Annex G Consultation Questionnaire

Scottish Social Services Council

The Scottish Social Services Council (SSSC) was established in 2001 by the Regulation of Care (Scotland) Act. We are responsible for registering people who work in social services, regulating their education and training and the collation and publication of data on the size and nature of the sector's workforce.

Our work will increase the protection of people who use services by ensuring that the workforce is properly trained, appropriately qualified and effectively regulated. Our aims are to protect people who use services, to raise standards of practice, to strengthen and support the professionalism of the workforce and to improve the outcomes and experience of people who use social services.

Our vision is that our work means the people of Scotland can count on social services being provided by a trusted, skilled and confident workforce. Our purpose is to raise standards and protect the public through regulation, innovation and continuous improvement in workforce planning and development for the social services workforce.

The SSSC welcomes the opportunity to respond to the Integration of Adult Social Care and Health consultation. The SSSC supports this policy and welcomes the policy's drive towards improving the quality of outcomes both now and in future.

We use terminology such as "social care" throughout this response although we also typically refer to the wider language of "social services" in our work. The social services sector employs approximately 200,000 individuals in Scotland, including workers in:

- care at home services
- housing support services
- care homes for adults
- residential child care
- day care services for children
- criminal justice social work services
- adoption and fostering services
- school care accommodation
- offender accommodation.

Approximately 40 per cent of the overall social services workforce is now employed by the private sector, 34 per cent by the public sector and 26 per cent by the voluntary sector. The SSSC is continuing to register social services workers. Approximately 50,000 workers were registered with the SSSC as of July 2012. We will be registering a substantial number of workers over the next few years. For example, all practitioners in care home services for adults must be registered with the SSSC by 29 March 2013, while support workers must do so by 30 September 2015.

In recent years the sector has also experienced an increase in the number of personal assistants employed by individuals in receipt of Self Directed Support (SDS).

We note that differing terms are used in the consultation paper to describe the same or similar services, for example, care at home and home care. Our experience of supporting multi-agency workforce development, and much of the research into multi-agency working, emphasises the importance of having a shared and agreed definition of technical and non-technical terms. We highlight the importance of using a single definition that is agreed by the agencies represented in the partnerships and recommend that the use of specific language is given priority in the development of the Bill and associated guidance. We suggest that this may be achieved through the use of a glossary compiled in consultation with the health and social services sectors and that the same definitions are employed through government departments.

Our response now focuses on the specific questions contained within the consultation document.

The case for change

Question 1: Is the proposal to focus initially, after legislation is enacted, on improving outcomes for older people, and then to extend our focus to improving integration of all areas of adult health and social care, practical and helpful?

Yes ☒ No ☐

The outcomes contained within Annex A of the consultation document reinforce the rationale for integrated adult social care and health services. We believe a key challenge is to do this in a way which recognises the unique contributions made by partners across all settings. There are already many examples of partners working together to share knowledge and expertise across social care and health services. It will be important to ensure that the Health and Social Care Partnerships are encouraged to build on the skills, knowledge and effective partnership working practices that already exist so that there is a recognition of what they have already achieved, as well as a challenge to make further improvements.

Outline of proposed reforms

Question 2: Is our proposed framework for integration comprehensive? Is there anything missing that you would want to see added to it, or anything you would suggest should be removed?

Yes ☐ No ☐

YES (comprehensive framework) and NO (nothing to add or remove)

We believe that the variation in identified need, current service provision, partnership development and demographic differences mean that there needs to be a balance between there being a national framework and flexibility to adopt a framework which meets local need. We suggest that in order to do this, the Health and Social Care Partnerships should be asked to demonstrate their ability to adapt and develop services to meet local need through new ways of working to achieve the outcomes that the partnerships are asked to evidence.

National outcomes for adult health and social care

Question 3: This proposal will establish in law a requirement for statutory partners – Health Boards and Local Authorities – to deliver, and to be held jointly and equally accountable for, nationally agreed outcomes for adult health and social care. This is a significant departure from the current, separate performance management mechanisms that apply to Health Boards and Local Authorities. Does this approach provide a sufficiently strong mechanism to achieve the extent of change that is required?

Yes ☒ No ☐

There is evidence of good practice in children's services in relation to the integrated Children's Services Planning process; in adult services within the Community Justice Authorities (CJAs) and Alcohol and Drug Partnerships. In these instances the identification of shared outcomes has supported the development of effective partnership working to achieve objectives. Anecdotal evidence from the sector would show that when the HEAT targets and the local authority outcome measures differ, each agency tends to allocate resource and prioritise their own outcome. A joint and equal accountability to achieved shared outcomes will actively encourage shared priorities for the partnerships.

Question 4: Do you agree that nationally agreed outcomes for adult health and social care should be included within all local Single Outcome Agreements?

Yes ☒ No ☐

Single Outcome Agreements would seem to us to be an appropriate way of monitoring performance towards these objectives while maintaining the required levels of local flexibility. We believe Health and Social Care Partnership outcomes should be monitored and evaluated through the community planning processes (the Single Outcome Agreements) so that there is one reporting mechanism for the impact of the delivery of public services in each local authority area.

We welcome the proposed Health and Care Integration Outcomes. The only one we comment on is number six, engaged workforce:
"People who work in health and social care services are positive about their role and supported to improve the care and treatment they provide."

The term “supported” implies the importance of workforce development. We recommend that the link between workforce development and an engaged workforce is reinforced here. We suggest the inclusion of “development” or similar language within the outcome to reinforce the value of education and training. As an example:

“People who work in health and social care services are positive about their role. Workers receive support **and development** to improve the care and treatment they provide”.

Governance and joint accountability

Question 5: Will joint accountability to Ministers and Local Authority Leaders provide the right balance of local democratic accountability and accountability to central government, for health and social care services?

Yes ☐ No ☐

We have no comment to make on this question.

Question 6: Should there be scope to establish a Health and Social Care Partnership that covers more than one Local Authority?

Yes ☒ No ☐

The importance of being able to flexibly deliver and manage services according to local need has been highlighted earlier in the response. Where Health and Social Care Partnerships are able to demonstrate that they are better able to meet need, deploy staff more effectively and provide improved consistency of service delivery, there should be scope for Partnerships to cover more than one LA area. This could be evidenced by the Partnership in their agreement. However there are issues in relation to the membership of the partnership that would need to be considered. There may also be particular issues relating to the governance of the Partnership.

There are examples of strategic and operational partnerships which are delivered across more than one local authority area, such as Child Protection Committees, Alcohol and Drug Partnerships and Community Justice Authorities.

Question 7: Are the proposed Committee arrangements appropriate to ensure governance of the Health and Social Care Partnership?

Yes ☒ No ☐

We welcome the involvement of a non-voting representative on "the service user and carer experience of care" in the Health and Social Care Partnership Committee. We would suggest that representation from the private and voluntary sectors is also considered here.

Question 8: Are the performance management arrangements described above sufficiently robust to provide public confidence that effective action will be taken if local services are failing to deliver appropriately?

Yes ☐ No ☐

We have no comment to make on this question.

Question 9: Should Health Boards and Local Authorities be free to choose whether to include the budgets for other CHP functions – apart from adult health and social care – within the scope of the Health and Social Care Partnership?

Yes ☐ No ☐

We have no comment to make on this question.

Integrated budgets and resourcing

Question 10: Do you think the models described above can successfully deliver our objective to use money to best effect for the patient or service user, whether they need "health" or "social care" support?

Yes ☐ No ☐

PERHAPS

The provision of a structure or model provides a framework for delivery. However, the integral and essential element of effective partnership working is the development of a positive culture of collaborative practice which is solution focused and prioritises a values based approach to service development, service delivery and relationships between service users, professionals and carers. The proposed models and structures will provide that framework for the partnerships but their impact and effectiveness will be fundamentally influenced by their leadership and culture. We recommend that significant priority be given to supporting Partnerships to develop positive cultures and a values based approach in the work undertaken in relation to workforce development.

Question 11: Do you have experience of the ease or difficulty of making flexible use of resources across the health and social care system that you would like to share?

Yes ☒ No ☐

The SSSC is working with NHS Education for Scotland (NES) on a range of initiatives to support the education and development of health and social services staff. Examples include the development and promotion of the Promoting Excellence Framework for social services and health staff working with people who have dementia and the on-going work around the development of an education and training strategy for carers. Both projects have required some flexibility in terms of financial resources and staffing from SSSC and NES. The SSSC will also be a member of the new Working Group which will examine the strategic workforce developments relating to the integration agenda.

Question 12: If Ministers provide direction on the minimum categories of spend that must be included in the integrated budget, will that provide sufficient impetus and sufficient local discretion to achieve the objectives we have set out?

Yes ☐ No ☐

PERHAPS

We note the intentions for Ministers to provide guidance on the categories of spend for Health and Social Care Partnerships. Employees and employers have clearly defined responsibilities in relation to personal and workforce development. These expectations are defined in the Codes of Practice for social services workers and employers. We note the recognition of the importance of organisational and workforce development in achieving many of the policy's aims and we welcome the inclusion of an outcome which focuses on the vital role of the workforce in delivering this agenda. We would recommend that each Partnership has a mandatory minimum level of spend allocated for workforce development to underline their importance in terms of preparing and supporting the workforce to develop, maintain and improve their skills, knowledge and capabilities required to achieve transformational change. This would not mean that all learning and development activity should be funded via this route but would ensure that the Partnerships can demonstrate where they make financial provision for multi-agency workforce development activities.

Jointly Accountable Officer

Question 13: Do you think that the proposals described here for the financial authority of the Jointly Accountable Officer will be sufficient to enable the shift in investment that is required to achieve the shift in the balance of care?

Yes ☐ No ☐

We have no comment to make on this question.

Question 14: Have we described an appropriate level of seniority for the Jointly Accountable Officer?

Yes ☐ No ☐

We would suggest that there is a need to clarify the role of the Chief Social Work Officer (CSWO) in relation to the Partnerships and Jointly Accountable Officer. The CSWO have various roles which are particularly relevant to the partnerships including their Quality Assurance role in relation to service delivery, which may have implications for workforce development.

Professionally led locality planning and commissioning of services

Question 15: Should the Scottish Government direct how locality planning is taken forward or leave this to local determination?

Yes ☐ No ☐

We have already indicated our view about the need to ensure that Partnerships have the flexibility to make decisions which reflect local need. We would suggest that locality planning is – as far as possible – also left to local determination.

Question 16: It is proposed that a duty should be placed upon Health and Social Care Partnerships to consult local professionals, including GPs, on how best to put in place local arrangements for planning service provision, and then implement, review and maintain such arrangements. Is this duty strong enough?

Yes ☐ No ☐

We set out our views on the need to involve practitioners in the planning process in our response to question 17.

Question 17: What practical steps/changes would help to enable clinicians and social care professionals to get involved with and drive planning at local level?

We could point to examples such as the Changing Lives Practitioners' Forums as one potential model for this work but our sense is that the Partnerships must seek to develop a collaborative culture of contribution, innovation and change that is driven from the ground up. Partnerships should seek innovative ways of fostering empowerment and enabling practitioners to get involved with service planning. It is important to ensure that practitioners, service users and carers are all given opportunities to shape the delivery of future services.

Question 18: Should locality planning be organised around clusters of GP practices? If not, how do you think this could be better organised?

Yes ☐ No ☐

We believe that these issues are matters for local decision makers within the Health and Social Partnerships to consider.

Question 19: How much responsibility and decision making should be devolved from Health and Social Care Partnerships to locality planning groups?

See our response to question 18.

Question 20: Should localities be organised around a given size of local population – e.g., of between 15,000 – 25,000 people, or some other range? If so, what size would you suggest?

Yes ☐ No ☐

See our response to question 18.

Do you have any further comments regarding the consultation proposals?

One final point we would make is that there are a range of workers in adult social care and health settings who bring different experiences, backgrounds and expertise to service delivery. Many workers are required to hold qualifications and/or register with a relevant regulatory body. As an organisation supported by Scottish Government, the SSSC aims to protect people who use services and their carers by promoting high standards of conduct and by taking action where the public are at risk. Research clearly demonstrates that skilled, confident and qualified workers offer the safest, best quality care, with the best outcomes for people who use services. These aims bring us back to our earlier points about the need to continue to recognise the unique contribution made by workers, to maintain a focus on workforce development and to provide opportunities for sharing knowledge and expertise.

We welcome the observation in the consultation paper about the importance of "robust, trustworthy information and evidence" as a means of planning service design, joint management of risk, benchmarking and accountability for delivery. One of the consequences of moving towards an integrated resource is that it could become increasingly difficult to differentiate between the social care and health workforce. We already see evidence of this as data from the National Health Service's Information Services Division (ISD) highlights the recent movement of staff across social care and health services in the Highlands. Social services data plays a valuable role in supporting employers and stakeholders to undertake workforce planning. The data has various roles to play. The local and sub-sector workforce data that we have developed has informed the Change Fund partnerships, supports employers in their benchmarking/workforce planning processes and informs our work around promoting careers in the sector. There is a need to develop a better understanding of the relationship between data on the workforce, services and demand. We are working with colleagues across health, Scottish Government and other regulatory bodies to address this challenge.

Do you have any comments regarding the partial EQIA? *(see Annex D)*

Nothing to add.

Do you have any comments regarding the partial BRIA? *(see Annex E)*

We agree with the recommendation that Partnerships make their own decisions about appropriate governance arrangements.