

Annual Report by Local Authority Chief Social Work Officer for 2021-2022

1. Governance and Accountability

The governance and accountability arrangements remained unchanged through 2021/22. The planning for the delegation of children's social work to the Integrated Joint Board continued but was not concluded.

Internally the quality of social work is assured by Practice Governance meetings. Any issues are reported to the Clinical and Care Governance Committee of the IJB for adults and Council Committee for children's services. Posts of Consultant Social Work Practitioner are well established in both adult and children's services. Consultants work with line managers to support social work in complex cases, model best practice and set practice standards in their respective areas. Consultants also undertake practice audits in Adult social work.

Both adult and children's social work were subject of an internal Carefirst Audit.

A revised governance structure for Learning Disability (LD) services was established through a LD Transformation Board; all projects, proposals and areas of tension relating to LD are discussed and actions agreed.

Within Health and Social Care Moray the CSWO is part of the Senior Management Team that meets on a weekly basis. During 2021/22 this has included the Head of Children and Justice Social Work.

The CSWO also meets weekly with social work leaders in adult services.

2. Service Quality and Performance

Adult Services

The critical areas of quality and performance in adult services relate to the further period of Covid pandemic and the consequences of this, experienced through 2021/22. These can be summarised as:

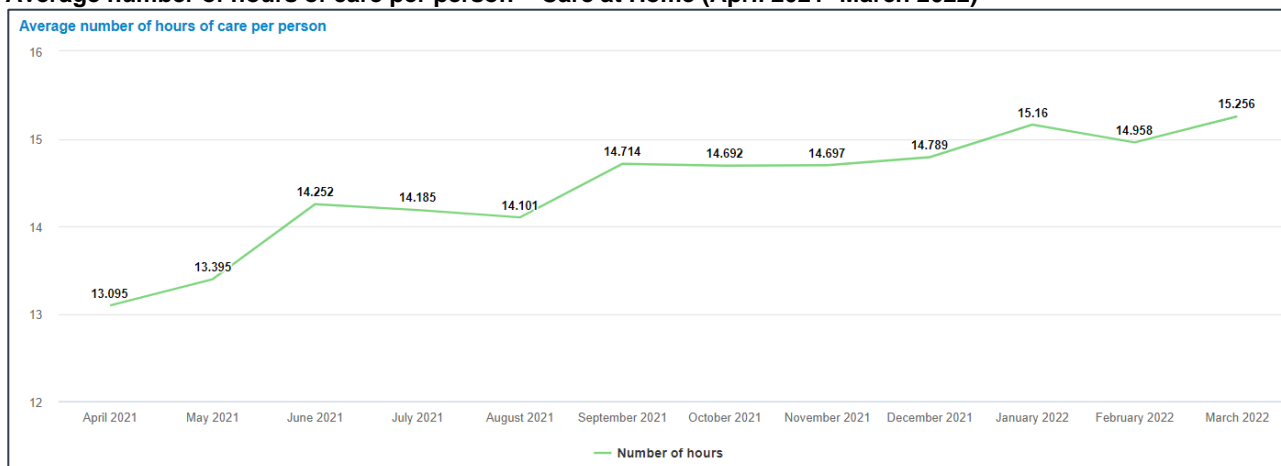
- Waiting lists for assessment, and care services post assessment
- Increase in complex and urgent situations requiring significant social work time to resolve, including adult support and protection issues.
- Pressure on care at home services, resulting in unmet need.
- Staff stress as a consequence of demand and capacity issues.

There are 6 categories of unmet need that are routinely monitored that provide an overview of the number of people waiting for a social care assessment, a package of care, or a statutory social care review. Additionally, the number of hours of care not yet provided are also monitored. A weekly summary of trends is provided for managers. Overall, the level of unmet need is much higher than it was before the pandemic, and there is nothing to suggest that unmet need will be back to more typical values in the near future. The 6 categories are:

- Number of people waiting for a social care assessment - The number of people waiting for a social care assessment overall has been static at between 140 and 150.
- Number of people assessed and waiting for a package of care - The number of people waiting for a package of care was on average 150. Approximately 85% of people are waiting in the community and the other 15% are in hospital. The numbers appear to be static.

- Number of people in receipt of a care package and waiting for a statutory social care review - While lower than the number waiting for a review last summer there is no clear indication that the numbers waiting for a social care review reduced significantly
- Number of hours of care yet to be provided for individuals in hospital - The number of hours not yet provided for people in hospital varies weekly, but has gradually risen over time from 226 hours in August to over 450 hours in March
- Number of hours of care yet to be provided for individuals in the community - There was variance throughout the year on numbers of hours required although there was a significant increase for people in the community from 266 hours in August to 778 hours at the end of January. During this time the average number of hours of care provided to individuals by the Care at Home team rose by 17% from 13.1 to 15.3 hours
- Number of hours of care assessed as needed and not provided for those in receipt of a care package - Since the start of February the number of hours of care not delivered to residents receiving a care package has risen steadily from 385 to 417 hours. This figure is much higher than in September 2021 when for 4 weeks this figure was consistently below 250 hours.

Average number of hours of care per person – Care at Home (April 2021- March 2022)



The continuing levels of unmet need noted above has contributed to high numbers of patients facing delays in being discharged from hospital.

With the LD service there were a number of overdue reviews, including Guardianship reviews.

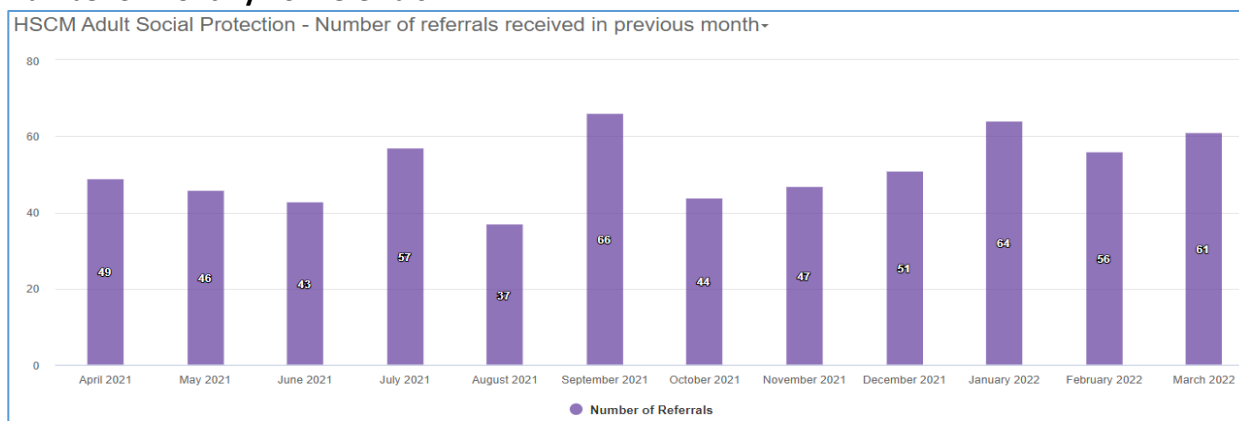
The complexity of situations facing social care, and carers in particular, is evidenced by the following table:

	Emotional wellbeing impacted (% of ACSPs completed)	Mental health impacted (% of ACSPs completed)	Physical health impacted (% of ACSPs completed)
End Mar 21	44	38	35
End Mar 22	83	60	46

That clearly shows a significant increase in the numbers of carers reporting impact on their emotional wellbeing, in particular, but across all 3 measures.

Another indication of increasing complexity is that, during the year 1st April 2021 to 31st March 2022, 557 referrals were received in Moray to the Access Social Work Team. This is an average of 50 referrals per month. It is apparent that a significant number of referrals come from Police Scotland, and relatively few are received from families, the local authority or the NHS. An increasing number of referrals are being received from our Care Homes. Whilst very small numbers have progressed to Investigation, it is indicative of the stress felt by Care Homes, and symptomatic of the increased complexity of individuals residing within the environment, leading to added pressure upon service staff.

Number of monthly ASP referrals



The introduction of Initial Referral Discussions in December 2021 allowed for increased collaboration with partners and open discussion with relevant professionals. Feedback from Social Workers has been generally positive.

Children's Services

There was significant activity in relation to practice governance within children's services to bring together findings from complaints, with family feedback and casefile audits. There was a new Service Manager in post allowing the development of processes within children's and justice services to more closely align commissioning, quality assurance and policy development. There has been an auditing exercise which will be ongoing and the learning from complaints alongside this will form the basis of learning needs analysis. There have been some challenges with children's services with regards recruitment and Placement services in particular was and is functioning with low staff numbers.

A new Service Manager was also recruited to support the Corporate Parenting agenda and to progress transitions planning and children with disabilities.

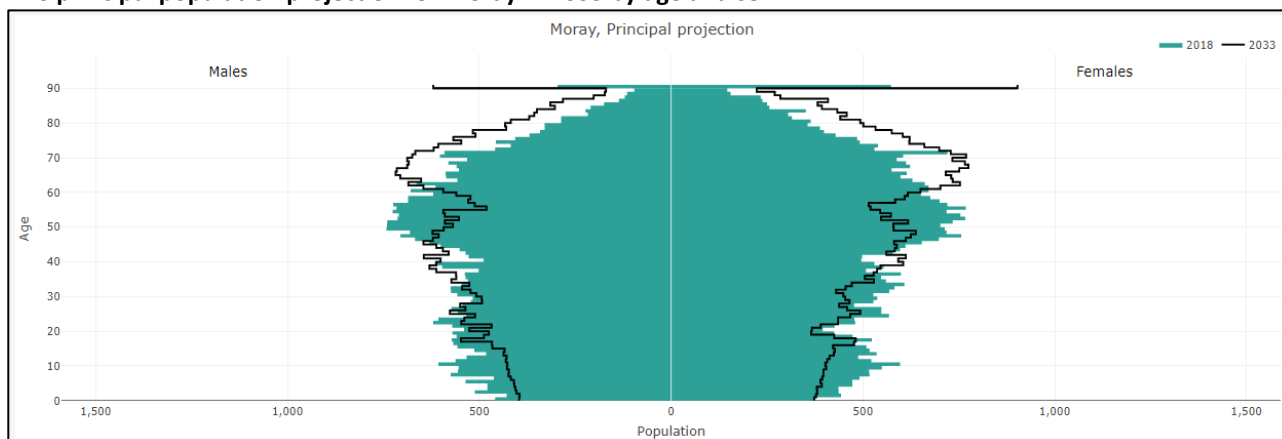
A new model for social work support has been created and plans were put in place to have a dedicated Children with Disability pod as a test of change.

Referrals for support into the children and family team steadily increased and need centres around families experiencing financial hardship alongside poor parental mental health, domestic violence and substance misuse by parents.

3. Financial Pressures

The demographic changes continue to contribute to the financial pressures experienced. Records of Scotland principal population projection for Moray and is based on 2018 data.

NRS principal population projection for Moray in 2033 by age and sex



Financial pressures are high in the Learning Disability service in particular. The service is £1.4m overspent for the last financial year; this is likely to continue into this financial year. New housing projects have been initially more expensive, especially during the settling in period. The use of smart technology is permitting the staffing of these projects to be tailored to each tenant. Day service use increased following lockdown and this is being monitored. Alternative 'day activity' approach was put in place but there will be a period of transition from building-based services to more community activities.

For children and families social work additional funding was granted to support families experiencing challenges with fuel and food costs, which was welcome support to families in need. Children's social work were able to make further savings, going forward this is unlikely to remain the status quo as services are in increasing demand.

COVID-19 enabled us to look at our external care at home resources through the work of our remobilisation meetings. This involved collaboration with those individuals who had had their services paused due to the closure of building based day services. Many individuals stressed a desire not to return to formal day support, opting for a more person centred approach in their own communities. In order to effectively deliver supports in a more person centred approach, in conjunction with our external contracts coming to the retendering date for older people's day services, a project proposal was agreed in order to utilise the funds from these contracts to support individuals in their own community. This approach has aligned itself with the Self-Directed Support (SDS) Standards introduced in March 2021 and also key recommendations within the Adult Social Care Review. This proposal was not a cost saving exercise, but one to ensure that we can deliver outcomes to individuals in a person centred and meaningful way for them, taking a strength and asset based approach.

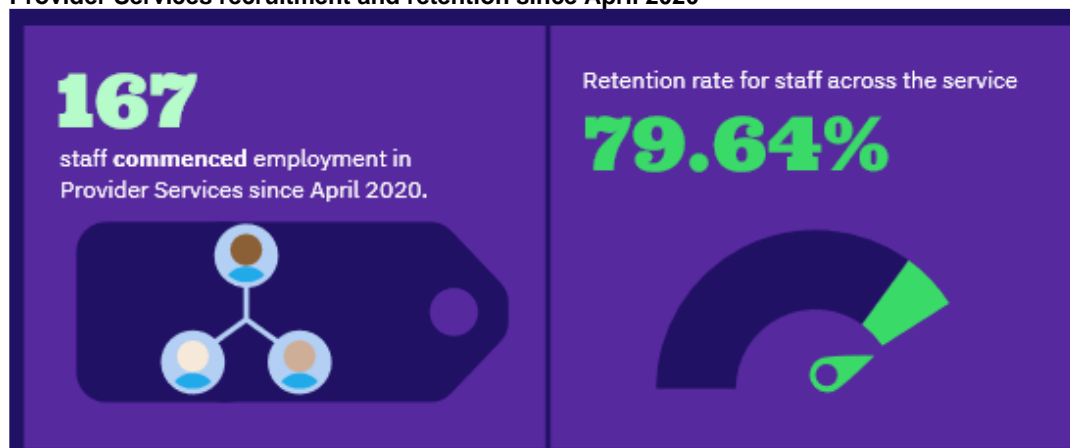
4. Workforce

Workforce Planning – staffing and recruitment issues

There was higher than usual staff absence rates amongst both council and NHS employed staff over the winter period (Figure 3). Moray Council staff absences have averaged 6.6% since May 2020, which is above the national average of 5.9%. However, for the week ending 28 January 2022, the latest data published by SOLACE, the figure for Moray rose to 10%.

A recruitment cell was established and has worked closely with Moray Council Human Resources team to bring people into HSCM. Since April 2020 167 staff have been recruited into Provider Services, of which 47 were new to the care sector and the retention rate for staff over that period is close to 80%. The retention rate for the new employees is over 85%.

Provider Services recruitment and retention since April 2020



Provider Services retention of new staff since April 2020:



Workforce Development

As at February 2020 there were 15 MHOs practicing in Moray (14.6FTE). 13.6 of these work in the daytime and 1 MHO is working out of hours. This number has been relatively stable over time but the number of staff members who are no longer on the Mental Health Act rota has reduced due to promotion which has created a strain on the service. In addition, MHO retirements in the out of hours service created a problem with availability of MHOs necessitating the use of EDCs without MHO consent.

There have been no newly qualified MHOs since 2019 and difficult in attracting social workers to the role was impacted by Covid. The 2021/22 intake of 2 candidates will increase the number of MHOs in the out of hours service and in the Mental Health Team.

The numbers of referrals to the MHO service for guardianship assessment has increased by 23% on 2020/21 and by 90% on the year 2019/20. Since the pandemic Moray has operated a waiting list for guardianship reports and this list has been growing rather than reducing.

The Scottish Government MHO capacity building funding allocated to local authorities resulted in a new workforce plan and consultation exercise. The funding was used to recruit a temporary Advanced Practitioner dedicated to MHO, focusing on Adults with Incapacity working alongside the dedicated MHO and focusing on Mental Health Act work. Since most of the MHOs work in the Mental Health Team a 0.5FTE social work was recruited to the team to increase capacity.

To enable the delivery of supports with a greater community focus, and harnessing the power of our communities, which has strengthened during Covid, a Day Opportunities test of change commenced, initially supporting those individuals who had expressed a desire not to return to formal building-based day supports. In order to achieve this, SDS Enabler roles were created to support having good conversations, listening to supporting individuals to be at the centre of how their support is delivered. Through removing care management from social work, freeing them from time and task, would not only give back valuable practitioner time but enable them to spend more time with the people they support. The SDS Enabler role is to take the agreed personal outcome and support the translation of this into a deliverable. This allows for the time required to build the community networks, to test things out and sometimes to break the outcome down into smaller, more achievable goals that can be built on over the coming weeks and months. The role of the SDS Enabler is to be the conduit between the individual and their community, whilst collaborating and support social work to achieve positive outcomes. The test of change has now become embedded in mainstream practice with the posts now permanent and the team added to, enabling demand from teams to be met. Through Day Opportunities, greater links have been created with the communities and the resources within them, through taking this approach individuals can be connected and supported to engage in the groups in their community. Support workers are linked to the Day Opportunities to support confidence building of individuals who may be apprehensive of returning to their community following periods of isolation, with a view to supporting the community connection enabling the support workers to step back.

Health and Social Care Moray are one of three test sites for the SDS standards, working alongside colleagues in Edinburgh and Shetland to try out the standards and explore what this means in practice for the wider system. Knowledge sharing is key to the test site, both with the two other partnership areas but also through attendance at the National SDS Collaboration and the Social Work Scotland Community of Practice. Taking a focused look at the SDS Standards, through the lens of worker autonomy, we have been able to challenge and question our current practice and processes, pulling together the wider parts of the system to start the catalyst for change.

Over the past year, a number of activities and service changes to Adult Support and Protection have taken place. These have included:

- New Consultant Practitioner for Adult Support and Protection
- Introduction of a new post for advanced practitioner for Adult Support and Protection
- Revised Operational Guidance
- Introduction of Initial Referral Discussions
- Council Officer Forums
- Increased Training activities and training plan
- Introduction of Quality Assurance Activities and involvement of front line practitioners
- Joint Inspection of Adult Support and Protection

The above activities and changes were undertaken at a time of considerable strain on the workforce due to the crisis in social care, lifting of covid-19 restrictions and increase of stress and distress within communities.

This change has also allowed for increased knowledge, skills and involvement for practitioners. With the introduction of IRDs, our Advanced Practitioner Social Worker have been supported to undertake the role of Chair. This has strengthened governance of Adult Support and Protection and increased Social Work presence as Lead Agency, as well as strengthened multi-disciplinary relations with our Partners.

This year has seen an increase in training and development, awareness sessions and visibility of Adult Support and Protection across adult Social Work. A multi-agency interactive session brought together partners from across Adult Services and partners to the years' summary of Adult Protection Activity using SLIDO technology, and was very well received by participants and attendees, it is hoped that further sessions will take place at the end of this year.

The Joint Inspection of Adult Support and Protection took place from February 2022. Whilst increased activity has taken place, and more structure and process introduced progress has been slow since the consultation exercise in 2019.

Presently a consultant practitioner for adult support and protection and an advanced practitioner support Adult Support and protection. Across adult services, there are approximately 40-trained Council Officers. It remains a challenge to facilitate adult support and protection activity and to adhere to timeframes due to the changing day-to-day priorities of social work practitioners, increase in complexities of cases and increase in stress and distress experienced across communities. The advent of the IRD process has assisted in focussing adult support and protection work and needs time to embed across the partnership. However, it remains the case that capacity is an issue across the breadth of Adult Social Work within the current post pandemic climate.

The workforce in children's services has faced a number of challenges this year. There have been a number of staff leaving their positions, with many moving elsewhere in the system and pressures have arisen in pockets across the service. The workforce have remained extraordinarily busy and a number of key changes to practice have been absorbed by staff working at higher than usual caseloads. There continues to be a number of critical training and development needs that will be addressed in the forthcoming years alongside a restructure of the practice model and potential delegation to the IJB.