Written evidence submitted by Group 4 (Event 1) (EPW0079)

Transcript of roundtable event with members of the social care workforce held on Thursday 5th May for the Health and Social Care Committee Workforce Expert Panel.

Group 4

Due to technical issues, the beginning of the session was not recorded. Participants in the session provided introductions on their role in social care services.

Gillian Manthorpe: Thank you everyone. So we'll get started on the discussions. So the first area is looking at planning We went through a whole host of documents in a darkened room, and we've noted that there have been a number of commitments made by the Department of Health and Social Care on planning, and I wanted to hear if any of you have a sense of a system around planning for the workforce, or indeed any partnerships around planning. What do you think that the Department has been doing, having made such a commitment? Does anybody want to kick off and share their views of workforce planning in adult social care?

Participant A: Yes, it's a very interesting question and I'll give a nursing perspective because that's where my experience is. Historically in nursing, we have only ever done a workforce nursing plan for the NHS, but we have never done a proper nursing plan for social care so we're always playing catch-up in nursing. And nursing is never really promoted within social care. So I don't think it gets that effort around planning that you might see in the NHS-although it's quite poor in the NHS, by the way. You see a much greater plan of what the nursing workforce will look like on the future in the NHS, but both historically and today it gets missed out from social care, yet there are tens of thousands of nurses needed in social care and working in social care. So I don't see that joined-up nursing planning, which is such a critical profession across both health and social care, and dementia care. So that's my initial thought.

Gillian Manthorpe: Well that's a very good starter for 10. Participant B, were you going to add something and say, 'well in social work there is a plan'?

Participant B: I suppose what I'm picking up at the moment, is that there are lots of reforms like the care cap and self-funding, and the work around self-funders, and a lot of local authorities are now trying to scope that and say, well how many more assessments and reviews are we likely to have to do, and how does that translate into the number of social workers, or social care assessors- somebody who is not formally qualified in social care work or nursing. So, there is that sort of tendency, to be very reactive. There appears on the ground, from the several places that I've been, to be a real dire shortage of qualified social workers. People are now seeing that this isn't just a shortage of the odd one in person in a team, where there's maternity leave or somebody has left, but that we're at the stage where you will make a call to an agency, and they say that they can't find you anybody. So, the shortage is really hitting. And the pressure that we're going to have to more, plus all the impacts of the pandemic, have led to various meetings about how we can attract people and what things we can offer to attract people into their local authority. There have also been discussions about whether we actually need to work differently- some colleagues mentioned nursing recently- and whether we need to move to multi-disciplinary case management, as opposed to the traditional social worker plus social work assistant type teams. So, there are a lot of discussions going on at the moment, everywhere I've been it seems to be very hot on the agenda, but I don't know if there have been many big answers to the problem.

Gillian Manthorpe: Thank you. I see that Participant C has their hand up.

Participant C: I think from my perspective, as a provider, when it comes to the planning side, we are the last to know. The plans get formulated, bandied around within the local authorities and the commissioning, and then the provider is the last to know. And then you're scrambling around trying to put your systems into place to meet the plan that's been created by the commissioners. This can be frustrating, and it hinders us as well. I think everybody's got the same issues when it comes to staffing, everybody is trying to retain staff, find new staff and block the shortages. But it's really difficult. I was on a call last week with Gillian Keegan, and one of the questions I asked was 'how much information is being asked from local government to local authorities, in regard to how much money you are giving, and then how much money you give to us as providers.' As a provider, it's really difficult to look at staff who are asking for decent salary because when you only get £16 an hour from the local authority to provide a business, how then can you pay your staff £10 or £12 an hour? It's impossible, absolutely impossible. And that's one of the big issues that we have as a provider in the North East. Everybody wants staff, and everybody's looking for staff, but you only get a certain amount of money to provide the service, and even though we're a not-for-profit organisation we still need to have a tiny bit of surplus so that we can keep the charity running. So it doesn't filter down until the very end when the plans are in place, and then you have to try and move all of your goal posts to fit a plan that you never had any dealings with from the beginning.

Gillian Manthorpe: Thank you. Participant D, do have anything to add on workforce strategy or workforce planning?

Participant D: Yes. It's probably echoing what Participant C was saying, that if I was to be asking the many managers around the country that are working in domiciliary care 'has the government fulfilled its commitments to health and social care workforce planning?' they would look at me vacantly and tell me that they don't know what I'm talking about. They might recognise, and certainly in some local authorities, that there has been more of an energy to lean into care homes and say, 'let's help you with recruitment, let's get some joined up work on that.' I'm not hearing that everywhere, though I'm not directly asking that question, but in a few areas it's come up that there's been support around that. But again, that is traditionally in places where there has been more of a partnership approach between the council and the provider over a period of years. My sense is that it's pretty appalling out there at the moment, and actually I think to be fair to the councils they're not in a great state either in terms of the amount that they're having to cope with. So my answer is absolutely no, they haven't met their commitment from my perspective.

Gillian Manthorpe: Participant E you were nodding there, so I'm not expecting you to say that you don't agree with what Participant D said, but you've had home care and care home experiences, and do you feel that there's any sense of strategic or partnership planning around the workforce, led by the Government?

Participant E: I would echo one of the earlier points that we are, unfortunately, not informed of any changes or any planning or any strategies until it's all done, and we get told about them at the end. If there was a more cohesive way of working between different partnerships, then I think it might be a little bit easier. But no, I don't think they've met that commitment.

Gillian Manthorpe: Thank you. I'm going to turn to Robert, who has his hand up, but Participant F, we haven't forgotten about you. Robert, do you have something you want to add?

Robert Francis: It's just a clarification question really. What I'm hearing is that colleagues on the call are not aware of any government of national planning, and it's all left to local authorities, many of

whom have got other things on their mind, and even in that space there is no coordination with providers. Have I got that right?

Participants nod heads in agreement.

Robert Francis: Right. Thank you.

Gillian Manthorpe: Participant F, do you want to speak up from your sector and say what it feels like from your perspective?

Participant F: I think with the greatest will in the world the Government can commit to strategies and plans around the workforce but ultimately, we all know that the biggest challenge is actually getting the recruitment right at the coal face so to speak. Until that becomes a really embedded part of that strategy, and of that plan, then actually it's not going to be felt within the places where it really matters. I think the problem is that there are commitments to things, but at the moment that's not translating into anything really meaningful. And of course the plan is about a longer-term strategy, but I think if you were to speak to most people in the sector at the moment, they're just flailing around desperately trying to find staff, without feeling that they can don't have anything to tangibly grab onto to help or assist in that matter.

Gillian Manthorpe: Great, thank you. Participant D and A, do you have any last thoughts on that?

Participant D: There was just something that I forgot to mention, which is again if you were to ask the question to care homes, they would be quite angry that one of the big problems around planning for workforce was the U turn on the vaccine. They had to say goodbye to brilliant staff members, and then when the Government changed their minds, they were trying their best to get these people back, but they don't want to come back. I know that COVID was a difficult thing to manage, but that really did make things much worse for some care providers.

Gillian Manthorpe: Thank you. Participant A do you want to comment on that, or something else?

Participant A: Both, really. So I was around some of those discussions, and what was clear to me was that we had a Department of Health and Social Care without any real genuine understanding of social care, and the challenges that we face. That's the first thing to say. So I fully accept why providers have a sense of loss at losing the staff that they had to get rid of, and it was a fair number. And of course that just ups your cost then of recruitment to get more people in. But fundamentally, I think for me, workforce planning is so disconnected from the reality of the health of the nation and our societal health. We haven't planned for our ageing population, and we haven't planned for a million plus people living with dementia in a few years' time. It doesn't seem to feature in any planning, it certainly doesn't feature in nursing. Even within the NHS it doesn't feature, from what I can see, in the influencing of how many people we're going to need across health and social care. It doesn't seem, to me anyway, to be that well informed, and if it does happen then it's not evidenced.

Gillian Manthorpe: What I think I'm hearing from you Participant A, is that there hasn't been a social care workforce strategy, and that other strategies coming from the department should have a workforce component, but they rarely do. Is that what you're saying?

Participant A: Yes. Certainly in older people's care and dementia that's been the case for as long as I've been a nurse. It's always the bit added on, or the bit forgotten about.

Gillian Manthorpe: Thank you. Robert is there anything else you think we can pull out from this first question about workforce planning when it's a pretty absent thing for many people.

Robert Francis: I think it's difficult to explore an absence further.

Gillian Manthorpe: Yes. So we're going to talk now about building the workforce, and we're turning to the questions around how we can have better or improved infrastructures for the workforce that what we've currently got, let alone the ones we would like to have. I wondered if people wanted to comment on Government commitments, in a sense of what was improving systems or improving the infrastructure, and examples of this could be regulation, inspections, accreditations and training etc. Do you think these commitments have been met? Again, we're looking for some real examples here to justify what your claim might be. Participant F, would you like to start us off?

Participant F: Everything that I've been reading in relation to this is really focussed on training, and rightly so, but I think there's a real lack of understanding from the people that are looking at this about the fact that our workforce is probably the most trained workforce that you will find. If I was to go to the people that I've worked with and supported during the pandemic and said that the Government are committed to more training for you, they would tell me that it's not more training that they want. What they want is more money, better conditions, more recognition, better sick pay. It's all of those things. When we're talking about committing to training, and we're talking about the longer-term strategy, there needs to be an attractive proposition to attract people into the roles in the first place. That training needs to be part of a 20 or 30 year plan, where we look right at the very beginning, starting at the grassroots of getting people interested in working in the sector, and what pathways we can create for them- so if you go and work in a care home for two years, that will give a foundation course that will count towards the first year of your degree. If we look at some of those roles where we really struggle, we're just not being innovative enough. So, if we say we're going to do more work on the care certificate, well we've all done the care certificate and we've been doing the care certificate for 10 years, so that's not enough and we need to be more innovative. Otherwise, the workforce will just think that they've heard it all before, and they're already doing it. So that's my view about training.

Gillian Thorpe: I think that resonated with several people who were nodding during that. Do wish to agree or disagree with that Participant A?

Participant A: So the first thing is that I totally agree that training is not the answer to it all, but it's easy for them to say that they're going to put money into training because it actually doesn't address some of the things that Participant F was talking about. The other thing for me, which is a key area for social care nursing, and I would imagine it's the same with our social care professionals in care homes and domiciliary care, is a lack of esteem, a lack of parity or a lack of respect for the skill sets that they have. I don't see anything being done about that. It's not just that the pathways need to be innovative, as Participant F said, they also need to be valued. We call everybody social care workers but they're not, they're social care professionals. They have to a lot of work and learning to be able to do the job that they do, and I think that that goes unrecognised in a way that it wouldn't in unrecognised in the NHS.

Gillian Manthorpe: Thank you, that's an interesting point. Participant C.

Participant C: I agree totally with what Participant F said, that training isn't the problem, and for us finding the course and paying for them is not a problem. What we find that commissioners and local authorities don't understand, is that for you to put someone on training you not only have to pay for them to go on the training, but you have to pay somebody else to do the job that they do whilst they're training. It's that bit that causes the issue, and it comes back to money again. As Participant F said, our staff are trained and trained and trained, and they get one year over and then they're

starting over again. So it isn't about the training, it's about the finances behind the training and the recognition. As Participant A said, they're not support workers, and I think that the comments that Boris made when COVID first started were the most unhelpful statements he's ever made.

Gillian Manthorpe: So just to take an example, if somebody did some training with you, would they get extra money or is it not worth the while?

Participant C: Because they're at work they're paid to do the training. Because they're not working with the client, we then have to pay someone else work with the client. So you have to pay another person to do the job that they should be doing because they're training.

Gillian Manthorpe: But supposing I've done a training course would you pay me more, or can't you pay me more? Would I rise up a level?

Participant C: You wouldn't get paid more. When people start, they can do the Care Certificate, and do those roots and from there you can do a diploma, but not everybody wants to do that. And a lot of the staff that we have are agency staff, so they don't want the diploma and they don't want to progress, they just want to come to work, do the work that they enjoy doing and then go home. We looked at going into schools, to talk to children aged 10-12, to talk about getting into social care as profession, and I've been working with care leavers to look at how we could draw them in and talk about career progression. I started at the charity that I'm at as a volunteer when I was single parent 30 years ago, so there is a progression if you want it. But not everybody wants it.

Gillian Manthorpe: Thank you.

Participant E: My thinking is very similar, but it's difficult because it does lead to recruitment for us. Within the social care sector, particularly within domiciliary care, there are a lot of unpaid carers, such as family members, and we go into the support them. We are trained, and again I would echo that we are trained within an inch of our lives to do things properly, and the unpaid carers there don't qualify for training to be able to look after people at home. I think until we address the issues of recruitment and staff retention, then we're not going to be able to move away from unpaid carers. Does that make sense?

Gillian Manthorpe. Yes, that does make sense.

Participant D: I don't think that the Government have met their commitment on building the workforce, and I think it's kind of laughable that that's even being asked really, but I know that you have to ask it. I think I disagree a little bit around training, as I think there are opportunities to develop the professional confidence and ability of the workforce and allow them to have to time to reflect on their practice. I think that is really crucial, and people do value having that space and time to do their work well, and reflect on it, so that they can think about how they can really improve on it. My organisation delivers quite a lot of that to hundreds of managers every year and what we hear is that people are desperate to get on it, because it's a long-term programme, but so many of them get pulled back into their shift because there's nobody there. I think it really echoes some of the earlier points; that there is no point doing workforce strategy if we haven't really got a workforce. And at the moment, we haven't really got a workforce as it's threadbare. So no, they haven't met that commitment. Secondly, you've got to get the foundation right, haven't you, first and foremost, and as Participant A said, this is an incredibly complex but valuable role, and that recognition needs to be at the heard of things.

Gillian Manthorpe: Yes, thank you. Participant F, do you have any comments on building the workforce, and meeting the commitments on that.

Participant F: I think the comment that you asked Participant C around whether you get paid more if you do certain training, is a really good observation and a question that we get asked all the time. When we're putting forward training for people, they will often ask us if they're going to get paid more, or what is in this for me, and I think it all stems back to this idea about people feeling valued. Value for a lot of people in the health and social care workforce, that are often earning not much more than the minimum wage, often translates into better pay and the funds being available. Again, if we think about our longer-term strategic planning things like training have a role to play. If you were to link certain training and certain qualifications, a little bit like the Agenda for Change in the NHS, to something tangible that would be positive. So if we were able to say, if you do this training then this is the level that you will reach, and you will get this. There are things that can be done, but at the moment it really is about that value and unfortunately, what we hear, is that it's not about a cycle to work scheme, or access to an employee helpline, but it's about more money and better conditions.

Gillian Manthorpe: Robert did you want to take this discussion in another direction?

Robert Francis: The only question that I wonder about; I absolutely understand the point that many people in this field love their job, and they don't want to progress, but if we are looking for an increased workforce- which is what you're all saying we need-then is there something in terms of training and development that can attract a different stream of people? I take on board entirely what you're saying about pay and conditions, which is obviously the big item, but just in terms of training and development what could attract a different calibre of people in? Or maybe we can't, I don't know.

Participant C: I think what Robert said does make perfect sense, we do need to encourage younger people into the profession without a shadow of a doubt. Because a lot of carers are older people, and they don't want that progression, but the younger ones do. But to get that you need to have, not that carrot of a decent salary and progression, but something along that line. Local authorities look at the hourly rate, and what they're going to pay, but they don't look at what we then have to pay out. So if we have an extra pay scale, then it needs to come from somewhere. There's no other way around that that. We're back at money again, but the fact of the matter is that if you want to encourage people into the profession that need to have a decent salary. They need to be recognised and have a decent salary.

Gillian Manthorpe: Thank you. Participant A, were you going to take that discussion further?

Participant A: For me, certainly in nursing, we think about those stop on points in nursing, because nursing has this whole other recruitment crisis as we know. A lot of our social care professionals get really interested in working with older people, people with dementia, people with learning disabilities, but then when they want to progress their career further- maybe into nursing or some other roles- it's really freaking difficult to do that. There's no funding for it for a start and it takes years and years despite the skill sets that they already have. So to Robert's comments, to step-up into the next career or the next level isn't that easy. We haven't done anything, particularly in nursing, to make that easier, and I guess that might well be the case for people to step into social care management roles from social care professionals. It's not straightforward. You kind of fall into it, or you have to give something up that you really love to then go into university to study for three years. That's got to be smoother because we've got a workforce that's really committed, that could go on to do all sorts of amazing things. We just put £500 million around training and think that's enough, but clearly it's not sustaining.

Gillian Manthorpe: I think we're all coming back to our old friend, the strategy, aren't we? Participant D, anything you want to add here?

Participant D: Just to say I think that, yes, the workforce pathway is important, but there is also this gap between care homes, or care services, and the community- the islands of the old, I think they're described as. Once you start working in a care home, you get a bit more of that in your heart about why you value it, particularly when it's working well and you're given, as a member of the team, the time to deliver what you want to deliver, and the support that is really needed. When you aren't given that, then it becomes a bit like an institutional abuse situation where you don't have the time to do the work. It can be very hard, it's physically exhausting, it's emotionally exhausting, and then you leave and go to another place. It does come back to funding, because you need to be able to equip people with right time to do the work, but it's also about that ability to really open the doors of care homes to the community and have allow people to come into them more. That comes down to value and the relationship that care services have with their community. If care homes were able to be more confident and supported to have an open door where they're allowed to have more people in- they're very focused on risk because of the CQC and safeguarding- that would have a positive impact. We have one manager at the moment, who is really trying to recruit people that aren't care assistants, and they're calling them buddies. So they have to deliver personal care, and what they have found was that they've had dozens and dozens of applications for this buddy role, and from that buddy role people start to actually get interested in becoming a care assistant. But given that that care assistant is just about minimum wage, there's really not much difference in terms of pay, so the whole structure needs to change so that you can go in, find out about sector, fall in love with the job and then develop. So there are various different steps in building the workforce, that isn't just about a career pathway but also about helping people to be more aware of the positive things that care homes and care services are doing.

Gillian Manthorpe: So in a sense, you're saying not just to build the existing workforce, but to also think more constructively about building new roles and think about the relationships between them. You're not recreating many institutions but building new roles with greater connectivity to the neighbourhood and communities.

Participant D: Absolutely. What you need is the local authority and the local community, to be thinking wow we love that fantastic care home down the road, or that fantastic care service. That they're proud of the work that the service is doing and want to be connected to it and help. And that relationship will nurture conversations, within families or friendship groups, with people saying that they've been connecting with the local care homes and they're brilliant. These help places to be seen as valuable, and then people are more likely to lean into them and think that they would like to work in them. Beyond that, that's where we need to have that career pathway; we've got people in and now we need to take the opportunity to really develop them. For some people it won't be about university, and some people will never be interested in formal qualifications, and that should be ok too. But I think it's a whole systems approach.

Gillian Manthorpe: So in terms of government commitments to that, are you saying that there appears to be no government commitment to remodelling services? Has the government made any commitments in this area that they could be held to account for?

Participant D: From my perspective, absolutely not.

Gillian Manthorpe: So that's a commitment that was not made. Participant B, would you like to follow up on that point, and then we'll move on to a couple more questions.

Participant B: Just to link to Participant D's point about the community, I think that it's really good to get involved in what I would call intergenerational stuff. I know that I've had social workers in the past, who've been in care homes that needed a lift-perhaps some murals on the wall- and they've gone down to the local college and got youngsters in, and that has had a wonderful impact. It also gives a positive image of social care to those people, and all of that is fantastic. The thing that I scribbled down earlier was apprenticeships. I don't know how much they have featured in other people's experiences, but over the last few years several local authorities have worked on these, and they have had a great deal of success of people being either in the provision side of the local authority, or as social work assistant assessors and moving on through to social work. It means that they can have something to aspire to and get involved in. I think that's really important, and that should be promoted much more than it is.

Gillian Manthorpe: Participant A do you want to comment on that or another area?

Participant A: I just wanted to build on that. It's partly what Participant D was talking about, that reframing of social care within the community, and making it valuable to the community. I think the other thing for me is how we don't frame social care, in that it's a safety critical feature of our society. It actually maintains people to live the best health they can, in the way that they can, whether that's in domiciliary care, care homes, group LD homes or whatever. We don't think of our social care workforce as a safety critical workforce, in the way that we might apply that to the NHS workforce, and yet it is absolutely vital. If you're going to maintain somebody's health so that they don't end up in acute care services, you need a really critical social care workforce to manage that. We don't frame it like that, I don't think.

Gillian Manthorpe: So we will have to think about drawing that back to whether there were commitments made by government to build the workforce, in any sense, that would see it as part of the fourth emergency service. Participant C do you want to comment further on this?

Participant C: It was just a quick one, picking up on what Participant B said about apprenticeships. What we find in the North East is that all of the local authorities have their own apprenticeship schemes, which work well in the local authorities because the terms and conditions are there. If you go to the colleges, and you take apprenticeships from the college, what you tend to find there are young people who are coming through who are going to do their diploma, but they only want to work from 9-3 on Monday-Wednesdays, or they only want to work two days a week. They don't really look at the bigger picture of health and social care. And when you take them on, they don't stay for very long because they either don't want to work the hours, or they'll move into the local authority because the terms and conditions are better. So it's a bit of a catch 22; you want to encourage, but the local authority apprenticeships are staying because the terms and conditions are there, and then the college apprenticeships are very…they don't have the same vision as us about what social care is.

Gillian Manthorpe: So any strategy for workforce development, or building the workforce, perhaps need to take into account how apprenticeships might be better embedded. And obviously there are a lot of very small employers in social care which might make it a little more difficult for them to run those big schemes. Robert is there anything that you think we haven't touched on in terms of building the workforce? I think as Roy Griffiths said, making bricks without straw was a little difficult, and in a sense, I think you've given us some indication of how difficult some of those building aspirations are.

Robert Francis: Can I just ask one question? Social care covers such a broad range of different activities, and is represented by our guests here today, and I just wonder whether there's anything that anybody wants to say about those differences, and the extent to which the label 'social care' needs disaggregating a but when we're talking about workforce.

Participant F: I completely agree, it's a really broad spectrum. I've got two children that are both currently on their own development pathway, one is training to be a social worker and the other one is training to be a mental health nurse, and when the one training to be a social worker tells people she says that the narrative around it is so negative. We've really got to work hard at changing the narrative around health and social care, and how it is seen. There needs to be more education around the nuances between all the different roles. I went into schools and talked to young pupils about the different roles in health and social care, and they don't have a clue about it. They don't know about all of the different roles that are out there, and the different careers that they could be passionate about. I think we need to take some responsibility as providers and get people involved in it. It's not just for the Government, although obviously the Government can support it, but we need to take some responsibility for changing the narrative around how we talk about health and social care.

Gillian Manthorpe: Thank you. We're just over halfway through and we've got two more questions, and then you'll be please to know that you'll then be released for good behaviour. I'm going to ask people to think a little bit about the white paper, and the People at the Heart of Care, which wasn't a workforce strategy, but it made some workforce commitments, I think in chapter 4 or 5 in which it talked about some of the things that we've touched on here, such as the portability of the care certificate and this lump sum which is going to be spent in magical ways. Does anybody feel that this is a commitment that they would welcome? Is it feasible in terms of what it promises? I apologise if it's a little bit too detailed here, and you haven't sat down and read the white paper from cover to cover, but you'll get a general sense of what it is. There's a section in it which talks about the workforce, that I think as Participant B said, a lot of other promises in there has workforce implications which weren't necessarily picked up. There was one particular point about social work, which was talking about having fast track programme for adult social work, and Participant B, did you want to comment on that?

Participant B: I think there have been fast track schemes, but I'm not sure whether they've actually been evaluated. In principle, I wouldn't say that there was a problem with having fast track schemes, however we much be sure that any scheme is able to cover all the fundamental training and education that social workers require. I think that's very important. And we need to have a bit of an evidence based in terms of what these other schemes have achieved.

Gillian Manthorpe: Thank you for that. I was focussing on Participant B there because clearly that's their bread and butter, but if anybody wants to add anything please let us know. If not, we'll turn to the commitments made in the white paper, and was anyone particularly surprised by it, or could you see these commitments being taken up. It talks about a billion pounds coming into social care, those of you with an eye for detail have noted that it's not quite coming yet. Participant F, you're nodding there is that something that you felt was a little bit surprising to read?

Participant F: It felt a little bit disingenuous maybe, in that we know that some of it has been funnelled into the NHS in the first instance. With the white paper, I think everybody felt pleased that things were finally being discussed within a context that we all understand, and we all know, and we all feel passionate about. I think that most people that I speak to don't feel that it extends far enough, and that it skirts over some of the issues around the joint working between health and

social care and realistically, I think most of us know that money is haemorrhaged between the fragmentation across the board. If you can get the two sectors working closer together, there is a lot of money that could potentially be saved in that, and until that happens, we're going to continue to see this disconnect. For me this is one of the biggest challenges that I don't feel was really addressed in the paper. There's obviously lots of other issues that we've touched on already around the training, and where the money is going to come from, and the workforce, and again the same issues remain- it's around the challenges of the workforce in itself.

Gillian Manthorpe: So taking the workforce lens, Participant A what did you think in relation to the commitments being made there?

Participant A: The commitments are fine, I suppose, and at least there's some recognition for the social care workforce within that. But the integration piece hasn't been delivered, so I think there's a lack of confidence. We sit across both health and social care, so we see what's going on in health and what's going on in social care, and we try to connect it up as best we can but there is still a long way to change the perceptions between health and social care on both sides- so in terms of the way that health views social care, and the way that social care views health. I think until you get those things sorted out, I think what we'll see is some really nice ideas of the possibilities, but on the ground in reality, I'm not sure that that commitment on joined up thinking around learning and development is going to happen. But that's not just the Government, although it should be led from the Department of Health and Social Care, I think that's the way that local authorities work with NHS commissioning organisations, but the culture gets played out so that it is a divide rather than an integrated approach. And of course we don't have an integrated approach to workforce planning, so that's where I would start. But the paper is fine, there is nothing terrible in it. it has some nice things in it, but whether they actually happens is a different story, and there is a cynicism in social care because they might have heard it all before, and it's never really changed. Things haven't changed on the ground in social care, and they haven't changed too much in healthcare either, but at least there is more energy for change. I get the sense, particularly from providers and working in the sector, that people see it as something that is happening over there, but actually nothing comes to us, and we're still left with poorly paid staff that aren't held in the same esteem as their colleagues withing health.

Participant D: I would very much echo what Participant A was saying there. I'm just re-reading the overview and agree that there is nothing in there that is shocking, and there are some nice ideas, but it does come down to the implementation. What actually happens so often is that money lands maybe a little bit late, without too much notice with the local authority. My experience is that because they're under a lot of strain, a lot of pressure, and they're still recovering from COVID, that they just think 'crikey we've got to get rid of this money, we've got to sort this money out soon.' Sometimes it goes to the right places, but it often doesn't. The best thing would be to, and we see this sometimes, land it with the care association. Or first of all help to develop the care association, so that it feels like a representative professional body- not just for the providers, but for those practitioners working in social care- and just allow them to have the money. Coming back to the idea of a valued social care sector, what we've always had is the local authority, or CCG, who have the money and they say that they've listened to providers and they're going to do this, but it feels very much like the parent-child transactional relationship that you get right across the health and social care system. In this system, social care is sort of passive to the parent local authority. What we should move towards is a system that enables the sector locally to develop, to develop it's confidence, to give us the money because that trust the sector knows how best to use the money. I do believe that the independent sector is really good at money, and really knows how to spend it. So if, for instance, as a starting point the money went directly to providers, particularly if we have really

well established and supported local associations that have a bit more governance. There is one local authority who has given the money directly to this association, and it's a good association, and it's doing the right thing with it. So there are examples of where that does work, where that trust exists. But otherwise it's just the same old story where the provider is at the end, barely consulted, and then some money might pop-up, or in fact they actually don't see it at all.

Gillian Manthorpe: Yes, good. Robert is there anything that you'd like to pick up on here? No. We need to, I'm afraid, move on and I've got a question about technology which is always an interest in government circles. I'm wondering if you feel that the Government has fulfilled its commitments to improving technology in, or indeed actually getting some digital technology into, the social care sector? Have these commitments been met, or are they not really passing you by?

Participant C: We approached our local authority and made a suggestion that the local authority took on a package of electronic assistive technology and care management side, so that all providers could buy a license and log into it, because we've spent an awful lot of money taking on electronic systems to become a paperless system. And I know from a lot of other providers that they've had to do exactly the same. It helps us in the long-term if things are paperless, but the actual cost of that is just mind-blowing in some aspects… (mic cuts out). We suggested to the local authority because they already had that in place, that they reach out to other providers to see if they wanted to buy a license to access it, so that we all have the same software, so that we could link our systems and look at support notes, or whatever they need, from their offices, but it wasn't received particularly well. Ideally it would have been great, because they already have that infrastructure, and we were quite happy to pay for a license for it, but they said no. We purchased our own software, and we've found better software, but the license that we have for that company is for seven years, and that's going to cost us £70,000, just as a read only license, because we want to change to a better provider. If we have been involved with the council, and they had let us take a license with them, it may have cost half of that. If they needed anything they could have just gone in the system and taken it, and if we need support we could have just said, but that idea wasn't well received and that said no.

Gillian Manthorpe: Alright, thank you for that. For the benefit of the recording, some people are nodding around this account of the workforce wanting to make greater use of technology but coming across a whole load of barriers within local authorities. And because there are 25,000 employers in social care, that probably could be repeated many times.

Participant D: The first thing is that I think it's remarkable how the care services have innovated over the last two years around technology. I mean hats off to the sector, they really have led the way in going from a place where they weren't using much technology, particularly in care homes, to the really good place they are in now. I think it's good to have that emphasis in the government commitments. I think that the best thing to do would be to allow the new ICSs to bed in, because what we're finding and hearing is that bits of kit get sent to care homes to communicate records to GPs, but the GPs are even aware that they're meant to be receiving those. I suppose when I've listened to some of the senior civil servants that are in Health and Social Care talk about technology, it does feel to a certain degree that they think this is going to resolve and solve everything- it's a feeling that if they get this right, the everything's fine. I think there's a high risk that we are already going into creating a culture within social care that is much more about monitoring, monitoring people's oxygen etc., in a way that it becomes the most important focus, rather than quality of life. Service users are allowed to make silly decisions, decisions that we might not think are the right decision, but in a way, we are creating a culture that is almost around compliance. So we have to be a little bit careful about the use of technology, not only just for quality of care, but actually for quality of life more generally.

Participant E: For me, from what I've seen, I think technology could and would work really well, if there was more of an integration between health and social care, where we could have joined-up work and partnerships. And I think that would work very well. It's difficult, because with the introduction of technology, sometimes there can be blurred lines. So your work commitments might spill into your personal commitments, because of the technology that you were using which could lead to higher stress. But I think generally technology would work better if we were possibly all using the same systems. We have difficulties, like Participant D said, when we're liaising with GPs because the GPs have not got the same systems as the hospitals, and then we've got no chance of them telling social care what's happening.

Gillian Manthorpe: No, integration in the NHS is not exactly clear. So Robert, anything you think we should discuss a little more on the technology front, because we've got one particularly important section to focus on which is workforce wellbeing.

Robert Francis: No, nothing from me, thank you.

Gillian Manthorpe: Well thank you. The last section is on workforce wellbeing. I'm so old now; I can remember when wellbeing was talked about in terms of nail bars and things like that, and now it's a much more global phenomenon and we're all aware of wellbeing and that's great. So there are commitments around wellbeing in social care, and I just wanted you to help us think about whether or not those commitments have been realised on the ground and at management, provider and employer level.

Participant F: For me, the biggest thing that I've seen, felt and heard with regards to wellbeing over the last year or so is definitely around the one thing that impacts wellbeing more than anything else, and that's people working short staffed. For me that's the biggest pressure and the biggest issue. I talked about my daughters earlier, and one of them works in a mental health hospital and there have been times when I wanted to pull her out of every working in healthcare, because of the detrimental impact I've seen it have on her wellbeing as they are working so extremely short-staffed. Again, it comes back to getting those things right as they will have the biggest impact. When we look at our commitments around things like supervisions, we need to be able to make sure that we have time to reflect to complete those supervisions, and to make sure that we're actually following all the best practices. And unfortunately, again if we go back to that age old issue that's what prevents those things from happening which really does have an impact.

Gillian Manthorpe: So just to push you, are you saying that you think there should be commitments around number of staff.

Participant F: Oh, without a doubt. I don't think there's any provider, who works within a residential setting, who when speaking candidly and honestly, wouldn't say that they are impacted by short staffing whether that be because of operator margins- which, let's face it, happen- or whether it's to do with workforce challenges and not having enough staff on shift. I would absolutely say that it's demoralising. It makes people feel like they can't complete and discharge their duties correctly and safely. A lot of people in the sector are very passionate about their role, and care about what they do, and if they're feeling like people have been put at risk, because of short staffing, those are things that really impact on people's wellbeing.

Participant B: Social workers are saying how difficult it is to manage with the vacancies they hold in their teams and to respond to the increasing demand since the pandemic. It's very difficult for them. One of the other things that they find really difficult to manage is when they can't organise home care, because of the shortage of domiciliary care, and they hold that risk and try to manage it, and

they go to bed at night thinking about that risk, and that is a real worry for social workers at the moment. And one of the ways that we've dealt with a lot of this is trying to give a lot of support in supervision, a lot of peer work together, coming together in huddles (even online), and as we're now coming out of the pandemic having wellbeing events and celebrations, some of the good stuff and not just strict training. It's giving them something nurturing. But it certainly is an ongoing issue and a worry for people.

Gillian Manthorpe: Thank you. And Participant A, what about what the government is saying around listening to people, and its wanting people to access wellbeing hubs?

Participant A: It's very interesting and at least it's a recognition of how people feel, and the impact of what they do, I think, is probably helpful. Some of my work at the moment has been around moral injury, particularly in nursing, and looking at the impact of not just the pandemic, but the impact of having to go in day after day to some very difficult situations with limited staff resources, and those staff are pretty worn out and emotionally under-resourced as well. So I think there needs to be some recognition of that. We don't all need to go on resilience training, we don't all need that, what we need is what Participant B was talking about- and it's certainly something we do with our nurses- and that is regular supportive supervision, drop-in sessions, support from an ethical leadership and a compassionate leadership approach. People don't need to sit in a classroom and told to be more resilient in a crisis, and I think that's a knee jerk reaction that we've seen so much. What they need is the right leadership and support and supervision around them, so that they can cope with what's in front of them. We would not allow this safety critical workforce to fly our planes if they were feeling like that, and yet we expect them to go in, day after day, on the back of what they've been doing, which has been tremendous during the pandemic, feeling like they can't go on and they can't cope. It's really sad and that's why people leave. And certainly in social care, we're seeing people leave to go and work in ALDI or Morrisons, and I'm not saying that those jobs aren't important or stressful, but they probably don't have to carry this emotional baggage around. And if we ignore that then we're going to see more burnout.

Participant D: I don't think there's much more to add other than that I agree with everything everyone else has said. At the local level, I think that the NHS, and IAPT, and the various different offers of support have done better at connecting with care homes, but what I hear is that there is generally not a great deal of response back from care staff to go on those. I think that's partly because it's an NHS thing and there is doubt over whether they really understand us, but also, the nature of these fantastic people that are working as care givers, is that they are givers, and they are not necessarily good at accepting help for themselves or feeling like they are deserving of support. So you have to work harder to offer them the space to actually talk about the work. So actually going into services- which is hard because they're short staffed- and finding moments where you can sit down with them, just to talk to them and ask them how things have been and allow for some of that emotion to come out. It's expensive, but actually it's on the only way. Going back to the start of today's discussion, and the idea of planning the workforce, staff burnout is probably the biggest risk to the workforce. The managers that we work with across the country, often use the space that we provide to actually that they've had enough and that that's them done in the sector, and we're seeing so much of that.

Gillian Manthorpe: Thank you. Participant C this will be the last comment before we start to rap up.

Participant C: From a provider perspective, we accept that staff are burnt out, that they're tired and there are some mental health concerns, from either overworking as they felt that that couldn't go home because we're short staffed, or for various other reasons. But the managers are the same,

because when the staff have been off the managers have said that they'll stay behind, and that's a credit to them at the end of the day because they've worked their socks off. As a provider we recognise that our staff might need a bit of support, but the problem is where do you access it? For two years now we've had emails every other week from Newcastle Commissioning, and the bottom they keep talking about this wellness hub, but it's an NHS wellness hub, and it was only this morning, after two years of receiving this email, that found out that we could access these hubs. And nobody knew that. And every two week we receive 10-12 pages from the Commission asking if we can take these people, but we haven't got the staff to do it, so then you feel guilty because you haven't got the staff. It's just tough as local authorities are different. Northumberland haven't got a wellness hub, or if they do, we don't know about it, so again lack of communication is an issue.

Gillian Manthorpe: I'm sorry but we have to bring the discussions to a close. Thank you everyone for you time, and it's been such an interesting discussion.

Robert Francis: Thank you everyone. It's been a really clear and clever discussion that I'm really grateful for.

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