



Challenges and Priorities for Health and Social Care in Wales

Key Messages

- Once the current winter and pandemic-related pressures subside, the health and social care system will be faced with **a variety of systemic and workforce-related challenges**, in the context of challenging population health needs. Many of these are decade-old issues.
- Interviews and desk-based research highlighted **ten key priorities for the Welsh health and social care sector**, ranging from the need to rebalance the incentives to drive improvements within the system; to the need to improve the data collection and analysis relating to workforce planning.
- Discussions with senior figures from healthcare organisations highlighted the following **three areas that would make the biggest difference to the Welsh health and social care sector**:
 - Supporting leadership and instilling management processes for transformational change
 - Recruiting, training, supporting, and developing the right workforce
 - Sustaining agility in decision making from the pandemic.

Introduction

The challenges facing health and social care in Wales are complex and multifaceted. The Wales Centre for Public Policy, in partnership with Kaleidoscope Health and Care conducted a programme to review the issues and determine priorities. The programme included a review of key policy documents and interviews with sector leaders to establish a broad view of the major challenges currently affecting Health and Social Care in Wales. Senior figures from key organisations within the Welsh health and care system were convened at a 'leaders' summit' to reflect on main challenges and discuss key priorities for the sector.

This briefing summarises three key challenges facing Health and Social Care in Wales:

1. Systemic Challenges
2. Workforce Challenges
3. Population Health

Lastly, it reflects on the priorities for health and social care sector, as discussed by the leaders within the healthcare system.

Systemic Challenges

The healthcare system relies on collaboration between multiple organisations, with several pieces of legislation aiming to set out principles for a better-connected system. This section

explores some of the barriers to the smooth functioning of the healthcare system.

1. Work Practices
2. Governance and Financing Structures
3. Backlog

Work Practices: Organisations working within the health and social care sector (e.g., voluntary sector organisations, local authorities, health boards) often work in very different ways. This often means that those striving to deliver change within healthcare, spend a lot of time trying to obtain 'buy-in' from other organisations (Bebb and Bryer, 2020). While the Test, Trace, Protect (TTP) programme provides a good example of how the response to COVID-19 facilitated good collaboration (Audit Wales, 2021), long-term inertia within the system threatens the prospects of increased collaboration moving forward.

Governance and Financing Structures: The OECD report on the quality of healthcare within the UK (OECD, 2016) concluded that Wales needed to improve the quality of health care and increase accountability for doing so. The quality of governance structures from 'ward to board' are considered inconsistent, poor and with room for improvement across Wales. The Welsh Government has enacted legislation to address [this](#), which will come into force in Spring 2023 .

Interviewees also highlighted frequent changes in leadership within health boards. New leaders, often from outside Wales, entering posts only for short periods reduces staff morale.

The three-year planning cycle which dominates NHS funding in Wales means that organisations feel required to deliver results within that time frame, at the expense of long-term planning.

Tackling the backlog will require bold, decisive action across NHS Wales

Backlog: Tackling the backlog in care provision will require bold, decisive action across NHS Wales as leaders look to drive change within the system. One strategy advocated by The Bevan Commission (2021) recommends reorienting outpatients and follow-up care, by using easy to

use digital technology to replace traditional routine appointments. The backlog may have a secondary impact on the social care sector as it is utilised to alleviate the demand on the NHS, for example to support those suffering from long Covid. However, issues of funding, pay and burnout could affect the sector's ability to sufficiently cope with additional demand.



Workforce Challenges

Workforce challenges were one of the most commonly cited priorities during the research and interviews. This section focuses on three key areas within this area:

1. Recruitment and Retention
2. Wellbeing
3. Management and Leadership

Recruitment and Retention: Workforce shortages are a key barrier to increasing NHS capacity. Levels of vacancies are high, though understanding the vacancy rate and subsequent recruitment need is difficult. NHS Wales does not collect this information, which is collected in England, and is thought to impact the quality of workforce planning. While GP numbers have increased, they are still not at the level needed to sustain NHS Wales.

Retention of existing staff is a further problem, partially due to poor wellbeing and recent changes to pension schemes. Combined with such recruitment issues, this means the health and social care sector are struggling to maintain their current staffing levels, let alone increase them. In social care, low levels of pay and the prevalence of zero-hour contracts can make other roles more attractive to staff; whether elsewhere in the health and care sector, or in other sectors, such as retail.

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Wellbeing: The exhaustion felt by NHS and social care staff fundamentally threatens the ability of the NHS and social care to function, with the Wales Ambulance Service in the spotlight for “burnout” among its staff. Interventions aimed to support the mental and emotional wellbeing of health and social care workers were reported during the pandemic, however the impact of these is not yet known (Swansea University, 2021). The availability of funding also calls into question the sustainability of these initiatives.

Management and Leadership: The mid-term report of ‘A Healthier Wales’ Transformation Fund (Bebb and Bryer, 2020) highlights a lack of project management and change management skill sets within the health and social care system. The need for such skills was echoed by the NHS Wales Innovation and Transformation Study report (Swansea University, 2021), stressing that a strategic approach to professional development will increase the potential for long-term innovation.

Population Health

The health of the Welsh population continues to place specific demands on the health and care system. This section briefly summarises three key priorities regarding population health.

1. Health Inequalities
2. Declining Mental Health
3. Multimorbidity

Health Inequalities: COVID-19 has exacerbated health inequalities in Wales, with older people and lower socioeconomic groups disproportionately affected.

Declining Mental Health: Declining mental health can be exhibited in various groups, including both young people (5–19-year-olds) and older people, with the impact of COVID-19

increasing his issue. Hence, there is a need for additional investment in mental health: The Welsh Government committed in their Programme for Government to prioritising and improving mental health provision.

Multimorbidity: The absolute number of people living with multiple long-term conditions (multimorbidities) is increasing. Dealing with multimorbidity requires a holistic approach delivered by multidisciplinary teams, though the best alleviation of this pressure on the healthcare system is through prevention.



Priorities for Health and Social Care

Based on the desk research and interviews, ten priorities for the Welsh health and social care system were identified:

1. Recruit, train, support and develop the right workforce
2. Improve workforce planning through better data collection and analysis
3. Improve recruitment and retention of workforce in social care
4. Sustain agility in decision making that was made possible during the pandemic
5. Build resilience to mitigate impact of future pandemics
6. Improve sharing of best practice for successful integrated working and models of care that reduce demand on the acute sector
7. Improve monitoring and interventions to address health inequalities
8. Improve approaches for those waiting for treatment to reduce harm and strain on social care

9. Support leadership at a system level and instil management processes to pursue transformational changes
10. Rebalance incentives to drive improvements in health and social care.

Leaders from key organisations within the Welsh health and social care system were convened at a 'leaders' summit.' They recognised and agreed with the challenges identified. When asked about why, despite these being long-standing issues, there had been seemingly little progress, the group described various barriers in resolving these issues, including: urgency, incentives, investment, capacity, understanding, and brave political decisions.

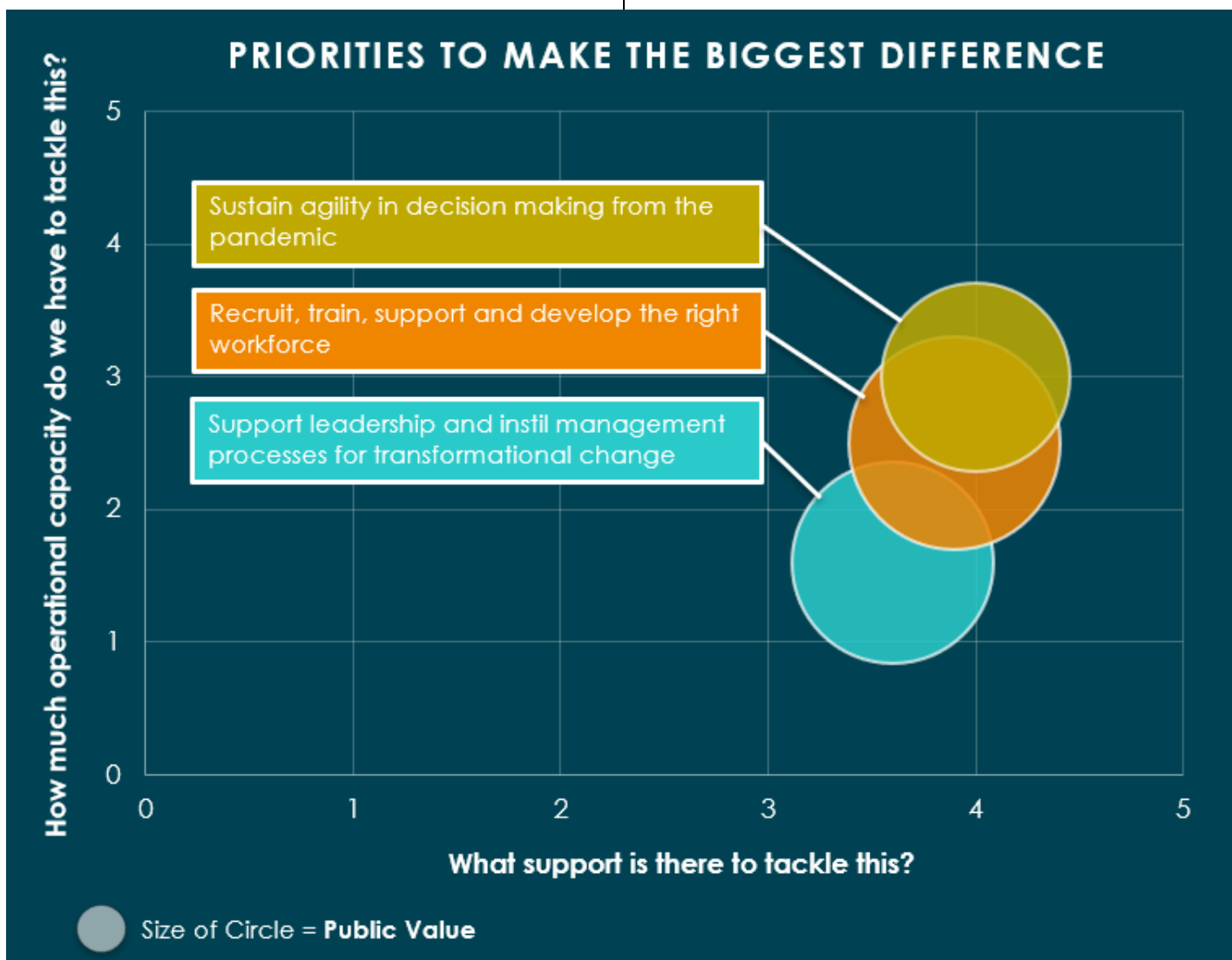
As part of the summit, the leaders were asked to select the three priorities, from the list of ten,

According to these leaders, the three priorities which would make the biggest difference are:

- **Supporting leadership and instilling management processes for transformational changes**
- **Recruiting, training, supporting, and developing the right workforce**
- **Sustaining agility in decision making from the pandemic.**

The leaders were then asked to rate each of these three priorities in terms of support from within the healthcare system, public value, and operational capability. Notably, all three priorities performed poorly on the operational capacity metric.

Supporting Leadership: This scored the lowest of three priorities on operational capacity, as



that would make the biggest difference to health and care in Wales.

well as the level of support from within the healthcare system. Leaders questioned whether enough people have change as part of their role

and discussed the 'quagmire' of initiatives which could be streamlined or ended. They noted that focusing on the citizen may help enable system change and engage the public.

Developing the Workforce: Scored highest for the public benefit and was also perceived to have strong support from within the health care system. Leaders noted underinvestment in staff, particularly in social care, alongside the 'back seat' role of training, despite it being so important to the quality of care, leading to underequipped staff and poor wellbeing. Despite the aftermath of COVID-19 presenting a huge moment of opportunity for change within the system, there was concern as to whether the mental fatigue of staff would inhibit this.

Sustaining Agility: This scored the highest for operational capability and support from within the healthcare system but was perceived to have less public value than the other two main priorities. Leaders discussed the requirements for multiple people to sign off on policy changes,

which was not considered an effective decision-making process. They also considered the role of workplace cultures and the need to avoid the conceptualisation of failures as the 'wrong way,' given the challenging nature of the pandemic.

References

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