wider view on the next phase of engagement and test out thinking on this.

The key areas raised under major areas of concern included:

- supply, recruitment and retention in the short to medium term of the direct care workforce
- the need to regularise terms and conditions to secure a level playing field across the system
- the redesign of roles in response to changing needs and new models of care were taking place too slowly
- A range of issues associated with recruitment and attraction
- Workforce analysis and planning were described as limited
- developing management and leadership skills is a challenge
- Struggles with a workforce which is aging and at the same time registering more sickness and absence
- a change in the expectations of younger generations about employment and careers
- perceived overlap in roles and responsibilities both within professions (e.g. community-based nursing roles) and across health and social care (e.g. domiciliary care workers and health care assistants)
- concerns relating to the readiness of graduates from professional pathways e.g. social work and nursing

The key areas raised under what would help most included:

- mutually agreed set of 'Core Principles' including an inspiring set of values and behaviours provides a sense of direction as 'one workforce' from the outset.
- new models of integrated health and social care, driven by the Healthier Wales Transformation Programme
- an integrated career pathway across health and direct care roles
- encourage a whole system approach to workforce analysis and planning to help build a national picture of the required changes in skills mix to support new models of delivery.
- take a strategic approach to supporting unpaid carers to ensure they have the knowledge and skills to continue caring and that their own well-being needs are considered and met.
- encourage health and social care to work together on an improved offer of support and care for staff to avoid stress-related problems and to ensure appropriate match between capacity and demands.
- encourage partners to develop a multi-professional approach to learning and development, with an increased focus on prevention, generalist skills, early intervention and the delivery of care across settings
- encourage agencies to develop increased flexibility in work patterns, education, training, career pathways and workforce models to improve recruitment and retention.
- develop the workforce in tandem with the huge changes in technology and treatment which are coming at pace in the next decade.

Whilst there were some examples provided, it is fair to say that at this stage there was limited evidence provided of how work across health and social care was seeking to address some of these challenges.

In this initial phase of engagement, 19 interviews were held with 22 people involved and the summary of these were included in an internal report for the steering group. Alongside this summary report, an analysis of the workforce profile across the health and social care sector was undertaken which considered all the known workforce data

that exists sectors in Wales. Lastly there was a consideration of all the policy and legislation that was currently shaping and would continue to shape the delivery of health and social care across Wales. This intelligence was used to better inform the next phase of engagement.

Engagement with a wide range of agencies and representative bodies

This phase of engagement maximised the involvement of a wide range of agencies, organisations, individuals and representative bodies and to ensure that as many people as possible had an opportunity to contribute and feedback on the emerging themes a wide range of methodologies were used. As a summary the approach involved the following:

- 14 workshops across Wales which attracted 401 people
- 2 webinars attracting 20 people
- An online survey that received 512 responses

- Further 33 interviews held involving 38 people
- 38 peer group and professional meetings attended involving circa 350 people

Based on the intelligence drawn from earlier work, there were 7 themes identified that would be discussed and tested at this stage of engagement. These themes are shown in figure 1 below.

Figure 1



Workshops

14 workshops were delivered across Wales, two per Regional Partnership Board area scheduled to last 3 hours per workshop. There were no particular targeted audiences for these but were reflective of the original stakeholder list drawn up and shown in annex 2 and each workshop was limited to 30 delegates per workshop. As part of the notification of the workshops, people were asked to share within their own networks to increase the reach of this phase of engagement.

The purpose of the Workshop was to reflect on the current workforce challenges and opportunities across Wales and begin to test the initial key priorities of the strategy and how they should be addressed.

In detail the workshop programme covered the following:

- Introductions, project overview and icebreaker exercise to clarify the particular areas of interest and expertise of the participants.
- Short presentation – an overview of the policy agenda including Healthier Wales, some key facts and figures about the combined health and social care workforce across Wales, and an outline of some key themes about key challenges from the preliminary analysis.
- Discussion 1: Mixed small groups - Explore the views of different colleagues about the biggest challenges and opportunities facing the health and social care workforce in the next decade, the reason for the challenges, and priorities for the joint strategy.
- Plenary feedback on areas of consensus, and reflection on the size of the workforce challenge across Wales.
- Discussion 2: Different small groups – what should the vision and principles underpinning the strategy look like? How should the national strategy complement regional and local developments? To what extent should other national bodies be engaged in this work?
- Plenary feedback on most ambitious and most realistic suggestions, and reflection on the major changes participants want to see in the workforce in the next 5 years as a result of the strategy.
- Final reminder about the survey and webinar and subsequent opportunities to contribute to the consultation stage of the project.

The workshops were facilitated by 2 Institute of Public Care consultants,

Scope and purpose of the webinar

There were two webinars held lasting two hours and their specific purpose were to provide the opportunity for any stakeholders who were not able to join one of the workshops to undertake a similar exercise. The programme comprised of:

- Introductions and project overview.
- Presentation – an overview of the policy agenda including Healthier Wales, some key facts and figures about the combined health and social care workforce across Wales, and an outline of some key themes about key challenges from the preliminary analysis.
- Opportunity for questions
- Presentation – summary of key themes from workshops about the biggest challenges and opportunities facing the health and social care workforce in the next decade, the reason for the challenges, and priorities for the joint strategy.
- Opportunity for questions and comments

- Presentation – summary of key elements proposed in the workshops for the vision and principles which should underpin the strategy, and how it should link with other national, regional and local agendas.
- Opportunity for questions and comments
- Final reminder about the survey and subsequent opportunities to contribute to the consultation stage of the project.

Both webinars were facilitated by IPC consultants

1:1 interviews

Officers from HEIW and SCW identified around 40 individuals who it felt would be important to target for an in depth interview in addition to any other involvement those individuals would like to take as part of this phase of engagement. These individuals cut across the statutory, private and voluntary sectors as well as including key carers stakeholders and were interviewed on a 1:1 basis by IPC consultants.

Each individual was provided with a background document that outlined the work to date, the initial principles and themes that had been developed to inform discussion in this engagement stage and an agenda for the proposed telephone interview.

The telephone interview agenda forwarded in advance outlined the following areas:

- Introduction by interviewer – a reminder of the priorities identified by the Healthier Wales plan and the purpose of this project drawing on the briefing paper
- The particular workforce areas to focus on in the interview, by service, profession, population need and geographical area across Wales.
- The particular areas of workforce support to focus on, drawing on the HEIW/SCW scoping diagram in the briefing paper.
- The biggest challenges and opportunities facing the health and social care workforce in the areas described above. (Input from interviewer about relevant key themes identified in the preliminary analysis for comparison with their observations).
- Analysis of the causes of these challenges, and views on the key priorities for the joint strategy, and proposals about how the priorities need to be addressed in the strategy
- Suggestions about the elements needed in the vision and principles to underpin the joint strategy.
- How the HEIW and SCW joint strategy needs to link with their own work and with other national or regional initiatives.
- Any sources of information or intelligence that are recommended for follow up from this interview
- What contribution might they make to the further development and delivery of the strategy.
- Pointer to the on-line survey for further contributions by individual or colleagues

- Pointer to webinar and subsequent opportunities to contribute to the consultation stage of the project.
- Interview notes were taken, and themes summarised and saved for analysis at the end of the stage.

Details of the online survey

The survey went live to coincide with the start of the workshops and were not exclusive to any other part of the engagement approach. That is, if people attended the workshop, they could still take part in the online survey and in fact this was actively encouraged. However it was limited to 1 person per email address. It was hosted by IPC but promoted through the existing channels and networks such as HEIW and SCW website, social media channels and through direct email contact. The intention was to make it an approach that based on free text and not too onerous to complete in terms of time.

The outline of the survey is covered below:

- Tell us your name, email address and give us a description of your job or your responsibilities
- Tell us what personal experiences your comments are based upon.
- Tell us what workforce groups you are particularly concerned with in this survey (for example are you considering in particular doctors and clinicians, nurses, direct care staff, OTs, Physiotherapists, other therapists, social workers, staff providing direct care, managers – or are you particularly considering those working in hospital, community, primary care or social care settings?)
- What do you think should be the **key principles which underpin support** for the workforce in health and social care?
- What changes do you think are needed in the way we **attract people** to work in the sector?
- What changes do you think are needed in the way we **recruit people** to work in the sector?
- What changes do you think are needed in the way we **retain people** working in the sector?
- What changes do you think are needed in **learning and development** for people working in the sector?
- What changes do you think are needed in how we promote good staff deployment, leadership and management in the sector?
- What changes do you think are needed in the way we **help people to develop** their careers in the sector?
- What changes do you think are needed in the way we **support our people's health and wellbeing** in the sector?
- How might we monitor a plan for our **future workforce** more effectively?

- Without naming or identifying any individuals, can you give a brief example from your experience of what you have seen as **good practice** in supporting and/or developing the workforce in the sector?
- Without naming or identifying individuals, can you give a brief example from your experience which **illustrates the challenges** we face with supporting and developing the workforce in the sector?
- Are there any **other sources of workforce information** or intelligence we should consider?

Peer groups

Alongside the formal mechanisms to engage that were all coordinated and facilitated by IPC consultants, it was agreed that there was a need to raise awareness and seek feedback from a range of professional groups, peers and representative groups. Officers of HEIW and SCW drew up an agreed list of groups that were felt to be crucial to engage at this stage and this list is included as Annex 3.

Contact was made with each group asking to attend a future meeting during this phase of engagement where a presentation could be delivered and then views taken on a series of focussed questions that would help inform the development of the consultation document.

A PowerPoint presentation was developed and shared with the coordinators of the meetings or events in advance and where possible a representative of both HEIW and SCW attended the meeting or event.

The presentation covered the following:

- Why were we developing the strategy
- What this means in practice
- The proposed ambition
- The policy intent of A Healthier Wales
- Outlining the 7 key themes to date

The audience were then asked for feedback on the following

- What are the key challenges and opportunities facing the sector?
- What are the causes of these challenges?
- What are the key priorities for the strategy?
- What is the vision for our future workforce?
- What further intelligence/data can we draw upon to help inform the strategy?
- What contribution might this network/group make to the development of the strategy?

After each presentation, notes were written up on the feedback and shared with IPC to further boost the intelligence gained through this phase of engagement.

Post engagement and pre-consultation phase

As a result of this level of engagement and intelligence, IPC then wrote an initial report that tried to capture this in a meaningful way to allow further shape to be given to the next phase. This document covered:

- Options on a proposed vision
- A series of principles that should underpin the final strategy
- A revised set of themes as shown in figure two below

Figure 2



- Each theme as illustrated in Figure 2 then had detail around the following two headings:
 - Long term challenges
 - Potential ways forward

This document then formed the basis of a series of workshops with the steering group to shape and finalise the consultation document. The four workshops were all facilitated by IPC consultants and were as follows:

Workshop 1 -	Vision and Key Themes
Workshop 2 -	Long, medium and short-term deliverables
Workshop 3 -	Implications for other agencies and plans
Workshop 4 -	Responsibilities, resources and next steps

As a result of the extensive engagement and the officer based workshops, a draft consultation document was developed that outlined 7 key themes shown below:

- **Valuing and retaining our workforce:** Creating a stable workforce that feels valued, reflected by reward and recognition including opportunities for development
- **Seamless working:** Multi-professional and multi-agency working, to deliver excellent services to support new person-centred models
- **Digital:** Developing capability to optimise the way we work, and the way we learn
- **Attraction and recruitment:** Establishing health and social care as a reputable brand and the sector of choice for our future workforce.
- **Education and learning:** Ensuring a competent, capable and confident workforce who are supported to meet current and future service needs and advance their careers.
- **Leadership:** Developing compassionate leadership with a focus on quality improvement
- **Workforce shape:** Ensuring a flexible and sustainable workforce in sufficient numbers to meet needs

The emerging themes and priorities identified through this phase of the engagement process, were tested out with the Health and Social Care Leadership group prior to confirming the final consultation document.

The themes were described in detail in the consultation document, outlining our vision for each theme, the feedback we had received to date, the emerging priorities from the engagement feedback, and suggested actions to be delivered across the short, medium and long term. The consultation document and associated questions are shown in annex 4.

Consultation Process

The consultation document with accompanying questions, outlined the case for change, and our commitment to focus on the wellbeing of our workforce which reflects the quadruple aim of *A Healthier Wales* and the Parliamentary Review. This also emphasised that we were still in listening mode with significant opportunity to influence the final content of the strategy.

The consultation was open for a period of 8 weeks. During this period, further engagement continued through:

- 3 workshops attracting 136 people;
- 3 webinars attracting 83 people;
- On line consultation receiving 137 responses
- In addition there were 63 written responses to the consultation
- 13 peer group and professional meetings attended involving 142 people

The same stakeholder list (see annex 2) was used to promote all aspects of the consultation and similar to the engagement phase, website, social media and direct emails were used to alert and remind individuals as to the consultation on a regular basis throughout the consultation period.

The consultation period provided another significant opportunity for engagement across the breadth of health and social care and to take stock of what was heard to date and assessing how this may impact on key policy decisions. The strategy had to be reflective of what has been shared in respect of the key workforce challenges and the potential solutions and equally an enabler for the delivery of 'A Healthier Wales' through health and social care systems working seamlessly together, helping people live well in their communities and provide more services closer to, or at home.

In general each of the engagement methods presented the revised themes and the proposed actions against those themes and then posed the following questions:

- Are these the right themes to support the transformation needed in A Healthier Wales?
- If not, what is missing?
- How should we sharpen the priorities we have identified to take forward?
- What else would you want to see in the strategy?

Workshops

- the purpose was to talk people through the consultation document, answer any immediate questions of clarity and encourage them to complete a formal on-line consultation response

Webinar

- the purpose was to talk people through the consultation document, answer any immediate questions of clarity and encourage them to complete a formal on-line consultation response. They were offered as an alternative to joining a workshop.

On line Consultation

The online consultation was the opportunity for those involved to respond formally and the content of the consultation including the consultation questions is contained within annex 4. In total 137 formal responses were received via the online option but another 63 responses were submitted as a written response to the consultation.

The full extent of the responses to the consultation, which was open for 8 weeks, can be found in Appendix 3.

Peer group meetings

Once again it was decided to continue to raise awareness and seek feedback from a range of professional groups, peers and representative groups alongside the formal engagement taking place at this stage.

A slightly reduced number of groups were identified in light of the shorter timeframe for the consultation. Again contact was made with each group asking to attend a future meeting during this phase of engagement where a presentation could be delivered and then views taken on the focussed questions, illustrated above, that would help inform the development of the final strategy.

A PowerPoint presentation was developed and shared with the coordinators of the meetings or events in advance and where possible a representative of both HEIW and SCW attended the meeting or event.

The presentation covered the following:

- The case for change
- Levels of engagement to date
- Outlining the 7 key themes and a summary of:
 - The context for the theme
 - What had been heard to date
 - Emerging priorities
 - Proposed actions over the next ten years
- The next steps

After each presentation, notes were written up on the feedback and shared with IPC to further boost the intelligence gained through this phase of engagement.

Post consultation process

With over 200 responses to the consultation, time was taken to consider the full range of intelligence alongside the informal evidence and intelligence drawn from the other engagement methods used during the 8 weeks of consultation.

In addition to the sectoral intelligence and evidence, there have been several key legislative and policy developments over the last five years relating to the delivery of health and social care in Wales, all of which will continue to have a significant impact

on the health and social care workforce in the future. Therefore the workforce strategy has to take account of the strategic and policy drivers that are in place including:

- A Healthier Wales
- Well-being of Future Generations (Wales) Act 2015
- Social Services and Well Being (Wales) Act 2014
- Regulation and Inspection of Social Care (Wales) Act 2016
- Prosperity for All: The National Strategy
- Welsh Government (2015) A planned primary care workforce for Wales
- Social Care Wales (2017) Care and support at home in Wales Implementation Plan (2017-2022)
- Welsh Language (Wales) Measure 2011
- Welsh Language Standards
- Cymraeg 2050 – A Million Welsh Speakers
- More than just words

Officers within HEIW and SCW then used this intelligence and evidence to amend and revise the strategy and taking into account all we know about these drivers combined with the findings of the consultation process, it was clear we would have to challenge the way we:

- compete for and attract talent at all ages with all other sector and industries
- recruit and retain that talent
- manage and support their well being
- educate and train the workforce
- lead and manage the workforce
- work together for efficiency and effectiveness
- share data to inform decision making
- reconsider traditional boundaries – geographical and professional

Ultimately we needed to truly listen to “what matters to the workforce” and continually and consistently strive to engage with and develop a workforce to be proud of and that is proud of itself. Only then can it find itself in the position to deliver the best possible care and support to the people of Wales.

The strategy once drafted was presented to the Workforce Strategy Steering Group, made up of officers of HEIW and SCW along with representatives of Welsh Government and the health and social care sector, for approval.

Upon approval, it was then presented to the boards of HEIW and SCW in December for sign off and then presented to Welsh Government as the Workforce Strategy for Health and Social Care. The papers including the strategy as presented for the public board meetings are detailed below

- Appendix 1 - Our Workforce Strategy for Health and Social Care
- Appendix 2 - Technical Document – Engagement
- Appendix 3 - Technical Document – Consultation Summary
- Appendix 4 – Equality Impact Assessment

Annex 1

Members of Workforce Strategy Steering Group

Sue Evans (Social Care Wales (SCW))

Alex Howells (Health Education Improvement Wales (HEIW))

Sarah McCarty (SCW)

Joanne Oak (SCW)

Gerry Evans (SCW)

David Pritchard (SCW)

Cathryn Thomas (SCW)

Jon Day (SCW)

Malcolm Williams (SCW)

Angie Oliver (HEIW)

Clem Price (HEIW)

Charlette Middlemiss (HEIW)

Julie Rogers (HEIW)

Ryan Cunningham (HEIW)

Angharad Price (HEIW)

Andrea Street (Welsh Government)

Helen Arthur (Welsh Government)

Jonathan Griffiths (Association of Directors of Social Services Cymru)

Lisa Gostling (NHS Workforce Organisational Development)

Annex 2

List of Organisations Engaged

Academi Wales
Associate Medical Director for Primary Care (NWIS)
All Wales Heads Of Children Services
All Wales Heads of Adult Services
All Wales Forum for Parents and Carers
Assistant Director of Workforce & OD
Assistant Directors of Nursing
Assistant Directors of Therapies and Healthcare Science
Assistant Medical Directors
Bevan Foundation
British Association of Social Workers (Cymru)
Careers Wales
Care Forum Wales
Care Inspectorate Wales
Carers Trust Wales
Carers Wales
Cartrefi Cymru Centre for Equality and Human Rights
Chairs/Vice Chairs of NHS Wales
Chair of Partnership Forum
Chair of Welsh Health Student Forum
Chairman BMA Welsh Council
Chartered Society of Physiotherapy
Chief Dental Officer - Welsh Government
Chief Executive - Coleg Cymraeg Cenedlaethol
Chief Medical Officer - Welsh Government
Chief Nursing Officer - Welsh Government
Chief Operating Officers
Chief Pharmacist Officer - Welsh Government
Chief Scientific Adviser (Health) - Welsh Government
Chief Therapy Adviser for Wales - Welsh Government

Children's Commissioner for Wales
Children in Wales (Young Carers Network)
Citizen Panels of the RPB's
Colegau y Cymru
Coleg Cymraeg Cenedlaethol; Cardiff University School of Medicine
College of Podiatry
Community Health Councils
Community Housing Cymru
Co-production Wales
Dean of Dental School/Chair of Dental School Council
Deans of Universities
Department of Work and Pensions
Deputy Dean Cardiff Metropolitan
Deputy Directors of Nursing
Directors of Finance and Assistant Directors
Director of NHS Wales Health Collaborative
Director of Primary & Community Care
Directors of Social Services
Directors of Therapies and Healthcare Science
Director of Workforce - Welsh Government
Estyn
General Dental Council
General Medical Council
GMB Union
Heads of School Medicine
Health and Care Professions Council
Joint Chief Executives of Community Health Councils Board
Learning and Development Managers
Learning Disability Wales
Life Sciences Hub
Local Authority Finance Directors
Local Authority Human Resources Directors
Local County Voluntary Councils (CVC's)
Medical Directors
Medical Director and Chief Clinical Information Officer (NWIS)
Medical Workforce Managers
National Adoption Service
National Director & Strategic Programme Lead for Primary & Community Care
National Institute of Clinical Excellence
National Provider forum
National Safeguarding Board
National Training Federation
NHS Chief Executive Officers - Lead for Workforce
NHS Confederation
NHS Directors of Workforce and Organisational Development
NHS Wales Careers
Non Exec Director HEIW - Chair of Council of Deans
Nurse Director – Health Education Improvement Wales (HEIW)
Nurse Directors
Nursing and Midwifery Council

NWIS Professional Development
Older Person Commissioner for Wales
Open University
Public Services Staff Commission
Qualifications Wales
Regional Learning and Skills Partnerships
Regional Partnership Board - Chairs
Regional Partnership Board - Regional Transformation Leads
Royal College of General Practitioners
Royal College of Midwives Wales
Royal College of Nursing - Chair Welsh Partnership Forum
Royal College of Occupational Therapists
Royal College of Psychiatrists
Royal College of Physicians
Royal College of Surgeons
Royal College of Surgeons of Edinburgh
Royal College of Speech and Language Therapists
Royal Pharmaceutical Society Wales
Rural Health and Care Wales
Social Work Degree Programmes
Unison
Unite
United Kingdom Home Care Association
Voices from Care
Wales Council for Voluntary Action
Wales Cooperative Centre
Wales Partnership Council
Wales School for Social Care Research
Welsh Board of the British Dietetic Association
Welsh Government - Social Services Improvement Division
Welsh Government Train Work Live
Welsh Government - Welsh Language Lead
Welsh Language Commissioner
Welsh Local Government Association
Welsh Nursing and Midwifery Committee
Western Bay
Workforce Development Managers
Workforce Directors
Workforce Planning Network
Y Gymdeithas Ddeintyddol (The Welsh Dental Society)

Annex 3

List of Peer/Professional Groups Engaged

ADSS Executive Committee
ADSS workforce policy group
All Wales Heads of Business Services
All Wales Heads of Children Services
All Wales Heads of Adult Services
All Wales Training Managers Network
Assistant Directors of Workforce & OD
Assistant Medical Directors
Care and Support at home steering group
Care Forum Wales – Executive Council
Care Forum Wales - Essential Updates
Care Inspectorate Wales
Carers Ministerial Advisory Group
Chairs (NHS) Peer Group meeting
Chief Executive Officers
Chief Executive Management Team Meeting
Chief Pharmacists
Children's Ministerial Advisory Group
Directors of Finance
Directors of HR (LA)
Directors of Nursing
Directors of Planning
Directors of Public Health
Director of Therapies & Health Sciences
Directors of Workforce & OD
Learning Disability Ministerial Advisory Group
Local Authority – Finance Directors
Local Authority – Human Resource Directors
Medical Directors
National Partnership Board

National Care Provider Forum
Primary Care Directors
Primary Care Reference Group
Regional Workforce Board
United Kingdom Home Care Association
Vice Chairs (NHS)
Wales Partnership Forum
WCVA Board meeting
WCVA Conference
Welsh Government Executive Team
Welsh Health Student Forum
Welsh Local Government Association
Workforce Planning Group (NHS)

Annex 4



A Healthier Wales:

A Workforce Strategy for Health and Social Care

FOREWORD

'A Healthier Wales: Our Plan for Health and Social Care' was published by the Welsh Government in June 2018 in direct response to *The Parliamentary Review of Health and Social Care in Wales* earlier that year. The review described the increasing demands and new challenges facing the NHS and social care in Wales, including an ageing population, lifestyle changes, public expectations and new and emerging medical and digital technologies.



To support the delivery of more seamless models of health and care, the Welsh Government commissioned Health Education and Improvement Wales (HEIW) and Social Care Wales (SCW) to develop a long-term workforce strategy in partnership with NHS Wales and Local Government, the voluntary and private sectors as well as regulators, professional bodies and education providers.

In Wales we have strong commitment to working in social partnership between employers, trades unions and government to design and deliver changes across the workforce. Social partners have been able to contribute to the development of our thinking on this strategy and delivery will be underpinned by strong social partnership working too.

Well-being of Future Generations (Wales) Act 2015

Well-being Goals



This consultation document has been developed following an extensive programme of engagement and consultation with individuals and organisations who have an interest in the health and social care workforce across Wales. We estimate we have engaged with over 1,000 people via face-to-face workshops, one-to-one interviews, online questionnaires, webinars and peer group workshops. We have also reviewed other sources of evidence and intelligence, workforce trends and the workforce implications of national legislation and policy.

In this document, we set out the themes that have emerged during the engagement period, and outline the context, vision and potential ways forward for each of the themes.

We recognise that to achieve the vision and ambition of this strategy, we all need to work together. Our workforce is made up of a range of people including employees in statutory organisations, contractor professions and the private and voluntary sectors. We also recognise the importance and value of volunteers and carers, and this strategy and its supporting implementation plans encompasses all these people.



The people who work in health and social care are not just an important asset to this sector, but as members of local communities, they contribute greatly to the wider economic prosperity and sustainability of Wales. An effective workforce strategy, therefore, has a considerable value in the context of a prosperous Wales, and we need to see what we spend on our workforce as an investment not a cost.

The workforce strategy is an opportunity to change the conversation - to understand what matters to the workforce as they deliver health, care and support to our population - as much as what matters to the people they care for. We know that this is critical if we are to provide excellent care.

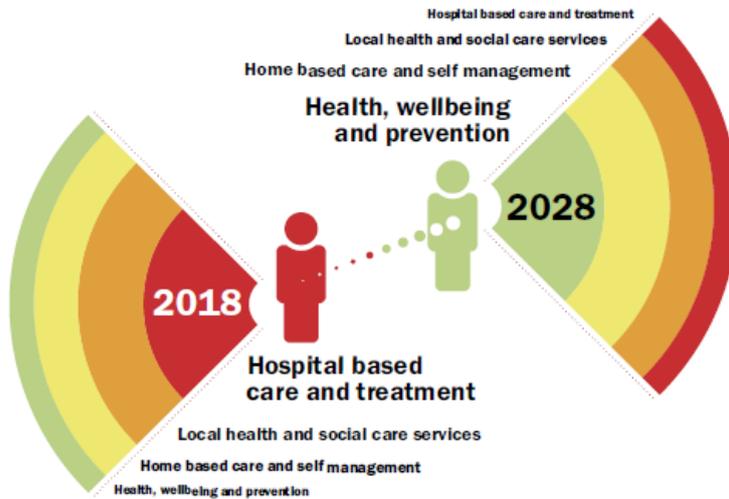
This consultation is open between 23rd July until midnight on 18th September 2019, and we invite you to contribute your views through our [on-line consultation feedback](#).

Alex Howells
Chief Executive
Health Education & Improvement Wales

Sue Evans
Chief Executive
Social Care Wales

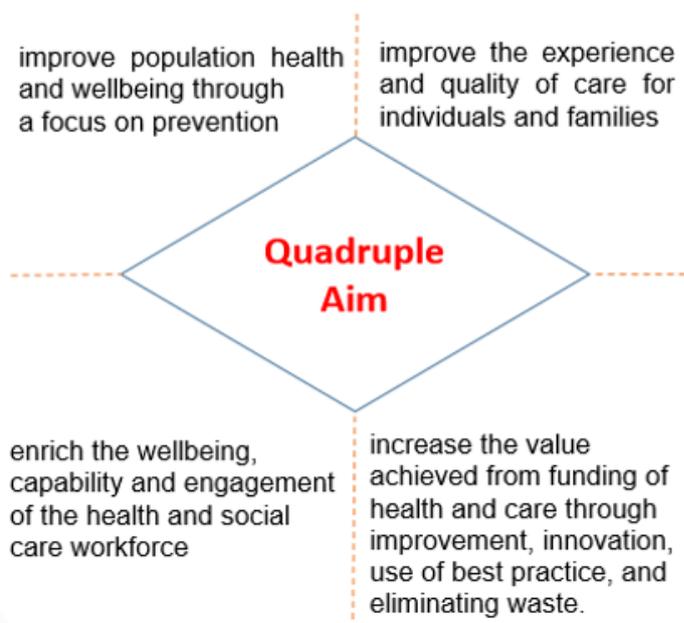
The development of A Healthier Wales - A Workforce Strategy for Health and Social Care

The ambition of 'A Healthier Wales' is for the health and social care systems to work together, to help people live well in their communities, meet their health and care needs effectively and provide more services closer to or at home, ensuring that they only need to use a hospital for treatment that cannot be provided safely anywhere else.



The principles of that ambition are based on the Quadruple Aim (see below)

Quadruple Aim



(Parliamentary Review 2018)

THE HEART OF OUR STRATEGY

Supporting the health and wellbeing of our workforce

We have made a commitment to position the health and wellbeing of our workforce at the heart of the strategy. This is important because:

- This is what you have consistently told us through the engagement process;
- It is a critical part of the Quadruple Aim;
- The evidence is clear that better staff experience and wellbeing results in better care for the people using our services, and
- It contributes to a culture of compassionate care which benefits everyone.

THE CASE FOR CHANGE

There is undoubtedly a clear case for change which was outlined in *The Parliamentary Review of Health and Social Care in Wales*, and this workforce strategy is important because:

- The needs of our patients and people who use care and support continue to change;
- Public expectations and staff expectations are changing;
- We have difficulties in recruiting to certain professions and occupations;
- We have difficulties retaining staff in some areas;
- This impacts on the quality of care for people receiving care and support;
- This impacts on the health and wellbeing of our staff;
- This also impacts on the cost and sustainability of our services;
- There are new opportunities to provide care differently, and technology is increasing;

The status quo is not an option.

THE CONSULTATION

Your feedback and contributions through the engagement process, suggests that there are 7 key themes for the strategy. These themes are illustrated overleaf, although in practice there is a great degree of interdependence between them. For each theme we have set out the context, what we heard during the engagement, our vision, emerging priorities and potential actions for each of the themes. We want to seek your views on these.

Please visit our website to complete our online questionnaire and submit your feedback. The consultation will be open from 23rd July 2019 until midnight on 18th September 2019. Following this consultation, the strategy will be finalised and launched early 2020.



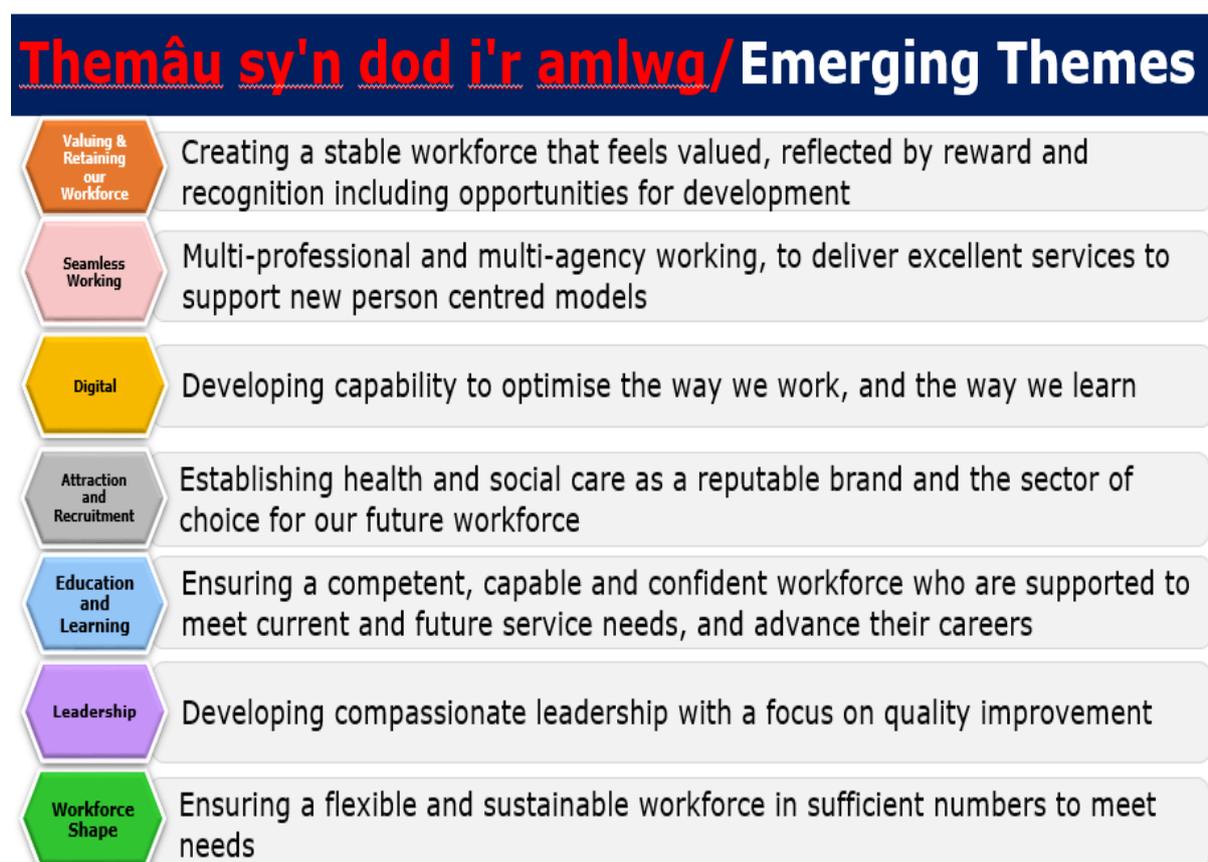
A Healthier Wales - A Workforce Strategy for Health and Social Care

Our Ambition

By 2030 we will have 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. Our workforce will be reflective of the population's diversity and cultural identity, with the right values, behaviours, skill and confidence to deliver care and support people's wellbeing as close to home as possible.

By 2025 we will make working in health and social care the sector of choice, through excellent people and employment offer and practices, to attract the right people into our workforce.

By 2022 we will have aligned recruitment, education, training and development of staff to our future ambition, and will have accelerated cross sector workforce intelligence, to inform scenario planning and workforce modelling to deliver our medium and long term plans.



The Workforce Strategy for Health and Social Care will set out the ambition for the next 10 years. Going forward, the high-level strategy will be supported by the creation of implementation plans which will set out in more detail the actions required to deliver the strategy's ambitions.

Valuing and retaining our workforce - context

Our health and social care workforce is our biggest and most precious asset in delivering high quality health and social care. Our workforce is drawn from our population and investing in them brings benefits to the economy and culture of Wales.

What we've heard so far

- Parity of esteem is very important;
- Pay is an important issue that was consistently raised in the engagement;
- People want to manage their work flexibly throughout their careers, with clearly designed and supported career pathways;
- Seamless working needs to be supported by harmonisation of practices;
- Empowerment is important to our workforce, and
- 2019 Staff surveys in the NHS report 34% of staff experienced work-related stress and 18% bullying from managers, or other colleagues.

Our vision

We will support the wellbeing of our workforce throughout their careers through:

- Healthy working arrangements and environments;
- Excellent well-being and occupational health support;
- Exemplar employment practices;
- Work life balance;
- Flexible career opportunities to meet changing needs, and
- Excellent learning and education opportunities.

Emerging Priorities

We will become the 'employer (sector) of choice' by;

- Building parity of esteem through reward and recognition;
- Developing a new staff charter;
- Standardising practices across health and social care to deliver seamless care;
- Ensuring safe and open cultures – where staff feel able to raise concerns and have opportunities to suggest and contribute;
- Establishing mechanisms to help understand why people want to leave – before they leave;
- Developing a consistent approach to gain regular staff feedback;
- Enhancing flexible working arrangements including flexible career pathways, and
- Working together with Trade Union colleagues.

Potential Actions

2020 – 2023

- Design a suite of evaluation tools to give us an understanding of the experiences and expectations of staff to inform a retention plan.
- Implement a health and wellbeing framework across the health and social care workforce to support physical and mental wellbeing.
- Establish non-salary incentive programmes as a means of retaining people and/or dealing with pressures in shortage areas.
- Transform occupational health services to deliver effective, accessible and sustainable service.
- Consider the impact of the Fair Work Commission and its impact on contractual reform.

2024 – 2027

- Co-produce with employers, staff, and students, a set of standards that all our workforce can expect of working environments.
- Implement programmes that support the increase of the community impact of the health and social care sector through the “social pledge” approach
- Implement effective communication and engagement so staff are kept informed and are able to actively contribute to strategic and operational issues.
- Co-produce a recognition and reward strategy that supports parity of esteem.

2028 - 2030

- Develop flexible career structures and portable pathways for people, supported by continuing professional development and access to training and development, to encourage them to stay in health and social care.

CONSULTATION QUESTIONS

In relation to the theme of valuing our workforce

1. Does this theme support the workforce transformation needed to deliver A Healthier Wales?
2. If not – what is missing?
3. Are the emerging priorities and potential actions sufficient?
4. If not what else would you like to see?

**Valuing &
Retaining our
Workforce**

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

Health and Social Care workforce should work together to deliver seamless, person centred care, in line with prudent principles.

What we've heard so far

- Multi-disciplinary team approaches are essential to meeting people's needs;
- Our workforce is not always joined up, with different people doing similar things;
- There are perceived and sometimes real barriers to providing joined up services;
- There are excellent examples of the health and care workforce working together, and
- Health and Social Care Induction programme should be rolled out further.

Our Vision

To put the person at the centre of the care and support they receive by:

- Rolling out current good practice such as the joint health and social care induction programme;
- Supporting regional partnership working to develop and deliver new models of care, and support the workforce changes required to deliver these new models;
- Supporting education and development of skills across the whole workforce, and invest in development of everyone, including carers and volunteers, and
- Ensuring good practice models and new ways of working are shared and scaled up where appropriate (See links to leadership and education).

Emerging Priorities

We will deliver services through seamless ways of working by:

- Closer professional working through co-location of teams
- Developing multi-agency and multi-disciplinary teams, in primary and community care as the norm
- Developing new roles working across health and social care at all levels
- Harmonising governance and registration arrangements to facilitate change
- Developing cross-sector competence frameworks to ensure the most appropriate person delivers the service
- Developing skills and capacity for providing positive risk approaches and 'what matters to me'
- Encouraging multi-disciplinary and multi-agency learning and development opportunities to facilitate ideas to drive innovation.
- Scaling up current examples of good practice (e.g. Pacesetters)

Potential Actions

2020 – 2023

- Implement the agreed minimum standard for access and completion of statutory and mandatory training for all staff in health and social care
- Provide a values based, common induction programme for all of our workforce, who deliver health and social care in primary and community settings.
- Implement a quality improvement and positive risk approach development programme for multi-professional teams.

2024 – 2027

- Harmonise governance arrangements where appropriate to facilitate seamless working.
- Implement cross-sector competence frameworks to inform education and training programmes.

2028 - 2030

- Scale up and roll out innovative and excellent approaches to seamless working.

CONSULTATION QUESTIONS

In relation to the theme of seamless working

5. Does this theme support the workforce transformation needed to deliver A Healthier Wales?
6. If not – what is missing?
7. Are the emerging priorities and potential actions sufficient?
8. If not what else would you like to see?

Seamless Working

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

Digital - Context

“Today, we need to prepare students for jobs that have not yet been created, to use technologies that have not yet been invented, and to solve problems that we do not yet know will arise”

Andreas Schleicher Director for Education and Skills OECD

We need to provide the best care, which means we need to exploit digital opportunities to optimise the way we work, the tools we use, and the skills and roles we need to adapt and support others.

What we’ve heard so far

Digital capability offers huge opportunities to improve the services we provide:

- There is a need to develop the infrastructure and tools to enable the workforce to deliver care through new technologies;
- The majority of our workforce and those we care for will be affected by digital opportunities within the next 10 years;
- There is a need to improve digital literacy and digital education in all of the workforce, and
- This will also help recruit the younger generation into health and social care roles.

Our Vision

To have a health and social care workforce who embrace digital technology in all areas of their work through:

- A workforce who are competent, capable and confident to use digital technology;
- Efficient digital solutions, available to provide excellent services;
- Greater and appropriate use of Artificial Intelligence (AI) and Robotics
- Adaption of current roles, and development of new ones and ways of working as a result of adoption of new technologies throughout health and social care;
- Links to education providers and schools to deliver learning that meets the needs of health and social care, and
- Education and training that is digitally enabled to improve access.

Emerging Priorities

We will embrace the digital technology in the health and social care workforce by:

- Developing digital literacy skills in the whole workforce through a digital education programme;
- Creating new roles and extending/expanding existing roles required to implement new technologies, and
- Work with education providers to ensure undergraduate programmes meet the needs of the health and social care's digital future.

Potential Actions

2020 – 2023

- Develop an organisational development plan to integrate digital, workforce and service development.
- Implement and deliver a digital literacy development programme across health and social care
- Equip leaders with the skills and attributes to promote and support staff in using digital technology with confidence.
- Commission and deliver training resources and education programme in digital health and care technologies to enable our workforce to build their digital readiness.

2024 – 2027

- Support collaborations between the health and social care workforce and industry.
- Redesign current roles and create new roles and ways of working as new technology emerges.

2028 - 2030

- Strengthen systems to disseminate lessons from early adoption and share examples.

CONSULTATION QUESTIONS

In relation to the theme of digital

9. Does this theme support the workforce transformation needed to deliver A Healthier Wales?
10. If not – what is missing?
11. Are the emerging priorities and potential actions sufficient?
12. If not what else would you like to see?

Digital

Developing capability to optimise the way we work, and the way we learn

Attraction & Recruitment – Context

We are experiencing shortages in many areas. There will be different approaches needed across the range of professions to address specific areas. Attracting people to Wales and making sure people of all ages are aware of the range of exciting flexible careers available across health and social care is paramount to attract our future workforce.

What we've heard so far

- Despite initiatives like Train Work Live there is still a lack of knowledge of the Wales offer, which hampers recruitment;
- There is a lack of visibility and awareness of the full range of careers available;
- Recruitment processes can be slow and difficult to navigate;
- We need to recruit on based on values, not just ability or qualifications, and
- Moving between health and social care roles can be difficult despite common experiences and skills.

Our Vision

We build a new public profile of health and social care in Wales as a great place to work by:

- Creating opportunities to help children and young people consider a career in health and social care;
- Creating opportunities to help people who may consider a change to a career in health and social care;
- Developing specific and targeted campaigns for shortage professions;
- Having an effective and efficient recruitment process which makes people feel valued, and
- Exchanges and links with other countries.

Emerging Priorities

We will strive to be seen as an attractive career option for people by:

- Creating a national and recognised brand and framework for recruitment and attraction campaigns, building on the established 'WeCare Wales' and 'Train.Work.Live' brands for health and social care;
- Creating a united cross sector approach to attracting staff;
- Building on existing practice to develop a joint national approach to careers and widening access for all ages for health and social care;
- Considering the use of incentives and bursaries for shortage areas;
- Developing innovative recruitment campaigns including overseas recruitment, and
- Embedding values based recruitment at all levels.

Potential Actions

2020 – 2023

- Establish a national health and social care careers service, that is targeted at primary and secondary school pupils, college and university students, our existing workforce who may want to expand or take a different career route within health and social care, as well as working age adults seeking a career change or return to service.
- Build on the current WeCare and Train.work.live. to create a unified approach to local and national recruitment campaigns through single branding.
- Review and develop targeted schemes for shortage areas, including rural areas, incentives and international recruitment.
- Implement values based recruitment for all health and social care employees.

2024 – 2027

- Transform current recruitment practices to ensure an attractive, digitally enabled, streamlined, speedy, efficient and smooth recruitment experience for new employees.

2028 – 2030

- Maximise the opportunities of digital technology, to attract, recruit and prepare staff for their future roles, and to support during the first year in the role.
- Implement a comprehensive marketing campaign for the full range of occupations and professions across the health and social care

CONSULTATION QUESTIONS

In relation to the theme of attraction and recruitment

13. Does this theme support the workforce transformation needed to deliver A Healthier Wales?
14. If not – what is missing?
15. Are the emerging priorities and potential actions sufficient?
16. If not what else would you like to see?

Attraction & Recruitment

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

Education and Learning - Context

Ensuring our workforce is competent, capable and confident to perform their role is paramount. We will develop our workforce to meet the needs of the population through their current role and prepare them for future roles and career aspirations. The quality of the education provided and the ongoing access to education will support our attraction and recruitment to health and social care.

What we've heard so far

- Existing education provision is often delivered in silos;
- Continuing professional development (CPD) is vital, but is not managed on a consistent whole system approach;
- Delivery of education in primary and community settings must increase;
- Making education accessible across Wales;
- 'Grow your own' schemes should be expanded;
- New technology requires new skills, and
- Undergraduate programmes must align to the needs of the service.

Our Vision

To provide excellent learning and education opportunities throughout all stages of the workforce's career, including undergraduate students, apprentices, volunteers and carers by:

- Widening access to education and learning for all of our current and future workforce;
- Providing new and innovative routes into education including 'grow your own' programmes;
- Recognising experience and skills acquired through non-traditional routes;
- Working with education providers to ensure all education meets the needs of the health and care services, and are available to the wider workforce where appropriate, and
- Promoting multi-disciplinary & multi-agency education at every opportunity.

Emerging Priorities

We will support our current and future workforce to continually develop by:

- Creating flexible innovative approaches to education including flexible learning offerings, apprenticeships, simulation, AI and other digital learning approaches
- Specifying core or common educational requirements and inter-professional learning opportunities
- Designing the funding of education and training to maximise programme throughput
- Enhancing existing strategic partnerships with education providers

- Enhance existing strategic partnerships in health and social care to enable joint delivery of, and access to joint learning opportunities
- Developing a plan to optimise digitally enabled education, learning and knowledge management

Potential Actions

2020 – 2023

- Increase provision of education through apprenticeships to facilitate widening access.
- Review the funding model for health and social care education to support delivery of the strategy.
- Implement effective appraisal systems which support staff to identify development needs to meet current and future aspirations
- Create strategic partnerships with education providers to inform curriculum development and delivery.

2024 – 2027

- Commission quality improvement as an integral part of undergraduate curricula
- Embed common competence requirements which can be developed through multi-disciplinary and multi-agency learning interventions.

2028 - 2030

- Commission and deliver multi-disciplinary and multi-agency education CPD and professional registration programmes as the norm, unless there is a specific reason to do otherwise.

CONSULTATION QUESTIONS

In relation to the theme of education and learning

17. Does this theme support the workforce transformation needed to deliver A Healthier Wales?
18. If not – what is missing?
19. Are the emerging priorities and potential actions sufficient?
20. If not what else would you like to see?

Education & Learning

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

Leadership – Context

The workforce strategy for health and social care will rely on excellent leaders, who focus on quality and create a culture of openness and well-being. This is not exclusive to senior leadership and managers, but throughout all of the health and social care sector.

What we've heard so far

- Collective and Compassionate leadership is required;
- There is a need for a more joined up approach to leadership development;
- Leadership must be focussed on quality;
- Seamless provision of care needs flexible and adaptive leaders to work together;
- Need to have clear expectations of leaders and managers, and
- Leaders need to be held to account to make the shift that is required.

Our Vision

Our leaders will be responsible for creating the conditions for quality will support, encourage and inspire the workforce to continually improve the services we provide through:

- Role modelling values and behaviours;
- Creating safe and open environments for people to suggest improvements or raise concerns;
- Continually developing their own leadership and management competence;
- Identifying, supporting, inspiring and developing compassionate leaders who focus on the wellbeing of the workforce and the people they care for;
- Supporting the workforce to continually improve, and
- Being accountable for the workforce and services in their area.

Emerging Priorities

We will create a shared approach to developing leaders at all levels by:

- Developing a collective and compassionate leadership strategy for health and social care;
- Identifying, developing, supporting and inspiring leaders throughout their career;
- Building and developing clinical and non-clinical leadership capability and capacity;
- Creating access to high quality leadership resources, maximising digital technology;
- Creating a common approach to talent management and succession planning with talent pipelines across health and social care;
- Developing leadership graduate programmes, and
- Creating a common leadership and management framework.

Potential Actions

2020 - 2023

- Create meaningful culture change through the development of a collective leadership strategy that underpins leadership at all levels
- Develop and commission a range of leadership, management and team development resources that are accessible to health, social care and the wider community
- Produce a new generation of leaders through:
 - developing a talent management framework that is transferable across health and social care, supported through a digital workforce solution
 - identifying talent and nurturing potential clinical leaders during undergraduate training
 - Producing a multi-disciplinary graduate leadership development scheme that enables flexible portfolio, cross boundary working
- Creating a digital leadership portal that hosts leadership resources, signposts local and national leadership opportunities, supports social networking and promotes experiential learning opportunities

2024 - 2027

- Embed the H&SC collective leadership model throughout all professional training
- Influence the creation of 'student leadership academies' across all universities in Wales, for health and social care undergraduates
- Create capacity for increased clinical leadership through effective use of rostering and job plans

2028 - 2030

- Develop a talent pool of leaders from across the wider community and voluntary sector, in addition to health and social care, to produce a diverse and rich source of potential leaders

CONSULTATION QUESTIONS

In relation to the theme of leadership

21. Does this theme support the workforce transformation needed to deliver A Healthier Wales?
22. If not – what is missing?
23. Are the emerging priorities and potential actions sufficient?
24. If not what else would you like to see?

Workforce Supply & Shape – Context

We need to escalate the shift of care provision from secondary (hospital) settings, to primary care and community settings that are closer to home. While there are significant shortages in some professions and skills, leading to use of high cost agency workers, this gives us an opportunity to create new and innovative roles, through expansion, extension and advancing of current competence using prudent principles across health and social care, as we move care from secondary to primary and community care settings.

What we've heard so far

- Workforce data is incomplete across the sector
- Need to grow the workforce in key areas and reduce deficits
- Joint workforce planning is required at regional level to avoid shunting problems between sectors
- The contribution of volunteers and carers in partnership with paid staff must be recognised
- Plethora of local, regional and national arrangements across the country can hinder progress
- The workforce must be delivered in the primary and community care setting

Our Vision

To ensure health and social care providers have a dynamic workforce in sufficient numbers with the capacity and capability to deliver health and social care services in new settings by:

- Enabling effective planning and workforce modelling to meet service changes;
- Building skills in workforce planning and predicting workforce supply;
- Increasing the pace of development of new roles, expansion and advancement of current roles;
- Enabling partners to plan and engage with education providers to ensure the right skills are being delivered to meet service requirements, and
- Recognising the contribution and expertise that volunteers and carers bring.

Emerging Priorities

Deliver a multi-disciplinary, multi-agency workforce that includes the contribution of carers and volunteers to meet the cultural diversity of Wales and changing needs of the population through effective workforce planning and design by:

- Targeting key shortage areas and address in the short, medium and long term – this will include workforce planning and modelling, education and training, investment in continuing professional development and clear career pathways, retention and return campaigns and supporting staff to develop extended skills.
- Agreeing a consistent workforce planning approach across health and social care.
- Developing detailed workforce plans across health and social care in the Primary and Community Care environment to support the Strategic Programme for Primary Care.
- Implementing a common approach to addressing gaps in workforce intelligence and using sophisticated modelling.

Potential Actions

2020 – 2023

- Contribute to the reduction of high cost agency and locum usage through improved investment in the workforce.
- Implement a standardised minimum data set and invest in data analytics and workforce business intelligence, to establish a baseline, and enable increasing sophistication with workforce modelling and scenario planning.
- Commission a single specification for current workforce data collection across health and social care. (including primary care, community settings, research and academia)
- Commission a programme of work to quantify the shape and contribution of volunteers and carers in health and social care.
- Adopt a standardised methodology for workforce planning across health and social care, including the underpinning development, resources and data to support this.
- Develop integrated workforce plans across health and social care to support the strategic programme for primary care and planning for shortage areas e.g. nursing.

2024 – 2027

- Invest in research capacity and capability to monitor the effectiveness of the components of this strategy
- Continue to develop strategic plans for shortage areas.

2028 - 2030

- Continue to identify target areas and develop workforce plans to achieve our strategic priorities that bring together a range of attraction and retention initiatives.

CONSULTATION QUESTIONS

In relation to the theme of workforce supply & shape

25. Does this theme support the workforce transformation needed to deliver A Healthier Wales?
26. If not – what is missing?
27. Are the emerging priorities and actions we have identified sufficient?
28. If not what else would you like to see?

**Workforce
Shape**

Ensuring a flexible and sustainable workforce in sufficient numbers to meet needs

Consultation questionnaire

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

Language / Iaith

Ym mha iaith hoffech chi gwblhau'r arolwg, Saesneg neu Gymraeg? / In which language would you like to complete the survey?

Dewiswch iaith yr hoffech chi ateb yr arolwg ynddi / Please select your preferred survey language : *

Cymraeg / Welsh

Saesneg / English

Developing a health and social care workforce for the future



Your chance to contribute to Wales's first health and social care workforce strategy

We have now reached the point where we have completed our initial engagement with a wide range of people from across Wales and have produced our first draft document for consultation.

The consultation document reflects what you have told us and provides potential actions for the next 10 years which we would like your views on.

As with the engagement exercise we are seeking a range of opinions from across sectors, and from anyone who has an interest in the health and social care workforce.

We're particularly interested in the views of people working in health and social care in Wales, as well as those who use care and support services, carers and volunteers.

If you would like to take part please read [this consultation document](#) and complete the online questionnaire by midnight on Wednesday, 18 September 2019.

Your views will then be used to inform the final high-level strategy.

The questions you will be asked online have been included in the consultation document to help you think about and prepare your responses before completing the online questionnaire; it shouldn't take longer than 15 to 20 minutes to complete.

The questionnaire and responses are being managed by us, the Institute of Public Care (IPC). Please read our data collection [Privacy Policy](#) for more information on how we collect and process data.

If you have additional information such as attachments you'd like to include with your responses to the questionnaire, please submit your responses in a Word document along with relevant attachments to heiw.communications@wales.nhs.uk. Your email will then be forwarded directly to us.

Thank you for taking the time to get involved.

We look forward to receiving your views.

The first-ever health and social care workforce strategy is being developed by Health Education and Improvement Wales (HEIW) and Social Care Wales, supported by the Institute of Public Care at Oxford Brookes University.

Following recommendations from A Healthier Wales, the Welsh Government has commissioned Social Care Wales and HEIW to develop a long-term high level workforce strategy in partnership with the NHS and local government, the voluntary and private sectors as well as regulators, professional bodies and education providers.

[Sue Evans, Chief Executive of Social Care Wales](#), said:

"To produce a strategy that truly meets the needs of the people of Wales over the next 10 years, we need the views of colleagues and organisations from across the country, as well as people using health and care services."

[Alex Howells, Chief Executive of HEIW](#), said:

"The workforce strategy is an opportunity for us to be ambitious and forward-thinking in how we develop our current and future workforce, making sure that we put staff well-being and staff experience at the core of our proposals."

About you

Please provide the following details

Job title

Area of interest

Do you work in:

Health

Social Care

Other (please specify):

Do you work in the:

Statutory sector

Voluntary sector

Private sector

Health Board/Trust

Primary Care

Other: please specify

Are you a service user/patient/carer/family member?



Yes



No



Other (please specify):

Tell us if there are workforce groups you are considering in particular in the answers to the survey. For example, are you considering in particular; doctors, nurses, therapists, healthcare scientists, direct care staff, social workers, staff providing direct care, managers?

In relation to the theme of valuing our workforce;

Does this theme support the workforce transformation needed to deliver A Healthier Wales?

If not – what is missing?

Are the emerging priorities and potential actions sufficient?

If not what else would you like to see?

In relation to the theme of seamless working;

Does this theme support the workforce transformation needed to deliver A Healthier Wales?

If not – what is missing?

Are the emerging priorities and potential actions sufficient?

If not what else would you like to see?

In relation to the theme of digital:

Does this theme support the workforce transformation needed to deliver A Healthier Wales?

If not – what is missing?

Are the emerging priorities and potential actions sufficient?

If not what else would you like to see?

In relation to the theme of attraction and recruitment:

Does this theme support the workforce transformation needed to deliver A Healthier Wales?

If not – what is missing?

Are the emerging priorities and potential actions sufficient?

If not what else would you like to see?

In relation to the theme of education and learning:

Does this theme support the workforce transformation needed to deliver A Healthier Wales?

If not – what is missing?

Are the emerging priorities and potential actions sufficient?

If not what else would you like to see?

In relation to the theme of leadership:

Does this theme support the workforce transformation needed to deliver A Healthier Wales?

If not – what is missing?

Are the emerging priorities and potential actions sufficient?

If not what else would you like to see?

In relation to the theme of workforce supply and shape:

Does this theme support the workforce transformation needed to deliver A Healthier Wales?

If not – what is missing?

Are the emerging priorities and actions we have identified sufficient?

If not what else would you like to see?

Language

We would like to know your views on the effects that the proposals would have on the Welsh language, specifically on:

- i) opportunities for people to use Welsh
- ii) treating the Welsh language no less favourably than the English language

What effects do you think there would be?

How could positive effects be increased, or negative effects be mitigated?

Supporting comments
Please also explain how you believe the proposed strategy could be formulated or changed so as to have:

Positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

No adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.



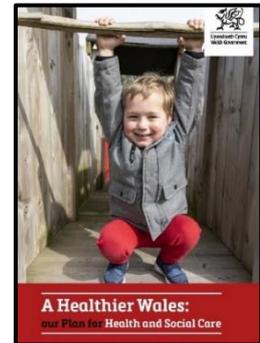
A Healthier Wales

Our Workforce Strategy for Health and Social Care

Technical Document - Consultation Summary

Introduction

‘A Healthier Wales: Our Plan for Health and Social Care’ was published by the Welsh Government in June 2018 in direct response to *The Parliamentary Review of Health and Social Care in Wales* earlier that year. The review described the increasing demands and new challenges facing the NHS and social care in Wales, including an ageing population, lifestyle changes, public expectations and new and emerging medical and digital technologies.



To respond to these challenges and support the delivery of more seamless models of health and social care, the Welsh Government commissioned Health Education and Improvement Wales (HEIW) and Social Care Wales (SCW) to develop a long-term workforce strategy in partnership with NHS Wales and Local Government, the voluntary and private sectors as well as regulators, professional bodies and education providers.



A consultation document was developed between January and July 2019. It involved workshops and webinars with over 400 people, an on-line survey which got over 500 responses, and peer meetings with 38 different partner agencies. It was subject to formal consultation between July and September 2019. During this time, we received a further 137 individual on-line survey responses, and 63 written responses from agencies and organisations. This document summarises the consultation feedback and describes how the final strategy will respond

to the wide range of feedback we received. We are very grateful to all of the consultees for taking time to review the consultation document, and to the many hundreds of people who have engaged with this work since its inception. We estimate that overall, we have engaged with nearly 1,900 people via face-to-face workshops, one-to-one interviews, online questionnaires, webinars and peer group workshops. We have also reviewed other sources of evidence and intelligence, workforce trends and the workforce implications of national legislation and policy. We hope that the final strategy will provide a valuable framework to steer partners across Wales in working towards a sustainable and effective workforce to deliver ‘A Healthier Wales’ over the next 10 years.



This document

The final strategy document signed off by the respective boards of HEIW and SCW in December 2019, prior to submission to Welsh Government, sets the strategic intent for the health and social care workforce for the next ten years. It will be clear about our vision, priorities and some key actions under each of seven themes. To realise the ambition of the strategy we will need to work collaboratively, and it will need to be underpinned by implementation plans that will be developed by all relevant partners. We would hope that all key national, regional and local partners will have the opportunity to play their part in the delivery of the strategy.

This document summarises the responses we have had in the consultation phase between July and September 2019 and describes how we plan to respond in the final document. It does not record every single comment, but we hope that it provides a comprehensive overview of the main consultation points, and that it gives a good idea of the rationale behind the final strategy document when it is published.

The consultation responses have been extensive and overwhelmingly constructive and supportive of the direction of travel we outlined in the consultation document. There were also a wealth of suggestions about how the strategy could be improved and subsequently implemented and those that are appropriate to achieving the vision of the strategy will be reflected in the implementation plans and indeed to inform projects which are already in train. In the meantime, this document summarises key areas of consensus on the feedback and tells you how we plan to respond.

The strategy has been informed not only by the formal consultation stage but also an intensive phase of engagement that led to the development of the consultation document. Details of the full approach to engagement through the life of this programme of work is shown in Appendix 2

A word on how we have summarised the number of comments

We have considered all of the comments we received on their merit, and not simply included those which have 'more' support or left out those which have had 'less'. Nevertheless, in this document we have also tried to give a good sense of the level of consensus in the feedback, covering both the 137 on-line survey responses and the additional 63 written responses from agencies and organisations. In the consultation we wanted to give free reign to respondents to provide us with personal, high quality and in-depth comments, and both sources therefore comprised of free-text commentary on the original consultation document. In analysing the responses, we have interpreted and grouped similar comments to give a flavour of these areas, rather than simply using a word-count or 'tick box' approach.

It is important to note the difference between the on-line responses – which came almost entirely from individuals offering their personal opinions – and the written responses – which were often completed by groups of people and representatives of large organisations or professional bodies. For the purpose of this paper we have considered them as each representing one respondent as we think all views are

equally valid, but we will ensure that some of the more detailed suggestions from organisations and professional bodies will also be considered in the implementation plans for the strategy.

Across the 200 combined responses there were also different levels of detail in the comments, and for every question there was always at least some non-responses, meaning there is no single 'baseline' number from which a standard proportion of responses can be measured.

Alongside the "formal" consultation processes, officers from both HEIW and SCW attended a range of peer group meetings, professional meetings, networks and conferences. Any intelligence from this was fed into the overall feedback and formal consultation response to shape the final strategy.

Finally, it is of course the case that if a respondent did not share the feedback of others this does NOT mean they disagree with it – it simply means that they did not choose to suggest that particular feedback or something very similar as a priority. In any survey such as this we would therefore be very surprised to see the same response from as many as half or more respondents, and this was the case here.

We have therefore used the following standard terms to summarise the level of feedback throughout the document. There are two types:

Terms concerned with proportions.

We have mainly used terms which summarise a response on a particular question or theme as a proportion of those who responded to that particular theme or question. We have used the following:

- 'A majority' - where the feedback quoted was given by over 1/2 of the people who responded to that theme or question.
- 'A large proportion' – where the feedback quoted was given by 1/3 of the people who responded to that theme or question.
- 'A significant proportion' – where the feedback quoted was given by 1/6 of the people who responded to that theme of question.

Terms concerned with numbers

There were also some cases where we thought that an indication of the actual numbers of respondents would be helpful, so we have used the following:

- 'A large number of' – in such cases the feedback quoted was given by 10 or more respondents
- 'A number of' – in such cases the feedback quoted was given by 5 or more respondents
- 'A small number of' or 'a few' – in such cases the feedback quoted was given by less than 5 respondents

We hope that this gives a good flavour without inappropriately attributing 'numbers' to what was essentially qualitative feedback which we have tried to summarise carefully and thoughtfully.

We have also tried to indicate whether the responses were particularly from the public, private or voluntary sectors, purely to give an idea of where these issues appear most visibly.

For ease of reference this document follows the structure of the consultation document, not the final strategy.

1. Feedback on the Introduction, Heart of the Strategy and Case For Change

The draft document is clear that the strategy is intended to support the delivery of the 'A Healthier Wales' national plan and the 'quadruple aim' for health and social care. It describes an overall ambition, makes a commitment to position workforce health and wellbeing at its heart, outlines a case for a significant change in approach, and proposes seven themes for the strategy. Consultation feedback identified:

- There was a majority of support for a national strategy covering all of health and social care, including the public, private and third sectors. There was also a majority of support for the purpose and aims of the strategy, including the commitment to supporting the health and wellbeing of the workforce and to a culture of compassionate care at the heart of the strategy.
- Welsh Language needs to be a golden thread that we will embed in the final strategy.
- A large number of respondents said they would like to see bolder commitments made about the overall ambition and clearer actions and responsibilities defined in the strategy. We will review these and ensure we are bolder in commitments where possible, but details of action and ownership may need to sit in the detail of implementation plans. Where appropriate we will make stronger links with other national plans and commitments.

2. Feedback on the tone and balance of the strategy

The draft document tries to recognise the importance of all parts of the workforce throughout, and to reflect the priorities for change across the seven themes. The themes describe the context, vision, priorities and actions needed to help deliver on the commitments set out in 'A Healthier Wales'. These themes are commitments that are closely related to each other as the success of one will have an impact on each of the others.

A significant proportion of respondents said they thought the draft document was reasonably well-balanced. There were suggestions about areas to emphasise more strongly including:

- Equality and diversity, parity of esteem and equity of employment.
- The importance of bilingualism and the profile of the Welsh Language.
- Managing governance to support a new workforce model.
- Digitalisation as a core mechanism of delivery.

- Wellbeing of our people working in health and social care.
- The importance of the voluntary and private sectors and the commissioning relationship with the public sector.
- The importance of workforce efficiency and productivity.

There were a few suggestions about alternative or additional themes (such as Welsh language, culture and wellbeing) but the majority were happy with the current seven themes. There were also a few suggestions about how the strategy might recognise current political issues such as Brexit.

There were a number of comments shared during the consultation that emphasised the importance of placing the patient/service user at the heart and making sure they are the central focus of any workforce developments the strategy initiates

There were a large number of comments that the strategy was not sufficiently clear about the need to change the relationship between the workforce and service users, patients and carers, particularly in terms of choice, control and co-production.

We will consider all of this feedback when refining the final strategy document.

3. Feedback on Theme 1: Valuing our Workforce

Valuing & Retaining our Workforce

Creating a stable workforce that feels valued, reflected by reward, recognition and opportunity

This theme emphasises the importance of valuing and retaining the workforce to help deliver 'A Healthier Wales'.

- There was a large proportion of respondents who professed strong support for this theme and the way it was described in the consultation document and we plan to keep it as a key element of the final strategy.
- A large proportion of respondents emphasised the importance of 'parity of esteem', and in particular fairness and equity on pay and terms and conditions across health and social care and across public, private and voluntary sectors. In principal, it was seen as a valuable and important element of the strategy, but concerns included uncertainty about how it is defined, and questions about what changes are needed to secure greater parity across the whole health and social care sectors and how much they will cost. It was noticeable that these comments were from across health and social care respondents, including public, private and voluntary sectors. We will look to explore how to clarify the commitments on these, including whether we should work on a national staff governance framework that looks at how staff are managed and how they are being managed.
- There was a significant proportion of respondents who agreed that we need to emphasise the importance of greater flexibility of roles and responsibilities across the professions including portfolio working, while ensuring that professional expertise is not lost.

- The consultation response included a number of suggestions about more effective wellbeing initiatives and support for the workforce, including occupational health, and about strengthening the commitment to having inclusive and fair workplaces across health and social care, including through a bi-lingual environment.
- There was a large number of suggestions about the actions proposed in the draft strategy. Overall the feedback emphasised the need for a more ambitious programme of activities with clear responsibilities.

4. Feedback on Theme 2: Seamless Working

Seamless Working

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

This emphasises the importance of all parts of the workforce working together to deliver seamless, person centred care, in line with the ‘A Healthier Wales’ principles of prudent health and social care.

- This theme was strongly supported by respondents from across the health and social care sectors, and the need to break down workforce and practice barriers was recognised. A number of respondents noted that it overlaps closely with other themes including in particular education and learning.
- There were a large number of comments made about parts of the workforce which are facing particular complexities and stress at the current time in relation to recruitment and retention, including in particular, the domiciliary and residential care for adults workforce which makes up the majority of the social care workforce, GPs and some community nursing roles.
- We were told, particularly by health service respondents, that it is important to maintain a careful balance between generic or multi-disciplinary skills and specialist skills in each profession. The feedback on this concentrated on community services, but there were helpful reminders that it also needs to apply across all sectors and setting.
- We were informed through the feedback from public, private and voluntary sector respondents about the need to emphasise the importance of effective governance across agencies and services, and not to understate the challenge faced in changing cultures and existing behaviours which can undermine the aim of seamless working.
- We had a number of suggestions about not limiting the thinking about seamless working to co-location – new developments in practice and technology mean that there are practical alternatives.

5. Feedback on Theme 3: Digital

Digital

Developing capability to optimise the way we work, and the way we learn

This theme emphasises the importance of the capacity of the workforce to use technology effectively to deliver seamless, person centred care.

- The majority of respondents who considered this supported this area as a distinct element in the strategy. Some suggestions were for this theme to be incorporated into others, but a large proportion thought that it has strategic workforce implications which require a specific theme. There were a large number of suggestions that the term 'digital' is not sufficiently wide-ranging to capture the workforce agenda here, and that a title such as 'A technologically astute workforce' would do so better.
- The range of responses in this theme reminded us that it is very important to ensure that the final strategy makes commitments about the technological capability of the whole workforce – and not to suggest that technology can replace what is special about the human factor in health and social care.
- Feedback on areas to strengthen in this theme included recognising different elements of the technology agenda including digital working, ICT capability and the ability to use data effectively.
- A number of comments, particularly from NHS respondents, concerned the importance of building the capacity of the workforce to promote research, innovation and quality assurance particularly related to this theme.
- A number of comments in this area went beyond the remit of a workforce strategy and into areas concerned with technology design and governance itself. This was particularly in terms of the importance of shared and common information systems to help the development of seamless services.
- There were a large number of points about the importance of working on a bi-lingual basis in the development of technologies and in supporting the capability of the workforce in this area.
- Finally, there were a large number of different suggestions for the prioritisation of particular geographical areas, professions or patient/service user cohorts.

6. Feedback on Theme 4: Attraction and Recruitment

Attraction & Recruitment

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

This theme emphasises the importance of securing the right workforce to deliver seamless, person centred care, and of building a shared approach across health and social care in Wales to do so.

- A large proportion supported the proposal for a national careers service, and for a rolling health and social care recruitment campaign aimed at people from primary school upwards. The feedback highlighted the need to be more ambitious about the timescales and capacity of such initiatives and we will look at these. This was particularly emphasised by social care respondents.
- A number of specific areas were proposed for priority attention including Welsh language, staffing shortages in the private and voluntary care sector, registered nursing, volunteers and under-represented population groups in the workforce – others suggested that targeted recruitment should not be needed if wider branding and recruitment activities were sufficiently ambitious.
- There was a large proportion of respondents who supported more effective branding of the sector on a combined health and social care basis, and proposals that attraction and recruitment monitoring and campaigns need to be driven more strongly at a national level. These were from NHS, local authority, private and voluntary sector respondents. There were also a number of comments suggesting that the consultation document was not clear enough about the importance of fair and equitable practices and workplaces in promoting diversity and attracting the right people to the sector.
- A large number of respondents related successful recruitment and attraction to the pay and parity of esteem questions noted in theme 1.
- The emphasis on values-based recruitment was broadly welcomed, and there was encouragement to move forward more quickly with this approach – although there were some concerns expressed, particularly from NHS respondents about moving away from UK-wide job description, recruitment and attraction practices in the health sector.
- There was a significant proportion of respondents who supported reviewing the funding model for education in the sector and for ensuring that the national policy on bursaries was included in this review.

7. Feedback on Theme 5: Education and Learning

Education & Learning

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

This theme emphasises the importance of developing the right workforce with the required skills, knowledge and experience to deliver seamless, person centred care across Wales for the future.

- This theme was supported by a majority of respondents in principle. There were concerns about the resources and capacity within the current systems to be able to support more effective education and learning and CPD. These

concerns came from across the public, private and voluntary sectors and we will consider how a potential increased investment in education might lead to better outcomes for staff and patients / service users.

- There was also a number of respondents who emphasised the importance of ensuring that investment in education and learning will result in more effective care, support more flexible careers, and be able to respond to changing needs and demands.
- Widening access to learning provision was highlighted as an area to be developed and a number of options were put forward including the development of 'earn and learn' programmes, part time roles and remote/ distance learning
- A large number of responses also suggested that there should be a stronger emphasis on the skills of all the workforce to work in a co-productive partnership with service users and patients including through the medium of Welsh. The local authority, private and voluntary sector respondents particularly emphasised this.
- Similarly, a large number of respondents suggested that learning and education along with continuing professional development opportunities need to be better at helping people build flexible skills and portfolios to enable them to take on a range of roles throughout their career. Generic competence, credentials and capability will need to be emphasised more strongly whilst ensuring a balance of those with specialist skills that individual professions offer.
- A review of funding of existing education and learning across the health and social care sectors was welcomed by a significant proportion of respondents from across the sectors, with some concern that this might only lead to reductions in capacity. Starting from the future needs of the population, and how the workforce can best be developed to address these needs, was seen by many to be the crucial starting point. It was emphasised that this needs to be reflected as an investment and benefit, not cost.
- A large number of respondents suggested that stronger emphasis should be given to the opportunities presented by new learning and education technologies, including in supporting the learning for people working more remotely, particularly those in the NHS.
- Different responses proposed different cohorts as priorities for education and learning. These included, but were not restricted to, medical training, nurse education, apprenticeships and therapies education. The largest proportion however identified the direct care workforce capacity, particularly in the private and voluntary sectors, as posing the greatest strategic threat to effective community-based care at the current time. It was striking that this was emphasised equally by NHS, local authority, private and voluntary sector respondents.

8. Feedback on Theme 6: Leadership

Leadership

Developing compassionate leadership with a focus on quality improvement

This theme emphasises the importance of leadership across the sector in supporting the right workforce to deliver seamless, person centred care, and of building a shared culture of compassionate care in doing so.

- Once again, the consultation showed a majority of respondents from across the sectors supported an emphasis on effective leadership to drive improvements in the workforce and to promote compassionate care and high-quality services, working in partnership with service users and carers.
- A large number of respondents were concerned about the language in the theme, how leadership is defined, and that it was not sufficiently clear about the role of management as distinct from leadership. It was emphasised that all people working in health and social care have a leadership responsibility in some form or another.
- It was also noted that the theme is not clear enough about the importance of fairness, equality and promoting diversity, or the importance of Welsh language. Other comments asked for clarification about what compassionate leadership means in practice.
- Different respondents proposed different groups across health and social care in terms of the strategic priorities for leadership development.
- There were concerns that the theme did not recognise all of the activities taking place elsewhere in the public and private sectors on leadership in Wales and the need to link carefully with them. It was recognised as important that any commitments to leadership development in the strategy build on existing leadership programmes across health and social care that are proving to be effective.

9. Feedback on Theme 7: Workforce shape

Workforce Shape

Ensuring a flexible and sustainable workforce in sufficient numbers to meet needs

This theme emphasises the importance of careful workforce analysis and planning across the sector in ensuring that the right workforce is in place to deliver seamless,

person centred care that is efficient, effective and productive. This includes building capacity within primary and community settings.

- As with the other themes in the draft strategy, there was a majority of respondents who agreed this is an important and valuable area which needs to be addressed. This was common across the NHS, local authorities, the private and voluntary sectors. The move towards a whole-system health and social care perspective was welcomed.
- There were a number of concerns that the significance of the workforce analysis and planning challenge facing partners across sectors was not fully recognised, and that the theme needs to signal a more robust emphasis on ensuring that sufficient resources are put in to both introducing systems and practices in some parts of the sector and transforming the current systems and practices in others.
- A number of areas were proposed as immediate priorities for integrated national and regional workforce analysis and planning, including domiciliary care, nursing, medicine and social work.
- The private and voluntary sectors will, in particular, need support to enable them to catch up with public sector planning and respondents proposed a national minimum workforce data set for Wales.
- Taking better account of language requirements in workforce planning was emphasised by a large number of respondents in order to ensure that the individuals who require health and social care are able to access and receive the support they require from our people through their language of choice.
- A number of respondents, particularly from the NHS, suggested that the theme should focus more on the importance of seamless and integrated professions, skill mix and shared capacity across care pathways rather than being limited to existing jobs and roles. However, this should not distract from the immediate areas of challenge.
- There were a large number of comments about recognising the primary importance of informal and unpaid carers and supporters in meeting the health and social care needs of the population.

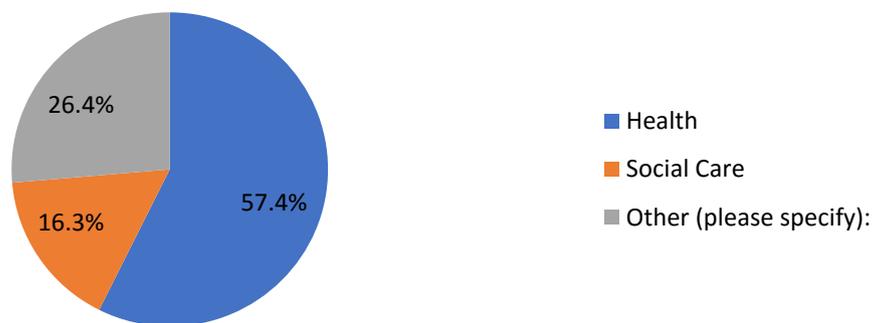
Appendix 1 - Respondents profile

We had useable responses from 137 respondents to our on-line consultation. These were anonymous but the respondents told us the following about themselves:

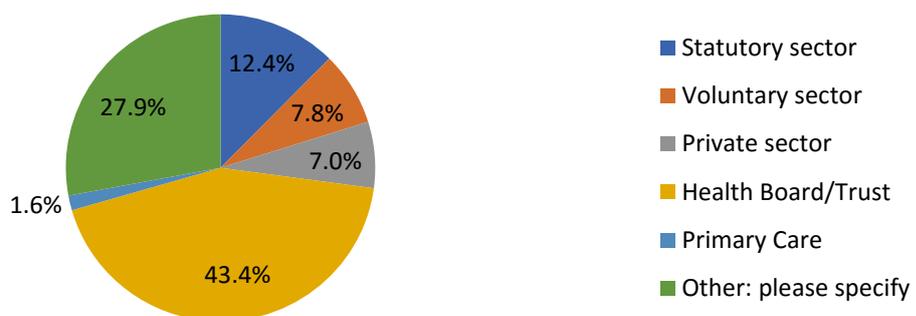
Preferred survey language :



Sector where they work:



Employer type:



Whether they are (also or exclusively) service user/patient/carer?



We received additional written comments from:

- Council of Deans for Health
- Medical Directors in Wales
- Royal College of Surgeons
- AMDs for Primary Care
- Mental Health Forum
- Tenovus
- Aneurin Bevan UHB
- Swansea Bay Partnership
- NHS Workforce Planning Network
- Betsi Cadwaladr University Health Board
- North Wales Workforce Board
- Cwm Taf Morgannwg Health Board
- Chief Pharmacists Group
- NHS Chairs
- Welsh Council for Voluntary Organisations
- Nursing home owner
- NHS Directors of Nursing
- Carers Policy
- Flintshire Council commissioners and providers
- NHS Directors of Therapies
- Conwy Borough Council
- Optometry Wales
- Coleg Cymraeg Cenedlaethol
- Employee CM
- Directors of Public Health
- National Care Provider Forum

- The Fostering Network
- Royal College of Physicians Wales
- Wales Local Government Association
- All Wales Training Managers
- Directors of Planning NHS Wales
- Cardiff and Vale Regional Workforce Partnership
- Unison
- Company Chemists Association Wales
- Health and Social Care Research Wales
- Independent Healthcare Providers Network Wales
- BMA Wales
- Equality and Human Rights Commission
- Royal College of Nursing Wales
- Stroke Association
- Powys Regional Partnership
- Royal College of Occupational Therapists
- Chartered Society of Physiotherapy
- Royal College of Midwives Wales
- Powys Association of Voluntary Organisations
- British Association of Social Workers Cymru
- West Wales Care Partnership
- National Provider Forum
- NHS Wales Confederation policy forum subgroup on long-term conditions and mental health
- St John's Ambulance Wales
- Welsh Language Commissioner
- Community Health Council's Wales
- diverseCymru
- Nursing and Midwifery Council
- MacMillan Cancer Support
- NHS Directors of Primary Care
- Welsh Council for Voluntary Action
- Association of Directors of Social Services Cymru
- Community Pharmacy Wales
- General Medical Council
- Age Cymru
- Denbighshire More Than Words Strategic Group
- Welsh Language Society

HEIW INTERGRATED EQUALITY IMPACT ASSESSMENT (EIA)

Equality Impact Assessments

An equality impact assessment is a tool to assess the impact of policies, procedures, strategies and decisions on the ability of an organisation to perform the below public sector equality duties.

Public sector equality duty section 149 of the Equality Act 2010:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

And to have due regard for advancing equality by:

- Removing or minimising disadvantages experienced by people due to their protected characteristics
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people
- Encouraging people with protected characteristics to participate in public life or in other activities where their participation is disproportionately low

To ensure HEIW policies, procedures, strategies and decisions are designed and delivered fairly in accordance with Equality, Welsh Language Legislation and Human Rights Legislation, please complete the below Equality Impact Assessment form. Highlight any positive and/or negative impacts included in section 4; actions to be taken to address any negative impacts and opportunities for further developing positive impacts that enhance section 149 of the Equality Act 2010 and Welsh Language Standards (2011), when detailing existing good practice in Section 10 of this form. Concluding with how actions are to be monitored and reviewed.



GIG
CYMRU
NHS
WALES

Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

HEIW EQUALITY IMPACT ASSESSMENT (EIA)

Title of Policy/ Procedure/ Strategy or Decision	Workforce Strategy for Health and Social Care
Name of Group/Department	
Name and role of lead individual(s) completing this EIA	Emma Kwaya-James, HEIW Inclusion Lead Laura Martin-Simpson, Project Officer Workforce & OD
Contact Details	
Date EIA initiated	September 2019
Date EIA agreed by accountable group/department	
Signed (lead individual(s)/ head or chair of accountable group)	

HEIW EQUALITY IMPACT ASSESSMENT TEMPLATE

1. The purpose and aims of the policy, procedure, strategy or decision required

Please provide a brief description of the policy/procedure, strategy, e-learning, guidance etc. Please include what is the overall objective or purpose of the policy/decision, what are the stated aims (including who the intended beneficiaries are), a broad description of how this will be achieved, what the measure of success will be, and the time frame for achieving this. Please also include a brief description of how the purpose and aims of the policy are relevant to equality and intended beneficiaries.

The purpose of this Equality Impact Assessment is to assess the development of A Healthier Wales Workforce Strategy for Health and Social Care to ensure it is fair and equitable with clear opportunities to positively promote section 149 of the Equality Act 2010.

The purpose of the workforce strategy is to support the delivery of more seamless models of health and care. The Welsh Government Commissioned Health Education and Improvement Wales (HEIW) and Social Care Wales (SCW) to develop a long-term workforce strategy in partnership with NHS Wales and Local Government, the voluntary and independent sectors as well as regulators, professional bodies and education providers. The Health and Social Care workforce is made up of a range of people including employees in statutory organisations, contractor professions and the private, independent and third sectors and is inclusive of volunteers and carers. Therefore, the beneficiaries of this strategy are far reaching and are inclusive of every citizen of Wales. With the ambition to help people live well in their communities, meet their health and care needs effectively and provide more services closer to or at home, ensuring that they only need to use a hospital for treatment that cannot be provided safely anywhere else.

This strategy will act to ensure equality of opportunity through its implementation plans and themes to meet the needs of people with one or more protected characteristics; embed the citizens voice and consider the needs of the current and future diverse workforce and service users. We will consider and embed opportunities to promote good relations between people who share a protected characteristic and those who do not as part of the strategy process. It is the intention for the workforce strategy to be reflective and align with not only A Healthier Wales (2018) but also Is Wales Fairer? (2018) and Well-being and Future Generations Act (2015) to further ensure this strategy embeds actions towards a more equal Wales.

2. We have a legal duty to engage with people with protected characteristics under the Equality Act 2010 identified as being relevant to the policy.

- *What steps have you taken to engage and consult with stakeholders, both internally and externally?*
- *How have people with protected characteristics been involved in developing the policy, procedure, strategy and or decision from the start?*
- *How have/will proposals be communicated?*
- *What are the arrangements for engagement as the policy/procedure/strategy or decision is being implemented?*

As part of the consultation period stakeholders from 'protected characteristics' and allies were invited to comment. These included:

EHRC, Diverse Cymru, RNIB, RBLI, Age Cymru, Stonewall, Gofal, Delsion, Action for Hearing, Royal College of Speech Therapy, Disability Cymru, NHS National Equalities Leads Group, Time to Change, Mental Health Forum, Mind Cymru, Diabetes UK Cymru, Macmillan Cymru Wales, Alzheimer's Society Cymru, British Heart Foundation Cymru

A consultation document was developed between January and July 2019. It involved workshops and webinars with over 350 people, an on-line survey which got over 300 responses, and peer meetings with 36 different partner agencies (as outlined

above). It was subject to formal consultation between July and September 2019. During this time, we received a further 137 individual on-line survey responses, and 63 written responses from agencies and organisations. Following the formal and informal engagement activity a consultation document was produced which summarises the feedback and describes how the final strategy will respond to the wide range of feedback we received.

In summary the consultation & engagement process comprised of the following:

- 146: Stage 1 stakeholder interviews
- 43: Stage 2 stakeholder interviews
- 300+ Stage 1 On-line survey responses
- 137 Stage 2 On-line survey responses
- 350 employees attended engagement workshops and/or 4 online webinars
- 36 Peer group meetings responses

3. Evidenced used/considered

Your decisions must be based on robust evidence. What evidence base have you used in support? Evidence includes views and issues raised during engagement; service user or citizen journeys, case studies, or experiences; and qualitative and experience-based research, not just quantitative data and statistics.

Please list the source of this evidence:

- *Identify and include numbers of staff, broken down by protected characteristics and other relevant information e.g. part time working (ESR)?*
- *What research or other data is available locally or nationally that could inform the assessment of impact on different equality groups? Is there any information available (locally/nationally) about how similar policies/procedures/strategies or decisions have impacted on different equality groups (including any positive impact)?*

- *Do you consider the evidence to be strong, satisfactory or / and are there any gaps in the evidence?*

Given the scope of this strategy, data in relation to numbers employed with Health and Social Care has been sourced from StatsWales, Welsh Government, Social Carer Wales, NHS Wales.

StatsWales reports that 26.5% of those employed in Wales are employed by the Public Sector. In respect of the NHS the following information has been sourced directly from [Welsh Government](#) and demonstrates the following between 30 September 2017 and 30 September 2018 (in terms of full-time equivalent numbers):

- The total number of directly employed NHS staff increased by 1,084 (1.4%) to 79,054
- Medical & dental staff increased by 156 (2.4%) to 6,539.
- Nursing, midwifery and health visiting staff decreased by 47 (0.1%) to 32,927.
- Scientific, therapeutic & technical staff increased by 406 (3.2%) to 13,206.
- Administration and estates staff increased by 511 (2.9%) to 17,895.
- Other staff increased by 46 (0.7%) to 6,392.

With regards to the Social Care Workforce, Social Care Wales produce two annual surveys to gain data and information on the social care workforce in Wales. [Social Care Wales workforce-reports](#). These reports demonstrate that in 2017 of the 11,000-staff employed by Local Authority regulated services:

- The majority of the workforce (35%) were aged 51-60;
- Almost 90% were female,
- In Wales, 16% of staff in regulated services could communicate effectively through the medium of Welsh, while 1% of staff didn't have English or Welsh as a first language.
- Of the 83% of staff employed by regulated services in Wales whose ethnicity was reported, 79% stated their ethnicity as White. 20% of staff preferred not to state their ethnicity

- 1% of the regulated services staff who responded stated that they considered themselves to have a disability. This ranged from 2% of staff in Pembrokeshire to 0% in eleven other local authorities.

For the 52,500 staff employed in commissioned care provider services:

- The majority of the workforce 22% of staff working for care providers commissioned in Wales were aged 41 to 50 years
- The majority (82%) of staff working for care providers commissioned in Wales were female
- 85% of the staff employed by commissioned care providers whose ethnicity was reported stated their ethnicity as White. 9% of staff preferred not to state their ethnicity.
- In Wales, 10% of staff in commissioned care providers could communicate effectively through the medium of Welsh. Regionally, 2% of staff employed by care providers commissioned in the South East could communicate effectively through the medium of Welsh compared to 5% in Western Bay, 16% in Mid and West and 22% in North Wales.

It should be noted that accurate data in terms of staff by protected characteristics is acknowledged as being difficult to obtain, this is highlighted in the Equality and Human Rights Commissions report *Is Wales Fairer?* (2018:p9) which states that there are clear data gaps in Wales that make it difficult to understand the experiences of people sharing all protected characteristics especially in relation to sexual orientation, gender reassignment, religion or belief and race.

Analysis of evidence and research highlights some of the key challenges across Public Bodies in terms of data collection:

- Self-disclosure rates are low across all Welsh Government Sponsored Bodies (WGSB). This may be due to individuals not feeling comfortable disclosing their protected characteristic(s) for fear of discrimination which would be in line with the findings of the *Is Wales Fairer?* (2018) Report which states:
 - A report by Citizens Advice Cymru (2017) found that its clients who were disabled or had a health condition encountered bad practice and discrimination by employers.

- Stonewall Cymru polled over 1,200 gay, lesbian, bisexual and transgender people in Wales and found that many still experience poor treatment while using public services.

The Equality and Human Rights Commission in their consultation feedback highlight this lack of data stating that:

‘Information is insufficient (or lacking altogether) for some people sharing certain protected characteristics. Generally, there is far more large-scale Welsh data for sex than for any other protected characteristic, with a lack of information for sexual orientation, religion or belief, and for transgender in particular. While data are available by ethnicity, small sample sizes mean that it is often not possible to compare particular ethnic groups against the average for all of Wales and is especially difficult to show trends over time. There are also gaps in evidence by topic, for example, zero-hour contracts and types of flexible working; particularly striking is the lack of any recent national survey data on unfair treatment, bullying and harassment in workplaces in Wales. To more effectively address inequalities and discrimination, it is essential that you address data gaps through systematic and robust data collection.’

A lot of work needs to be done across all WGSBs to become an employer of choice amongst those with protected characteristics. Consistent reporting across all WGSBs is required to enable us to compare like with like. In respect of Social Care data this seems to be even more inconsistent with little to no data available therefore evidence has had to be relied on from National Census (2011).

National Census 2011 - [Employment and Labour Market](#)
[People, population and community](#)
[Cultural identity](#)
[Healthcare expenditure, UK Health Accounts: 2017](#)
[Wellbeing](#)
[Population and migration](#)

In recognition of its importance in terms of equity in Wales, [Is Wales Fairer? 2018](#) is heavily relied upon throughout this Equality Impact Assessment in terms of up to date research and recommendations along with the below research, papers and feedback from consultation.

Social Care Wales has four main data sources to access for information on the protected characteristics of the social care workforce. These are namely - (i) equality data in respect of social care workers who are required to register to practice, (ii) Social Care Wales- Workforce Profile: Local Authority Regulated Services (iii). Social Care Wales: regulated workforce profile: commissioned care provider services and (iv) Social worker workforce planning. These data sources are however limited, as the data collection doesn't extend to all the nine protected characteristics.

The most recent equality information given by applicants registering and renewing onto the Register of Social Care Workers has some key messages for consideration:

- The workforce is predominately female. 77% of Social Workers and 76% of adult care managers are female.
- The workforce appears to have a very low level of disability, with no group on the register recording over 2.5%, against a national figure of 14%.
- Some registered groups (e.g. domiciliary care managers) have a very low representation from BME groups

People who use care and support have told us that a diverse workforce brings a range of ideas, experiences and skills that has a positive effect on the way care is provided. They also told us it is vital to promote social care as a valued profession and to make a range of entry routes available for people to join the sector.

List of research and journal papers:



GIG
CYMRU
NHS
WALES

Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

[Exploring the UK's digital divide 2019](#)

[7 Barriers to Digital Communication](#)

[E-Learning and the Digital Divide: Perpetuating Cultural and Socio-economic Elitism in Higher Education](#)

[NHS England Interim People Plan Research and Case Studies](#)

[HEE NHS Workforce Strategy](#)

Disability (2008) <https://www.tandfonline.com/doi/abs/10.1080/09687590802469198?journalCode=cdso20>

Disability Confident (2014) <https://www.gov.uk/government/collections/disability-confident-campaign>

[McGregor-Smith Review](#)

[Differential Attainment](#)

[GMC Differential Attainment final report](#)

[Stonewall LGBT Britain at Work Report](#)

[Addressing the barriers to BAME employee career progression 2017](#)

[Race at Work Report](#)

[EHRC creating a faith friendly workplace for Muslims](#)

[EHRC Fair Opportunities for All](#)

[EHRC Mental Health is your business Wales](#)

[EHRC Pregnancy and maternity discrimination in the workplace: Recommendations for change'](#)

[EHRC Measuring and Reporting on Disability and Ethnicity Pay Gaps](#)

[EHRC Turning the tables: ending sexual harassment at work](#)

[Increasing Black and Minority Ethnic Representative at Senior Level](#)

[Public Sector Equality Duty](#)

Strategic Equality Plan 2018:2022: Social Care Wales

Social Care Wales- Workforce Profile 2018: Local Authority Regulated Services

Social Care Wales: regulated workforce profile 2018: commissioned care provider services



GIG
CYMRU
NHS
WALES

Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

[Residential child care workers on the Register - 1 April 2019](#)

[Welsh Speakers' Dementia Care Report - Welsh Language Commissioner and Alzheimer's Society](#)

[Social Care Wales workforce-reports](#)

[CIPD Flexible working practices](#)

[Age Uk - A means to an end, Older workers' experiences of flexible working](#)

<https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/articles/expandingtheuksdigitaldivide/2019-03-04>

[Commission for Rural Communities: Barriers to education, employment and training for young people in rural areas](#)

[Foresight, Government Office for Science: Future of an ageing population: evidence review](#)

[Centre for Aging Better: Becoming an age-friendly employer](#)

[CIPD: Tackling the barriers to leadership](#)

[Welsh Government Disability Action Plan for Apprenticeships 2018-21.](#)

[Inclusive Boards: Disability in Leadership Toolkit](#)

[Is Wales Fairer? The state of equality and human rights 2018](#)

[UK Dept. For International Development: Digital development and the digital gender gap](#)

[EHRC: Fair opportunities for all: What needs to change to reduce pay gaps in Britain?](#)

https://www.gmc-uk.org/-/media/documents/gmc-differential-attainment-final-report-13_08_18-76652679.pdf

[Wales 4.0 Delivering Economic Transformation for a Better Future of Work](#)

[Stonewall: Educating staff about lesbian, gay and bisexual equality](#)

[Social Care Wales: Preventative support for adult carers in Wales: rapid review](#)

[Analysis of the impact of the UK Government's welfare reforms on households in Wales, Welsh Government \(2019\)](#)

[Universal Credit in Wales, part 1: design, rollout and impact, Senedd Research \(2017\)](#)

[National Survey for Wales 2017-18 Poverty and deprivation, Welsh Government \(2019\)](#)

[Connected Nations UK 2018 Full Report, Ofcom](#)

[Overcoming Deprivation Disconnection UK Cities, Joseph Rowntree Foundation \(2016\)](#)

[EHRC The cumulative impact of tax and welfare reform](#)

Relevant campaigns:

['EHRC Working Forward'](#)

4. Impact Assessment

Please complete the next section to show how this policy/procedure, strategy, e-learning, guidance etc. could impact upon protected groups as identified under the Equality Act 2010, compliance with Welsh Language Standards (2011) and HEIWs ability to perform its Public Sector Duty to:

1. *Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.*
2. *Advance equality of opportunity between people who share a protected characteristic and those who do not.*
3. *Foster good relations between people who share a protected characteristic and those who do not.*

<p>Please ensure positive impacts as well as negative are highlighted. Include any opportunities to advance equality and/or good relations, and for good practice to be further developed. Also include any opportunity to maximise contribution towards a more equal Wales under the Well-being and Future Generations Act.</p>				
<p>Equalities and Welsh Language Impact Assessment</p>				
Protected Characteristic	Impact:			Reason for your decision (including evidence used). Include details of how it might impact on people from this group and how opportunities to advance equality and good relations have been maximised.
	P O S I T I V E	N E G A T I V E	N E G A T I V E	
<p>Age</p> <p>main categories: under 16 16-24 25-34 35-44 45-54 55-59 60-64 65-74</p>				<p>It should be noted at this stage of the equality impact assessment that the below information will be used to inform the final strategy and influence implementation action plans.</p> <p>Valuing & Retaining Our Workforce: Concerns about accessing occupational health include fears of being reassigned to a role staff do not wish to do; colleagues not understanding reasonable adjustments; stigma relating to mental ill health; and fears around fitness to practice. These are heightened for older people.</p>

75+		<p>Research carried out by CIPD (2015) highlighted the strong link between life stage and working experience on work priorities along with benefits such as knowledge-sharing, different perspectives and enhanced customer experience were identified as key benefits of age diversity.</p> <ul style="list-style-type: none"> • Spontaneously, younger age groups focus on values such as trust, recognition and freedom, while older age groups focus on achieving work–life balance and flexibility. • There is widespread appreciation that both younger and older colleagues are able to add value in these areas. • Younger colleagues feel that older age groups can share practical experience and expertise, while older colleagues look to younger groups for skills training and new working methods. • Different perspectives are seen as a way of harnessing new ideas and working styles. <p>Research continues to highlight some of the key challenges in relation to age diversity being a lack of shared interest and values. Age discrimination has been stated in evidence as being innate at the recruitment stage. Older employees looking to change career and or enter more junior roles could be restricted by their age during the recruitment process.</p> <p>Is Wales Fairer? (2018) report indicates that insecure employment has increased for those aged 16–24 and for women. Is Wales Fairer? (2018) also highlighted pay gap differences between ages, with median hourly earnings increased by age in 2016/17 to peak at £12.77 for those aged 35–44, before declining for older age groups. However, the lowest median earnings were for those aged 16–24 (£7.22)</p> <p>Those aged 35–44 and 45–54 had the highest employment rates in 2016/17 (82–84%). The rates for those aged 16–24 (50.4%) and 55–64 (59.0%) were much lower.</p> <p>Seamless working:</p>
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		<p>‘A Healthier Wales’ is clear that ‘...everyone in Wales should have longer, healthier and happy lives, able to remain active and independent, in their own homes, for as long as possible’. Its ambition is ‘...to bring health and social care services together, so that they are designed and delivered around the needs and preferences of individuals, with a much greater emphasis on keeping people healthy and well.’ To support this is requires that... ‘The workforce of the future will be defined by new models of integrated health and social care, based upon good practice and sustainability, to deliver better health and well-being.’</p> <p>There are real barriers which have developed over the years between professions and organisations which makes seamless working difficult at times. These include some national policies as well as some professional practices, different training opportunities, information sharing arrangements and budget responsibilities.</p> <p>True seamless working will need to be underpinned by fair, equitable and inclusive working conditions which enable people of all ages to play their full role in supporting patients and service users.</p> <p>Evidence from the CIPD Shows the value of flexible working both as a retention tool and to help people to make an effective return to work acts as an invaluable strategic tool to support improved individual and seamless business performance through developing greater diversity, and increasing levels of job satisfaction and commitment from workers across all ages. However, the CIPD report Employee Outlook: Focus on older people showed that:76 per cent of employers had not made reasonable adjustments to enable older employees to carry on working.</p> <p>Digital: Awareness needs to be given to the number of non-internet users in 2018 there were still 5.3 million adults in the UK, or 10.0% of the adult UK population (18 plus), in this situation according to the Office of National Statistics. the number of people in the UK lacking basic digital skills is</p>
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declining, but in 2018, 8% of people in the UK (4.3 million people) were estimated to have zero basic digital skills (are unable to do any of the activities described in the five basic digital skills). A further 12% (6.4 million adults) were estimated to only have limited abilities online (missing at least one of the basic digital skills), this has been assessed using the Tech Partnership Basic Digital Skills Framework.

Attraction and recruitment:

The majority (34%) of staff working for local authority regulated services in Wales were aged 51 to 60 years. This was also reflected at regional level. Across Wales, 25% of regulated service staff were aged 41 to 50, and 16% were aged 31 to 40. Across providers, 7% of the commissioned care provider staff aged under 25 were employed by mixed care providers, while 1% of day and other staff were aged 25 and under. 3% of day and other care staff were aged 71 and over, while 1% or less all other provider types employed staff aged 71 and over.

The average age of Adult Care Home Managers on the Register of Social Care Workers is 49. There is a significant increase in the numbers of younger people (under 19) completing apprenticeships in the social care sector over the past 5 years. This is in line with the Welsh Government's policy to divert funding to the statutory requirements for people under 19 years; although the overall numbers remain small in proportion for our sector.

Is Wales Fairer? (2018) highlights that those aged 35–44 and 45–54 had the highest employment rates in 2016/17 (82–84%). The rates for those aged 16–24 (50.4%) and 55–64 (59.0%) were much lower.

Carers Policy Individual's feedback on the consultation cited Carers UK research which shows that women aged 45-54 are more than likely to have reduced working hours due to unpaid caring responsibilities. Feedback recommended that emphasis on carer friendly policies in health and

		<p>social care would help recruitment and retention of staff and could also bring about an improvement in worker's health and well-being and absence levels within the sectors.</p> <p>Directors of Planning NHS Wales fed back that, "instead of seeing children as future workers we should be working with them as stakeholders and having regular touch points with them, including proper engagement with them using projects we know about."</p> <p>Education & Learning:</p> <p>The national workforce strategy states the need to make sure all of the people working in health and social care are competent and capable to do their existing job, and that they are supported to continue learning and developing throughout their career. As 'A Healthier Wales' recognises, this requires a need to increase the effectiveness and relevance of education and learning if we are to help people working in health and social care to keep up with the changes taking place in services in the future.</p> <p>The Commission for Rural Communities (CRC) has looked at whether there is a rural dimension to the issue of young people accessing education and training. Moreover, CRC explored whether there are any rural barriers to education, employment and training for young people in rural areas, in the context of changing Government policy. The report concluded that young people living in rural areas face a number of uniquely rural barriers, particularly concerning access to transport, careers advice, employment and training support, and youth services. Above all, there is a lack of focal point and representation for rural youth affairs within and across central government. There is no clear, overarching responsibility for securing the development and employment of young people in rural areas, and consequently insufficient consideration is being given to addressing the additional challenges associated with this in a co-ordinated and strategic way.</p> <p>Studies have demonstrated that lifelong learning has positive outcomes for individuals, communities and the economy. However, despite the well-established benefits of lifelong learning,</p>
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		<p>those in later life are less likely to participate than those in other age groups. Data from the Higher Education Sector Association (HESA) for the 2013/16 academic year indicate that those aged 50+ comprise around 5% of the university student population. However, the rates are lowest, and the fall is steepest for those aged 60–69 years.</p> <p>According to research there are three main types of barriers that might prevent someone from undertaking lifelong learning: attitudinal, situational and institutional. A review commissioned by the UK central as part of the Foresight Future of an Ageing Population project stated that addressing the issue of developing a new approach and commitment to lifelong learning, relevant to the challenges of an ageing population, is now an urgent issue for public policy in the UK.</p> <p>Leadership: Effective leadership across and throughout health and social care, the public, private and third sectors is recognised by ‘A Healthier Wales’ as a key element in turning good intentions into practice and one of the priorities outlined in the workforce strategies for leadership related to the development of a shared approach to collective and compassionate leadership across health and social care which the public, private and third sectors are all committed to.</p> <p>Research from Centre of Aging Better has found that attributes stereotypically associated with younger employees (e.g. being open to new ideas, learning new skills and rapid decision making) are viewed more positively in the talent management process than those of older employees (e.g. dealing with people politely, settling arguments or carefulness). These ‘older’ attributes were associated with lower status job roles and employers were less likely to select them for talent management programmes.</p> <p>CIPD research shows that the need for leadership has changed following the global shifts within the last decade that impact on the ways UK Businesses work and operate. The CIPD research report ‘Leadership – easier said than done’ looks in detail at the barriers to leadership and good</p>
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			<p>people management in practice. The report explores the systemic barriers to leadership, challenges present in some organisations today. A key barrier was the lack of managers ability in embracing workforce diversity, particularly relating to ageism e.g. employees aged between 16-24 were far less likely to be appointed or promoted into management and leadership roles. People management processes (for example lengthy and rigidly enforced behavioural frameworks) were often cited as inadvertently favouring ‘sameness’ over the desirable level of identifying talent and skills in local teams and corporately regardless of age.</p>
<p>Disability</p> <p>Disability as defined in the Equality Act 2010: Those with any physical, sensory, learning, cognitive or mental health impairment or health condition which causes individuals to face barriers to</p>			<p>It should be noted at this stage of the equality impact assessment that the below information will be used to inform the final strategy and influence implementation action plans.</p> <p>Valuing & Retaining Our Workforce: Flexible career opportunities and work-life balance must include ensuring that all staff at all levels feel able and supported to access these opportunities. These are vital to attracting and retaining disabled people.</p> <p>Concerns about accessing occupational health include fears of being reassigned to a role staff do not wish to do; colleagues not understanding reasonable adjustments; stigma relating to mental ill health; and fears around fitness to practice. These are heightened for disabled people.</p> <p>Is Wales Fairer? (2018) highlights that non-disabled people in Wales are twice as likely as disabled people to be employed and the disability employment gap has widened in recent years. The report continued to highlight pay gaps between disabled and non-disabled people with median hourly earnings were higher in 2016/17 for non-disabled (£10.67) than for disabled (£9.72)</p>

<p>employment, equal opportunities, access to goods, facilities or services lasting or expected to last 12 months or more, or terminal.</p>			<p>employees, a disability pay gap of 8.9%. Earnings increased for non-disabled employees between 2013/14 and 2016/17. EHRC highlight that by raising the participation of disabled people organisations could reduce the annual cost of people being out of work by £100 billion.</p> <p>Seamless Working: NHS Wales Confederation policy forum subgroup on long-term conditions and mental health aims to drive forward the vision of ‘A Healthier Wales’ to develop holistic models of care that recognise the links between physical and mental health, with a focus on the mental health of people living with long-term conditions. To ensure that care for long term conditions are holistic, co-ordinated and delivered predominantly in the community, by a multidisciplinary team, including psychology services, and is timely. The group have identified opportunities within the strategy to meet this vision and that of A Healthier Wales by recommending:</p> <ul style="list-style-type: none"> • Good practice in the delivery of holistic care that addresses the mental and physical health needs of people living with long term conditions should be promoted with a view to scaling up and rolling out services delivering positive outcomes • The exploration of opportunities to develop a tiered pathway of mental health support for people living with long term conditions, with care delivered in primary and secondary settings across the scale of need, from resilience and early intervention programmes to specialised care for severe needs • Cross-sector competence frameworks should ensure staff working at all levels of health and social care understand and recognise the links between physical and mental health, and particular challenges faced by those with long term conditions <p>Digital:</p>
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			<p>There are significant digital barriers for disabled people, and no tool is accessible to all disabled people, as impairments, barriers and access requirements vary greatly. It is vital that digital barriers are considered and fully embedded in technological advancement and training.</p> <p>Attraction & Recruitment:</p> <p>Is Wales Fairer (2018) identified that the employment rate for non-disabled people (73.4%) was more than twice the rate for disabled people (34.6%) in 2016/17. UK-wide research indicates that employment rates for disabled people vary considerably according to the type of disability or health condition, and that people with mental health conditions and those with learning difficulties have the lowest rates. A report by Citizens Advice Cymru (2017) found that its clients who were disabled or had a health condition encountered bad practice and discrimination by employers. Moreover, people with a disability or health condition who sought help on an employment-related problem were more likely to require support on an issue relating to pay and entitlements or dismissal. Issues relating to sick leave, sick pay and unfair dismissal were more common among this group.</p> <p>EHRC highlight in their consultation response that the most significant workplace barriers that people with disabilities face relate to recruitment, promotion and the ability to stay within the workforce. Clear direction within the strategy as to how these workforce barriers will be overcome is critical.</p> <p>Disabled people continue to be under-represented in the social care workforce in Wales, only 1% of the commissioned care provider staff who responded to recent workforce survey stated that they considered themselves to have a disability. This ranged from 3% of staff who work for care providers commissioned by Carmarthenshire and Bridgend to less than 0.5% commissioned by the Isle of Anglesey. Only 1.4% of Residential Childcare workers on the register identified as having a disability.</p>
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			<p>Education & Learning:</p> <p>Targeted mentoring, training, and support to address barriers to progression for a range of under-represented groups, including disabled people, should be part of the vision, priorities, and actions within this theme.</p> <p>The Welsh Government has published a disability action plan to increase the very low proportion of disabled people on apprenticeships, within the workforce strategy there is the opportunity to address and reflect the Welsh Government Disability Action Plan in respect of how widening access for people with disabilities into apprenticeships.</p> <p>NHS Wales Confederation policy forum subgroup on long-term conditions and mental health aims to drive forward the vision of ‘A Healthier Wales’ to develop holistic models of care that recognise the links between physical and mental health, with a focus on the mental health of people living with long-term conditions. To ensure that care for long term conditions are holistic, co-ordinated and delivered predominantly in the community, by a multidisciplinary team, including psychology services, and is timely. The group have identified opportunities within the strategy to meet this vision and that of A Healthier Wales by recommending:</p> <ul style="list-style-type: none"> • Education, training and CPD of all health and social care professionals who work with people affected by long term conditions in Wales should be reviewed to consider whether content adequately recognises the emotional and psychological aspects of living with a LTC or caring for someone who does. This should include the provision of funding and protected time to undertake new learning to meet patients’ holistic needs
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- All health and social care professionals should be trained to a standard at which they can recognise signs and symptoms of mental health problems, and are able to refer appropriately

Leadership:

In July to September 2018, The Office of national statistics reported that the employment rate for disabled people stands at 51.3% compared to 81.4% for non-disabled people. The research also highlighted that there is a real lack of representation (7%) of disabled people employed in senior management and board level positions.

A 2010 report by RADAR (now Disability Rights UK) made a clear distinction between simply accommodating impairment by providing reasonable adjustments and developing talent. The report claimed that disabled people are far less likely to obtain fit for purpose career development support and are therefore restricted in obtaining managerial roles and climbing the leadership ladder.

The Equality and Human Rights Commissions report *Is Wales Fairer?* (p29) key findings were that disabled people are less likely than non-disabled people to work in managerial or professional occupations, which tend to have high pay.

Workforce Shape:

NHS Wales Confederation policy forum subgroup on long-term conditions and mental health aims to drive forward the vision of ‘A Healthier Wales’ to develop holistic models of care that recognise the links between physical and mental health, with a focus on the mental health of people living with long-term conditions. To ensure that care for long term conditions are holistic, co-ordinated and delivered predominantly in the community, by a multidisciplinary team, including psychology

services, and is timely. The group have identified opportunities within the strategy to meet this vision and that of A Healthier Wales by recommending:

- An audit of clinical health psychology roles should be undertaken to assess the scale of recruitment needed to meet current NICE guidelines related to treating the mental health of people with long term conditions
- In addition to merely meeting guidelines, work must also be undertaken to forecast and meet the future growth in the need for psychology across physical health conditions
- The role of clinical health psychology in a workforce fit for the future should be developed to ensure this part of the workforce is sustainable from a recruitment perspective. This should include incentives around the training and development of psychologists that will make Wales an attractive place for a long-term career in the field
- Clinicians and third sector representatives should be formally engaged in workforce planning and modelling to address shortfalls in delivering psychological support for those living with long term conditions
- The delivery of this support should be based in the community, close to home and should be treated as routine part of treating individual's health needs, not as a separate service.

Feedback from Service users as part of the consultation process highlights that there is a demand from service users for peer support workers, peer trainers, peer engagement workers, peer evaluators, and peer navigators.

<p>Gender Identity</p> <p>A person's sex, including intersex people; internal sense of their own gender and gender expression, whether male, female or something else (for example non-binary people), which may or may not correspond to the sex assigned at birth; and aspects of how an individual expresses gender, including clothing, mannerisms</p>		<p>It should be noted at this stage of the equality impact assessment that the below information will be used to inform the final strategy and influence implementation action plans.</p> <p>Valuing & Retaining Our Workforce: Research and feedback highlights that all workers should be ensured an adequate standard of living, safe and healthy working conditions, fair wages, time to rest, and the opportunity to take part in public life.</p> <p>'Is Wales Fairer?' reported that women report high levels of sexual harassment in the workplace across Wales. A 2017 study reported that 26% of people living in Wales had experienced unwanted sexual behaviour at work (ComRes, 2017). Our 'Turning the tables: ending sexual harassment at work' report reminds us that no workplace is immune to sexual harassment and that employers are responsible for ensuring that employees do not face harassment in their workplace.</p> <p>LGBT in Britain – Work report (Stonewall 2018)</p> <ul style="list-style-type: none"> • One in eight trans people (12 per cent) have been physically attacked by customers or colleagues in the last year because of being trans. • Almost a third of non-binary people (31 per cent) and one in five trans people (18 per cent) don't feel able to wear work attire representing their gender expression. <p>Is Wales Fairer? (2018) highlights the gender pay gap for full-time employees, although narrower in Wales than in England and Scotland, remains, and women are more likely than men to work in low-pay occupations.</p>
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<p>and other aspects of expression.</p>			<p>Gender pay gaps - The requirement in the Equality Act 2010 (Gender Pay Gap Regulations 2017 and the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 for employers with 250 or more employees to report on their gender pay gaps has recently focused attention on the existence of, and reasons for, pay gaps.</p> <p>A listed body in Wales needs to comply with the specific duties, which are set out in the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011.</p> <p>The Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 requires listed public bodies in Wales to:</p> <ul style="list-style-type: none"> • Publish an equality objective in relation to addressing any gender pay difference identified or publish reasons why it has not done so. • Publish an action plan in respect of gender pay difference setting out: <ul style="list-style-type: none"> ○ Any policy it has that relates to the need to address the of any gender pay difference. ○ Any gender pay equality objective it has published (including any revisions). Where it has identified a gender pay difference amongst its staff but has not published an equality objective to address the causes of that pay difference, the action plan must set out the reasons for not doing so. ○ A statement about the steps it has taken or intends to take to fulfil its gender pay objective and how long it expects to take. <p>Considering pay and the causes of unequal pay are critical to achieving equality outcomes for all protected groups.</p> <p>EHRC highlight in their consultation response that the most significant workplace barriers that women face relate to harassment, recruitment, promotion and the ability to stay within the</p>
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		<p>workforce. Therefore, clear direction within the strategy as to how these barriers will be overcome is critical.</p> <p>Seamless:</p> <p>The workforce strategy consultation report refers to a strong consensus amongst people working in health and social care that: ‘People need advice, help and guidance to ensure that they can work creatively and pro-actively with colleagues across care pathways to deliver seamless care, without losing their ability to maintain their professional specialisms and identities and unique value’.</p> <p>LGBT in Britain – Work report (Stonewall 2018): Only three in five LGBT staff (61 per cent) agree that their workplace has equalities policies that protect lesbian, gay and bi people at work. The number decreases for LGBT staff living in a rural area to 54 per cent compared to 62 per cent of LGBT staff in urban areas.</p> <p>Employers who take active steps towards establishing inclusive work policies, by showing visible commitment to LGBT equality and showcasing best practice equality policies, have a real impact on the lives of LGBT staff, boost work morale and create a work environment that people are proud to work in.</p> <p>Digital:</p> <p>The Welsh Government’s Strategic Equality Plan and Equality Objectives 2016–2020 (Welsh Government, 2016c) set eight objectives to identify and reduce the causes of employment, skills and pay inequalities related to gender, ethnicity, age and disability.</p> <p>The Department for International Development collates findings from recently published papers on digital development and gender inequality. A key finding related to the fact that women are</p>
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		<p>underrepresented in digital technology occupations across the sector in the UK, and this represents a potential loss of talent to a sector which is in growth and which has significant numbers of unfilled vacancies.</p> <p>However, with appropriate targeted intervention there exists a prime opportunity to respond to the needs of the digital technology sector by encouraging and supporting greater female participation at all parts of the talent pipeline from school to employment.</p> <p>Attraction & Recruitment: Recommend adding a point to the vision of ‘Creating opportunities, support, and specific and targeted campaigns to recruit and to address gender segregation’.</p> <p>The majority (87%) of social care staff working for regulated services in Wales are female. Just over one eighth of the workforce is male. Cardiff’s regulated services has the highest percentage of male staff at 31% while regulated services in Flintshire had the lowest at 0% .</p> <p>Education & Learning: Targeted mentoring, training, and support to address barriers to progression for a range of under-represented groups, including women, should be part of the vision, priorities, and actions within this theme.</p> <p>Learning and education opportunities must include removing barriers to progression and targeted mentoring and development programmes for women and are vital to addressing pay gaps.</p> <p>Practices must include values-based working, embedding equality and diversity, supporting employees with one or more protected characteristics, zero tolerance approaches to workplace bullying and discriminatory language, and ensuring a culture that values diversity and respects individuals.</p>
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Learning and education opportunities must include removing barriers to progression and targeted mentoring and development programmes for women are vital to addressing pay gaps and barriers to promotion.

According to the Equality and Human Rights Commission apprenticeships remain strongly gender segregated. In 2016/17, there were only 360 female apprentices on the construction and engineering programmes, compared with 8,330 male apprentices. In contrast, in healthcare and public services, there were 15,120 female and 2,825 male apprentices (Welsh Government 2018). The 2016 Apprenticeship Pay Survey also found that there were large differences in pay by apprenticeship framework in Wales, with the basic hourly pay rate for Level 2 and 3 apprentices being lowest in the female-dominated hairdressing framework.

Leadership:

It should be noted that EHRC in their consultation response under Leadership highlight that there are continued challenges to women's safety and career progression within the workplace as highlighted within their report *Is Wales Fairer?* (2018). EHRC continue by highlighting the cost of domestic abuse on UK businesses as being over £1.9 billion and that over 75% of victims are targeted at work.

Workforce Shape:

The workforce strategy consultation report recognised that workforce data is patchy in terms of quality and quantity across health and social care.

To date the workforce is configured in very traditional profession or job silos, and not in terms of shared competences or capabilities that has not sufficiently planned to secure a diverse workforce, able to meet the language and cultural needs of the population of Wales.

<p>Marriage or civil Partnership</p>			<p>It should be noted at this stage of the equality impact assessment that the below information will be used to inform the final strategy and influence implementation action plans.</p> <p>Valuing & Retaining Our Workforce: Flexible career opportunities and work-life balance must include ensuring that all staff at all levels feel able and supported to access these opportunities. These are vital to attracting and retaining parents.</p> <p>Seamless: Feedback from employees referenced in the consultation report emphasised the importance of effective governance across agencies and services, and not to understate the challenge faced in changing cultures and existing behaviours (e.g. parity of esteem) which can undermine the aim of seamless working.</p> <p>The Equality Act 2010 makes it unlawful to discriminate against or treat someone unfairly because they are married or in a civil partnership.</p> <p>It is important to ensure terms and conditions of employment, including contractual benefits, do not generally disadvantage or exclude people because they are married or a civil partner. Also, terms and conditions and benefits given to opposite-sex married employees and their spouses, same-</p>

			<p>sex married employees and their spouses, and civil partner employees and their partners should generally be the same.</p> <p>Attraction & Recruitment: Is Wales Fairer (2018) highlights that single people (62.5%) were more likely to be employed than married people (58.3%) or those formerly married (38.5%), and the employment rate of single people had risen by 4.9 percentage points since 2010/11.</p> <p>Education and Learning: As 'A Healthier Wales' recognises, there is a need to increase the effectiveness and relevance of education and learning if the health and social care sector is to actively help people working in health and social care to keep up with the changes taking place in services in the future. The data evidence relating to marriage and civil partnerships within the context of education and learning or educational inequality is not available. Less is known about the educational and learning experiences of certain at-risk groups in Wales such as LGBT Marriage & Civil Partnerships, carers, homeless people, refugees and those with different types of impairments.</p> <p>Workforce Shape: The workforce strategy consultation report recognised that workforce data is patchy in terms of quality and quantity across health and social care.</p> <p>To date the workforce is configured in very traditional profession or job silos, and not in terms of shared competences or capabilities that has not sufficiently planned to secure a diverse workforce, able to meet the language and cultural needs of the population of Wales.</p>
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<p>Pregnancy and maternity</p>		<p>It should be noted at this stage of the equality impact assessment that the below information will be used to inform the final strategy and influence implementation action plans.</p> <p>Valuing & Retaining Our Workforce: Flexible career opportunities and work-life balance must include ensuring that all staff at all levels feel able and supported to access these opportunities. These are vital to attracting and retaining parents.</p> <p>Is Wales Fairer? (2018) highlights that the majority of mothers have had a negative or possibly discriminatory experience during pregnancy or maternity leave, or on their return from maternity leave.</p> <p>Seamless: Feedback within the consultation report highlighted the need to break down workforce and practice barriers was recognised. There were many points made about parts of the workforce which are facing particular complexities and stress at the current time in relation to recruitment and retention.</p> <p>A survey conducted for the Is Wales Fairer? Report and the Department for Business, Innovation and Skills in 2016 found that 71% of mothers in Wales reported having had a negative or possibly discriminatory experience during pregnancy, maternity leave or on their return from maternity leave, although this was a lower proportion than for Britain overall (77%). Nearly half of mothers in Wales (48%) reported a negative impact on opportunity, status or job security as a result of their experiences.</p> <p>Digital:</p>
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		<p>There is a lack of up-to-date evidence on employers' experiences of, and attitudes towards, managing pregnancy and maternity. As a result, the Department for Business, Innovation and Skills (BIS) and the Equality and Human Rights Commission (EHRC) commissioned a programme of research to investigate the prevalence and nature of pregnancy discrimination and disadvantage in the workplace. The report the good practice guide on shared parental leave using KIT days that are suitable for situations where 'both parties feel it would be beneficial for the employee to attend a work-related activity, The survey found that the majority of employers do not encourage the use of KIT days during maternity, adoption or additional paternity leave.</p> <p>However, KIT days should be a core element of an employer's strategy to build an inclusive working environment for working parents and encourage their return to work. Therefore, it could help the organisation's proactive approach to digital skills development in encouraging the use of KIT days and their potential benefits to employees in keeping them informed of organisational developments, undertaking training and development.</p> <p>Attraction and recruitment: The Department for Business, Innovation and Skills (BIS) and the Equality and Human Rights Commission commissioned a programme of research & surveys to investigate the prevalence and nature of pregnancy discrimination and disadvantage in the workplace. The Equality Act 2010 legislation prohibits pregnancy and maternity discrimination. A key element of the research was to understand managers' attitudes around pregnancy and maternity discrimination.</p> <p>The research found that:</p> <ul style="list-style-type: none"> • Six in 10 employers (59%) agree that a woman should have to disclose whether she is pregnant during the recruitment process. • Almost half (46%) of employers agree it is reasonable to ask women if they have young children during the recruitment process.
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			<ul style="list-style-type: none"> • 44% of employers agree that women should work for an organisation for at least a year before deciding to have children. <p>Education and learning:</p> <p>The consultation summary report's responses strongly described the importance of ensuring that investment in education and learning will result in more effective care, support more flexible careers, and able to respond to changing needs and demands. In addition, widening access to learning provision was highlighted as an area to be developed and a number of options were put forward including the development of 'earn and learn' programmes, part time roles and remote/ distance learning</p> <p>The is Wales Fairer? Report found that 71% of mothers in Wales reported having had a negative or possibly discriminatory experience during pregnancy, maternity leave or on their return from maternity leave, although this was a lower proportion than for Britain overall (77%). Nearly half of mothers in Wales (48%) reported a negative impact on opportunity, status and equality in career development as a result of their experiences.</p> <p>7% of employers in Wales found it difficult to protect employees from being treated unfavourably because they were pregnant or on maternity leave (compared with only 1% of employers in England and less than 0.5% of those in Scotland). A higher proportion of establishments in Wales (10%) than in England (4%) or Scotland (3%) offered no flexible working practices that could both enhance retention but also offer more favourable opportunities for access to education and learning</p> <p>Leadership:</p>
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			<p>The EHRC have developed six recommendations to tackle pregnancy and maternity discrimination in their ‘Pregnancy and maternity discrimination in the workplace: Recommendations for change’ report. These are:</p> <ul style="list-style-type: none"> ○ Leadership for change ○ Improving employer practice ○ Improving access to information and advice ○ Improving health and safety management in the workplace ○ Improving access to justice ○ Monitoring progress <p>The EHRC have called on the Welsh Government and other employers in Wales to implement these six areas of action to address pregnancy and maternity discrimination in the workplace.</p> <p>Workforce shape: Many respondents from the consultation report suggested that this theme should focus more on the importance of seamless and integrated professions, skill mix and shared capacity across care pathways rather than being limited to existing jobs and roles.</p> <p>The Equality & Human Rights Commission (EHRC) state that male and female graduate entry into the workplace is relatively equal, and this equality is maintained at junior management positions, but suffers a significant decline in senior positions. Therefore, organisations investing in talented women, only to lose them before they reach senior management levels. One prevalent issue causing this talent gap is maternity leave discrimination, which causes up to 30,000 women to lose their jobs each year. According to the EHRC It is not just mothers who suffer from maternity leave discrimination; once women reach childbearing age they are perceived as a risk and a potentially costly choice for employers to promote as they may fall pregnant and take paid time off work.</p>
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			<p>The current system of parental leave is not flexible and does little to promote shared parenting in the first year of a child's life. It also perpetuates gender imbalance as it reinforces a culture where women do the majority of caring and are therefore the riskier choice for employers.</p> <p>Other concerns within the consultation report focussed on the significance of the scale of workforce analysis and planning challenge facing partners across sectors which are not fully recognised, and that there needs to be a more robust emphasis on ensuring that sufficient resources are put in to both introducing systems and practices in some parts of the sector and transforming the current systems and practices in others.</p>
<p>Race</p> <p>Race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers.</p>			<p>It should be noted at this stage of the equality impact assessment that the below information will be used to inform the final strategy and influence implementation action plans.</p> <p>Valuing & Retaining Our Workforce: Learning and education opportunities must include removing barriers to progression and targeted mentoring and development programmes for BME people and are vital to addressing pay gaps and barriers to promotion.</p> <p>Concerns about accessing occupational health include fears of being reassigned to a role staff do not wish to do; colleagues not understanding reasonable adjustments; stigma relating to mental ill health; and fears around fitness to practice. These are heightened for BME people.</p> <p>In the UK today, one in 10 employed people are BAME, yet only one in 16 of top management positions and 1 in 13 management positions are held by BAME people. By 2051, the report states</p>

		<p>that one in five people in the UK will be from an ethnic minority background, representing a scale of consumer spending and political voting power that business and government alike cannot afford to ignore (<i>Race at the Top: a review of BAME leadership in the UK 2015</i>)</p> <p>GMC reports into Differential Attainment: evaluating the impact of interventions aimed at addressing variation in progression associated with protected characteristics known as ‘Differential Attainment’ Final Report - Submitted 13th August 2018. Differential attainment refers to ‘systematic differences in outcomes when grouping cohorts by protected characteristics and socio-economic background’, according to the GMC. The biggest gaps in attainment during medical training are linked to race – with both UK BME and international medical graduates affected.</p> <p>One in ten black, Asian and minority ethnic LGBT staff (10 per cent) have similarly been physically attacked because of their sexual orientation and/or gender identity, compared to three per cent of white LGBT staff. One in eight black, Asian and minority ethnic LGBT employees (12 per cent) have lost a job in the last year because of being LGBT, compared to four per cent of white LGBT staff. (<i>LGBT in Britain – Work report Stonewall 2018</i>)</p> <p>Pay gaps between individuals of different ethnic backgrounds have been highlighted in <i>Is Wales Fairer?</i> (2018) for example in 2016/17, Indian people (£14.43) had higher median hourly earnings than White British people (£10.60), their earnings having risen since 2010/11. Black people (£8.71) had lower median hourly earnings than White British people.</p> <p>EHRC highlight the financial benefits to organisations in addressing the ethnicity pay gap stating that by ‘improving the employment rate and workplace progression for people from ethnic minorities could contribute £24 billion per year’. However, EHRC also highlight in their response to the BEIS ethnicity pay gap consultation in January 2019 that pay gap data alone will not be</p>
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		<p>enough to drive reductions. EHRC argue that more nuanced analysis and understanding of the impact of pay gaps transparency is needed to show its effectiveness in reducing inequalities. With the aim of measuring pay gaps not just to assess their size, but to understand their causes and identify potential solutions to addressing them.</p> <p>Exemplar employment practices must include values-based working, embedding equality and diversity, supporting employees with one or more protected characteristics, zero tolerance approaches to workplace bullying and discriminatory language, and ensuring a culture that values diversity and respects individuals.</p> <p>Seamless: Feedback from participants within the consultation report focussed on the need to emphasise the importance of effective governance across agencies and services, and not to understate the challenge faced in changing cultures and existing behaviours which can undermine the aim of seamless working.</p> <p>The McGregor Smith Review revealed that BME individuals in the UK are both less likely to participate in and then less likely to progress through the workplace, when compared with White individuals. Barriers exist, from entry through to board level, that prevent these individuals from reaching their full potential.</p> <p>This is not only unjust for them, but the 'lost' productivity and potential represents a huge missed opportunity for businesses and impacts the economy as a whole. In 2015, 1 in 8 of the working age population were from a BME background, yet BME individuals make up only 10% of the workforce and hold only 6% of top management positions.</p> <p>Digital:</p>
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		<p>The Welsh Government’s research report ‘Delivering Economic Transformation for a Better Future of Work’ (September 2019). the key challenges and opportunities for Wales and call for a national conversation to consider what digital innovation means for the people and communities of Wales, not just the high-tech innovative businesses of the future. This review has identified a wide range of policy recommendations to support the delivery of Wales 4.0. These are presented under seven inter-related work streams aimed at offering strategic choices for immediate action. A key challenge is reducing the gaps in digital skills based on age, gender and social/ethnic background as well as between Wales and other parts of the UK.</p> <p>The range of responses in this theme from the consultation report noted that it is very important to ensure that the workforce strategy makes commitments about the technological capability of the ‘whole’ workforce – and not to suggest that technology can replace what is special about the human factor in health and social care.</p> <p>Attraction & Recruitment: It is important in terms of increasing recruitment of BME people that creating and implementing values-based recruitment, support, and development must be specifically mentioned in the vision.</p> <p>Is Wales Fairer (2018) shows that Indian (76.9%), Pakistani (74.4%) and White people excluding White British and White Irish people (71.8%) all had higher employment rates in 2016/17 than the White British rate (55.9%). The relatively small Chinese population had the lowest employment rate (24.6%).</p> <p>Within the Social Care field unpublished research has highlighted the lack of apprentices from the black and ethnic minority communities ranging from 8% in 2013-14 falling to 2.9% in 2016-17 and recovering to 3.6% in 17-18. With the exception of registration figures these are the only robust ethnic figures we have for the sector. Over the past 5 years we have seen a fall of almost 50% in the numbers of people from black or minority ethnic backgrounds completing apprenticeships.</p>
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EHRC highlight in their consultation response that the most significant workplace barriers that ethnic minorities face relate to recruitment, promotion and the ability to stay within the workforce. Therefore, clear direction within the strategy as to how these barriers will be overcome is critical.

People from a BME background continue to be underrepresented in some parts of the social care workforce. 95.5% of Residential Child Care Workers on the Social Care Register identify as coming from a white background – this is a similar picture for all registered groups from the 2019 profiles with the exception of social workers, where we have 88% of social workers identifying as white.

Education & Learning:

Targeted mentoring, training, and support to address barriers to progression for a range of under-represented groups, including BME people, should be part of the vision, priorities, and actions within this theme.

Within the social care field unpublished research has highlighted the lack of apprentices from the black and ethnic minority communities ranging from 8% in 2013-14 falling to 2.9% in 2016-17 and recovering to 3.6% in 17-18. With the exception of registration figures these are the only robust ethnic figures we have for the sector. Over the past 5 years we have seen a fall of almost 50% in the numbers of people from black or minority ethnic backgrounds completing apprenticeships. This is backed up by evidence from Is Wales Fairer which highlights that the great majority of people on apprenticeship programmes in 2016/17 (97.3%) self-identified as White. Only 485 people (1.1%) identified as Indian, 330 (0.7%) as of Mixed ethnicity and 260 (0.6%) as Black.

Leadership:

		<p> CIPD's Addressing the Barriers to BAME Employee Career Progression to the Top (2017) found BAME employees are more likely than white British employees to say their career progression to date has failed to meet their expectations. They are also more likely than those from a white British background to say experiencing discrimination is a problem. Indian/Pakistani/Bangladeshi employees are significantly more likely than white British employees to say a lack of role models and 'people like me' is a progression barrier. Significantly more BAME employees overall than white British say their career to date has failed to meet their expectations (40% versus 31%), in particular those from black (44%) or mixed-race (42%) backgrounds. Seventeen per cent of respondents from Chinese or other Asian backgrounds say they don't have any career expectations, significantly higher than all other ethnic groups. </p> <p> The top three cited work-related factors that BAME employees overall feel have prevented them from achieving their career progression expectations are </p> <ol style="list-style-type: none"> 1. Their skills and talent have been overlooked 2. Negative office politics 3. A lack of effective training and development programmes at work <p> Include in here Race at Work Scorecard </p> <p> Race at Work 2018, The McGregor-Smith Review one year on, reported the key findings: </p> <ul style="list-style-type: none"> • Progression remains important to BAME employees with 70% saying that career progression is important to them, compared to only 42% of White British employees. However, over half of BAME employees (52%), believe that they will have to leave their current organisation to progress in their career, in contrast with 38% of White British employees who believe this.
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- In 2015, 48% of BAME managers had a performance objective to promote equality and diversity, compared to only 32% of white managers with a performance objective to promote equality and diversity. Worryingly the proportion of managers who report that they have a performance objective to promote equality at work has fallen from 41% in 2015 to 32% in 2018 –this figure has fallen almost equally for those from a White British (26% down from 32%) and BAME background (38% down from 48%).

Workforce Shape:

The Welsh Government’s annual report on Equality (2018) recognises the impact Austerity and Welfare Reform has had on the Public sector bodies in Wales whom are finding it increasingly difficult to deliver during a time of decreasing funding allocations and capacity.

Gathering and analysing data specifically in respect of Race & equality remains a challenge for all local authorities across Wales. Services have many demands to report information on their services to regulatory bodies. If these regulatory bodies do not include monitoring, analysing and reporting on protected characteristics, it may be given less priority in the context of competing demands.

Health Boards reported that they still have some work to do to improve the collection and reporting of equality data about the people who use health services.

<p>Religion or Belief</p> <p>Religion includes any religion as well as lack of religion. Belief means any religious or philosophical belief.</p>		<p>It should be noted at this stage of the equality impact assessment that the below information will be used to inform the final strategy and influence implementation action plans.</p> <p>Valuing & Retaining Our Workforce: Learning and education opportunities must include removing barriers to progression and targeted mentoring and development programmes for different religions and faiths are vital to addressing pay gaps and barriers to promotion.</p> <p>Is Wales Fairer? (2015) highlighted the low employment rates of Muslims in Wales – they are least likely to be working of all faith groups. This is despite the proportion of Muslim adults with a degree being slightly above the Welsh average.</p> <p>Miller and Ewest (2014) Faith-friendly organisations go beyond minimum legal requirements and seek to attract, welcome, support and retain people of all faiths.</p> <p>Workforce implementation plans have the opportunity to pull on best practice in creating a faith-friendly organisation by: developing and promoting a workplace policy for religion and belief that embraces all beliefs and promotes a culture of respect; having an all-faith staff network that provides a forum for peer support and celebrates diversity; implementing all-staff training on different religions and beliefs to help create a culture change and explore stereotypes and assumptions about different faiths; exploring how employees can maintain their faith in the workplace and promoting different religious events to encourage the integration of faith and work for all religions and beliefs. - recommendations section.</p> <p>Seamless:</p>
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		<p>The Is Wales Fairer? Research report (2018) concludes that there is also a lack of data on religion or belief, so our ability to evidence progress on religion and and/or beliefs equality as part of the workforce working together to deliver seamless, person centred care, in line with the 'A Healthier Wales' principles of prudent health and social care.</p> <p>This means that the true scale of adverse outcomes or under-representation across many aspects of working life are limited for different religions and/or beliefs. There is limited evidence available to examine how Welsh Government policies have affected particular groups, as very few robust evaluations of policies have been carried out in the period under review. For example, there is a lack of disaggregated data across all areas of health, which means we do not truly know the religion and beliefs, and the potential barriers in the health & social care workforce for specific protected characteristics. Combined with inconsistent monitoring, this makes it difficult to assess the true level of equality in this area</p> <p>Attraction & Recruitment: It is important in terms of increasing recruitment of people of different faiths that creating and implementing values-based recruitment, support, and development must be specifically mentioned in the vision.</p> <p>Is Wales Fairer (2018) identifies that people of no religion (65.4%) had a higher employment rate in 2016/17 than either Christians (50.0%) or Muslims (48.3%), and the rate for the no religion group had risen by 4.4 percentage points since 2010/11</p> <p>Leadership:</p>
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		<p>The greatest benefits for an employer will be experienced when diversity is completely embedded and is 'business as usual'. This means more than simply reaching set targets and changing the processes. It means that everyone in an organisation sees diverse teams as the norm and celebrates the benefits that a truly inclusive workforce can deliver. The NHS Workforce Race Equality Standard (WRES) were introduced in 2015 and provide us with an overview of the experiences of the BAME staff who make up 19 per cent of the workforce. White and BAME staff have very different and unequal experiences of the NHS as a workplace.</p> <p>The recently published Interim NHS People Plan states the NHS must recognise its 'shortcomings' in inclusion and religious diversity. The plan sets out an action to support boards to set targets for BAME representation across their workforce (including at senior levels) which goes some way to making the NHS more reflective of its patient populations, religions and beliefs. The bigger challenge is to acknowledge, address and change the behaviours that result in so many BAME people feeling marginalised and excluded especially from obtaining leadership roles.</p> <p>The workforce consultation report noted that the leadership theme is not clear enough about the importance of fairness, equality and promoting diversity, or the importance of Welsh language. Other comments asked for clarification about what compassionate leadership means in practice.</p> <p>Workforce Shape: The Welsh Government's annual report on Equality (2018) recognises the impact Austerity and Welfare Reform has had on the Public sector bodies in Wales whom are finding it increasingly difficult to deliver during a time of decreasing funding allocations and capacity.</p> <p>Gathering and analysing data specifically in respect of Religion & beliefs remains a challenge for all local authorities across Wales. Services have many demands to report information on their services to regulatory bodies. If these regulatory bodies do not include monitoring, analysing and</p>
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			<p>reporting on protected characteristics, it may be given less priority in the context of competing demands.</p>
<p>Sexual Orientation</p> <p>A person's orientation towards people of the same sex, the opposite sex or more than one gender.</p>			<p>It should be noted at this stage of the equality impact assessment that the below information will be used to inform the final strategy and influence implementation action plans.</p> <p>Valuing & Retaining Our Workforce: Flexible career opportunities and work-life balance must include ensuring that all staff at all levels feel able and supported to access these opportunities. These are vital to attracting and retaining parents.</p> <p>Concerns about accessing occupational health include fears of being reassigned to a role staff do not wish to do; colleagues not understanding reasonable adjustments; stigma relating to mental ill health; and fears around fitness to practice. These are heightened for LGBT people as evidenced in Stonewalls report LGBT Britain work report with key findings:</p> <ul style="list-style-type: none"> • Almost one in five LGBT staff (18 per cent) have been the target of negative comments or conduct from work colleagues in the last year because they're LGBT. • One in ten black, Asian and minority ethnic LGBT staff (10 per cent) have similarly been physically attacked because of their sexual orientation and/or gender identity, compared to three per cent of white LGBT staff. • Almost one in five LGBT people (18 per cent) who were looking for work said they were discriminated against because of their sexual orientation and/or gender identity while trying to get a job in the last year.

		<ul style="list-style-type: none"> • One in eight black, Asian and minority ethnic LGBT employees (12 per cent) have lost a job in the last year because of being LGBT, compared to four per cent of white LGBT staff. • Almost two in five bi people (38 per cent) aren't out to anyone at work about their sexual orientation. • More than a third of LGBT staff (35 per cent) have hidden or disguised that they are LGBT at work in the last year because they were afraid of discrimination. • One in eight lesbian, gay and bi people (12 per cent) wouldn't feel confident reporting any homophobic or biphobia bullying to their employer. One in five trans people (21 per cent) wouldn't report transphobic bullying in the workplace. <p>https://www.stonewall.org.uk/lgbt-britain-work-report</p> <p>Seamless: Feedback from employees referenced in the consultation report emphasised the importance of effective governance across agencies and services, and not to understate the challenge faced in changing cultures and existing behaviours (e.g. parity of esteem) which can undermine the aim of seamless working.</p> <p>It is important to ensure terms and conditions of employment, including contractual benefits, do not generally disadvantage or exclude people because their sexual orientation. Also, terms and conditions and benefits given to opposite-sex married employees and their spouses, same-sex married employees and their spouses, and civil partner employees and their partners should generally be the same.</p> <p>Digital: The Department for International Development collates findings from recently published papers on digital development and gender inequality. A key finding related to the fact that digitalisation will lead to increased polarisation and widening income inequalities, (e.g. gender, income and rural-</p>
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		<p>urban divisions) (UNCTAD, 2017, p.1). This mixed picture suggests that digital development is not necessarily disrupting development pathways, but is also a continuation of traditional development challenges and divides.</p> <p>Attraction & Recruitment:</p> <p>The Employment Equality (Sexual Orientation) Regulations 2003 make it unlawful to treat someone less favourably due to their sexual orientation, their perceived sexual orientation, or the sexual orientation of those they associate with. The law covers direct and indirect discrimination as well as harassment and victimisation. It covers employment and vocational training. To avoid inadvertent discrimination, ACAS recommend that employers start by taking a closer look at different areas of work e.g. how employees are recruited, employment rules and contracts, workplace promotions, training, and dismissal procedures.</p> <p>The consultation feedback report highlighted the need to address out dated approaches to selecting people that are predominantly based on qualifications and experience, to an approach that needs to attract people to the sector who hold the right values and who have potential to make a difference to the lives of individuals who require health and social care.</p> <p>According to ACAS One in five (19 per cent) lesbian, gay and bisexual employees have experienced verbal bullying from colleagues, customers or service users because of their sexual orientation in the last five years. One in eight (13 per cent) lesbian, gay and bisexual employees would not feel confident reporting homophobic harassment in their workplace.</p> <p>Education and learning:</p>
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		<p>Targeted mentoring, training, and support to address barriers to progression for a range of under-represented groups, including a person's orientation towards people of the same sex, the opposite sex or more than one gender. should be part of the vision, priorities, and actions within this theme.</p> <p>Learning and education opportunities must include removing barriers to progression and targeted mentoring and development programmes on an equal basis for all employees are vital to addressing pay gaps.</p> <p>Practices must include values-based working, embedding equality and diversity, supporting employees with one or more protected characteristics, zero tolerance approaches to workplace bullying and discriminatory language, and ensuring a culture that values diversity and respects individuals.</p> <p>Leadership: Stonewall research has clearly found that many lesbian, gay and bisexual people report that they have experienced or fear discrimination because of their sexual orientation. They say this creates a barrier from performing to the best of their ability and reaching their full potential. Lesbian, gay and bisexual people working in the NHS & social care want the same as other staff – to work in a safe environment where they can perform to the best of their ability and be valued for their hard work. But the fear of discrimination felt by many gay employees means that extra work is needed by their employers to help them feel safe and able to perform. Stonewall advocate that improving the career aspirations are very simple and cost effective – from having a senior leadership commitment to sexual orientation equality to setting up a staff network group to share information and support.</p> <p>Workforce Shape:</p>
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			<p>According to Stonewall frontline staff who understand the particular needs of lesbian, gay and bisexual customers and service users are better equipped to deliver services appropriately. Organisations that provide in-depth sexual orientation equality training to client-facing staff increase staff confidence in working with lesbian, gay and bisexual customers and service users and ultimately improve customer satisfaction.</p> <p>Monitoring sexual orientation enables employers to find out how many lesbian, gay and bisexual people work for them and how their experiences at work compare to that of their colleagues. Monitoring data can be used to identify levels of job satisfaction amongst lesbian, gay and bisexual staff, or whether there are barriers to reaching the most senior positions in the organisation. It also helps organisations better understand their clients and service users, helping them tailor their products and services to customers' needs.</p> <p>The consultation report noted there were concerns that the significance of the workforce analysis and planning challenge facing partners across sectors was not fully recognised, and that the theme needs to signal a more robust emphasis on ensuring that sufficient resources are put in to both introducing systems and practices in some parts of the sector and transforming the current systems and practices in others.</p>
<p>Carers</p> <p>A carer is anyone, including children and adults who looks after a family member, partner</p>			<p>It should be noted at this stage of the equality impact assessment that the below information will be used to inform the final strategy and influence implementation action plans.</p> <p>Valuing & Retaining Our Workforce: Flexible career opportunities and work-life balance must include ensuring that all staff at all levels feel able and supported to access these opportunities. These are vital to attracting and retaining carers.</p>

<p>or friend who needs help because of health condition, physical, sensory, cognitive, learning, or mental health impairment and cannot cope without their support. The care they give is unpaid.</p>			<p>Seamless Working: Age Cymru’s consultation feedback supported 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.</p> <p>Digital: As well as developing the health and social care workforce digital literacy skills, Carers Policy Individual fed back that it will also be essential to educate and equip unpaid carers and volunteers to manage technology. Technology can help carers to help manage, arrange and co-ordinate care and it also helps them to have a life outside caring and look after their own health and well-being.</p> <p>The Fostering Network states in their feedback there is a need to improve the digital competency of foster carers for training and service improvements purposes as well as to ensure foster carers are aware of digital safety. Digital safety is vital for foster carers in the care of fostered children and young people.</p> <p>Attraction & Recruitment: Carers Policy Individual’s consultation feed back states that emphasis on carer friendly policies in health and social care would help recruitment and retention of staff and could also bring about an improvement in worker’s health and well-being and absence levels within the sectors. Carers UK’s research shows that women aged 45-54 are more than twice as likely to have reduced working hours due to unpaid caring responsibilities. Being an exemplar employer and having carer positive</p>
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policies could help retain and recruit more staff into the sector. Health and Social Care services need to become exemplar employers and develop carer friendly policies and practices to help enable unpaid carers in the workforce to balance their caring and work responsibilities.

Education & Learning:

There are at least 370,000 carers in Wales. At 12 per cent, Wales has the highest proportion of carers in the UK, many of whom provide more than 50 hours of care a week. Census records tell us that there are over 30,000 carers under the age of 25 in Wales, 7,500 of whom are under the age of 16.

Social Care Wales Preventative support for adult carers in Wales: rapid review (2018) report describes the challenges that carers can face multiple demands none more so than those who combine their caring responsibilities with paid employment. Many carers give up work when they feel they can no longer juggle work and caring, with others reducing their hours or changing to more flexible types of employment to accommodate a better work-life balance. Those who have spent years caring face significant challenges in returning to paid employment when their caring role ends.

The report advocates that training, which offers accreditation or skills transfer recognition, can also help carers seeking employment or volunteering opportunities – employability skills, numeracy, literacy, job applications, interviewing and back to work support.

Opportunities to take on a carer representative role and contribute to service development and evaluation of services are valuable in both confidence building and evidence of transferable skills. training that provides carers with a good understanding of how to work with different people and respond to specific needs arising from specific conditions, such as dementia, multiple sclerosis, mental health diagnoses.

			<p>The consultation report placed a strong emphasis on the importance of ensuring that investment in education and learning will result in more effective care, support more flexible careers, and able to respond to changing needs and demands including more active support for carers and working carers.</p> <p>Leadership: Carers UK's Missing Out report noted that in Wales 55 per cent of carers took more than a year to recognise their caring role, while 24 per cent took more than five years to identify as a carer (Carers UK, 2016). Early intervention, identifying carers before they reach crisis point, is crucial, as is identifying priorities and outcomes for carers on an individual basis once they have come forward to provide the right level and type of support.</p> <p>Issues of identification are compounded by those of accessibility. Crossroads Care (Carers Trust) has highlighted the specific needs of carers living in remote or rural communities in Wales where social isolation, poverty, deprivation, lack of transport and long distances to travel to access health and care services mean that rural carers face additional challenges in accessing services.</p> <p>In its strategic plan for 2017 to 2022, Social Care Wales acknowledges that more can be done by leaders and managers to support unpaid carers and families. provision and delivery of initiatives through new partnerships and joint working, including social enterprises, co-operatives and small community organisations using new ways to deliver existing services and making them more accessible, for example, through information or assistive technologies or the creation of new whole system models.</p> <p>Participant feedback in the consultation report relates to concerns that the theme did not recognise all of the activities taking place elsewhere in the public and private sectors on leadership in Wales and the need to link carefully with them. It will be important that any commitments to leadership</p>
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			<p>development in the strategy build on existing leadership programmes across health and social care that are proving to be effective in supporting carers.</p> <p>Workforce Shape: Volunteers and carers should not be used to replace staff and the strategy is an opportunity to ensure that they receive training, support, and development to fulfil their role as volunteers or carers.</p> <p>A preventative focus on early identification with a view to minimising risk of carer hardship and crisis, the embedding of identification systems across integrated models of primary care, public health and the voluntary sector, and the utilisation of community-based initiatives such as asset-based community development (ABCD) and local area co- ordination (LAC).</p>
<p>Welsh Language - In Wales, the Welsh and English languages will be treated on a basis of equality</p> <p>So; Any new policy must include a comprehensive impact assessment on the Welsh language.</p> <p>Wherever possible, any new policy ought to have at worst a neutral effect on the Welsh language.</p> <p>Opportunities to create more favourable conditions for the Welsh language to flourish ought to be sought when creating policies.</p> <p>Any new policies should be discussed with the Welsh Language Services Manager with regards to positive and negative impacts on the Welsh language</p>			
Welsh Language	Impact		

<p>Opportunities for persons to use the Welsh Language.</p> <p>Treating the Welsh language no less favourably than the English language.</p>	<p>P O S I T I V E</p>	<p>N E G A T I V E</p>	<p>It should be noted at this stage of the equality impact assessment that the below information will be used to inform the final strategy and influence implementation action plans.</p> <p>Valuing & Retaining Our Workforce: Objective 5 of the More Than Just Words Action plan 2019/20 focuses on ‘Creating favourable conditions infrastructure and context so that people are assured that health and social care inspectorates are reviewing and reporting on their experiences of services. The evaluation work to assess progress and impact of More than just words will include the gathering and views of service providers and service users.</p> <p>More Than Just Words recognises that the ability to speak Welsh is a skill to be valued and utilised in a positive manner in the workplace and must be seen as a professional skill. In the care sector it is a communication skill that is essential for some jobs and desirable for others. In many instances, as referenced in the More than Just Words strategy, it’s a vital skill for working with individuals and families.</p> <p>Feedback from responders within the consolation report stated that terms, conditions and the esteem in which people are held varies greatly for people working in different parts of health and social care without any sensible rationale. Workplaces are seen to not be fair enough and people are not supported well enough.</p> <p>Seamless Working: The More than Just Words Strategic Framework for Welsh Language Services in Health, Social Services and Social Care presents a current challenge in that there is lack of capacity within the</p>
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		<p>workforce and differing levels of understanding among staff regarding the Welsh language as a component of care. There is also inadequate use of the hidden Welsh language skills among the workforce with some good practice, but more often than not it is the result of the commitment of individuals, not a planned element of service provision and seamless working that spreads good practice in a systematic way and to mainstream into all aspects of service planning and delivery.</p> <p>Responders within the consultation report felt that rates of pay between people doing similar jobs in different sectors vary, which people perceive as being unfair. It also makes retaining people difficult in some areas and undermines integrated working in seamless services.</p> <p>Real barriers have also developed over the years between professions and organisations which makes seamless working difficult at times. These include some national policies as well as some professional practices, sharing arrangements and budget responsibilities, however challenges relating to the Welsh Language were not cited as a barrier.</p> <p>Digital: Objective 7 of The More Than Just Words action plan 2019 – 2020 states that ‘people are assured that the Welsh language is mainstreamed into health and social care technology/terminology systems’</p> <p>This action requires that future creation of on-line digital platforms and systems in health, social services and social care services consider Welsh language considerations from the outset. Wherever possible improvements of Welsh language capacity of current systems to be undertaken, especially those capturing workforce skills information, language preference, when an ‘Active Offer’ is made and share information across both health and social care.</p>
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In addition, further ongoing support is required in the development of further dictionary resources, a high standard terminological corpus to support learners and fluent Welsh speakers in health, social services and social care.

Attraction & Recruitment:

The Social Care Wales strategic plan (2017) makes a commitment to support the sustainability of the workforce by developing and implementing a recruitment, retention and careers framework and producing resources to support employers and the workforce.

The literature recognises the significant challenges in this area which will need to be factored into securing the staff in the right places across health and social care which recognise that the Welsh language is not fully integrated into these practices on a consistent basis nationally and needs to be developed to provide services for people who speak Welsh and to ensure the needs of service users and staff who speak Welsh are met.

A number of specific areas were proposed for priority in the consultation report including Welsh language, staffing shortages in the independent care sector, registered nursing, volunteers and under-represented population groups in the workforce – others suggested that targeted recruitment should not be needed if wider branding and recruitment activities were sufficiently ambitious.

Attraction & Recruitment:

The Welsh Language Commissioner highlights the following actions:

		<ul style="list-style-type: none"> • Develop targeted campaigns to attract Welsh speakers to health and care professions, particularly in sectors where there is a shortage of workers and where there is priority, e.g. children, older people and people with mental health problems (see priorities more than just words in this regard). This includes ensuring that the importance of Welsh language skills in providing care is an integral part of campaigns targeted at primary and secondary pupils, college and university students and the existing workforce. • To ensure that Welsh language knowledge and linguistic awareness are part of national and international recruitment campaigns. People across the world are used to working in multilingual countries and contexts, so Wales is not unique in this regard. There are examples of international workers in the sector learning Welsh because they see it as a clinical need. Welsh language and multilingualism must be used in a positive way to attract workers to Wales. <p>The 'Doctors of Tomorrow' scheme was set up with the aim of increasing the number of Welsh speaking students applying successfully for places on medical courses in Wales. The model has proved successful with the first year pilot resulting in the largest number of Welsh speaking students ever admitted to the School of Medicine at Cardiff University. Coleg Cymraeg Cenedlaethol suggests that this work could be further expanded as an integral part of the work of HEIW and Social Care Wales in developing the profile of careers in Health and Care in our schools and FE Colleges.</p> <p>Education & Learning: Health Education Improvement Wales will be ensuring the delivery of improvements in CPD opportunities for Doctors and Pharmacists following a review completed in 2016 and will be responding to bodies such as Public Health Wales which set out its priorities to develop the skills,</p>
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		<p>knowledge and experience of the health sector within its strategic plan (2017) . These include developing resources to implement the Welsh Language Standards Regulations 2018.</p> <p>In addition, The Well-being of Future Generations (Wales) Act 2015 sets out an ambition for a prosperous, resilient, sustainable, healthier, more equal Wales with cohesive communities, a vibrant culture and thriving Welsh language. The development of new models of care and support and supporting and developing a workforce with the right skills, knowledge, experiences and qualifications and who are deployed in response to identified areas of need will be essential in contributing to the achievement of these ambitions.</p> <p>Objective 4 of the More Than Just Words action plan 2019 – 2020 relates to ensuring the increase in the use of the Welsh language across health and social care workplaces, this includes, but is not limited to:</p> <ul style="list-style-type: none"> • further promoting best practice, including use of tutors to develop the Welsh language skills of staff and promotion of relevant resources and provision including relevant Work Welsh programmes. • Providing ongoing support to staff to deliver services in Welsh, focusing in particular on encouraging and empowering Welsh speakers to use and develop their Welsh language skills. <p>Responses in the consultation report suggested that there should be a stronger emphasis on the skills of all the workforce to work in a co-productive partnership with service users and patients including through the medium of Welsh.</p> <p>Leadership:</p>
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		<p>Feedback from participants cited in the consultation report noted that the leadership theme is not clear enough about the importance of fairness, equality and promoting diversity, or the importance of Welsh language.</p> <p>Objective 6 of The More Than Just Words action plan 2019 – 2020 states that ‘people are assured of the commitment of those in leadership roles across health and social care on providing and developing Welsh language services according to choice and need’. Senior leaders are required to demonstrate commitment to progress in Welsh language services including ensuring they have Welsh language officers and resources in place to deliver and support the work within their own organisations.</p> <p>In addition, leaders are required to further support the development of the regional More than just words forums across Wales which draw together representatives from a number of health and care organisations in order to promote joint working, share best practice and support progress on a regional level</p> <p>Workforce Shape: In Wales, 11% of staff in commissioned care providers could communicate effectively through the medium of Welsh. Regionally, 2% of staff employed by care providers commissioned in the South East could communicate effectively through the medium of Welsh compared to 4% in Western Bay, 19% in Mid and West and 22% in North Wales. 39.5% of Residential Child Care workers identify as being able speak some or fluent Welsh.</p> <p>The joint report from the Welsh Language Commissioner and Alzheimer’s Society recognises that a lack of care in the Welsh language for those who require it constitutes poor care which may have a harmful effect on people. The ability of providers to offer care in Welsh to people with dementia should constitute good practice and be a measure of the quality and safety of services.</p>
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		<p>Workforce Shape:</p> <p>The ‘Parliamentary Review of Health and Social Care in Wales’ recognises that Wales recommended that the vision for health and social care should aim to deliver against four mutually supportive goals called ‘The Quadruple Aim’:</p> <ul style="list-style-type: none"> • Improve population health and wellbeing through a focus on prevention. • Improve the experience and quality of care for individuals and families. • Enrich the wellbeing, capability and engagement of the health and social care workforce. • Increase the value achieved from funding of health and care through improvement, innovation, use of best practice, and eliminating waste. <p>Within the review there are number of recommendations made to support the delivery of the quadruple aim relating to the future model of service delivery and the workforce.</p> <p>New models of care must have a particular focus on Welsh language provision, building on the standards of Mwy na Geiriau (More than Just Words) so that more people can communicate in their language of choice.</p> <p>Feedback from responders within the consolation report proposed a number of priority areas as immediate priorities for integrated national and regional workforce analysis and planning, including domiciliary care, nursing, medicine and social work. These priorities are referenced as actions in the workforce strategy but the importance of the Welsh language as a critical factor in developing new service models needs to be clearly articulated further.</p> <p>The key recommendations that have the potential to impact on the future configuration of the workforce in delivering new innovative service models need to adhere to the importance of the</p>
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			<p>Welsh language in care that is factored into workforce planning with a focus on professions that use language-based tests and therapies such as speech therapists, school nurses, psychologists and clinical staff likely to be in contact with children, older people, people suffering from dementia and those with mental health problems.</p>
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5. Please describe and provide evidence of potential impacts on different socioeconomic groups

The workforce strategy arguably has far reaching implications for the citizens of Wales and as such the potential socio-economic impacts on different groups are also far reaching. Findings from The National Survey for Wales 2017-18 Poverty and Deprivation, are pertinent to all themes across the strategy as highlighted below along with a full list of significant factors linked with being in material deprivation:

- 16% of adults in Wales are materially deprived
- 39% of parents with three or more children are materially deprived.
- 49% of single parents are materially deprived.
- 4% of adults had gone at least one day without a substantial meal during the last fortnight, and 2% cannot afford to eat meat (or equivalent) at least every other day.
- People who provide care for family members or friends are more likely to be materially deprived.
- 37% of people in material deprivation are lonely compared with 12% of those who are not deprived.
- Material deprivation is less common in older people. 7% of pensioners are materially deprived

List of significant factors linked with being in material deprivation:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Age between 25 and 44 • Being female • Being separated or divorced • Being in poor general health • Having low-level or no qualifications • Being unemployed • No-one working in household • Children in the household • Living in social housing | <ul style="list-style-type: none"> • Feeling anxious • Having low life satisfaction • Being dissatisfied with accommodation • Living in rural areas • Living in the 20% most deprived areas of Wales • Living in a particular authority: for example, Wrexham or Conwy rather than Isle of Anglesey or Newport • Disagreeing that local people are asked before their local authority sets its budget |
|---|--|

- Not having use of the internet
- Not having use of a car
- Being a carer
- Feeling lonely
- Not participating in sporting activity 3 or more times a week
- Not attending arts events three or more times a year

The below information is gathered from research and direct engagement with citizens and will follow the themes of the strategy.

Valuing & Retaining Our Workforce:

Factors which need to be taken into account, as highlighted with EHRC consultation response, when trying to address socio-economic factors in Wales is the types of contracts individuals are on if we are going to address socio-economic impacts on individuals - 'Is Wales Fairer?' (2018) reports, highlight Welsh Government commitment to limiting the use of zero-hour contracts as one element of a broader approach to ensure a fair society for all. It has introduced a code of practice for ethical employment in supply chains in Wales, which commits all organisations that sign up to it, to ensuring that zero-hour contracts are not used unfairly in their own organisations and supply chains. The guide to tackling unfair employment practices and false self-employment that sits alongside the code gives more detail on how to make zero-hour contracts fairer and of benefit to individuals and employers. All organisations in receipt of public funding in Wales, either directly or through grants or as part of a supply chain, are expected to sign up to the code of practice, which also includes measures for tackling slavery and other unethical practices. The use of zero-hour contracts should be used appropriately and not erode the rights of workers to just and favourable conditions of work.

Citizens Advice has estimated the number of households that are likely to be claiming Universal Credit (UC) by 2022, by analysing DWP projections and benefit take-up rates. Its analysis, which it has shared with the Research Service, shows that more than 400,000 households in Wales are likely to be on UC by 2022. The Welsh Government's analysis of the 'Impact of the UK Government's Welfare Reforms on Households in Wales' (2019) states that in October 2018 62,380 people in Wales were in the process of claiming Universal credit. The report's findings include:

- Around a third of working-age households will be entitled to some UC (Universal Credit). Of those, around a third (2.4 million) will be at least £1,000 a year worse off under UC than under the legacy system.
- Of the total number of people on UC in Wales in October 2018, the largest proportions were in Cardiff (15 per cent), Swansea (14 per cent), Newport (10 per cent), Flintshire (9 per cent), Neath Port Talbot (9 per cent), and Wrexham (8 per cent).
- “Community Housing Cymru, the membership body for housing associations in Wales, has reported that housing association tenants on UC in Wales are already in over £1 million of rent arrears debt, according to their survey of a sample of 29 housing associations in Wales. Their survey conducted with 3,475 people living in housing association homes in Wales shows each person is in an average of £420 worth of rent arrears.”
- “Research by the Trussell Trust has highlighted the links between UC, financial hardship and foodbank use. Using referral data for 2017-18 from Trussell Trust foodbank vouchers in the UK, the research found that on average, 12 months after UC rollout in an area, foodbanks saw a 52 per cent increase in demand compared to an increase of 13 per cent in areas that had not yet gone live with UC or had been live for 3 months or less.”

Analysis undertaken by Landman Economics and Aubergine Analysis on behalf of the Equality & Human Rights Commission (EHRC), published in March 2018, summarises findings on the potential impact of UK Government tax and welfare reforms, including at a Wales level. The analysis covers the cumulative impact of tax and welfare reforms announced between May 2010 and January 2018. The EHRC report estimates:

- The overall effect of UK Government tax and benefit policies put into place since May 2015 is still expected to be strongly regressive, with the largest impacts being felt by people on the lowest incomes, and especially those with children.
- Households in Wales are estimated to lose 1.5 per cent of their net income on average (or around £480 a year) from the overall package of tax, welfare and National Living Wage reforms announced since 2010. Overall, these changes are regressive, with the largest impacts being felt by people on the lowest incomes.
- Households with children experience much larger losses as a result of the tax and welfare reforms than households without children. This is especially the case for lone parents in Wales who lose around £3,720 a year on average, and also large families. Those families with three or more children in Wales lose around £4,110 a year on average.

- Relative child poverty (after housing costs) in Wales is estimated to increase substantially, with the reforms pushing an extra 50,000 children into poverty by 2021-22 (an increase of around 8 percentage points from 29.6% to 37.4%, and increasing the number of children in relative income poverty from around 200,000 to 250,000¹⁰²). The change to the two-child limit policy announced after the publication of the EHRC report will have an effect on the timing of such impacts, as the long-run impact of the policy is now not expected to be felt until the mid-2030s.
- There is a disproportionately negative impact on the incomes of several protected groups, including disabled people, certain ethnic groups, and women, and particularly negative impacts on intersectional groups who experience multiple disadvantages (for example, lone parents with disabled children). In Wales, households with at least one disabled adult and a disabled child could lose around £5,270 a year on average (this should be regarded as an overestimate as it does not take into account subsequent policy changes that will benefit disabled people, e.g. the High Court Ruling on PIP assessments). Women will lose approximately £350 per year on average, while men will gain around £15. In GB, Bangladeshi households will lose around £4,400 a year, in comparison to White households, or households with adults of differing ethnicity, which will lose between £500 and £600 a year on average. Survey sample sizes meant that analysis by ethnicity at a Wales level would not have been reliable.
- These negative impacts are for the most part a result of changes to the benefit system, in particular the freeze in working-age benefit rates, changes to disability benefits and reductions in UC rates. Nearly half of all households in Wales are expected to lose out from the overall package of reforms to direct taxes, transfer payments and the National Living Wage as a whole.

Seamless Working:

“Differences between parts of Wales can often be down to the demographic or socio-economic characteristics of a region. For example, levels of economic activity are influenced more by qualification levels than where a person lives. An older, less economically active, population in an area will influence levels of economic output per head.”

For Wales as a whole, there was a net worker population change of -52,500 workers, indicating that more people commute out of Wales than in. The net worker population change was negative in 15 of the 22 local authorities, meaning that in these authorities, more people commute out of the authority to go to work than commute in from other authorities. This includes commuting across

the Welsh border into areas such as Bristol, Shropshire, Herefordshire, and Cheshire West and Chester, among others. The 3 most highly populated authorities in Wales were also those with the highest net levels of worker population change.

Digital:

Estimates from the Office for National Statistics published in Exploring the UK's digital Divide (2019) need to be taken into account. It estimates that the number of people in the UK lacking basic digital skills is declining, but in 2018, 8% of people in the UK (4.3 million people) were estimated to have zero basic digital skills (are unable to do any of the activities described in the five basic digital skills). A further 12% (6.4 million adults) were estimated to only have limited abilities online (missing at least one of the basic digital skills). Although there is a pattern of declining numbers of people lacking digital skills over time, in 2015, an estimated 7.9 million people will still lack digital skills in 2025. Across the UK regions, Wales has the lowest proportion of population with the five basic digital skills, 65% (UK average= 78%) and the highest proportion of population with zero basic digital skills, 18.5% (UK average = 9%)

In relation to Universal Credit registration the Welsh Government's analysis of the 'Impact of the UK Government's Welfare Reforms on Households in Wales' (2019) found that:

- In a significant proportion of cases, rent arrears are reported to have increased because of the way that UC was rolled out, with computer and literacy skills mentioned as big issues.
- Just under a third (30 per cent) of those who registered their claim online found it difficult, particularly the process of verifying their identity. Overall, 43 per cent of claimants said they needed more support registering their UC claim and 31 per cent said they would need more ongoing support using their UC digital account.

Ofcom's 2018 Full Report, 'Connected Nations UK' highlights unsatisfactory broadband and 4G coverage in rural Wales; 13% (42,000) of rural premises are unable to receive decent broadband from a fixed line and though coverage varies considerably among mobile operators it remains poor in many places, with only 57% of geographic area covered by good 4G services from all operators in Wales.

The Department for International Development collates findings from recently published papers on digital development and gender inequality. A key finding related to the fact that digitalisation will lead to increased polarisation and widening income inequalities, (e.g. gender, income and rural-urban divisions) (UNCTAD, 2017, p.1). This mixed picture suggests that digital development is not necessarily disrupting development pathways, but is also a continuation of traditional development challenges and divides.

Direct engagement with citizens at Side by Side Peer Support Event, Mind Cymru (2019) highlighted that people with one of more protected characteristic can find using digital technology, mobile applications and social media, 'scary' and daunting. Therefore, other forms of accessible/inclusive communication must remain.

Attraction and Recruitment:

Is Wales Fairer (2018) shows that:

- In 2016/17, 4.4% of people aged 16 and over in Wales were unemployed the unemployment rate having fallen by 4.0 percentage points since 2010/11.
- Men (4.6%) and women (4.2%) had broadly similar unemployment rates in 2016/17. The unemployment rate decreased more for men (5.3 percentage points) than women (2.5 percentage points) between 2010/11 and 2016/17.
- Those aged 16–24 had the highest unemployment rate in 2016/17 at 11.8%. This was around four times the rate for those aged 35–44 and 45–54 (both 2.5%). Between 2010/11 and 2016/17, unemployment rates fell for all age groups under 65, with the largest fall being for the 16–24 age group (10.6 percentage points).
- The unemployment rate for disabled people (8.4%) was twice the rate for non-disabled people (3.9%) in 2016/17. UK-wide research suggests that unemployment rates are particularly high for those with learning difficulties or disabilities.
- Indian people (1.5%) had a low unemployment rate in 2016/17, which was three times lower than that for the White British group (4.5%). Christians (3.5%) had a lower unemployment rate than those of no religion (5.0%) and the unemployment rate fell between 2010/11 and 2016/17 for both these groups and for Muslims.

'Is Wales Fairer?' report highlights that the Welsh Government has set a target of creating a minimum of 100,000 high-quality all-age apprenticeships by 2022. Its apprenticeship policy identifies apprenticeships as an essential ingredient of economic success and a vital tool in building a stronger, fairer and more equal Wales. The Welsh Government's action plan commits to increasing women apprenticeship starters and improving engagement with under-represented groups and/or protected groups (age, gender, ethnicity and disability); the plan does not set numerical targets for these commitments. The Welsh Government has published a disability action plan to increase the very low proportion of disabled people on apprenticeships. The Equality and Human Rights Commission recommends that apprenticeship providers, employers etc, take action to address barriers to participation and ensure that apprenticeships at all levels are of good quality. Apprenticeship providers should be required to set and meet targets for improved participation and to use positive action provisions.

The Joseph Rowntree Foundation's report, 'Overcoming Deprivation Disconnection UK Cities' (2016) reports that labour market disconnection would appear to be a significant problem in some areas. The root of the problem may be poor skills, physical distance, or a mix of the two but it is clear that even in more economically buoyant cities, deprived areas do not seem particularly well connected to their local labour markets. Wales differs from the other nations of the UK in the location of its most deprived neighbourhoods. Unlike the other countries, the most deprived areas of Wales are less strongly associated with the major cities of Cardiff and Swansea but instead with the valleys of South Wales. These areas see high proportions of areas classified as suburb types indicating the residents tend to travel more than five kilometres to work. This may be an underestimate given that the straight-line measures of distance used in this analysis will not reflect all the geographical constraints of the area but, nonetheless, it provides a useful measure of job proximity.

Workforce Shape:

Feedback from direct engagement with citizens / service users, Side By Side Peer Support Event, Mind Cymru (2019) highlighted impacts and changes required to shape the workforce to support those living in rural areas:

- The need for Social Prescribers: GP's are not referring service users to peer support groups, therefore there are missed opportunities for example; bridging the gap when a service user is waiting for counselling to start. GP's are given high status in rural communities and their advice is listened and acted upon.
- Facilitators for cluster peer support groups: at present there is no capacity to facilitate / develop peer support groups within communities. Clusters have the ability to bring citizens / peer support groups together, to do this co-ordinator roles need to be created, ideally someone from the community to aid trust and local contacts and who has had facilitator training.
- Resilience and sustainability training is needed for people living in the valleys; how to adapt and evolve. Society has moved on a lot but in the valleys it hasn't. People in the valleys need more resilience as people have to deal with lack of transport, benefit cuts, universal credit, cuts to services. Peer support is vital to enable people to come together and connect.
- Training needed for; how to set up and run a peer group, dementia training for communities, safeguarding training for all.
- Due to reduced community support, there is only one mental health nurse to cover a large area who is over stretched, therefore safe guarding issues have increased.
- Deficit in access to health care for rural citizens: the example used was a service user who was missed diagnosed at their local hospital, had to pay privately for a scan and correct diagnosis, to then be told that the local hospital didn't have the funds to carry out the operation they needed. They had to fund their own travel from the Rhondda Valley to a Liverpool hospital to be treated.

6. Please provide a summary of key impact findings on the organisations ability to perform Public Sector Equality Duty. Please include both negative impacts and opportunities to maximise positive impacts.

In summary due regard needs to be given to the evidence provided within section 4 of this equality impact assessment (EIA). To ensure health and social care organisations perform their public sector equality duties positively, there are a number of actions and opportunities which can be located in section 10 of this EIA. There are some common themes throughout the consultation document and echoed in feedback in relation to potential impacts across the ‘protected characteristics’ which highlight the need for:

- Health and social care providers to not only report but fully explore the reasons for pay gaps across the ‘protected characteristics’ – *this is reflected in draft strategy page 14. (03.12.19)*
- Introduction of a standardised minimum data set across health and social care with investment in data analytics and workforce business intelligence. To establish a baseline and enable increasing sophistication with workforce modelling and scenario planning across the public, private and third sectors. This should include improving our understanding of impact and implications of the decision's organisations make on people who share protected characteristics and those who do not. – *this is reflected in draft strategy page 10 (03.12.19)*
- A review of practices across the sector to transform recruitment to be a more attractive, digitally enabled, streamlined, speedy, efficient and smooth experience. It should be fair for all, fully bi-lingual and promote diversity in the workforce. It should place a strong emphasis on values-based recruitment as one key element of the selection process. *this is reflected in draft strategy in Strategic Theme Two and Strategic Theme Four (03.12.19)*
- True seamless working will need to be underpinned by fair, equitable and inclusive working conditions which enable all people to play their full role in supporting patients and service users. *this is reflected in draft strategy in Strategic Theme Three (03.12.19)*
- Fair, equal, diverse and multi-lingual practice. It should also address the skills required to lead and manage change at both a whole system and local level with clear routes for people who share characteristics and those who do not. *Welsh language interwoven as a golden thread in draft strategy (03.12.19)*

- A common leadership framework for health and social care for use by partners across the public, private and third sectors, which are complementary to other national leadership frameworks relevant to Wales with clear progression, mentoring and coaching routes for people who share characteristics and those who do not. *this is reflected in draft strategy Strategic Theme Six (03.12.19)*
- The workforce strategy to be designed to give employees who share protected characteristics and those who do not a voice and provide them with all of the tools they need to self-serve, collaborate and work efficiently *this is interwoven throughout the strategic themes (03.12.19)*
- Service planning at a local level to be under-taken in a co-productive manner directly with people who share protected characteristics and those who don't - *this is arguably present in the spirit of the draft strategy however will need to be evidenced at implementation stage (03.12.19)*
- Engagement with citizens, service users, staff and trade unions in ongoing development of implementation plans is explicit - *this will need to be evidenced at implementation stage (03.12.19)*

When considering the socio-economic impacts due regard needs to be given to not only the divide in Wales between rural and urban settings but also the impact of inequitable work practices across the health and social care and the impact of digitalisation. Couple with these factors' awareness of impactful political drivers such as Universal Credit and Brexit need to be considered when implementing workforce strategy action plans. – *this is reflected throughout the draft strategy document (03.12.19)*

7. How does the policy/procedure, strategy, e-learning, guidance etc. embed, prioritise the Well-being Goals and Sustainability Development Principle of the [Wellbeing of Future Generations \(Wales\) Act 2015](#).

Please describe and provide evidence below of how the 5 ways of working have been met, inclusive of the 7 well-being goals, to maximise the social, economic, environmental and cultural wellbeing of people and communities in Wales.

Sustainable Development Principle	
 <p>Long Term</p> <p>Balancing short term with long term needs</p>	
 <p>Collaboration</p>	<p>Strategy is a collaboration between multiple Health and Social Care providers.</p>

<p>Working together to deliver objectives</p>	
 <p>Involvement</p> <p>Involving those with an interest and seeking their views</p>	<p>There is evidence that the Strategy has undergone engagement and consultation with a clear steer of co-production in terms of implementation plans and programmes of work.</p>
 <p>Prevention</p>	<p>This is reflected throughout the strategy by doing things differently, pooling resources and co-production.</p>

<p>Putting resources into preventing problems occurring or getting worse</p>	
 <p>Integration</p> <p>Considering impact on all wellbeing goals together and on other bodies</p>	<p>This is threaded throughout the strategy and can be evidenced within the seven themes.</p>

8. If the policy, procedure, strategy and or decision is intended to increase equality of opportunity through positive action, does it appear to be lawful? ([EHRC Positive Action in the Workplace](#))

Briefly explain the reason for the answer, making reference to any relevant evidence

The evidence within this equality impact assessment highlight potential areas for positive action inclusive of relevant evidence:

The Equality and Human Rights Commission recommends that apprenticeship providers, employers etc, take action to address barriers to participation and ensure that apprenticeships at all levels are of good quality. Apprenticeship providers should be

required to set and meet targets for improved participation and to use positive action provisions in relation to age, gender, ethnicity and disability. Is Wales Fairer?' report highlights that the Welsh Government has set a target of creating a minimum of 100,000 high-quality all-age apprenticeships by 2022. Its apprenticeship policy identifies apprenticeships as an essential ingredient of economic success and a vital tool in building a stronger, fairer and more equal Wales. The Welsh Government's action plan commits to increasing women apprenticeship starters and improving engagement with under-represented groups and/or protected groups (age, gender, ethnicity and disability); the plan does not set numerical targets for these commitments. The Welsh Government has published a disability action plan to increase the very low proportion of disabled people on apprenticeships

EHRC highlight in their consultation response that the most significant workplace barriers that ethnic minorities face relate to recruitment, promotion and the ability to stay within the workforce. Therefore, clear direction within the strategy as to how these barriers will be overcome is critical. People from a BME background continue to be underrepresented in some parts of the social care workforce. 95.5% of Residential Child Care Workers on the Social Care Register identify as coming from a white background – this is a similar picture for all registered groups from the 2019 profiles with the exception of social workers, where we have 88% of social workers identifying as white. Therefore, it has been recommended that targeted work be undertaken to create opportunities, support, and specific campaigns to recruit under-represented groups, including Black and Minority Ethnic groups.

9. Human Rights

Is the policy, procedure, strategy, e-learning etc. likely to restrict or represent a missed opportunity to support Human Rights Act ([The Human Rights Act - EHRC](#)), [UN Convention on the Rights of the Child \(UNCRC\)](#) [Rights of Children and Young Persons \(Wales\) Measure 2011](#) ?

- If yes, please state which rights and briefly explain the reason for your answer, making reference to any relevant evidence.*

NO delete as applicable

Please be advised that any restriction unless permitted by the Convention will make the policy, procedure, strategy or decision unlawful and therefore must not be implemented.

10. Action Planning

Actions highlighted below have been identified during EIA of consultation document and engagement responses. Therefore, they are to be utilised, reviewed and finalised once draft strategy approved as it is envisaged that most of these actions will be addressed as part of strategy development. Once draft strategy is signed off remaining actions will be spilt into strategy and implementation with clear outcomes, lead agency and timescales.

Actions to be taken across 'protected characteristics'

- The workforce strategy has the opportunity to ensure health and social care providers explore and report on pay gaps across 'protected characteristics'
- The workforce strategy's implementation plan should introduce a standardised minimum data set across health and social care and invest in data analytics and workforce business intelligence, to establish a baseline, and enable increasing sophistication with workforce modelling and scenario planning across the public, private and third sectors. This should include improving our understanding impact and implications of the decision's organisations make on people who share protected characteristics and those who do not.

- The workforce strategy should review practices across the sector to transform recruitment to be a more attractive, digitally enabled, streamlined, speedy, efficient and smooth experience. It should be fair for all, fully bi-lingual and promote diversity in the workforce. It should place a strong emphasis on values-based recruitment as one key element of the selection process.
- The workforce strategy should state that true seamless working will need to be underpinned by fair, equitable and inclusive working conditions which enable all people to play their full role in supporting patients and service users.
- The strategy should emphasise the importance of fair, equal, diverse and multi-lingual practice. It should also address the skills required to lead and manage change at both a whole system and local level with clear routes for people who share characteristics and those who do not.
- The workforce strategy should develop a common leadership framework for health and social care for use by partners across the public, private and third sectors, which are complementary to other national leadership frameworks relevant to Wales with clear progression, mentoring and coaching routes for people who share characteristics and those who do not.
- The workforce strategy should be designed to give employees who share protected characteristics and those who do not have a voice and provide them with all of the tools they need to self-serve, collaborate and work efficiently
- The workforce strategy should ensure that service planning at a local level is undertaken using co-productive approach with people who share protected characteristics and those who don't
- Recommend adding a point to the vision of 'Creating opportunities, support, and specific and targeted campaigns to recruit under-represented groups and people with protected characteristics.

Age

- The workforce strategy should be clear that more support is required to attract young people to work and qualify to practice in health and social care to help them to be successful in their jobs and their careers. In particular young people in rural areas.
- The workforce strategy should be clear on how it will support older people enter health and social care professions including expectation of reasonable adjustments to be made; flexible working
- The workforce strategy has the opportunity to promote the benefits of intergenerational working especially in light of growing population in Wales with complex needs
- This risk should be addressed within the strategy via an action to work with the education sector to widen access to education and learning for all of our people and encourage greater diversity in our workforce & to work with education and

CPD providers to ensure that learning and education is better at helping people build flexible skills and portfolios to enable them to take on a range of roles throughout their career.

- The workforce strategy should emphasise the importance of fair, equal, diverse and bi-lingual practice. It should also address the skills required to lead and manage change at both a whole system and local level and will develop a range of leadership resources for people at all levels for use across health and social care.
- The workforce strategy should make it clear how it intends to set out supporting its workforce become digital literate
- The workforce strategy should be clear in its actions to work with the education sector to widen access to education and learning for all of our people and encourage greater diversity in our workforce. This includes developing new and innovative routes into pre-qualification education recognising experience and skills acquired through non-traditional routes.

Disability

- The workforce strategy should be clear in its intention to ensure that there are a range of leadership resources for people at all levels for use across health and social care and that they are accessible and equitable for all employees.
- The workforce strategy should review the governance arrangements for multi-disciplinary teams in each of the regions of Wales, and from this develop national guidance on appropriate governance arrangements that addresses issues such as changing cultures, understanding roles and responsibilities and the behaviours that facilitate seamless working.
- The workforce strategy should develop bilingual digital literacy skills in the whole workforce through a national joint digital education programme for the public, private and third sectors in health and social care., also supporting the development of digital learning approaches to roles and skills development in health and social care wherever appropriate.
- The vision for leadership in the workforce strategy should be that leaders throughout health and social care work together to secure the culture and services needed by 'A Healthier Wales', and that they do this by role modelling values and behaviours; creating safe, fair and open environments for people to work in; developing their own leadership abilities; helping people and services to continually improve and by taking responsibility for their work and behaviours.
- Learning and education opportunities must include removing barriers to progression and targeted mentoring and development programmes for disabled people.
- It is important in terms of increasing recruitment of disabled people that creating and implementing values-based recruitment, support, and development must be specifically mentioned in the vision.

- Recommend adding a point to the vision of 'Creating opportunities, support, and specific and targeted campaigns to recruit under-represented groups, including disabled people and embedding schemes such as Disability Confident.

Gender Identity

- The workforce strategy has the opportunity to lead the way in terms of expectations on health and social care organisations to eliminate bullying and harassment associated with gender identity
- The workforce strategy should provide a clear steer in terms of address gender inequalities within organisations through clear measurable equality objectives
- The workforce strategy should review the governance arrangements for multi-disciplinary teams in each of the regions of Wales, and from this develop national guidance on appropriate governance arrangements that addresses issues such as changing cultures, understanding roles and responsibilities and the behaviours that facilitate seamless working.
 - Learning and education opportunities must include removing barriers to progression and targeted mentoring and development programmes for including a person's orientation towards people of the same sex, the opposite sex or more than one gender are vital to addressing pay gaps and barriers to promotion.

Marriage or civil partnership

- Ensure that we are using our money to get the best possible balance of funding of education and training to meet the education and ongoing learning needs of our people, and optimise digitally enabled education, learning and knowledge management
- The workforce strategy should work with professions and clinicians to ensure that personal development programmes and job plans provide the opportunity for increased leadership opportunities on a fair and equitable basis.

Pregnancy and maternity

- The workforce strategy should draw on the experience of the different regional developments to propose further guidance for health and social care on how to promote and deliver fair and equitable seamless working.
- A priority of the workforce strategy should be to ensure that the sector obtains the best possible balance of funding of education and training to meet the education and ongoing learning needs of our people, and optimise digitally enabled

education, learning and knowledge management, working through the medium of Welsh, multi-disciplinary working and core practice principles, and managing ongoing flexible learning and development

Race

- The strategy should ensure that the adoption of new technologies enhances rather than undermines equality, fairness and diversity in the workplace, and enhances the ability of all employees to engage with patients and services users with different language and cultural needs.
- The workforce strategy should state that true seamless working will need to be underpinned by fair, equitable and inclusive working conditions which enable all people to play their full role in supporting patients and service users.
 - recommended that targeted work be undertaken to create opportunities, support, and specific campaigns to recruit under-represented groups, including Black and Minority Ethnic groups.
 - Recommend adding a point to the vision of 'Creating opportunities, support, and specific and targeted campaigns to recruit under-represented groups, including Black and Minority Ethnic groups.'

Religion and belief

- Workforce implementation plans have the opportunity to pull on best practice in creating a faith-friendly organisation by: developing and promoting a workplace policy for religion and belief that embraces all beliefs and promotes a culture of respect; having an all-faith staff network that provides a forum for peer support and celebrates diversity; implementing all-staff training on different religions and beliefs to help create a culture change and explore stereotypes and assumptions about different faiths; exploring how employees can maintain their faith in the workplace and promoting different religious events to encourage the integration of faith and work for all religions and beliefs

Carers

- The workforce strategy should emphasise the importance of fair, equal, diverse and bi-lingual practice. It will also address the skills required to lead and manage change at both a whole system and local level in supporting carers (and working carers) on an equitable basis.

- the strategy is an opportunity to ensure that carers and volunteers receive training, support, and development to fulfil their role as volunteers or carers.

Welsh Language

- The workforce strategy should develop bilingual digital literacy skills in the whole workforce through a national joint digital education programme for the public, private and third sectors in health and social care., also supporting the development of digital learning approaches to roles and skills development in health and social care wherever appropriate.
- future configuration of the workforce in delivering new innovative service models need to adhere to the importance of the Welsh language in care that is factored into workforce planning with a focus on professions that use language-based tests and therapies such as speech therapists, school nurses, psychologists and clinical staff likely to be in contact with children, older people, people suffering from dementia and those with mental health problems
- The workforce strategy proposes actions to consider the recommendations of the Fair Work Commission and the Welsh Language Commissioner and identify what this means for agencies across health and social care and develop a shared strategy and action plan to drive fairer work practices, greater equality of opportunity and promote diversity across all levels of the workforce.

11. Monitoring Arrangements

- *What are the plans to monitor the actual and/or final impact? (The EIA will help anticipate likely effect but final impact may only be known after implementation).*
- *What are the proposals for reviewing and reporting actual impact?*

Thank you for completing this Equality Impact Assessment (EIA)

For further guidance, assistance and submission, please contact Emma Kwaya-James HEIW Inclusion Lead

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