

Title of report	Involving people who use social services and carers in our work
Public/confidential	Public
Action	For decision
Summary/purpose of report	This paper sets out our current approach to involving people using social services and carers in our work and a proposal to develop and improve.
Recommendations	<p>The Council is asked to:</p> <ol style="list-style-type: none"> 1. consider the Executive Management Team (EMT) proposal set out in section 2 of this report 2. consider the alternative option set out in section 3 of this report 3. agree the EMT proposal set out in section 2.
Link to Strategic Plan	The information in this report links to Outcome 4, our stakeholders value our work.
Link to the Risk Register	Risk 2: the SSSC is not able to demonstrate to our stakeholders (including SG) that its operational activity is fulfilling its strategic outcomes
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Documents attached	Appendix 1: Policy forum discussion paper 20/9/17

1. INTRODUCTION

- 1.1 At the Policy Forum in September 2017, Council Members discussed involving people who use social services and carers in our work (see Appendix 1). Our overall purpose is the protection of the public and in particular people who use social services and carers through the regulation and development of the social service workforce. They and the people who care for them have a direct interest in the effectiveness of our work. It is important that their voices are heard, directly or indirectly.
- 1.2 The purpose of involving people using social services and carers in the work of the SSSC is to inform key areas of our business. To achieve this we have structured involvement where their input and views can have most impact. From our experience, we know that the issues of most importance to people using services and carers are about the human qualities of social service workers so this is the focus for our involvement.
- 1.3 We involve people using social services and carers in our work in a number of different ways including our main business processes as well as key projects, with examples set out below.
- Review and development of the Codes of Practice.
 - Developing our fitness to practise model of regulation review.
 - Developing the current strategic plan.
 - Developing the social service workforce, eg:
 - quality assurance and approval of qualifications
 - qualifications and National Occupational Standards development
 - Step into Leadership
 - Promoting Excellence
 - self-directed support
 - Equal Partners in Care (EPiC)
 - digital learning (eg supporting informal carers).
- 1.3 Our Stakeholder Engagement Strategy and Framework sets out our approach to engagement and involvement. Due to the size and role of the SSSC, our current engagement approach for this stakeholder group is to engage and involve through established groups and networks. We also set up short life groups with a particular remit for a project or business area. This means that we have access to people with the right experience, skills and expertise at the right time and allows us to manage engagement within existing resources.
- 1.4 People with lived experience of social services and caring are involved either as individuals, through these networks of relevant representative groups and through our qualification approval processes, for example, where we require providers to evidence how people are involved in developing social service qualifications including the degree in social work and the childhood practice awards. Examples of groups in our network include the Care Inspectorate Involving People Group, Enable, the Scottish Dementia Working Group, National Dementia Carers Action Group (NDCan), Scottish Consortium for Learning Difficulties (SCLD), ARC

(Association for Real Change) Scotland, Health and Social Care Alliance, Health and Social Care Academy, Equal partners in Care (EPiC).

- 1.5 We recognise that Council has not yet been persuaded that we are effectively engaging with people using social services and carers and that we have not demonstrated the impact of this engagement. This paper sets out a proposal to address this.

2. EXECUTIVE MANAGEMENT TEAM PROPOSAL

- 2.1 Our core business processes are relatively stable and where these are reviewed from time to time, we involve a range of stakeholders in these developments, including people with lived experience of social services and caring. For example, developing our strategic plan and the move to a fitness to practise model of regulation. This means that stakeholders are informing our development as an organisation.
- 2.2 Our workforce development function is where the majority of our service user involvement happens for example, developing the standards for qualifications, quality assurance of qualifications, skills and product development and national policy development.
- 2.3 The EMT believes we are involving people using social services and carers in our work and that current practice is proportionate. However, the EMT accepts there is scope to improve our current practice including providing more rigour in reporting on our activities, giving Council Members increased assurance that our involvement of people using social services and carers is relevant, proportionate and meaningful.
- 2.4 The EMT proposes to Council that we do this by:
- improving coordination across the organisation of our involving people work
 - increasing our involvement with the Care Inspectorate Involving People Group
 - seeking the views of Council Members on what good performance in this area would look like
 - regular reporting to Council on our performance.
- 2.5 We have explored the option of a shared service with the Care Inspectorate Involving People Group. This concluded that a shared service is not an option for now as it would formally change the remit of the group. This would be a challenging piece of work for the members of the group to undertake at this time. However, we have agreed the SSSC can access the group more regularly. We agreed that the SSSC would identify areas of work that we can bring to the group. For now, there will be no specific cost required by the Care Inspectorate to do this however if the work develops over time, we would need to revisit this. The Care

Inspectorate can also offer some support to the SSSC to help us develop our skills in this area.

- 2.6 The EMT proposal would require allocating a specific resource ie staff time, to coordinate and report on our activity. We anticipate that we can do this within existing SSSC staff resources. We will need a budget to cover the costs of working with the Care Inspectorate group to cover facilitation and materials, for example, that our involvement would require.
- 2.7 It is proposed that Council agrees to trial this approach for two years, starting from 1 April 2018, tracking progress and then reviewing against our performance measure.

3. ALTERNATIVE OPTION

- 3.1 The EMT recognises that in considering this proposal, Council may wish to consider an alternative option for example, to increase this area of work. To take this forward it is recommended that the Council and the EMT meet to establish the purpose, remit and resources required. For example increasing resources by creating a new post and allocating a budget. If we were to recruit a new Involving People Adviser post, this would be at grade D7 £28.4-33.3k (pro rata for part time) for a skilled service user and carer involvement adviser. This would also require a specific budget along with the staffing cost to facilitate involving people using social services and carers in our work.

4. RESOURCE IMPLICATIONS

- 4.1 If agreed, the EMT proposal can be managed within existing staff resources through reallocating staff time. It will require a budget to support increased participation in the Care Inspectorate's Involving People Group, estimated at £10k. This budget will be required from 1 April 2018/19. As it is not included in the draft budget proposal for 2018/19, this will be added by EMT should the proposal be agreed.
- 4.2 We will also receive some support from the Care Inspectorate staff, which will be free, however, should that increase, we will need to renegotiate with the Care Inspectorate for this service.

5. EQUALITIES IMPLICATIONS

- 5.1 An Equality Impact Assessment has not been carried out. This work will have no negative impact on people with one or more protected characteristics and a full Equality Impact Assessment is not required.

6. LEGAL IMPLICATIONS

- 6.1 There are no specific legal implications.

7. STAKEHOLDER ENGAGEMENT

- 7.1 This report is about stakeholder engagement focusing specifically on involving people using social services and carers.

8. IMPACT ON USERS AND CARERS

- 8.1 As above, this work would involve people using social services and carers more directly in aspects of our business.

9. CONCLUSION

- 9.1 Council is asked to consider the EMT proposal set out in section 2 of this report and to agree to a trial period. The report also sets out an alternative option for Council to consider at section 3 of the report.

10. BACKGROUND PAPERS

- 10.1 Appendix 1.