

Transcript from the roundtable session with members of the health and social care workforce, feedback session (EPW0087)

Transcript of feedback session for the Health and Social Care Committee Workforce Expert Panel roundtable with members of the health and social care workforce, Thursday 5th May 2022.

Brackets indicate the discussion group that the Panel members facilitated.

Professor Jane Dacre (Group 1): Thank you everyone. I'm going to ask the facilitator of each group to provide a brief summary of the key points in their group. For my group it's clear that when it comes to workforce the key word is 'under'. Understaffed, under-planned, under-supported and the people in the room are underwhelmed by what is going on. Is there anybody from Group 1 who would like to add to that?

Participant A: I think the thing that I was shocked by, and I'm ashamed to say that I was absolutely unaware of this, was the plight of our dentists. I couldn't believe some of the things we heard in our group about the state of the dental workforce, it worries me as a patient, and I'm keen to flag that.

Professor Jane Dacre: Participant B, who was the dentist in the group, would you like to respond to that?

Participant B: Thank you very much for the opportunity to advocate on behalf of my profession. We are the Cinderella service in that we are often forgotten about, so it's been great to have the opportunity to be with my fellow healthcare professionals and to hear our shared experiences.

Professor Jane Dacre: It's been a pleasure. And thank you to Siobhan, and her team, for putting it together. Can I move on then to group 2?

Professor Shereen Hussein (Group 2): In addition to the idea of 'under', there was a real sense of fragmentation and working in silos. There was a lack of overarching planning- and planning was a big problem- and of strategic thinking. What really struck me was when we talked of wellbeing, and the stigma for people in this profession to seek help, and that the posttraumatic stress of COVID has not been considered. There was a talk of an over-reliance on apps during this period and how we need to move onto in-person services. Issues around gender and inequality also came up. It has been a very rich discussion and we could spend hours talking about different things.

Participant C: I just wanted to add one point. We talked about skill mix, and needing support staff, so that the qualified registered professionals, the people working at the top of their license, can get on and do the job that their supposed to do with the backing of support staff.

Jane Dacre: That came up in our group too, so a point very well made. Thank you. So moving onto Group 3, and again this one focused on health care.

Alison Leary (Group 3): We also had comments about 'under' and the lack of planning, but we also had inaction. So on a lot of these big issues where is the action. But Anita probably has better notes than me.

Anita Charlesworth (Group 3): Nothing that was said disagreed with the two previous groups, but there were a couple of other points that were raised in our group that I wanted to pull out. The first was the balance between what is needed to be done nationally and what is needed to be done locally, and in some areas are we too reliant on leaving it up to local services and areas when it can only be solved nationally? And in some areas, there is a need to be clearer about where that balance

is. The second issue is around getting the basics right. This came through in the wellbeing issues about core hygiene factors, but also getting the basics right in things that will help numbers and training. An example is around retire and return, which is an incredibly clunky process. The things that we try to do to promote people moving between providers remains clunky. So at the moment the core basics are not done consistently well. It was also raised that there was enormous variability of training and adoption of new technologies.

Jane Dacre: Thank you. There's definitely a lot of commonality coming out of these groups which is very helpful to us. Moving on now to Group 4 which was focusing on social care and I think we have Jill and Robert.

Jill Manthorpe (Group 4): We had a great conversation with people who are actually at the very sharp end of provision. We talked about the impact upon individuals of being so incredibly short staffed at the moment, and how that was very difficult and is not getting any better. There was a golden thread in all discussions. There was some pushback about training, in that many people thought that actually training was not what people needed- and indeed this is quite a trained workforce- it's just that if you asked anybody outside of the sector what you thought social care needed it was training, and that this shows a lack of familiarity with the workforce. We talked about employers and local authorities, and the stresses and tensions between them, and then the role of central government, and where is the strategic lead both in terms of workforce and in terms of education, training, and technology. This was with the caveat that technology wasn't going to solve everything and it's not the magic bullet. It's useful and it has made great strides during COVID, but there was a huge danger of fragmentation; in an area with 25,000 employers there was going to be 25,000 different technological solutions, and that was not going to work well on integration. We spoke a little about integration, but really the focus of that was on partnerships rather than complete integration, because that just seemed a step too far.

Jane Dacre: Thank you. Last, but not least, Group 5.

Carol Atkinson (Group 5): Thanks Jane. We again had some really rich conversations identifying lots of challenges, some of which have been identified, such as lack of funding. We also talked about competition in Health and Social Care, particularly for entry level or base level staff, and there are some real challenges there. It was also clear that resources are thin not just on funding but people as a resource was low. Pay wasn't necessarily the answer, but important clearly. Training wasn't necessary the answer, and whilst there may be funding for training there often isn't the time. There was a sense of not feeling valued, and whilst that had improved during COVID there was a sense that that was ebbing quite fast. And it was quite challenging of having that feeling of being valued and then losing it. On technology there was a feeling that it was not funded, apart from by the providers themselves. It was being embraced where it was coming in, but it needed to be far less fragmented. Staff were ready to embrace it, they don't see it as a magic bullet as someone said earlier, but they were ready to embrace it if the funding is there and if there is a central mechanism to support that.

Jane Dacre: Thank you everybody, and what an extraordinary series of discussions we've had. We're hugely grateful to everybody for their time. These sessions will be transcribed, and these transcripts will feed into our report which is being published in July. Hugely grateful to everybody for their time and their honesty today.

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