



SBAR – National Care Service Consultation

Date: 21st October 2021

Completed by: Paul Currie

Area: Planning and Performance

<p>Situation</p>	<p>The consultation concerning the proposed establishment of a National Care Service (NCS) is nearing completion, with an end date of 2nd November 2021. The NCS was a recommendation of the Independent Review of Adult Social Care (IRASC).</p> <p>The establishment of a National Care Service and associated organisational changes would see IJBs replaced by Community Health and Social Care Boards (CHSCBs).</p>
<p>Background</p>	<p>The IRASC, which reported on 3rd February 2021, was set up to recommend improvements to adult social care in Scotland. It focussed on the outcomes for people who use services, their carers and families and the experience of those working in the sector in all settings.</p> <p>The IRASC suggested that to develop social care support and to ensure consistency of delivery across Scotland a 'National Care Service' needed established to:</p> <p><i>“...drive national improvements where they are required, to ensure strategic integration with the National Health Service, to set national standards, terms and conditions, and to bring national oversight and accountability...”</i></p> <p>IRASC suggested this National Care Service would provide transformational leadership for all those involved in the planning and delivery of social care support and give a voice to those with lived experience. It would seek to establish across the sector:</p> <ul style="list-style-type: none"> • Common purpose. • Trusting relationships rather than competition. • Partnerships, not marketplaces. <p>Several IRASC recommendations focus on IJBs, with a view to:</p> <ul style="list-style-type: none"> • Delivering improvements in carer participation. • Reforming IJBs to give them new duties and powers (including for GP contracts). • Providing direct funding from Scottish Government. • Working collaboratively with the National Care Service on various matters. • Taking on responsibility for planning, commissioning and procurement - investing in preventative care and admission avoidance rather than crisis responses. <p>East Lothian IJB provided its response to the IRASC consultation in November 2020.</p>



<p>Assessment</p>	<p>The NCS consultation document sets out the Scottish Government’s ambitious developments of the core IRASC recommendations. These go beyond the creation of a National Care Service for adult social care alone. The proposals seek to establish the NCS as an organisation to set strategic direction and quality standards for community health and social care in Scotland across a wide range of domains, in partnership with Community Health and Social Care Boards (CHSCBs, as successors to IJBs) as their delivery body and with other organisations.</p> <p>The consultation document suggests CHSCBs will be funded directly by the Scottish Government and will be accountable to ministers. They will work with the NHS, local authorities and third and independent sectors to plan, commission and deliver local support and services to meet the assessed needs of communities.</p> <p>It is proposed that membership of the CHSCBs will include local elected members, health and care professionals, and local representatives, including people with lived experience of service use and carers. All members are likely to have voting powers.</p> <p>Each CHSCB will employ its own Chief Executive and staff to plan, commission, and procure care and support, including the management of GP contractual arrangements.</p> <p>The NCS consultation document contains 96 questions across several domains of health and social care delivery. Several online consultation events were also held on Teams by Scottish Government, focussed on specific aspects of the consultation. These were very well attended.</p> <p>East Lothian IJB members were invited by HSCP Planning and Performance to provide comments on the consultation to inform a response from the IJB. The response was limited. Members were also encouraged to reply direct, in their own right to the consultation. It is unknown how many members took up this option.</p> <p>In view of the initial limited response, a development session on the NCS consultation was held on 8th October with IJB members and HSCP General Managers attending. This facilitated event allowed for discussion on the implications of the NCS for health and social care services in East Lothian and for the IJB itself.</p> <p>The discussion showed there was a range of views among the IJB membership on some matters, as well as consensus that some of the NCS consultation recommendations were necessary to further develop integration.</p> <p>The outputs of the development session are included in the attached consultation response (appendix 1) along with those gathered in the previous request to IJB members.</p>
<p>Recommendations</p>	<p>East Lothian IJB is asked to:</p> <ul style="list-style-type: none"> • Note that the consultation response contains a range of views, reflecting the different perspectives of the IJB membership. • Agree to the attached National Care Service (NCS) consultation response (appendix 1) being passed to the NCS consultation Team at Scottish Government on behalf of the IJB.
<p>Further information</p>	<p><u>NCS Consultation document – click here.</u></p>



A National Care Service for Scotland - Consultation

RESPONDENT INFORMATION FORM

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Are you responding as an individual or an organisation?

- Individual
 Organisation

Full name or organisation's name

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

- Publish response with name
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Information for organisations:

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

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

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

There is a range of views among East Lothian IJB members regarding this question:
Fair and consistent terms and conditions for people working in social care. (Q1)
Career development pathways for the sector. (Q1)
Set national standards – advocacy services, waiting times for delivery of care packages. (Q1)
A better understanding in central government of the funding needed to achieve all of this. (Q1)

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

There is a range of views among East Lothian IJB members regarding this question as follows:

It is important that small local service providers are supported, as they can be vehicles for delivering innovation and improving outcomes. If there is too much bureaucracy then it could stifle fruitful local relationships and associated creativity. (Q2)

A centralised bureaucracy risks loss of local knowledge and influence. (Q2)

Expectations of change will be raised but the change may not be delivered.

Possible loss of local democratic control. (Q2)

One member suggested experience of centralising services so far in Scotland has delivered an inferior service, including communication through centralised services not being as responsive as local services, for example waiting times for 101 calls to the police. (Q2)

The input of local people into planning of community health and care services for their area may be reduced. (Q2)

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.

As this question seeks individual views on personal choices to access support it is not considered relevant for completion by the IJB. (Q3)

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

- 2 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.
- 3 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.
- 1 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
Yes				

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
Yes				

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
Yes				

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
Yes				

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
Yes				

The above questions (5a and 5b) are answered from the perspective of the IJB in seeking to develop services responsive to individuals' needs

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
Yes				

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
Yes				

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

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
Yes				

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

This will be dependent on the emphasis and delivery arrangements for the support.
(Q5)

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.

This has the potential to ensure minimum service levels across Scotland. It needs to be regularly reviewed and all partners, including COSLA, advocacy providers, service users and carers, the third sector and all the professions involved in delivering care should be involved in its development. (Q6)

Housing is an important part of care planning and these colleagues should be involved as appropriate. (Q6)

There should be some flexibility for local amendments to feature, if desirable following local consultation. (Q6)

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.

There are some reservations among East Lothian IJB members. Some ask who would have access to all this information and who would contribute and how would this be done practically across different IT systems? (Q7)

Such a development presents a huge challenge in developing an integrated health and care record given the history of delivering IT systems in public sector and associated cost overruns. (Q7)

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

Agree

Disagree

Please say why.

It would standardise care. (Q8)

Although, success hinges on whether at a time of severe fiscal challenges the financial and other resources and necessary workforce can be secured and maintained to deliver the ambitions. (Q8)

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

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Personalised support to meet need | <input type="checkbox"/> Standardised levels of support | <input type="checkbox"/> No preference |
|--|---|--|

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 |
|---|--|--|

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 |
|--|---|--|

Preventative support versus acute need

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

One IJB member commented that the 'Feeley Report' recommendation to make respite a right was universally welcomed by carers in East Lothian. However the NCS consultation seeks to dilute this. The original recommendation is strongly supported. Rather than seeking to avoid granting this right the focus should be on working on the practicalities of defining levels of eligibility criteria and cost management principles. (Q9)

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.

There is a range of views among East Lothian IJB members, as noted above.

One member commented that carers' need vary and an individualised approach would better meet these. Others though hybrid approaches provided flexibility. (Q10)

It is critical that there is a sustainable plan to fund these services and to respond to future growth in demand, arising from population and demographic changes. (Q10)

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
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				

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.

There is a range of views among East Lothian IJB members regarding whether legislation should be pursued to deliver common data solutions (linked or otherwise) across all service providers in the public and third sectors and in commissioned services. (Q12)

There are concerns about application of this across all sizes of organisations, as some, such as smaller local third sector organisations, may not have the technical or other capacities to deliver. (Q12)

Any blanket application of this approach may raise concerns about security and confidentiality (such as were expressed concerning the Named Person legislation). (Q12)

It needs to be clarified if there will there be an expectation this will apply to Personal Assistants and Self Directed Support. (Q12)

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?

Only if the independent and third sectors are excluded, and that is not desirable.
(Q13)

The development of client/carer/family held digital notes might be worthy of exploration. (Q13)

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:

As all the other (unselected) options above have merit, they should also be considered for inclusion within any new system. (Q14)

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

Yes

No

Please say why.

To ensure accountability. (Q15)

It is however questioned why there is so much emphasis on complaints and whether this came up as an issue in the IRASC. (Q15)

It is unclear where the Care Inspectorate sit in relation to any new system for complaints about social care services, or whether they will be subsumed into the NCS. One East Lothian IJB member asked whether the Care Inspectorate should be given a role in investigating complaints. (Q15)

It is suggested that carers find the current complaints process confusing and complicated with several pathways and often, no resolution. The proposed creation of a national care body with responsibility for complaints, offering a single transparent and accountable process is therefore viewed as a very positive development. (Q15)

One member commented that there is variation in the standard and provision of care across the country. They were of the view that a new national care body with responsibility to set and monitor standards for care is needed and in the context of provision must also have responsibility for workforce planning. (Q15)

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.

This principle should underpin all good practice. It is difficult to see why any respondent would reply no. (Q16)

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?

Any costs should continue to be based on assessment of the ability to pay at commencement of residential care, with reassessment regularly thereafter. (Q17)

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

No views were expressed by IJB members concerning this question. (Q18)

Care home operators

No views were expressed by IJB members concerning this question. (Q18)

Local authorities

No views were expressed by IJB members concerning this question. (Q18)

Other

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

Yes

No

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

The view of one member of the IJB was that the current means testing discriminates against those who have saved to some extent for their family's as well as their own care. This person also suggested that the level at which a person has to pay for care should be raised. (Q19)

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)

There is a range of views among East Lothian IJB members on whether Scottish Ministers should be accountable for the delivery of social care, in place of local authorities, through a National Care Service, or if current arrangements should remain. (Q20)

There is some uncertainty over the implications of IJBs being reformed to become Community Health and Social Care Boards. This includes the role of the new organisation as a local delivery body for the National Care Service and how at a local level the NCS, CHSCBs, NHS Board, local authorities, and third and independent sectors, will achieve the co-ordinated planning, commissioning and delivery of services currently delivered by the IJBs under existing arrangements. (Q20)

Consideration should be given to how IJBs can, within their current powers, begin to deliver on the ambitions of the NCS consultation. (Q20)

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?

No. (Q21)

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

No. (Q22)

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.

Children's social work and social care is best aligned to education, in line with GIRFEC. (Q23)

Seamless transition from children's to adult services is important, so effective joint working between those who plan, commission and deliver services needs to continue. (Q23)

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.

Education has a key role to play in assessment and service provision. Better to keep this local link and to keep access local. (Q24)

For transitions to adulthood

Yes

No

Please say why.

This change is not needed to improve transitions. There is a National Practice Model for this and a duty on children's and adult services to begin planning at a key stage, working with service users and carers to identify post-education service requirements. (Q24)

For children with family members needing support

Yes

No

Please say why.

Support to these children is effectively provided through locally agreed arrangements and through coordinated action by all relevant local services. (Q24)

Q25. Do you think that with community child health services including primary care, and paediatric health services?

Yes

No

Please say why.

Changes to locate children's social work services within the NCS risks disrupting the existing and efficient communication, decision-making and service delivery arrangements between local services. (Q25)

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

It seems ill-advised to include children's services in an as-yet unproven approach. (Q26)

The model should be tested by starting with adults and following review, after an appropriate period, consider if the approach should be extended to children's services. There is too much risk in including children at this stage. (Q26)

A further comment is that children's social care was not part of the original terms of reference for the Independent Review of **Adult** Social Care. (Q26)

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.

The answer to this is dependent on the outcomes of IJBs being reformed to become Community Health and Social Care Boards and the powers and duties that these new bodies hold. (Q27)

Under current arrangements, community healthcare services are provided through Health and Social Care Partnerships, under strategic direction from the IJB. (Q27)

If, as proposed, Community Health and Social Care Boards (CHSCBs) are successors to IJBs with more powers over and responsibilities for community healthcare services which the IJBs currently oversee, then the answer above is **yes**. (Q27)

If CHSC Boards are developed with a regional focus, rather than operating within local authority areas, then the answer is **no**, as operating at this level will stifle innovation and within the Lothian area, Edinburgh, as a result of its size, would dominate over neighbouring areas. (Q27)

Support to set up the required infrastructure (finance, HR procurement etc.) which is currently provided by Council and NHS Board partners will be of paramount importance before this work could be transferred. (Q27)

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?

Through further development of existing joint strategic and operational planning processes to deliver improved services at local/CHSCB/NHS Board level as well as for regional services. (Q28)

IT systems within NHS Boards, at best, hinder the effective communication between Hospital based services and Community based services. NHS Boards already concentrate far more on Hospital Based Services to the hindrance of Primary & Community Services, which means that this is not tackled effectively. (Q28)

There is a huge risk that this change could exacerbate a growing wedge between Hospital and Community care services. (Q28)

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)**

Benefits may also include improved service planning, data sharing and outcomes monitoring. (Q29)

Any local management of GP contractual arrangements should focus on the planning and delivery of local service delivery across the multidisciplinary primary care team to meet the assessed needs of communities. (Q29)

Local management should not seek to deviate from delivery of core primary care priorities and the national GP contract as set out in the Memorandum of Understanding between the Scottish Government, the Scottish General Practitioners Committee of the British Medical Association, Integration Authorities and NHS Boards. (Q29)

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)

It is unclear what problem is being fixed as a result of this suggestion as this should go in hand with changing how GPs as a workforce are managed. (Q30)

There may be a risk of 'drift' away from delivery of core GP contract requirements and resulting variation in contract delivery across the country. (Q30)

The current infrastructure supporting the contractual arrangements at NHS Board level would need to be replicated at CHSCB level. This would involve huge upheaval and would be a distraction of management time that would be better utilised on the various other complex matters in NCS delivery. (Q30)

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

Integration has been hampered by the need to deal with multiple contracts types, multiple IT systems, two sets of HR departments and other matters that require individual teams dealing with two separate organisations to get anything completed. The ability to ensure that terms and conditions as well as IT are consistent would assist better integration. (Q31)

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:

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

As social work was not a focus of the Independent Review of Adult Social Care (albeit the important role of social workers was acknowledged) and the NCS consultation extends its plans beyond those few IRASC recommendations that mentioned social workers, there are concerns there has not been an opportunity to engage on this to properly examine the implications. (Q33)

Any altered arrangements have to allow for local flexibility and maintenance of relationships with local providers. (Q33)

Local planning may not occur to the level it does currently. (Q33)

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

There is a range of views among East Lothian IJB members regarding this question:

One comment is that the medical and social models are different, with each having separate registration and inspectorate regimes. (Q34)

One view was that having Executive Directors of Nursing in the proposed leadership role would provide consistency and accountability. (Q34)

The use of the term social care nursing is not common, so needs explanation, particularly to clients and families. (Q34)

Senior nurse leadership was important in improving the quality of care and in infection prevention and control in care homes during Covid, as was training and support to care home staff from HSCP nurse colleagues. (Q34)

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

There is a range of views among East Lothian IJB members regarding this question. One view is that this arrangement would ensure equity of access and consistency. (Q35)

A counter view is that if the NCS took on educational and professional development of those nurses working in social care, this would disrupt existing and effective structures operating within HSCPs and links to NHS Board Directors of Nursing who are current professional leads. It might be better to forge links between those nurses operating in care homes and social care in the third and independent sectors and the existing professional leads. (Q35)

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

There is a range of views among East Lothian IJB members regarding whether or not Executive Nurse Directors should have a role within the CHSCB. Currently, the IJB has a HSCP senior nurse sitting on the board and providing representation for all nursing matters. This serves the IJB well. (Q36)

It is not clear if the Executive Nurse Director refers to that role within the health board, or if this is a new position. In the case of NHS Lothian, it is difficult to see how the Board's Executive Nurse Director could find time to have a meaningful role in what would be four local CHSCBs. (Q36)

One comment was that the difference between social care and medical models need to be recognised as each has its purpose. (Q36)

The question was raised of what '*social care nursing*' was. This needs defined, as the term is not widely used. (Q36)

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.

In East Lothian, justice social work and Community Justice Partnerships both work well, with all stakeholders fully involved. (Q37)

In other IJBs, work perhaps needs done to forge local links – any necessary local improvements should not require justice social work to be drawn into national arrangements without further consideration. (Q37)

Similar to the answer to Q26, the NCS model should be tested by starting with adults and following review, after an appropriate period consider if the approach should be extended to justice social work. There is no need to include it at this stage. (Q36)

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.

As stated above, the NCS model should be tested by starting with adults and following review, after an appropriate period, there should be consideration of whether the approach should be extended to justice social work. There is no pressing need to include it at this stage. (Q38)

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**

Any number of the benefits listed above may come from justice social work being part of the National Care Service, however, it is not possible to comment on benefits when the parameters of the proposal are uncertain and when there have not been preparatory discussions. (Q39)

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:**

As with Q39, any number of the risks set out above are possible, if justice social work becomes part of the National Care Service, however, it is not possible to comment on risks when the parameters of the proposal are uncertain and when there have not been preparatory discussions. (Q40)

A further risk is that such a change will not facilitate the joining up of the other agencies who are key to improving outcomes for justice social work clients. (Q40)

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:

There is a range of views amongst East Lothian IJB members.

One view is that current structures of community justice services delivered by local authorities should continue as this approach works locally. (Q41)

One member suggested the both the 'hybrid' model and the 'prevention of offending' model should be explored to assess the merit/s of each. (Q41)

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.

As long as community justice is delivering, such as it is in East Lothian, local decision making should be supported, under an approach of robust self-evaluation and external evaluation to maintain standards. (Q42)

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.

There is a range of views among East Lothian IJB members regarding this question. One view is that maintenance of local arrangements will ensure continuity of service provision. (Q43)

Another view is that a national focus is needed to deliver integrated services to those in custody and in planning to support their release, in view of their often complex social, housing, employment and mental health needs and in some cases drug use. (Q43)

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.

Such an approach is essential in view of the complex needs of prisoners. (Q44)

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**

Effective partnership working with other agencies, in the statutory and non-statutory sectors. (Q45)

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

None of these are considered as issues for the Alcohol and Drug Partnership (MELDAP) serving East Lothian. (Q46)

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.

There is no need to make this change, as the current relationship with HSCPs is good and the services provided are effective. (Q47)

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

Better client outcomes could be delivered by investing more in ADPs and their development, rather than changing management arrangements. (Q48)

In addition, there needs to be increased investment in drug and alcohol rehabilitation services accessible to all communities. (Q48)

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

Yes

No

Please say why.

There is a lack of investment in the provision of suitable rehabilitation services. The commissioning approach, model/s of delivery and whether these are local or national, should be decided once investment is secured and following consultation. (Q49)

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

There needs to be a conversation with ADPs and local partners and with service users on the commissioning approach and the specifications of any service to be delivered. Dependent on the service to be delivered, national commissioning is not necessarily better than local commissioning. (Q50)

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?

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

There is a range of views across East Lothian IJB members. One perspective is that all elements above should be included another is that the focus should be on crisis services only. (Q52)

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?

If the NCS takes on responsibility for the full range of mental health services listed in Q52, there is a real risk of fragmentation of service delivery and disconnectedness from locally and regionally delivered mental health services. (Q53)

Any development to move mental healthcare elements into the NCS will need to be accompanied by an integrated health record accessible by all services providing support at all points of the service users' journey. (Q53)

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

There are merits in establishing a National Social Work Agency to oversee training and professional development for the Social Work profession. (Q54)

It is less clear how in practical terms the IRASC proposal for the NSW Agency to address recruitment and retention (which are often the result of local issues) can be delivered through a national agency. (Q54)

The IRASC also proposes a review of the SSSC. As this has yet to be carried out, it is unclear what impact that review will have on proposed arrangements for the establishment and operation of the NSW Agency. (Q54)

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

The proposed model is untested. More work is needed to consider the implications of this change for professional colleagues and for the delivery of integrated services at a local level. (Q55)

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

Yes

No

Please say why

There needs to be more explanation of the parameters of such an arrangement, to inform consideration of the proposal. (Q56)

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

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.

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

IJB members were of the view that the CHSCBs should remain aligned with local authorities to maintain progress in partnership working, particularly through the organisational changes ahead for social care in the next few years. (Q59)

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

It is essential that alignment with local authorities is maintained for joint planning of services delivered within the local area. (Q60)

Other alignments should be established for services that are planned and delivered at joint local authority, or regional levels. (Q60)

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

The implications of this will need to be properly appraised at local level. (Q61)

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?

The trade unions and third sector membership, currently on IJBs, should continue within the CHSCBs. (Q62)

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

There were mixed views across the IJB membership on the merits or otherwise of giving all members a vote in the new CHSCBs. Concern was expressed by some that difficult decisions, such as those concerning necessary service redesign might not be possible. (Q63)

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?

No. (Q64)

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

Some IJB members suggested the reporting route for Chief Officers was unclear and needed further clarification. (Q65)

Reservations were expressed about the practicality of all Chief Officers reporting to the NCS if this option is developed. (Q65)

It was suggested that all staff currently working within HSCPs needed to be under the same employer to further deliver on integration. (Q65)

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

Directors of Finance, in view of the need to set financial strategy and to manage financial resources and financial commitments. (Q66)

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 development of any National Commissioning and Procurement Structure of Standards and Processes must fully involve partners, as listed above in Q66 in as well as consulting with representatives of those people using services. (Q70)

Any development should take into account existing national arrangements/standards and build on the positive aspects of these, whilst addressing any current issues/shortfalls identified by stakeholders. (Q70)

Scotland Excel currently plays an important role in relation to commissioning & procurement and may form the basis for future developments. (Q70)

Consideration should be given to whether newer arrangements are desirable or whether similar outcomes can be achieved by adjustments to existing arrangements. (Q70)

The implementation, monitoring and regulation of standards potentially places significant additional pressure on all partners, not least third and independent sector organisations. (Q70)

It is also suggested that new arrangements may provide an opportunity to address some of the equity and transparency issues perceived currently. (Q70)

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

As in Q69, market research and analysis carried out by the NCS must fully involve all partners, as listed above. (Q71)

If the NCS is to be responsible for the development of a Structure of Standards and Processes, responsibility should also fall with the NCS for market research & analysis. (Q71)

Again, existing good practice in relation to this should not be lost along the way. (Q71)

A broader issue relates to NCS playing a role in helping to address some of the current 'market issues' witnessed in relation to health and social care commissioning/procurement. (Q71)

One concern is the dominance of 'larger players' in the market, dominating decision making to the detriment of 'smaller players' (for example, the situation witnessed within NHS Lothian area in relation to equipment purchasing where Edinburgh HSCP's needs can overshadow the needs of the other HSCPs in the area). (Q71)

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

National contracts managed by the NCS are necessary in terms of cost effectiveness. However, arrangements need to safeguard local access to these services. Effective engagement with CHSCBs (or their equivalent) is also necessary to ensure national contracts meet local needs effectively. (Q72)

Regulation

Core principles for regulation and scrutiny

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

No views were expressed by IJB members concerning this question. (Q73)

Q74. Are there any principles you would remove?

No views were expressed by IJB members concerning this question. (Q74)

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

No views were expressed by IJB members concerning this question. (Q75)

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.

For the protection of service users and the maintenance of standards. (Q76)

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

No views were expressed by IJB members concerning this question. (Q77)

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

All providers of social care services need to be subject to inspection to improve and maintain service delivery standards and to ensure standardisation between providers across the country. (Q82)

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?

Yes. (Q83)

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

Yes. (Q84)

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

No views were expressed by IJB members concerning this question. (Q85)

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

Personal Assistants and others employed through SDS payments. (Q86)

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.

Members commented that such a scheme needs to be worked up and consulted on before introduction. (Q87)

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

12	Better access to information about matters that affect the workforce or people who access support
13	Minimum entry level qualifications
11	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
2	Improved terms and conditions
4	Improving access to training and development opportunities to support people in this role (for example time, to complete these)
3	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

This is important to establish partnership working, to secure support from the workforce and to ensure equity across the country. (Q90)

This is recognised as important to improving terms and conditions for the workforce. However, limitations imposed by longer term financial impact need to be acknowledge. (Q90)

Early engagement with all stakeholders regarding the role, remit and membership of any national forum is important. (Q90)

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)

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

To improve standards for staff and service users. (Q92)

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.

In order to protect them and the service users. (Q94)

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)

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

Completed responses should be submitted, before the closing date of 2 November 2021, to: NCSconsultation@gov.scot or by post to:

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