

Open Agenda



Health and Social Care Scrutiny Commission

Thursday 15 December 2022

7.00 pm

160, Tooley Street, SE1 2QH

Supplemental Agenda

List of Contents

Item No.	Title	Page No.
4. Minutes	To approve as a correct record the Minutes of the meeting held on the 28 September 2022.	1 - 6
5. SLaM Advisory Group members on GP Access		7 - 8
6. Covid 19 and Flu Vaccination update	A presentation is enclosed. This will be presented by Martin Wilkinson, NHS full time chief operating officer for Partnership Southwark.	9 - 16
7. Health and Social Care Workforce updates	The following reports will be provided, to note, in order to support the Health & Social Care Workforce review, looking at the impact of Brexit and the Pandemic: <ul style="list-style-type: none">• South East London NHS Integrated Care System (ICS) workforce programme – enclosed	17 - 45

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Date: 12 December 2022

List of Contents

Item No.	Title	Page No.
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- Southwark social care workforce in the independent sector – enclosed
- Council employees working in the social care sector – enclosed

More information on the review is included in Appendix C under the workplan.



Health and Social Care Scrutiny Commission

MINUTES of the OPEN section of the Health and Social Care Scrutiny Commission held on Wednesday 28 September 2022 at 7.00 pm at Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Suzanne Abachor (Chair)
Councillor Naima Ali
Councillor Sam Dalton
Councillor Esme Dobson
Councillor Hamish McCallum
Councillor Charlie Smith

OTHER MEMBERS

PRESENT:

OFFICER SUPPORT: Martin Wilkinson, NHS full time chief operating officer for Partnership Southwark
Dr Nancy Kuchemann, co-chair for Partnership Southwark
Shamsur Choudhury , Healthwatch Southwark Manager
Julie Timbrell, Project Manager, Scrutiny

1. APOLOGIES

Councillor Maria Linforth – Hall gave apologies.

2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

There were none.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were none.

4. MINUTES

The Minutes of the meeting held on 11 July 2022 were agreed as an accurate record.

5. ACCESS TO MEDICAL APPOINTMENTS REVIEW: HEALTHWATCH

The chair explained that this item is part of the review into Access to Medical Appointments. This review has arisen because of Councillors concern at delays and problems that our constituents have experienced in accessing Emergency services and GPs surgeries, in particular, as was discussed in depth at the last meeting with the NHS and GP leads.

Healthwatch Southwark have been invited here this evening as they also identified patient problems with accessing GPs surgeries last year and undertook outreach work with patients to understand this further, and subsequently produced a report . The intention is to continue to work with Healthwatch on this area as they have unique powers to visit health settings, which are complementary to our health scrutiny powers, and both organisations have a joint mission to represent and advocate for Southwark residents to improve local health services.

Shamsur Choudhury , Healthwatch Southwark Manager then gave a presentation summarising the ‘GP Access Project- A report on post-lockdown experiences of GP access in Southwark’ and subsequent follow up work.

The chair then invited members to ask questions and the following points were made:

- The survey was sent out to Healthwatch responders – these are local people who have expressed an interest in engaging with Healthwatch to give the patient voice.
- Members asked about the range of survey participant ages, ethnicities, disability, etc.The Healthwatch manager said that information on equality and diversity of respondents is available at end of report. He highlighted the limitations of online access and explained that follow up work with focus groups to address gaps was not possible due to the pandemic and staff capacity.
- Healthwatch now have an ongoing an outreach programme and calendar, with events in libraries, women’s groups, hospitals and other community venues twice a week. A health ambassador programme also supplements this community engagement programme.
- There was a discussion on the use of frontline practitioners and satisfaction

with telephone and online appointments . The Healthwatch Manager commented that Pharmacies can work as a good source of advice , and both telephone and online appointment can work well on occasions, whereas other times they are not so suitable . It was noted that sometimes the sex of the health-worker matters

- Members saluted the health ambassador programme and welcomed the potential for Healthwatch and the Commission to collaborate further on the review .

6. ACCESS TO MEDICAL APPOINTMENTS REVIEW: NHS UPDATE

The chair introduced this item by explaining that this presentation is also part of the review into Access to Medical Appointments. She recapped that at the last meeting the Commission had a discussion with NHS Southwark Primary Care Network leads, and Martin Wilkinson, on improving access to GPs and frontline practitioners. At the end of that session the commission asked for some more information from the NHS on:

- Workforce data comparing Southwark to inner city peers, the wider South East London area and rural provision
- GP appointment data, with comparisons.

In order to address the above a briefing has been provided in advance and following NHS leads will present:

- Martin Wilkinson full time chief operating officer for Partnership Southwark, who will be leading the local team
- Dr Nancy Kuchemann, co-chair for Partnership Southwark

A presentation followed and then members were invited to ask questions. The following points were made:

- Different surgeries vary in their use of telephone, online and face to face appointments and there are variations in practice and patient satisfaction . The NHS leads said this is a new system which is difficult to evaluate as certain types of data are not captured. The national GP Patient survey was mooted to address this as would give some comparison information and subjective experience.
- NHS leads said that the early recruitment of social prescribing practitioners is working well and they are making links with housing, employment and financial support, as these areas do negatively impact on people's health and wellbeing . The fits in with the aim of better utilisation frontline practitioners. In other areas there are limitations in the ability to recruit ,

such as pharmacists.

- The number of people registered with a borough GP is different to the population as people can cross borders and to choose a GP.
- The differences in recruitment of care coordinators, who assist with providing wrap around care for people with long term conditions. The NHS leads will get back with more on this .
- There are two GP hubs in Southwark serving the north and south : Tessa Jowell and Bermondsey Spa, who offer out of hours services . There is an expansion of use of these hubs for more appointments, booked via local GPs. The 111 service can also now do this . Expanding access to this for more routine appointment, not just urgent is learning from a recent review and use of 111 during the pandemic.
- GP retention rates and the population of Lambeth are very similar , and there are initiatives to retain and train done at a South East London level.
- There are no rules about numbers on the patient registers.
- NHS leads are small business and that can be destabilised by staff capacity issues; for example a good GP goes on long term leave . This can make the workload difficult and precipitate a downward spiral . The federations seek to support and offset these risks by sharing capacity.
- The Healthwatch recommendations continue to be addressed by Partnership Southwark.

RESOLVED

More information will be provided on Care Coordinator recruitment.

7. PARTNERSHIP SOUTHWARK REVIEW

The chair introduced this item by explaining that Partnership Southwark and the Integrated Care System is a review topic this year. As well as the presentation introducing Partnership Southwark there is also a 'Trigger Template' enclosed with the papers. The 'Trigger Template' document used by scrutiny to gather information from the NHS and commissioners on changes to health services that might impact on the local population. This is enclosed to inform the discussion on developing a protocol – which is a proposed outcome for this topic.

Dr Nancy Kuchmann and Martin Wilkinson presented and then the chair invited questions from members and the following points were made:

- NHS leads confirmed that the aim of devising a protocol and revisiting the Trigger Template is to agree ways of working together. The NHS said that this would set out roles and clarity on communication with a draft being devised by officers, with input sought from members on approach and principles, and the commission agreeing the final version. Members supported this approach.
- A member asked about FGM, and referred to national research on safeguarding and asked about local initiatives, particularly as Southwark was identified as having the highest prevalence across the UK several years ago. Specific concerns were raised about responses when FGM survivors go for smear tests. The NHS leads said that the Safeguarding Executive take a lead on this as FGM is a cross cutting issue involving health, police and social care. They undertook to get back about, provide an update on current plans, and suggested that the annual Safeguarding interview may be a good point to add this to the work programme.
- A member spoke about the importance of voluntary sector and their vital role in keeping populations such as pensioners and older people active and well, and the importance of providing sufficient resources . NHS agreed and the leads were asked how Partnership Southwark support this. They responded that the voluntary sector is vital and they are a key part of Partnership Southwark. The focus tends to be on objectives where the partnership can make an impact.
- NHS leads were asked about the work streams and if 'start well' , 'care well' and 'age well' link up with housing. They confirmed that housing is involved and relevant officers will attend, with a view to addressing specific issues, and that this is one of the key purposes of the partnership.
- They were also asked if a project in Lambeth, where older people and a nursery were co-located, could be replicated and if there was a value to bringing different populations together. NHS leads said that this was the kind of initiative that would be supported through the Think Family approach, and types of co-location do take place currently in services such as Cambridge House. Partnership Southwark can further cultural change, as well as adding value to existing relationships, and tackling specific objectives that can best be delivered by a partnership.

RESOLVED

There will be an update on FGM provided, with a view to considering this at the same time as the annual Safeguarding report and interview.

8. WORK PROGRAMME

The work programme was discussed and the following points were made:

- The chair and project manager updated the Commission regarding a meeting held with Healthwatch prior to this evening on the potential to collaborate on the Access to Health Appointments review. At this meeting there was a discussion on

consulting the public further using a survey, by door to door or other through other methods of outreach. Healthwatch also indicated a willingness to undertake some Enter and View visits to complement the review. The possibility of visiting GP surgeries and Hospital Accident and Emergency was discussed and this will be followed up.

- A member proposed requesting a report on uptake of Covid and Flu vaccination from different cohorts, given the winter will soon be upon us.
- The chair invited members to send in comments on the review scopes and work programme by email.

RESOLVED

A briefing and presentation on flu and Covid vaccination take up will be requested for a subsequent meeting.

Further discussions will take place with Healthwatch on obtaining the patient voice, outreach and visiting providers.

Meeting ended at 8:40pm

Healthwatch Southwark feedback briefing regarding healthcare access

December 2022

The past two years in primary care, comments by patients:

1. No GPs, no communications, no referrals.
2. People go straight to A&E because they know they won't be able to see their GP, and yet GPs' waiting rooms are empty.
3. No doctors I can see in person. All we are offered are video calls or phone calls. Not everyone can be diagnosed like this. It is both for mental and physical health.
4. The divide between physical and mental health also affects both. Medication will impact both, and doctors must prepare and train to recognise this. The GPs do not consider mental health when treating physical issues. Lack of holistic approach. Suggestion for training change to address human health holistically by clinicians.
5. The health plans when patients are discharged are set to use GPs when concerns arise. Still, there are no permanent GPs (Dulwich Medical Centre) to follow up, especially for patients with MH challenges. At the same time, they also face physical ill health – patients with complex needs.
6. The lack of follow-up and inadequate communication require patients to continuously chase up the professionals about their referrals, treatment etc. which significantly impacts their MH, further exasperating their problems. Not everyone can do this; patients are often left neglected.
7. After waiting for a referral to MH services, one patient was referred to an amputee clinic.
8. People whose local hospital is King's are being referred to Lewisham. To repair the mistake, the patient needs to be triaged again. It took five months to be finally seen at King's. On this occasion, the patient had to reschedule due to another health concern and was being blamed for rescheduling again as the mistake made by the GP was put on her. It affected her emotionally.
9. No way to see a doctor for an emergency visit. When a patient is offered an emergency appointment via the 111 lines, it turns out that the surgery booked a home-visit appointment, which was then cancelled and rebooked in a few days. This was based on the doctor wrongly assuming it was a repeat and non-urgent rather than a new emergency the patient phoned about in the first place. The patient comments: "The system is broken. It's like your doctor doesn't want to see you (...) I still haven't seen the doctor regarding this problem".
10. "I had to go to A&E because I could not see a GP. When you suffer from MH issues, a visit to A&E is a coin toss between you harming yourself for not going and addressing the issue or going in and suffering the experience of 7 hrs in a loud A&E affecting your MH. When you ask for a quiet place, you are refused—this tips the person into crisis mode."
11. "People are discharged from MH hospital into the community and GPs who cannot do their primary job."
12. The issue is also the administration staff, incapable of making simple judgments and supporting patients. The answer machines need to provide truthful information. There seem to be procedures, but when it comes to following up on these, something entirely different happens. The patient needs to be savvy about possible service referrals because the staff doesn't know what to do. It sometimes requires much arguing, putting pressure to receive what is a patient's right.

13. "King's Hospital has a fundamental problem treating people with MH problems who also experience physical issues. King cannot provide the necessary care when it is a complex case. The staff seem to have no understanding or interest in caring for people."
14. The patient called GP with an unusual set of symptoms. The doctor diagnoses over the phone and prescribes antibiotics. After consulting with a pharmacist friend, who urged the patient to go to A&E, her life was saved, and she was discharged from GSTT after a week. The temporary/agency GP failed to read her medical record to know the patient suffers from anaemia and requires regular blood tests, which he refused before based on an unfinished medical interview.
15. "Lack of transparency in the whole system." Patients don't know how the system works or what the procedures are.
16. "Failure to address the issues at the primary care level leads to patients costing the system more or going private. But where do the ones who can't afford it go?"
17. The excessive use of digital apps after the pandemic leads to accessibility issues affecting older citizens.

Update on Southwark Covid-19 and Flu Vaccination Programme

9th December 2022

Our primary objective this autumn/winter is to augment immunity for those at highest risk from Covid-19 and Influenza against severe infection, hospitalization and death over the 2022/23 Winter period

Who is eligible for Covid-19 and Flu Vaccinations?

1. Residents in a care home for older adults and staff working in care homes for older adults
2. Frontline health and social care workers
3. All adults aged 50 years and over
4. Persons aged 5 to 49 years in a clinical risk group, as set out in the [Green Book, chapter 14a, tables 3 and 4](#) (including pregnant women)
5. Persons aged 5 to 49 years who are household contacts of people with immunosuppression
6. Persons aged 16 to 49 years who are carers, as set out in the [Green Book, chapter 14a, table 3](#)

Additional eligible flu cohorts:

1. All children aged 2 or 3 years on 31 August 2022
2. All primary school aged children (from reception to Year 6)
3. Those aged 6 months to 5 years in clinical risk groups
4. Secondary school children in Years 7, 8 and 9 (will be offered the vaccine in order of school year starting with the youngest first)



Aims and Delivery Model

- Complete Older Adult Care Home Vaccinations by mid-October and remaining cohorts by start of December 2022
- Prioritisation will be for those who are at greatest risk of developing severe Covid-19 and influenza
- Covid-19 booster campaign should not delay the Flu Campaign and vice versa. However, there is an expectation that where operationally possible, both vaccines are co-administered
- A mixed model for delivery will be employed including the use of GPs, PCNs as local vaccination sites, community pharmacies, and vaccination centres. School aged immunisation service providers will resume BAU for Flu delivery
- MECC (making every contact count) with patients is still an expectation when delivering (for e.g. co-administering with other vaccines, blood pressure checks etc..)
- Pop-ups will be deployed where vaccination rates remain low considering areas of higher deprivation where marginalised and excluded groups may reside.



What have we done to date?

- Completed all care home visits by the end of September, including staff in select homes
- Running Covid vaccination clinics across:
 - Four PCN hubs, including Artesian Health Centre, Tessa Jowell Health Centre, The Lister Practice and Spa Medical Practice
 - Five community pharmacies, including Kristal, St. George's, Medica, ASDA Old Kent Road, and Fourway
 - Three vaccination centres, including King's College Hospital, St. Thomas's Hospital and Guys Hospital



Pop-Ups and Outreach

Peckham Square Polio Clinic on Fri Oct 28th: Eight flu vaccinations

Peckham Square Heart Valve Event on Tues Nov 1st: 30 Flu and 30 Covid vaccinations, 25 Blood Pressure checks including six referrals to Ambulatory Blood Pressure Monitoring, 322 heart checks by the Heart Valve team, of which 52 heart murmurs were detected, and two people sent to A&E for immediate treatment

Peckham Theatre Healthwatch Annual General Meeting on Weds Nov 16th: Two Flu and six Covid vaccinations, seven Blood Pressure checks, one referral to Ambulatory Blood Pressure monitoring, and a series of presentations on new health & social care services in Southwark, including the novel Lung Prevention programme offering targeted lung health checks to smokers

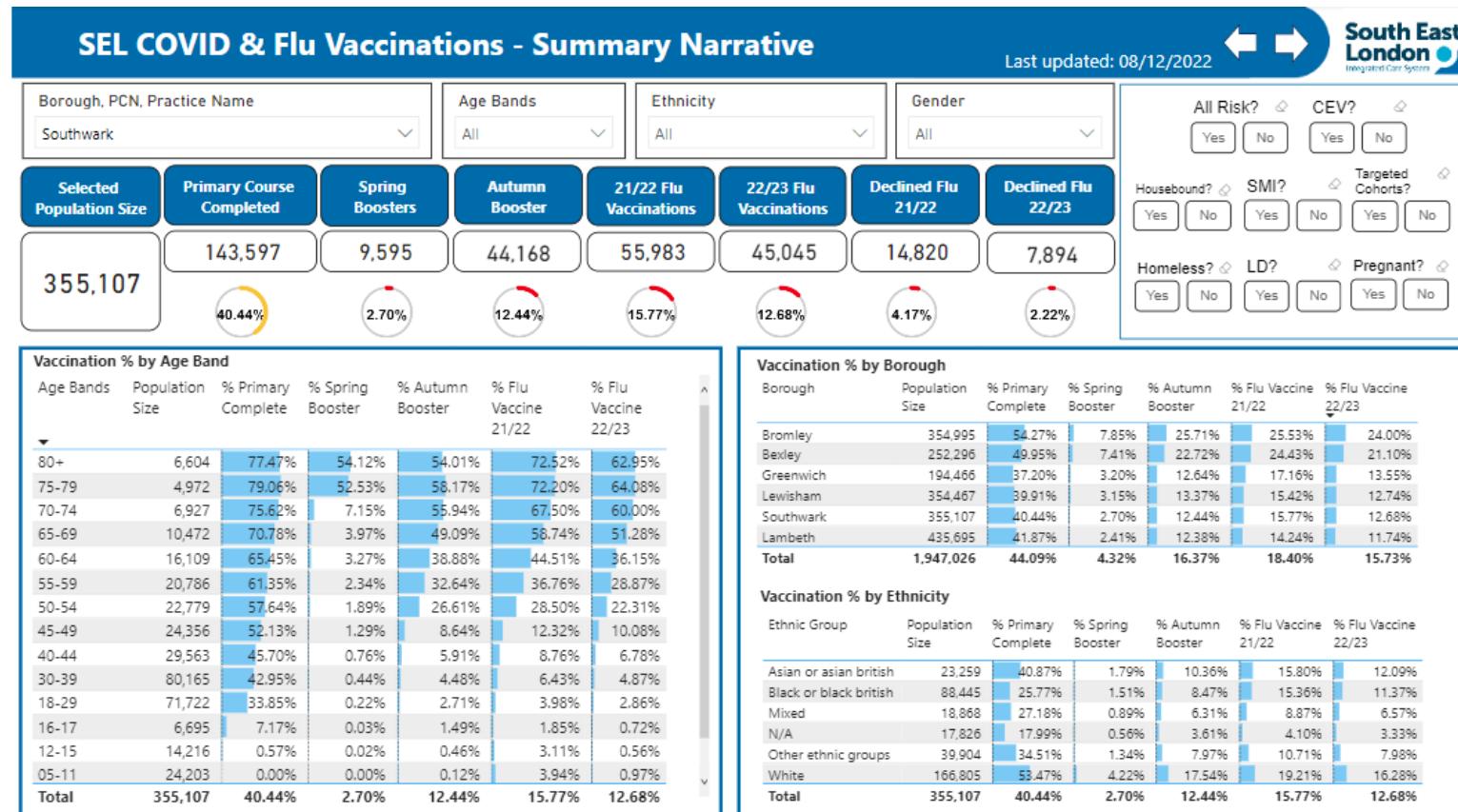
Health & Wellbeing Event, InSpire at The Crypt St. Peter's Church in Walworth on Sun Dec 4th: Partnered with the Crisis Rescue Foundation to offer health checks, BMI checks, Blood Pressure checks, Mental Health support & signposting, free toiletries, bagels, and warm drinks for residents. Interventions included seven Flu vaccinations, six Covid boosters, and 18 Blood Pressure checks, of which seven were elevated and required further health information and signposting.



Covid-19 Data

According to the SEL BI Dashboard, as of 8th Dec Autumn booster uptake:

- **12.44% of Southwark residents have received the Autumn booster (+0.06% above Lambeth uptake)**
- **65+s and Clinical Extremely Vulnerable: 50.9%**
- **50 – 64s: 31.3%**
- **16 – 64s with Underlying Health Conditions: 27.3%**
- **Pregnant Women: 19.16%**



Source: SEL BI Dashboard

Flu Data

According to the SEL Covid & Flu BI Dashboard as of Dec 5th 2022:

- **65+s:** 59%
- **50 to 64s:** 28.7%
- **16 – 64s with an Underlying Health Condition:** 30.8%
- **Pregnant Women:** 32.4%
- **2 – 3-year-olds:** 30%

According to HRCH SAIS November 2022 ImmForm data collection:

- **2794 vaccinated** for Influenza in schools
- **4 – 11-year-olds:** 37.1% (uptake in-school only) and 38.1% total

SEL COVID & Flu Vaccinations - Patient Cohorts											
Borough, PCN, Practice Name	Age_Bands	Ethnicity	Gender	CEV?							
Southwark	All	All	All	Yes							
Patient Cohorts											
Cohorts	Population Size	Primary Course	Spring Booster	Autumn Booster	Flu Vaccines 2122	Flu Vaccines 2223	% Primary Complete	% Spring Booster	% Autumn Booster	% Flu Vaccine 21/22	% Flu Vaccine 22/23
03 - 75-79	4,972	3,931	2,612	2,892	3,590	3,186	79.06%	52.53%	58.17%	72.20%	64.08%
04 - 70-74	6,927	5,238	495	3,875	4,676	4,156	75.62%	7.15%	55.94%	67.50%	60.00%
02 - 80+	6,604	5,116	3,574	3,567	4,789	4,157	77.47%	54.12%	54.01%	72.52%	62.95%
07 - 60-64	13,084	8,379	221	4,940	5,321	4,255	64.04%	1.69%	37.76%	40.67%	32.52%
05 - 65-69 + CEV	25,368	16,414	1,596	9,410	13,079	10,882	64.70%	6.29%	37.09%	51.56%	42.90%
08 - 55-59	17,481	10,468	197	5,512	5,767	4,443	59.88%	1.13%	31.53%	32.99%	25.42%
06 - 16-64 UHC	2,044	1,218	103	561	804	638	59.59%	5.04%	27.45%	39.33%	31.21%
09 - 50-54	20,096	11,352	230	5,244	5,076	3,990	56.49%	1.14%	26.09%	25.26%	19.85%
10 - 40-49	50,118	23,925	252	2,989	4,081	3,282	47.74%	0.50%	5.96%	8.14%	6.55%
11 - 30-39	77,380	33,127	200	3,182	4,384	3,356	42.81%	0.26%	4.11%	5.67%	4.34%
12 - 18-29	70,710	23,879	111	1,809	2,591	1,873	33.77%	0.16%	2.56%	3.66%	2.65%
13 - 16-17	6,640	473	2	97	117	44	7.12%	0.03%	1.46%	1.76%	0.66%
14 - 12-15	14,136	76	2	61	430	72	0.54%	0.01%	0.43%	3.04%	0.51%
15 - 05-11	24,069	1	0	28	932	227	0.00%	0.00%	0.12%	3.87%	0.94%
Other	15,478	0	0	1	346	484	0.00%	0.00%	0.01%	2.24%	3.13%
Total	355,107	143,597	9,595	44,168	55,983	45,045	40.44%	2.70%	12.44%	15.77%	12.68%

Source: SEL BI Dashboard



Future plans

- Continue to run pop-ups in areas of lower uptake in partnership with community pharmacies and our PCNs
- Running a campaign to increase flu uptake in two- to three-year-olds, adults with underlying health conditions, and pregnant women, including additional invites and targeted messaging for these cohorts
- Partnering with local VCS organisations, including Latin American Women's Rights group (LAWRS), Indoamerican Refugee & Migrant Organisation (IRMO), and local faith groups to discuss the importance of Covid and Flu vaccination, addressing barriers and supporting access for marginalised groups
- Create a Standard Operating Procedure for Covid Boosters and Flu Vaccinations to support Southwark's Immunisation Strategy
- Developing an Immunisation Inequalities Strategy for Southwark, which incorporates the use of Southwark's Vaccination Bus in partnership with Public Health, local VCSE and providers to increase immunisation uptake in under-vaccinated communities



Item No.	Classification	Date: 15 December 2022	Meeting: Health and Social Care Scrutiny Commission
Report title:	Impact of Brexit and the pandemic on adult social care workforce in the independent sector in Southwark		
From:	Genette Laws, Director of Commissioning, Southwark Council		

1.0. Purpose

- 1.1 To explain the impact of Brexit and the pandemic on the workforce in social care; and the actions taken by officers to recruit, train and retain the workforce.

2.0 Background

- 2.1 Adult Social Care is a diverse sector of skills and activities, which covers social work, personal care and practical support for adults (18+) with a physical disability, a learning disability or physical or mental illness, as well as support or their carers. The adults that are eligible for adult social care support cannot perform some activities of daily living such as washing dressing, or feeding themselves without some form of support. It is helpful to reiterate the diversity of social care due to the media/public image of adult social care being about older people in care homes and an enabler to hospital discharge. Adult Social Care supports working age adults as well as older people and often in their own homes. See appendix A for more information about adult social care.

- 2.2 The workforce that supports adults in adult social care mainly supports people in their own homes – this can range from the homes that people own or rent as part of general housing through to supported accommodation/living and extra care (known locally as flexi-care) housing schemes.

3.0 Brexit

- 3.1 The United Kingdom voted to leave the European Union (EU) in 2016 and officially left the trading bloc on 31 January 2020. In addition to trade and legislation, the departure meant that the government could develop and apply rules about the employment of foreign nationals.

- 3.2 In preparing for Brexit, the council maintained a Brexit Risk Register. The social care workforce was not identified as a risk. Nonetheless, in the lead up to Brexit in 2018 and 2019, the Children's and Adults' Services department required providers to consider the risks related to Brexit and ensure that they had a business continuity plan that included a response to identified risks related to Brexit. Providers did not identify workforce as a risk and instead focused on the supply and cost of goods and equipment.

- 3.3 In addition, a cross-council group of officers promoted to the public, the council's workforce and care providers the opportunity to apply to the EU settlement scheme before 30 June 2021. Prior to the pandemic, support was available to make the on-line application.
 - 3.4 During 2021, a points-based system was introduced for foreign citizens (except Irish nationals) wanting to move to the UK. People wanting to move to the UK to work, live or study have to apply and pay for a visa. Applying for a visa as a skilled worker costs between £600 and £1,500 per person - unless an individual has skills the country is short of. Social Care is deemed to not have a shortage of skills and therefore is not subject to the visa scheme.
- 4.0 The Covid 19 pandemic
- 4.1 The Covid 19 pandemic affected the adult social care sector prior to the national lockdown as some care homes chose to close their doors to visitors prior to the first national lockdown announced on 23 March 2020. The pandemic further affected the sector when PPE supplies ordered by social care providers were diverted to healthcare providers. In addition the transfer of care (discharge) of untested patients from hospital to care homes had a significant impact on the residents and staff in those care homes.
 - 4.2 During the spring of 2020, locally (reflecting the national picture) the number of deaths amongst older residents in care homes, those with learning disabilities, men and those from a black and/or minority ethnic groups was higher than the same time in the previous year.
- 5.0 The Workforce
- 5.1 The adult social care workforce is monitored by Skills for Care. The latest report about the workforce is in appendix C.
 - 5.2 Appendix B shows the headline information from Skills for Care about the workforce in London after Brexit. In Southwark, like the rest of the London region, the adult social care workforce is predominantly British nationals. 77% of the workforce is British with 17% non-EU foreign nationals and 6% of EU (non-British) nationals. Therefore, the impact of Brexit was minimal on the workforce as evidenced by lower than regional average vacancy and turnover rates at 8% vs 9.5% and 26.4% vs 29% respectively.
 - 5.3 The Department of Education does not appear to report on the nationality of the workforce but it does report on ethnicity. Ethnicity is not an indication of nationality and therefore there is no available regional information.
 - 5.4 In terms of the local authority's data, the council reports its equalities, diversity and inclusion data on an annual basis through the Annual Workforce Report the report presented at the February 2021 Overview and Scrutiny Committee did not include the nationality of staff.

6.0 Impact of Brexit of the workforce in Southwark

6.1 Due to the number of EU (non-British) nationals and the steps taken to ensure that the workforce could apply for settled status there has been no material impact on the social care workforce in relation to Brexit.

7.0 Impact of the pandemic on the workforce

Emotional and mental wellbeing of the workforce

- 7.1 During the initial lockdown with the lack of certainty about the way in which the virus was passed on and the changing advice about the appropriate PPE, staff continued to deliver services within an anxious atmosphere. Unlike elsewhere in the country, the only certainty that the workforce had was that the recommended PPE was made available to their employers by the council where they alerted us to supply shortages and virtual meetings took place with public health professionals to provide assurance about what to wear and how to dispose of it.
- 7.2 Staff continued to deliver services within a national context of fear and anxiety mixed with a misunderstanding of what adult social care is along with an underestimation/undervalued of its importance to the lives of the adults they support and this meant that their decision to continue delivering services was a heroic one.
- 7.3 During the lockdown, the council set up weekly forums for the different types of care services – homecare, care homes and supported living – so that the local managers were supported in any areas of concern. These forums indicated that the workforce that was most impacted were those that were accommodation-based and in particular care homes for older people.
- 7.4 In recognition of the impact of the wellbeing on staff, the then CCG created [Keeping Well SEL](#). By way of a thank you for the continuity of service in extremely challenging circumstances, the council funded the [Proud to Care discount scheme](#) as part of a wider programme for recruitment and retention. In addition, due to not all staff in the care home sector being paid at least the London Living Wage, the council paid £100 as a one-off ‘thank you’ for their work during the height of the pandemic.
- 7.5 In addition, Southwark Works continues to support residents into jobs in the health and social care sectors and develop partnership with local employers looking to recruit. Southwark Works will continue to promote their services to care home providers and develop further links to the Proud to Care network to ensure local residents are able to secure vacancies in the sector.

C19 Vaccinations – and the mandating of vaccine

- 7.6 Senior officers noted the relatively low take up of vaccines amongst the care workforce in the spring of 2021. This reflected the demographics of the workforce in terms of being predominantly from black and ethnic minority

communities. Due to the low take up of the C19 vaccine, officers from across the health and care sectors undertook the following:

- a. Each home was provided with a roving vaccination team visit and follow up visits by GPs to talk to unvaccinated staff.
- b. Staff webinars and 1:1 discussions on their concerns
- c. Extensive promotion of vaccinations with care homes and their staff, with a particular focus on tackling vaccine hesitancy amongst black and minority ethnic staff
- d. Opportunities to attend pop up clinics etc., were promoted e.g. Millwall football stadium and Tate Modern as well as smaller local clinics
- e. Myth busting comms promoted including [vaccine facts resource](#) and promotion of webinars tackling popular concerns about fertility and pregnancy
- f. There was a Southwark weekly task group for driving up vaccinations established with representatives from health, social care, public health, communications and the SEL vaccinations programme
- g. There were regular 1-1 discussions between care homes and commissioner at a senior level where thresholds are not met.
- h. Close scrutiny of data on vaccinations to ensure accurate and up to date recording. Daily update of data to assist monitoring and targeting of efforts.
- i. Care home staff forums every two weeks with commissioners and public health, learning shared and ideas on support for take up of vaccines
- j. Informative sessions (led by public health) with targeted care homes (with a lower vaccine uptake) to discuss any concerns/worries the staff have around the vaccination process, approved vaccines, adverse events, etc. while also addressing any vaccine hesitancy issues

Mandating the vaccine

- 7.7 In June 2021, the then Health and Social Care Secretary announced that frontline care home workers (working in care homes registered with the Care Quality Commission (CQC) in England) were obliged to have the Covid jab by 11 November 2021. He said that "Now that the vast majority of staff in care homes are already vaccinated, but not all, we know that a vaccine not only protects you but those around you... [therefore]... After careful consultation we have decided to take this proposal forward to protect residents". This was six months after the Covid jab was being rolled out to the health and care sector and the wider public.
- 7.8 The council is strongly in favour of vaccinations but did not support the mandating of vaccinations, particularly given the cohorts who were hesitant and the reasons for their hesitancy.
- 7.9 In spite of the efforts described in paragraphs 7.6a to 7.6j and lobbying by care provider associations for more time to persuade staff to take the jab the government enforced the deadline of 11 November with a 'no jab, no job'

approach. Not all care home workers took up the jab locally, and this reflected the national experience. 47 (out of 665) care home workers across 11 (out of 16) homes refused the jab and were either redeployed or moved to alternative employment.

- 7.10 In November 2021, the government then announced that the obligation for vaccination would be extended to the remainder of the adult social care sector and health care sector and that the deadline was April 2022. They had to have their first dose of the vaccine by 3 February 2022 or risk losing their job at the end of March.
- 7.11 Following a publicised visit by the Health and Social Care Secretary to Kings College Hospital (7 January 2022).where an unvaccinated doctor made his views known that he was unhappy with the mandating of vaccinations for NHS staff and extensive media coverage, the Health and Social Care Secretary (Sajid Javid) announced plans to abolish the legal requirement for compulsory evidence of COVID-19 vaccinations in the health and social care sector in England (on 31 January 2022). This included the legal requirement already in force for evidence of vaccinations for those working or deployed in care homes registered with the Care Quality Commission (CQC) in England.
- 7.12 At the time, Sajid Javid said that a two-week consultation would be launched due to “dramatic changes” in the virus since the policy for the wider health and social care sector was devised last year. The Consultation Response was published on 1 March 2022. Along with the release of the Consultation Response, the Health and Social Care Secretary confirmed on 1 March that the legislation requiring evidence of vaccination as a condition of deployment in CQC-regulated care homes in England would be revoked on 15 March 2022. On 31 January, the Health Secretary had already confirmed that the Department for Health and Social Care would contact care home providers immediately, to make it clear that the forthcoming changes are no longer applicable and there would be no further enforcement of the legislation. However, he confirmed he would nevertheless be taking further non-statutory measures including:
 - a. to ask regulatory bodies to emphasise and encourage a professional duty for such staff to receive COVID-19 vaccinations,
 - b. to update and strengthen the code of practice that applies to all CQC-regulated providers of healthcare and social care with regard to COVID-19 and,
 - c. at least with regard to the NHS, potentially review the hiring of non-vaccinated new recruits.
- 8.12 At the time of writing it has simply been stated that “the government is continuing to work closely with royal colleges and professional regulators to strengthen guidance and consult on updating the code of practice on the prevention and control of infections in relation to COVID-19 requirements for CQC-registered providers of health and social care in England”.

- 8.13 Whilst the Health Secretary confirmed that both sets of regulations would be revoked, he stated that the policy introduced for CQC-regulated care homes in England was right at the time (November 2021), because then the dominant variant of COVID-19 was the Delta variant. He commented that if someone working or deployed in a care home chose not to get vaccinated at the time, then it was their choice. If they want to reapply for a job in that sector when the restrictions are lifted, they will be free too, but he encouraged them to “make the right positive decision and get vaccinated.

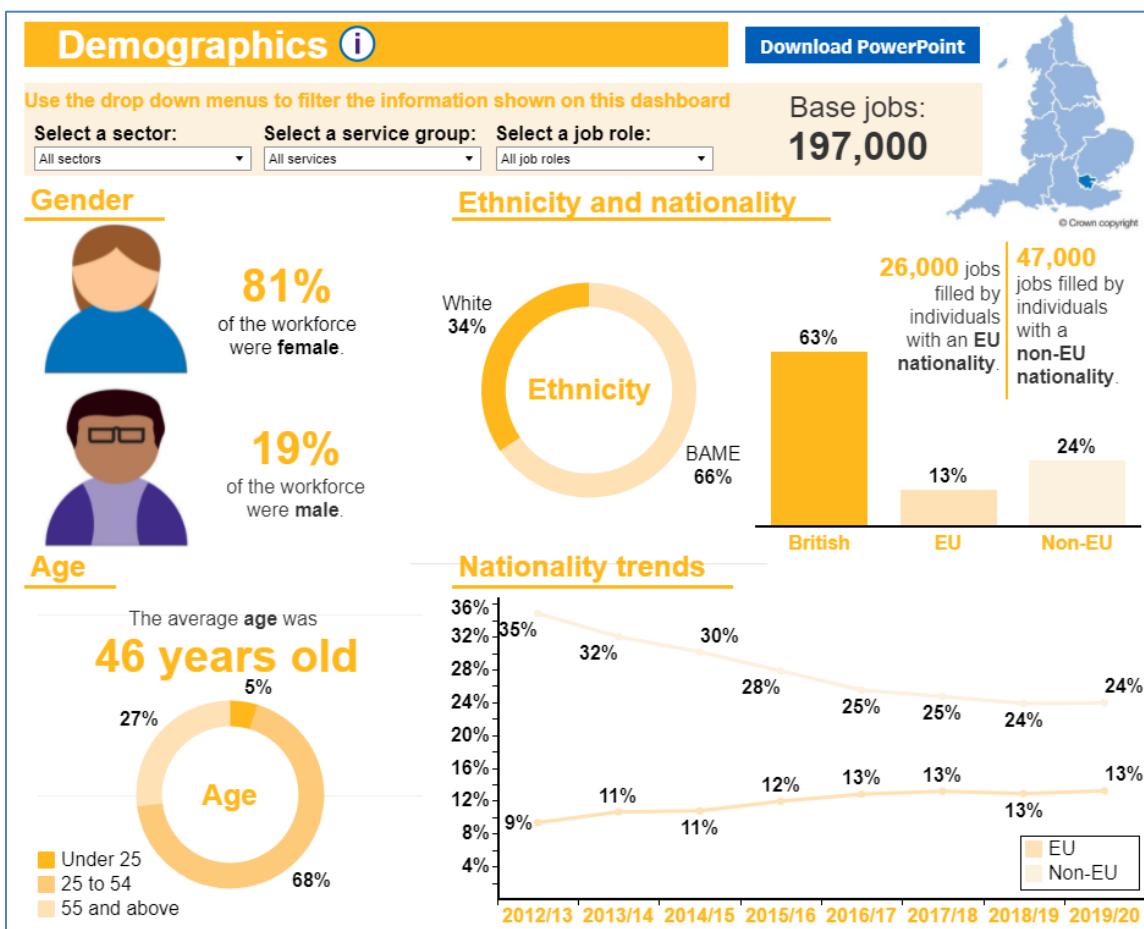
Appendix A

National Audit Office report (July 2018)

'Adult Social Care at a Glance'

Appendix B

Infographic of the adult social care workforce in London (2021)



Appendix C

Skills for Care report

'The State of the Adult Social Care Sector and Workforce 2022'



The-state-of-the-adul
t-social-care-sector-ar

Item No.	Classification: Open	Date: 15 December 2022	Meeting Name: Health and Social Care Scrutiny Commission
Report title:		Health & Social Care Workforce Review	
Ward(s) or groups affected:		All	
From:		Adriana Zakowicz, Strategic HR Business Partner	

RECOMMENDATION(S)

1. That the Commission notes the contents of this report.
2. That the Commission considers any actions it wishes to recommend as a result of reviewing the content of the report.
3. That the Commission agrees to further examination of the profile of recently appointed workers in the social care sectors and in-depth analysis of available data once this information is available

BACKGROUND INFORMATION

4. In September 2021 the Health and Social Care Scrutiny Commission initiated its Health & Social Care Workforce Review. The Scrutiny Review was commissioned against the backdrop of Brexit and set out to understand its impact on Southwark's health & social care workforce retention and recruitment, and how *outward migration has impacted the workforce, along with an emphasis on how to encourage retention; increase recruitment and*

train the local workforce.¹

5. At the time the review was launched the Scrutiny Commission recognised the significant and rising workforce issue of the Covid-19 pandemic and expanded the remit of the review to include seeking to understand the impact of the pandemic on *the health and social care workforce in terms of employment numbers, but also the well-being of the existing workers and the strain felt during the pandemic.*²
6. In September 2021 the Director of Commissioning presented to the Scrutiny Commission initial information relating to the impact of Brexit on the health and social care workforce. The report identified *no material impact*³ of Brexit on the workforce in Southwark.
7. A further report received by the Scrutiny Commission from Health Service partners in November 2021 similarly identified no *immediate significant impact on hospitals (...)* however [recognised] *there could be an impact in 5-10 years as pipeline [issues arise].* Health colleagues did emphasise concerns in relation to workforce wellbeing in light of the pandemic pressures and how there was a risk of increases in early retirement and career moves over in coming years.⁴
8. In March 2022 the Scrutiny Commission discussed the review to date and acknowledged the previous findings on the impact of Brexit, and the changed government policy on mandatory vaccinations for health service staff. The Commission resolved to receive a further update on the impact of the pandemic on the workforce, with particular attention paid to the issue of *burnout*, and an update in relation to any emerging medium term impacts of Brexit.
9. This report provides an update on the above to further support the Scrutiny Commission Review. In particular the report sets out to:

¹ [Southwark Health & Social Care Scrutiny Commission: Scrutiny review scoping proposal – September 2021](#)

² [Southwark Health & Social Care Scrutiny Commission: Scrutiny review scoping proposal \(as amended\) – November 2021](#)

³ [Health & Social Care Scrutiny Commission – Minutes – September 2021](#)

⁴ [Health & Social Care Scrutiny Commission – Minutes – November 2021](#)

- Present quantitative analysis of recruitment and retention in the health and social care workforce – specifically within the Council’s Children’s and Adults’ social care services
 - Present quantitative analysis of workforce sickness and absence trends
 - Provide available qualitative information on the impact of the pandemic on workforce wellbeing, and actions taken to mitigate
 - Update on any recognisable impact of Brexit on workforce adequacy
10. This report has focused on the workforce data currently available to the Local Authority. It is noted that the Local Authority’s workforce data is currently subject to a review and modernisation programme and as such more comprehensive information and analysis will be reportable subsequent to the delivery of that programme to further inform the Scrutiny Commission review.

KEY ISSUES FOR CONSIDERATION

National Context

11. In June 2016 the majority of the British population voted to leave the European Union. The event sparked ongoing conversations and forecasts of Brexit’s impact on many sectors, including an already fragile Health and Social Care sector. The impact of Brexit on the UK workforce has been a noticeable theme in political and economic discourse. The EU policy of freedom of movement and mutual recognition of professional qualifications meant that many EU national health and social care professionals were able to secure jobs in the UK. This included 55,000 of the NHS’s 1.3 million workforce and 80,000 of the 1.3 million workers in the Adult Social Care sector.⁵
12. In 2014 the NHS reported a 5.9 per cent shortfall in recruitment to permanent roles⁶. Similarly, the social care sector estimated its vacancy

⁵ Health and Social Care Information Centre 2015; Skills for Care 2016

⁶ National Audit Office 2016

rate at 5.4 per cent combined with a high turnover rate of over 25 per cent.⁷

13. The UK's departure from the European Union resulted in greater immigration and employment restrictions on European Union/European Economic Area (EU/EEA) nationals within the United Kingdom.
14. Demand for social care services are increasing with the consequent increasing need for workforce capacity. The sector has historically relied on a migrant workforce and as the need has increased so has the call on foreign workers. The challenge of funding in social care is equalled by the shortage of social care staff to meet the growing demands of the sector. The driver for this being an ageing population with increased care needs against a backdrop of funding challenges. Prior to Brexit, the UK had become increasingly reliant on EEA nationals within the Care Sector with a 68 per cent increase between 2011 and 2016⁸.
15. Skills for Care forecasting shows that if the number of Adult Social Care posts grow proportionally to the projected number of people aged 65 and over in the population between 2021 and 2035, an increase of 27% (480,000 extra posts) would be required by 2035⁹. These predictions paint a concerning picture of forthcoming challenges with recruiting and retaining workforce in the social care sector.
16. In 2021/22 around 84% of the Adult Social Care workforce identified as British, 7% (103,000 filled posts) identified as of an EU nationality and 9% (143,000 filled posts) of a non-EU nationality. On average, the Adult Social Care sector has a slightly greater reliance on non-EU workers than EU workers.¹⁰ Notwithstanding this, the adult care sector has a dedicated workforce of EU workers filling 104, 000 jobs out of 1.4million. Almost 1 in 4 workers in Adult Social Care were employed on zero-hours contracts¹¹.
17. In 2020 Brexit coincided with a world-wide emergency and the Covid-19 pandemic putting even more strain on the health and social care services.

⁷ Skills for Care 2015

⁸ The Care Workers' Charity, November 2022

⁹ <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence>

¹⁰ Skills for Care 2022

¹¹ <https://www.skillsforcare.org.uk/adult-social-care-workforce-data>

18. In February 2022 care workers were added to the shortage occupation list and the Health and Care worker visa route was established allowing medical professionals to come to or stay in the UK to do an eligible job with the NHS, an NHS supplier or in Adult Social Care. Early data submissions for 2022/23 show a rise in care workers arriving in the UK to take up Adult Social Care jobs. In 2022, between February and August, 11% of workers new to their role within the year had also arrived in the UK within the same year. This compared to around 5% pre-pandemic¹².
19. Recent trends indicate a divergence in workforce supply and demand with an increasing number of posts in Adult Social Care and fewer staff available to fill those posts. This decrease is owing to recruitment and retention challenges including competition for staff within and outside the sector and a reliance on temporary workforce.⁹
20. In August 2022 estimated number of vacancies in Adult Social Care was 11.1% rising from 10.7% in 2021/22 and 7.3% in 2019/2020. This was comparable to the vacancy rate in Adult Social Care in the London area which was reported as 11% in August 2021 across all Adult Social Care roles.
21. The Department for Education (DfE) publishes data annually on the national Children's Social Care workforce. Data collection for the 2022 return is currently underway, the most recently published data covers the year from 1 October 2020 to 30 September 2021.
22. There were 6,500 FTE children and family social worker vacancies nationally at 30 September 2021, an increase of 7% from 6,100 at the same point in 2020 and the highest number in the last five years. The corresponding vacancy rate increased to 16.7%, from 16.1% in 2020 and was the highest rate since 2017.¹³ There were 5,000 FTE leavers in 2021, the highest figure across the last 5 years, and up by 16% compared to last year.

¹² <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England>.

¹³ [Children's social work workforce – Reporting Year 2021 \(DfE\)](#)

23. In 2004, Elizabeth Harlow, Senior Social Work Researcher published her article: "Why don't women want to be social workers anymore? New managerialism, post feminism and the shortage of social workers in social services departments in England and Wales"¹⁴. The researcher noted that social workers were leaving their posts for alternative career opportunities contributing to a staffing shortage, which in some parts of London and the south-east of England, reported to reach crisis proportions. The difficulties in recruiting staff were already attributed, alongside other factors, to the low status being afforded to caring work. The Health and social care sector has a history of struggling to recruit and retain staff with an intersection of factors including discussions over pay, general perception of the sector being low-skilled, low-paid with no opportunities for career and status progression suggesting lack of public understanding and negative media.
24. COVID 19 has unfortunately exacerbated recruitment pressures. One example being information from Health Education England indicating an increase of 15% in London Health Occupational Therapist positions in the past 5 years¹⁵. This significant growth in the Health workforce has drawn from the available pool for Adult Social Care recruitments.

COVID-19 pandemic impact on workforce wellbeing

25. It is widely recognized that during the pandemic the health and social care sector has been challenged on a scale and with pressures not previously seen – marking the past two and half years as unprecedented times.
26. On 23rd March 2020, the UK Government imposed extensive emergency measures to prevent the spread of the coronavirus, including the closure of schools, universities, restaurants, pubs, leisure facilities and many other non-essential businesses, and instructing most people to “stay at home”.
27. The lockdown imposed immediate disruption on economic and social activity, both on the supply/demand side (as businesses are forced to close their doors) and on the social interactions side, limiting contacts with colleagues. During the pandemic 1 in 5 social workers were working from

¹⁴ European Journal of Social Work, Volume 7, 2004 - Issue 2, pp. 167-179

¹⁵ Health Education England, March 2022

home nationally. With Ofsted voicing significant concerns about the impact of ongoing remote working on the availability of peer support and the quality of practice.¹⁶

28. The Government as well as all agencies partnering with the Health and Social Care Sector recognised that the workforce have done a remarkable job, have worked long hours responding to the pressures in the system and have been solid in their care for patients and those in receipt of care.
29. According to Health Foundation, Social care workers faced among the highest mortality rates by occupation during the first phase of the pandemic and sickness absence rates more than doubled between February and October 2020¹⁷. Whereas Community Care in their publication reported the profession's quality of working life has fallen further than nurses', midwives', social care workers' and allied health professionals' during the pandemic, as found in the latest round of an ongoing study into Covid's impact on health and care staff¹⁸. Adding that social work being the only profession whose wellbeing score have fallen below that of midwives¹⁹.
30. The national sickness absence rate for children and family social workers increased to 3.1% from 2.9% a year earlier, however this is in line with pre-pandemic levels and is at the five year average.

Southwark Context

31. In 2019, Southwark Council undertook extensive work to ensure that the organisation was prepared for the forthcoming changes and potential challenges with employing EU citizens with a special focus on Social Care Services. The Council ran local communication alongside the national campaign on how to apply for Settled Status offering to reimburse application costs (prior to the announcement of free applications). Southwark engaged closely with the Home Office to ensure our staff and borough population were well supported in applying for settled status.

¹⁶ Community Care, July 2022

¹⁷ Health.org.uk, January 2021

¹⁸ hscworkforcestudy.co.uk

¹⁹ Community Care, October 2022

32. A Directors' Forum discussions took place with a focus on Brexit outcomes with the impact of the Settlement Scheme. A group of senior officers met to ensure the Council's joining up of the support to our residents and staff, for example, the Registration Service being one of two London pilot sites to test the Chip Checking Service and our libraries were involved in the Assisted Digital Support scheme. There was ongoing work with trade unions to promote the scheme to staff who are non-UK EU nationals and signpost to support the application process through drop-in sessions with a particular focus on staff with lower digital literacy and ESoL.
33. Southwark wanted to reassure its own employees as well as the community that support was available. As part of the Social Care pilot, support/information sessions for employees across the key areas were held, including communications to employees within Social Care. There was also information shared via the intranet, a Yammer group, posters and information packs.
34. The Council received positive feedback from the pilot from both the support aspect and the chip checking system and process.

Vacancy rate

35. Similarly to other Local Authorities, Southwark has been facing challenges with recruiting and retaining its social care workforce. The Council commissions various care services (including home care) through providers and therefore there are many care workers who are not directly employed, including home care and residential care workers. In January 2018 Adult Social Care (ASC) had 66 Social Worker vacancies, whereas Children Social Care had 68 vacancies. In November 2019 the rate of unfilled posts was 4%, with 18% of roles being filled by agency staff. However, 2021-22 data shows that there has been a decrease in the rate of posts filled by agency workers at 15% and a concurrent increase in the rate of unfilled posts, at 9% in October 2022.
36. Vacancy rates are currently particularly acute in certain roles and business units within Adult Social Care. Recruiting Occupational Therapists is particularly challenging with a high turnover of staff and a vacancy rate of

more than 30% recorded in August 2022. This included 33% of staff in post being filled by agency workers. This agency rate is lower than in some areas and recruiting agency Occupational Therapists has become increasingly challenging in a very competitive jobs market.

37. In September 2022 the qualified Children's Social Care workforce had a significantly higher rate of agency staff at 38% across frontline and first line management posts, with no unfilled posts, due in part to time limited supernumerary posts filled by fixed term and agency staff to manage increased demand for statutory services.
38. Currently, the overall vacancy rate in Children and Adult Social Care equates to 6.5% with 17.5% reliance on the agency workers (24% overall vacancy rate).
39. There is little identifiable medium-term impact of Brexit or the Pandemic on the Council's social care workforce vacancy rate, over and above the pre-existing market factors and national and regional shortages in these categories of staff, which remain the main driving causes for difficulty and competition in recruitment.

Starters and leavers

40. As described above the social worker and wider social care market remains highly competitive and recruitment challenges within the capital are acute, owing to the cost of living, accessibility of key worker housing, competition from neighbouring authorities and the attractiveness of agency markets.
41. The trend in new starters and those leaving the Southwark workforce within Children's Social Care specifically has been ongoing for a number of years pre-pandemic and Brexit. Both showing upwards trends. Whilst more staff are leaving than in previous years, concerted recruitment efforts are seeing a similar increase in new starters (Figure 1). Whilst maintaining the necessary pace of recruitment remains a challenge, and new avenues are routinely explored, such as the current drive to recruit new International Children's Social Workers, there is no immediate intelligence suggesting a specific impact from either Brexit or the Pandemic.

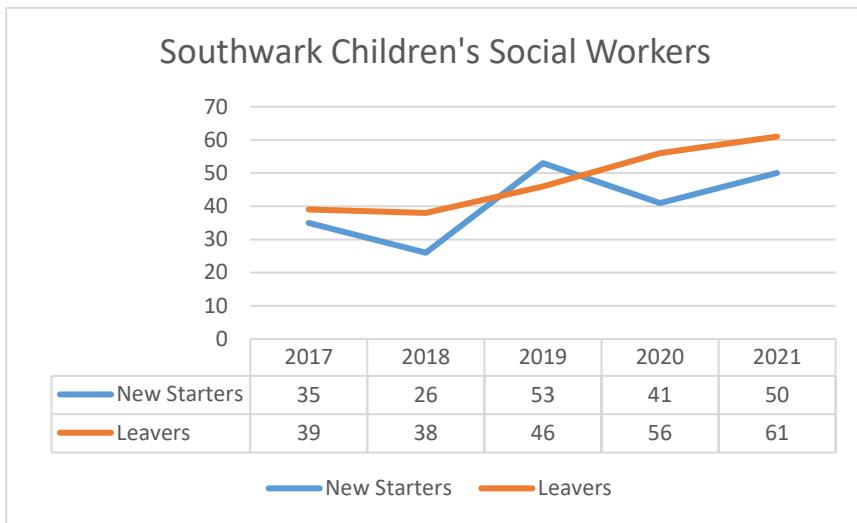


Figure 1: Starters & Leavers in Children's Social Work Roles 2017-2021

42. The trend in new starters and leavers within the Adult Social Care in Southwark showed number starters and leavers being at similar level, leaving more backlog of posts being unfilled highlighting recruitment and retention challenges.
43. Adult social care has an experienced ‘core’ of workers. Workers in Southwark had on average 8.7 years of experience in the sector and 78% of the workforce had been working in the sector for at least three years.
44. Adult Social Care, similarly to Children’s Social Care, have been exploring a range of avenues for recruiting and retaining their workforce looking across the whole employee journey from attraction through a dedicated microsite, to developing apprentices and equipping staff with additional skills from Practice Supervisors, Accredited Mental Health Professionals and Best Interest Assessors up to all stages of management. Highlights include: in advertisement; including use of real staff photos, location shoots in the Borough, videos and stories/quotes in digital/media campaigns to demonstrate the vibrancy and diversity in Southwark or stream-lining the recruitment process and customer journey for prospective employees as well as offering appropriate training opportunities for current staff; including informal training such learn sessions and coaching and mentoring.

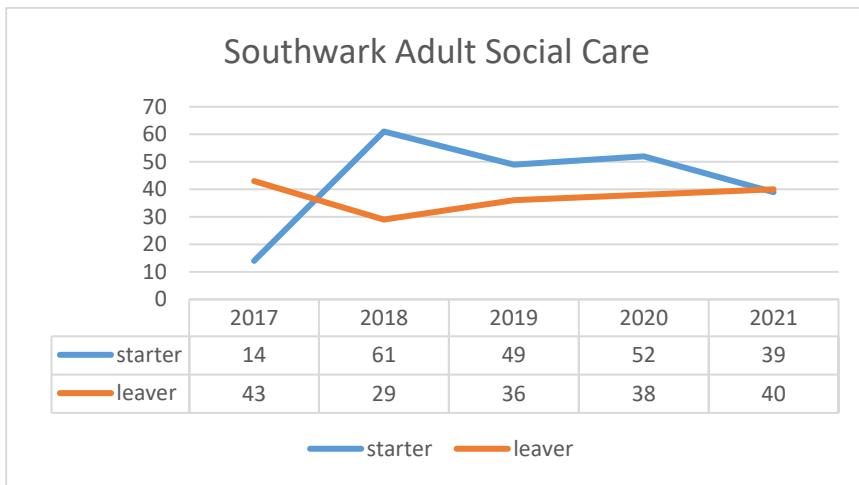


Figure 2. Starters & Leavers in Adult Social Care Roles 2017-2021

Staff wellbeing and morale in social care

45. Recorded absence figures for Southwark's children's social work workforce showed a marked drop in sickness absence during 2020 (Figure 3). This is likely attributable to multiply factors including sharp drop in flu cases attributed to higher uptake of flu vaccination and mask-wearing and distancing as well as possible the diligence of staff working through periods of isolation when they might otherwise have taken periods of absence from the workplace in normal times.

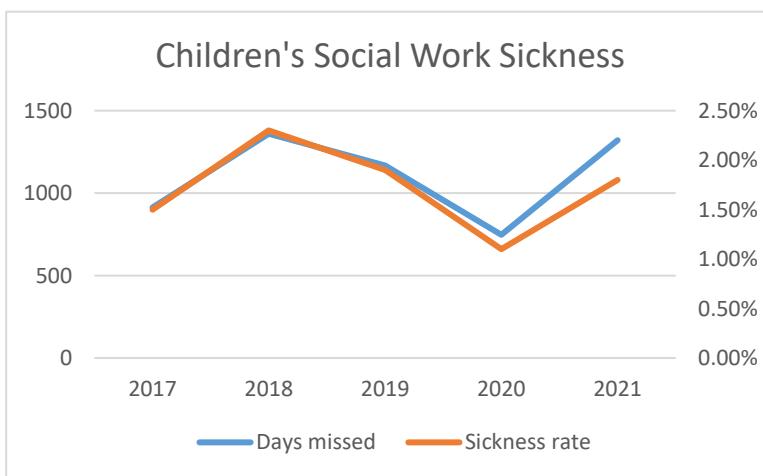


Figure 3: Children's Social Worker Sickness and absence – 2017-2021

46. The impact on the wellbeing of Southwark's children and adults' workforce from the pandemic was significant, with a number of losses to life of

Southwark staff which had a profound impact on staff and services, and continues to do so.

47. The average number of sickness days taken in the last year in Adult Social Care in Southwark was 6.4, (7.5 in London and 8.3 across England). With an estimated directly employed workforce of 4,400, this means employers in Southwark lost approximately 28,000 days to sickness in 2021/22.
48. During the peak of the pandemic Ofsted undertook a Focussed Visit inspection of our Children & Families services and recognised significant action taken to mitigate the impact of the pandemic on staff and those associated with the children's care workforce.
49. The inspectorate reported that foster carers spoke very positively about the support and help that they are receiving for children's care and education during the pandemic with access made available to enhanced support to foster carers including additional payments and out-of-hours support from clinical psychologists.²⁰
50. The same report identified social workers, practitioners and managers as being very well supported by service managers and senior leaders throughout the pandemic. Practical support included the provision of laptops, PPE, free private transport and bespoke public health guidance and self-care sessions delivered routinely by health colleagues. Staff spoke of being emotionally 'held' while working remotely, through regular keeping-in-touch meetings with managers to discuss well-being and work/life balance as well as the Virtual Open Door Sessions regularly arranged by the Strategic Director and the Directors in Children and Adults Social Care with the departmental entire workforce. This supported frontline practitioners to sustain their energy and determination to protect and care for vulnerable children and adults, despite the risks from COVID-19.¹²
51. In May 2022 the Children's Social Care Workforce Health Check Survey was undertaken, which is routinely completed to inform national reporting on the wellbeing of the Children's Social Care workforce. Leaders within Children & Families opted to expand beyond the expected national survey

²⁰ Ofsted Focussed Visit – Southwark September 2020

set questions to seek further feedback from staff on the impact of the pandemic, and the continuing impact on their health and wellbeing.

52. Approximately 74% of respondents to the survey either agreed or strongly agreed that they felt *encouraged and empowered to make time for [their] own self-care and wellbeing* (figure 3).

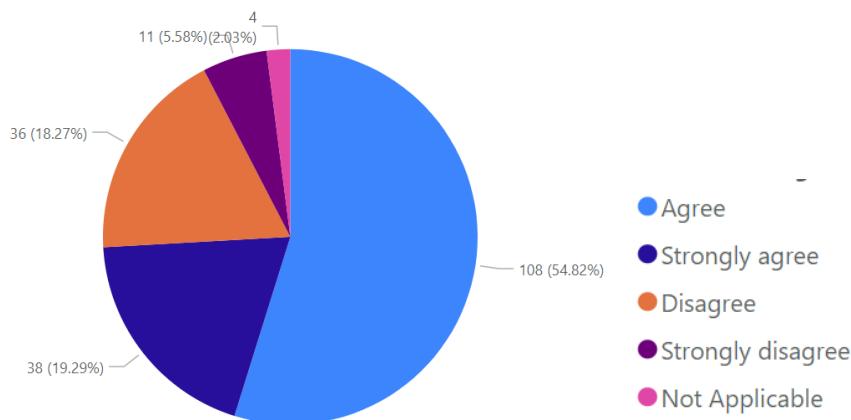


Figure 4: Healthcheck Survey Result – I feel encouraged and empowered to make time for my own self-care and wellbeing

53. As referenced earlier, data from the workforce health check survey points to a significant commitment from staff to work through the pandemic and instances of individual illness. With 44 individual staff members reporting needing to self-isolate due to Covid yet continuing to work from home during this period. 50% of staff survey respondents reported no incidence of Covid-19 infection in the 12 months to May 2022 (figure 5).

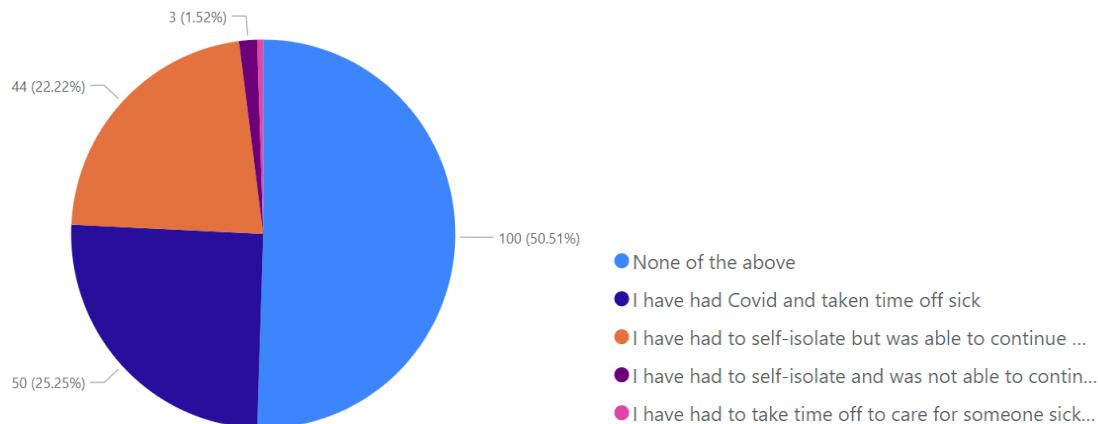


Figure 5: Health check survey result – in the last year have you had time off or away from work due to Covid-19

54. In further feedback from the children's health check survey, approximately 90.5% of staff reported feeling well supported in relation to the pandemic overall, and 91% reported that they were always or mostly able to access timely management advice and support.
55. Adults Social Care Health Check 2022 focused on listening and learning from the employees' feedback covering perceptions of the 8 Employer standards, the impact of Covid-19 and job/ organisational engagement.
56. Survey respondents were provided with an opportunity to share more insights into their reasons to work, reasons for being a social worker, as well as, positives and challenges of working for the current employer.

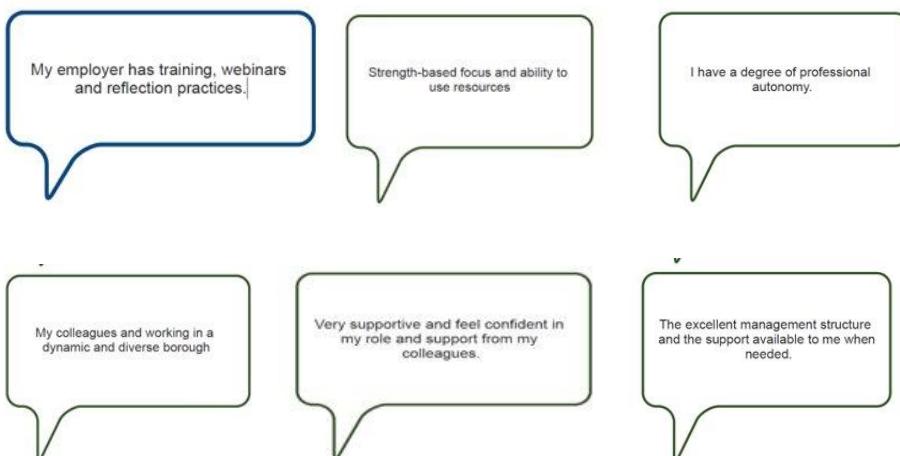


Figure 6. Positive feedback from listening and learning 2022

57. Feedback regarding challenges mainly illustrated the Social Care workers concerns regarding recruitment struggles, increased number of vacancies as well as the complexity of casework.



Figure 7. Negative feedback from listening and learning 2022

58. In 2022 Children Social Care reported so far over 2900 days of staff absence between January and October, with the highest number in October, possibly reflecting entering the winter seasons (Figure 8).

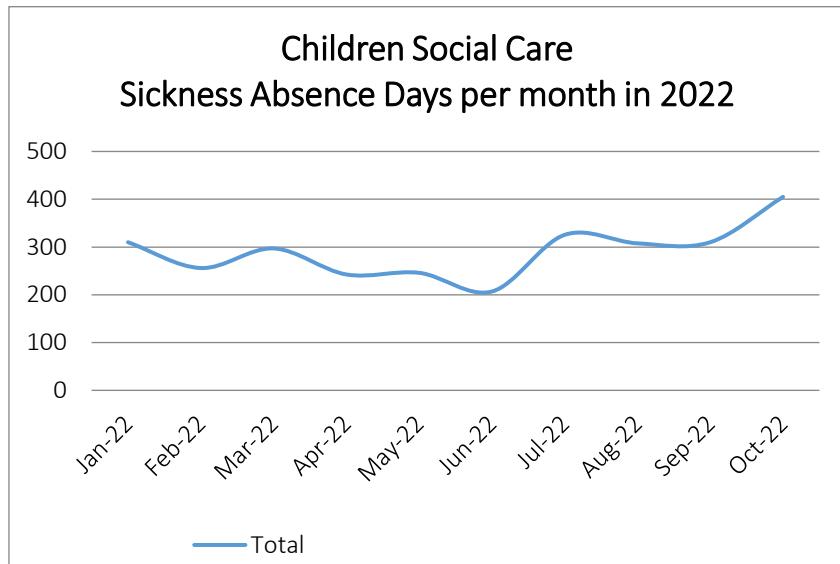


Figure 8. Children Social Care Sickness and Absence no. days per month in 2022

59. Adult Social Care reported just under 1800 days of sickness and absence with a similar trend in increase of absence in the post-summer months (Figure 9).

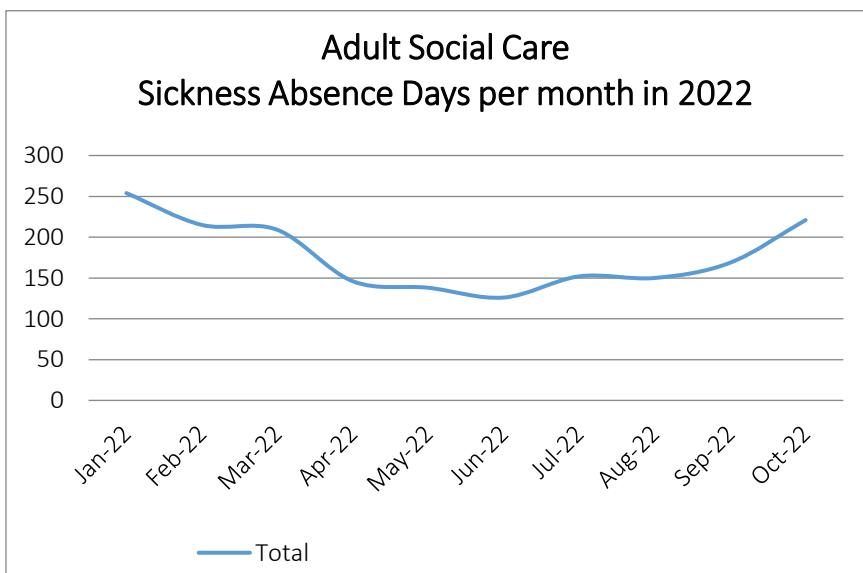


Figure 9. Adult Social Care Sickness and Absence no. days per month in 2022

60. However, more understanding and data will be needed about the NHS waiting times (A&E, GP appointments or access to treatment), long COVID-19 and the ageing workforce.
61. In the most recent Ofsted Inspection, the authority was rated “Good” in all categories of its social care and safeguarding of children in the borough²¹.
62. The Ofsted report highlighted leaders’ significant investment in the workforce and ensuring that working conditions are good for their staff. Caseloads are low and manageable. Specialist teams and practitioners are on hand to provide advice, support and consultation.
63. The report indicates that in Southwark, Children Social Care staff feel supported by their leaders, ensuring that their emotional well-being is a priority. It was reported that staff speak highly of managers and leaders across every area of the service, appreciating their availability and the support they provide²².
64. Staff appreciate this and can see the value this adds to their work and the positive impact for children and their families. The report indicates that staff enjoy working in Southwark. Their morale is high, and they appreciate the high level of support, the career progression opportunities, the learning and development offer and the ambition that the organisation has for them²³.
65. Whilst, the overarching thematic intelligence in relation to staff response to working through the experience of the pandemic is relatively positive, the cumulative and long-term impact on staff wellbeing in an already pressured and complex working environment cannot be underestimated and the continued vigilance of leaders and managers is required to ensure standards of support to staff remain.

²¹ <https://files.ofsted.gov.uk/v1/file/50198438>

²² Ibid

²³ Ibid

Southwark remedies - actions to recruit and retain the existing workforce and mitigate the impact of the Covid-19 Pandemic on workforce wellbeing.

66. Southwark Council continues to be committed to ensuring that there is a fairer future for all its residents, where everyone has the opportunity to fulfil their potential.
67. To deliver on its commitment, Southwark as an employer needs to ensure it can attract, retain and develop the workforce it requires.
68. Local Authorities play a critical role in reducing inequalities within their communities therefore the workforce of the local authority itself must consistently be working towards better equality, diversity and inclusivity within the workplace and its services
69. Southwark was one of the first local authorities to sign up with the Mayor of London's Good Work Standards that sets the benchmark for the highest level of employment standards. It helps employers to improve their organisations and contribute to a fairer and more inclusive London economy.
70. Both, Children and Adult Social Care services worked on designing recruitment and retention activities to improve the recruitment, retention and wellbeing of staff. These activities are not only led by the employer but, by the workforce and are linked with the local, regional and national priorities addressing current workforce challenges.
71. Early in 2022, Children Social Care engaged in the international social worker recruitment campaign that led to about 24 Social Worker appointments from overseas. There are further plans to expand on this activity focusing on lessons learned and already developed in-house knowledge of Home Office requirements and processes around sponsorship.
72. Currently, more sophisticated recruitment strategies are being developed across children and adults services to apply efficiencies in the recruitment process and remain competitive on the jobs market as well as to ensure that the Council "grows our own" and engages with local communities.

- 73. Southwark leaders have enhanced their offer to attract social workers taking continuous steps to recruit, retain and develop staff. For example, there is a successful programme for newly qualified social workers (ASYE), and more recently the local authority has been supporting several staff to undertake their social work training. Despite workforce challenges, Southwark is in a strong position because of the worker stability and the longevity of its workforce. Ofsted acknowledged that many staff stay with Southwark for many years²⁴.
- 74. Other initiatives include ongoing salaries benchmarking and monitoring in an already competitive market. Adult Social Care are developing apprenticeships programmes for Social Workers and Occupational Therapists as well as pre-apprenticeships programme to support the pipeline of applicants.
- 75. More local initiatives include creating development opportunities for assistant psychologists in the Children Social Care Clinical Services utilising the Health Education England funding scheme for “Paid Opportunities for Aspiring Clinical Psychologists, Family and Systemic Psychotherapy, and Leadership/ coaching opportunities for BAME professionals”. In line with Southwark’s commitment to “grow our own” we highlighted this opportunity to Southwark care experienced aspiring psychologists and publicise the roles for eligible Southwark Care Leavers.
- 76. In 2017 Southwark established the Employee Health and Wellbeing Strategy – 2018 – 2020 building on commitments made in the Fairer Future Workforce Strategy 2017 – 2020 and fitting it in with local public health priorities in relation to employee wellbeing. The Wheel of Wellbeing (developed by South London and Maudsley NHS Foundation Trust as a framework to outline the health and wellbeing aspirations, initiatives and activities)²⁵.
- 77. Since the Covid-19 pandemic started, wellbeing supporting initiatives for the Southwark workforce continued being developed in response to the changes in the wider and more local environments. The mental and

²⁴ <https://files.ofsted.gov.uk/v1/file/50198438>

²⁵ [Wheel of Well-being \(wheelofwellbeing.org\)](http://wheelofwellbeing.org)

physical wellbeing was at the centre of Southwark's response to the pandemic. Children Social Care head-started the development of the Covid-19 risk assessments that were later developed and incorporated by the council for the whole workforce. Regular communications and working during Covid-guidance for social care front line workers were established.

78. Furthermore, the whole Children and Adults Social Care workforce were in the priority group for vaccination as frontline workers.
79. In 2020 Southwark launched anonymous wellbeing survey to assess how colleagues are coping with the impact of COVID-19. During the pandemic the Council maintained a clear focus on employee health and wellbeing through 3 Wellbeing / Winter Wellbeing plans and Toolkits, numerous online activities and webinars, and the development of the Wellbeing Microsite for staff who do not have access to the network.
80. Southwark continues to proactively support physical and mental wellbeing by promoting resources which can contribute to positive health. This includes offering to staff free flu vaccination, eye care scheme and cycle to work scheme.
81. Furthermore, mental health awareness became embodied in the council's wellbeing actions and goes beyond the Employee Assistance Programme and Occupational Health offer. This year, to respond to the increases in the cost of living, a financial wellbeing programme has been developed to support staff during the financial crisis.

Conclusion

82. All national research and findings point to an able and stable social care workforce as being one of the most significant drivers in improving the consistency and quality of outcomes for the vulnerable communities we support. Developing efficient and effective talent attraction and fair recruitment, staff retention, career progression and development practices is critical to attracting the best candidates to Southwark and keeping them within our workforce.

83. The council will continue to develop its approach to attracting and retaining the best social care workers by continuing to listen to staff; understanding what is important to them, and developing our offer based on what works.
84. Additionally, within the wider social care system for earlier intervention and prevention support to children and families, we will work to develop and harness power within communities, supporting the voluntary and community sector to lead local support offers, and where possible developing pathways into our more targeted services
85. Attracting and retaining the right staff leads to better outcomes and greater wellbeing for the community we support. Developing efficient, effective and fair recruitment, staff retention and development practices is critical to attracting candidates with the appropriate skills and attitude for the work.
86. It is crucial that all levels of government work together to review career routes within social care. In particular, it would be advisable to investigate the potential for opening up routes from support and social care roles into nursing and allied health professionals and vice versa.

Health & Social Care Scrutiny Commission

MUNICIPAL YEAR 2022-23

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