

Attendance

Members of the Adults Scrutiny Panel

Cllr Qaiser Azeem
Cllr Val Evans (Chair)
Cllr Christopher Haynes
Cllr Stephanie Haynes (Vice-Chair)
Cllr Sohail Khan
Cllr Louise Miles
Cllr Lynne Moran
Cllr Anwen Muston

Employees

Martin Stevens DL (Scrutiny Team Leader)
Becky Wilkinson (Director of Adult Services)
Jennifer Rogers (Principle Social Worker)
Courtney Abbott (Quality and Improvement Advanced Practitioner)

Cllr Jacqueline Sweetman

Part 1 – items open to the press and public

Item No. *Title*

- 1 **Welcome and Introductions**
Cllr Val Evans, Chair, welcomed everyone to the meeting and advised it was being live streamed to the press and public. A recording of the meeting would be available for viewing on the Council's website at a future date.
- 2 **Meeting procedures to be followed**
Cllr Evans explained the protocol to be followed during the meeting for asking questions.
- 3 **Apologies**
No apologies
- 4 **Declarations of Interest**
No declarations of interest
- 5 **Minutes of the meeting held on 17 January 2023**
Minutes of Meeting 17 January 2023 approved as correct.

6 Minutes of the meeting held on 8 February 2023

Minutes of the meeting 8 February 2023 approved as correct.

7 2022 Social Work and Workforce Health Checks – Adult Services

The Quality and Improvement Advanced Practitioner began the presentation titled 2022 Social Work and Workforce Healthcare Checks – Adult Services (A copy of the presentation is attached to the signed minutes). A background and progress report was given, the Quality and Improvement Advanced Practitioner informed the Panel that response rates had been lower in 2022 than 2021 despite efforts to address this; the feedback received however displayed positive improvements in all areas, these included Improvement in quality and frequency of supervision in 2022 since 2021, significantly improved satisfaction with learning and development opportunities, more feel that they are / would be consulted and involved in proposed changes and are happy with communication between senior managers and frontline workers. Workforce feedback statistics showed low levels of stress, supportive management, good communication, a desire to tackle discrimination and satisfaction with working practices.

The Quality and Improvement Advanced Practitioner listed key actions for continuing improvement, these were:

- Improving response rates – e.g. consultation, exploring incentives, Teams channel, protected time, “you said...we did” and regular updates
- Adults redesign and identifying “quick wins” and immediate actions to support workloads, reduce stress levels and better manage demand
 - Recruitment and retention activity – rebranding, benchmarking pay/incentives, progression opportunities, supporting routes into social work
 - Develop research circles with University of Wolverhampton to support research mindedness
 - Explore the impact and use regionally of clinical supervision and/or consider the use of trauma informed supervision training to support wellbeing.

The Quality and Improvement Practitioner read out some qualitative research statements from employees who expressed positive views in line with the feedback presented.

A Councillor raised concerns around the learning and development culture policies within the service, citing the data during the Covid-19 Pandemic era. The Councillor wanted to know what the Council wanted from employees when it offered high calibre educational opportunities, as it was difficult for them to monitor and report the value of it.

The Principle Social Worker answered that the forms of research that occurred within the workplace would help with improving services and managing resources. Working in partnership with the University of Wolverhampton meant that colleagues would have access to research journals and other costly resources which they otherwise wouldn't. This enabled working colleagues to practice research on the job and bring the relationship between research and practice together closer within the service.

The Councillor asked if employees were legally required to prove their skills and knowledge were up to date. The Principle Social Worker replied explaining this was a requirement and that the Council care sector had to provide data evidence that

continuous colleague training was being undertaken and that results were adequate. The Councillor felt this further highlighted the importance of the partnership with the University of Wolverhampton.

The Vice-Chair praised the theme that colleagues said they were proud to work for the service. She then asked what was being done to address the lower levels of participation in the survey and also highlighted the 83% of staff who said they would recommend people take a job for the City of Wolverhampton Council in Social Care work but asked if the 17% who said they would not recommend the role had provoked any desire to look further into that area of data.

The Principle Social Care Worker agreed with the Vice-Chair and stated that the low turnout on the survey provided a challenge. They had recognised that Adult Social Care Workers had a higher turn out and this was believed to have been due to an all-colleague briefing informing them of the survey, which was not done with Child Social Care Workers, the Principle Social Care Worker said this would be done for both groups next time. Paper Survey options were also being considered due to the variety of roles in the sector, meaning not all had computer access. The Principle Social Care Worker referred to the second question and stated that the 17% answers were made up mostly of people answering “unsure” as opposed to “no” and that work was being done with management to engage colleagues more to improve communications and messaging.

Discussion occurred around in person workplace training days and the benefits of that. A Councillor raised workforce trauma impact training.

The Principle Social Care Worker agreed and explained that more work was being done to improve workforce trauma training to enable managers to better support colleagues working in care and the emotional burdens they may take on from the role.

A Panel member asked for clarity as to why percentages were being used when he had previously asked if they could list the actual numbers next to the percentages. He also asked if it was possible for them to understand whether the feedback being provided was the same enthusiastic employees or whether they were gaining feedback from newer recruits, which would be more beneficial to inform retention strategies.

The Principle Social Care Worker apologised for the numbers not being as the Panel had requested and said they would rectify this in the future. She explained the length of time for the survey to be filled in was open for 6 weeks, this length was the product of needing to extend this as participation levels were so low. Colleagues did not always wish to indicate their length of time working in the service, which was a challenge, but they would look to find out in the future better information which would enable them to see the colleagues answering in terms of length of time worked for the care sector.

8 **Care and Support Provider Review - update (report to follow)**

The Director of Adult Care Services informed the Panel that the option the Scrutiny Panel recommended was adopted by the Cabinet subsequently and was well received.

