THE EDINBURGH PARTNERSHIP

Scottish Government National Care Service Consultation

1. Executive Summary

1.1 This paper provides a short summary of the community planning partner responses to the Scottish Government consultation on the National Care Service (NCS). The NCS proposals are potentially the most significant change to care and support in Scotland since the establishment of the NHS. The proposals are significant and complex in their own right but could also have substantial and reformative impact on the NHS and local government in particular.

1.2 The paper suggests that following the Scottish Government response to the consultation, that the partnership should come together for a dedicated discussion on the implications of any future proposals on citizens in need of care and support; key community planning partners and; partnership working in the city.

2. Recommendations

2.1 The Board is recommended to:

i. Note the summary of responses made by community planning partners to the Scottish Government consultation on the National Care Service
ii. Agree to hold a dedicated community planning partnership discussion on the National Care Service once the Scottish Government publishes its response.

3. Main Report

3.1 The Scottish Government consultation on a NCS for Scotland set out proposals for the future delivery of social care in Scotland, following the recommendations of the Independent Review of Adult Social Care (the Feeley review). The consultation closed on 2 November 2021.

3.2 The Scottish Government proposal is that children's services, social work and social care, justice social work, prisons, alcohol and drug services and mental health services, as well as health care and nursing are included in the scope of NCS, and that Integration Joint Boards (IJBs) will be reformed to become Community Health and Social Care Boards, the delivery body for the NCS.

3.3 Edinburgh Partnership Board members were contacted to ask for their organisation's response to the consultation, so that these could be considered

together. This paper provides an overview of the responses of the City of Edinburgh Council, NHS Lothian, Edinburgh Voluntary Organisations' Council (EVOC) (via a stakeholder workshop), as well as the Edinburgh Child Protection Committee. The full submissions are shown in the appendix.

Overarching views

3.4 The responses showed that there is general support for the principles of improving social care and social work and recognition that change is needed (e.g. move to prevention to deliver better and more sustainable improvements, greater collaboration, improvements in quality, training, fair work, support to unpaid carers).

3.5 There is also agreement that long term underfunding of social care is a major contributing factor to the challenges experienced with the current system. Therefore, additional funding within the existing structure could bring improvements without major organisational change.

3.6 However, partners considered that there was insufficient detail set out in the consultation document to enable them to make an adequate assessment of the potential impact.

3.7 It was also noted that there appears to have been no involvement of citizens or people who use services including children and young people as part of the development of the proposals, and there has been no equalities impact assessment.

3.8 The following sections summarise partners' responses under the key themes of opportunities, challenges, the scope of the proposals and partners' asks of the Scottish Government.

Opportunities

3.9 Partners considered there to be opportunities in the following areas:

3.9..1 Increased funding for social care: estimates from the Scottish Government are for additional investment in excess of £800m to support the proposals;

3.9..2 Embedding earlier intervention and prevention; inclusivity; improved support and engagement of unpaid carers; removal of eligibility and complex processes:

3.9..3 Service and outcome improvements through greater national collaboration, particularly around workforce, careers, pay, service standards, specialist and complex care, data and information sharing;

3.9..4 National standards for commissioning and a move away from large, short-term contracts which are task-based;

3.9..5 To build in investment in communities of place and interest, in community cohesion and in community anchor organisations.

Concerns and Risks

3.10 Partners raised a range of concerns including:

3.10..1 Questions were raised about the timing of proposing reform of this scale and significant when the impact of Covid is still being managed. There is a risk of disruption to services and a further risk that staff may take the opportunity through restructuring of leaving services which are already experiencing high levels of vacancies.

3.10..2 More specifically, the consultation does not describe the form and function of the new care service in sufficient detail to allow meaningful responses to be made to many of the consultation questions or to enable a fully informed position to be taken. The following are examples of areas where more detail is needed:

3.10..3 For NHS Boards and local authorities: governance, roles, responsibilities and accountability – for example, it is not clear which body/bodies would employ front line staff, which has a bearing on responsibilities and accountabilities for safety and quality of care;

a. commissioning and procurement arrangements;

b. roles of existing partnerships e.g. Alcohol and Drug;

c. operational delivery.

3.10..4 The scope of the proposals extends beyond those recommended in the Feeley review, to include children's and justice services, with no rationale given for their inclusion (see scope section below).

3.10..5 The solutions proposed in the consultation document are not evidence-based; greater clarity is needed on how these reforms will positively contribute to tackling poverty; improving wellbeing and shifting the balance of care; what criteria will determine which aspects of community health and social care improvement should be managed Scotland-wide?

3.10..6 The future role and funding of local government and NHS Boards would fundamentally change, with potential risks to the financial sustainability of local government in particular; The ability of local government to use borrowing to pay for infrastructure investment, development of the city and wider priorities such as net zero could be severely undermined.

3.10..7 Social care would no longer be subject to local democratic processes and the role and nature of local democratic accountability would be reduced in scope.

3.10..8 Structural change would not be sufficient to tackle some of the perceived problems (e.g. the complexity of Scottish public sector). Person centred and rights-based services are not dependent on the structure of the service but the ethos of the management and staff of the service. Similarly, the quality of working relationships between professionals is key to effective practice across organisational boundaries.

3.10..9 The separation of the planning and delivery of community health and social care from other aspects of healthcare.

3.10..10 Fragmenting health services between a new body and the NHS.

3.10..11 A national organisation would not be able to sufficiently respond to local need and so while there may be a need for national consistency this needs to be coupled with sufficient local variation and agility within local partnerships.

3.10..12 Local innovation and good practice would be diminished under the NCS e.g. the high level of community child health input into Child Protection processes, via the dedicated Child Protection Hub.

3.12 Finally, the timescale for implementation appears to be very tight given the significance and complexity of the proposals.

Scope

3.13 Key themes from partners' responses about the range of services proposed to be included in the NCS were:

3.13..1 The Council believes that Children's services, Criminal Justice Social Work and Homelessness should remain out of scope and that the case has not been made for including adult social care. For each of these services, close alignment with local support services (local education, housing support, debt and benefit advice) is crucial to effective support. Indeed, there is a significant risk that reforms which separate children's services and social work from local education would create new silos and barriers to collaboration which would adversely impact Edinburgh's children and their families.

3.13..2 In contrast, EVOC consider that the inclusion of children's services gives an opportunity for services to be built around the child, family, or person who needs support; reducing complexity and ensuring improved transitions and support for those that need to access a range of services.

3.13..3 There is very little information about children's services contained in the consultation paper and the most recent comprehensive review process in this service area (The Independent Care Review i.e. The Promise) did not arrive at the conclusion that service reorganisation in this way would benefit children.

3.13..4 Transition between children and adult services, noted in the consultation as being a challenge, is already being addressed in children's services through, for example, Continuing Care legislation and resulting practice changes.

3.13..5 NHS Lothian believe that all health services (including specialist mental health) should remain within the NHS, given the relationship and interdependencies between health services. This would include GP contracts. GPs have also expressed concerns about the impact on professional standards and accountability of moving responsibility for GPs to the NCS.

Asks

3.14 Partners made a number of requests to the Scottish Government as part of their response:

3.14..1 Reforms are taken forward in partnership with councils

3.14..2 A genuinely collaborative relationship with the Third Sector as equal partner and with the role of local communities in understanding needs and providing solutions needs to be recognised e.g. in new commissioning.

3.14..3 Better pay and conditions for social care across sectors is supported

3.14..4 Investment in communities of place and interest, in community cohesion and in community anchor organisations.

3.14..5 Embedding lived experience needs to be properly supported.

3.14..6 Careful consideration of the size and composition of Community Health and Social Care Boards and the process for appointing members.

Implications for the Edinburgh Partnership

3.15 While details of the proposed National Care Service are not yet available, there is no doubt that the Scottish Government intends to implement major structural change, and at pace.

3.16 There will undoubtedly be major changes to current Partnership members' roles and remits, new organisations to be incorporated and potentially changes to priorities, as well as a period of uncertainty and disruption as restructuring takes place.

3.17 Given the magnitude of the proposed changes and their implications, it is recommended that, following the Scottish Government response to the consultation, the partnership should come together for a dedicated discussion on the implications of any future proposals on citizens in need of care and support; key community planning partners and; partnership working in the city.

4. Contact

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5. Appendices – consultation responses

1. The City of Edinburgh Council (links to document below)
2. NHS Lothian (links to document below)
3. EVOC (links to EVOC's website)

   On behalf of Edinburgh's community & voluntary sector
   From EVOC – Edinburgh's TSI

4. Edinburgh Child Protection Committee (links to document below)

1. The City of Edinburgh Council Response

Summary

1. The City of Edinburgh Council welcomes this opportunity to respond to the Scottish Government Consultation on the establishment of a new National Care Service for Scotland.

2. This response is being submitted in addition to a submission responding to the consultation questions. This is being done to ensure the Council's views on the proposals are adequately articulated as the questions asked are not sufficiently open so as to allow all the required points to be made.

3. In Summary, the Council:

   i. Supports the principles for improving social care and social work articulated by the Feeley Review

   ii. Recognises the challenges in delivering a shift in the balance of care; meeting the needs of service users within reducing budgets; the challenges of mixed local markets and current procurement methods; the undervaluing of care and carers and; the limited investment in preventative models of care that exist in the social care and social work system and welcomes the Government's commitment to working towards a better and better resourced system of care in Scotland.

   iii. Believes that there are some key opportunities for service and outcome improvements through greater national collaboration; particularly around workforce, careers, pay, service standards, specialist and complex care, data and information sharing

   iv. Asks that these reforms are taken forward in partnership with councils and informed by officers working locally to deliver services alongside those with a strategic expertise.

   However, the council:

   v. Believes that the Scottish Government has not yet laid out a convincing and evidence-based proposal showing that structural change is the best means of resolving these issues or delivering on improvement opportunities.

   vi. Is concerned by the ambiguity in the proposals being put forward for consultation which seem to go well beyond any mandate established during the election and asks that the Scottish Government further consult once it is able to lay out

sufficiently detailed material and an options appraisal for consideration by service users, stakeholders, providers and statutory partners.

vii. Is concerned that proposals for change of this magnitude are being brought forward at a time of great service stress, as a result of the pandemic, and for a workforce and a wider system that continues to operate under great strain with limited resilience.

viii. Believes that Children's services, Criminal Justice Social Work and Homelessness should remain out of scope.

ix. Notes that many of the issues with the current system identified by the Feeley Review are a result of a reducing/underfunded local authority budget – despite local authority efforts to protect front line service spend.

x. Believes that a concerted effort to address that underfunding would, at this point in time, have more impact than structural change without the service level upheaval and distraction involved in establishing a new body.

xi. Notes that the financial implications for local government could extend beyond the services referenced to impact the debt profile of the Council and its ability to leverage capital and borrowing for investment in critical infrastructure and other policy priorities such as addressing the climate emergency.

xii. Is concerned that the reforms are being proposed without reference to the wider system of interdependent services; in particular, the potential for these reforms to reshape the nature and role of local government as a consequence of the establishment of the new care service rather than by design to better serve Scotland's residents

xiii. Would like to see greater clarity on how these reforms will positively contribute to tackling poverty; improving wellbeing and shifting the balance of care

xiv. Expects the Scottish Government to lead by example in terms of producing detailed equality impact assessments and consulting direct with service users including children and young people.

xv. Notes the experience of establishing Public Health Scotland shows how long establishing a new national body could take with a relatively simple landscape of

services and professions and is concerned that the timeframe set out for a National Care Service feels overly ambitious and unrealistic in this context.

4. The response below further explains the Council position summarised above and includes some more technical detail around key areas such as key service areas, workforce, funding, governance, information sharing and procurement.

Response to the Consultation

General comments and questions

5. The City of Edinburgh Council welcomes this opportunity to respond to the Scottish Government consultation on the establishment of a new National Care Service for Scotland.

6. The Council shares the Scottish Government's commitment to ensuring that social care and social work services are highly valued; are built on a rights based and personalised approach; achieve improved outcomes for service users; are adequately resourced and result in a meaningful shift in the balance of care.

7. The Council is keen to work with COSLA and the Scottish Government on any forthcoming material with the aim of improving the delivery of health and social care in Scotland and believes that any proposal for a National Care Service would only be strengthened by the operational and practical knowledge of service delivery and local markets held by Councils

8. However, the consultation does not describe the form and function of the new care service in sufficient detail to allow meaningfully responses to be made or for this process to be considered as having fulfilled requirements to consult on reform of this nature and scale.

9. While the Council provides as full a response as possible on key issues below, the following questions would need to addressed in order to give due consideration to the Government's ambition for an National Care Service :

i. What issues, challenges or opportunities is the NCS being established to address?

ii. What evidence is there that nationalisation of a service is the best answer and were other options considered?

iii. What services would be in scope of the reform and what is the rationale for their inclusion?

iv. Is the Government considering progressing that in a single step or as part of a staged approach?

v. How are staff going to be integrated into the new body and how will they be organised?

vi. Will the duties relating to all services being nationalised be removed from Local Government?

vii. How will support functions currently delivered within Councils (such as ICT, procurement, information governance, HR) be impacted?

viii. How will governance actually work and how is it envisaged that the systems of governance interact?

ix. There are significant strategies, objectives, ambitions and plans across the proposed scope of the new body and into the wider public service landscape. How will the wider policy landscape be joined up under this new body and as part of the reform approach?

x. What level of local democratic accountability is anticipated in the new systems?

xi. What are the envisaged implications of this move on the form and function of local government and how do these reforms contribute positively to localism?

xii. What is the proposed means of paying for the substantive costs involved in increasing and extending entitlements as well as the costs associated with structural reform of this scale?

xiii. How will capital investments and assets be accounted?

xiv. Given the lack of detail in the current consultation, will there be further consultation before legislation is proposed?

Service based concerns

10. The City of Edinburgh Council has made every effort, within the context of reducing public budgets to protect front line services, particularly those aimed at vulnerable residents and to prioritise poverty and prevention within its work and budgets.

However, reduced local budgets have ultimately reduced the Council's capacity to invest or expand local provision in line with the consultation proposals. Despite this, and particularly during COVID, the council would highlight and celebrate the efforts and work of key front line staff groups and the effective collaboration between community planning partners.

11. As mentioned, the consultation makes several commitments to deliver free and increased provision for services in scope. Estimates from the Scottish Government are for additional investment in excess of £800m to achieve this outcome. If Edinburgh based social work and social care were to receive an uplift of £80m to extend eligibility, accessibility, support, pay and employment standards then significant transformative action could be achieved immediately within the city. This could be delivered without a loss in capacity and the general upheaval and disruption associated with structural change.

12. Scottish Government commitment to the additional resource investment required to improve outcomes identified in the consultation regardless of whether or not services are centralised would also ensure that professional and citizen engagement in the reforms will be focused on its relative merits rather than seeing it as a means to secure ongoing financial security.

13. These general remarks aside, the following issues relating to specific services are highlighted for consideration by the Scottish Government.

Children's services and Education

14. The Council notes that children, young people and their families have not been consulted directly on the proposals for service redesign and that wider impact assessment including those relating to communities with protected characteristics have not been undertaken. Reform of these services needs to be based on evidence of how it will improve services and outcomes for young people.

15. The published proposals do not consider or describe the interplay between children's services and education. Councils have previously taken the view that the benefit of having children's services and social work closely aligned with local education provision is critically important to child protection, general wellbeing and the improvement of educational attainment. There is a significant risk that reforms which separate children's services and social work from local education would create new silos and barriers to collaboration which would adversely impact Edinburgh's children and their families.

16. In addition, audits conducted into child protection incidents or incidents involving vulnerable adults nearly always point to a break down in local relationships, trust and information sharing as a major contributing factor to increased risk and harmful

incidents. Further disruption to service provision and capacity resulting from structural reform, following on from the impact of responding to a global pandemic could, not only undermine the local ability to positively contribute to children's outcomes but also present an increased local risk to child protection.

17. Given that the Scottish Government has not described how inclusion into a national body would meaningfully improve outcomes for children and noting the absence of evidence to support this move and the potential increase in risk to services should reform go ahead, the City of Edinburgh Council believes that children services should be out of scope of the new body.

Local Government as a social care provider

18. The suggestion that local government will retain a role as a social care service provider within the social care market and under a national service model of commissioning is untested. In order to take a view on this, Council's would need to be clear on whether the government is proposing removing the service; duties relating to the service; governance and accountability for service delivery; associated service budgets and; the relevant workforce or, whether some hybrid of the above is intended. For greater operational and public clarity, legal obligations to provide a service should sit alongside the budgets to deliver on that obligation and the accountability for service delivery. Splitting these by leaving duties with the Council would be undesirable and Council's should not be expected to continue as a service provider within a mixed economy of provision in these circumstances – although some may choose to do so.

Criminal Justice Social Work

19. The CJ community has already, and relatively recently, undergone a period of reform - from the establishment of Community Justice Authorities to the establishment of Criminal Justice Scotland. The case for reform and uncertainty when the service is facing particular challenges in COVID-19 recovery and expect high volumes of work from the courts over the next three years has not been made within the consultation.

20. Again, structural change without additional resources will see no change in the level and quality of services offered to our citizens. There needs to be a shift in the amount invested in community disposals rather than prisons. If the additional resources implied in this proposal were to be made available to Local Government, it could be transformative for the criminal justice service and outcomes for offenders.

21. In addition, the evidence is clear that better access to welfare, housing, and employability assistance, as well as health care, have an important role in reducing or even prevent offending. Similarly, the shift away from short prison sentences needs

effective, evidence-based community interventions. All of which call for local approaches.

Homelessness

22. Homelessness services are also noted as potentially in scope for the new services although no information as to the scale or rational for its inclusion has been given.

23. Councils have made considerable progress in addressing homelessness through their Rapid Rehousing Transition Plans, and Edinburgh has introduced effective models of prevention and early intervention in collaboration with a range of local partners.

24. The local context is crucial in shaping the demand and the type of response needed to support those who find themselves homeless or at risk of being homeless. Edinburgh's housing market is shaped by its uniquely high cost of renting or buying homes, with a large private rented sector and the lowest proportion of social rented homes in the country This means that often, significant numbers of people presenting as homeless are struggling with affordability and debt alongside those who have significant and complex social care and support service needs. In the majority of cases a close working relationship between homelessness services, housing development and support services, advice, debt and benefit support are needed to meet homelessness duties. As such, inclusion of homelessness in the scope of the new body would not be supported.

25. However, for those with significant health and social care support needs, there may be some benefit in establishing a strengthened approach which offers additional eligibility, entitlements and access to services. The Council would be keen to engage on this type of additionality within the reform proposals.

Personalisation and Direct Payments

26. More progress is needed to ensure that people are given the support that they need to take up the option of a personal budget to meet their needs in a way that best suits them. This has been challenging for a range of reasons, including the availability of options to support choice where commissioning and market support play a key role. However, there is a tension between the proposals to introduce standards of care and consistency and the flexibility needed to deliver personalisation and the benefits of direct payments. The Scottish Government has not laid out how it, and the newly formed NCS would be better placed to address the current tensions and barriers to fully realising the objectives of self directed support.

Reform of the IJB

27. The Council recognises that despite local progress on integration, there remains a need to improve the framework of services in place to meet people's social care

needs. A large part of the local challenge relates to pressures arising from the mismatch between the level of demand and the resources available to meet needs and an inability to substantively deliver a shift in the balance of care.

28. The consultation does not articulate how or why the proposals for change would be able to improve on and overcome the challenges currently faced by the IJB. Integration is also relatively new as a structure and we should invest in improving the effectiveness of IJBs rather than introducing more change and restructuring. The Council believes that improvement is possible within the existing framework with local leadership, expertise and the right financial framework**.**

Local Partnership working during national restructuring

29. When considering the benefit, opportunities and risks of the Scottish Government proposals, consideration should be given from the learning and experience of recent centralisation of services and the establishment of national bodies such as Fire, Police, Criminal Justice, Integration and Public Health for example, local experience has been that:

i. Structural reform absorbs significant amounts of organisational energy, capacity and resource which is often to the detriment of service delivery;
ii. the ability to engage and collaborate locally can stall for a number of years while the national body establishes itself;
iii. the ability thereafter of the national body to work flexibly with local partners can be hindered by a national desire for consistency of approach;
iv. sometimes the national approach adopted is at odds with local practices and approach;
v. National direction and national priorities for budget use can be to the detriment of local solutions and priorities that reflect the needs of citizens within a given community;
vi. local place-based decision making is made more difficult in respect of capital and asset ownership and management; and
vii. expected operational efficiencies are often optimistic and unrealised.

Workforce

30. It is unclear what workforce(s) are in scope and what being in scope would mean. There are workforce implications in the long term should a National Care Service be established but the proposals themselves, and the prospect of this level of upheaval in an already pressured system, while still managing and coping with the consequences of a pandemic also creates immediate workforce implications and risks to the service.

31. The risk that substantive numbers within the social care and social work profession will take the prospect of change at this magnitude and at this point in time as impetus to leave or retire is significant. In Edinburgh, more people aged over 80 work in adult social care than those aged under 20. There will be an immediate escalation in the recruitment risk and associated cost to the service and the employer during this period of uncertainty and change.

32. However, workforce is one area where a more national framework would potentially benefit the service and its long term sustainability and attraction as a positive career choice. Harmonisation of pay and fair work principles, improved training and career pathways, and improved workforce planning could benefit from national collaboration and consistency. The national framework for teachers offers a potential model for improvements which could be implemented relatively quickly and without the need for structural reform.

Governance

33. The governance within the consultation is loosely described, with a lack of clarity on the form, duties and responsibilities and how the system would work as a whole and integrate with partners. It is not clear how duties relating to the services that are in scope would be disaggregated from current legislation and allocated to the new body. What is suggested does not immediately look simpler or less bureaucratic and it is unclear as to whether the proposals are seeking to lay out a governance system as part of the wider system of public service delivery or a means of achieving national control of social care. The lack of detail means it is difficult to comment on any

specifics and it is recommended that the governance proposal should address the following matters:

I. The structures which will be put in place to improve service delivery – structural reform does not just result in improved service and there needs to be more detail on what will be put in place;

II. Where legislative duties will sit whilst ensuring responsibility, accountability and service delivery sit together;

III. How CHSCBs will be effective with accountability to ministers rather than the National Care Service

IV. The loss of local democracy and accountability with service delivery being accountable to one minister rather than local people and communities;

V. How national consistency and oversight will be managed whilst still ensuring local decisions and solutions; and

VI. Further detail on how the service will integrate on housing, education and policing recognising that being a statutory consultee is not integration.

VII. The relationship between the NCS and Criminal Justice Scotland and other relevant national bodies

34. Local democratic accountability is not achieved through the membership of a small number of Councillors on a Board or Partnership. Divorcing services targeting some of our most vulnerable resident from local democratic accountability is not desirable and there is no evidence to suggest that communities and citizens themselves are empowered more and have greater recourse to action in the face of a complaint about local service delivery within a nationalised service model.

Funding

35. The proposals provide no detail as to how the identified additional entitlements and rights and the costs associated with the development and ongoing running costs of the new body would be funded. In Edinburgh, the budget for the services potentially in scope is £380m per annum with demand for current provision and entitlements expected to grow by £8m per annum before any additional commitments are accounted for.

36. Depending on the scope of the reform, these proposals could therefore remove about 40% of the Council's budget. The financial implications for local government could extend beyond the services referenced to impact the wider debt profile of the Council and its ability to leverage capital and borrowing for investment in critical infrastructure and other policy priorities such as addressing the climate emergency. The Council is at the heart of investing in the regeneration, development and improvement of

Edinburgh as a city and removing this budget would radically limit its potential to invest in the wider roles, responsibilities and duties the Council holds and which are a shared priority for the government.

37. The consultation is not clear on how capital and capital assets will be dealt with if social care and social work services are centralised along with their revenue budgets. The purchase, rental or sale of capital assets will need careful operational, financial and legal consideration before progressing.

38. The mixed market of social care is also linked to the overall cost of social care. The consultation document does not deal with the difficult issue of profit within the sector and the different local pressures on markets with a strong private sector component.

39. Audit Scotland report on police integration reflected the challenges of a proposal for change built on the assumption of efficiencies. Nationalising a service does not necessarily result in efficiency especially when a service has experienced a historic budget gap. The Scottish Government should provide detail on any assumptions it is making about cost savings and efficiency in its options appraisal.

40. Scottish Government should provide absolute clarity on these points given the potentially significant ongoing financial implications of these proposals for the whole of Scotland and for the financial stability of local government. This includes detail as to whether the intention is to fund these proposals through taxation.

Other considerations

Procurement

41. It is acknowledged that for certain service needs there might be some benefits to a more collective approach to procurement in terms of efficiencies and scale that it would be helpful to explore. However, there are existing mechanisms, frameworks and organisations such as Scotland Excel which could be utilised before establishing a new body with a similar remit or function.

42. In addition, the Council's experience is that the market is fragmented and locally based, with the majority of social care provision being delivered by SMEs and the third sector. Further, and more importantly in terms of service delivery, there is a real risk that such a national approach would detract from the collaborative locality networks which local authorities, including the Council, have been developing with key partners over years.

43. In particular, the Council is currently undertaking work in Community Based Networks and Hubs, through current work in the Edinburgh PACT and 20 minute

neighbourhoods, which is seeking to build a community "circle of support" with statutory services, third sector and independent organisations working collaboratively and collectively to meet individual outcomes. Such an approach could be placed at risk by the proposals. In addition, a national approach would be less able to respond to localised procurement objectives, for instance ensuring roles for local community organisations, SMEs and the third sector, and more generally developing local markets.

44. Market shaping is certainly required to meet the demands the Council is experiencing in particular sectors, with increases in numbers of older people, especially those with disabilities, complex and multiple needs and increases in the number of children with disabilities. A national strategic approach to this could be of assistance, perhaps with a regional focus based on capacity and gap analysis.

45. However, the Council's experience, through listening to social care providers, is that traditional forms of procurement do not necessarily deliver the outcomes that are needed for these services. Instead, better outcomes are more likely to be secured through those contracts that are developed from significant co-production with service providers and service users. Again, it is difficult to see how such an approach could be facilitated on a national scale without losing that collaborative, local approach.

Information Governance

46. While it is recognised that a National Care Service will require data in achieve its functions, the existing legislative landscape already enables proportionate and relevant data sharing. Data protection law already provides legal gateways which ensure that personal data can be shared when appropriate, and without reliance on consent.

47. It is accepted that there can be some concerns over the legality of sharing personal data in certain contexts; however, in order to ensure public trust, it is recommended that this be tackled through better communication and guidance to improve confidence and the development of a shared culture in this space rather than the use of legislation

48. Investment in better communications, guidance and/or codes of practice would consolidate a consistent approach to data collection and information flows without eroding individual rights and public trust.

49. On a practical level, prescriptive data collection would be complex to achieve given the number and variety of organisations involved. It may also cause organisation to collect data that they do not need, and a national record may then retain information longer than would otherwise be required creating tension and potential non-

compliance with data protection legislation. There is also the potential for numerous data controllers to jointly control an individual record creating a confusing picture in terms of responsibilities over 'the record' and individual entries within it. Numerous and varying access rights would require central administration.

50. The creation of an over-arching record will also require consideration in terms of statutory responsibility and control. Should responsibilities for record-keeping be centralised to a single body, that same body will need to also become responsible for current and historic records held by organisations losing that responsibility, ensuring that these are then managed and made accessible according to the Public Records (Scotland) Act 2011, Data Protection Act 2018 and other legislation.

51. Such a national recording system is likely to require extensive resource to ensure effective central administration, system support, and regulatory compliance. If a devolved record-keeping model is chosen instead, where different organisations retain responsibilities for their own records, it is hard to see how the National Care Service will be able to reduce the duplication of systems and create the integrated social and health care record that seems to be a key aim of the proposal.

52. A more practical and less burdensome approach to support consistent and effective information flow and service user experience would be create a series of thematic but detailed good practice codes addressing record-keeping, data sharing, and rights to access information.

53. Scottish Public Services Ombudsman (SPSO) already provides the priorities identified in the consultation and a model complaints handling system (including for social care services) and it is unclear what is likely to be achieved by introducing a new system specific to the national Care Service. Similarly, legislation already exists to facilitate relevant and proportionate information sharing with regulators. Further legislation in this area is not needed

A National Care Service for Scotland - Consultation

RESPONDENT INFORMATION FORM

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Are you responding as an individual or an organisation?

☐ Individual

☒ Organisation

Full name or organisation's name

The City of Edinburgh Council

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Information for organisations:

The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

response. Please indicate your publishing

preference:

☒ Publish response with name

☐ Publish response only (without name)

☐ Do not publish response

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

☒ Yes

☐ No

Individuals - Your experience of social care and support

If you are responding as an individual, it would be helpful for us to understand what experience you have of social care and support. Everyone's views are important, and it will be important for us to understand whether different groups have different views, but you do not need to answer this question if you don't want to.

Please tick all that apply

☐ I receive, or have received, social care or support

☐ I am, or have been, an unpaid carer

☐ A friend or family member of mine receives, or has received, social care or support

☐ I am, or have been, a frontline care worker

☐ I am, or have been, a social worker

☐ I work, or have worked, in the management of care services

☐ I do not have any close experience of social care or support.

Organisations – your role

Please indicate what role your organisation plays in social care

☐ Providing care or support services, private sector

☐ Providing care or support services, third sector

- ☐ Independent healthcare contractor
- ☐ Representing or supporting people who access care and support and their families
- ☐ Representing or supporting carers
- ☐ Representing or supporting members of the workforce
- ☒ Local authority
- ☐ Health Board
- ☐ Integration authority
- ☐ Other public sector body
- ☐ Other

Questions

Improving care for people

Improvement

Q1. What would be the benefits of the National Care Service taking responsibility for improvement across community health and care services? (Please tick all that apply)

- ☒ Better co-ordination of work across different improvement organisations
- ☒ Effective sharing of learning across Scotland
- ☒ Intelligence from regulatory work fed back into a cycle of continuous improvement
- ☒ More consistent outcomes for people accessing care and support across Scotland
- ☐ Other – please explain below

The City of Edinburgh Council welcomes this opportunity to respond to the Scottish Government Consultation on the establishment of a new National Care Service (NCS) for Scotland.

The Council shares the Scottish Government's commitment to ensuring that social care and social work services are highly valued; are built on a rights based and personalised approach; achieve improved outcomes for service users; are adequately resourced and result in a meaningful shift in the balance of care.

A national approach has the potential to bring benefits to health and social care in key areas for example supporting the long-term sustainability and attraction of social care and social work as a positive career choice; approach to workforce; data use and information sharing. However, there is no evidence that these improvements require a national care service in order for there to be national progress.

The Council is keen to work with COSLA and the Scottish Government on any forthcoming material with the aim of improving the delivery of health and social care in Scotland and believes that any proposal for a National Care Service would only be strengthened by the operational and practical knowledge of service delivery and local markets held by Councils.

The Council has provided an additional response paper setting out the Councils response to the proposals to establish a National Care Service, highlighting the need for additional information on a wide range of aspects of the proposals in order for meaningful consultation to take place and requests that a second phase of consultation is held once this information is available.

Q2. Are there any risks from the National Care Service taking responsibility for improvement across community health and care services?

The consultation does not describe the form and function of the new care service in sufficient detail to allow meaningfully responses to be made or for this process to be considered as having fulfilled requirements to consult on reform of this nature and scale.

The Council has set out 14 questions which need to be addressed in order to give due consideration to the Government's ambition for a National Care Service – please see the detailed additional response paper provided.

The areas of improvement highlighted above could benefit from stronger national frameworks but there is no evidence to support that the establishment of the NCS is required in order to achieve these improvements.

Audit Scotland report on police integration reflected the challenges of a proposal for change or improvement through centralisation and restructuring that are built on the assumption of efficiencies. Nationalising a service does not necessarily result in efficiency especially when a service has experienced a historic budget gap. The Scottish Government should provide detail on any assumptions it is making about cost savings and efficiency in its options appraisal.

Indeed, many (although not all) of the challenges social care and social work services experience are due to resourcing and the ability for Scotland to meaningfully shift the balance of care.

The City of Edinburgh Council has made every effort, within the context of reducing public budgets, to protect front line services, particularly those aimed at vulnerable

residents such as social care, homelessness and children's services, and to prioritise poverty and prevention within its work and budgets. However, reduced local budgets have ultimately reduced the Council's capacity to invest or expand local provision in line with the consultation proposals. Despite this, and particularly during COVID, the council would highlight and celebrate the efforts and work of key front line staff groups and the effective collaboration between community planning partners.

As mentioned, secure resourcing and delivering a shift in the balance of care is key to an improvement in social care and social work. The consultation makes several commitments to deliver free and increased provision for services in scope. Estimates from the Scottish Government are for additional investment in excess of £800m to achieve this outcome. If Edinburgh based social work and social care were to receive an uplift of £80m to extend eligibility, accessibility, support, pay and employment standards then significant transformative action could be achieved immediately within the city. This could be delivered without a loss in capacity and the general upheaval and disruption associated with structural change.

Scottish Government commitment to the additional resource investment required to improve outcomes identified in the consultation, regardless of whether or not services are centralised, would also ensure that professional and citizen engagement in the reforms will be focused on its relative merits rather than seeing it as a means to secure ongoing financial security.

In terms of risk, the proposals provide no detail as to how the identified additional entitlements and rights and the costs associated with the development and ongoing running costs of the new body would be funded. In Edinburgh, the budget for the services potentially in scope is £380m per annum with demand for current provision and entitlements expected to grow by £8m per annum before any additional commitments are accounted for.

Depending on the scope of the reform, these proposals could therefore remove about 40% of the Council's budget. The financial implications for local government could extend beyond the services referenced to impact the wider debt profile of the Council and its ability to leverage capital and borrowing for investment in critical infrastructure and other policy priorities such as addressing the climate emergency. The Council is at the heart of investing in the regeneration, development and improvement of Edinburgh as a city and removing this budget would radically limit its potential to invest in the wider roles, responsibilities and duties the Council holds and which are a shared priority for the government.

Access to Care and Support

Accessing care and support

Q3. If you or someone you know needed to access care and support, how likely would you be to use the following routes if they were available?

Speaking to my GP or another health professional.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Speaking to someone at a voluntary sector organisation, for example my local carer centre, befriending service or another organisation.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Speaking to someone at another public sector organisation, e.g. Social Security Scotland

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Going along to a drop in service in a building in my local community, for example a community centre or cafe, either with or without an appointment.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Through a contact centre run by my local authority, either in person or over the phone.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Contacting my local authority by email or through their website.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Using a website or online form that can be used by anyone in Scotland.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Through a national helpline that I can contact 7 days a week.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Other – Please explain what option you would add.

The Council would welcome the opportunity to engage in discussions about operational and process arrangements, once the fundamental issues of the scope, scale and funding of an NCS, and the consequential impact on local government, are clearer.

Q4. How can we better co-ordinate care and support (indicate order of preference)?

- ☐ Have a lead professional to coordinate care and support for each individual. The lead professional would co-ordinate all the professionals involved in the adult's care and support.
- ☐ Have a professional as a clear single point of contact for adults accessing care and support services. The single point of contact would be responsible for communicating with the adult receiving care and support on behalf of all the professionals involved in their care, but would not have as significant a role in coordinating their care and support.
- ☐ Have community or voluntary sector organisations, based locally, which act as a single point of contact. These organisations would advocate on behalf of the adult accessing care and support and communicate with the professionals involved in their care on their behalf when needed.

Support planning

Q5. How should support planning take place in the National Care Service? For each of the elements below, please select to what extent you agree or disagree with each option:

a. How you tell people about your support needs

Support planning should include the opportunity for me and/or my family and unpaid carers to contribute.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

If I want to, I should be able to get support from a voluntary sector organisation or an organisation in my community, to help me set out what I want as part of my support planning.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

b. What a support plan should focus on:

Decisions about the support I get should be based on the judgement of the professional working with me, taking into account my views.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

Decisions about the support I get should be focused on the tasks I need to carry out each day to be able to take care of myself and live a full life.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

Decisions about the support I get should be focused on the outcomes I want to achieve to live a full life.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

c. Whether the support planning process should be different, depending on the level of support you need:

I should get a light-touch conversation if I need a little bit of support; or a more detailed conversation with a qualified social worker if my support needs are more complex.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

If I need a little bit of support, a light-touch conversation could be done by someone in the community such as a support worker or someone from a voluntary sector organisation.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

However much support I need, the conversation should be the same.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

Light touch and/or more detailed support planning should take place in another way – please say how below

The Council would welcome the opportunity to engage in discussions about operational and process arrangements, once the fundamental issues of the scope, scale and funding of an NCS, and the consequential impact on local government, are clearer.

Q6. The Getting It Right For Everyone National Practice model would use the same language across all services and professionals to describe and assess your strengths and needs. Do you agree or disagree with this approach?

☐ Agree

☐ Disagree

Please say why.

The current proposals do not outline why a National Care Service with the scope described is required in order to make the type of service improvements in approach and practice outlined above. The Council would welcome the opportunity to engage in discussions about operational and process arrangements, once the fundamental issues of the scope, scale and funding of an NCS, and the consequential impact on local government, are clearer.

Q7. The Getting It Right for Everyone National Practice model would be a single planning process involving everyone who is involved with your care and support, with a single plan that involves me in agreeing the support I require. This would be supported by an integrated social care and health record, so that my information moves through care and support services with me. Do you agree or disagree with this approach?

☐ Agree

☐ Disagree

Please say why.

The current proposals do not outline why a National Care Service with the scope described is required in order to make the type of service improvements in approach and practice outlined above. There are no legal barriers to these improvements rather ones of culture, confidence and training.

The Council would welcome the opportunity to engage in discussions about operational and process arrangements, once the fundamental issues of the scope, scale and funding of an NCS, and the consequential impact on local government, are clearer.

Q8. Do you agree or disagree that a National Practice Model for adults would improve outcomes?

☐ Agree

☒ Disagree

Please say why.

Self-directed support is an example of a national approach which has been limited in its impact in improving outcomes for people, and the learning is applicable to these proposals.

For self-directed support to be effective, more progress is needed to ensure that people are given the support that they need to take up the option of a personal budget to meet their needs in a way that best suits them. This has been challenging for a range of reasons, including the availability of options to support choice, where commissioning and market support play a key role.

However, there is a tension between the proposals to introduce standards of care and consistency and the flexibility needed to deliver personalisation and the benefits of direct payments. The Scottish Government has not laid out how it, and the newly formed NCS would be better placed to address the current tensions and barriers to fully realising the objectives of self-directed support or a general improvement to practice and outcomes.

Right to breaks from caring

Q9. For each of the below, please choose which factor you consider is more important in establishing a right to breaks from caring. (Please select one option from each part. Where you see both factors as equally important, please select 'no preference'.)

Standardised support packages versus personalised support

☐ Personalised support to meet need	☐ Standardised levels of support	☐ No preference

A right for all carers versus thresholds for accessing support

☐ Universal right for all carers	☐ Right only for those who meet qualifying thresholds	☐ No preference

Transparency and certainty versus responsiveness and flexibility

☐ Certainty about entitlement	☐ Flexibility and responsiveness	☐ No preference

Preventative support versus acute need

☐ Provides preventative support	☐ Meeting acute need	☐ No preference

Q10. Of the three groups, which would be your preferred approach? (Please select one option.)

- ☐ Group A – Standard entitlements
- ☐ Group B – Personalised entitlements
- ☐ Group C – Hybrid approaches

Please say why.

The Council would welcome the opportunity to engage in discussions about operational and process arrangements, once the fundamental issues of the scope, scale and funding of an NCS, and the consequential impact on local government, are clearer.

In addition, supporting carers through to breaks from caring is dependent on:

a) people having the information and support they need to consider options;

b) the availability of options to support choice;

c) adequate funding to support the delivery of duties, powers and rights;

d) noting also that there is a tension between the proposals to introduce standards of care and consistency and the flexibility needed to deliver personalisation within very local markets.

Using data to support care

Q11. To what extent do you agree or disagree with the following statements?

There should be a nationally-consistent, integrated and accessible electronic social care and health record.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
			X	

Information about your health and care needs should be shared across the services that support you.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
	X			

Q12. Should legislation be used to require all care services and other relevant parties to provide data as specified by a National Care Service, and include the requirement to meet common data standards and definitions for that data collection?

☐ Yes

☒ No

Please say why.

While it is recognised that a National Care Service will require data to achieve its functions, the existing legislative landscape enables proportionate and relevant data sharing. Data protection law already provides legal gateways which ensure that personal data can be shared when appropriate, and without reliance on consent. The challenges experienced are often more related to inter and cross organisational culture and the confidence and training within organisations to fully utilise legislative frameworks.

It is accepted that there can be some concerns over the legality of sharing personal data in certain contexts; however, in order to ensure public trust, it is recommended that

this be tackled through better communication and guidance to improve confidence and the development of a shared culture in this space rather than the use of legislation.

On a practical level, prescriptive data collection would be complex to achieve given the number and variety of organisations involved. It may also cause organisation to collect data that they do not need, and a national record may then retain information longer than would otherwise be required creating tension and potential non-compliance with data protection legislation.

There is also the potential for numerous data controllers to jointly control an individual record creating a confusing picture in terms of responsibilities over 'the record' and individual entries within it. Numerous and varying access rights would require central administration.

The creation of an over-arching record will also require consideration in terms of statutory responsibility and control. Should responsibilities for record-keeping be centralised to a single body, that same body will need to also become responsible for current and historic records held by organisations losing that responsibility, ensuring that these are then managed and made accessible according to the Public Records (Scotland) Act 2011, Data Protection Act 2018 and other legislation.

Such a national recording system is likely to require extensive resource to ensure effective central administration, system support, and regulatory compliance. If a devolved record-keeping model is chosen instead, where different organisations retain responsibilities for their own records, it is hard to see how the National Care Service will be able to reduce the duplication of systems and create the integrated social and health care record that seems to be a key aim of the proposal.

Q13. Are there alternative approaches that would address current gaps in social care data and information, and ensure a consistent approach for the flow of data and information across the National Care Service?

Investment in better communications, guidance and/or codes of practice would consolidate a consistent approach to data collection and information flows without eroding individual rights and public trust.

A more practical and less burdensome approach to support consistent and effective information flow and service user experience would be create a series of thematic but detailed good practice codes addressing record-keeping, data sharing, and rights to access information.

Scottish Public Services Ombudsman (SPSO) already provides the priorities identified in the consultation and a model complaints handling system (including for social care services) and it is unclear what is likely to be achieved by introducing a new system specific to the national Care Service. Similarly, legislation already exists to facilitate

relevant and proportionate information sharing with regulators. Further legislation in this area is not needed.

Complaints and putting things right

Q14. What elements would be most important in a new system for complaints about social care services? (Please select 3 options)

- ☐ Charter of rights and responsibilities, so people know what they can expect
- ☐ Single point of access for feedback and complaints about all parts of the system
- ☐ Clear information about advocacy services and the right to a voice
- ☒ Consistent model for handling complaints for all bodies
- ☒ Addressing complaints initially with the body the complaint is about
- ☒ Clear information about next steps if a complainant is not happy with the initial response
- ☐ Other – please explain:

The Scottish Public Services Ombudsman (SPSO) already provides the above noted priorities and it is unclear what is likely to be achieved by introducing a new system specific to the National Care Service.

Q15. Should a model of complaints handling be underpinned by a commissioner for community health and care?

- ☐ Yes
- ☒ No

Please say why.

As above, the Scottish Public Services Ombudsman (SPSO) has already produced a model complaints handling procedure for a range of public services including social care services. It would be sensible that a National Care Service be included within their remit to ensure a consistent approach to complaint handling across the public sector.

Q16. Should a National Care Service use a measure of experience of those receiving care and support, their families and carers as a key outcome measure?

- ☐ Yes
- ☒ No

Please say why.

The Council would welcome the opportunity to engage in discussions about how the outcomes achieved for individuals and their families can be assessed and evaluated, once the fundamental issues of the scope, scale and funding of an NCS, and the consequential impact on local government, are clearer.

Residential Care Charges

Q17. Most people have to pay for the costs of where they live such as mortgage payments or rent, property maintenance, food and utility bills. To ensure fairness between those who live in residential care and those who do not, should self-funding care home residents have to contribute towards accommodation-based costs such as (please tick all that apply):

- ☐ Rent
- ☐ Maintenance
- ☐ Furnishings
- ☐ Utilities
- ☐ Food costs
- ☐ Food preparation
- ☐ Equipment
- ☐ Leisure and entertainment
- ☐ Transport
- ☐ Laundry
- ☐ Cleaning
- ☐ Other – what would that be

It should be noted that the specific nature of local markets can vary the cost of these items. Edinburgh as a whole as a higher service cost and a higher cost of living than other parts of Scotland. Where a national approach might be possible and have benefits still requires further detail and evidence to establish that delivering on those benefits requires a new national care service. The Council would welcome the opportunity to engage in discussions about charging/funding arrangements but it is unclear how a national arrangement could full resolve these issues.

Q18. Free personal and nursing care payment for self-funders are paid directly to the care provider on their behalf. What would be the impact of increasing personal and nursing care payments to National Care Home Contract rates on:

Self-funders

This would not address the nature and pressures inherent in the local market in Edinburgh with a high prevalence of affluent self funders and the private sector. Indeed, the NCHC rates, while helpful and evidence based, are often subject to local top up rates to reflect that market and the demand for care homes in Edinburgh. Again – if the proposal above were progressed, it could be delivered through COSLA and Local Government.

Care home operators

This would not address the nature and pressures inherent in the local market in Edinburgh with a high prevalence of affluent self funders and the private sector. Indeed, the NCHC rates, while helpful and evidence based, are often subject to local top up rates to reflect that market and the demand for care homes in Edinburgh.

Local authorities

This would not address the nature and pressures inherent in the local market in Edinburgh with a high prevalence of affluent self funders and the private sector. Indeed, the NCHC rates, while helpful and evidence based, are often subject to local top up rates to reflect that market and the demand for care homes in Edinburgh

Q19. Should we consider revising the current means testing arrangements?

☐ Yes

☐ No

If yes, what potential alternatives or changes should be considered?

The Council would welcome the opportunity to engage in discussions about operational and process arrangements, once the fundamental issues of the scope and scale and funding of an NCS, and the consequential impact on local government, are clearer. The issued raised about the cost of care; whether it is free or not, can only be fully discussed if more detail is provided on how those costs would be met by the public purse. Whether this is through taxation, an assumption around efficiencies in a new national system, or some other means. Despite the best efforts and achievements of local government to protect and invest in social care, homelessness, children's services, education, prevention and early intervention and wider wellbeing services, there is an overriding issue about sufficient

public money to support these services. The consultation has noted that additionality and improvements to social care and social work would cost at least £800m. Providing this level of financial investment and certainty for financial planning would drive immediate improvements to people's outcomes.

National Care Service

Q20. Do you agree that Scottish Ministers should be accountable for the delivery of social care, through a National Care Service?

- ☐ Yes
- ☐ No, current arrangements should stay in place
- ☒ No, another approach should be taken (please give details)

The Council supports the principles for improving social and social work articulated by the Feeley Review, recognises the challenges in achieving these improvements and believes that there are some key opportunities for service and outcome improvements through greater national collaboration.

However, we believe that the Scottish Government has not yet laid out what issues a national care service as proposed in the consultation would resolve. What options have been assessed and what evidence there is that structural change of this nature is the best means of resolving these issues or delivering on improvement opportunities.

The consultation also hasn't laid out how accountability to Scottish Ministers would be achieved in practice nor how this would ensure greater service level accountability to those receiving care.

The ambiguity in the proposals being put forward for consultation make a meaningful consultation with stakeholders difficult and the Council asks the Scottish Government to carry out a further phase of consultation once it is able to lay out sufficiently detailed material and an options appraisal for consideration by service users, stakeholders, providers and statutory partners.

When considering the benefit, opportunities and risks of the Scottish Government proposals, consideration should be given from the learning and experience of recent centralisation of services and the establishment of national bodies such as Fire, Police, Criminal Justice, Integration and Public Health. Please see the Council's additional response paper for further details.

A key area of ambiguity in relation to accountability and governance relates to the suggestion that local government will retain a role as a social care service provider within the social care market and under a national service model of commissioning. In

order to take a view on this, Councils would need to be clear on whether the government is proposing: a) removing the service; b) duties relating to the service; c) governance and accountability for service delivery; d) associated service budgets and; e) the relevant workforce or, whether some hybrid of the above is intended.

Where accountability and governance should best be aligned depends upon the answer to questions of this nature. A decision or a view cannot be taken in the abstract. However, breaking the link between local service delivery and local accountability is not desirable from a local government perspective and nor is there evidence to suggest that it will improve outcomes.

Please see our detailed additional response paper for the full set of questions and further details of our concerns.

Q21. Are there any other services or functions the National Care Service should be responsible for, in addition to those set out in the chapter?

There is a role for the NCS in providing a national overview for improvement planning, workforce planning, consistency around data gathering and ensuring that improvements identified from inspections are collated with improvement support targeted as necessary.

However, these improvements could be achieved without structural reform – dependent upon the resourcing context.

Q22. Are there any services or functions listed in the chapter that the National Care Service should not be responsible for?

Children's Services (see response to Q23) and Justice (Q37).

Homelessness services are also noted as potentially in scope for the new services although no information as to the scale or rational for its inclusion has been given.

Councils have made considerable progress in addressing homelessness through their Rapid Rehousing Transition Plans, and Edinburgh has introduced effective models of prevention and early intervention in collaboration with a range of local partners.

The local context is crucial in shaping the demand and the type of response needed to support those who find themselves homeless or at risk of being homeless. Edinburgh's housing market is shaped by its uniquely high cost of renting or buying homes, with a large private rented sector and the lowest proportion of social rented homes in the country.

This means that often, significant numbers of people presenting as homeless are struggling with affordability and debt alongside those who have significant and complex social care and support service needs.

In the majority of cases, a close working relationship between homelessness services, housing development and support services, advice, debt and benefit support are needed to meet homelessness duties. As such, inclusion of homelessness in the scope of the new body would not be supported.

However, for those with significant health and social care support needs, there may be some benefit in establishing a strengthened approach which offers additional eligibility, entitlements and access to services. The Council would be keen to engage on this type of additionality within the reform proposals.

Scope of the National Care Service

Children's services

Q23. Should the National Care Service include both adults and children's social work and social care services?

☐ Yes

☒ No

Please say why.

The Council notes that children, young people and their families have not been consulted directly on the proposals for service redesign and that wider impact assessment including those relating to communities with protected characteristics have not been undertaken.

Reform of these services needs to be based on evidence of how it will improve services and outcomes for young people.

The published proposals do not consider or describe the interplay between children's services and education. Councils have previously taken the view that the benefit of having children's services and social work closely aligned with local education provision is critically important to child protection, general wellbeing and the improvement of educational attainment. There is a significant risk that reforms which separate children's services and social work from local education would create new silos and barriers to collaboration which would adversely impact Edinburgh's children and their families.

In addition, audits conducted into child protection incidents or incidents involving vulnerable adults nearly always point to a break down in local relationships, trust and information sharing as a major contributing factor to increased risk and harmful incidents. Further disruption to service provision and capacity resulting from structural reform, following on from the impact of responding to a global pandemic could not only undermine the local ability to positively contribute to children's outcomes but also present an increased local risk to child protection.

Given that the Scottish Government has not described how inclusion into a national body would meaningfully improve outcomes for children and noting the absence of evidence to support this move and the potential increase in risk to services should reform go ahead, the City of Edinburgh Council believes that children services should be out of scope of the new body.

Q24. Do you think that locating children's social work and social care services within the National Care Service will reduce complexity for children and their families in accessing services?

For children with disabilities,

☐ Yes

☐ No

Please say why.

See response to Q23

For transitions to adulthood

☐ Yes

☐ No

Please say why.

See response to Q23 – many of the challenges for transitioning services – for example for disabled young people, reflect the absence of services within the adult market. A national look at complex specialist provision and how it is supported to develop and ease transitions would be welcome.

For children with family members needing support

☐ Yes

☐ No

Please say why.

See response to Q23

Q25. Do you think that locating children's social work services within the National Care Service will improve alignment with community child health services including primary care, and paediatric health services?

☐ Yes

☒ No

Please say why.

See response to Q23

Q26. Do you think there are any risks in including children's services in the National Care Service?

☒ Yes

☐ No

If yes, please give examples

See response Q23.

Healthcare

Q27. Do you agree that the National Care Service and at a local level, Community Health and Social Care Boards should commission, procure and manage community health care services which are currently delegated to Integration Joint Boards and provided through Health Boards?

☐ Yes

☒ No

Please say why.

As above, the consultation does not provide sufficient detail to allow meaningfully responses to be made or for this process to be considered as having fulfilled requirements to consult on reform of this nature and scale. The consultation does not articulate how or why the proposals for change would be able to improve on and overcome the challenges currently faced by the IJB.

Integration is also relatively new as a structure and we should invest in improving the effectiveness of IJBs rather than introducing more change and restructuring. The Council believes that improvement is possible within the existing framework with local leadership, expertise and the right financial. The Council is committed to ensuring a shift in the balance of care.

Q28. If the National Care Service and Community Health and Social Care Boards take responsibility for planning, commissioning and procurement of community health services, how could they support better integration with hospital-based care services?

While recognising that better integration with hospital-based care services is crucial, see response to Q27 above – further details of the proposals are required.

It is unclear as to what the new proposed system would be seeking to do differently that cannot be achieved with the appropriate support and funding framework within a renewed local system.

Q29. What would be the benefits of Community Health and Social Care Boards managing GPs' contractual arrangements? (Please tick all that apply)

- ☐ Better integration of health and social care
- ☐ Better outcomes for people using health and care services
- ☐ Clearer leadership and accountability arrangements
- ☐ Improved **multidisciplinary team** working
- ☐ Improved professional and clinical care governance arrangements
- ☐ Other (please explain below)

Please see response to Qs 2 and 27.

Q30. What would be the risks of Community Health and Social Care Boards managing GPs' contractual arrangements? (Please tick all that apply)

- ☐ Fragmentation of health services
- ☐ Poorer outcomes for people using health and care services
- ☐ Unclear leadership and accountability arrangements
- ☐ Poorer professional and clinical care governance arrangements
- ☐ Other (please explain below)

Please see response to Qs 2 and 27.

Q31. Are there any other ways of managing community health services that would provide better integration with social care?

Please see response to Q 27.

Social Work and Social Care

Q32. What do you see as the main benefits in having social work planning, assessment, commissioning and accountability located within the National Care Service? (Please tick all that apply.)

- ☐ Better outcomes for service users and their families.
- ☐ More consistent delivery of services.
- ☐ Stronger leadership.
- ☐ More effective use of resources to carry out statutory duties.
- ☐ More effective use of resources to carry out therapeutic interventions and preventative services.
- ☐ Access to learning and development and career progression.
- ☐ Other benefits or opportunities, please explain below:

Please see answers to Q2, specifically:

The consultation does not describe the form and function of the new care service in sufficient detail to allow meaningfully responses to be made or for this process to be considered as having fulfilled requirements to consult on reform of this nature and scale.

And:

If Edinburgh based social work and social care were to receive an uplift from the £800m additionality identified in the consultation to extend eligibility, accessibility, support, pay and employment standards then significant transformative action could be achieved immediately within the city. This could be delivered without a loss in capacity and the general upheaval and disruption associated with structural change.

As noted above (Q21) there is a role for the NCS in providing a national overview for improvement planning, workforce planning, consistency around data gathering and ensuring that improvements identified from inspections are collated with improvement support targeted as necessary.

Given that the consultation has not described a system approach to accountability or governance, it is difficult to respond with views as to whether these could offer an improvement.

In addition, the proposal is unclear as to how the new body would contribute to and be accountable for wider government goals around, wellbeing, poverty, prevention and public health outcomes.

Q33. Do you see any risks in having social work planning, assessment, commissioning and accountability located within the National Care Service?

Divorcing services targeting some of our most vulnerable resident from local democratic accountability is not desirable and there is no evidence to suggest that communities and citizens themselves are empowered more and have greater recourse to action in the face of a complaint about local service delivery within a nationalised service.

In addition, the Council's experience is that the market is fragmented and locally based, with the majority of social care provision being delivered by SMEs and the third sector. Further, and more importantly in terms of service delivery, there is a real risk that such a national approach would detract from the collaborative locality networks which local authorities, including the Council, have been developing with key partners over years.

Further details are given in our additional response paper.

Nursing

Q34. Should Executive Directors of Nursing have a leadership role for assuring that the safety and quality of care provided in social care is consistent and to the appropriate standard? Please select one.

- ☐ Yes
- ☐ No
- ☐ Yes, but only in care homes
- ☐ Yes, in adult care homes and care at home

Please say why

The Council would welcome the opportunity to engage in discussions about ensuring safety and quality, once the fundamental issues of the scope, scale and funding of an NCS, and the consequential impact on local government, are clearer.

Q35. Should the National Care Service be responsible for overseeing and ensuring consistency of access to education and professional development of social care nursing staff, standards of care and governance of nursing? Please select one.

- ☐ Yes
- ☐ No, it should be the responsibility of the NHS
- ☐ No, it should be the responsibility of the care provider

Please say why

See answer to Q34.

Q36. If Community Health and Social Care Boards are created to include community health care, should Executive Nurse Directors have a role within the Community Health and Social Care Boards with accountability to the National Care Service for health and social care nursing?

☐ Yes

☐ No

If no, please suggest alternatives

See answer to Q34.

Justice Social Work

Q37. Do you think justice social work services should become part of the National Care Service (along with social work more broadly)?

☐ Yes

☒ No

Please say why.

The CJ community has already, and relatively recently, undergone a period of reform - from the establishment of Community Justice Authorities to the establishment of Criminal Justice Scotland. The case for reform and uncertainty when the service is facing particular challenges in COVID-19 recovery and expect high volumes of work from the courts over the next three years has not been made within the consultation. Again structural change without additional resources will see no change in the level and quality of services offered to our citizens. There needs to be a shift in the amount invested in community disposals rather than prisons. If the additional resources implied in this proposal were to be made available to Local Government, it could be transformative for the criminal justice service and outcomes for offenders. In addition, the evidence is clear that better access to welfare, housing, and employability assistance, as well as health care, have an important role in reducing or even preventing offending. Similarly, the shift away from short prison sentences needs effective, evidence-based community interventions. All of which call for local approaches. The consultation hasn't explored how these proposals fit in to the system of organisations and governance currently established ie, what would the relationship be between Criminal Justice Scotland and the new body.

Q38. If yes, should this happen at the same time as all other social work services or should justice social work be incorporated into the National Care Service at a later stage?

☐ At the same time

☐ At a later stage

Please say why.

See response to Q37.

Q39. What opportunities and benefits do you think could come from justice social work being part of the National Care Service? (Tick all that apply)

☐ More consistent delivery of justice social work services

☐ Stronger leadership of justice social work

☐ Better outcomes for service users

☐ More efficient use of resources

☐ Other opportunities or benefits - please explain

See response to Q37.

Q40. What risks or challenges do you think could come from justice social work being part of the National Care Service? (Tick all that apply)

☒ Poorer delivery of justice social work services.

☒ Weaker leadership of justice social work.

☒ Worse outcomes for service users.

☒ Less efficient use of resources.

☒ Other risks or challenges - please explain:

See response to Q37.

Q41. Do you think any of the following alternative reforms should be explored to improve the delivery of community justice services in Scotland? (Tick all that apply)

☒ Maintaining the current structure (with local authorities having responsibility for delivery of community justice services) but improving the availability and consistency of services across Scotland.

☐ Establishing a national justice social work service/agency with responsibility for delivery of community justice services.

☐ Adopting a hybrid model comprising a national justice social work service with regional/local offices having some delegated responsibility for delivery.

☐ Retaining local authority responsibility for the delivery of community justice services, but establishing a body under local authority control to ensure consistency of approach and availability across Scotland.

☐ Establishing a national body that focuses on prevention of offending (including through exploring the adoption of a public health approach).

☐ No reforms at all.

☐ Another reform – please explain:

See response to Q37.

Q42. Should community justice partnerships be aligned under Community Health and Social Care Boards (as reformed by the National Care Service) on a consistent basis?

☐ Yes

☒ No

Please say why.

See response to Q37.

Prisons

Q43. Do you think that giving the National Care Service responsibility for social care services in prisons would improve outcomes for people in custody and those being released?

☐ Yes

☐ No

Please say why.

See response to Q37.

Q44. Do you think that access to care and support in prisons should focus on an outcomes-based model as we propose for people in the community, while taking account of the complexities of providing support in prison?

☐ Yes

☐ No

Please say why.

See response to Q37.

Alcohol and Drug Services

Q45. What are the benefits of planning services through Alcohol and Drug Partnerships? (Tick all that apply)

- ☐ Better co-ordination of Alcohol and Drug services
- ☐ Stronger leadership of Alcohol and Drug services
- ☐ Better outcomes for service users
- ☐ More efficient use of resources
- ☐ Other opportunities or benefits - please explain

These services are current delegated to IJBs. As with other aspects of the existing arrangements, please see response to Q27.

Q46. What are the drawbacks of Alcohol and Drug Partnerships? (Tick all that apply)

- ☐ Confused leadership and accountability
- ☐ Poor outcomes for service users
- ☐ Less efficient use of resources
- ☐ Other drawbacks - please explain

Please see response to Q27.

Q47. Should the responsibilities of Alcohol and Drug Partnerships be integrated into the work of Community Health and Social Care Boards?

- ☐ Yes
- ☐ No

Please say why.

Please see response to Q27.

Q48. Are there other ways that Alcohol and Drug services could be managed to provide better outcomes for people?

Please see response to Q27.

Q49. Could residential rehabilitation services be better delivered through national commissioning?

☐ Yes

☐ No

Please say why.

Please see response to Q27.

Q50. What other specialist alcohol and drug services should/could be delivered through national commissioning?

Please see response to Q27.

Q51. Are there other ways that alcohol and drug services could be planned and delivered to ensure that the rights of people with problematic substance use (alcohol or drugs) to access treatment, care and support are effectively implemented in services?

Please see response to Q27.

Mental Health Services

Q52. What elements of mental health care should be delivered from within a National Care Service? (Tick all that apply)

☐ Primary mental health services

☐ Child and Adolescent Mental Health Services

☐ Community mental health teams

☐ Crisis services

☐ Mental health officers

☐ Mental health link workers

☐ Other – please explain

We agree with recommendation 20 of the Feeley review, that improvements in the consistency, quality and equity of care and support experienced by service users, their

families and carers, and improvements in the conditions of employment, training and development of the workforce are key.

Investment and development of the mental health offer to children, young people and adults also needs to be made.

However, the proposed solution of delivering aspects within a National Care Service is not clear as to how this would drive improvements that could not be achieved through local reform and investment. As noted in Q2, a significant uplift in funding at a local authority level could bring significant improvements without the disruption of structural change.

Q53. How should we ensure that whatever mental health care elements are in a National Care Service link effectively to other services e.g. NHS services?

See response to Q52

National Social Work Agency

Q54. What benefits do you think there would be in establishing a National Social Work Agency? (Tick all that apply)

- ☐ Raising the status of social work
- ☐ Improving training and continuous professional development
- ☐ Supporting workforce planning
- ☐ Other – please explain

The Council shares the Scottish Government's commitment to ensuring that social care and social work services are highly valued.

As noted above, a national framework approach has the potential to bring benefits to with workforce, supporting its long-term sustainability and attraction as a positive career choice.

In principle, there is the potential for the benefits listed above. However, the consultation document does not provide enough information on the role of NSWA to support a judgement about the more detailed questions below.

The Council would welcome the opportunity to engage in discussions about the potential role and arrangements for a National Social Work Agency once the fundamental issues of the scope, scale and funding of an NCS, and the consequential impact on local government, are clearer.

Q55. Do you think there would be any risks in establishing a National Social Work Agency?

As noted earlier, the proposals for an NCS create immediate workforce implications and risks to the service. The risk that substantive numbers within the social care and social work profession will take the prospect of change at this magnitude and at this point in time as impetus to leave or retire is significant.

Q56. Do you think a National Social Work Agency should be part of the National Care Service?

☐ Yes

☐ No

Please say why

See response to Q54

Q57. Which of the following do you think that a National Social Work Agency should have a role in leading on? (Tick all that apply)

☐ Social work education, including practice learning

☐ National framework for learning and professional development, including advanced practice

☐ Setting a national approach to terms and conditions, including pay

☐ Workforce planning

☐ Social work improvement

☐ A centre of excellence for applied research for social work

☒ Other – please explain

See response to Q54

Reformed Integration Joint Boards: Community Health and Social Care Boards

Governance model

Q58. "One model of integration… should be used throughout the country." (Independent Review of Adult Social Care, p43). Do you agree that the Community Health and Social Care Boards should be the sole model for local delivery of community health and social care in Scotland?

☐ Yes

☒ No

Please say why.

The Council recognises that despite local progress on integration, there remains a need to improve the framework of services in place to meet people's social care needs. A large part of the local challenge relates to pressures arising from the mismatch between the level of demand and the resources available to meet needs and an inability to substantively deliver a shift in the balance of care.

The consultation does not articulate how or why the proposals for change would be able to improve on and overcome the challenges currently faced by the IJB. Integration is also relatively new as a structure and we should invest in improving the effectiveness of IJBs rather than introducing more change and restructuring. The Council believes that improvement is possible within the existing framework with local leadership, expertise and the right financial framework.

When considering the benefit, opportunities and risks of the Scottish Government proposals, consideration should be given from the learning and experience of recent centralisation of services and the establishment of national bodies such as Fire, Police, Criminal Justice, Integration and Public Health. Please see the Council's additional response paper for further details.

The governance within the consultation is loosely described, with a lack of clarity on the form, duties and responsibilities and how the system would work as a whole and integrate with partners. It is not clear how duties relating to the services that are in scope would be disaggregated from current legislation and allocated to the new body. What is suggested does not immediately look simpler or less bureaucratic and it is unclear as to whether the proposals are seeking to lay out a governance system as part of the wider system of public service delivery or a means of achieving national control of social care. The lack of detail means it is difficult to comment on any specifics.

Please see the Council's supplementary paper (paragraph 33) for details of the aspects of governance which we believe need to be addressed to support further consideration of the proposals.

Q59. Do you agree that the Community Health and Social Care Boards should be aligned with local authority boundaries unless agreed otherwise at local level?

☐ Yes

☐ No

Q60. What (if any) alternative alignments could improve things for service users?

There is insufficient detail to consult on Q59 and Q60 . Please see response to Q57.

Q61. Would the change to Community Health and Social Care Boards have any impact on the work of Adult Protection Committees?

There is insufficient detail to consult on this question. Please see response to Q57. The Council would welcome the opportunity to engage in further discussions once these details are available.

Membership of Community Health and Social Care Boards

Q62. The Community Health and Social Care Boards will have members that will represent the local population, including people with lived and living experience and carers, and will include professional group representatives as well as local elected members. Who else should be represented on the Community Health and Social Care Boards?

Please see our additional detailed response paper which sets out a number of questions and concerns about the proposed arrangements on democratic accountability.

Local democratic accountability is not achieved through the membership of a small number of Councillors on a Board or Partnership. Divorcing services targeting some of our most vulnerable resident from local democratic accountability is not desirable and may have weaken local democracy.

In addition, there is no evidence to suggest that communities and citizens themselves are empowered more and have greater recourse to action in the face of a complaint about local service delivery within a nationalised service.

Q63. "Every member of the Integration Joint Board should have a vote" (Independent Review of Adult Social Care, p52). Should all Community Health and Social Care Boards members have voting rights?

☐ Yes

☐ No

Q64. Are there other changes that should be made to the membership of Community Health and Social Care Boards to improve the experience of service users?

Please see response to Q 61 and our additional detailed response paper.

Community Health and Social Care Boards as employers

Q65. Should Community Health and Social Care Boards employ Chief Officers and their strategic planning staff directly?

- ☐ Yes
- ☐ No

Q66. Are there any other staff the Community Health and Social Care Boards should employ directly? Please explain your reasons.

As noted above in earlier responses, there are a number of fundamental aspects of the proposals which are unclear. The Council would welcome the opportunity to engage in further discussions once these details are available.

Commissioning of services

Structure of Standards and Processes

Q67. Do you agree that the National Care Service should be responsible for the development of a Structure of Standards and Processes

- ☐ Yes
- ☒ No

If no, who should be responsible for this?

- ☐ Community Health and Social Care Boards
- ☒ Scotland Excel
- ☐ Scottish Government Procurement
- ☐ NHS National Procurement
- ☐ A framework of standards and processes is not needed

Q68. Do you think this Structure of Standards and Processes will help to provide services that support people to meet their individual outcomes?

☐ Yes

☒ No

Q69. Do you think this Structure of Standards and Processes will contribute to better outcomes for social care staff?

☐ Yes

☒ No

Q70. Would you remove or include anything else in the Structure of Standards and Processes?

The IRASC found that in the commissioning of services, budget constraints, and a focus on price, lead to poor outcomes for people who use services and negatively impacts on the level of provision. The IRASC also does not fully address the issue of profit within local markets.

As noted above, if Edinburgh based social work and social care were to receive an uplift of £80m to extend eligibility, accessibility, support, pay and employment standards then significant transformative action could be achieved immediately within the city. This could be delivered without a loss in capacity and the general upheaval and disruption associated with structural change.

Market research and analysis

Q71. Do you agree that the National Care Service should be responsible for market research and analysis?

☐ Yes

☒ No

If no, who should be responsible for this?

☐ Community Health and Social Care Boards

☐ Care Inspectorate

☐ Scottish Social Services Council

☐ NHS National Procurement

☒ Scotland Excel

☐ No one

☒ Other- please comment

Please see response to Q69.

National commissioning and procurement services

Q72. Do you agree that there will be direct benefits for people in moving the complex and specialist services as set out to national contracts managed by the National Care Service?

☐ Yes

☒ No

If no, who should be responsible for this?

☐ Community Health and Social Care Boards

☐ NHS National Procurement

☒ Scotland Excel

Regulation

Core principles for regulation and scrutiny

Q73. Is there anything you would add to the proposed core principles for regulation and scrutiny?

N/A

Q74. Are there any principles you would remove?

See response to Q72.

Q75. Are there any other changes you would make to these principles?

See response to Q72.

Strengthening regulation and scrutiny of care services

Q76. Do you agree with the proposals outlined for additional powers for the regulator in respect of condition notices, improvement notices and cancellation of social care services?

☒ Yes

☐ No

☐ Please say why.

See response to Q72 above re the location of a regulatory function. We would agree that there is a case to strengthen current responses and that the proposals are reasonable.

Q77. Are there any additional enforcement powers that the regulator requires to effectively enforce standards in social care?

No. The effectiveness of additional powers described should be monitored and further powers considered if ongoing concerns remain.

Market oversight function

Q78. Do you agree that the regulator should develop a market oversight function?

☒ Yes

☐ No

Q79. Should a market oversight function apply only to large providers of care, or to all?

☐ Large providers only

☒ All providers

Q80. Should social care service providers have a legal duty to provide certain information to the regulator to support the market oversight function?

☒ Yes

☐ No

Q81. If the regulator were to have a market oversight function, should it have formal enforcement powers associated with this?

☒ Yes

☐ No

Q82. Should the regulator be empowered to inspect providers of social care as a whole, as well as specific social care services?

☒ Yes

☐ No

Please say why

We agree that a strong market oversight function would help to address the risks of market failures.

Scotland Excel's role and experience in this area should be considered.

Enhanced powers for regulating care workers and professional standards

Q83. Would the regulator's role be improved by strengthening the codes of practice to compel employers to adhere to the codes of practice, and to implement sanctions resulting from fitness to practise hearings?

The quality and effectiveness of support for vulnerable people is the priority for all stakeholders. We agree that standards and codes of practice should be enforceable.

Q84. Do you agree that stakeholders should legally be required to provide information to the regulator to support their fitness to practise investigations?

Yes.

Q85. How could regulatory bodies work better together to share information and work jointly to raise standards in services and the workforce?

Existing arrangements enable fair, lawful and transparent data sharing which balances the rights of all involved. Clarity of relative roles and responsibilities is crucial.

Q86. What other groups of care worker should be considered to register with the regulator to widen the public protection of vulnerable groups?

Further consideration is needed of the merits and risks of including all groups, with an impact assessment conducted as part of the evidence gathering process to support decision making – this is particularly relevant for personal assistants.

Valuing people who work in social care

Fair Work

Q87. Do you think a 'Fair Work Accreditation Scheme" would encourage providers to improve social care workforce terms and conditions?

☒ Yes

☐ No

Please say why.

The development and promotion of Fair Work First in delivering procurement in the public sector is a welcome move. The proposals to improve fair work practices across the social care sector, including providing funding to increase the number of social care workers receiving the Real Living Wage, are welcome. There is a body of evidence that demonstrates the importance of earning a Real Living Wage to tackle in-work poverty – a common experience for many people working in this sector. The Fair Work Convention Social Care report, published in 2019, for example, highlighted significant failings within the sector including the widespread use of precarious zero hour contracts. While a reserved matter, the Scottish Government has an opportunity to build on the principles of the Fair Work Convention and the recommendations of the Feeley Review to underpin an effective fair work regime into the National Care Service. The current market driven environment of social care too often focuses on the needs of balancing finances rather than the needs of service users resulting in the commissioning process being inconsistent with a fair work agenda. Accordingly, Fair Work First is a positive first step in ensuring that public money is spent in a fair and transparent way and that all commissioning and procurement activities are delivered through a person-centred, human rights based approach.

Q88. What do you think would make social care workers feel more valued in their role? (Please rank as many as you want of the following in order of importance, e.g. 1, 2, 3…)

1	Improved pay
1	Improved terms and conditions, including issues such as improvements to sick pay, annual leave, maternity/paternity pay, pensions, and development/learning time
2	Removal of zero hour contracts where these are not desired
4	More publicity/visibility about the value social care workers add to society
4	Effective voice/collective bargaining
3	Better access to training and development opportunities
3	Increased awareness of, and opportunity to, complete formal accreditation and qualifications
3	Clearer information on options for career progression
	Consistent job roles and expectations
3	Progression linked to training and development
3	Better access to information about matters that affect the workforce or people who access support
	Minimum entry level qualifications
	Registration of the personal assistant workforce
	Other (please say below what these could be)

Please explain suggestions for the “Other” option in the below box

Q89. How could additional responsibility at senior/managerial levels be better recognised? (Please rank the following in order of importance, e.g. 1, 2, 3…):

1	Improved pay
1	Improved terms and conditions
2	Improving access to training and development opportunities to support people in this role (for example time, to complete these)
2	Increasing awareness of, and opportunity to complete formal accreditation and qualifications to support people in this role
	Other (please explain)

Please explain suggestions for the "Other" option in the below box

Q90. Should the National Care Service establish a national forum with workforce representation, employers, Community Health and Social Care Boards to advise it on workforce priorities, terms and conditions and collective bargaining?

☐ Yes

☐ No

Please say why or offer alternative suggestions

As noted above in earlier responses, there are a number of fundamental aspects of the proposals for an NCS which are unclear. The Council would welcome the opportunity to engage in further discussions once these details are available.

Workforce planning

Q91. What would make it easier to plan for workforce across the social care sector? (Please tick all that apply.)

☐ A national approach to workforce planning

☐ Consistent use of an agreed workforce planning methodology

- ☐ An agreed national data set
- ☐ National workforce planning tool(s)
- ☐ A national workforce planning framework
- ☐ Development and introduction of specific workforce planning capacity
- ☐ Workforce planning skills development for relevant staff in social care
- ☐ Something else (please explain below)

It is unclear what workforce(s) are in scope and what being in scope would mean.

However, workforce is one area where a more national framework would potentially benefit the service and its long term sustainability and attraction as a positive career choice. Harmonisation of pay and fair work principles, improved training and career pathways, and improved workforce planning could benefit from national collaboration and consistency. The national framework for teachers offers a potential model for improvements which could be implemented relatively quickly and without the need for structural reform.

Training and Development

Q92. Do you agree that the National Care Service should set training and development requirements for the social care workforce?

- ☐ Yes
- ☐ No

Please say why

As noted above in earlier responses, there are a number of fundamental aspects of the proposals for an NCS which are unclear. The Council would welcome the opportunity to engage in further discussions once these details are available.

Q93. Do you agree that the National Care Service should be able to provide and or secure the provision of training and development for the social care workforce?

- ☐ Yes
- ☐ No

Personal Assistants

Q94. Do you agree that all personal assistants should be required to register centrally moving forward?

- ☐ Yes

☐ No

Please say why.

See response to Q85.

Q95. What types of additional support might be helpful to personal assistants and people considering employing personal assistants? (Please tick all that apply)

☐ National minimum employment standards for the personal assistant employer

☐ Promotion of the profession of social care personal assistants

☐ Regional Networks of banks matching personal assistants and available work

☐ Career progression pathway for personal assistants

☐ Recognition of the personal assistant profession as part of the social care workforce and for their voice to be part of any eventual national forum to advise the National Care Service on workforce priorities

☐ A free national self-directed support advice helpline

☐ The provision of resilient payroll services to support the personal assistant's employer as part of their Self-directed Support Option 1 package

☐ Other (please explain)

See response to Q93

Q96. Should personal assistants be able to access a range of training and development opportunities of which a minimum level would be mandatory?

☐ Yes

☐ No

2. NHS Lothian Response

Scottish Government
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A National Care Service for Scotland - Consultation

RESPONDENT INFORMATION FORM

Please Note this form **must** be completed and returned with your response.

To find out how we handle your personal data, please see our privacy policy: https://www.gov.scot/privacy/

Are you responding as an individual or an organisation?

☐ Individual

X Organisation

Full name or organisation's name

Lothian Health Board

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Address

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The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

X Publish response with name

☐ Publish response only (without name)

☐ Do not publish response

Information for organisations:

The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

X Yes

☐ No

Individuals - Your experience of social care and support
If you are responding as an individual, it would be helpful for us to understand what experience you have of social care and support. Everyone's views are important, and it will be important for us to understand whether different groups have different views, but you do not need to answer this question if you don't want to.

Please tick all that apply

☐ I receive, or have received, social care or support

☐ I am, or have been, an unpaid carer

☐ A friend or family member of mine receives, or has received, social care or support

☐ I am, or have been, a frontline care worker

☐ I am, or have been, a social worker

☐ I work, or have worked, in the management of care services

☐ I do not have any close experience of social care or support.

Organisations – your role
Please indicate what role your organisation plays in social care

☐ Providing care or support services, private sector

☐ Providing care or support services, third sector

☐ Independent healthcare contractor

☐ Representing or supporting people who access care and support and their families

☐ Representing or supporting carers

☐ Representing or supporting members of the workforce

☐ Local authority

X Health Board

☐ Integration authority

☐ Other public sector body

☐ Other

Questions

1. Improving care for people

Improvement

Q1. What would be the benefits of the National Care Service taking responsibility for improvement across community health and care services? (Please tick all that apply)

- ☐ Better co-ordination of work across different improvement organisations
- ☐ Effective sharing of learning across Scotland
- ☐ Intelligence from regulatory work fed back into a cycle of continuous improvement
- ☐ More consistent outcomes for people accessing care and support across Scotland
- X Other – please explain below

The above benefits are worthy aims for a redesigned system for improvement activities.

Q2. Are there any risks from the National Care Service taking responsibility for improvement across community health and care services?

Yes, simply because any process of change comes with risks. The Feeley report discusses (at page 58) the respective current roles of Healthcare Improvement Scotland and the Care Inspectorate. It recommends that they should work in partnership, carrying out complimentary activities. The Feeley report also says there needs to be a re-balancing of the role of the Care Inspectorate, and that some of its quality assurance aspects should shift to integration joint boards. When taking this forward, it would be helpful to carefully identify all the different bodies that are currently involved in improvement activities. Having several bodies doing broadly similar things may create confusion and lead to expertise and knowledge being held in different organisations. A helpful approach is to consider: 1. What issues or problems are we trying to fix? 2. How can we best design a solution which will efficiently, effectively, and sustainably address the identified issues or problems?

Accessing care and support

Q3. If you or someone you know needed to access care and support, how likely would you be to use the following routes if they were available?

Speaking to my GP or another health professional.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Speaking to someone at a voluntary sector organisation, for example my local carer centre, befriending service or another organisation.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Speaking to someone at another public sector organisation, e.g. Social Security Scotland

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Going along to a drop in service in a building in my local community, for example a community centre or cafe, either with or without an appointment.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Through a contact centre run by my local authority, either in person or over the phone.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Contacting my local authority by email or through their website.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Using a website or online form that can be used by anyone in Scotland.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Through a national helpline that I can contact 7 days a week.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Other – Please explain what option you would add.

As this is an organisational response, we have not offered a response to the options at Question 3. The question is tailored to the experience of individuals.

We have also not offered responses to other questions in this section (Questions 4-7) which appear to be looking for a response from individuals, or are focussed on social care or social work.

Q4. How can we better co-ordinate care and support (indicate order of preference)?

- ☐ Have a lead professional to coordinate care and support for each individual. The lead professional would co-ordinate all the professionals involved in the adult's care and support.
- ☐ Have a professional as a clear single point of contact for adults accessing care and support services. The single point of contact would be responsible for communicating with the adult receiving care and support on behalf of all the professionals involved in their care, but would not have as significant a role in coordinating their care and support.
- ☐ Have community or voluntary sector organisations, based locally, which act as a single point of contact. These organisations would advocate on behalf of the adult accessing care and support and communicate with the professionals involved in their care on their behalf when needed.

Support planning

Q5. How should support planning take place in the National Care Service? For each of the elements below, please select to what extent you agree or disagree with each option:

a. How you tell people about your support needs

Support planning should include the opportunity for me and/or my family and unpaid carers to contribute.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

If I want to, I should be able to get support from a voluntary sector organisation or an organisation in my community, to help me set out what I want as part of my support planning.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

b. What a support plan should focus on:

Decisions about the support I get should be based on the judgement of the professional working with me, taking into account my views.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

Decisions about the support I get should be focused on the tasks I need to carry out each day to be able to take care of myself and live a full life.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

Decisions about the support I get should be focused on the outcomes I want to achieve to live a full life.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

c. Whether the support planning process should be different, depending on the level of support you need:

I should get a light-touch conversation if I need a little bit of support; or a more detailed conversation with a qualified social worker if my support needs are more complex.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

If I need a little bit of support, a light-touch conversation could be done by someone in the community such as a support worker or someone from a voluntary sector organisation.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

However much support I need, the conversation should be the same.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

Light touch and/or more detailed support planning should take place in another way – please say how below

Q6. The Getting It Right For Everyone National Practice model would use the same language across all services and professionals to describe and assess your strengths and needs. Do you agree or disagree with this approach?

☐ Agree

☐ Disagree

Please say why.

As this is an organisational response, we have not offered a response to this question. It appears to be aimed at individuals.

Q7. The Getting It Right for Everyone National Practice model would be a single planning process involving everyone who is involved with your care and support, with a single plan that involves me in agreeing the support I require. This would be supported by an integrated social care and health record, so that my information moves through care and support services with me. Do you agree or disagree with this approach?

☐ Agree

☐ Disagree

Please say why.

As this is an organisational response, we have not offered a response to this question. It appears to be aimed at individuals

Q8. Do you agree or disagree that a National Practice Model for adults would improve outcomes?

☐ Agree

☐ Disagree

Please say why.

We welcome a national practice model as this will help develop and implement consistent standards. However more than this will be required to improve outcomes.

Right to breaks from caring

Q9. For each of the below, please choose which factor you consider is more important in establishing a right to breaks from caring. (Please select one option from each part. Where you see both factors as equally important, please select 'no preference'.)

Standardised support packages versus personalised support

☐ Personalised support to meet need	☐ Standardised levels of support	☐ No preference

A right for all carers versus thresholds for accessing support

☐ Universal right for all carers	☐ Right only for those who meet qualifying thresholds	☐ No preference

Transparency and certainty versus responsiveness and flexibility

☐ Certainty about entitlement	☐ Flexibility and responsiveness	☐ No preference

Preventative support versus acute need

☐ Provides preventative support	☐ Meeting acute need	☐ No preference

Q10. Of the three groups, which would be your preferred approach? (Please select one option.)

- ☐ Group A – Standard entitlements
- ☐ Group B – Personalised entitlements
- ☐ Group C – Hybrid approaches

Please say why.

We have not offered a response to questions 9 & 10 as they relate to social care, and believe it is appropriate for other organisations to respond.

Using data to support care

Q11. To what extent do you agree or disagree with the following statements?

There should be a nationally-consistent, integrated and accessible electronic social care and health record.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
X				

Information about your health and care needs should be shared across the services that support you.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
	X			

Q12. Should legislation be used to require all care services and other relevant parties to provide data as specified by a National Care Service, and include the requirement to meet common data standards and definitions for that data collection?

X Yes

☐ No

Please say why.

We have answered 'Yes' because currently there is not the necessary degree of standardisation, transparency, and data sharing that we need across the system.

We do recognise that organisations may be in differing positions of readiness, and there is a risk that artificial timescales in legislation (or lack of requisite funding to progress technical requirements) could lead to less efficient systems. Interoperability standards could allow organisations to move forward with existing technology and use new technology to enhance their ability to view and update data.

Q13. Are there alternative approaches that would address current gaps in social care data and information, and ensure a consistent approach for the flow of data and information across the National Care Service?

There needs to be further analysis carried out to develop a comprehensive understanding of the gaps. The lack of efficient role-based access is more likely to be the main issue.

There needs to be careful attention to the issue of role-based access, to ensure data minimisation and attend to privacy and data protection issues.

The consultation states (at page 37): '*People expect their social care and health information, where appropriate and at the right time, to be available to the people that need to see it. We already have many means to record this information, so do not expect to replace medical records or other well-functioning systems where they already exist*.' '*Through the NCS, a nationally-consistent, integrated and accessible electronic social care and health record would be put in place that can be used and seen by all those who provide health and care support*.'

It may be helpful to have realistic expectations of what an integrated health and social care record will achieve, and how quickly that can be secured. Different parts of the NHS repeatedly ask patients to provide their information, and there is no single health record which has a complete record of their history and engagement with various services. A member of staff only needs to see what is necessary for them to carry out their duties, which takes us back to the issue of role-based access.

Complaints and putting things right

Q14. What elements would be most important in a new system for complaints about social care services? (Please select 3 options)

- ☐ Charter of rights and responsibilities, so people know what they can expect
- ☐ Single point of access for feedback and complaints about all parts of the system
- X Clear information about advocacy services and the right to a voice
- X Consistent model for handling complaints for all bodies
- X Addressing complaints initially with the body the complaint is about
- ☐ Clear information about next steps if a complainant is not happy with the initial response
- ☐ Other – please explain:

Q15. Should a model of complaints handling be underpinned by a commissioner for community health and care?

- ☐ Yes
- X No

Please say why.

The consultation document says (at page 43): '*We will consider whether it is appropriate to appoint a commissioner for social care*.' The question asks whether there should be a commissioner for 'community health and care'. These are two different things, neither of which have been defined. The proposal has not been developed so it is not possible to answer YES to this question at this point. There needs to be clarity of the scope of the role for any commissioner, recognising that there are other commissioners already in place and established systems for handling complaints in both the NHS and councils. Regarding the NHS, there is the Scottish Public Services Ombudsman, the Independent National Whistleblowing Officer, and the Patient Advice and Support Service.

Q16. Should a National Care Service use a measure of experience of those receiving care and support, their families and carers as a key outcome measure?

X Yes

☐ No

Please say why.

Note: This question is referred to as **Question 15** in the consultation document.

The experience of those of who use or benefit from services is a key outcome. Care being 'person-centred' or 'patient-centred' is a basic element of quality. WHO Quality - Quality of Care - A process for making strategic choices in health systems

Residential Care Charges

Q17. Most people have to pay for the costs of where they live such as mortgage payments or rent, property maintenance, food and utility bills. To ensure fairness between those who live in residential care and those who do not, should self-funding care home residents have to contribute towards accommodation-based costs such as (please tick all that apply):

- ☐ Rent
- ☐ Maintenance
- ☐ Furnishings
- ☐ Utilities
- ☐ Food costs
- ☐ Food preparation
- ☐ Equipment
- ☐ Leisure and entertainment
- ☐ Transport
- ☐ Laundry
- ☐ Cleaning
- ☐ Other – what would that be

We have not offered a response to this question as it relates to social care, and believe it is appropriate for other organisations to respond.

Q18. Free personal and nursing care payment for self-funders are paid directly to the care provider on their behalf. What would be the impact of increasing personal and nursing care payments to National Care Home Contract rates on:

Self-funders

Care home operators

Local authorities

Other

We have not offered a response to this question as it relates to social care, and believe it is appropriate for other organisations to respond.

Q19. Should we consider revising the current means testing arrangements?

☐ Yes

☐ No

If yes, what potential alternatives or changes should be considered?

We have not offered a response to this question as it relates to social care, and believe it is appropriate for other organisations to respond.

2. National Care Service

Q20. Do you agree that Scottish Ministers should be accountable for the delivery of social care, through a National Care Service?

X Yes

☐ No, current arrangements should stay in place

☐ No, another approach should be taken (please give details)

The proposal for a National Care Service is a positive one. There are fundamental challenges regarding the funding of social care and the current structure in the Scottish public sector for health and social care functions. The proposals do progress many of the recommendations from the Feeley Report (which we support).

We strongly support integrating public services as much as possible, in line with the principles laid down by the Christie Commission. We strongly support the proposal that there should be a National Care Service built on the principles of universality and equity, of seeing investment in care as a preventative measure for the nation, and of seeing this universal and equitable access to care as human rights.

The Feeley report recommended a National Care Service for all adult social care support. It recognised an expectation of national accountability from Scottish Ministers but recognised a continuing role for local authorities as public providers of social work and social care services. A proposal to make the Scottish Ministers 'accountable for delivery' goes beyond Feeley. Additionally, the consultation proposals extend the scope of functions and services which the National Care Service would be accountable for, with a direct impact on the NHS and the role of NHS Boards.

We welcome further clarification as to how the NHS will operate and how the whole system of governance and accountability will work. There are some proposals on health functions which we do not support, and others where there needs to be further consideration given to how the system will work in practice, and what the implications of any structural change will be. For these reasons it is not always possible to definitively respond 'YES' or 'NO' to some of the consultation questions, as further analysis and information is required.

In the interests of helping the Scottish Government identify and work through the issues and avoid repeating the challenges created by the Public Bodies (Joint Working) (Scotland) Act 2014, we have set out below our position and questions to consider.

3. Risk of Dis-integration of public services at all levels

The National Health Service is currently not a single national body, but rather several discrete legal entities established via the National Health Service (Scotland) Act 1978 which are accountable to Scottish Ministers.

The Feeley Report (at page 42) says: '*To ensure parity and clarity with the NHS we recommend that the Scottish Government should at the same time establish NHS Scotland in law on an equal footing to a National Care Service, to oversee delivery by individual NHS Boards*.'

This is a significant initial step which the consultation document appears to overlook.

Recommendation 16 of the Feeley report says:

'*16. A National Care Service for Scotland should be established in statute along with, on an equal footing, NHS Scotland, with both bodies reporting to Scottish Ministers*.'

The consultation document (at page 15) refers to the National Care Service as '*single national body, with clear lines of accountability to Ministers at a national level.'*

We think it would be helpful to avoid splitting accountability at Government level between health and social care, with each function having its own Accountable Officer. You may wish to consider that it could be better if health and social care reported into one Accountable Officer at Government level, as this would instil an integrated, holistic, approach from the top. This would give the Government greater flexibility to address the challenges in health & social care, remove barriers to progress and innovation, and pursue improvement by addressing behaviours throughout the system. We do not think that the fundamental challenges can be addressed simply through a structural response which does not do anything to reduce the complexity of the Scottish public sector or address the causes of the problems we are seeking to resolve.

Given the inherent funding challenges in both social care and health, creating complex and unclear systems of governance and accountability will make things worse. We do welcome the perspective from the consultation paper that the costs of the proposals are an investment in society, and that there is to be a focus on early intervention and prevention.

We note that the Government has committed to increase investment in social care by 25%, and that all proposals will be assessed for value for money, looking '*at the overall benefits of improving people's experience of care and the outcomes they achieve, as well as the direct costs or savings of providing that care'*. We also note that the consultation document includes the following:
'*We will remove eligibility criteria in their current form by moving away from a focus on risk and instead focusing on enabling people to access the care and support that they need to lead a full life*.' (page 19)

'*A critical aspect of the new approach is a single adult's plan and a single planning process…. This should*:

Be rights based, based on the relationships that are important to the adult, and relentlessly focused on putting the adult at the centre of decision making and improving outcomes with them and for them. (page 21) …

Provide a No Wrong Door approach to access to care and support, so that people only have to enter services once, and are supported within a coordinated system of support. (page 22)'

While we welcome the intent, we would like to understand what the practical implications of a rights-based approach would be. How would the Scottish Government fund the new universal access to services, and would this draw funding away from other existing public services? How soon can members of the public expect to exercise their rights, and be able to rely on a co-ordinated system of support, regardless of where and how they enter services?

Arguably a single Government department with accountability for health and social care would be in a stronger position to arrive at:

- A holistic and clear methodology for determining the quantum of funding for health & social care. We anticipate that there will be challenges in establishing the baseline functions and services that are caught by 'social care' and the associated costs which will determine the basis for a 25% increase.
- A model to equitably distribute resources for health & social care around the country, which could underpin the gradual implementation of new universal rights. The NHS already has NRAC.
- A clear and relatively simple system of governance and accountability for public money from the Scottish Ministers to front-line services.

What we would welcome is further consideration on how the health and social care system can be re-structured to work differently and provide a smoother service and the intended outcomes for the service users. The focus needs to be on creating a whole system integrated approach to safe, effective, person-centred care.

A helpful example from elsewhere is the Republic of Ireland, where they produce a single National Service Plan which encompasses both health and social care. https://www.hse.ie/eng/services/publications/serviceplans/national-service-plan-2019.pdf

We would recommend that a similar approach is taken in Scotland.

At a more local level, the proposals appear to separate the planning and delivery of community health & social care from other aspects of health care (secondary, tertiary, national and regional services). The proposals also include moving responsibility for GPs to the National Care Service, which would take them out of the NHS. We strongly believe that all health services should remain within the NHS, given the relationship and interdependencies between health services, and the need to recruit, retain and develop

the workforce which underpin those services. A high volume of employing bodies would inevitably create competition for scarce highly skilled staff, increase the risk of variation in the quality of care, and minimise the opportunities for efficiency and productivity

Some specific questions on this area.

- How would the National Care Service work in parallel but still be independent of the National Health Service (see page 52 of the consultation)? At page 49 of the consultation, one of the arguments for the National Care Service is 'ensure strategic level integration with the NHS that promotes preventative care and reduces the need for hospital stays'.
- Page 52 of the consultation says the National Care Service '*will define the strategic direction, quality standards and the framework for person-centred operational delivery of community health and social care in Scotland*.' The reference to community health relates to functions which NHS Boards and integration joint boards are currently responsible and accountable for. It is noted that there are separate proposals to replace integration joint boards. What are the full implications for NHS Boards from these proposals? What, if any, responsibilities, and accountability will they have for community health functions?

4. The implications for local ownership and local accountability of public sector bodies

NHS Lothian has a clear commitment to the provision of person-centred services and has been a strong supporter in word and deed of the integration of services in line with the principles laid out by the Christie Commission. The organisation sees itself as an equal partner in the Lothian health and care system with its four integration joint boards, and indeed the five organisations are collaborating closely on developing a single Strategic Development Framework to guide the development of an integrated system over the next five years. Equally, NHS Lothian works closely with its four local authority partners and the third and independent sectors.

Collectively, the Lothian health and care system cares for a million people. At one end of the spectrum of provision, we have the state-of-the-art Royal Hospital for Children and Young People, the South-East Scotland Major Trauma Centre, Scotland's busiest Emergency Department, the Edinburgh Cancer Centre, the Royal Edinburgh Hospital, and multiple nationally commissioned services. At the other, we provide general medical services in both urban and rural settings through 126 general practices, support over 500 people with complex learning disabilities and mental health challenges in their own homes and run a highly integrated system of primary and community care. We see these multiple services as complementary in- service provision and have a proud tradition of innovation, with excellent examples such as the Willow Project, our same-day emergency care services, mental health workers in general practice, and the Wester Hailes Health Living Centre.

It will be essential to identify the full implications of a National Care Service on the role of local authorities, their relationship to Scottish Ministers, and the concept of local democracy. Similarly, it would be helpful to understand what the role of local NHS Boards will be.

We would encourage a reflection on the Christie report. We would highlight that it included the following:

> '*The key objectives of the reform programme must be to ensure that:*
> - *public services are built around people and communities, their needs, aspirations, capacities and skills, and work to build up their autonomy and resilience;*
> - *public service organisations work together effectively to achieve outcomes;*
> - *public service organisations prioritise prevention, reducing inequalities and promoting equality; and*
> - *all public services constantly seek to improve performance and reduce costs, and are open, transparent and accountable*.'

Page 52 of the consultation says '*IJBs will be reformed and will become Community Health and Social Care Boards (CHSCBs) and will be the local delivery body for the National Care Service*.' Currently NHS Boards and local authorities have primary legal responsibility for health and social care functions and services. NHS Boards and local authorities currently delegate certain 'integration functions' to integration authorities (most of which are IJBs). IJBs are not delivery bodies of the NHS Board and the local authority, but rather prepare strategic plans and issue directions back to them.

If CHSCBs are delivery bodies of the National Care Service, the implication is that health boards and local authorities will no longer have primary legal responsibility for these functions. Is that correct? Will NHS Boards have no role in determining the scope of functions which CHSCBs are responsible for, as they currently do for IJBs through integration schemes?

The consultation question refers to 'the accountability for the delivery of social care', but the proposals also include community health within the scope of the National Care Service. Regarding the National Care Service and CHSCBs, there needs to be a very clear and consistent definition of what functions and services are in its scope, and what are not.

Page 49 of the consultation states that a National Care Service will 'vitally bring national oversight and accountability to ensure that all individuals universally have access to the services needed.' What are the implications of this on the current core governance responsibilities of NHS Boards and local authorities?

5. The impact on regulatory bodies

Page 49 of the consultation states that a National Care Service which is accountable to Scottish Ministers '*sets clear national standards and terms and conditions for the commissioning and delivery of services'*.

Regarding setting standards, what are the implications of this for Healthcare Improvement Scotland and the Care Inspectorate?

If any public body has a continuing role in providing services, what autonomy does it have to carry out is functions if the National Care Service is defining all the terms and conditions?

6. The nature and responsibilities of any new public body.

A key lesson from the introduction of the Public Bodies (Joint Working) Act 2014 is that a new public body will acquire a host of general and specific legal duties and responsibilities. There has been considerable challenges with the governance and legal issues which IJBs present, and we welcome any steps to simplify the public sector landscape and remove those issues.

Whether or not a legal entity is an employer has a bearing on its corporate responsibilities and accountability under the Health & Safety Act and other legislation. Please see Health and safety at work: criminal and civil law - HSE. IJBs are currently not employers.

The consultation document does generate a host of further questions which need to be worked through:

- What kind of legal entities would the National Care Service and NHS Scotland be? Does the Scottish Government intend to create a new legal entity for NHS Scotland?
- Will CHSCBs be distinct legal entities, and if so, what type? This has a bearing on the legal responsibilities which they subsequently must discharge. It is worth noting that IJBs are treated as local authority bodies for finance and audit purposes, due to Section 13 of the Public Bodies (Joint Working) (Scotland) Act 2014.
- Will the National Care Service, NHS Scotland, and CHSCBs be employers? Will the Scottish Government require staff to be transferred from NHS Boards and local authorities to the National Care Service and CHSCBs?

7. Workforce Planning

The consultation document (at page 52) says: '*The NCS will be responsible for national workforce planning and development, data to support planning,*

commissioning and procurement, research to support improvement, digital enablement, and national and regional service planning.'

The workforce engaged in health and social care are currently employed by health boards, local authorities, independent primary care contractors, and organisations in the private and third sectors.

Workforce planning will be a big challenge, and any help in that area will be undoubtedly beneficial. However, we recognise that people with workforce planning expertise are in short supply, and this will need to be considered in terms of how to practically take this forward.

Any changes to the employment arrangements of the health & social care workforce will have a bearing on who has responsibility for the workforce, and how any planning should be taken forward. If there is a significant change in employers, this will bring challenges in terms of determining pay and conditions, job evaluation, professional standards, implementing TUPE etc., which could take years to work through. Any new employer will also need the support from a HR function.

It is also worth bearing in mind the considerable pressure that the whole health & social care workforce is under. Introducing any significant organisational change where people are required to apply for new roles will add to that pressure. If the new structures are unclear, then there is the risk that they will not apply, and the health & social care system loses people as a result of it.

We support an approach which strengthens our capability for effective workforce planning but encourage careful consideration of the scope of the workforce being captured within this approach to national workforce planning and development, and the implications of any proposed changes to employment arrangements.

Q21. Are there any other services or functions the National Care Service should be responsible for, in addition to those set out in the chapter?

At this point we think it would be helpful to first clarify the responsibilities and accountability of the proposed National Care Service and all affected public bodies. Once the model is understood we would be in a better position to consider which functions the National Care Service should or should not be responsible for.

The description of functions and services at pages 49 & 50 of the consultation document needs to be clarified. Health boards and local authorities must delegate the prescribed functions and services as they relate to people who are at least 18 years of age. They may delegate functions and services for those under 18 years. So, to clarify the listed health services only relate to those who are at least 18 years of age.

Page 50 is incorrect where it states that school nursing and health visiting are functions which the health board must delegate. These are services for children so 'may' be delegated under Section 1(6) of the Public Bodies (Joint Working) (Scotland) Act 2014.

Q22. Are there any services or functions listed in the chapter that the National Care Service should not be responsible for?

We believe that health services (including GPs and other independent contractors) should remain within the NHS, rather than the proposed National Care Service.

At this point we think it would be helpful to first clarify the responsibilities and accountability of the proposed National Care Service and all affected public bodies, and answer the queries highlighted in our response to Question 20 (above). **Once the model is understood we would be in a better position to consider which functions the National Care Service should or should not be responsible for**.

Scope of the National Care Service

Children's services

Q23. Should the National Care Service include both adults and children's social work and social care services?

☐ Yes

☐ No

Please say why.

We believe that this question should make a clearer distinction between children's social work and children's social care services. We do support adults' social care services being included in the National Care Service, however at this point we are not clear on the rationale for including children's social work and/or children's social care services.

The consultation document sets out a structural change. However, it does not explain how that structural change is necessary to drive a change on behaviours and working practices to deliver desired outcomes. It may be that the necessary changes in behaviours and working practices can be achieved without structural change. This needs to be explored further, together with a consideration of how children's social work and children's social care functions relate to education services and health services.

Q24. Do you think that locating children's social work and social care services within the National Care Service will reduce complexity for children and their families in accessing services?
For children with disabilities,

☐ Yes

☐ No

Please say why.

We do not think it is possible to answer this question at this point. There needs to be a clearer distinction between children's social work services and children's social care services. It would be helpful to clarify what exactly is in scope for these two things. We would welcome clarification as to whether the proposal is to include just children's social work services in the National Care Service, or also to include children's social care services. In either case we would welcome clarification on the rationale for including these services in the National Care Service.

For transitions to adulthood

☐ Yes

☐ No

Please say why.

We do not think it is possible to answer this question at this point. There needs to be a clearer distinction between children's social work services and children's social care services. It would be helpful to clarify what exactly is in scope for these two things. We would welcome clarification as to whether the proposal is to include just children's social work services in the National Care Service, or also to include children's social care services. In either case we would welcome clarification on the rationale for including these services in the National Care Service.

For children with family members needing support

☐ Yes

☐ No

Please say why.

We do not think it is possible to answer this question at this point. There needs to be a clearer distinction between children's social work services and children's social care services. It would be helpful to clarify what exactly is in scope for these two things. We would welcome clarification as to whether the proposal is to include just children's social work services in the National Care Service, or also to include children's social care services. In either case we would welcome clarification on the rationale for including these services in the National Care Service.

Q25. Do you think that locating children's social work services within the National Care Service will improve alignment with community child health services including primary care, and paediatric health services?

☐ Yes

☐ No

Please say why.

We do not think it is possible to answer this question at this point. There needs to be a clearer distinction between children's social work services and children's social care services. It would be helpful to clarify what exactly is in scope for these two things. We would welcome clarification as to whether the proposal is to include just children's social work services in the National Care Service, or also to include children's social care services. In either case we would welcome clarification on the rationale for including these services in the National Care Service.

Q26. Do you think there are any risks in including children's services in the National Care Service?

☐ Yes

☐ No

If yes, please give examples

We do not think it is possible to answer this question at this point. There needs to be a clearer distinction between children's social work services and children's social care services. It would be helpful to clarify what exactly is in scope for these two things. We would welcome clarification as to whether the proposal is to include just children's social work services in the National Care Service, or also to include children's social care services. In either case we would welcome clarification on the rationale for including these services in the National Care Service.

Healthcare

Q27. Do you agree that the National Care Service and at a local level, Community Health and Social Care Boards should commission, procure and manage community health care services which are currently delegated to Integration Joint Boards and provided through Health Boards?

☐ Yes

☐ No

Please say why.

Currently NHS Boards and local authorities have primary legal responsibility for health and social care functions and services. NHS Boards and local authorities delegate certain 'integration functions' to integration authorities (most of which are IJBs). IJBs are not delivery bodies of the NHS Board and the local authority, but rather prepare strategic plans and issue directions back to them. The law provides grounds where the NHS Board and the local authority may challenge IJB directions and their strategic plans.

IJBs do not employ anyone. We are not aware of Ministers making orders under Sections 11 & 12 of the 2014 Act which would allow IJBs to employ people or enter contracts. So IJBs currently do not carry out any procurement nor do they directly manage any services.

A proposal for CHSCBs to commission, procure and manage community health care services would lead to a radical alteration of employment and procurement arrangements. It would involve breaking up the infrastructure which carries out these activities for community healthcare and all other types of healthcare (which presumably CHSCBs would not be responsible for). In Lothian where there are four IJBs, it could lead to considerable inefficiencies if an additional four bodies each try to establish their own systems to employ staff, enter contracts, and manage services.

Page 52 of the consultation says:

'*The NCS itself will lead on aspects of community health and social care improvement and support that are best managed on a once for Scotland basis. It will also deliver community health and social care provision at a national level for people whose needs are very complex or highly specialist, and the planning and delivery of care in custodial settings, including prisons*.'

It will be very helpful to understand the criteria which will determine which aspects of community health and social care improvement are best managed on a Once for Scotland basis. It would be helpful also to consider evidence from experiences of centralising services, and whether this has led to improvements in outcomes.

It is not clear what the impact of this proposal would be on the funding and operating budgets of NHS Boards. Would the funding simply be removed from the National Health Service and given to the National Care Service for it to allocate to CHCSBs as it sees fit? Will there be a consequent effect on the number, size and role of NHS Boards?

Q28. If the National Care Service and Community Health and Social Care Boards take responsibility for planning, commissioning and procurement of community health services, how could they support better integration with hospital-based care services?

This issue needs to be explored further after there is a clearer understanding of the proposed arrangements.

Q29. What would be the benefits of Community Health and Social Care Boards managing GPs' contractual arrangements? (Please tick all that apply)

- ☐ Better integration of health and social care
- ☐ Better outcomes for people using health and care services
- ☐ Clearer leadership and accountability arrangements
- ☐ Improved multidisciplinary team working
- ☐ Improved professional and clinical care governance arrangements
- X Other (please explain below)

We strongly support the above benefits as aims for the new system. However, we do not agree that CHSCBs should manage GPs' contractual arrangements, and do not think that this proposal would deliver any of the suggested benefits. We have set out the risks in response to **Question 30**.

The consultation document does not explain which organisation would be responsible for preventing any service failures or ensuring that services are consistently provided to a high standard. This is relevant to the provision of services generally, as well as the NHS Board Medical Director's professional oversight of doctors.

We would welcome further discussion on what the proposal exactly means. Legally NHS Boards are responsible for primary care, hold the contracts, and deal with the day-to-day management of the contracts. However, the discussion of the management of contracts is a lesser issue than the concern amongst GPs for the proposals, and the questions it raises regarding professional standards and accountability, and their identity as part of the wider NHS.

We believe that like all health services, GPs should remain within the NHS. Switching the management of the contracts to the CHSCBs would move these services to the National Care Service.

We would suggest that as part of a holistic review, the first consideration is to consider what outcomes we wish to achieve, and what is the best way of achieving them. As part of that, there should be consideration of how the provisions of the GP contract can enable those outcomes. If there are areas where GP contract does not enable those outcomes, then there should be consideration of how the whole system can respond to any gaps. At the end of this process, a decision can be made as to the most effective approach to managing contracts with GPs and other independent contractors.

Q30. What would be the risks of Community Health and Social Care Boards managing GPs' contractual arrangements? (Please tick all that apply)

- ☐ Fragmentation of health services
- ☐ Poorer outcomes for people using health and care services
- X Unclear leadership and accountability arrangements
- X Poorer professional and clinical care governance arrangements
- X Other (please explain below)

It is not clear how removing GP contract management from the NHS Board will have any bearing on the 'issues and problems' described at page 59 of the consultation document.

As a general observation, we are concerned that transferring GP contract management to CHSCBs and the infrastructure of the National Care Service may give a signal that primary care is not part of the National Health Service. There is a risk that this could raise concerns amongst GPs and others working in primary care, which may exacerbate the recruitment and retention issues in what is already a fragile workforce.

The proposal is that CHSCBs should manage the GP contractual arrangements. The GMS contract is nationally agreed, and it does require expertise to be implement with each individual GP practice. The NHS Board is currently the single contracting body which offers simplicity and transparency and is overseen within the NHS Board's governance arrangements. In NHS Lothian there is one team (Primary Care Contracting) which carries out this function for all types of independent contractors (GPs, dentists, ophthalmologists, pharmacists) across four local authority areas. It is not clear why the proposal refers just to GP contracting, but does not consider the contribution of other independent contractors which are central to the delivery of primary and community health care.

Shifting the contractual responsibilities from the NHS Board to four CHSCBs will complicate the process and break up a team with knowledge, skills and experience of contracting.

The strategic planning and commissioning of services is a different process from contracting and managing the implementation of a contract. Strategic planning and commissioning should address any risks associated with the fragmentation of health services and poor outcomes for those who use health and care services. A small number of contracting functions could follow the directions of the relevant strategic planning body.

Q31. Are there any other ways of managing community health services that would provide better integration with social care?

To inform any system development, it would be helpful to reflect on the evidence of the successes or failures of the current arrangements, and the driving factors behind them.

There should be a solid objective understanding of what has and hasn't worked regarding the integration of health & social care services, integration joint boards, and health & social care partnerships.

There are opportunities to maximise the value of GP clusters and formally recognise them within the future governance and management infrastructure. The process of local service redesign of health and social care should systematically use the knowledge and expertise of GPs.

Q32. What do you see as the main benefits in having social work planning, assessment, commissioning and accountability located within the National Care Service? (Please tick all that apply.)

- ☐ Better outcomes for service users and their families.
- ☐ More consistent delivery of services.
- ☐ Stronger leadership.
- ☐ More effective use of resources to carry out statutory duties.
- ☐ More effective use of resources to carry out therapeutic interventions and preventative services.
- ☐ Access to learning and development and career progression.
- ☐ Other benefits or opportunities, please explain below:

We have not offered a response to this question as it relates to social work and believe it is appropriate for other organisations to respond.

Q33. Do you see any risks in having social work planning, assessment, commissioning and accountability located within the National Care Service?

We have not offered a response to this question as it relates to social work and believe it is appropriate for other organisations to respond.

Nursing

Q34. Should Executive Directors of Nursing have a leadership role for assuring that the safety and quality of care provided in social care is consistent and to the appropriate standard? Please select one.

☐ Yes

X No

☐ Yes, but only in care homes

☐ Yes, in adult care homes and care at home

Please say why

With the creation of the National Care Service, it is logical that the leadership role should be embedded within the National Care Service.

Executive Directors of Nursing in NHS Boards have enormous roles in relation to health care. It is simply not pragmatic nor logical to make them responsible for the safety and quality of care in social care. Their NHS Boards are not responsible for those functions, and an executive of an NHS Board has no authority to lead and manage them.

Whatever public body is responsible for a function or service should be corporately responsible and accountable in law for the safety and quality of care. That public body should in turn ensure that its executives are responsible and accountable to its board for the safety and quality of care. The proposals are indicating that the bodies responsible for community health and social care will be the National Care Service or the CHSCBs, not the NHS Board.

If the CHSCBs are employers, then they will certainly have responsibilities for the quality and safety of care (for example, Health and safety at work: criminal and civil law - HSE) .

Q35. Should the National Care Service be responsible for overseeing and ensuring consistency of access to education and professional development of social care nursing staff, standards of care and governance of nursing? Please select one.

X Yes

☐ No, it should be the responsibility of the NHS

☐ No, it should be the responsibility of the care provider

Please say why

With the creation of the National Care Service, it is logical that the leadership role should be embedded within the National Care Service.

There is a contradiction to suggest that an NHS Board Director of Nursing should be responsible for the safety and quality of care, but the National Care Service be responsible for overseeing and ensuring consistency of access to education and professional development of social care nursing staff, standards of care and governance of nursing. The two are inextricably linked.

This takes us back to the point made in the previous question. Whatever public body is responsible for a function or service should be corporately responsible and accountable in law for the safety and quality of care. The proposals are indicating that the bodies responsible for community health and social care will be the National Care Service or the CHSCBs. However, there needs to be clarity on which organisations are employing staff.

Q36. If Community Health and Social Care Boards are created to include community health care, should Executive Nurse Directors have a role within the Community Health and Social Care Boards with accountability to the National Care Service for health and social care nursing?

☐ Yes

X No

If no, please suggest alternatives

Whatever public body is responsible for a function or service should be corporately responsible and accountable in law for the safety and quality of care. That public body should in turn ensure that its executives are responsible and accountable to its board for the safety and quality of care. The proposals are indicating that the bodies responsible for community health and social care will be the National Care Service or the CHSCBs, not the NHS Board.

This question takes us back to the fundamental question of employment, and specifically which organisation will be employing nurses. It is not practical to have an executive director of an NHS Board accountable to the National Care Service for the activities of individuals that the NHS Board does not employ nor have any control over. If the NHS Board Director of Nursing was also to have a role in CHSCBs that would further complicate the arrangements – he or she would then be responsible and accountable to the NHS Board, the CHSCB, the National Care Service, and the Scottish Government (as an appointed executive board member of the NHS Board). Furthermore, NHS Lothian covers four local authority areas and potentially four CHSCBs – is the NHS Board's Director of Nursing meant to have a role in all four?

Justice Social Work

Q37. Do you think justice social work services should become part of the National Care Service (along with social work more broadly)?

- ☐ Yes
- ☐ No

Please say why.

We have not offered a response to this question as it relates to social work and believe it is appropriate for other organisations to respond.

Q38. If yes, should this happen at the same time as all other social work services or should justice social work be incorporated into the National Care Service at a later stage?

- ☐ At the same time
- ☐ At a later stage

Please say why.

We have not offered a response to this question as it relates to social work and believe it is appropriate for other organisations to respond.

Q39. What opportunities and benefits do you think could come from justice social work being part of the National Care Service? (Tick all that apply)

Q40.

- ☐ More consistent delivery of justice social work services
- ☐ Stronger leadership of justice social work
- ☐ Better outcomes for service users
- ☐ More efficient use of resources
- ☐ Other opportunities or benefits - please explain

We have not offered a response to this question as it relates to social work and believe it is appropriate for other organisations to respond.

Q42. What risks or challenges do you think could come from justice social work being part of the National Care Service? (Tick all that apply)

Q43.

- ☐ Poorer delivery of justice social work services.
- ☐ Weaker leadership of justice social work.
- ☐ Worse outcomes for service users.
- ☐ Less efficient use of resources.
- ☐ Other risks or challenges - please explain:

We have not offered a response to this question as it relates to social work and believe it is appropriate for other organisations to respond.

Q44. Do you think any of the following alternative reforms should be explored to improve the delivery of community justice services in Scotland? (Tick all that apply)

Q45.

- ☐ Maintaining the current structure (with local authorities having responsibility for delivery of community justice services) but improving the availability and consistency of services across Scotland.
- ☐ Establishing a national justice social work service/agency with responsibility for delivery of community justice services.
- ☐ Adopting a hybrid model comprising a national justice social work service with regional/local offices having some delegated responsibility for delivery.
- ☐ Retaining local authority responsibility for the delivery of community justice services, but establishing a body under local authority control to ensure consistency of approach and availability across Scotland.
- ☐ Establishing a national body that focuses on prevention of offending (including through exploring the adoption of a public health approach).
- ☐ No reforms at all.
- ☐ Another reform – please explain:

We have not offered a response to this question as it relates to social work and believe it is appropriate for other organisations to respond.

Q46. Should community justice partnerships be aligned under Community Health and Social Care Boards (as reformed by the National Care Service) on a consistent basis?

☐ Yes

☐ No

Please say why.

We have not offered a response to this question as it relates to social work and believe it is appropriate for other organisations to respond

Q47.
Q48.

Prisons

Q49.

Q50. Do you think that giving the National Care Service responsibility for social care services in prisons would improve outcomes for people in custody and those being released?

☐ Yes

☐ No

Please say why.

We will not offer comment on the social care services aspect, other than a general comment that there should be evidence to support to why a structural change will of itself improve outcomes.

The consultation at page 77 states: 'Responsibility for healthcare in prisons was transferred to the NHS in 2011 and is delegated to integration authorities as a result of the Public Bodies (Joint Working) (Scotland) Act 2014.'

This should be checked as there is no reference to prison healthcare being delegated in the regulations: Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014 (legislation.gov.uk)

However, Lothian NHS Board did, through the City of Edinburgh integration scheme, delegate as an additional function prison healthcare (HMP Edinburgh, HMP Addiewell).

Under the new arrangements, will the primary legal responsibility for healthcare in prisons be transferred from NHS Boards to CHSCBs?

Q51. Do you think that access to care and support in prisons should focus on an outcomes-based model as we propose for people in the community, while taking account of the complexities of providing support in prison?

X Yes

☐ No

Please say why.

It is always appropriate to take an equitable, outcome-based approach to providing any public service.

Alcohol and Drug Services

Q52.

Q53.

Q54. What are the benefits of planning services through Alcohol and Drug Partnerships? (Tick all that apply)

X Better co-ordination of Alcohol and Drug services

X Stronger leadership of Alcohol and Drug services

X Better outcomes for service users

X More efficient use of resources

X Other opportunities or benefits - please explain

Alcohol and Drug Partnerships bring senior decision-makers to focus on a subject that in the past was, and perhaps continues to be peripheral to the mainstream operation of statutory services. Prior to Drug Action Teams (ADPs' predecessor) several areas had joint planning mechanisms for drug and alcohol misuse, but it was not consistent across the country. They were always intended to offer a way for shared decision-making to occur. They also consider issues beyond treatment and care, such as prevention, harm reduction and enforcement. They have been locally focused which can have benefits for responding to local issues as drug problems vary around the country to some extent. Solutions and innovation often have a local beginning too and they can nurture those initiatives

Q55.

Q56. What are the drawbacks of Alcohol and Drug Partnerships? (Tick all that apply)

☐ Confused leadership and accountability

☐ Poor outcomes for service users

☐ Less efficient use of resources

X Other drawbacks - please explain

Drawbacks can be like any partnership forum if some partners do not prioritise the work or find it difficult to participate. They have also tended to lack consistent input from people with lived experience at the table.

Q57. Should the responsibilities of Alcohol and Drug Partnerships be integrated into the work of Community Health and Social Care Boards?

☐ Yes

X No

Please say why.

The consultation document says (at page 81): '*We expect that Community Health and Social Care Boards (CHSCBs) will continue to be key partners in ADPs, taking the place of Integration Joint Boards (IJBs) and will continue to provide the governance, finance and procurement functions for them. However, we will consider whether changes can be made to make ADPs more effective and whether they should become part of the National Care Service (NCS) nationally and part of CHSCBs. We would like to hear your views on what changes might be helpful*.'

This consultation question appears to confuse Alcohol and Drug Partnerships with the subject of the direct management of alcohol and drug services.

Alcohol and Drug Partnerships are an important partnership vehicle for tackling complex issues on a multi-agency basis. The risk is that if they become wholly a creature of the Community Health and Social Care Boards that the partnership element will be much weaker or lost.

We support the principle that the Community Health and Social Care Boards will manage alcohol and drug services and will be a key partner in Alcohol and Drug Partnerships, but the Alcohol and Drug Partnerships are there to ensure that they work across the many issues involved in harm reduction, recovery and prevention.

Q58. Are there other ways that Alcohol and Drug services could be managed to provide better outcomes for people?

We interpret this as a broader question on the management of alcohol and drug services, rather than the function and form of Alcohol & Drug Partnerships.

We would welcome the opportunity for further discussion on this topic.

Given the wide variety of issues and stakeholders, we fully support the development of a fully integrated approach which will maximise the opportunities to improve public health outcomes. Recognising that drug and alcohol issues vary across the country, we would welcome an approach where local bodies own the planning and commissioning of services, involving and engaging local communities as an integral part to that approach. The Scottish Government can develop a national framework to support the local partnerships, which can support and promote good practice, and provide equitable access to resources to meet the needs of the population.

Q59. Could residential rehabilitation services be better delivered through national commissioning?

X Yes

☐ No

Please say why.

This is subject to there being consistent and generous provision of funding for rehabilitation, and excellent local support for each placement. It would be a backward step if national commissioning squashed good local provision of services that already exist in this sphere.

Q60. What other specialist alcohol and drug services should/could be delivered through national commissioning?

We would welcome the opportunity for further discussion on this topic. We have nothing to add at this point.

Q61. Are there other ways that alcohol and drug services could be planned and delivered to ensure that the rights of people with problematic substance use (alcohol or drugs) to access treatment, care and support are effectively implemented in services?

Services need to be person centred and responsive. A service being person centred and rights based is not dependent on the structure of the service but the ethos of the management and staff of the service. A national care service or an alternative to ADPS will not of itself change that ethos where it is perceived or found to be weak or lacking.

Mental Health Services

Q62. What elements of mental health care should be delivered from within a National Care Service? (Tick all that apply)

- X Primary mental health services
- ☐ Child and Adolescent Mental Health Services
- ☐ Community mental health teams
- ☐ Crisis services
- ☐ Mental health officers
- X Mental health link workers
- ☐ Other – please explain

What is listed here includes core functions of NHS Boards which are not included with 'integration functions'. Will there be a change to primary legislation to move these functions away from NHS Boards?

From experience we think it is better to retain **acute** mental health services within the NHS, and so do not support moving Child and Adolescent Mental Health Services. We support a position where the provision of mental health services should move away from an institutional model as far as possible.

The delivery of specialist Mental Health Care, that focuses on the assessment and treatment of mental illness, is a function that should sit alongside all over specialist healthcare i.e., be the responsibility of the local NHS Board. These specialist services provide both community and in-patient treatment: dividing responsibilities between health boards and the National Care Service by location of service would not offer a useful way of providing high quality care to people who need it. The governance required to provide safe, effective care and treatment for people with mental illness does need specialist skills, knowledge, and for these services to support each other. Isolated specialist mental health teams, particularly in the community, that are managed as part of more generic services can really struggle to maintain their core functions. The need to create a structure that supports these services is vital and it would be very challenging to do this is part of a wider primary care/social care focused board.

In contrast primary mental health care, alongside mental health link workers and wider social capital building/prescribing, would be much better integrated as part of a National Care Service. This would offer an opportunity to further develop holistic responses to distress and psychosocial disadvantage that do not need specialist mental health treatment. Wider primary mental health care teams that include provision for lower-level matrix psychological interventions and social work would provide a strong structure to enhance and develop these pathways.

Crisis services provide a crucial interface between these two elements but vary considerably between areas – both supporting people in distress but also assessing if specialist mental health assessment or treatment is needed (mostly specialist community-based services but also inpatient care). There may be an opportunity to look to local areas to develop their own plans that may place these services with either the health board or the National Care Service.

The integration of Mental Health Officers into specialist mental health teams, whose role is focused on people suffering from severe mental illness has, in our experience, been really positive.

Q63. How should we ensure that whatever mental health care elements are in a National Care Service link effectively to other services e.g. NHS services?

The recent proposals for local areas to develop co-designed plans for primary mental health care offer a model on how to ensure integrated planning and simple pathways for people. These could be built on to provide the key forum for the National Care Service and NHS Board services to link specialist mental health teams and primary mental health care.

National Social Work Agency

Q64. What benefits do you think there would be in establishing a National Social Work Agency? (Tick all that apply)

- ☐ Raising the status of social work
- ☐ Improving training and continuous professional development
- ☐ Supporting workforce planning
- ☐ Other – please explain

We have not offered a response to this question as it relates to social work and believe it is appropriate for other organisations to respond

Q65. Do you think there would be any risks in establishing a National Social Work Agency?

We have not offered a response to this question as it relates to social work and believe it is appropriate for other organisations to respond

Q66. Do you think a National Social Work Agency should be part of the National Care Service?

- ☐ Yes
- ☐ No

Please say why

We have not offered a response to this question as it relates to social work and believe it is appropriate for other organisations to respond

Q67. Which of the following do you think that a National Social Work Agency should have a role in leading on? (Tick all that apply)

- ☐ Social work education, including practice learning
- ☐ National framework for learning and professional development, including advanced practice
- ☐ Setting a national approach to terms and conditions, including pay
- ☐ Workforce planning
- ☐ Social work improvement
- ☐ A centre of excellence for applied research for social work
- ☐ Other – please explain

We have not offered a response to this question as it relates to social work and believe it is appropriate for other organisations to respond.

9. Reformed Integration Joint Boards: Community Health and Social Care Boards

Governance model

Q68. "One model of integration… should be used throughout the country." (Independent Review of Adult Social Care, p43). Do you agree that the Community Health and Social Care Boards should be the sole model for local delivery of community health and social care in Scotland?

☐ Yes

☐ No

Please say why.

While we are supportive of a National Care Service, at this point we do not understand what type of organisation Community Health and Social Care Boards will be. Please refer to our comments on accountability in our response to **Question 20**.

The proposal is a fundamental change with significant implications for both NHS Boards and local authorities and needs to be carefully thought through. IJBs are not delivery bodies. As NHS Boards are the providers of all health care, how can CHSCBs be the delivery bodies for community health services? Will they be employing front-line staff?

There is interaction between community health, social care, and health care provided in hospitals. Which public body will be held accountable for unscheduled hospital care? If CHSCBs are the sole model of local delivery, what current performance measures will be explicitly removed from NHS Boards?

Q69. Do you agree that the Community Health and Social Care Boards should be aligned with local authority boundaries unless agreed otherwise at local level?

☐ Yes

X No

Q70. What (if any) alternative alignments could improve things for service users?

On 4 October 2021 Elma Murray, Interim Chair of the Accounts Commission, published a blog titled 'Christie – It really is now or never'. It highlighted that 10 years after the Christie report:' *The shortcomings highlighted in 2011 in how public services were delivered are still all too real in 2021. They undermine our capacity to produce better outcomes and help people live better lives. There is still much fragmentation and complexity in how services are organised, resulting in duplication and confusion. Yes, services need to be delivered to fit local needs, but good practice from elsewhere is not embraced and adopted enough*.'

The Christie Report (June 2011) argued that there was urgent need for substantial public sector reform. The report highlighted the complexity of the Scottish public sector and poor co-ordination between public bodies. It also criticised the position of the Government being the dominant architect and provider of public services (which will be increased through the proposals for a National Care service). The Christie report also said that public services lacked transparency and accountability for performance is often unclear.

Christie set out four key objectives for public sector reform. In summary they were that public services are built around people and communities; public service organisations work together effectively to achieve outcomes; public service organisations prioritise prevention, reducing inequalities and promoting equality; and all public services constantly seek to improve performance and reduce costs, and are open, transparent, and accountable.

Following this report came the Public Bodies (Joint Working) (Scotland) Act 2014.

The Scottish public sector landscape has many discrete legal entities all trying to achieve similar or related outcomes. This leads to a lot of waste, e.g. duplication of effort, additional sets of annual accounts (and external audit), other statutory reports, additional meetings, overhead activities which add no or very little value to service-users and the public. All these entities are competing for a limited pool of resources, including managers to carry out activities that are only required because the organisation exists. It is also debatable how much strategic influence that each of these bodies can achieve.

The 2014 Act and the subsequent creation of 30 integration joint boards (in addition to the bodies which already existed) exacerbated this issue. The integration joint boards are not directly accountable either to the Scottish Ministers or the local electorate. The Act introduced a highly complex and flawed system of governance into health and social care, which has never been properly understood. We will not discuss the details of the various issues however we welcome changes to the law which will address them.

Within the NHS Lothian boundary there are nine legal entities with statutory responsibility for health & social care specifically for Lothian: Lothian NHS Board, four local authorities, and four integration joint boards. In addition to them, there is the Scottish Government, four community planning partnerships, Public Health Scotland, NHS 24, NHS National Services Scotland, the Scottish Ambulance Service, NHS Golden Jubilee, NHS Education for Scotland, Healthcare Improvement Scotland, other NHS Boards (particularly those in the East region), and numerous regulators, which are all feeding into the governance, management, and delivery of health & social care. Separate to all of this, other public bodies lead on fundamental issues relevant to health & wellbeing (e.g. housing, education, poverty).

The consultation document states at page 91 states: ‘We expect that CHSCBs will be aligned with local authority boundaries, unless otherwise agreed at local level.’ This same provision is in the Public Bodies (Joint Working) (Scotland) Act 2014, and there

was only one occasion where two local authorities were parties to an integration scheme (Clackmannanshire and Stirling). So, it is likely that the proposal will do nothing to reduce the number of public bodies in Scotland and improve transparency and accountability.

We would recommend that the Scottish Government revisits the Christie Report, and tests all the proposals in the consultation against its conclusions and recommendations. This would bring the focus to service users.

Q71. Would the change to Community Health and Social Care Boards have any impact on the work of Adult Protection Committees?

We have not offered a response to this question as we believe it is appropriate for other organisations to respond.

Membership of Community Health and Social Care Boards

Q72. The Community Health and Social Care Boards will have members that will represent the local population, including people with lived and living experience and carers, and will include professional group representatives as well as local elected members. Who else should be represented on the Community Health and Social Care Boards?

The proposal appears to be that the membership of CHSCBs will follow the approach taken for NHS Boards and IJBs where the membership includes stakeholder members to represent various interests. We would recommend that a different approach is taken for four fundamental reasons.

The first reason is that all board members should have the knowledge, skills & experience to competently carry out the roles and responsibilities of a member of a governing body. The board should then ensure that it has systems in place to meaningfully involve, engage and consult stakeholders as an integral part of doing business. Board members should not be appointed simply because they apparently represent a stakeholder, and their contribution to the system of governance should not be limited to that capacity. There is also the inherent risk that an individual representative does not in fact adequately represent the views of the stakeholder. If CHSCBs are to be directly accountable to the National Care Service and the Scottish Ministers, then the Scottish Ministers should appoint all members of public bodies after the individuals have applied through the public appointment process and assessed through the recruitment and selection process. The Ethical Standards Commissioner regulates that process so that should give public confidence in the fairness of the system. Ministerial appointment also gives direct accountability to Scottish Ministers.

The second reason is that the proposal appears to give CHSCBs similar responsibilities to an NHS Board, a body that is accountable to a national body (the National Care Service) and ultimately the Scottish Ministers. In practice this means that CHSCBs will need to implement national policy and Scottish Government directions. The consultation document states (at page 90) that CHSCBs '*will be the local delivery body for the NCS, funded directly by the Scottish Government*.' There is nothing in the consultation document to suggest that a CHSCB will be in any way accountable to a local authority. It also states (at page 91): '*The members will include local elected members to preserve local democratic accountability*.' In these circumstances, local democratic accountability is not relevant. The members of CHCSBs must carry out a governance role on behalf of the Scottish Government implementing Government policy, which is different from a local political or representative role. It would be helpful if the membership simply reflects how the system of governance and accountability works.

The public appointments process could take steps to ensure that local people are aware of the opportunities to apply and have access to guidance and support should they wish to apply.

It is notable that the proposals on CHSCB membership do not mention health boards, despite the proposal that they will be responsible for community health functions and services. The voting members of IJBs are made up of local authority and NHS Board members (50% each). This raises questions on what the future role of NHS Boards will be.

The third reason is there is an inherent conflict of interest for individuals who are subject to the Ethical Standards in Public Life Act and sit on more than one public body. It is possible for a councillor to be one of the local authority's voting members on the IJB and a member of the NHS Board. Those individuals must observe three codes of conduct and maintain entries in three different registers of interest simultaneously, and act in the interests of each of the bodies they are members of. It is entirely possible for a local authority, an IJB, and an NHS Board to have a different position on a particular issue (funding would be a key example). We would presume that members of the CHSCBs would also be subject to the Ethical Standards Act. The current arrangements for health & social care do create a fundamental and unresolvable conflict of interest for individuals, and realistically very difficult for them to exercise independent judgement on each of the governing bodies that they are members of. It may be helpful to consider the following guidance:

The 12 elements of independent judgement for a UK board: A guide for directors (cgi.org.uk)

The fourth reason is that the Scottish public sector should give regard to good practice in corporate governance. There are pros and cons to having small or large boards (see Governance Today). There are various articles and publications which discuss the size of boards (Diligent Insights, Investopedia, Boardroommetrics), but none identify a definitive ideal number, advising that it depends on the circumstances. Boardroommetrics highlight that Apple has 8 members and Amazon 10, and the right number is likely to be between 5 and 11. In 2020 the average size of boards in the FTSE 150 was 10.1 (Spencer Stuart). Notably Spencer Stuart offered the following comment '*From our experience conducting board evaluations, it can be challenging for chairs to involve the whole board in open debate when there are more than 12 people around the table'*.

The Institute of Directors published guidance 'Corporate Governance Guidance and Principles for Unlisted Companies in the UK' which includes the following comment

'*the ability of any form of committee to make decisions and exercise proper scrutiny becomes increasingly difficult at sizes in excess of 10-12 members. A smaller board size will improve the quality of communication and is likely to result in more focused discussions. They will also make board meetings easier to organise*.'

There is a stark contrast between these numbers and those used in the Scottish public sector. If Lothian Health Board had no vacancies it would have 25 members. The City of Edinburgh Integration Joint Board has places for 26 members (10 voting and 16 non-voting).

Private sector organisations have complete autonomy to determine what activities to engage in, how they are constituted, and appoint their own board members. The concept of corporate governance has dramatically developed since the 1990s, as has the breadth of corporate law which all organisations must observe. Public bodies in Scotland such as NHS Boards also must observe an increasing body of law which prescribes how they should govern themselves and publish additional reports to account for various aspects. However, law from 43 years ago essentially determines the constitution of NHS Boards. The focus needs to on what the requirements of the organisation are to sustainably carry out its responsibilities, rather than seeking to represent everyone in the board's membership.

Fewer public boards each with fewer members may improve the quality of governance in the public sector.

Q73. "Every member of the Integration Joint Board should have a vote" (Independent Review of Adult Social Care, p52). Should all Community Health and Social Care Boards members have voting rights?

X Yes

☐ No

Q74. Are there other changes that should be made to the membership of Community Health and Social Care Boards to improve the experience of service users?

We recommend that where a public body is to be in the direct control of the Scottish Ministers and the National Care Service, then the Scottish Ministers should appoint every member after a public appointment recruitment exercise. There should be no stakeholder members who are nominated for membership, but rather firm expectations on the public body to improve the experience of service-users through how it carries out its activities. Every appointed member of the public body should have equal responsibilities, and consequently should have equal voting rights. To make this possible, the public appointments process needs to be accessible to people from different backgrounds and ranges of experience, so to increase the likelihood that they can be appointed.

Being a member of a public body is a demanding role. In February 2021 the Ethical Standards Commissioner published a Report on a Survey on Time Commitment, Remuneration, and Other Aspects of the Role of Public Appointees 2020 (February

2021). Two key issues are the actual time commitment of the role, and the level of remuneration. These could be barriers to individuals applying for the role. The Commissioner has recommended that the Scottish Government read the report and publish its response to it. The Commissioner is going to use the findings to inform the forthcoming changes to the current Code of Practice on Ministerial Appointments and associated statutory guidance. This report should be considered when designing the approach to CHSCBs.

Another relevant report is NHS Confederation (June 2021): Strengthening NHS Board Diversity. It is noteworthy that some of the causes of a lack of diversity are not due to the recruitment & selection processes. It also highlights that the time commitment of the role and the remuneration are key barriers. The report does not recommend creating dedicated positions for members who represent equality and diversity. It does include a recommendation to carry out a competency review to ensure that access to the roles can come from a wide a cross-section of the community as possible, and those appointed can govern and do so with empathy to EDI issues Arguably this point is also relevant to ensuring that access to roles can come from different stakeholders.

Currently NHS Boards and local authorities 'nominate' their voting members for each IJB. Some non-voting members are automatically members by virtue of the post they hold, e.g. Chief Officer, Chief Social Work Officer. The NHS Board appoints three non-voting members (two doctors, one nurse). The IJB appoints all other non-voting members and can elect to create additional non-voting members. The Scottish Ministers have no role in any of these appointments.

Will there be a fundamental change to the law which would remove the NHS Board and local authority from the process of determining members of the new CHSCBs? This seems to be the implication of the proposals for CHSCBs being directly funded and directly accountable to the National Care Service.

Community Health and Social Care Boards as employers

Q75. Should Community Health and Social Care Boards employ Chief Officers and their strategic planning staff directly?

X Yes

☐ No

There are fundamental issues which first need to be worked through. Currently IJBs do not employ anyone, and Chief Officers are currently either an employee of the NHS Board or the local authority. At the recruitment stage, candidates can select which body they would like to be the employer – they have different terms & conditions.

If a CHSCB was to be an employer, what terms & conditions of employment would it use? Would existing staff be transferred from the NHS Board and the local authority? Has any analysis been made of the impact of this proposal on the NHS Board and the

local authority and their capability to carry out their functions? If for example each CHSCB employs its own strategic planning teams, will there be losses in efficiency and productivity when current teams in NHS Boards and local authorities are broken up? This is particularly true where an NHS Board covers more than one local authority area.

Will the Chief Executive of a CHSCB be designated an Accountable Officer under the Public Finance and Accountability Act? Are there enough individuals in the job market to fill all the positions which these reforms will create? IJBs currently are not empowered to hold assets and do not have a capital budget. Is there any intention to change this for CHSCBs? If CHSBs were to become employers, then this subject may be relevant.

The consultation document states (at page 91): 'The chief executive of each CHSCB will report to the chief executive of the NCS.' If the CHSCB is to employ the Chief Executive, then we would expect the Chief Executive to report to the Chair of the CHSCB and the CHSCB itself.

Who or what will appoint the Chair of the CHSCB, and to whom will that individual be accountable to? Currently with IJBs, the NHS Board and local authority rotate the right to appoint one of their voting members as the IJB chair.

There needs to be clarity on the implications of the proposals in the consultation on what functions and services local authorities and NHS Boards will be responsible for.

Q76. Are there any other staff the Community Health and Social Care Boards should employ directly? Please explain your reasons.

Please see our responses to previous questions. It needs to be clear which organisations would be employing front-line staff, and why. This in turn has a bearing on the legal responsibilities of the National Care Service and CHSCBs. By focussing on just senior management and strategic planning roles, this appears to be limiting the scope of what CHSCBs will do.

Commissioning of services

Structure of Standards and Processes

Q77. Do you agree that the National Care Service should be responsible for the development of a Structure of Standards and Processes

X Yes

☐ No

If no, who should be responsible for this?

☐ Community Health and Social Care Boards

☐ Scotland Excel

☐ Scottish Government Procurement

☐ NHS National Procurement

☐ A framework of standards and processes is not needed

Q78. Do you think this Structure of Standards and Processes will help to provide services that support people to meet their individual outcomes?

X Yes

☐ No

Q79. Do you think this Structure of Standards and Processes will contribute to better outcomes for social care staff?

X Yes

☐ No

Q80. Would you remove or include anything else in the Structure of Standards and Processes?

Market research and analysis

Q81. Do you agree that the National Care Service should be responsible for market research and analysis?

X Yes

☐ No

If no, who should be responsible for this?

- ☐ Community Health and Social Care Boards
- ☐ Care Inspectorate
- ☐ Scottish Social Services Council
- ☐ NHS National Procurement
- ☐ Scotland Excel
- ☐ No one
- ☐ Other- please comment

National commissioning and procurement services

Q82. Do you agree that there will be direct benefits for people in moving the complex and specialist services as set out to national contracts managed by the National Care Service?

- X Yes
- ☐ No

If no, who should be responsible for this?

- ☐ Community Health and Social Care Boards
- ☐ NHS National Procurement
- ☐ Scotland Excel

10. Regulation

Core principles for regulation and scrutiny

Q83. Is there anything you would add to the proposed core principles for regulation and scrutiny?

It may be helpful to add a summary statement which sets out what the outcomes of the regulatory system should be, e.g. safe, person-centred, effective care. A lot of the principles are focussed on how regulation is to be done but would be good to start with the 'why'.

Q84. Are there any principles you would remove?

No but the text could be edited down to simplify the principles.

Q85. Are there any other changes you would make to these principles?

Principle 10 states: '*Where appropriate, scrutiny and assurance should take account of legislative requirements, Scottish Government policy, national standards, and codes of practice*.' The use of 'Where appropriate' seems to qualify this principle. At a basic level any public service activity has to comply with the law, and presumably there is no intent for regulatory activity to depart from standards and codes of practice.

Strengthening regulation and scrutiny of care services

Q86. Do you agree with the proposals outlined for additional powers for the regulator in respect of condition notices, improvement notices and cancellation of social care services?

- ☐ Yes
- ☐ No
- ☐ Please say why.

We have not offered a response to this question as it relates to social care and believe it is appropriate for other organisations to respond.

Q87. Are there any additional enforcement powers that the regulator requires to effectively enforce standards in social care?

We have not offered a response to this question as it relates to social care and believe it is appropriate for other organisations to respond.

Market oversight function

Q88. Do you agree that the regulator should develop a market oversight function?

- ☐ Yes
- ☐ No

Q89. Should a market oversight function apply only to large providers of care, or to all?

- ☐ Large providers only
- ☐ All providers

Q90. Should social care service providers have a legal duty to provide certain information to the regulator to support the market oversight function?

- ☐ Yes
- ☐ No

Q91. If the regulator were to have a market oversight function, should it have formal enforcement powers associated with this?

- ☐ Yes
- ☐ No

Q92. Should the regulator be empowered to inspect providers of social care as a whole, as well as specific social care services?

- ☐ Yes
- ☐ No

Please say why

We have not offered a response to questions 78-82 as they relate to social care and believe it is appropriate for other organisations to respond.

Enhanced powers for regulating care workers and professional standards

Q93. Would the regulator's role be improved by strengthening the codes of practice to compel employers to adhere to the codes of practice, and to implement sanctions resulting from fitness to practise hearings?

We have not offered a response to this question as it relates to social care and believe it is appropriate for other organisations to respond.

Q94. Do you agree that stakeholders should legally be required to provide information to the regulator to support their fitness to practise investigations?

We have not offered a response to this question as it relates to social care and believe it is appropriate for other organisations to respond.

Q95. How could regulatory bodies work better together to share information and work jointly to raise standards in services and the workforce?

We have not offered a response to this question as it relates to social care and believe it is appropriate for other organisations to respond.

Q96. What other groups of care worker should be considered to register with the regulator to widen the public protection of vulnerable groups?

We have not offered a response to this question as it relates to social care and believe it is appropriate for other organisations to respond.

11. Valuing people who work in social care

Fair Work

Q97. Do you think a 'Fair Work Accreditation Scheme" would encourage providers to improve social care workforce terms and conditions?

☐ Yes

☐ No

Please say why.

We have not offered a response to this question as it relates to social care and believe it is appropriate for other organisations to respond.

Q98. What do you think would make social care workers feel more valued in their role? (Please rank as many as you want of the following in order of importance, e.g. 1, 2, 3…)

	Improved pay
	Improved terms and conditions, including issues such as improvements to sick pay, annual leave, maternity/paternity pay, pensions, and development/learning time
	Removal of zero hour contracts where these are not desired
	More publicity/visibility about the value social care workers add to society
	Effective voice/collective bargaining
	Better access to training and development opportunities
	Increased awareness of, and opportunity to, complete formal accreditation and qualifications
	Clearer information on options for career progression
	Consistent job roles and expectations
	Progression linked to training and development

	Better access to information about matters that affect the workforce or people who access support
	Minimum entry level qualifications
	Registration of the personal assistant workforce
	Other (please say below what these could be)

Please explain suggestions for the “Other” option in the below box

We have not offered a response to this question as it relates to social care and believe it is appropriate for other organisations to respond.

Q99. How could additional responsibility at senior/managerial levels be better recognised? (Please rank the following in order of importance, e.g. 1, 2, 3…):

	Improved pay
	Improved terms and conditions
	Improving access to training and development opportunities to support people in this role (for example time, to complete these)
	Increasing awareness of, and opportunity to complete formal accreditation and qualifications to support people in this role
	Other (please explain)

Please explain suggestions for the “Other” option in the below box

We have not offered a response to this question as it relates to social care and believe it is appropriate for other organisations to respond.

Q100. Should the National Care Service establish a national forum with workforce representation, employers, Community Health and Social Care Boards to advise it on workforce priorities, terms and conditions and collective bargaining?

X Yes

☐ No

Please say why or offer alternative suggestions

NHS Boards and a host of other organisations employ people who are currently engaged in delivering community health & social care functions. It would be sensible to ensure that they are all represented in any forum which is considering issues relating to the health & social care workforce.

Workforce planning

Q101. What would make it easier to plan for workforce across the social care sector? (Please tick all that apply.)

X A national approach to workforce planning

X Consistent use of an agreed workforce planning methodology

X An agreed national data set

X National workforce planning tool(s)

X A national workforce planning framework

X Development and introduction of specific workforce planning capacity

X Workforce planning skills development for relevant staff in social care

X Something else (please explain below)

We recognise the benefits of national workforce planning, however this needs to be taken forward with local workforce planning to fine-tune the workforce response .

Training and Development

Q102. Do you agree that the National Care Service should set training and development requirements for the social care workforce?

X Yes

☐ No

Please say why

This is consistent with the principle that the National Care Service should be responsible for the education and development of its nursing staff (see responses to Questions 34 & 35).

Q103. Do you agree that the National Care Service should be able to provide and or secure the provision of training and development for the social care workforce?

X Yes

☐ No

Personal Assistants

Q104. Do you agree that all personal assistants should be required to register centrally moving forward?

☐ Yes

☐ No

Please say why.

We have not offered a response to this question as it relates to social care and believe it is appropriate for other organisations to respond.

Q105. What types of additional support might be helpful to personal assistants and people considering employing personal assistants? (Please tick all that apply)

☐ National minimum employment standards for the personal assistant employer

☐ Promotion of the profession of social care personal assistants

☐ Regional Networks of banks matching personal assistants and available work

☐ Career progression pathway for personal assistants

☐ Recognition of the personal assistant profession as part of the social care workforce and for their voice to be part of any eventual national forum to advise the National Care Service on workforce priorities

☐ A free national self-directed support advice helpline

☐ The provision of resilient payroll services to support the personal assistant's employer as part of their Self-directed Support Option 1 package

X Other (please explain)

We have not offered a response to this question as it relates to social care and believe it is appropriate for other organisations to respond.

Q106. Should personal assistants be able to access a range of training and development opportunities of which a minimum level would be mandatory?

☐ Yes

☐ No

We have not offered a response to this question as it relates to social care and believe it is appropriate for other organisations to respond.

3. Edinburgh Child Protection Committee

Scottish Government
Riaghaltas na h-Alba
gov.scot

A National Care Service for Scotland - Consultation

RESPONDENT INFORMATION FORM

Please Note this form **must** be completed and returned with your response.

To find out how we handle your personal data, please see our privacy policy: https://www.gov.scot/privacy/

Are you responding as an individual or an organisation?

☐ Individual

☒ Organisation

Full name or organisation's name

Edinburgh Child Protection Committee

Phone number	0131 469 6159

Address

c/o City of Edinburgh Council, Waverley Court, 4 East Market Street, Edinburgh

Postcode	EH8 8BG
Email	Euan.currie@edinburgh.gov.uk

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

☐ Publish response with name

☐ Publish response only (without name)

☒ Do not publish response

Information for organisations:

The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

- ☒ Yes
- ☐ No

Individuals - Your experience of social care and support
If you are responding as an individual, it would be helpful for us to understand what experience you have of social care and support. Everyone's views are important, and it will be important for us to understand whether different groups have different views, but you do not need to answer this question if you don't want to.

Please tick all that apply

- ☐ I receive, or have received, social care or support
- ☐ I am, or have been, an unpaid carer
- ☐ A friend or family member of mine receives, or has received, social care or support
- ☐ I am, or have been, a frontline care worker
- ☐ I am, or have been, a social worker
- ☐ I work, or have worked, in the management of care services
- ☐ I do not have any close experience of social care or support.

Organisations – your role
Please indicate what role your organisation plays in social care

- ☐ Providing care or support services, private sector
- ☐ Providing care or support services, third sector
- ☐ Independent healthcare contractor
- ☐ Representing or supporting people who access care and support and their families
- ☐ Representing or supporting carers
- ☐ Representing or supporting members of the workforce
- ☐ Local authority
- ☐ Health Board
- ☐ Integration authority
- ☐ Other public sector body
- ☒ Other

Questions

1. Improving care for people

Improvement

Q1. What would be the benefits of the National Care Service taking responsibility for improvement across community health and care services? (Please tick all that apply)

- ☐ Better co-ordination of work across different improvement organisations
- ☐ Effective sharing of learning across Scotland
- ☐ Intelligence from regulatory work fed back into a cycle of continuous improvement
- ☐ More consistent outcomes for people accessing care and support across Scotland
- ☐ Other – please explain below

Q2. Are there any risks from the National Care Service taking responsibility for improvement across community health and care services?

Accessing care and support

Q3. If you or someone you know needed to access care and support, how likely would you be to use the following routes if they were available?

Speaking to my GP or another health professional.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Speaking to someone at a voluntary sector organisation, for example my local carer centre, befriending service or another organisation.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Speaking to someone at another public sector organisation, e.g. Social Security Scotland

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Going along to a drop in service in a building in my local community, for example a community centre or cafe, either with or without an appointment.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Through a contact centre run by my local authority, either in person or over the phone.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Contacting my local authority by email or through their website.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Using a website or online form that can be used by anyone in Scotland.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Through a national helpline that I can contact 7 days a week.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Other – Please explain what option you would add.

Q4. How can we better co-ordinate care and support (indicate order of preference)?

- ☐ Have a lead professional to coordinate care and support for each individual. The lead professional would co-ordinate all the professionals involved in the adult's care and support.
- ☐ Have a professional as a clear single point of contact for adults accessing care and support services. The single point of contact would be responsible for communicating with the adult receiving care and support on behalf of all the professionals involved in their care, but would not have as significant a role in coordinating their care and support.
- ☐ Have community or voluntary sector organisations, based locally, which act as a single point of contact. These organisations would advocate on behalf of the adult accessing care and support and communicate with the professionals involved in their care on their behalf when needed.

Support planning

Q5. How should support planning take place in the National Care Service? For each of the elements below, please select to what extent you agree or disagree with each option:

d. How you tell people about your support needs

Support planning should include the opportunity for me and/or my family and unpaid carers to contribute.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

If I want to, I should be able to get support from a voluntary sector organisation or an organisation in my community, to help me set out what I want as part of my support planning.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

e. What a support plan should focus on:

Decisions about the support I get should be based on the judgement of the professional working with me, taking into account my views.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

Decisions about the support I get should be focused on the tasks I need to carry out each day to be able to take care of myself and live a full life.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

Decisions about the support I get should be focused on the outcomes I want to achieve to live a full life.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

f. Whether the support planning process should be different, depending on the level of support you need:

I should get a light-touch conversation if I need a little bit of support; or a more detailed conversation with a qualified social worker if my support needs are more complex.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

If I need a little bit of support, a light-touch conversation could be done by someone in the community such as a support worker or someone from a voluntary sector organisation.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

However much support I need, the conversation should be the same.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

Light touch and/or more detailed support planning should take place in another way – please say how below

Q6. The Getting It Right For Everyone National Practice model would use the same language across all services and professionals to describe and assess your strengths and needs. Do you agree or disagree with this approach?

☐ Agree

☐ Disagree

Please say why.

Q7. The Getting It Right for Everyone National Practice model would be a single planning process involving everyone who is involved with your care and support, with a single plan that involves me in agreeing the support I require. This would be supported by an integrated social care and health record, so that my information moves through care and support services with me. Do you agree or disagree with this approach?

☐ Agree

☐ Disagree

Please say why.

Q8. Do you agree or disagree that a National Practice Model for adults would improve outcomes?

☐ Agree

☐ Disagree

Please say why.

Right to breaks from caring

Q9. For each of the below, please choose which factor you consider is more important in establishing a right to breaks from caring. (Please select one option from each part. Where you see both factors as equally important, please select 'no preference'.)

Standardised support packages versus personalised support

☐ Personalised support to meet need	☐ Standardised levels of support	☐ No preference

A right for all carers versus thresholds for accessing support

☐ Universal right for all carers	☐ Right only for those who meet qualifying thresholds	☐ No preference

Transparency and certainty versus responsiveness and flexibility

☐ Certainty about entitlement	☐ Flexibility and responsiveness	☐ No preference

Preventative support versus acute need

☐ Provides preventative support	☐ Meeting acute need	☐ No preference

Q10. Of the three groups, which would be your preferred approach? (Please select one option.)

- ☐ Group A – Standard entitlements
- ☐ Group B – Personalised entitlements
- ☐ Group C – Hybrid approaches

Please say why.

Using data to support care

Q11. To what extent do you agree or disagree with the following statements?

There should be a nationally-consistent, integrated and accessible electronic social care and health record.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

Information about your health and care needs should be shared across the services that support you.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

Q12. Should legislation be used to require all care services and other relevant parties to provide data as specified by a National Care Service, and include the requirement to meet common data standards and definitions for that data collection?

☐ Yes

☐ No

Please say why.

Q13. Are there alternative approaches that would address current gaps in social care data and information, and ensure a consistent approach for the flow of data and information across the National Care Service?

Complaints and putting things right

Q14. What elements would be most important in a new system for complaints about social care services? (Please select 3 options)

- ☐ Charter of rights and responsibilities, so people know what they can expect
- ☐ Single point of access for feedback and complaints about all parts of the system
- ☐ Clear information about advocacy services and the right to a voice
- ☐ Consistent model for handling complaints for all bodies
- ☐ Addressing complaints initially with the body the complaint is about
- ☐ Clear information about next steps if a complainant is not happy with the initial response
- ☐ Other – please explain:

Q15. Should a model of complaints handling be underpinned by a commissioner for community health and care?

- ☐ Yes
- ☐ No

Please say why.

Q16. Should a National Care Service use a measure of experience of those receiving care and support, their families and carers as a key outcome measure?

☐ Yes

☐ No

Please say why.

Residential Care Charges

Q17. Most people have to pay for the costs of where they live such as mortgage payments or rent, property maintenance, food and utility bills. To ensure fairness between those who live in residential care and those who do not, should self-funding care home residents have to contribute towards accommodation-based costs such as (please tick all that apply):

- ☐ Rent
- ☐ Maintenance
- ☐ Furnishings
- ☐ Utilities
- ☐ Food costs
- ☐ Food preparation
- ☐ Equipment
- ☐ Leisure and entertainment
- ☐ Transport
- ☐ Laundry
- ☐ Cleaning
- ☐ Other – what would that be

Q18. Free personal and nursing care payment for self-funders are paid directly to the care provider on their behalf. What would be the impact of increasing personal and nursing care payments to National Care Home Contract rates on:

Self-funders

Care home operators

Local authorities

Other

Q19. Should we consider revising the current means testing arrangements?

☐ Yes

☐ No

If yes, what potential alternatives or changes should be considered?

2. National Care Service

Q20. Do you agree that Scottish Ministers should be accountable for the delivery of social care, through a National Care Service?

- ☐ Yes
- ☐ No, current arrangements should stay in place
- ☐ No, another approach should be taken (please give details)

Q21. Are there any other services or functions the National Care Service should be responsible for, in addition to those set out in the chapter?

Q22. Are there any services or functions listed in the chapter that the National Care Service should not be responsible for?

3. Scope of the National Care Service

Children's services

Q23. Should the National Care Service include both adults and children's social work and social care services?

☐ Yes

☒ No

Please say why.

Our answer is No, but for the simple reason that the consultation document as it stands does not provide sufficient detail to enable us to reach a fully informed position. As a multiagency partnership, we are committed to the best outcomes for children regardless of how services are structured. On the same note, we highlight that collaboration across organisational boundaries is a central element of the work of a Child Protection Committee and children's services more broadly; this would not change with the creation of a National Care Service. We would highlight our answer to Q26 regarding risks as following the same principles.

In our view, the following issues need to be explored further and the associated questions answered in more detail before we could make a fully informed decision regarding the inclusion of children's services within the NCS:

- IRASC was focussed on adults. There is very little information about children's services contained in the paper, and the most recent comprehensive review process in this service area (The Independent Care Review aka The Promise) did not arrive at the conclusion that service reorganisation in this way would benefit children. We would argue that form should follow function; whilst it may be suggested that the IRASC goes one step further than The Promise in proposing an operating structure to implement its findings, we argue that one of the strengths of The Promise is that it clearly defines its aspirations, with all associated action flowing from these aims. The NCS proposal, in contrast, proposes an operating structure and seeks to understand how aspirations could be achieved within it. How much consideration has been given to the findings of The Promise and associated workplan in developing the proposal for a NCS?
- Can the distinctiveness of children's services be considered solely on the basis of social care services? To expand, the work delivered under the auspices of child protection tends to be led by a qualified social worker, in concert with a range of colleagues from Police, NHS, third sector and others. Child protection plans are usually intended as short-term interventions with a child and their family, based on

reducing identified areas of risk. This stands in contrast to the provision of children's social care (and indeed adult social care) which is longer term in nature, focussed around supporting an individual with often life-long conditions and centred around the provision of a particular service or package of care, as opposed to an ongoing process of risk assessment.

- The consultation document is not clear in illustrating what a successful system would look like. We know transitions between children and adults services can be an issue, but bringing about wholesale systematic change on the basis of an issue which is already being responded to in the arena of children's services (through, for example, Continuing Care legislation and resulting practice changes) is not clearly justified. On a related note, we are unclear what is it about the system now that we need to change, and what an NCS involving children's services would achieve? On a more pressing issue, there is no detail around how children would be safer as a result.

- The timescale for implementation appears very tight and there is no detail around how children's services could or would be incorporated into an NCS. For example, would there be a phased approach?

- The consultation does not identify any strengths in the current configuration of children's services and as a result we feel there is a danger that this is seen as being the easy solution to a "failing" system. The consultation reads as if there are no positives to the way services are currently organised, or indeed how children and families experience them. One need only cast their eye over a selection of recent Care Inspectorate reports to find many excellent examples of how children's services is delivered – including key elements of collaboration across agencies boundaries. Whilst The Promise did identify key changes to the children's care system that needed to be made over a ten year period, these are not solely within the sphere of children's social work and social care and indeed involve significant input from Scottish Government, the Care Inspectorate, the Scottish Children's Reporter's Administration and others.

- The framework is, in its totality, focussed around services rather than people's needs and capacities. We are not confident that utilising such a model of service provision (which would appear to us to be out of step with current thinking in social work and child protection practice) would be sufficient in achieving real positive change for children and families. A whole system approach (which is crucially different to specific services being provided to tackle issues) is needed to address systemic issues.

- Regardless of the NCS' existence – support can and will be provided by third sector organisations. Has a particular issue been identified which would be overcome by the formation of an NCS?

Q24. Do you think that locating children's social work and social care services within the National Care Service will reduce complexity for children and their families in accessing services?

For children with disabilities,

☐ Yes

☒ No

Please say why.

As with the previous question, there is insufficient detail provided in the consultation for us to answer yes. We qualify our answer with the following:

Transitions into adulthood will still be necessary for children with disability. This is a different phase of life, with the most obvious transition point being the end of compulsory education at age 16. Whilst grouping social care for children and adults with disabilities within the NCS may make sense on paper, we are unclear how this would look in operation and thus how it would be experienced.

There may be financial benefits to commissioning for disability services. However, a budget which follows the child is also a possibility. The question remains about resources –how do we fund expensive packages of care?

For transitions to adulthood

☐ Yes

☒ No

Please say why.

Again, we answer no on the basis of lack of information.

The following issues would need to be considered before we could agree with the statement:

The rationale for the NCS appears to be that one organisation would eliminate issues around transition. However these services are currently part of the same local authority. A more pertinent question may be asked about adequate levels of funding for such services.

For children with family members needing support

☐ Yes

☒ No

Please say why.

Again, further detail is needed around how the NCS would address this perceived issue.

We would highlight that simply bringing a range of disciplines under the NCS would not in itself eliminate complexity and the need for specialisms. We would also note that within the NHS, there exists a level of complexity within service provisions even when these are currently provided under the one umbrella.

Q25. Do you think that locating children's social work services within the National Care Service will improve alignment with community child health services including primary care, and paediatric health services?

☐ Yes

☒ No

Please say why.

Again we answer No because the consultation does not contain adequate detail around this in terms of alignment between community child health and social work.

There is more information required about what needs to be improved.

In terms of local practice, Edinburgh is in the fortunate position of having a high level of community child health input into Child Protection processes, via the dedicated Child Protection Hub. This is not mirrored nationwide and our concern is that this would diminish under the National Care Service.

In addition, we would highlight that Child Protection is always multiagency, and organisational boundaries should not be viewed solely as barriers, as the quality of working relationships between professionals is key to effective practice. To use another example, the role of Police Scotland within Child Protection processes is strong and positive collaboration is noted locally.

Q26. Do you think there are any risks in including children's services in the National Care Service?

☐ Yes

☐ No

If yes, please give examples

We highlight a range of risks:

As detailed above, lack of detail in the proposals around the complex landscape of children's services may contribute to additional barriers and unforeseen impacts. Significant programmes of work, not least The Promise, risk being derailed by the swift reorganisation of the workforce.

Given there has been no consultation with children and families as part of this process, and arriving at the proposal, there is a risk that the voices of those who use services may go unheard. The design of the NCS should be focussed around a commitment to improving wellbeing – driven by a principle of "doing no harm" – not focussed on organisational priorities.

Scotland is a diverse country, incorporating rural and urban areas, and large inequalities in income and opportunity. We would note the particular needs of different areas of the country in terms of what their social work and social care landscape may look like. There is a risk that a national system would not sufficiently address local need.

Finally, we note that one of the principles of The Promise is that there should be no role for profit within services which provide care and protection for children. However, the National Care Service appears to promote a marketisation approach. With the adult social care sector being delivered to a large extent on a for-profit basis, and with children's social care potentially being aligned to this within the National Care Service, we note risks around a profit motive becoming embedded within children's services as a result.

Healthcare

Q27. Do you agree that the National Care Service and at a local level, Community Health and Social Care Boards should commission, procure and manage community health care services which are currently delegated to Integration Joint Boards and provided through Health Boards?

- ☐ Yes
- ☐ No

Please say why.

Q28. If the National Care Service and Community Health and Social Care Boards take responsibility for planning, commissioning and procurement of community health services, how could they support better integration with hospital-based care services?

Q29. What would be the benefits of Community Health and Social Care Boards managing GPs' contractual arrangements? (Please tick all that apply)

- ☐ Better integration of health and social care
- ☐ Better outcomes for people using health and care services
- ☐ Clearer leadership and accountability arrangements
- ☐ Improved multidisciplinary team working
- ☐ Improved professional and clinical care governance arrangements
- ☐ Other (please explain below)

Q30. What would be the risks of Community Health and Social Care Boards managing GPs' contractual arrangements? (Please tick all that apply)

- ☐ Fragmentation of health services
- ☐ Poorer outcomes for people using health and care services
- ☐ Unclear leadership and accountability arrangements
- ☐ Poorer professional and clinical care governance arrangements
- ☐ Other (please explain below)

Q31. Are there any other ways of managing community health services that would provide better integration with social care?

Q32. What do you see as the main benefits in having social work planning, assessment, commissioning and accountability located within the National Care Service? (Please tick all that apply.)

- ☐ Better outcomes for service users and their families.
- ☐ More consistent delivery of services.
- ☐ Stronger leadership.
- ☐ More effective use of resources to carry out statutory duties.
- ☐ More effective use of resources to carry out therapeutic interventions and preventative services.
- ☐ Access to learning and development and career progression.
- ☐ Other benefits or opportunities, please explain below:

Q33. Do you see any risks in having social work planning, assessment, commissioning and accountability located within the National Care Service?

Nursing

Q34. Should Executive Directors of Nursing have a leadership role for assuring that the safety and quality of care provided in social care is consistent and to the appropriate standard? Please select one.

- ☐ Yes
- ☐ No
- ☐ Yes, but only in care homes
- ☐ Yes, in adult care homes and care at home

Please say why

Q35. Should the National Care Service be responsible for overseeing and ensuring consistency of access to education and professional development of social care nursing staff, standards of care and governance of nursing? Please select one.

- ☐ Yes
- ☐ No, it should be the responsibility of the NHS
- ☐ No, it should be the responsibility of the care provider

Please say why

Q36. If Community Health and Social Care Boards are created to include community health care, should Executive Nurse Directors have a role within the Community Health and Social Care Boards with accountability to the National Care Service for health and social care nursing?

☐ Yes

☐ No

If no, please suggest alternatives

Justice Social Work

Q37. Do you think justice social work services should become part of the National Care Service (along with social work more broadly)?

- ☐ Yes
- ☐ No

Please say why.

Q38. If yes, should this happen at the same time as all other social work services or should justice social work be incorporated into the National Care Service at a later stage?

- ☐ At the same time
- ☐ At a later stage

Please say why.

Q39. What opportunities and benefits do you think could come from justice social work being part of the National Care Service? (Tick all that apply)

Q40.

- ☐ More consistent delivery of justice social work services
- ☐ Stronger leadership of justice social work
- ☐ Better outcomes for service users
- ☐ More efficient use of resources
- ☐ Other opportunities or benefits - please explain

Q42. What risks or challenges do you think could come from justice social work being part of the National Care Service? (Tick all that apply)

Q43.

- ☐ Poorer delivery of justice social work services.
- ☐ Weaker leadership of justice social work.
- ☐ Worse outcomes for service users.
- ☐ Less efficient use of resources.
- ☐ Other risks or challenges - please explain:

Q44. Do you think any of the following alternative reforms should be explored to improve the delivery of community justice services in Scotland? (Tick all that apply)

Q45.

- ☐ Maintaining the current structure (with local authorities having responsibility for delivery of community justice services) but improving the availability and consistency of services across Scotland.
- ☐ Establishing a national justice social work service/agency with responsibility for delivery of community justice services.
- ☐ Adopting a hybrid model comprising a national justice social work service with regional/local offices having some delegated responsibility for delivery.
- ☐ Retaining local authority responsibility for the delivery of community justice services, but establishing a body under local authority control to ensure consistency of approach and availability across Scotland.
- ☐ Establishing a national body that focuses on prevention of offending (including through exploring the adoption of a public health approach).
- ☐ No reforms at all.
- ☐ Another reform – please explain:

Q46. Should community justice partnerships be aligned under Community Health and Social Care Boards (as reformed by the National Care Service) on a consistent basis?

☐ Yes

☐ No

Please say why.

Q47.
Q48.

Prisons

Q49.

Q50. Do you think that giving the National Care Service responsibility for social care services in prisons would improve outcomes for people in custody and those being released?

☐ Yes

☐ No

Please say why.

Q51. Do you think that access to care and support in prisons should focus on an outcomes-based model as we propose for people in the community, while taking account of the complexities of providing support in prison?

☐ Yes

☐ No

Please say why.

Alcohol and Drug Services

Q52.

Q53.

Q54. What are the benefits of planning services through Alcohol and Drug Partnerships? (Tick all that apply)

- ☐ Better co-ordination of Alcohol and Drug services
- ☐ Stronger leadership of Alcohol and Drug services
- ☐ Better outcomes for service users
- ☐ More efficient use of resources
- ☐ Other opportunities or benefits - please explain

Q55.

Q56. What are the drawbacks of Alcohol and Drug Partnerships? (Tick all that apply)

- ☐ Confused leadership and accountability
- ☐ Poor outcomes for service users
- ☐ Less efficient use of resources
- ☐ Other drawbacks - please explain

Q57. Should the responsibilities of Alcohol and Drug Partnerships be integrated into the work of Community Health and Social Care Boards?

- ☐ Yes
- ☐ No

Please say why.

Q58. Are there other ways that Alcohol and Drug services could be managed to provide better outcomes for people?

Q59. Could residential rehabilitation services be better delivered through national commissioning?

☐ Yes

☐ No

Please say why.

Q60. What other specialist alcohol and drug services should/could be delivered through national commissioning?

Q61. Are there other ways that alcohol and drug services could be planned and delivered to ensure that the rights of people with problematic substance use (alcohol or drugs) to access treatment, care and support are effectively implemented in services?

Mental Health Services

Q62. What elements of mental health care should be delivered from within a National Care Service? (Tick all that apply)

- ☐ Primary mental health services
- ☐ Child and Adolescent Mental Health Services
- ☐ Community mental health teams
- ☐ Crisis services
- ☐ Mental health officers
- ☐ Mental health link workers
- ☐ Other – please explain

Q63. How should we ensure that whatever mental health care elements are in a National Care Service link effectively to other services e.g. NHS services?

National Social Work Agency

Q64. What benefits do you think there would be in establishing a National Social Work Agency? (Tick all that apply)

- ☐ Raising the status of social work
- ☐ Improving training and continuous professional development
- ☐ Supporting workforce planning
- ☐ Other – please explain

Q65. Do you think there would be any risks in establishing a National Social Work Agency?

Q66. Do you think a National Social Work Agency should be part of the National Care Service?

- ☐ Yes
- ☐ No

Please say why

Q67. Which of the following do you think that a National Social Work Agency should have a role in leading on? (Tick all that apply)

- ☐ Social work education, including practice learning
- ☐ National framework for learning and professional development, including advanced practice
- ☐ Setting a national approach to terms and conditions, including pay
- ☐ Workforce planning
- ☐ Social work improvement
- ☐ A centre of excellence for applied research for social work
- ☐ Other – please explain

5. Reformed Integration Joint Boards: Community Health and Social Care Boards

Governance model

Q68. "One model of integration… should be used throughout the country." (Independent Review of Adult Social Care, p43). Do you agree that the Community Health and Social Care Boards should be the sole model for local delivery of community health and social care in Scotland?

☐ Yes

☐ No

Please say why.

Q69. Do you agree that the Community Health and Social Care Boards should be aligned with local authority boundaries unless agreed otherwise at local level?

☐ Yes

☐ No

Q70. What (if any) alternative alignments could improve things for service users?

Q71. Would the change to Community Health and Social Care Boards have any impact on the work of Adult Protection Committees?

Membership of Community Health and Social Care Boards

Q72. The Community Health and Social Care Boards will have members that will represent the local population, including people with lived and living experience and carers, and will include professional group representatives as well as local elected members. Who else should be represented on the Community Health and Social Care Boards?

Q73. "Every member of the Integration Joint Board should have a vote" (Independent Review of Adult Social Care, p52). Should all Community Health and Social Care Boards members have voting rights?

☐ Yes

☐ No

Q74. Are there other changes that should be made to the membership of Community Health and Social Care Boards to improve the experience of service users?

Community Health and Social Care Boards as employers

Q75. Should Community Health and Social Care Boards employ Chief Officers and their strategic planning staff directly?

☐ Yes

☐ No

Q76. Are there any other staff the Community Health and Social Care Boards should employ directly? Please explain your reasons.

6. Commissioning of services

Structure of Standards and Processes

Q77. Do you agree that the National Care Service should be responsible for the development of a Structure of Standards and Processes

- ☐ Yes
- ☐ No

If no, who should be responsible for this?

- ☐ Community Health and Social Care Boards
- ☐ Scotland Excel
- ☐ Scottish Government Procurement
- ☐ NHS National Procurement
- ☐ A framework of standards and processes is not needed

Q78. Do you think this Structure of Standards and Processes will help to provide services that support people to meet their individual outcomes?

- ☐ Yes
- ☐ No

Q79. Do you think this Structure of Standards and Processes will contribute to better outcomes for social care staff?

- ☐ Yes
- ☐ No

Q80. Would you remove or include anything else in the Structure of Standards and Processes?

Market research and analysis

Q81. Do you agree that the National Care Service should be responsible for market research and analysis?

- ☐ Yes
- ☐ No

If no, who should be responsible for this?

- ☐ Community Health and Social Care Boards
- ☐ Care Inspectorate
- ☐ Scottish Social Services Council
- ☐ NHS National Procurement
- ☐ Scotland Excel
- ☐ No one
- ☐ Other- please comment

National commissioning and procurement services

Q82. Do you agree that there will be direct benefits for people in moving the complex and specialist services as set out to national contracts managed by the National Care Service?

- ☐ Yes
- ☐ No

If no, who should be responsible for this?

- ☐ Community Health and Social Care Boards
- ☐ NHS National Procurement
- ☐ Scotland Excel

7. Regulation

Core principles for regulation and scrutiny

Q83. Is there anything you would add to the proposed core principles for regulation and scrutiny?

Q84. Are there any principles you would remove?

Q85. Are there any other changes you would make to these principles?

Strengthening regulation and scrutiny of care services

Q86. Do you agree with the proposals outlined for additional powers for the regulator in respect of condition notices, improvement notices and cancellation of social care services?

- ☐ Yes
- ☐ No
- ☐ Please say why.

Q87. Are there any additional enforcement powers that the regulator requires to effectively enforce standards in social care?

Market oversight function

Q88. Do you agree that the regulator should develop a market oversight function?

- ☐ Yes
- ☐ No

Q89. Should a market oversight function apply only to large providers of care, or to all?

- ☐ Large providers only
- ☐ All providers

Q90. Should social care service providers have a legal duty to provide certain information to the regulator to support the market oversight function?

- ☐ Yes
- ☐ No

Q91. If the regulator were to have a market oversight function, should it have formal enforcement powers associated with this?

- ☐ Yes
- ☐ No

Q92. Should the regulator be empowered to inspect providers of social care as a whole, as well as specific social care services?

- ☐ Yes
- ☐ No

Please say why

Enhanced powers for regulating care workers and professional standards

Q93. Would the regulator's role be improved by strengthening the codes of practice to compel employers to adhere to the codes of practice, and to implement sanctions resulting from fitness to practise hearings?

Q94. Do you agree that stakeholders should legally be required to provide information to the regulator to support their fitness to practise investigations?

Q95. How could regulatory bodies work better together to share information and work jointly to raise standards in services and the workforce?

Q96. What other groups of care worker should be considered to register with the regulator to widen the public protection of vulnerable groups?

8. Valuing people who work in social care

Fair Work

Q97. Do you think a 'Fair Work Accreditation Scheme" would encourage providers to improve social care workforce terms and conditions?

☐ Yes

☐ No

Please say why.

Q98. What do you think would make social care workers feel more valued in their role? (Please rank as many as you want of the following in order of importance, e.g. 1, 2, 3…)

	Improved pay
	Improved terms and conditions, including issues such as improvements to sick pay, annual leave, maternity/paternity pay, pensions, and development/learning time
	Removal of zero hour contracts where these are not desired
	More publicity/visibility about the value social care workers add to society
	Effective voice/collective bargaining
	Better access to training and development opportunities
	Increased awareness of, and opportunity to, complete formal accreditation and qualifications
	Clearer information on options for career progression
	Consistent job roles and expectations
	Progression linked to training and development

	Better access to information about matters that affect the workforce or people who access support
	Minimum entry level qualifications
	Registration of the personal assistant workforce
	Other (please say below what these could be)

Please explain suggestions for the “Other” option in the below box

Q99. How could additional responsibility at senior/managerial levels be better recognised? (Please rank the following in order of importance, e.g. 1, 2, 3…):

	Improved pay
	Improved terms and conditions
	Improving access to training and development opportunities to support people in this role (for example time, to complete these)
	Increasing awareness of, and opportunity to complete formal accreditation and qualifications to support people in this role
	Other (please explain)

Please explain suggestions for the “Other” option in the below box

Q100. Should the National Care Service establish a national forum with workforce representation, employers, Community Health and Social Care Boards to advise it on workforce priorities, terms and conditions and collective bargaining?

- ☐ Yes
- ☐ No

Please say why or offer alternative suggestions

Workforce planning

Q101. What would make it easier to plan for workforce across the social care sector? (Please tick all that apply.)

- ☐ A national approach to workforce planning
- ☐ Consistent use of an agreed workforce planning methodology
- ☐ An agreed national data set
- ☐ National workforce planning tool(s)
- ☐ A national workforce planning framework
- ☐ Development and introduction of specific workforce planning capacity
- ☐ Workforce planning skills development for relevant staff in social care
- ☐ Something else (please explain below)

Training and Development

Q102. Do you agree that the National Care Service should set training and development requirements for the social care workforce?

☐ Yes

☐ No

Please say why

Q103. Do you agree that the National Care Service should be able to provide and or secure the provision of training and development for the social care workforce?

☐ Yes

☐ No

Personal Assistants

Q104. Do you agree that all personal assistants should be required to register centrally moving forward?

- ☐ Yes
- ☐ No

Please say why.

Q105. What types of additional support might be helpful to personal assistants and people considering employing personal assistants? (Please tick all that apply)

- ☐ National minimum employment standards for the personal assistant employer
- ☐ Promotion of the profession of social care personal assistants
- ☐ Regional Networks of banks matching personal assistants and available work
- ☐ Career progression pathway for personal assistants
- ☐ Recognition of the personal assistant profession as part of the social care workforce and for their voice to be part of any eventual national forum to advise the National Care Service on workforce priorities
- ☐ A free national self-directed support advice helpline
- ☐ The provision of resilient payroll services to support the personal assistant's employer as part of their Self-directed Support Option 1 package
- ☐ Other (please explain)

Q106. Should personal assistants be able to access a range of training and development opportunities of which a minimum level would be mandatory?

- ☐ Yes
- ☐ No