

**SUBMITTING EVIDENCE TO A SCOTTISH PARLIAMENT COMMITTEE  
DATA PROTECTION FORM**

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<b>Date:</b>	<b>1<sup>st</sup> August 2018</b>
<b>Organisation: (if required)</b>	<b>Chief Officers Group Health and Social Care Scotland</b>
<b>Topic of submission:</b>	<b>Health and Care (Scotland) (Staffing) Bill – Call for Views</b>

**I have read and understood the privacy notice about submitting evidence to a Committee.**

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**I would like to request that my submission be processed in a non-standard way.**

**HEALTH AND SPORT COMMITTEE****HEALTH AND CARE (STAFFING) (SCOTLAND) BILL****SUBMISSION FROM CHIEF OFFICERS GROUP HEALTH AND SOCIAL CARE SCOTLAND**

The Chief Officers Group for Health and Social Care Scotland is made up of the 31 Chief Officers from Integration Authorities across Scotland. In July 2017, we submitted a collective response to the consultation which proposed to enshrine safe staffing for nursing and midwifery in legislation. We clearly outlined our concerns which primarily focused on the potential for a uni-professional approach to impede the service redesign and transformation which is at the heart of health and social integration; that an overly prescriptive approach could have a negative impact on the flexibility Partnerships require in order to meet the needs of the communities they serve; an unhelpful focus on process rather than outcomes and the unnecessary administrative and cost burden of new legislation given that mechanisms are already in place to ensure safe staffing levels in our health and social care services.

Our response made it clear that we did not support safe staffing tools which protected only one element of the health and social care workforce. However, this did not conversely infer that we were in favour of tools being extended to other parts of the workforce. We responded to the second consultation in February 2018. This response restated that we understand both the political and public desire to ensure that our health and social care services are appropriately resourced in terms of staffing. However, our position remained the same that we would be cautious about supporting a legislative approach for several key reasons:

- There is a significant risk of an additional layer of administration and bureaucracy being added to existing systems.
- There is also a risk that a focus on the use of specific tools results in a 'tick box' culture focused on processes and detracts from focussing on outcomes.
- There is a risk that a legislative requirement to use particular tools could stifle innovation in the development of new ways of working, and that such tools are not sufficiently dynamic to meet changing demands in the integrated health and social care landscape, nor sophisticated enough to respond to the significant diversity across Partnerships in terms of geography, scale, needs and demand.

- Development of tools considering one professional group (or a limited number of groups) in isolation may be detrimental to the development of integrated services across health and social care.
- There is also a real risk that Partnerships will be unable to deliver on any new legislative requirements should they not be fully funded. Alternatively, resources may have to be diverted from other frontline services in order to deliver on these requirements.
- Regarding including social care services within the scope of the legislation; we considered that the existing legislative framework was satisfactory and did not require to be replaced.
- In relation to the proposal for the Care Inspectorate to lead the development of a tool for the care sector; we suggested that a national working group should lead this. It was considered that the involvement of the Care Inspectorate in any such development could lead to a conflict of interest should they then carry out future inspections which are, in part, about the application of tools it has itself developed.

To conclude, if Parliament is minded to go ahead with this legislation and to include the social care workforce within its scope we would respectfully request that the legislation becomes an enabler to safe staffing provision within care establishments rather than a potentially prescriptive inhibitor. Once again, we would state that:

- Legislation should not create a rigid compliance framework that undermines the new integrated environment of health and social care which is flexibly expected to allow local partnerships to develop and deliver bespoke approaches, particularly in rural areas, with a staffing mix in place which meets the needs of that area.
- Part 2 which is focused on staffing in the NHS does not take cognisance of the significant overlap of governance responsibilities between Health Boards, Integration Joint Boards and Local Authorities so would require to be accompanied by clear guidance.
- Whoever is tasked with leading the development of a staffing method for social care must take into account the diversity of the workforce and the range and scale of providers. A 'one size fits all' approach to workforce planning simply will not work.

- Regarding the initial focus on a staffing tool for the adult care home sector; there is work ongoing in relation to the National Care Home Contract to develop a dependency tool (focused on measuring the individual's level of need) which will assist in the delivery of high quality, person centred care. A staffing tool being developed in conjunction could be overly complex.
- The guiding principles which are being developed should be aligned with what is already in place including the new Health and Social Care Standards and the National Workforce Plan.
- There must be acknowledgement that there is already a statutory requirement, articulated in Integration Schemes, that Integration Joint Boards should produce a workforce plan which is developed in line with local needs and local requirements. We must reiterate our concern that additional legislation requiring the use of specific tools set at a national level runs the risk of removing the scope for plans to be tailored locally.

We would like to conclude by highlighting the significant challenge that the social care workforce is already experiencing in terms of recruitment and workforce maintenance and that we are concerned legislation will add another process and pressure on the system which is not time or cost effective and lacks robust evidence that it would have a positive impact on outcomes.

We have a Chief Officer representing the group and our collective view on both the Strategic Programme Board and the Bill Reference Group. The Bill team has also requested to meet with our special interest group on 'Workforce' where we intend to raise the issues discussed in this submission.