

Appendix 1
Health & Care Scrutiny Adult Social Care Provider Round Table Key Discussions & Actions

Communication & Engagement		
Topic	Key Discussion Points	Actions
Annual Workforce Survey	<ul style="list-style-type: none"> • 2023/24: 270 members of the workforce responded to the annual survey. • The responses, supported by the data, demonstrated the differences between the different types of support provided i.e. home care and care homes. 	<ol style="list-style-type: none"> 1. All partners to promote the annual workforce surveys, including associated benefits, to increase the response rate so it is more representative and aids local action.
Peer Support	<ul style="list-style-type: none"> • Providers benefit from information sharing and localised peer support – this includes opportunities to learn and collaborate for greater impact. • The survey responses indicated team working / support positively impacts retention. 	<ol style="list-style-type: none"> 1. Promote local peer support networks, including, but not limited to: <ol style="list-style-type: none"> a. SARCP b. Registered Managers Network Forums
Provider data returns	<ul style="list-style-type: none"> • Providers are required to complete multiple surveys and returns – this can be both resource intensive and the use / impact of the information is not fully understood / communicated. • Due to the nature of the job and number of returns, it is important to co-ordinate engagement and returns – to reduce duplication. 	<ol style="list-style-type: none"> 1. Encourage all providers to complete ASC Workforce Data Set – to improve workforce intelligence. 2. Consider how we improve co-ordination, requests and collate responses from local data set requests – to improve our workforce intelligence. 3. Consider how to collate exit data and understand the reasons why people are leaving social care.
Multi-disciplinary working	<ul style="list-style-type: none"> • It is important to acknowledge our workforce 	<ol style="list-style-type: none"> 1. Partners to meet to discuss multi-disciplinary ways of

	<p>knows the person they are providing support to, on typically a daily basis, and complete a number of critical tasks to maintain their personal health, wellbeing and safety, including, but not limited to:</p> <ul style="list-style-type: none"> ○ Personal Care ○ Medication ○ End of life care ○ Maintaining relationships with family ○ Maintaining a community presence / their hobbies and interests. <ul style="list-style-type: none"> ● A number of the workforce report they do not feel valued, respected and treated as a 'professional' by other professionals / support functions. 	<p>working – embedding a culture of mutual trust and respect.</p>
Quality of Care	<ul style="list-style-type: none"> ● It is acknowledged there can be issues with the quality of care and support delivered – typically by specific staff members – noting particular challenges in monitoring the quality of care when it is being provided in a person's own home by a single member of staff. ● Leaders and managers of services are dedicated to addressing any quality concerns and issues swiftly. ● It is critical, good practice and quality care is championed by all partners. 	<ol style="list-style-type: none"> 1. Ensure any specific concerns about the quality of care are reported and escalated via the appropriate local route for immediate attention and resolution. 2. Scrutiny members to approach providers if they wish to shadow / work with to gain direct experience and understanding of the roles, responsibilities and impact of social care.
Language	<ul style="list-style-type: none"> ● To support with both valuing our workforce and 	<ol style="list-style-type: none"> 1. Consider how we collectively support educating our

	<p>promoting this as an aspirational career, it is critical language such as ‘just a carer’ ceases.</p> <ul style="list-style-type: none"> • The role and function of social care is not typically well understood by the majority of citizens, until such a time they require support. • It was recognised, as per discussions in respect of the quality of care, there can be a tendency to focus on the negative issues and concerns, which lead to generalised assumptions and statements, as opposed to positive reinforcement. 	<p>communities to both raise the profile and understanding of social care.</p> <ol style="list-style-type: none"> 2. Consider our local communications supporting our workforce and ensure positive language is reflected in our promotion of the workforce: <ol style="list-style-type: none"> a. Ensure the workforce feels valued and rewarded. b. To support with recruitment & retention. c. To celebrate good practice.
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Identity & Equity		
Topic	Key Discussion Points	Actions
Recognising differences	<ul style="list-style-type: none"> • The challenges facing the workforce vary by the service type / role. • The recruitment of nurses in care homes is a local (and national) issue. Providers expressed the job satisfaction in this role. Nursing in a care home is not routinely promoted whilst studying and gaining qualifications. 	<ol style="list-style-type: none"> 1. Continue to identify service specific themes and issues for attention and action via the Strategy Action Plan.
Celebrating Social Care	<ul style="list-style-type: none"> • It is critical social care is acknowledged and recognised in its own right – including gaining parity with the NHS. • It is important to recognise and celebrate our 	<ol style="list-style-type: none"> 1. Continue to work in partnership to ensure the social care workforce has access to the same benefits and opportunities as NHS colleagues, including lifestyle benefits & discounts and training.

	<p>workforce – including challenging negative perceptions and media coverage.</p> <ul style="list-style-type: none"> The recent Dignity in Care Awards, and associated communications campaign generated 512 searches for ‘social care jobs’ via the Councils Jobs & Career platform. 	<ol style="list-style-type: none"> Partners to consider what other benefits and discounts can be extended to our social care workforce. Partners to consider how they can raise the profile and positive awareness of social care. A co-ordinated communications campaign to celebrate our social care workforce.
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Recruitment & Retention		
Topic	Key Discussion Points	Actions
<p>Aspirational Career</p>	<ul style="list-style-type: none"> It is important, starting at school age, to use positive language and promote social care as an aspirational career. The ICS are currently undertaking a pilot in local schools. SCC colleagues have commenced conversations with Careers Enterprise Company to raise the profile of social care across the curriculum. The use of virtual reality technology is a powerful tool when talking to young people about the positive effect social care can have a person’s life, i.e. understanding what it is like to live with a sensory impairment. 	<ol style="list-style-type: none"> Continue to use I Care Ambassadors to support with raising the profile of social care as an aspirational career, that genuinely makes a difference. Increase the use of technology to support with work experience and understanding the impact of social care.
<p>Pay</p>	<ul style="list-style-type: none"> It is recognised social care funding is nationally 	

	<p>driven, and the strategy alone cannot tackle this issue.</p> <ul style="list-style-type: none"> • It is recognised the NHS typically offers better pay, and associated terms and conditions, than social care. • Social care has faced increased competition in terms of recruitment and retention since the economy 're-opened' post COVID-19. • There is disparity in pay, alongside terms and conditions, across the social care workforce – noting there high number of individual employers, including SME's and national providers, leading to a wide variation. • Pay will continue to affect on-going recruitment and retention – without addressing this, recruitment and retention will continue to be problematic for providers. 	
<p>Flexible working</p>	<ul style="list-style-type: none"> • Providers noted a number of staff have decreased their working hours to support with claiming benefits. • The use of zero hours / bank working arrangements vary by service type – this working arrangement supports to manage need / demand. However, the concerns about potentially 'inappropriate' use is acknowledged, 	

	but this should not be the generally held view.	
Adult social care placements	<ul style="list-style-type: none"> • We need to offer greater exposure to social care, on a co-ordinated basis at scale, including: <ul style="list-style-type: none"> ○ Volunteering opportunities ○ Work Experience ○ Placements (college & universities) ○ Apprenticeships 	<ol style="list-style-type: none"> 1. Meeting across partners to discuss how we increase the number of social care placement opportunities – including understanding the needs of providers to support this.
Value-based recruitment	<ul style="list-style-type: none"> • A number of people may have the right values and ethos to work in social care – but may be concerned they do not have the appropriate training and practical skills, which will deter them from applying for a job. 	<ol style="list-style-type: none"> 1. Ensure local application of values based recruitment. 2. Ensure ‘values-based ‘approach is prominent and transparent in recruitment campaigns.
Other discussion points		<ol style="list-style-type: none"> 1. Support providers in respect of international recruitment – noting recent funding has been secured. 2. Track national and subsequent local progress on T Levels – noting there is not a current Social Care T Level in operation. 3. ICS (and other local providers as appropriate) to support providers to attain functional maths and English qualifications.