

Agenda Item	12
Report No	HC/29/21

HIGHLAND COUNCIL

Committee: The Highland Council

Date: 28 October 2021

Report Title: National Care Service for Scotland Consultation

Report By: Executive Chief Officer – Health & Social Care

1. Purpose/Executive Summary

- 1.1 This report and appendix provide a draft response to the Scottish Government's consultation, issued on 9 August 2021 entitled "A National Care Service for Scotland".
- 1.2 The consultation goes significantly beyond the delivery of adult social care as envisaged in the Independent Review of Adult Social Care in Scotland (referred to as "The Feeley Report") and extends to the delivery of other social work and social care services including children's services, justice services and the work of alcohol and drugs partnerships. Other health and care functions are also included in the potential remit.
- 1.3 The draft Council response is included as an appendix to this report and reflects engagement with elected Members, staff groups and Trade Unions.
- 1.4 The consultation has also been widely circulated to public, private and third sector partners and stakeholder groups by the Council and the Council's social media channels will continue to promote and encourage as many people as possible to engage with the consultation and submit a response to the Scottish Government.
- 1.5 The draft Council consultation response is in two parts. Firstly, there is an assessment of the broad themes arising from the Scottish Government proposals, which is representative of the views of Members as expressed through 2 all-member seminars held earlier in October. This is also reflective of feedback from a number of focus group sessions held with professional and practitioner staff across the various Council specialisms and which have been facilitated by an independent researcher from UHI. Secondly, there are the responses to the specific questions put in the consultation document itself. Many of these are about specific service delivery questions and illustrate the professional views of managers and professionals from across a range of potentially affected Council services as well as the views expressed in the Members' seminars.

2. Recommendations

Members are asked to consider the terms of the consultation and:

- i. Note the engagement with staff and Members in terms of informing the response to this consultation;
- ii. Agree headings set out in section 6 which shape the Council's formal response and approve the Council's response at Appendix 1;
- iii. Agree to seek assurances from the Scottish Government that there will be continued engagement with local government in the development of their proposals so that local needs, challenges and opportunities can be fully represented and reflected;
- iv. Agree that there be continuing engagement with COSLA and Solace in terms of the impact the proposals may have on local authority functions going forward.

3. Implications

- 3.1 Resource – There is little detail within the consultation document about the resourcing impact of the proposed changes, beyond a commitment to an additional 25% funding. There are likely to be considerable wider budget and staffing implications for the Council and partners. At present it is unclear how far the scope of the National Care Service (NCS) will extend or whether staff will remain with their current employer (public, private or third sector) and be commissioned by the new Boards or if some or all will transfer to the new national service or at what point such funding might become available. It is unknown if such funding is linked to the establishment of the National Care Service which is understood will be in place by 2026 or if new funding will be available before then. It is also not clear how much of the Council's current revenue or capital budgets will be transferred into the new Service, or what the intentions are with regard to buildings and other capital assets.
- 3.2 Legal – The NCS will require significant revisions and changes to existing legislation and will lead to change in the partnership arrangements currently in place with NHS Highland. There may be significant HR requirements in terms of TUPE legislation. The timescale set out by the Scottish Government is for new legislation to be presented to Parliament in summer 2022 with Royal Assent by summer 2023. The intention is for the new Care Service to be in place by 2026.
- 3.3 Risk/Impact – The proposals as envisaged by the consultation will, if enacted, lead to significant change in the way many of the services currently delivered by the Council, and by our public and third sector partners and as such are likely to have a significant impact on our communities. It is only once the Government's plans become clearer that those implications will become fully apparent. Staff recruitment and retention in adult social care is already very challenging, especially in remote and rural areas. The Scottish Government's recruiting to centralised posts for the new NCS is already impacting on the stability of the Council's workforce and this is likely to continue.
- 3.4 Community (Equality, Poverty & Rural) - Equity, fairness and equal access to services by all is key to the Highland's future prosperity. Local scrutiny, accountability and democratic oversight will all be an important aspect in reflecting the needs of local communities. The consultation has little detail on how local democratic scrutiny and oversight will be discharged and so the consultation response seeks greater clarity on this aspect. The Government's proposals also do not appear to have been

screened for rural, equality or island impacts but it is possible that this is intended once the final scope of the proposals is clearer.

- 3.5 Gaelic, Climate Change – It is not considered that there are any direct climate change or Gaelic implications at this time.

4. Background

- 4.1 On 1 September 2020 the First Minister announced that there would be an Independent Review of Adult Social Care in Scotland as part of the Programme for Government. The Review was chaired by Derek Feeley, a former Scottish Government Director General for Health and Social Care and Chief Executive of NHS Scotland. Mr Feeley was supported by an Advisory Panel of Scottish and international experts and published the report after carrying out consultation with stakeholders.
- 4.2 The Scottish Government stated that “the principal aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care” The review took a human-rights based approach and indicated a change of direction in terms of future delivery of adult social care.
- 4.3 The Independent Review concluded at the end of January 2021 and its report was published on 3 February 2021, generating widespread support for the ethos and values expressed albeit there was some concern about how the proposed national care service would operate. A consultation on the detailed review’s proposals had been anticipated since then but what has come forward is much broader than previously signalled and includes the impact such proposals would have upon children’s services, justice services, healthcare, social work and social care, nursing, prisons, alcohol and drug services, and mental health services. The core delivery of social work and health professional services will change as a result of the proposals envisaged by the consultation.
- 4.4 The deadline date for consultation responses was originally 18 October 2021. The meeting of the Health Social Care and Wellbeing Committee agreed that an approach be made to COSLA to seek an extension on behalf of all Scottish local authorities to the Scottish Government’s deadline and this was subsequently amended to 2 November 2021.

5. Approach to the consultation

- 5.1 Given the significant potential impact of the proposals, it was agreed by the Health Social Care and Wellbeing Committee that the consultation be remitted to full Council for consideration. The consultation has been disseminated to Members and third sector stakeholders of the Joint Monitoring Committee which is the governance vehicle for the partnership arrangement with NHS Highland. It was also provided to all staff and the Unions were also informed.
- 5.2 Following consideration at Council in September, UHI was engaged to undertake a series of focus groups and one to one interviews with internal stakeholders and 2 Members’ Seminars were held on 5 October and 14th October. The focus groups have been with practitioners across the organisation spanning a range of services, albeit with the main focus being on Health and Social Care staff.

- 5.3 The focus groups and interviews have looked at general principles and the consultation process; scale and scope; the role of a National Care Service & its suitability to meet the needs of stakeholders; national versus local considerations; governance; funding and investment; and workforce and employment. They also looked at the individual questions in the consultation and the proposed responses reflect this input.
- 5.4 The first Members' seminar considered the background, context and principles of the Scottish Government's proposals; the scope and mode of delivery; potential implications for staff; a number of ambiguities and points requiring clarification; and principles of governance and subsidiarity. The second seminar considered the content of the Council's formal response and the following section summarises the outcomes of these sessions. Additional content has been included from the internal stakeholder engagement.

6. Engagement Outcomes

6.1 General principles

- 6.1.1. All agreed that change was needed to deliver better outcomes and this included the provision of additional funding. There was support for the principles that care should be person-centred, human rights-based, and seen as an investment in society; that the social care workforce should be strengthened, nurtured and properly rewarded; that unpaid carers need to be recognised and supported; and there needed to be an emphasis on early intervention and prevention. However, the consultation does not explain how the development of a NCS will improve services and ultimately the experiences of service users and so there was no consensus that the creation of a national care service was the only or best way to achieve these goals. It was widely agreed that the Government should continue to engage fully with local government as their proposals develop as the practicalities of how services are to be improved and delivered become clearer.
- 6.1.2 A point was also made the focus group that there should be key differences between the way the NHS and a NCS should be run, not least that not all care is free at the point of delivery but also that it could not work in an operationally similar way: 'The NHS can have specialist centres; people need care where they are' and the need for a place-based focus was strongly supported.
- 6.1.3 There was support for the role of a NCS to take an oversight approach - responsible for performance, regulation, and inspection and workforce development. There was less support for a NCS being responsible for actual care delivery.
- 6.1.4 There was some support expressed if the new arrangements resulted in the joining up of service providers into a single body, thereby reducing the fragmentation that currently exists which would be of benefit to service users. But it was also recognised that this is not clarified in the consultation and it would appear that Boards would still be able to commission services from a variety of providers.

6.2 Extent of the proposed Service

- 6.2.1 The Consultation seeks input on whether, in addition to adult care services, the NCS should include Adult Social Work (including Mental Health Officers), Social Work

Agency, Children's Services, Criminal Justice Services, Community Justice, Alcohol and Drugs prevention, GP Contracts, Housing and Homelessness.

- 6.2.2 Concern was expressed at the potential size and scope of the new service; the impact on the front line, on council budgets, and most importantly on service users. Points were raised about the capacity for staff to make these changes whilst also delivering services, particularly in a post Covid context. It was noted that the implications for remaining Council services like education and welfare were not clear and concern about the potential disconnect between Education and children's services more generally was strongly expressed by many.
- 6.2.3 Questions were raised about whether there would be sufficient budget made available to make the improvements needed, and about how much establishing a new national service would cost in terms of the administrative/bureaucratic overhead – both in terms of the national body and also the 32 new Boards each with their own Chief Executives and associated staffing requirements. The point was made that existing services could be dramatically and immediately improved with a 25% increase in funding direct to the Council/NHS partnership.
- 6.2.4 The Council's response consequently proposes that the scope of the NCS should be limited to Adult Social Care, at least initially, and that the set up of such a service should also be informed by an analysis of best practice and benchmarking to ensure sustainable improvement can be delivered. It was noted that service providers with different institutional cultures will take time to reach a shared vision and plans to merge delivery of services.

6.3 Points of Clarity

- 6.3.1 There are a number of aspects relating to the NCS which cannot be clarified until the scope has been determined. These are listed in Appendix 1 to illustrate the areas where it has not really been possible to offer a firm view at this time. Also listed are some aspects that are unclear but that could potentially be explained early on. Clarity is therefore being sought as soon as possible so that a view can be offered and also so that greater assurance can be given to staff about the Government's intentions and whether they are likely to be impacted or not.

6.4 Governance Regulation and Scrutiny

- 6.4.1 There was strong agreement at both Members' seminars that whatever happened with regard to the NCS scope and structure, there needed to be clear local governance and accountability. This included having an influence at Board level to ensure national services reflect and respond to Highland needs; and also the ability for both pan-Highland and local committee scrutiny of service delivery standards and performance.

6.5 Engagement Process

- 6.5.1 Given the number of questions still remaining about the scope, role and operation of the NCS it was agreed that the Council should press for there to be continuing opportunities for local government engagement in the development of the proposals and prior to the legislation being presented to Parliament.

7. **Next Steps**

Appendix 1 contains the broad themes set out above in section 6 above, and reflects the broad consensus reached through the internal engagement with staff, unions and elected Members. Also included are the specific questions posed in the consultation and, where they are relevant to the Council, answers have been provided that reflect the staff and Member feedback.

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Date: 5 October 2021

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Background Papers:

- National Care Service for Scotland Consultation <https://consult.gov.scot/health-and-social-care/a-national-care-service-for-scotland/>

**Highland Council's Response to the National Care Service for Scotland
Consultation**

Thematic commentary and context to questions responses

The Highland Council welcomes the opportunity to respond to the Scottish Government's consultation on proposals for the creation of a National Care Service. In preparing this response, the Council has engaged with staff and elected members over a number of weeks and in a wide variety of settings to bring together a considered and measured response to these proposals.

Before responding to the specific questions, the following commentary is provided on a number of broad themes to provide a fuller assessment of the Government's proposals and its potential implications for the Highlands. It also draws attention to a number of ambiguities and uncertainties on which greater clarity is sought. These also highlight why it has not been possible to give definitive responses to many of the questions in the consultation. Consequently, the Highland Council believes it will be essential for the Scottish Government to continue to engage and consult with local government as the scale, scope and operation of the National Care Service becomes more defined. Taking a collaborative approach to the development of services that are of such critical importance to so many people and communities in the Highlands will be the most effective and inclusive way to bring about much needed improvements that are responsive to local circumstances.

General principles

The Highland Council is supportive of many of the findings of the Independent Review of Adult Social Care and agrees there is a need for change to deliver better outcomes in terms of care for older people and that care should be person-centred, human rights-based, and seen as an investment in society. Likewise, the Council agrees that the social care workforce should be strengthened, nurtured and properly rewarded; that unpaid carers need to be recognised and supported; and there needed to be an emphasis on early intervention and prevention. The Council also welcomes the commitment to increase the budget available to deliver these essential services following many years of underfunding.

However, it has been difficult to engage as fully as the Council would have wanted because it is not at all clear from the consultation how the development of a National Care Service will improve services and ultimately the experiences of service users, or why this is the only or best way to achieve these goals. Indeed, there is a strong view that if 25% additional funding was given directly to Councils/NHS Partnerships then immediate and substantial improvements could be made without the need to change structures with the associated disruption and financial overhead that comes with it.

In terms of the specific Highland context, the Council is seeking assurances that care will be provided as close as possible to where it is needed and for it to be person centred and community based. There are sound clinical reasons why the NHS has specialist centres. However, people need care where they are. They cannot be sent away for indefinite periods if there is no local provision. There has to be a place-

based focus. It is not clear from the consultation document how this will be protected under a national care service and greater consideration and explanation needs to be given to this.

The Lead Agency Model in Highland has demonstrated real strengths in delivering services in partnership that are locally responsive and reactive and this has been particularly the case during the pandemic. The approach has delivered tangible benefits to service users and has the potential to continue to develop and strengthen and deliver many of the suggested benefits of a National Care Service, especially if supported by additional funding.

There is potential for a NCS to have an oversight role – taking responsibility for performance, regulation, inspection and workforce development. There are also potential benefits to be had from joining up of service providers into a single body, thereby reducing the fragmentation that currently exists. However, this approach is not clarified in the consultation and it would appear that Boards would still be commissioning services from a variety of providers. Greater explanation of the role and remit of the Boards versus the NCS is required before proper consideration can be given to the relative merits of different models of delivery.

Extent of the proposed Service

The Consultation seeks input on whether, in addition to adult care services, the NCS should include Adult Social Work (including Mental Health Officers), Social Work Agency, Children's Services, Criminal Justice Services, Community Justice, Alcohol and Drugs prevention, GP Contracts, Housing and Homelessness. This is a much

broader remit that had been presented in the Independent Review of Adult Social Care in Scotland and the potential size and scope of the new service would have a significant impact on the front line, on council and partners budgets, and most importantly on service users.

The implications for remaining Council services like education and welfare are not at all clear and the potential disconnect between Education and children's services more generally could be especially problematic.

There are significant risks around the capacity for staff to make these fundamental changes whilst also delivering services, particularly in a post Covid context. Furthermore, local innovation, transformation and efficiency initiatives may slow down or stop altogether in the intervening period.

It is agreed that adult social care needs substantial increases in funding and a 25% increase is to be welcomed. However, there is no information on financial modelling and, in the context of the needs based approach outlined in the consultation, this additional funding may well fall some way short of what will be required. This is even more the case when the costs of establishing a new national service are taken into consideration - both in terms of the national body and also the 32 new Boards each with their own Chief Executives and associated administrative/bureaucratic overhead. Whereas existing services could be dramatically and immediately improved with a 25% increase in funding direct to the current Council/NHS partnership.

The Highland Council consequently proposes that if the NCS must go ahead, it should be focused on improving Adult Social Care only, and that the set up of such a service should be informed by an analysis of best practice and benchmarking to ensure a Best Value approach to delivering sustainable improvement.

Points of Clarity

There are a number of aspects relating to the NCS which cannot be clarified until the scope has been determined and more information is needed as soon as possible so that a view can be offered and also so that greater assurance can be given to staff about the Government's intentions and whether they are likely to be affected or not.

In Highland it is estimated there are potentially c900 staff who could be impacted by these proposals. Staffing implications include TUPE; harmonisation of pay and terms and conditions; pensions; job evaluation; CPD and training. This confusion about who is in and who is out is exacerbated by the interchangeable use of the terms social care and social work in the consultation document. There is also only one mention of the Chief Social Work Officer – a role that carries with it important and very specific legal duties. The consultation gives no indication how these are to be discharged under the new service arrangements.

The potential costs associated with some of the suggested enhancements for staff would be substantial but it is not apparent that they have been costed and therefore are affordable alongside the proposals for enhanced payments for carers and service users. In Highland it is already difficult to recruit staff at all levels and across all services. Enhancements for staff moving into a national service without the ability

for the Highland Council to offer equivalent enhancements to local authority staff could lead to significant difficulties in the Council being able to retain a stable workforce and would also devalue and disincentivise council staff coming so soon after they have played a critical role to keep the country going during Covid. Equivalence of pay is a particularly sensitive matter in the light of Government decisions to pay bonuses to some front line staff and not others for their work during the pandemic.

The lack of clarity around the scope and scale of the new service means it is impossible to understand what the financial impact is likely to be for the Council or when this might be known. This undermines Councils' ability to deliver a medium term financial plan and so clarity is needed on what will happen and when. This is not just in terms of the scale and scope of the new service but also in operational terms including buildings and other capital assets and the financial commitments and liabilities that come with them. At present there are approximately 40 buildings owned by the Council but occupied by NHS for the delivery of adult social care and many more buildings used by children's and justice services. However, what plans can and should be made over the next three years to continue to deliver services to people is unknown.

The potential scope of the new arrangements also calls into question how systems and processes are to be merged so that they provide the seamless service envisaged in the Government's proposals. Overhauling ICT systems is notoriously difficult and high risk even in established and settled organisations. Starting small and building up is likely to be a much less disruptive and lower risk approach.

Governance, Scrutiny and Local accountability

Whatever happens with regard to the NCS scope and structure, there has to be clear local governance and accountability. This includes having enhanced scrutiny role at Board level to ensure national services reflect and respond to Highland needs; but there also must be the ability for both pan-Highland and local committee scrutiny of service delivery standards and performance.

As the arrangements are currently set out the only recourse for an individual to appeal to an elected representative would be to a Scottish Government Minister compared to now, where the public can approach their ward member. This runs contrary to the Christie principles and also the European Charter of Local Self-Government which was recently endorsed by the Scottish Parliament.

The consultation suggests that consistency is a key goal and there is criticism of different areas adopting different approaches, whereas the Highland Council's view is that arrangements need to be flexible and adjust to local needs and contexts.

Even within the Highland Council area, the needs of someone living in Inverness will be very different to someone in Knoydart. This is why services should be designed and delivered as close as possible to the people that use them ensuring resources are allocated in a locally responsive and therefore most effective way to meet the needs of service users. There is insufficient recognition of these principles in the consultation and even less to the principle of subsidiarity.

Engagement Process

There has been very little time for the Highland Council to fully understand and consider the Scottish Government's consultation especially given the much broader remit this introduces and the number of questions still remaining about the scope, role and operation of the NCS. It is therefore essential for there to be continuing opportunities for local government engagement in the development of the proposals and prior to the legislation being presented to Parliament. The Highland Council would like to be a key partner in this process.



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 Highland Council

Phone number

07990782197

Address

The Chief Executive, The Highland Council Headquarters, Glenurquhart Road,
Inverness

Postcode

IV3 5NX

Email

Chief.executive@highland.gov.uk

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

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

Potential for parity of services. Benchmarked data on needs and monitoring of performance. A common approach to the collection of data could drive local performance.

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

The proposed NCS as described is very ambitious and wide-reaching. There may be merit in taking a more gradual approach by initially limiting the scope to regulation, work force, performance and data – before initially moving to accountability for service delivery for adult social care and prior to any broader role out to more service delivery areas. The lack of clarity or detail gives rise for concern. Alongside this is the seemingly limited knowledge of what social work and partnerships currently deliver in a multitude of different settings.

Accessing care and support

RESPONSE

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

Speaking to my GP or another health professional.

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

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

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

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

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

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

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

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

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

Contacting my local authority by email or through their website.

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

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

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

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

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

Other – Please explain what option you would add.

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

- 1** 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.
- 2** 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.
- 3** 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 N/A

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

Whilst the questions are directed towards service users rather than providers, it is worth noting that there is good learning from Covid experience on the way in which individuals can be supported in a light-touch way at home through formal and informal volunteering. In Highland over 330 local resilience groups registered their interest in this support for people shielding or vulnerable in other ways. The Council has strong links with local resilience groups and how these connections can be maintained and strengthened to enable these benefits should be considered in any organisational change for the delivery of care.

The council recognises the key role played by communities and can build on that learning as we come out of the pandemic.

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 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.

Q7. Do you agree or disagree that a National Practice Model for adults would improve outcomes?

- Agree
- Disagree

Please say why.

In the Highlands, practice models need to be locally responsive and appropriate to our distinctive demography, geography and communities and so a single practice model may be disadvantageous given the scale and variety in the Highland area.

Right to breaks from caring

Q8. 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

<input checked="" type="checkbox"/> Personalised support to meet need	<input type="checkbox"/> Standardised levels of support	<input type="checkbox"/> No preference
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A right for all carers versus thresholds for accessing support

<input type="checkbox"/> Universal right for all carers	<input checked="" type="checkbox"/> Right only for those who meet qualifying thresholds	<input type="checkbox"/> No preference
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Transparency and certainty versus responsiveness and flexibility

<input type="checkbox"/> Certainty about entitlement	<input checked="" type="checkbox"/> Flexibility and responsiveness	<input type="checkbox"/> No preference
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Preventative support versus acute need

<input type="checkbox"/> Provides preventative support	<input type="checkbox"/> Meeting acute need	<input checked="" type="checkbox"/> No preference
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Q9. 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.

<p>This offers the greatest flexibility and also provides for an element of cost management. A standardised approach is not person centred and may not properly reflect local challenges.</p>

Using data to support care

Q10. 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
	YES			

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
	YES			

Q11. 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.

It is not possible to give a definitive yes/no answer at this stage because it is unclear what the proposal would be given the complexities of the data sharing legislative landscape

Q12. 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?

Yes, data sharing agreements can be put in place.

Complaints and putting things right

Q13. 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:

All of the above have merit but it is not accepted that there needs to be a new Commission or process established to consider complaints.

Q14. Should a model of complaints handling be underpinned by a commissioner for community health and care?

-
- NO**

Please say why.

They should continue to be remitted to the Scottish Public Services Ombudsman (SPSO) as is the case with all other public services. This process is clear and robust. There would need to be clear justification why a separate Commissioner's office would need to be established. Clarity required as to whether this would be just for the Care Service or for all services within the NCS. By remitting to the SPSO it would be possible to measure how the Care Service ranks against other services in terms of complaints handling and against previous complaints levels when the services were separated.

Q15. 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.

Capturing lived experience can help to improve public services and be part of a performance framework that draws on different sources of data, including user experience. It can often bring real insights into service quality and highlight positive as well as negative experiences.

Residential Care Charges

Q16. 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

All of the above. However, fees need to be reasonable and more reflective of the actual cost of living. The rates paid to care homes for self-funded places and for a Local Authority placements should be the same.

Q17. Free personal and nursing care payment for self-funders are paid directly to the care provider on their behalf. What would be the impact of increasing personal and nursing care payments to National Care Home Contract rates on:

Self-funders

Care home operators

Local authorities

Other

Q18. Should we consider revising the current means testing arrangements?

Yes

No

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

National Care Service -

Q19. 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)

See the supplementary response from the Highland Council.

Should a national body for social care be developed, the effectiveness of the role of local authorities in scrutinising performance and agreeing local plans should be paramount.

The consultation questions and narrative contained within the consultation papers, suggests that policy makers do not fully understand the environment or practice (whether it be legal context or operational) of what they are proposing to reform.

There is a significant difference between social work and social care. Whilst they are interrelated, they are very different and distinct functions. Social work often helps those who can no longer care for themselves without support and assistance. Social work will often help bring about change by working alongside the individual whilst actively challenging discrimination, isolation, and inequality. This brings accountability. If adult social care moves to a NCS, ministers will need to take on this accountability and ensure that safeguards are in place to help protect rather than just be accountable for the delivery of services.

Whilst the delivery of adult social care within the NCS may be appropriate, accountability and statutory responsibilities – which currently sit with social work – would have to be transferred over. This would require statutory changes. If other areas of social work were not transferred over (ie justice and/or childrens), the splitting of the profession could well negatively impact on service delivery, lines of governance, accountability and leadership.

Q20. Are there any other services or functions the National Care Service should be responsible for, in addition to those set out in the chapter?

Again, based on limited information, it is difficult to answer this question.

Q21. Are there any services or functions listed in the chapter that the National Care Service should not be responsible for?

See the supplementary response from the Highland Council

One of the services that needs to be considered is the importance of social care in resilience/civil contingencies/emergency planning functions. Care for people in extreme weather events, significant incidents or during a pandemic requires partnership responses and being able to sustain these relationships locally will be critical in any move to a national social care service.

Many of the statements within the consultation paper lack evidence or research. As such, there is no compelling evidence that would support the inclusion of all social work services within the NCS. Moving all services (and professions) into the NCS is proposed as a way to improve effective practices across services, thus achieving better outcomes. However, there is little or no recognition of the complexities of people's lives that require much more than better service delivery. For example, someone just released from prison may well have mental health issues; addiction issues, and a child who is on the child protection register. Services working together will focus on their service area trying to address that 'bit'. However, this will have little or no effect on the family as a whole as we have to look at the circumstances surrounding the family and help to support them as a unit rather than systematically address individual issues.

Service delivery needs to be more than just task. If we do not look at the person, then our influence on prevention or assisting someone to change will reduce. A NCS could, if not careful, specifically focus on statutory duties and tasks. This could be to the detriment of the prevention and early intervention agenda.

Not all services will be included in the NCS. Regardless of which these are, we have to recognise that a boundary exists. How relationships are established and grown will need to be carefully thought through. This does not mean that this is not achievable.

Concerns around some services being in the NCS and other not also relate to how essential services are funded. It would be possible that services which ministers are responsible for (ie in the NCS) would receive additional funding – to the detriment of those not included. If you then add in geographical challenges – ie rural and remote – there is a real potential for disparity and inequity across the population.

Children's services

Q22. Should the National Care Service include both adults and children’s social work and social care services?

Yes

No

Please say why.

See the supplementary response from the Highland Council

The consultation document has no evidence base attached which means that any consequences of change (intended or unintended) are not known. The lack of comment on risks – particularly in relation to adult protection and child protection – is concerning. Knowing this would seem to be an essential requirement before changes to services, practice and legislation are made.

Whilst accepting change will happen, we have to consider how this can benefit the services – regardless of being in or out of the NCS. What works well; what should be encouraged; what needs to change. Looking at best practice, this involves strong and productive partnerships, working in local areas. Help and support is appropriate, timeous, and results in positive outcomes for both the individual and the community.

Children’s social work services need to be working hand in hand with children’s health services and education. Alongside this, there will need to be strong links with community services – whether it be housing; welfare benefits; employment; third sector. Knowing and understanding your local community will help shape services both in terms of what they need to do, and how they need to do it. This is the same for social work as it is for police, as it is for housing, etc.

Q23. 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.

The creation of a new body does not automatically lead to less complexity. There would still be a need to deal between different departments and so much depends on how the new service is structured and this is currently unknown. Once there is greater clarity about the remit and operation of the NCS it will be possible to offer detailed comments. However, the potential for a disconnect with Education causes concern.

This question again raises issues about the extent to which service delivery is understood. Many of the children, young people and adults involved in social work services have very complex lives and challenges often interlinked with trauma. Further, we work with people in a variety of different systems, but often with legalities attached. Without doubt, these systems would be good to simplify and is something that The Promise has identified as a priority action.

More efficient access to services would be welcomed. This is particularly true in relation to CAMHS. Specialist help, at the time of crisis, is lacking particularly for our looked after young people.

For transitions to adulthood

Yes

No

Please say why.

Transitions is similar to hospital discharge – people try to find a process that will fix ‘the problem’ rather than looking at what is required or needed. Funding is a key issue in the area of transitions – who pays for what. What you see is ASC and children’s social work, arguing over whether the young person is a child or an adult as this decides who is ‘accountable’. Of note, many young people transitioning to adult care services are referred on by Education, not social work.

For children with family members needing support

Yes

No

Please say why.

The creation of a new body does not automatically lead to less complexity, there would still be a need to deal between different departments and so much depends on how the new service is structured and this is currently unknown.

Services currently work across one another. For example, a child may have a social worker but the parent is voluntarily engaged with Safe and Together (domestic abuse). Children do not live on their own. As such, when engaging with parents this presents us with the opportunity to talk to them about their own issues and needs and we actively sign post/refer to appropriate partner agencies to help with this.

Q24. 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.

It is not clear what is meant by 'alignment'. Working with, and alongside partners, is an essential part of collaborative multi-agency activity. Whilst we can work on and improve relations and processes, what can negatively impact is Scottish Government priorities that vary with different partners. These priorities drive services often to the detriment of outcomes. If services were given responsibility to work together (alongside children and families) and identify combined priorities that would improve outcomes, then it would not matter if services were 'in' or 'out' of the NCS.

Q25. 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 the supplementary response from the Highland Council in the context of the risks associated with broadening the scope and reach of the NCS at this time

and the lack of clarity about how this would impact across a wide range of functions.

It is possible that ASC will be the priority area within the NCS and as such, all other services will not be heard. The potential that this will create a division with Education colleagues is a real concern.

Healthcare –

Q26. 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.

There is a lack of clarity about who the providers will be and how commissioning will work. This has the potential to add a further layer of bureaucracy if service providers are as now, across a range of private/public and third sector organisations. Were the boards to commission from local authorities this adds another layer of bureaucracy.

Q27. 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?

There is a risk that care services could be subsumed by acute service requirements to the detriment of social care provision.

Q28. 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)

There needs to be a review of GP contractual arrangements and having local and community representatives on the Boards has the potential to deliver improvements in all the above.

Q29. 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)

All of the risks above could materialise. They could also all potentially be mitigated. There is insufficient detail in the proposals to comment more fully. There are also risks around affordability because the proposals have not been costed.

Q30. Are there any other ways of managing community health services that would provide better integration with social care?

Upskilling community based staff to work at higher thresholds could provide better availability, prevention and responsiveness of services, particularly in rural areas. Consideration is needed on the alignment between any community health and social care boards and the legal duties for community planning partnerships. Would a national body for social care be a statutory partner for community planning and have the same legal duties as others in relation to reducing inequality? It is not clear if there is an intention to review or amend the Community Empowerment Legislation.

Social Work and Social Care

Q31. 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:

Again, terminology appears to be confused and is too wide a question. This is bringing all social work services into the mix.

Social workers have a duty to carry out assessments. However, different assessments are carried out by different services, for different outcomes.

Whilst there are service specific asks here, there is also the issue of localism. Nationally agreed contracts (commissioning) may be appropriate in some instances. However, care needs to be taken as this could be to the detriment of local area need.

Some of the complexities of social work arise a direct result of legal process. Moving to a NCS would have no effect on this.

Q32. Do you see any risks in having social work planning, assessment, commissioning and accountability located within the National Care Service?

There may be benefits in terms of a national monitoring of performance.

There may also be a benefit in terms of national commissioning (although note the role of Scot Excel).

There are risks in terms of accountability and responsiveness and there is value in this function being local.

Nursing -

Q33. 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

There are significant differences between nursing homes, care homes and care at home. Whilst Nursing directors play a lead role in terms of quality of nursing, the CSWO currently oversees the governance and assurance within CHs and Care at Home. This includes knowledge of statutory requirements (Adult Support and Protection legislation) and the need to ensure that quality of 'life' is as important as quality of 'care'. During Covid there has been increased partnership working across health and social work due to the serious issues that impacted on care homes. However, there was and still remains, a tension between the different priorities within this area.

Q34. 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

None of the above. Whilst the Nursing Director should have oversight for nursing staff, not all staff are nurses. Consequently, Training and Development needs to be much more holistic. This should fit into the overarching Workforce Development Plan which is overseen by the Nursing Director and Chief Social Work Officer.

Q35. 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

The CSWO (or equivalent) has a key role. Community services – whether it be CHs or Care at Home – have to be person centred and human rights based. Further, the duty of care alongside personal choice can be a very complicated area and one that requires careful consideration particularly if this involves any deprivation of liberty (MHOs).

Based on the above, it is crucial that there is a Social Work lead (equivalent of CSWO) that holds accountability for this. Balancing personal choice and liberty with statutory intervention that impacts on a person's freedom, is not one that can be taken lightly and requires appropriate skills, experience and training.

Justice Social Work

Q36. 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.

There continues to be a misunderstanding amongst policy makers and national partners about the daily workings of criminal justice services and practice. Focussing discussions on the pros and cons of a national agency rather than issues of real concern requiring urgent reform – eg prisons, women in the CJ system.

Justice services have established robust and effective relationships with key partners to ensure risk is managed safely and appropriately. Working practices have been created over many years and are responsive to both managing risk and protecting the most vulnerable in the community. Key to this is effective community planning partners.

Criminal justice clients have higher prevalence of homelessness, welfare issues and employment needs. Local authorities provide these key services. A move to the NCS would potentially create barriers to effective working and improved outcomes for clients.

Justice Services are funded via ring-fenced money. As an already marginalised service, a move to a NCS would raise questions regarding future funding streams. If ring fenced budgets were removed, this would create a real danger that their budget would become lost within the other services within the NCS.

The CSWO has a key role in ensuring robust risk assessment and risk management processes are in place. However, due to the specific nature of justice work particularly the need to manage risk alongside restrictions on liberty, the CSWO role is to ensure the rights of all those in the community are respected as well as their vulnerabilities protected. This can be a very challenging role but one that ensures any discrimination is tackled. Police are key partners in this particularly in relation to the most dangerous offenders in our community. However, the importance of living safely within the community is key to managing risk. As such, social work and the police work very closely with community partners to ensure that whilst clients are managed effectively and safely, they are not at risk of being targeted or victimised.

Q37. 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.

Q38. 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

If all adult services became part of the NCS, the opportunity to continue the effective working relationships would exist. The challenges would remain the same – identifying and addressing service practice that treats clients differently (often discriminatory). The need for creating services that is responsive to need would be key.

As stated previously, high prevalence of mental health; substance misuse; trauma; limited employment skills/options; etc require input. However, addressing isolation and inequality is also required.

As is currently happening, involving those with lived experience to inform parts of service delivery is vital.

Q39. 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:

Current working arrangements demonstrate a real commitment to localism. Community Planning Partnerships play a key role in ensuring that communities work with and alongside both clients and justice social work. Moving to a national model, with significant focus on the older population, could be detrimental in that justice does not receive the necessary input it requires to function effectively.

Attention would be required to ensure that the well established risk management operations continue to function effectively (ie various committees – ASP; MAPPA; ADP as well as multi-agency risk management forums - MAPPA (sexual and violent offenders); MATAAC: MARAC (domestic abuse).

Based on above, clear escalation processes need to be in place alongside robust governance and assurance.

Due to the nature of this work, the balance between support and control can be a difficult one. Managing risk has to be proportionate whilst ensuring the rights of the client are taken into account.

Q40. 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:

If resources were increased, service delivery and options available would improve. Consideration has to be given to geographical areas where rural issues impact on service delivery.

The Courts are key partners in this process. They have actively taken to using community alternatives as they recognise the multitude of issues that offenders often present with when appearing in court.

Rather than structural changes, additional resources are required. The introduction of numerous risk assessments and judicial processes (ie Parole Board hearings) have all added to social workers caseloads, but with no additional resource/capacity given.

Justice works very closely with community partners to ensure that wrap around services run alongside effective interventions. This is key to successful outcomes.

Q41. 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.

Unsure– again, this will depend on the NCS scope.

What is important however, is that the CJPs base themselves on sw principles and values – promoting human rights whilst also emphasising personal responsibility and choice

Prisons

Q42. 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.

Prisoners needs vary enormously. Input they receive whilst in prison will also be dependent on their situation (on remand; short term sentence; long term sentence).

Social work has a statutory duty to work with offenders in prison and prepare for release. This will include contacting partners who need to be involved.

Health services within prisons are mixed although the area of addictions has improved considerably over recent years including ensuring prescriptions are available on release.

The NCS could play a key role in re-allocating money from the prison estate to social work in the community to help identify alternative options to custody thus improving outcomes.

Q43. 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.

Providing support in prison is not difficult to do. It needs to be resourced appropriately with prisoners able to access it at the most appropriate time.

Alcohol and Drug Services -

Q44. 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

Improved links to help clients address their health needs would be a benefit. Services need to be person centred and accessible.

Q45. 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

ADPs are tied into employment, mental health services, housing and homelessness, welfare, counselling, and only a very small part with social work services. On that basis, there could be greater risks than benefits in bringing them into a National Care Service.

Q46. 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.

Whilst ADPs provide strategic oversight, community services appropriate to local need is essential. CPPS have proved to be the main drivers of this.

Q47. Are there other ways that Alcohol and Drug services could be managed to provide better outcomes for people?

Greater alignment with community planning partnerships. Encourage and develop roles and involvement of the recovery community. Services to be responsive to need and to acknowledge that a full spectrum of services is required as needs vary enormously.

Q48. Could residential rehabilitation services be better delivered through national commissioning?

Yes

No

Please say why.

It could be put onto Scotland Excel and therefore be delivered on a national basis without the need to establish a National Care Service

Q49. What other specialist alcohol and drug services should/could be delivered through national commissioning?

Q50. 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?

The Recovery network – people with lived experience – is hugely effective in helping people with problematic substance use and should be a key partner

Mental Health Services –

Q51. 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

The answer depends on the eventual scope of the National Care Service. Mental Health services are key to both adult and children's services. It is recognised that a review of Child and Adolescent Mental Health Services is urgently needed and the same for adult mental health services.

MHOs provide a unique service that relies on its autonomy and independence. The role is enshrined in legislation with the duty to protect and promote human rights when compulsion is being considered. Further, it challenges the medical model within adult social care, promoting focus on rehabilitation and recovery. Whilst there are pros and cons of MHOs being in a NCS, the need for the service to be independent of ASC remains.

Q52. 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?

Improving mental health and wellbeing are central to the Community Planning Partnership in Highland. Consideration is needed on alignment with community planning legal duties and local arrangements.

National Social Work Agency

Q53. 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

Promote a more positive perception of social work. Articulate the SW role including the significant benefits the profession can bring. It would also give social work a voice – something that is currently missing.

A NCS will see change within the social work profession. As such, a national social work agency could play a key role in informing the profession as well as helping to drive up standards.

If a NCS sees a split within the various sw services, a NSW Agency could help to bridge any potential gap or provide focus for the profession as a whole.

Service delivery would need to remain local and locally accountable.

Q54. Do you think there would be any risks in establishing a National Social Work Agency?

Clear remit to avoid any duplication with other agencies. Employers should retain legal basis for negotiating terms and conditions of employment. Improved terms and conditions do not necessarily resolve capacity issues. National SW Agency could have a key role in addressing capacity issues.

Q55. Do you think a National Social Work Agency should be part of the National Care Service?

Yes

No

Please say why

This would depend on the scope of the Agency. However, it would be more beneficial to have a NSW Agency as an independent body representing the profession.

Q56. Which of the following do you think that a National Social Work Agency should have a role in leading on? (Tick all that apply)

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

All of the above. As stated above, the Agency could provide the SW voice. Within a NCS, this will be a critical requirement. Service delivery would need to remain local and locally accountable.

Reformed Integration Joint Boards: Community Health and Social Care Boards

Governance model

Q57. “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.

There is still a lack of clarity about how the Boards will operate – will they just commission, will they employ, will they deliver?

There are complexities and issues with having two sets of employers in the current model, extending this to three with a national care service would potentially make this even more difficult.

Q58. 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

Q59. What (if any) alternative alignments could improve things for service users?

For Highland, there would not be any other alignment that could work because of the size of its existing area. The area could certainly not be made any bigger.

Q60. Would the change to Community Health and Social Care Boards have any impact on the work of Adult Protection Committees?

It could, because the membership would change and it is unclear what the role of the Chief Social Work Officer would be under a National Care Service model. There would be an impact too on the work of community planning partnerships. This area includes governance and assurance. The CSWO has a key role in current arrangements but going forward, lack of clarity raises questions around this.

Membership of Community Health and Social Care Boards -

Q61. 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?

See supplementary response form the Highland Council

Councillors have an electoral mandate and therefore should have an enhanced role.

See also response to question 20 on the models of accountability and the learning from the model in use for police and fire services, which enables national boards to exist for accountability nationally, and places a legal duty on local authorities to scrutinise performance locally and to agree local plans. This provides benefits of local insight, for concerns expressed to Councillors to be considered by national service providers and enables connections with other public services operated locally and regionally.

As in the term, this is a National Care Service. As such, there is a clear need for a Director of Social Work to be on the board to have parity with other Board members. This would bring knowledge and experience that the Board would need to ensure it carried out its functions appropriately.

Q62. "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

Q63. 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?

It depends on the eventual scope of the Service.

Community Health and Social Care Boards as employers –

Q64. Should Community Health and Social Care Boards employ Chief Officers and their strategic planning staff directly?

Yes

No

Q65. Are there any other staff the Community Health and Social Care Boards should employ directly? Please explain your reasons.

Once greater clarity is provided on how staff are to be employed across the Services, it will be possible to comment on the staffing structure of the Boards, but not in advance of that.

Once staff are employed however, there are associated costs with support staff, accommodation, etc which would mean an administrative and bureaucratic overhead - the costs of which may be better spent on front line service delivery.

TUPE would require to be considered to comply with legal requirements.

Commissioning of services

Structure of Standards and Processes

Q66. 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

Q67. Do you think this Structure of Standards and Processes will help to provide services that support people to meet their individual outcomes?

- Yes
- No

Q68. Do you think this Structure of Standards and Processes will contribute to better outcomes for social care staff?

- Yes
- No

Q69. Would you remove or include anything else in the Structure of Standards and Processes?

Market research and analysis

Q70. Do you agree that the National Care Service should be responsible for market research and analysis?

- Yes
- No

If no, who should be responsible for this?

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

National commissioning and procurement services

Q71. 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

Q72. Is there anything you would add to the proposed core principles for regulation and scrutiny?

It is unclear what is proposed and so hard to comment. It is a critical relationship and requires to be independent and non-political.

Q73. Are there any principles you would remove?

Q74. Are there any other changes you would make to these principles?

add to principle number 8

Scrutiny and assurance should aim to reduce inequalities with an emphasis on people, prevention, partnership and performance - a clear commitment to transparency including data/information made available enabling all users to inform a clear understanding of performance and VFM across Scotland and how each area/region etc. compares.

Strengthening regulation and scrutiny of care services

Q75. 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.

There must be avenues of appeal for users and suppliers of care services
It is unclear what is proposed for children's services inspections

Q76. Are there any additional enforcement powers that the regulator requires to effectively enforce standards in social care?

Consideration should be given to non-registered service and personal assistants and regulation standards need to be proportionate to the type of care provided so that people are not discouraged from taking up positions as recruitment and retention is already difficult.

Market oversight function

Q77. Do you agree that the regulator should develop a market oversight function?

Yes

No

Q78. Should a market oversight function apply only to large providers of care, or to all?

Large providers only

All providers

Q79. Should social care service providers have a legal duty to provide certain information to the regulator to support the market oversight function?

Yes

No

Q80. If the regulator were to have a market oversight function, should it have formal enforcement powers associated with this?

Yes

No

Don't know

Q81. Should the regulator be empowered to inspect providers of social care as a whole, as well as specific social care services?

Yes

No

Please say why

Enhanced powers for regulating care workers and professional standards

Q82. 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 employer is ultimately responsible for employee disciplinary procedures. This would include taking account of investigations and outcomes by the regulator. It can be problematic when timescales are outwith the employer's control ie when awaiting a regulators decision and the delay may have an adverse impact on the individual which requires to be managed by the employer. Both regulator and employer require to work together to ensure any investigation can be done fairly, including in a timely manner.

Q83. Do you agree that stakeholders should legally be required to provide information to the regulator to support their fitness to practise investigations?

Employers currently provide relevant background to the regulator therefore unclear why this is proposed as a legal requirement.

Q84. How could regulatory bodies work better together to share information and work jointly to raise standards in services and the workforce?

Standards need to be applied consistently and engage with the relevant stakeholders, possibly by means of the proposed national forum.

Q85. What other groups of care worker should be considered to register with the regulator to widen the public protection of vulnerable groups?

Valuing people who work in social care

Fair Work

Q86. Do you think a 'Fair Work Accreditation Scheme' would encourage providers to improve social care workforce terms and conditions?

Yes

No

Please say why.

However it would not automatically happen without ensuring the minimum regs were in place to improve terms and conditions. It would also need to be monitored.

Q87. 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
2	Improved terms and conditions, including issues such as improvements to sick pay, annual leave, maternity/paternity pay, pensions, and development/learning time
6	Removal of zero hour contracts where these are not desired
4	More publicity/visibility about the value social care workers add to society
	Effective voice/collective bargaining
3	Better access to training and development opportunities
8	Increased awareness of, and opportunity to, complete formal accreditation and qualifications
7	Clearer information on options for career progression
	Consistent job roles and expectations

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

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

Support for staff wellbeing

Q88. 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
2	Improved terms and conditions
3	Improving access to training and development opportunities to support people in this role (for example time, to complete these)
4	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

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Q89. 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

Composition of this type of forum is not considered to be the appropriate given the potential numbers involved eg in dealing with terms and conditions and collective bargaining process.

Workforce planning

Q90. 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)

The geography of the Highlands means that strategies need to be reflective of local issues and risks. National strategies are unlikely to be effective in terms of our sparse population, expensive or unavailable housing (rented or owned) dispersed population and transport and digital connectivity challenges. The same would be true if Highland rural workforce strategies were applied to a densely populated urban setting somewhere like Glasgow.

Training and Development

Q91. Do you agree that the National Care Service should set training and development requirements for the social care workforce?

Yes

No

Please say why

There is benefit in setting a consistent standard across the workforce which may feed into local workforce planning, with close links to higher education providers.

Q92. 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

Q93. Do you agree that all personal assistants should be required to register centrally moving forward?

Yes

No

Please say why.

There are benefits to be had from registration but also risks in terms of reducing the number of people coming forward in an area where it is already hard to recruit. So there would need to be benefits to the PAs in becoming registered as well. The process also needs to be admin 'lite' so that it doesn't act as a disincentive.

Q94. 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)

Q95. Should personal assistants be able to access a range of training and development opportunities of which a minimum level would be mandatory?

Yes

No

There should be access to training, but less clear whether there should be a minimum level required. Again, this needs to be proportionate so that it acts as an incentive, not a barrier.