

Valuing the Workforce: Summary of findings from regional forums

September 2023

About the National Care Service

The Scottish Government is working with people and organisations across the country to improve community health and social care support in Scotland.

We want everyone to have access to consistently high-quality local services across Scotland, whenever they might need them.

That's why we are introducing the National Care Service (NCS) and shaping it with the organisations and people who have experience of accessing and delivering community health and social care support.

Introduction

Throughout the summer of 2023, we held a series of regional events across different communities in Scotland as part of our on-going work to co-design the National Care Service. These took place in places from Stranraer to Shetland and were chosen to ensure we worked with both rural (mainland and island) areas as well as town and urban areas.

We also ran online events for people who could not attend in person. This report is a summary of what we heard from people and what we will do next to continue co-designing the National Care Service with the people and organisations who need or deliver community health and social care support.

At each of the regional events we ran three co-design theme sessions as well as more informal drop-in lunchtime sessions. In some areas we also went out to local organisations to run additional events on their premises.

The sessions were all aimed at people:

- with lived experience of community health and social care support
- with lived experience of working (in a paid or an unpaid/carer capacity) or volunteering in community health and social care
- or who have an interest in community health and social care in Scotland

The total number of attendees at these events was 606.

The co-design sessions related to one of the five current co-design themes of the National Care Service:

- Information sharing
- Keeping care support local (part 1 local services and part 2 community health care)
- Making sure my voice is heard
- Valuing the workforce
- Realising rights and responsibilities

The first part of each session involved sharing our current understanding of:

- people's current experiences of community health and social care
- where people felt the changes to community health and social care in the National Care Service should be focussed

We wanted to check with people if our understanding was right and if we had missed asking any important questions.

In the second part of each session we then asked people to share their ideas about how to solve the problems or make the changes we had discussed in the first part of the session.

This report is a summary of the key things that we heard from people. We will use the full detailed feedback we have gathered to develop further co-design work with people and organisations over the next 18 months, as we move towards the final decisions about the design of the National Care Service.

We will also run additional sessions targeted at children and young people, as well as at people from groups who we know are currently under-represented in this work. This is to ensure that the National Care Service reflects and meets the needs of all the different kinds of people who need to use and work in delivering (whether paid, unpaid carers or volunteers) community health and social care support.

About Valuing the Workforce

This report relates to the feedback we have gathered from the Valuing the Workforce theme. This was collected at the events in:

- Stirling
- Dundee
- Skye
- Shetland

There was also an online event on this theme for people who could not attend an in-person event (for example due to ongoing concerns about Covid).

In total 132 people took part in the Valuing the workforce sessions.

We have been working with people who have lived experience of accessing or delivering community health and social care to:

- look at the data and evidence that exists and agree what it tells us
- think about what needs to change and why
- find out where more information is needed

In the next phase of co-design, we will focus on working with people from within the workforce and those who access services to:

- check we filled any gaps in our understanding this first phase highlighted, including key groups we have not engaged enough with yet
- consider what might need to change and starting to develop ideas for making that happen.

How we ran the sessions

The aim of the Valuing the Workforce sessions was to work with people with lived experience to:

- better understand how roles work alongside each other in social care support
- identify how different roles and professions impact each other
- recognise where challenges, successes, and opportunities for change exist
- share what would support the workforce to feel more valued

The sessions were designed to explore the workforce experience by using specific stages of the community health and social care support journey with the paid workforce. The stages of the social care journey are:

- awareness
- eligibility
- assessment
- service availability and allocation
- care planning and agreement
- social care delivery (including complaints, independent advocacy and Self-directed support)
- changing care delivery (review) or ending social care (including transitions between services or across geographical boundaries)

What we learned

We wanted to hear the lived experience from anyone in the community health and social care workforce. We heard from people working in:

- health and social care
- social Work
- voluntary and private sector
- support workers
- care managers
- nurses
- occupational therapists

Furthermore, we heard views from unpaid carers and people with lived experience of receiving care.

We heard from people working in “multidisciplinary teams” – teams with different kinds of community health and social care staff who work together in an integrated way to support people.

Arrangements for integrating health and social care have been in place since 2014. We have heard experiences of what has gone well during this time and what we need to do better to provide good integrated person-centred care.

Here are some of the most common insights that we heard across the sessions.

The difference between workforce models causes tension between the health, social care and the voluntary sector workforces – which impacts team morale and how valued staff feel

We heard:

- social care sector workers feel a lack of respect of their profession compared to how they perceive NHS colleagues are viewed
- the social care voice feels unheard across the system, especially in relation to decision making around people’s health and care support needs
- people in health and voluntary sector roles believe there is a need for increased collaboration, to ensure all perspectives are considered
- if social care roles had more autonomy, they could effectively support the transition across community health and care services
- from a variety of roles, such as occupational therapists, that they are key in providing the timely delivery of services, however felt their impact on wider workforce workload was not recognised by others
- funding and salary differences between health, social care and the voluntary sector can be a source of tension between those working in multi-disciplinary teams locally to deliver community health and social care
- NHS needs often take priority over social care demand or capacity, in particular when it comes to hospital discharge – and taking a more collaborative approach would be helpful

There is a need for consistent and collaborative approaches to determining eligibility, conducting assessment, and making referrals for social care support

We heard:

- the workforce felt there are lots of assessments and that assessment questions are focused on what people cannot do, instead of understanding more about the person and what they want to achieve
- the workforce felt they had limited time to do an assessment. Some social workers feel their role is so focused on getting assessments complete they do not have time to get to know the people they are supporting
- a variety of staff should be involved in the assessment of a person's social care needs – including health professionals and the voluntary sector - as other

professions are often involved in supporting the person already and know them well

- the current assessment does not capture the information needed for all services, which causes frustration as people feel they are going through multiple similar assessments
- in some cases, people are not being given the support they want or that meets their needs, mainly due to limited resources. Staff also felt they often lacked knowledge of the organisations they were signposting people to
- eligibility criteria are inconsistent across Scotland and there is limited data captured on those who weren't deemed eligible for support
- referrals do not meet needs and have to be pushed for by family members. People receiving care and their families also get limited information on referrals
- specialist services also do not always get the information they need when people are referred

Effective multi-disciplinary and multi-agency team working is key for delivering quality services that meet people's needs

We heard:

- the workforce needs good quality communication within teams and across organisations to deliver quality support. This is especially true as people transition across services
- in more rural locations, informal communication is just as important as formal methods to help staff to get things done
- having different professions working together in the same physical space often helped collaboration
- friends and family often need to communicate for those receiving care but understanding how all services fit together can be challenging for them. So clear communications and information are necessary to allow them to speak with the right support staff
- some of the social care workforce are having more responsibilities added to their role, with limited training. Social care delivery staff, in particular those in care homes, had suggestions for aspects of care they could deliver that would reduce the workload for other professions
- across all professions, the lack of sharing of information and data between professionals impacts delivery of quality social care. This was also shared by the voluntary sector, who often felt excluded from decision making for people they also support

It is vital the social care workforce experience is improved to attract and retain staff

We heard:

- the ageing workforce means there are lower staff numbers, and young people are not attracted to the profession. This is also impacted by the lack of affordable housing and staff accommodation needed in remote/rural areas and that travel time for staff is not taken into account
- recruitment is a constant activity for leadership and training new recruits takes time and impacts on the quality of care delivered
- the system reliance on agency staff is increasing the recruitment challenges, especially the differences in salary
- there is a need for consistent terms and conditions for the workforce for stability and workforce planning
- staff are keen for more flexible working patterns and benefits or incentives, including flexibility of shift types. Parents highlighted challenges with finding childcare outside normal working hours
- there are high numbers of staff off-sick due to workload pressures. There is often no replacement, causing further stress to colleagues
- staff mental health is negatively impacted when they are unable to meet people's needs due to workload pressures

The workforce feel inclusive leadership and shared values within the social care sector support the workforce experience

We heard:

- good culture and team working help staff to speak up and feel supported around risks or issues
- people generally feel valued, respected and supported within their teams
- shared common values are important to effective team working and morale
- management staff have a direct impact on workforce wellbeing, which then impacts on the quality of service delivered
- there are a number of wellbeing initiatives – but staff do not have the time to do them because of their workload

There is a need for more consistent and appropriate training to develop the essential skills for a variety of roles, and ensuring the time for development is also crucial

We heard:

- due to high workloads and time pressures, staff struggle to find the time to do any training. Staff need time to reflect and retain that learned information. This means there are lower numbers of staff trained to do specific tasks, which impacts on the quality of care and creates a risk to people accessing services
- there are questions about the standard of training available, especially when the training is delivered online. Staff felt there was a need for consistent, appropriate and timely training and development options

- there is a hidden cost for training and development, specifically in terms of training fees and the impact this has on budgets. There is also a lack of staff available to cover those on training courses
- some roles that used to be done by social care staff are not available anymore, which creates challenges for timely delivery of support to people
- the level of responsibility and autonomy allocated to social care roles differs across Scotland
- sometimes people are delivering services they have not been adequately trained to do

Sharing data and information is important to create more effective service delivery across health, social and voluntary sectors

We heard:

- the lack of sharing of information and data between professionals means it is more difficult to deliver good social care. The voluntary sector are often excluded from information that would support the delivery of care
- the data being captured often does not represent the person on the other end. Data is also not being captured on people who are not eligible or successful in their application for social care support making it hard to understand where there might be unmet support needs.
- the different types of systems used within local areas and organisations make it difficult for staff to access the right information
- siloed working in the workforce also creates data sharing challenges, especially around lone working
- there is a need for systems to be accessible to an older workforce, So that they are able to correctly capture information. Staff said they often are not made aware of updates to technology or given appropriate training to help them to work well

Next steps

What's next for Valuing the workforce

We have gathered a wide range of insights about what helps the workforce to do their job well – and how that impacts people receiving care. This includes insights about working environments, training, and funding models.

We will use the findings to inform the creation of an workforce charter, which we will design with people with experience of accessing and delivering community health and social care support, and which will be tested with the workforce.

The workforce charter will support the whole workforce to understand their role in supporting people to realise their rights.

The charter will ensure community health and social care support services are delivered by a workforce who feel engaged, valued and rewarded.

The insights from these will also be used to further develop the understanding of what makes the workforce feel valued and inform potential policy improvements.

We will continue to co-design ideas to ensure that culture and leadership supports the workforce and the people accessing community health and social care support

What's next for the National Care Service

The Scottish Government remains committed to delivering a National Care Service to improve quality, fairness and consistency of provision that meets individuals' needs. We are also working to make improvements to the social care system now.

What we have learned during the summer events will inform these early improvements, as well as the future structures and policies of the NCS, including the National Care Service (Scotland) Bill.

The Bill is currently in Committee stage in the Scottish Parliament. In January 2024, MSPs will take their first vote on the general principle of the Bill. This is called Stage 1.

Over the next 18 months we will continue to co-design with people who have experience of accessing and delivering social care support to design the National Care Service.

We will be doing additional work with people from groups we know are currently underrepresented in our work so far.

In the meantime, we will continue to drive forward improvements across the social care sector, including improving terms and conditions for our valued workforce - making it an attractive profession and bringing even more talent into the sector.

Getting involved

We want to hear from as many voices as possible as we shape and develop the new National Care Service. If you would like to share your experience or views, you can [join our Lived Experience Expert Panel](#). If you join the panel, you will be invited to take part in different things like:

- surveys
- interviews
- helping come up with ideas about what the NCS could look like
- helping us understand what our research is telling us
- helping us make sure we're designing the NCS to meet everyone's needs

For more information about the National Care Service, visit gov.scot/ncs



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