

Data Strategy for Health and Social Care: Consultation Paper

The Scottish Social Services Council is the regulator for the social work, social care and early years 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 the SSSC 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 data and official statistics on the social work, social care and early years workforce.

Questions

Part 1. Empowering People

1. We all have different perceptions of what our health and social care data may be:

1A. When considering the term 'your health and social care data' what does this mean to you and what do you consider it to be?

The SSSC has no view on this.

2. Our ambition is to give everyone greater access to and a greater say over their health and social care data. Health and social care data examples include results from a blood test, a diagnosed condition or interaction with specific health and social care services.

2A. When thinking about accessing your own health and social care data, what data about you would be your priority for having access to and greater control over?

The SSSC has no view on this.

2B. When considering the rights of individuals who are unable to interact with their own health and social care data, do you feel that delegating access to a guardian/carer/trusted individual would be appropriate?

Yes / no/ unsure

If yes, what safeguards need to be in place?

Yes

3. We are committed to providing clarity over how your data is used and the need for this to be built on ethical principles. When thinking about the ethical principles (read our ethical principles on gov.scot) that must be maintained when gathering, storing, and using health and social care data:

3A. What information would you find most useful in providing clarity over how your data is used in a consistent and ethical manner?

The SSSC has no view on this.

3B. To what extent do you believe it is important to collect data to enable our health and social care services to understand how they are serving those with protected characteristics?

Very important / fairly important / neutral / not important

Very important.

3C. When thinking about health and social care professionals accessing and using your health and social care data, what more could be done to improve your trust?

The SSSC believes that ensuring the use of personal data is legally compliant is the most important thing that could be done to help to ensure a high level of trust.

4. When considering sharing of your data across the health and social care sector:

4A. Are there any health and social care situations where you might be uncomfortable with your data being shared?

The SSSC doesn't have a view on this.

4B. Under Data Protection legislation, your health and social care data can be shared in order to administer care. For what other purposes would you be comfortable with your health and social care data being shared within the health and social care sector?

The SSSC has no comment on this.

5. More people are using wearable devices to track their own health including sleep activity, mindfulness, heart rate, blood pressure and physical activity.

5A. Do you gather your own health data for example measuring activity, sleep patterns or heart rate through a mobile phone or watch?

Yes / no

If yes, would you want to share this data with health and social care professionals, and for them to use it to improve the services you receive?

Personally gathered health data has the potential to support health and social care workers in identifying any health trends or issues that an individual may be experiencing. This data has, therefore, the potential to play a key role in improving health and social care outcomes for individuals. However, the use of this data poses challenges. A primary challenge is ensuring that the individuals are fully informed of how the data will be used. A further challenge around the use of this data is making sure that health and social care staff are fully trained in how to properly gather, analyse and act upon that data.

Part 2. Empowering Those Delivering Health and Social Care Services

6. Considering skills and training opportunities for those delivering health and social care services:

6A. What are the top skills and training gaps relating to data in Scotland's health and social care sector?

• Data visualisation • Understanding/use of management information by managers • Understanding of what data exists and where to find it • Knowledge of how to access data • Confidence in using data • Understanding of governance • Other

The SSSC believes that skills in relation to data governance and data sharing should be a primary area of focus in the social care and health sectors. Ensuring that health and social care organisations and providers are aware of what information can be shared and how it should be shared is essential for making sure a robust data set is available across the sector. This includes making sure that the relevant staff understand the relevant rules and legislation around data sharing, in particular regarding data sharing between agencies.

We believe that establishing a centralised data source would be the best way of achieving this, provided that staff are educated and trained fully on how such a source would operate and that the necessary governance controls and technical measures are in place to comply with data protection law. Making sure that relevant staff are properly trained in data governance and data sharing will mean that collected health and social care data can be used to the fullest extent to improve outcomes for users of services.

We believe there is also a gap around the use of data-driven algorithms and artificial intelligence (AI) in the health and social care sectors. The use of AI will be of increasing importance over the next five to ten years with decision support tools based on AI insights likely to become more widespread over this period. For this reason, it is important that staff have the training and confidence to continue to use their professional judgement in relation to AI-sourced data and that staff of all level understand the importance of high quality data collection and storage.

Another area where we believe there are gaps in training are around how data from wearable devices can be used to ensure better outcomes for users of services. Frontline workers must be given training in this to ensure that the relationships they have with the users of services are based on the trust and transparency which are the bedrock of good social care.

We also believe that there is a gap around the understanding and use of management information by managers. It is essential that managers understand what data exists and where to find it if they are to be able to put it to practical use.

6B. How do you believe they should be addressed?

We believe that one of the best ways of addressing the gaps we have identified around data governance and data sharing is by having a centralised platform of open data sets for non-personal data. Such a platform would facilitate access to data across the sector and would allow health and social care organisations to work more closely between themselves and with external partners.

We also believe that the provision of focused learning opportunities on these issues would help build confidence in and dispel myths about the collection and use of health and social care data. This would make the benefit that improved data collection will have on users of services clear to the workforce and help to drive improvements in outcomes.

6C. What actions must be taken as a priority to ensure that the public have access to health and social care data that they can understand and use?

We believe that ensuring that the data which is collected is of sufficient quality to allow it to be properly shared with and understood by individuals is the main action that should be taken. Without robust data, properly collected and stored, it will be difficult to make certain the public will be able to access and use their data in a meaningful way.

Secondary to ensuring the core data is of sufficiently high quality, health and social care data providers need to be given the tools and training to publish or share data in a way that the public can access easily. This may be training on the use of data visualisation software or accessibility.

7. Thinking about improving the quality of data that is used by health and social care services:

7A. What three things are needed to improve quality and accessibility?

The main priority is that non-personal data is collected and reported on consistently across the sector.

We believe that there should be common data standards agreed at high level between providers of non-personal health and social care data. Without common data standards, it would be difficult to compare data or link up data sets. Therefore, it may be useful to make a single body responsible for the strategic coordination of data.

7B. If you are responding on behalf of an organisation, what role do you believe your organisation has to play in improving accessibility and quality of health and social care data?

The SSSC, as an Official and National Statistics producer, is expected to abide by the Code of Practice for Statistics in its handling of statistical information, this includes obligations in relation to the accessibility of our data. Our workforce intelligence team currently publish data in varying formats including non-proprietary (in line with the Scottish Open Data Policy). We are currently carrying out work in relation to establishing reproducible analytical pipelines (RAP). The work we are carrying out in relation to this should add to the accessibility of our data, however, this work is primarily about improving our efficiency and productivity and for improving timescales for creating our products.

Given our role in publishing data on the social service sector's workforce we have a role to play in working towards improving data on the social service sector and across social services and health. We are actively

engaged in a number of separate projects and workstreams being led by Government looking at integrated data.

The SSSC has an important role in supporting evidence-based policy making across the social work, social care and early years sectors in Scotland. To support this, we have developed our Data and Intelligence Strategy 2022-2025. This strategy sets out how the SSSC will develop and use data and intelligence both internally and externally and the principles we will adopt to access, collate and combine information in new ways to improve the way we work. This includes work we are currently undertaking in relation to data warehousing and the use of Power BI technology.

The SSSC's Data and Intelligence Strategy 2022-2025 supports our aims to use our data and intelligence to enhance the safety and wellbeing of people who use services. To use and share the knowledge, data and intelligence we hold to understand and improve the support to the social work, social care and early years workforce. To help our stakeholders understand their data and intelligence needs and consider those needs in our future planning. To have the right information and processes that create the right environment for effective decision making about the work we do, based on evidence.

We also wish to influence national policy making, provide support to the sector and support evidence-based decision making using the data and intelligence we hold as an organisation. For this reason, our data strategy will be flexible and help drive opportunities and integration with the National Care Service, helping to define and shape the role digital plays across this new service model. We would welcome the opportunity to share any expertise we have in this area.

7C. What data, that is generated outside of the health and social care sector, do you think could be made available to health and social care professionals to improve health and social care outcomes in Scotland?

The SSSC's [Data and Intelligence Strategy 2022-2025](#) details the intelligence model we use to gather data on the Scottish social work, social care and early years sectors. The data we gather comes from a variety of sources, including:

- SSSC registration
- Our fitness to practise department
- Registrant qualifications and continuous professional learning
- Human resources
- Finance
- Strategic communications

- External partners
- SSSC strategic outcomes
- Local authorities
- The Care Inspectorate.

We use a range of analytical methods to draw insights from this data (greater detail of this can be found in the Data and Intelligence Strategy 2022-2025). These insights then allow us to better work towards our goals which are to:

- Use our data and intelligence to enhance the safety and wellbeing of people who use services
- Use and share the knowledge, data and intelligence we hold to understand and improve the support of social work, social care and early years workforce
- Help our stakeholders understand their data and intelligence needs and consider those needs in our future planning
- Have the right information and processes that create the right environment for effective decision making about the work we do, based on evidence
- Influence national policy making, provide support to the sector and support evidence-based decision making using the data and intelligence we hold as an organisation.

To the SSSC, health and social care data as a term, would cover any data that would allow us to better achieve these goals.

We currently obtain and publish data regularly from SQA, the Scottish Funding Council, the Federation for Industry Skills and Standards and MA Online to understand the numbers of people undertaking qualifications relevant to registration. This relates to the SSSC's statutory duty under section 54 of the Regulation of Care (Scotland) Act 2001 to consider whether training provision is sufficient to meet the demands arising from registration. This data will also be required in future in order to plan workforce development for social service workers. We also use the annual mid-year population estimates that the NRS publish to provide statistics on workers per population.

Information relating to education, housing, qualifications, employment history, and number of dependants of health and social care staff may also be useful in improving health and social care outcomes in Scotland. Having a better understanding of the challenges faced by the health and social care workforces, both in their employment and in general may be useful in making sure that these sectors are seen as careers of choice. This in turn will help to ensure that the health and social care sectors

attract the best talent possible and that outcomes for users of health and social care services receive the best care possible.

8. We have heard that a more consistent approach to data standards will help improve insight and outcomes for individuals:

8A. To what extent do you agree with the proposal that Scottish Government should mandate standards for gathering, storing, and accessing data at a national level? [agree, disagree. Unsure]

Agree

8B. What data standards should we introduce?

The SSSC believes that there should be greater transparency in health and social care data in Scotland. Greater transparency in the health and social care sector could be achieved by making information more readily available on the investigations that have been undertaken into services, service providers and health and social care workers. This would allow users of services to fully understand the quality of care provided by a certain service they may be interacting with.

One of the aims of the SSSC's Data and Intelligence Strategy 2022-2025 is to use and share the knowledge, data and intelligence we hold to understand and improve the support to the social work, social care and early years workforce. One of the ways we are planning to do this is through the development of dashboards.

We are met with an increasing number of demands for our data and we aim to be able to meet those demands efficiently and effectively. To this end we are modernising our data and intelligence infrastructure to allow us to make use of data warehouse and dashboard technology, both internally and externally. These dashboards will allow us to publish information in a way that is freely available to all our stakeholders and will allow us to support their understanding, planning and development.

9. When considering the sharing of data across Scotland's health and social care system:

9A. Do you agree with the idea that greater sharing of an individual's health and social care data between the organisations in the health and social care sector will lead to better quality services? [agree, disagree, unsure]

Unsure

9B. If you are a clinician – how could we improve patient safety through better sharing of data and information?

The SSSC does not have a view on this.

10. Thinking about the actions needed to improve the quality of management information and internal reporting data across health and social care:

10A. What are the priority pieces of management information needed (that are not currently available) to provide better health and social care services?

We welcome the commitment to ensuring robust and reliable data is available across the sector. We would welcome the introduction of common data standards across the health and social care sector currently the SSSC and the Care Inspectorate use definitions set out in statute but Public Health Scotland use definitions they have developed for themselves. This means that the data are not fully comparable. There are similar issues around data published on looked after in residential child care services.

We believe that enabling systems to be put in place to record and share up to date staffing data for social work, social care, early years and health services should be a priority. Enabling a better, up to date understanding of staffing levels across the sector would allow for more accurate workforce planning and improved outcomes for users of services.

10B. What is needed to develop an end-to-end system for providing business intelligence for health and social care organisations in Scotland?

We believe that for an end-to-end system to function properly there needs to be consistency in how personal, identifiable data is anonymised and shared across the health and social care sector. The principles for how this should be done should be based on high level agreement across data providers.

Alongside this, shared data should be stored in a location which has the ability to combine this data. Finally, we believe that data outputs should be in an aggregated format as well as in visual form. To supplement this, data visualisation should be carried out in an agreed format.

11. Thinking about improving the quality and ability to reuse data sets across health and social care setting and for innovation & research:

11A. What key data sets and data points do you think should be routinely reused across health and social care to reduce duplication of effort and stop people having to re-tell their story multiple times?

The SSSC's view is that any re-using of data sets or data points across the health and social care sectors would need to be compliant with data protection law.

Part 3. Empowering Industry, Innovators and Researchers

12. When considering the ethics of accessing health and social care data for commercial, development and research purposes:

12A. How do you think health and social care data should be used by industry and innovators to improve health and social care outcomes?

We believe that the identification of trends among the wider population may allow health and social care providers to better respond to issues that have arisen in other locations, allowing service providers to focus investment and development on areas that are most likely to be relevant to their service users.

12B. How can industry and innovators maintain the trust and confidence of the people of Scotland when using their health and social care data for research purposes?

We believe that trust can be maintained by ensuring that there is robust information provided to the public about how and when their data will be used and for what purposes and that any such use complies with data protection law.

12C. What do you believe would be unacceptable usage of Scotland's health and social care data by industry, innovators, and researchers?

We believe that it would be unacceptable for personal, identifiable health and social care data were used for commercial reasons. The personal, identifiable data that is collected should only be used for ensuring that the services provided by the health and social care sector are best placed to meet the needs of the people of Scotland.

Non-personal health and social care data are presently made available through a range of sources in Scotland. For example, the SSSC's own data website. These data may be used for a range of purposes such as academic or commercial. As these data do not allow individuals to be identified, we believe access to this information allows researchers and innovators valuable insight into health and social care issues that are present across Scotland.

12D. How should industry, innovators and researchers be transparent about their purposes in accessing, and the benefits of using, health and social care data?

We believe that those accessing and utilising health and social care data should publish statements about how and why they will use the data, how long they will hold it for, who will have access to it, what are the storage arrangements, what they expect to be the outcomes, beneficial or otherwise.

13. We want to create an infrastructure that supports access to data for research and innovation in a safe, secure, and transparent way:

13A. How should the Scottish Government seek to store and share health and social care data for research in order that it can best facilitate easier access that is still safe and secure?

During the COVID-19 pandemic we were involved in a piece of work which required sharing personal data about the vaccination status with of the social work, social care and early years workforce with the Scottish Government. At the time there was no specific resource to allow us to do this which meant we needed to use password protected documents, etc. This work highlighted the need for a user-friendly system to allow large volumes of sensitive data to be transferred between public bodies and Scottish Government. A shared data warehouse with sufficient safeguards against unwarranted access and with the appropriate technical and security measures and governance controls may be a way to address this issue.

13B. What do you believe are the key data needs and gaps that are faced by industry, innovators, and researchers when it comes to Scotland's health and social care data?

We believe that strategic oversight, governance and co-ordination of data and intelligence across social services, the NCS, the NHS, public sector housing and Scottish Government is a key data need. In addition to this it is essential that common data standards are adopted to ensure comparability of data. Finally, we believe that it is essential that the data gaps we have identified elsewhere in this response are addressed.

14. Used appropriately and well, technologies such as Artificial Intelligence can help to improve decision making, empower health workers and delivery higher quality health and social care services to citizens, improving how you receive health and social care services:

14A. What are your views on the benefits of using AI to improve the delivery of health and social care services?

The SSSC does not have a view on this.

14B. What safeguards do you think need to be applied when using AI?

The SSSC does not have a view on this.

Scottish Social Services Council

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