

ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL

A meeting of the Adult Social Care and Services Scrutiny Panel was held on Wednesday, 10 November 2021.

PRESENT: Councillors J Platt (Chair), G Wilson (Vice-Chair), D Coupe, D Davison, G Purvis and D Rooney.

OFFICERS: C Lunn and E Scollay.

APOLOGIES FOR ABSENCE: Councillors D Jones and J Walker

DECLARATIONS OF INTEREST

There were no declarations of interest received at this point in the meeting.

MINUTES - ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL - 13 OCTOBER 2021

The minutes of the Adult Social Care and Services Scrutiny Panel meeting held on 13 October 2021 were submitted and approved as a correct record.

INTEGRATION OF HEALTH AND SOCIAL CARE - VERBAL UPDATE

The Director of Adult Social Care and Health Integration provided Members with an update regarding the integration of Health and Social Care. With specific focus on the current reorganisation of the NHS, the following points were made:

- Locally, Tees Valley Clinical Commissioning Groups (CCGs) would be dissolved and a new Integrated Care System (ICS) implemented next year. Middlesbrough would fall under North East and Cumbria, a much larger geographical footprint than at present.
- The Director, along with the Director of Public Health, had attended meetings with Tees Valley partners in relation to the structure of the ICS. It was indicated that there would be a single local area board responsible for decisions on a Tees footprint, and a higher level single board responsible for the whole of the geographical area.
- The higher level board would be a board of the NHS, with constituent members determined by the Secretary of State. The Integrated Care Partnership (ICP) would feed into that board. The ICP would provide a committee structure to allow for other partner agencies, such as local authorities, fire services, voluntary sector, etc., to contribute to discussions around long-term health needs. The structure of the ICP was currently being considered; it had initially been proposed that one single ICP be established to represent all 13 local authorities within the North East and Cumbria. However, in order to provide more workability for smaller local authorities, it was possible that a separate ICP would be established for Teesside. It was felt that, rather than be concerned about the prospect of the ICP, it was more likely to offer opportunity for greater representation locally.
- Reference was made to the importance of preventative work and the opportunity that these changes would allow for increased focus in the future.

During discussion that followed, Members asked a number of queries of the Director. In response, the following information was provided:

- With regards to a timescale for implementation of the ICS, it was explained that a draft constitution was expected to be produced this month in preparation for going live at the start of the next business year. Reference was made to the impact of the pandemic and national recognition that some of the structures associated with the ICS may require further work post-implementation. The importance of ensuring a continued stable structure as the NHS entered the winter period was key at present. It was indicated that the draft constitution would be an internal NHS document and therefore unlikely to be released into the public domain.

- In relation to scrutiny, further details regarding the position of the Tees Valley Health Scrutiny Joint Committee in relation to the NHS changes were awaited. However, it was indicated that information had been conveyed through the Health and Wellbeing Board.
- Regarding the large footprint of the North East and Cumbria ICS and ensuring sufficient resource allocation for Middlesbrough and the Tees Valley, Members heard that, at present, CCGs were provided with the financial resource to make commissioning decisions for health services within the local area. Following the implementation of the ICS, monies would be allocated to the board with the responsibility for all of the North East and Cumbria's large-scale financial decisions. It was indicated that discussions involving the NHS, local authorities and others in respect of financial delegation with the ICS were currently on-going, but the understanding was that the Tees funding streams would remain unchanged, i.e. the amount of monies allocated to the Tees Valley area would stay the same. There was nothing to suggest an imminent loss of control, but instead that there was potential opportunity for local authorities to have a greater influence in terms of where funds were spent. The Tees Valley group had been minded of the potential risk for elements of the ICSA to become 'area-centric', and therefore ensuring sound delegated decision-making around finances were achieved. Reference was made to the challenges facing Middlesbrough, for example health demographics, and the argument for greater investment rather than less.

The Chair thanked the Director for the information presented.

NOTED

INTRODUCTION - THE RECRUITMENT AND RETENTION OF STAFF WITHIN ADULT SOCIAL CARE

The Chair explained that this was an additional topic that had been placed into the panel's work programme for this year, which was agreed in July 2021. In the interim period, issues around the recruitment and retention of staff within Adult Social Care had emerged, particularly in relation to 'fieldwork teams', i.e. Social Workers and Social Care Workers.

In addition to matters arising from COVID-19 and developments in the current workforce, details in respect of the Health and Care Bill 2021 had been gradually emerging. Further information regarding the bill was currently awaited, but what had become clear from those details released to date was that there would be significant implications for local authorities. With this in mind, the panel felt it important but this matter be looked into with some urgency.

An informal briefing note / background paper had been circulated to Members detailing for their information. The Director of Adult Social Care and Health Integration was in attendance to provide further information to Members. Through discussion and response to questions from panel members, the panel was apprised of the issues surrounding the topic.

The panel heard that, for a number of years, Adult Social Care had been particularly fortunate in that its workforce had been established and remained particularly stable. However, with a substantial number either at retirement or approaching retirement age, with some taking early retirement owing to the profession becoming more challenging, there had been increased turnover in recent years.

It was explained to Members that when a newly qualified social worker completed their degree programme, which was now mandatory for the profession, this needed to be followed by an Assessed and Supported Year in Employment (ASYE), which aimed to develop their knowledge, skills and professional confidence. In terms of recruitment, competition for qualified social workers was incredibly strong. It was indicated that during recent recruitment attempts, there had been either very few or no applicants for qualified social worker positions; it had been easier to recruit ASYE social workers and this had been supported, but increased time and investment from supervisors was required during that probationary year. It had become clear during recent months that recruitment to these ASYE positions had also become increasingly difficult, which had therefore made this topic a critical issue for the service.

A Member made reference to neighbouring and other regional local authorities and queried salary differences for qualified social workers. In response, the panel heard that it was difficult to ascertain exact details pertaining to remuneration because local authorities set their own salary rates, which owing to the competitiveness of recruitment were not easily obtainable. However, it was indicated that one neighbouring local authority did commence their social workers on a salary that was approximately £3,000 higher than Middlesbrough. It was noted that, over time, the salary scales did even out, but it commented that this was an issue because recent graduates may find this particularly appealing.

Members heard that exploratory work was currently taking place with Human Resources to determine potential ways forward to address this issue. It was felt that there was no single, direct response to it. It was noted that staff salary grades were evaluated against a centralised scheme, which meant that to arbitrarily commence a position higher up the scale was particularly complex. It would be unrealistic to raise all salaries within Adult Social Care to ease the recruitment and retention issues.

In relation to COVID-19, it was indicated that the issues surrounding the recruitment and retention of social workers and social care workers were becoming more apparent prior to the pandemic, but suddenly became much more acute during the period. Reference was made to staff turnover within Children's Social Care and how, historically, this had always been reasonably high. This had not been the case in Adult Social Care, and when taking this into account with staff leaving, together with a national recruitment issue around qualified social workers that was more and more acute in the North East than it was nationally.

Details regarding routes into social work were provided to Members. It was explained that a degree and post-graduate registration, similar to that of other professions such as nursing and occupational therapy, were now required to work as a social worker. Previously, various diploma based routes into the profession were offered. It was indicated that, in some instances, some people may have been put off by the fact that training was longer now and that a degree was required and, as such, social work training was expensive. As funding was limited, it was explained that the department had supported staff by providing flexibility around working hours and creating job placement opportunities whilst they completed their studies. Reference was made to a social work degree apprenticeship that had recently been launched; there was currently one individual pursuing this at the moment and it was hoped that this route would be used more in future.

In response to an enquiry, it was explained to the panel that to register as an ASYE social worker, trainee social workers were required to have first completed their degree. Upon reaching the end of the ASYE programme, trainees were able to apply for full social work registration (therefore a total of four years was required to meet all training requirements). It was indicated that the Council did work with Teesside University in terms of providing student placements, but it was important to gain balance with organisational resource.

A short discussion ensued in relation to age, experience and training to become a social worker. It was felt that suitability to train in social work was very much dependent upon the individual concerned. An ability to reflect, listen and empathise was important; life experience was a positive addition, but not always necessary as there had been many examples of younger individuals who may not necessarily be seen to have as much life experience, but have shown great wisdom and professionalism. It was felt that everyone had something to bring to the profession.

A Member made reference to the number of social workers currently employed and queried the status of agency staff. In response, it was explained that Adult Social Care did not have a track record of employing agency social workers as this had not been necessary in previous years. It was explained that attempts to recruit agency social workers to help meet acute pressures in hospital settings over the winter period had been unsuccessful, as there had not been the same availability of experienced social workers within the agency system for adults, as there had been for children's. The panel heard that over the last 12 months, as a consequence of COVID-19, a small managed team of agency workers had been employed to assist with a backlog of some review cases, which had proven to be both effective and efficient. Discussions were currently taking place with a number of agencies as to potentially repeating this to help alleviate some of the present issues. However, owing to the expense of recruiting agency social workers in comparison to recruiting local authority staff, it was intended that this practice would be minimised wherever possible.

In response to an enquiry regarding departmental structure, the panel heard that now was the appropriate time to perhaps revisit some of it. Consideration was given to the terms 'qualified' and 'unqualified' in relation to social workers; it was highlighted that the term 'unqualified' was unfair because there were individuals who had acquired other qualifications and significant experience and although not qualified in social work, had supported the department for years. In terms of potential ways of working in the future, it was possible that Adult Social Care could be operated with a smaller number of qualified social workers, with a higher ratio of clients to qualified social workers. However, this could not mean an increase in caseloads as that would be unsafe. It was possible that an increase in the number of social care workers could be included within the structure, with teams made up of a couple of (supervising) social workers and the rest social care workers. Social care workers were perhaps easier to recruit and came from a broader range of backgrounds. If social workers were placed in a supervisory role, consideration would need to be given towards supporting their training and development, as well as towards remuneration and linking job grades to offer clear career progression and make the Council more attractive to potential recruits. In relation to a recruitment retention payment, it was explained to Members that if this were to be introduced for Adult Social Care, this would potentially be a cost pressure for the local authority. Therefore, it was important that structures be looked at accordingly to ensure best value. It was felt that remuneration was only one element of recruitment and retention – career development and opportunities for staff were also key.

A Member commented that the Council's social care and social work teams carried out incredible work under very difficult circumstances, and felt that establishment of a clear career structure within any remodelled service would encourage individuals to apply for positions.

A Member made reference to COVID-19 and queried how this and other similar pressures (e.g. other illnesses) had impacted on the workforce, and how these could potentially dilute interest for future recruits.

In response, it was indicated to the panel that the period of the pandemic and the various lockdowns had been difficult for staff. People were tired, and had been required to not only work in new and flexible ways with constantly changing guidance, but also to work from home. Social workers by nature learnt and/or taught by osmosis and de-stressed by sitting amongst colleagues. As such, the requirement to work from home had prevented this, which in some cases had affected confidence around decision-making. Although recent changes to contracts had provided for blended working, this did not always prove effective for social workers. The pandemic had been an acutely difficult period for social workers, enhanced further by staff being required to perform their duties at risk to their own health. It was highlighted that, without exception, staff had been magnificent.

Members heard that, in light of the loss of staff over the last few years and a consequential reduction in complement, additional pressure had been transferred to those remaining team members. Current vacancies within teams exacerbated the pressure on the staff who were already tired, which drove the acuity of the situation.

It was explained that, in terms of winter-based and other illnesses, there were a number of things that made social work a more complicated profession than it might have been in previous years. For example: the accumulation of recommendations from safeguarding adults reviews and others meant that work was being undertaken with a larger cohort of higher risk individuals at the moment and complex systems were in place around individuals to bring multiple agencies together to address their case, to maximise knowledge and opportunities to work with people or to intervene. However, the process of working with a high number of very chaotic individuals was stressful for the staff involved. We have seen a lot of that in Middlesbrough because of some of the challenges faced in the area. Social work is not only more legally challenging, but there was a shortage of staff and many of the authority's social workers were working with more chaotic service users more of the time, which did bring increased stress. The profession is becoming very challenging and there was no perfect answer to the question about how the authority could make it an attractive proposition. It was felt that people would continue to enter social work and would continue to be driven by the same things; it was a very demanding profession now and likely that there was a gap between remuneration and the reality of it, but that was a national issue and not one confined solely to Middlesbrough.

A Member made reference to Occupational Therapists and queried whether their assistance had been sought to support social work teams. In response, the panel heard that there was an occupational therapy team within Middlesbrough that comprised occupational therapists and occupational therapy assistants. From a salary perspective, occupational therapy assistants were paid broadly the same as social care workers, although the roles did differ. On the other hand, there was a large overlap in the skill set of occupational therapists and social workers; the style of working complemented one another especially well. Consideration was currently being given as to whether occupational therapists could potentially fulfil some of the roles that social workers did, in order to help alleviate some of the recruitment pressures.

The panel wished to congratulate the Adult Social Care teams for all of their hard work and accomplishments over the course of the pandemic.

The Director explained that one of the additional pressures related to the position of other partner agencies that the authority worked with. Reference was made to staffing and recruitment pressures currently being experienced by Cleveland Police and the NHS, and some organisations that had a non-statutory role had greater flexibility around stopping certain lines of activity than those with statutory duties. Further exploration around these issues would be undertaken with the organisations concerned to ensure that services were as coordinated as possible and resources were being utilised to their maximum.

With regards to next steps for the investigation, given the current issues being experienced, the panel was keen to progress with some pace. In terms of potential recommendations, a Member proposed that the department deploy a recruitment and retention payment ('golden hello') if they held qualifying experience and would remain with the local authority for a specified period of time. This was supported by other panel members on the basis that it would be introduced in line with the Council's existing policies and that it aligned with the current structure and other similar roles within the authority.

A Member made reference to a previous scrutiny investigation undertaken several years previously that focused on the role of Adult Mental Health Practitioners (AMHPs). Such matters as responsibilities and remuneration of AMHPs had been considered during that review. It was commented that if the introduction of a recruitment and retention payment assisted with the issues currently being experienced then the panel should recommend this, provided that the Council's existing rules and regulations were not transgressed.

The Director indicated that a business case was currently being prepared to implement a recruitment and retention policy within Adult Social Care for the 'field work' team, which would align with existing Council policies. An outline of the process was provided to the panel, including details regarding the requirements for recruitment and retention payments to be considered (i.e. where there was a shortage category and recruitment attempts had been unsuccessful), their determination based on market rate, their longevity, and how payments would be controlled in line with existing corporate policies.

A Member commented that, within the draft report, they would wish to see the range of reasons as to why individuals wanted to remain and why they wanted to leave both the Council and the profession.

A Member made reference to the recruitment and retention payments within Children's Services and the requirement for recipients to remain with the authority for a minimum three year term. In response, it was indicated that the same term, practice and process would apply for Adult Social Care, if progressed.

In terms of next steps and in response to the panel's desire to complete this review with some pace, it was agreed that the Democratic Services Officer would draft a final report for review by the panel. This would be discussed at an informal meeting, before formal consideration in December 2021.

The Chair thanked the Director of Adult Social Care and Health Integration for his contributions to the meeting.

AGREED that:

1. A draft final report be prepared for discussion by the panel at an informal meeting, date to be arranged by the Democratic Services Officer. Final draft report to be subsequently prepared for the 8 December 2021 meeting.
2. The information, as presented, be noted.

OVERVIEW AND SCRUTINY BOARD - UPDATE

The Chair provided a verbal update on the matters that were considered at the Overview and Scrutiny Board meeting on 20 October 2021.

NOTED

DATE OF NEXT MEETING - 8 DECEMBER 2021

The next meeting of the Adult Social Care and Services Scrutiny Panel had been scheduled for 8 December 2021.

NOTED

ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.

None.