

Consultation on the role of the Scottish Health Council – Scottish Social Services Council response (October 2017)

The Scottish Social Services Council (SSSC) is the regulator for the social service workforce in Scotland. Our work means the people of Scotland can count on social services being provided by a trusted, skilled and confident workforce. We protect the public by registering social service workers, setting standards for their practice, conduct, training and education and by supporting their professional development. Where people fall below the standards of practice and conduct we can investigate and take action.

We:

- publish the national codes of practice for people working in social services and their employers
- register people working in social services and make sure they adhere to our Codes of Practice
- promote and regulate the learning and development of the social service workforce
- are the national lead for workforce development and planning for social services in Scotland
- publish official and national statistics on the social service 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 service workforce. Social service workers provide care and support for some of the most vulnerable people in Scottish society. These workers deal with complex care needs and make a real difference to people's lives.

The SSSC publishes official statistics on approximately 201,000 social service workers in Scotland. This figure represents approximately 7.7% of all Scottish employment. Social services include the following sub-sectors:

- social work
- housing support
- care at home
- day care of children
- adult day care
- residential child care
- childminding.

There are approximately 11,000 registered social workers. Many of these workers are included in the total workforce figure.

Unless stated all statistics in this response are in the SSSC's annual workforce data report and provide a snapshot of the sector as of December 2016.¹

¹ Scottish Social Services Council (2017) Scottish Social Service Sector: Report on 2016 Workforce Data.

Question 1: Should the Scottish Health Council support the involvement of people in social care services, as well as in health services? If yes, how should it do this?

The Scottish Health Council (SHC) plays a key role in strengthening people's voices in health. It seems appropriate to extend this remit to include social care services. We welcome this proposal with a series of caveats.

The SSSC, and our founding legislation, uses the term 'social services'. This term embraces the full range of social work and social care services for children and adults, residential and day care. The social service sector works with a range of people from offenders to people with mental health problems. The term 'social care' is generally used to describe residential care for older people and care at home services, but it can also encompass children's services. The SHC must decide and define the extent to which this sector will be included.

The SHC must take an integrated approach and avoid a scenario where social care is an 'add-on' to SHC's role in the NHS. This process must avoid 'tokenism' and must be mindful of all roles in the sector.

It will be important to develop approaches which recognise the diversity of the social care sector. For example:

- There are approximately 13,480 active services registered with the Care Inspectorate.
- The private (or independent) sector employs approximately 40% of the workforce in Scotland. The public and voluntary sectors employ just under one third and a quarter respectively.

The size and composition of this sector also varies. For example, it includes self-employed childminders, small rural care homes and large urban local authorities. A key challenge will be around finding a way to strengthen people's voices across the sector.

Many organisations and initiatives have a critical role in involving people who use social services.

- Many individual services or providers have user involvement forums.
- Larger organisations such as local authorities have citizen participation panels.
- National organisations such as the Care Inspectorate have user involvement mechanisms.
- There are a number of representative organisations such as the Scottish Dementia Working Group.

It will be important to recognise and respect these initiatives and to avoid duplication or 'clutter.'

Question 2: Should the Scottish Health Council work in the ways described with:

(a) People and communities

(b) Community groups and voluntary organisations

(c) NHS boards, Local Councils and Health and Social Care Partnerships?

We agree that SHC should focus on these three categories. An ongoing challenge is around how to involve people who have limited or no involvement with these three categories. For example, some people who use health and social care services may be isolated. They may have limited involvement with statutory bodies or umbrella bodies. The involvement process must aim to go beyond the 'usual' groups and hear the views of new or harder to reach groups. We appreciate that this is complex challenge.²

We welcome the focus on helping health and social care workers to 'understand how important it is to use good ways to listen to people.' This statement promotes a need to develop new ways to listen to people. It is critical to reiterate the point that many workers actively listen to people. Similarly these statements should reinforce the reasons why listening to people is so important. The SHC could potentially promote examples of good practice. It may be possible to frame these examples around statutory requirements. Two examples follow.

1. The National Health and Social Care Standards³ contain the following headline outcome: 'I am fully involved in all decisions about my care and support.'
2. The SSSC Codes of Practice for Social Service Workers and Employers⁴ set out the standards of practice and behaviour expected of everyone who works in social services in Scotland. These include the need to 'support the rights of people who use services to control their lives and make informed choices about the services they use.'

All approaches to listening to people in services should aim to reflect the diversity of Scotland's population. The Scottish Government's Race Equality Framework⁵ identifies the role of the Our Voice framework in ensuring 'minority ethnic voices are heard and meaningfully involved in improving health and social care services.'

² For example, Inclusion Scotland noted a similar point in their response to the recent Health and Sport Committee inquiry into Integration Authorities' engagement with stakeholders.

³ Scottish Government (2017) Health and Social Care Standards: my support, my life

⁴ Scottish Social Services Council (2016) Codes of Practice for Social Service Workers and Employers

⁵ Scottish Government (2016) Race Equality Framework for Scotland 2016-2030

The SSSC's resources support people to participate in service improvement or redesign. For example, we have (in collaboration with NHS Education for Scotland) developed an Appreciative Inquiry resource pack.⁶ This pack uses outcomes-focused conversations to support people to be active participants in their care.

Opportunities to consult and involve people who use services and carers may be limited and it is critical to maximise their benefits. Many networks and forums support this process including Third Sector Interfaces. They may also be able to support a co-ordinated approach which reduces the risk of duplication or 'consultation fatigue.'

A key priority is to make sure engagement is meaningful. This process is partly about avoiding tokenistic engagement driven by statutory or 'tick box' requirements. This priority can feel abstract and organisations such as SHC could use examples to illustrate the issues. The Scottish Parliament's Health and Sport Committee, through its inquiry into Integration Authorities' engagement with stakeholders has recently highlighted examples of positive and negative engagement.⁷

Question 3: Should the Scottish Health Council lead in finding evidence of the best ways to support people and communities to get involved and give their views? If yes, how should it do this?

The Health and Social Care Partnerships are a key starting point for involving people in health and social care. The recent Health and Sport Committee inquiry also highlights the need for Integrated Authorities to explore how they can improve engagement at a locality level.

A joined up approach to involving people who use health and social care may contribute to our understanding of the way people use these services. It may also provide further qualitative and quantitative evidence illustrating challenges or barriers. Ultimately this information will support the drive to develop better and integrated health and social care services.

We reiterate the earlier comments about the diversity of social care and the critical role of a range of employers including the private and voluntary sectors. Many services have their own approaches to involving people who use their services. For example, care homes may have a forum or formalised approach to involving residents and their families. The SHC could collate and promote examples. This process could involve establishing criteria to identify good examples, which may include evidence of impact or Care Inspectorate grades.

⁶ SSSC, NES (2016) Appreciative Inquiry Resource Pack

⁷ Health and Sport Committee (2017) Are they involving us? Integration Authorities' engagement with stakeholders

Question 4: Should the Scottish Health Council offer advice to Health and Social Care Partnerships on how to involve people and communities when changes are being made to health and social care services? If yes, how should it do this?

We make no comment on whether SHC should offer advice to Health and Social Care Partnerships. The SSSC has taken a number of approaches to working with the Partnerships. These include the Appreciative Inquiry resources referred to in our response to question two. Further information on the ways the SSSC engages with Health and Social Care Partnerships is available from our website.

Question 5: Do you have any views on the Scottish Health Council's "quality assurance" role in NHS service changes?

We have no views on this question.

Question 6: Do you think the name of the Scottish Health Council should be changed to make it easier to understand what it does?

We believe the SHC's name should change if the remit includes people who use social care. A change could partly address any ambiguity around SHC's remit. It should also help to reduce the risk of social care becoming an 'add-on' to SHC's role. As previously noted it must reflect a genuine change and go beyond adding social care to the title.

Question 7: We want to hear any ideas you have about how the Scottish Health Council might work in the future. We want to know any views you have on:

(a) How the Scottish Health Council should be run and organised

(b) How the Scottish Health Council should tell people about what it does

We make no comment around the independence of SHC. The SHC should explore whether it needs to amend its governance arrangements to reflect changes to its role. For example, this could include increased representation from people who a) use social care services or b) work in this sector.

Scottish Social Services Council
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