Data Strategy for Health and Social Care: Consultation Response

Introduction

The Scottish Association of Social Work (SASW) is part of the British Association of Social Workers, the largest professional body for social workers in the UK. BASW UK has 21,000 members employed in frontline, management, academic and research positions in all care settings. There are over 10,000 registered social workers in Scotland around 1,500 of whom are SASW members. This comprises staff working in local government and the independent sector, across health and social care, education, children and families, justice services, as well as a growing number of independent practitioners.

SASW's key aims are:

• Improved professional support, recognition, and rights at work for social workers,
• Better social work for the benefit of people who need our services, and
• A fairer society

SASW welcomes the opportunity to respond to this consultation on a new data strategy for Health and Social Care. Due to time constraints, we have chosen not to respond to every question in the consultation through the portal. Instead, we are submitting an overview of what SASW believes a new data strategy should include which would best support social workers.

The response has been written by our Policy Officer, Professional Officer and National Director. We have also encouraged our members to submit their own responses.

Systems & Processes

Currently, health and social care data is recorded and stored in multiple systems. This makes it challenging for professionals to locate and access information in a timely manner. Instead, having a system where all information is stored in one place, such as a cloud with universal access, would be more practical and efficient.

Social workers already spend more time on administrative duties than they want to. A recent study into social work caseloads, Setting the Bar report, found that 78% of social workers in Scotland have high administrative workloads. This includes 40% of their time spent on administrative tasks. Increasingly high administrative workloads

coupled with administrative staff support decreasing by almost a third is compounding challenges for social workers. Essentially, social workers are being prevented from doing the relationship-based, therapeutic and community work they came into the profession to do because of high volumes of paperwork. This in turn makes accessing support more difficult for those who need it.

It is therefore crucial that any new data strategy does not add yet more administrative burdens and pressures on social workers. The system needs to be intuitive and simple to use. Social workers should be able to see the positive impact that the system is having on their work. It should be time saving for them and make their work easier to do. For example, have easy-to-use templates that can be used to record and analyse data across departments and professions.

Sharing of data processes also need to be seamless, open and transparent. Delays to data sharing can prevent social workers from responding to cases and providing support to those in need. This is even more important in cases of a serious or complex nature. It is crucial that social workers have access to all necessary information that could help them to make better informed decisions that will best support the individuals or families that use services. Case reviews often show that the sharing of information swiftly and clearly is a significant factor in reducing the risk of, or preventing entirely, the likelihood of harm or death. We are therefore pleased to see recognition in the strategy that a new infrastructure should adopt greater use of real-time data sets.

Social work is a profession that often needs to receive or share data without consent. For example, when responding to child protection cases. While we support consent safeguards for data protection purposes, there must be sufficient flexibility embedded in a new strategy for social workers to access data without consent. Social workers have protection duties to vulnerable adults and children in the interests of keeping those at risk of harm safe. This needs to be considered when designing a data sharing system to ensure that social workers do not encounter barriers to accessing data.

In addition, this provision needs to be made widely aware through regular communication and training. Social workers engage with a number of different professions who are also involved in supporting people who access social services. It is important that all professionals working together are aware of the need to pass on information and the processes available to them to do this.

Ethics & Transparency

How a person's data is recorded, stored and used must be made openly and easily available to that person. We therefore welcome the government's intention to involve the public in the privacy design process.

The purpose of data collection must be a prime consideration A person's health and social care information is often sensitive and their right to privacy must be properly protected. Data collection rationales p therefore must be relevant and the intentions

of use of data must be transparent. A person should be able to easily inquire about the purpose of the collection of their data, who can access their data and for what reason as well as how the collection and sharing of data helps them.

We note that the consultation document refers to the risk of digital exclusion without specifying how to address it. Ways to ensure non-digital access to data records for people who do not have access to digital routes are essential. Some people might not possess the skillset or have the financial means to own a computer or to have internet access. The strategy must include equality of access to records, and plans for ensuring that anybody who has information held about them knows they have this right of access. This part of the strategy should be formed through direct consultation with people who do not use digital systems to shape a non-digital approach.

Training & Resources

Improved outcomes cannot happen without investment in the resources needed to deliver them. We are encouraged by the strategy's aim of creating an infrastructure that enables health and social care professionals to access data in a timely, safe and secure way. However, this must be backed up by ongoing finance to maintain and improve this infrastructure.

We note that the government wants to use more artificial intelligence techniques and innovative technologies to improve the quality of how services are delivered. We agree that, for this to work, there needs to be a focus on gathering high quality and robust data. This means continuous improvement in systems as flaws in data quality are discovered.

For professionals to get the best use out of technology available to them, there must be sufficient investment in training and professional development in this field. The workforce needs to be confident and comfortable in using new, advanced technology to mitigate any risk of slowing down processes and thereby undermining public trust.

Conclusion

We broadly welcome the aims behind this new strategy and were pleased that the Scottish Government met with us to discuss the consultation and present their proposals. We hope the feedback in this response is useful.

As this strategy develops, we hope that there will be continuing dialogue and consultation with the social work profession. While the strategy is framed as a health and social care strategy, social work has a unique and fundamental role we hope will be recognised and considered in all aspects of the strategy's formation.

Finally, we stress that the new strategy must be aligned with the creation of the National Care Service (NCS). It would be counter productive to develop this strategy separately to the NCS and then try to fit the data strategy into this new structure once it is operational. We hope that all decisions made in the design of this strategy will take into account how the NCS model takes shape over the coming months.

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