Policy and Sustainability

10.00am, Tuesday, 30 November 2021

Draft Response to the Scottish Government National Care Service (NCS) Consultation

Item number	
Executive/Routine	Executive
Wards	All
Council Commitments	36

1. Recommendations

1.1 To note the response to the Scottish Government's consultation on the National Care Service, approved by the Chief Executive in consultation with the Leader and Depute Leader under urgency provisions set out in A4.1 of the Committee Terms of Reference and Delegated Functions so as to meet the consultation deadline.

Stephen S. Moir
Executive Director of Corporate Services

Contact: Paula McLeay, Head of Policy and Insight,
Policy and Insight Team, Corporate Services Directorate
E-mail: paula.mcleay@edinburgh.gov.uk | Tel: 0131 529 3654

Report

Draft Response to the Scottish Government National Care Service (NCS) Consultation

2.   Executive Summary

2.1   The Council's draft response to the Scottish Government's consultation on proposals for a National Care Service, supplemented by a detailed paper, positively endorses efforts to improve social care and social work, how it is valued and the outcomes it achieves for citizens in Edinburgh.

2.2   However, the draft response also highlights that as the consultation stands, it is difficult to engage meaningfully in the questions around whether a National Care Service is required and what its scope and role could be. As such, the response sets out a series of questions about the proposals and details significant concerns about their potential impact.

2.3   The draft response also requests a further period of consultation when the further details requested about the model are available and relevant impact assessments and engagement with service users – including children and young people - is undertaken.

3.   Background

3.1   The findings of the Independent Review of Adult Social Care in Scotland, led by Derek Feeley, were published on 3 February 2021. The review proposed a social care system where social care support is seen as an investment, enabling rights and capabilities and is preventative and anticipatory; a system that is built on collaboration and supports strong relationships and is a vehicle for supporting independent living.

3.2   The recommendations included transformation of the way that social care is planned, commissioned and procured; the introduction of a national improvement programme for social care; delivery of Fair Work and; a National Care Service (NCS) for adult social care.

3.3   The Scottish Government consulted on proposals for a National Care Service. These proposals significantly expand the scope of the NCS beyond the

recommendations of the Feeley Review, while including a number of areas of ambiguity or which lack of detail.

3.4   The Council's response has been informed by a round table of key officer groups, engagement with key council teams and two workshop sessions held for Elected Members on 22 and 25 October 2021. Council officers and Councillors have also engaged in various professional group sessions and COSLA workshops on the proposals.

4.   Main report

4.1   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 IJBs will be reformed to become Community Health and Social Care Boards, the delivery body for the NCS.

4.2   However, the Scottish Government 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 questions.

4.3   Due to the lack of detail in the proposal, the Council submitted a general response (Appendix A) alongside the completion of the SG survey (Appendix B).

4.4   These were developed following a round table with key lead officers from across the Council and 2 elected member workshops. They were approved the Chief Executive in consultation with the Leader and Depute Leader as it was not possible, given the depth and breadth of the consultation to bring the response to committee ahead of Scottish Government deadlines.

4.5   In summary, the Council response:

4.5.1   Supports the principles of improving social care and social work articulated by the Feeley Review;

4.5.2   Recognises there are a number of opportunities for service and outcome improvements through greater national collaboration particularly in respect of the workforce

4.5.3   Identifies key service, operational, financial, legal and governance concerns with the proposals as they stand.

4.5.4   Notes the significant questions about the future role of local government and local democracy should the proposals go ahead to the fullest extent proposed in the consultation.

4.5.6   Asks for further consultation with the appropriate impact assessments and engagement with statutory partners, stakeholders, and service users including children and young people once a more detailed and evidence-based proposal is developed.

5. Next Steps

5.1   If approved by Committee, the consultation response plus the supplementary paper will be submitted to the Scottish Government.

5.2   The Council will seek 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.

6. Financial impact

6.1   These proposals have potentially significant ongoing financial implications for the whole of Scotland and for local government.

6.2   The full financial impact can only be understood when a more detailed proposal is put forward but Appendix 1 details the fact that this could see the centralisation of over £380m of the Council's budget with consequent impact on the Council's debt, borrowing and capital programmes.

7. Stakeholder/Community Impact

7.1   The response has been informed by:

7.1.1   Round table of key officer groups

7.1.2   Further service level engagement with key council teams

7.1.3   COSLA events

7.1.4   Elected Member engagement sessions

7.2   The consultation response notes the absence of equality impact assessments and the lack of direct engagement with service users and their families, citizens with protected characteristics including children and young people

7.3   The response includes a request the Scottish Government to provide a second period of consultation following further development of the proposals, taking account of feedback from this first phase.

8. Background reading/external references

8.1   [Independent Review of Adult Social Care in Scotland](#)

8.2   [Scottish Government Consultation on a National Care Service for Scotland](#)

9. Appendices

9.1   Additional detailed response paper

9.2   Consultation response

Draft Response to the Scottish Government National Care Service (NCS) Consultation

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.

<u>Workforce</u>

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

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

The City of Edinburgh Council

Phone number

0131 200 2000

Address

Policy and Insight, Business Centre 2.1, Waverley Court, 4 East Market Street, Edinburgh

Postcode

EH8 8BG

Email

policyandinsight@edinburgh.gov.uk

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

Policy and Sustainability Committee – 30th November 2

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.

☒ 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