

SOCIAL CARE PARTNERS FORUM

Minutes from meeting on 1st July 2015

Venue: HSE offices, Belford House, 59 Belford Rd, Edinburgh, EH4 3UE

Attendees:

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| GC - Geoff Cox (Chair), HSE MC - Mark Crossley (Secretariat), HSE EG – Emmie Galilee, HSE JC – June Cairns, HSE DF – David Francis, CSSIW CJ - Chris Jackson, NASHiCS JM – John McLean, GMB GF – Gena Falconer, SLAHSP ¹ PM – Paul Mears, LGA AC – Alison Cook, CI | <u>Via video/audio link:</u> ZB – Zameer Bhunnoo, HSE RB - Robert Baughan, UNISON SS – Simon Spoerer, CQC KS – Kim Sunley, RCN KR – Kathy Roberts, MHPF SJ – Susan Johnson, SFC SG – Stephen Goulder, SCIE |
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Apologies:

Apologies were received from the following who were unable to attend:

- Jane Silvester, NICE
- Colin Angel, United Kingdom Homecare Association (UKHCA)
- Joyce Pinfield, National Care Association (NCA)
- Emma Williams, Relatives and Residents Association
- Laurence Harper, Department of Health
- Frank Ursell, Registered Nursing Home Association (RNHA)
- Sue Neilson (CI)

Welcome and introductions

1. GC opened the meeting and welcomed new members Simon Spoerer (CQC) and Susan Johnson (Skills for Care) and thanked those who had made the trip to Edinburgh.
2. All members briefly introduced themselves and their roles for the benefit of the new attendees.
3. SG apologised (via audio link) for being unable to join the meeting in Rose Court and having to leave by 11:30.

SCPF website demo

4. MC presented a brief demo of the website which is now up and running and thanked SG and his online team for their work in putting this together.
5. SG said that the SCIE website overall has been re-launched and made mobile friendly.
6. CJ asked if the minutes from meetings would be publicly accessible and whether they would be subject to Freedom of Information. GC said he thought they probably would be as the SCPF is a public body. MC said that the agreed key messages arising from meetings are already displayed

¹ Scottish Local Authorities' Health and Safety Practitioners

on the site. PM said that the minutes are already available on the LGA knowledge hub and CJ said they were also on the NASHiCS website. There followed a discussion about whether the minutes should be published and the general consensus was that there was no reason why these should not also be included provided members have been consulted on the content and agree with the final version. To allow time for this, it was suggested that the minutes should be uploaded only once they have been cleared at the following meeting and this should be covered on the agenda at each meeting.

7. GC pointed out that there is an error on the Meetings page – need to replace the word ‘quarterly’ as the Forum only meets three times per year. GC asked if SCIE could remove the ‘Keep up to date’ box from the web pages as these link to SCIE bulletins not SCPF ones. However, SG suggested leaving as is for now but can review after 3months.
8. CJ asked if we could add a ‘News from Forum’ box for the promotion of key messages.
9. PM asked if we were planning to market the website. GC said that it may be better to wait until there is more content but will work with MC to produce a communications plan to cover this.
10. KS asked if we could have a Twitter account to market/promote the Forum. GC said this is something we could explore at a later date when the site is more established.
11. MC also demonstrated the proposed structure for a new page incorporating the Mapping guidance produced by the working group. RB (and others) said he was happy with design which was clear and easy to read. He did have some concern over the content although this is being explored by the Mapping working group members.

Action: Members to clear Minutes from previous meeting at each subsequent meeting prior to being published on the website

Action: MC to make the required amendment to the Meetings web page on the SCPF website

Action: GC and MC to produce a communications plan to look at promotion/marketing of the SCPF website

Minutes and Actions from previous meeting

12. GC ran through the table of actions from the last meeting. All actions completed

Care Inspectorate/HSE/Local Authority Liaison Agreement

13. JC provided an update on the background and development of the new Liaison Agreement between HSE, LAs and CI. She said that the near final version is about half the length of the old one. HSE’s Triennial Review included a recommendation to road test agreements with stakeholders and she felt that the SCPF would be a good candidate for this. Questions for members include: Are there any obvious errors? and are any key Scottish stakeholders missing?
14. AC said that there are clearer channels for sharing info and new agreement is more streamlined than previous one.

15. GF said that NHS Scotland representation would be useful and also someone from Scottish local authorities (as health and safety regulators). JC said that key players have been asked but have shown little interest.
16. CJ said he can circulate to providers in Scotland if needed. JC said this may be helpful although the document is primarily aimed at regulators.
17. There followed a brief discussion about Scottish stakeholders on the Forum. MC and JC said that organisations like Scottish Care, HASiVSS² and CoSLA had been invited but had shown no interest. GC said that in general, members were chosen from ‘umbrella’ organisations rather than specialised ones or individual providers but there is no reason why we can’t contact Scottish reps again as a one-off to see if they are interested in joining the Forum.
18. AC said they would like to finalise the draft agreement before circulating more widely.
19. DF said that CSSIW have worked with HSE re: the Work-related Death Protocol (WRDP) and they have been very helpful in getting to that point.
20. PM asked if there would be any accompanying guidance and JC said no. He also pointed out that the contact for info sharing is via an unprotected email which may cause problems. Similar problems were encountered with the CQC agreement and associated email account. *Post meeting note: CI has confirmed that although it isn’t part of the secure government network, its email system is secure and that it routinely receives confidential information from public bodies, including Health Boards and Police Scotland.*
21. RB said he liked the clarity about demarcation for staff health and safety.

Action: Members to provide feedback on the revised Care Inspectorate/HSE/Local Authority Liaison Agreement (once finalised)

Action: MC to contact other stakeholders in Scotland to identify if there are any other organisations who may be interested in joining the Forum

Burdens on business

22. GC provided a short presentation on the new government’s approach to regulation. The focus is on deregulation rather than better regulation. £10bn savings for businesses from regulation are required during the course of this Parliament. It is thought likely that HSE will have its own target, although this has yet to be set. There is now a ‘one in-three out’ approach to new legislation. There will be Red Tape Challenge 2 process looking at key areas including, ‘care-local’ – although it is unclear exactly what this will mean in practice at this stage. There may be factors linked to this for the SCPF working groups to consider, e.g. consolidation of guidance/regulation.
23. RB – employers should be doing everything possible to comply with regulations already and not sure if it is the job of the SCPF to help the Govt. to comply with this policy.
24. SS – CQC have expanded rather than contracted under the previous Government owing to their enlarged role.

² Health and Safety in Voluntary Sector Scotland

25. KS said there was nothing in the presentation about the commercialisation agenda for HSE. GC – this is a separate agenda linked to funding rather than regulation.
26. RB – Govt. needs to make clear what this means for social care. Are providers being asked to comply with the bare minimum? SCPF is not just a HSE body, it also covers other regulators.
27. GC – Commissioning may be an area where perceived burdens could be reduced. DF said that CSSIW are to produce an electronic reporting system to provide a single point for providers to report information. Only 2/3 out of 100 providers had heard of HSG220 in his recent experience so they are doing work to promote this guidance within the industry.
28. RB – providing less guidance doesn't necessarily aid employers as sometimes more information is more helpful (e.g. ACOPs).
29. SS said we'd been here before and found that lots of providers don't want deregulation.
30. JM said this is not just about deregulation but also about education.
31. PM asked if this will affect FFI (HSE's Fee for Intervention policy) as LAs are considering revisiting this as they feel they may have missed the boat when they didn't sign up to it at the time.
32. GF said that the Scotland Bill may also affect this and asked whether Scotland would have a veto on this policy.
33. CJ expressed concern that the SCPF could be seen as a tool for Govt. and health and safety should remain the priority for the Forum.

Feedback from Task and Finish groups

Mapping

34. As FU was unable to attend, ZB provided a brief update of the recent working group meeting and also on some work he has been doing to rationalise the draft mapping table and he circulated a document with his thoughts on potential amendments. There are references in the original to devolved regulators standards which do not contain detailed information on what providers should do so in some cases he has suggested removing reference to these. There is some confusion over what we mean by 'defining legislation' and the group needs to consider whether this should be included in final version.
35. ZB – the Sensible Risk group may help to inform some of the topics (e.g. bedrails – what should providers do for service users with capacity who choose not to use them?). How far should we go in terms of outlining minimum standards and describing good practice versus best practice?
36. SS has lots of additions to make to the table so it may well be expanded further. He has also offered to update and consult with other regulators to check compliance.
37. GC asked the group to consider what the most 'hard-edged' standard is as this is what FU and providers would like, ideally a single piece of guidance where possible that summarises as succinctly as possible what they need to do. We should also explain why that guidance has been chosen and if more is needed, explain why and highlight which additional info is contained (e.g. technical information) that is missing from the primary piece.
38. CJ said that some NASHiCS guidance is missing from the table.

39. RB – HSG220 gives us principal guidance for most topics but this only covers what is reasonably practicable to comply. It does not cover, for example, broader issues such as quality of care.
40. SS – there is a broader issue of consent by individuals with capacity which needs to be reflected in the guidance selected for inclusion. SS added that health and safety is process-driven and care needs vary so mapping guidance needs to include this.
41. ZB said that finished document will need to reflect all these caveats.
42. CJ – concerns that excluding British Standards from the table may give wrong signal that these are not relevant. ZB – we are not trying to suggest that the content of these is useless, rather that the same information is provided in a more reader-friendly way elsewhere.
43. GC – also need to consider that there is cross-reference to these standards within the principal guidance.
44. GC – the Sensible Risk guidance will also need to be sign-posted in the Mapping document and we may have to include 1 or 2 other sources.
45. RB - there is a problem with the phrase ‘principal’ and ‘supporting’ guidance in the document and we may want to rephrase. KS will share information she has on terminology.
46. ZB – are we just looking at compliance and what regulators would enforce?
47. ZB – SS will draft a revised version and will consult with CSSIW/CI on content. AC will nominate a rep from CI to liaise with SS on this.
48. DF advised members that the CSSIW National Minimum Standards are being rescinded in 2017 so the document should reflect this.
49. CJ asked if there is a timescale for completion so that the groups can link together. ZB said he will liaise with the group and get back to him on this.

Action: KS to share RCN information on terminology relevant to phrasing of the Mapping document

Action: AC to nominate someone from Care Inspectorate to assist with finalising Mapping document

Sensible risk

50. CJ – the group met last week and considered the comments from the CI, HSE and RelRes. No comments have been received yet from CQC or CSSIW. KR said she will chase feedback from CPA.
51. Group looking at key areas of competence and accountability. For each of the 6 examples in the guidance they will look to create case studies and will circulate to the group.
52. CJ said they would like to test the draft guidance with a variety of providers and asking them to complete a questionnaire. They are planning to tweak the text and detail in August and will share with Forum and providers in September, with a version ready to print in October.
53. KS said it was important to test with the target audience to make sure wording is ok.
54. PM said it would be very useful to link the work of the Sensible Risk and Mapping groups.

55. CJ also said that the guidance could work as a web-based version too.

Action: KR to chase comments on Sensible Risk draft guidance from CPA

Commissioning

56. DF – aim of the group is to unpick the purpose of commissioners and regulators. They have found a representative from ADASS – Kathy Williamson although they are still trying to finalise a NHS England rep.
57. DF – what does ‘due diligence’ mean with regards to commissioners role. Commissioners should not be duplicating what’s set out in legislation.
58. Next meeting will look to debunk any myths re: commissioning (e.g. letter allegedly sent by HSE and CQC to commissioners – for which there appears to be no evidence).
59. A director of nursing was sacked recently in an LHB due to placing patients in a poor performing provider.
60. Care Homes Task Group in Wales would be a good starting point.

Action: MC to obtain copy of letter sent by HSE to providers in Wales following Operation Jasmine and send to DF

Regulatory updates

61. DF – The Flynn report into Operation Jasmine will be published in July. He said he is happy to look at lessons learned from this report and present his findings at next meeting of SCPF. He also said there has been a large number of care home closures in Wales recently and mentioned the new legislation on care regulation in 2017.
62. SS said that CQC has been talking to Dept of Health re: supported living. They want to improve regulation without treating this as domiciliary care and avoid duplication (e.g. RIDDOR etc). HSE has been helping CQC with their new enforcement role. New special measures framework in place which means where providers with inadequate rating on first visit make no change upon second visit, they will begin process of cancelling registration. They are also working with Skills for Care on how safety is conceptualised in social care.

Action: DF to summarise key findings from Flynn report into Operation Jasmine and present at the next meeting. MC to add this to the agenda

AOB

63. It was agreed that minutes from previous meeting should be cleared at each following meeting to enable them to be published on SCPF website.
64. SJ asked if we could amend our records so that their organisation is listed as Skills for Care, rather than Skills for Care and Development which is a separate body employing only one person. Also said that SfC is not a regulator and only covers England.
65. CJ advised members of the NASHiCS Learning and Development Forum on 10th September. PM asked if he could send him a link to this.

Date of next meeting

66. The next meeting was pencilled in for second half of October in London, although exact date/venue not finalised.

Action: MC to liaise with other Forum members to identify suitable date for next meeting in October 2015

Summary of actions arising:

| No. | Action | Name |
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| Action/s carried over from previous meeting: | | |
| 1. | Regulators to provide a brief written submission on current regulatory developments in advance of the next meeting. MC to circulate | Simon Spoerer David Francis Emmie Galilee Sue Neilson Mark Crossley |
| Actions from meeting on 1st July 2015: | | |
| 2. | Members to clear Minutes from previous meeting at each subsequent meeting prior to being published on the website | All |
| 3. | MC to make the required amendment to the Meetings web page on the SCPF website | MC |
| 4. | GC and MC to produce a communications plan to look at promotion/marketing of the SCPF website | GC & MC |
| 5. | Members to provide feedback on the revised Care Inspectorate/HSE/Local Authority Liaison Agreement (once finalised) | All |
| 6. | MC to contact other stakeholders in Scotland to identify if there are any other organisations who may be interested in joining the Forum | MC |
| 7. | KS to share RCN information on terminology relevant to phrasing of the Mapping document | KS |
| 8. | AC to nominate someone from Care Inspectorate to assist with finalising Mapping document | AC |
| 9. | KR to chase comments on Sensible Risk draft guidance from CPA | KR |
| 10. | MC to obtain copy of letter sent by HSE to providers in Wales following Operation Jasmine and send to DF | MC |
| 11. | DF to summarise key findings from Flynn report into Operation Jasmine and present at the next meeting. MC to add this to the agenda | DF & MC |
| 12. | MC to liaise with other Forum members to identify suitable date for next meeting in October 2015 | MC |