

Technology and innovation in the NHS call for views: Scottish Social Services Council response (July 2017)

The 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.

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 peoples' lives.

Our response to this call for views draws on the knowledge and experience of the SSSC Learning Technologies and Integration Teams, including the engagement we carry out within the social service sector.

- Our Learning Technologies Team develops free learning resources with a digital focus and supports employers, social service workers and others to use technology-based learning and development.
- Our Integration Team, through engaging with support workers, creates opportunities to further develop their skills, knowledge and values focused on what matters to individuals, their carers and families.

1. What do you consider have been the main successes of the existing Scottish Government's eHealth and telecare/telehealth strategies and why?

One of the successes of previous eHealth and telecare strategies is the associated Technology Enabled Care (TEC) programme. The TEC programme supports the use of technology in workforce development, integrating technology

into everyday work and learning and research demonstrating the benefits of TEC. Our response includes a number of examples of successes which have benefited from the eHealth and telecare strategies and the TEC programme.

2. What do you consider have been the main failures of the existing Scottish Government's eHealth and telecare/telehealth strategies and why?

The language of the eHealth and telecare strategies is primarily clinical and health orientated. The strategies would benefit from a greater focus on social services and social care. The strategies may also benefit from making more of the links to other policies and developments such as Scotland's National Dementia strategies.

The strategies could potentially say more on the need to be able to demonstrate improved outcomes. This challenge was illustrated in the TEC Programme Annual Report (2015-2016): 'Data collection systems vary but even if increased uptake and numbers of citizens reached can be established, it is challenging to evaluate evidence of improved outcomes. Only 37% of partners considered they had a good understanding of the value and effectiveness of their TEC activity.'¹

3. How well does the Scottish Government's draft Digital Health and Social Care Vision 2017-2022 address the future requirements of the NHS and social care sector?

We welcome the draft Digital Health and Social Care Vision 2017-2022. In particular, we welcome the second statement:

'I expect my health and social care information to be captured electronically, integrated and shared securely to assist service staff and carers that need to see it.'

We hope that this statement will encourage social service and health workers to share appropriate information. Workers can make more informed judgements on how best to treat people who use services if they can access relevant information. This approach should build trust and relationships between workers across different teams and organisations and facilitate better joint working and integration of health and social care.

We welcome the statement that 'digital technology and data will be used appropriately and innovatively to help plan and improve services'. There is a need to consider how the different needs of rural and urban areas are met. For example, in 2014 approximately 37% of respondents to a small scale SSSC and

¹ <http://www.ehealth.nhs.scot/wp-content/uploads/sites/7/2016/11/Technology-Enabled-Care-Annual-Report-2015-2016.pdf>

NES Workforce Survey² said that they had very poor mobile and data coverage in their work area. The SSSC aims to ensure that our mobile apps use low levels of bandwidth. This means that they can be used in areas with patchy coverage.

4. Do you think there are any significant omissions in the Scottish Government's draft Digital Health and Social Care vision 2017-2022?

We would welcome greater recognition within the strategy that workers must be equipped with the knowledge and skills to support people to access digital information, tools and services. There is a risk that, if workers do not have the necessary knowledge and skills to support people to access these resources, people will be marginalised and excluded. We recognise that our registrants have varying digital capabilities and some are more comfortable in accessing digital information, tools and services than others. We help workers to develop their digital capabilities.

Our Digital Strategy 2017-2020 considers how we can continue working with our registrants, employers and our partners to understand their needs. Our digital learning resources help people to develop these capabilities. We also have an online system ('MySSSC') which workers can use to register or maintain their registration.

Our '23 Things' resource will support the development of the social service workforce. The resource involves explaining 23 digital capabilities ('things') such as blogging, emailing and using Facebook, instructions to help workers try them, and asking workers to reflect on their experience trying the 'thing' through blogging about it. Completing 'things' allows workers to get 'Open Badges' which demonstrate their learning. Thinking reflectively about these capabilities helps to dispel fears in a controlled but flexible way and to build basic digital capabilities so workers can embrace digital learning. We are also working on a resource, 'Skills in Digital Learning Design' (SDL), which encourages employers to consider 14 aspects of supporting digital learning (eg infrastructure and interacting with service users online).

The strategy should also reflect the fact that carers and people who use services should be viewed as equal partners.

5. What key opportunities exist for the use of technology in health and social care over the next 10 years?

There are opportunities in using digital technology to deliver learning to workers. The increasing use of mobile technology offers opportunities for workers to access learning and development in flexible ways. Encouraging and supporting workers to use their personal mobile technology could help address challenges

² Based on 74 responses. See <http://www.knowledge.scot.nhs.uk/media/9319090/smcia%20tel%20baseline%202014%20executive%20summary-1.pdf>

for organisations in delivering training. This should be considered within organisations' data protection schemes.

We have created online simulators. For example, we created a simulator to support people working towards a Childhood Practice award. This approach can be extended with augmented and virtual reality resources. These resources support workers to develop their skills in realistic and safe environments, in particular where there may be ethical challenges such as child and adult protection. For example, these scenarios can help students and workers by allowing them to observe virtual scenarios relating to harm and abuse.

Augmented and virtual technology can also help workers to get a better perspective on how people experience or manage a condition. For example, technology can help people to develop a better understanding of what it is like to have autism. Similar resources have been developed to help people understand dementia, for example the Educational Dementia Immersive Experience (EDIE) and Alzheimer's Research UK's 'A Walk Through Dementia' app.

Technology can also deliver benefits directly for people who use services, for example:

- people who live in remote areas receive the same standard of service and access as others
- technology can support people to live at home for longer
- people who use services have greater confidence that the people who are supporting them have accurate and up to date information.

This can be achieved through supporting citizen participation in the development of eHealth programmes. The Health and Social Care ALLIANCE's Digital Health and Care team is working in this area.³

6. What actions are needed to improve the accessibility and sharing of the electronic patient record?

We make no comment on this question.

7. What are the barriers to innovation in health and social care?

Many teams and organisations could play a role in reducing barriers to innovation in health and social care.

- IT departments could consider how they can better support workers to access and use technology. (This could include introducing acceptable use policies instead of 'blanket bans' on using YouTube, social media and mobile technologies: 30% of respondents to a small scale 2014 survey

³ <http://www.alliance-scotland.org.uk/what-we-do/our-work/digital-and-technology/eHealth/>

said they did not have access to necessary resources because access is blocked on their workplace computer.⁴)

- Health and Social Care Partnerships (HSCPs) could involve IT departments in discussions around health and social care integration.
- Providers could work with regulators to consider how best to attempt new and innovative methods of service delivery.

In developing our Digital Strategy for 2017-2020, we have considered how the SSSC can develop the right digital learning resources and collaborate with partners and employers to support access to digital technology and skills. It will be important for organisations in the sector to consider the use and delivery of digital solutions in their own strategies or corporate plans.

Further investment in advanced, widely available consumer technology could help to encourage innovation. Workers need access to up-to-date digital technology to take advantage of new resources. For example, the GPS technology used in many commercially available trackers can be more advanced than existing trackers given to people living with dementia. Outdated technology can prevent workers from accessing resources. For example, virtual reality technology requires substantial processing power and cannot be accessed on older PCs. There are a number of challenges around this, including the level of investment which would be required. The initial development of digital resources can be costly but can be cheaper in the long run than other resources and create savings in other areas.

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⁴ See footnote 2.