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

Midlothian Council

Phone number

Address

Midlothian House, 40-46 Buccleuch Street, Dalkeith

Postcode EH22 1DN

Email Joan.tranent@midlothian.gov.uk

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If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.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

Many of the improvements recommended in the independent review of adult social care could be delivered without the creation of a National Care Service (NCS) or structural reconfiguration. Setting up a new NCS will be costly and time consuming, and there is an argument that this money and energy may be better invested in developing the capacity of local services to work with those on the margins of need, with more focus upon prevention and early intervention approaches to social care.

The argument for a national care service is fully demonstrated as a means of ensuring equity of access/ quality improvement agenda/ national body for standards and training etc. The Feeley report did not evidence how the centralisation of all these issues will deliver improved and consistent access and/or quality of social care that is appropriate and proportionate to assessed local need.

In terms of improvement, the consultation notes that we have 'yet to see the impact of large-scale evidence based improvement work in the integrated world of health and social care'. This, it notes, is in part due to lack of investment and to the complexities of different governance and regulation structures, different cultures and multi-agency working. The proposal provides no assurance of objectivity or independence with regard to quality assurance if all under one NCS.

The consultation notes that '*it is crucial that we continue to make improvement as soon as possible and that we do not see stagnation, a lack of innovation or significant disruption during the development of the NCS.*' Moving at pace when managing change creates additional risk.

Local Government Benchmarking Framework – we report on adult social care and children's services performance in the LGBF.

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

It is not clear what a NCS would mean for current improvement agencies. The role of the Care Inspectorate is very distinct from Health Improvement Scotland and other organisations such as the Mental Welfare Commission. It would be important that these distinctions are recognised and that organisations responsible for improvement can operate free from influence.

Moving responsibility for improvement away from the regulators – the Care Inspectorate and HIS – to CHSCBs and providers may reduce independent scrutiny and oversight of quality and performance of services. The proposal provides no assurance of objectivity or independence.

Whilst a national approach may deliver some of the benefits outlined, there is a risk that the ability for each CHSCB to be locally responsive and accountable is diminished particularly, since the local democracy foundation upon which Local Authority's function will be eroded in preference of a centralised system.

The Feeley report did not evidence how centralisation will deliver improved and consistent access and/or quality of social care that is appropriate and proportionate to assessed local need.

The word consistency is often mentioned throughout the consultation, yet there is no evidence that having a consistent approach across Scotland would bring better outcomes to our citizens. Much of the work of community health and care services is about individual need and it is important that services have the permission and ability to meet the needs of those they care for at a local level, albeit within the realms of safe caring the health and social care standards.

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
			X	

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
			X	

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
		X		

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
			X	

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
			X	

Contacting my local authority by email or through their website.

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

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
		X		

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

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

Other – Please explain what option you would add.

As an organisation we cannot comment on how individuals would respond other than to note that the Local Authority (this include the H&SC partnership) offers 24/7 routes to advice and support if a situation arises.

Case load management for professional staff at a level that facilitates good conversations and person-centred communication would be a preferred approach.

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

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

Support planning

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

a. How you tell people about your support needs

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

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
X				

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
X				

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
X				

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
X				

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
X				

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
X				

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
	X			

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

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
		X		

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

In line with social work values, decisions based on personal outcomes are what staff strive to achieve. Self-directed support has had some mixed success with some service user areas. It is not necessarily clear from the proposals how support planning will be improved by a national system or service.

Within any nationalised approach there would need to be significant review of competing and conflicting legislation and guidance to achieve consistency and equity in support planning in Scotland. Application of eligibility criteria is subjective and contrary to the principles of self-determination

The use of technology could be better explored, e.g. Web chats etc. – they may not be for everyone but increasing number of people, particularly those with communication challenges, use differing mediums of communication.

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 GIRFEC approach used in children's services has proven to be successful across Scotland and with the various professionals who work in that field. This said it requires a robust implementation plan to sit alongside it to ensure buy in from everyone involved. Using the same language requires the same understanding of risk and need, rights and choices – all the elements that Self-Directed Support strategy, policy and legislation set out to achieve but may not have fully achieved yet. The Feeley report did not engage with services who have experience of the levers and challenges of implementing GIRFEC.

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.

A hybrid approach would enable a level of certainty around what is available with the opportunity to enhance to a more personalised approach. This is however subject to the resource available.

The Carers Act whilst a welcomed piece of legislation does still not address the whole story. Carers can now apply for an assessment in their own right but most just want a break and that means that this is provided for the cared for person. Form filling should be minimised.

COVID 19 has highlighted the lack or provision for allowing stressed and exhausted carers to have a break and this is forcing change on a local level (provision and future commissioning/contracting). The focus needs to be on local resources which meet local needs. How would a NCS deliver this as each area is so very different in what is needed and how local communities/partnerships can respond?

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

☐ Agree

☐ Disagree

Please say why.

It may do, but not without a full understanding of what is required to deliver this. It is important to recognise the role organisational culture, geography and current management/service arrangements plays in improving outcomes. In theory a National Practice Model would provide a set standard or benchmark which may prove to be helpful and may help improve outcomes.

Using the same language requires the same understanding of risk and need, rights and choices – all the elements that Self-Directed Support strategy, policy and legislation set out to achieve but has arguably not.

How does this fit with eligibility criteria? The aspirations of the Feeley Review of moving to a needs-based approach is laudable but there is no detail or evidence about how this will be achievable within what will inevitably be finite resources.

Right to breaks from caring

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

Standardised support packages versus personalised support

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

A right for all carers versus thresholds for accessing support

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

Transparency and certainty versus responsiveness and flexibility

☒ Certainty about entitlement	☐ Flexibility and responsiveness	☒ No preference

Preventative support versus acute need

☐ Provides preventative support	☐ Meeting acute need	☒ No preference

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

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

Please say why.

There probably needs to be more discussion regarding how entitlements will be managed. The challenge with some service provision is that it is standard in terms of what people are entitled and flexibility cannot always be guaranteed.

Much of this will be governed by resources.

COVID 19 has highlighted the lack or provision for allowing stressed and exhausted carers to have a break and this is forcing change on a local level (provision and future commissioning/contracting). The focus needs to be on local resources which meet local needs. It is not clear how this would be delivered differently or better via a NCS.

Using data to support care

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

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

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
X				

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

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
X				

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

☒ Yes

☐ No

Please say why.

From a service delivery perspective a single shared record would support integration and joint working. The lack of ability to maintain one single record is at minimum an impediment to service delivery, if not an actual organisational risk as it prevents oversight of the full situation, support and management of an individual's care, support, risk management strategies and any statutory responsibilities of the HSCP.

It is essential that we use data to measure the right things. Measuring outcomes is notoriously difficult to align to efficiency – and priorities can be driven by certain data. This can inadvertently lead to a hierarchy of rights, for example prioritising hospital discharges over the needs of individuals in the community.

This is a significant problem that has been around for a long time but one which has lacked investment, focus and leadership.

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?

It is not clear why a National Care Service needs to be the vehicle to achieve shared records and IT systems. Could duties not be placed on Health Boards, Local Authorities and HSCPs?

There would need to be clarity around data sharing protocols, data control, GDPR etc that can be confusing at present.

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:

All of the above should be in place locally. Information about advocacy, how to make a complaint should be on LA and H&SC websites and the SPSO is the person that is contacted if someone is unhappy with the outcome of a complaint. It is crucial that local people are involved in managing complaints in order to fully understand the systems and processes in place, and with the hope that early resolution is sought.

Within Midlothian, elected members are often viewed as advocates for their constituents, to support them to resolve complaints. As a small local authority this approach has proven to be a successful way of finding an earlier resolution. Upon production of a signed mandate from the constituent, this allows officers and those involved in the case to consider solutions in a constructive way.

Equally important is the learning from complaints and again there are processes in place to ensure this happens. Unsure why we need a national service to undertake what is already in place. If there are concerns at SG level this is not well coordinated or there are gaps this needs to be addressed as and when issues come to the fore.

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

☐ Yes

☒ No

Please say why.

The consultation recognises the risk of overlap with existing commissioner roles and fails to set out exactly what the role would achieve. The proposal would have cost implications in developing a structure and support functions.

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

☒ Yes

☐ No

Please say why.

Residential Care Charges

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

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

Putting an increasing reliance on charges has potential administrative and arrears issues. Also, increasing charges will potentially reduce self-funders.

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

Money would last longer before people became local authority funded.

Care home operators

Local authorities

Without additional government resources it would be another unfunded pressure for councils to absorb.

Other

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

☐ Yes

☐ No

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

Some progress has been made in relation to more equitable charging policies, for example ‘Frank’s law’. In addition, individuals subject to mental health legislation are no longer financially assessed for contribution towards non-residential care. However, there continues to be inequality due to variation between local authorities with regards to implementation of funding policies/ regulations.

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)

For Adult Social Care, there is much to commend the proposal of Community Health and Social Care Boards if it means that they would result in a strengthening of integration arrangements. It is not clear however, that a National Care Service is required to facilitate these Boards and there would be a concern over the loss of local accountability and a scaling back of elected member representation.

Midlothian Council believe that most of what the consultation proposes could be achieved without structural change, and by engaging with local services and fully funding ongoing support for those most in need.. Setting up a new NCS will be costly, and there is an argument that this money would be better invested in developing the capacity of local services to work with those on the margins of need and intervening early.

As previously highlighted, integrated IT and data sharing arrangements would be welcome.

Rather than focussing upon structural issues, we would argue that one of the main barriers in recent years to progressing with integration, prevention and early intervention has been the overly complicated and time consuming approach to IJB budgeting, as laid out in the Public Bodies (Joint Working) (Scotland) Act 2014. The existing process around IJB budgets at present is as follows: funding comes from the Scottish Government, to be distributed to the NHS and local authorities, with the chief officers of IJBs then issuing ‘directions’ for how the funding is to be allocated. In addition, the complexity around ‘set aside’ budgets has to be negotiated, with discussions around ‘set aside’ and the data ongoing and abstruse.

It is arguable that the significant issue is the current funding envelope and that many of the perceived problematic issues could be addressed by a greater degree of funding being given to HSCPs through NHS Boards and Local Authorities.

Our concern with structural solutions is that the focus would shift inevitably towards the new structure, (who will lead it, etc) and away from innovative service solutions around prevention and early intervention. Even with the best of intentions around a NCS, the reality is very likely that this will place such thinking ‘on hold’ until the NCS is established, further delaying the benefits to service users in the short-term and potential reductions in hospital admissions and reducing the pressure on care homes and acute wards in the medium to longer-term.

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. In conclusion, and for the reasons outlined above, Midlothian Council do not agree that accountability for the delivery of social care should lie with Scottish Ministers. We are part of Local Government and as such, strongly advocate for people to make and benefit from decisions taken locally and to be accountable locally for those decisions, in accordance with the principles of the Local Governance review.

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

Midlothian Council would argue that social care and the other services identified in this section are best commissioned and delivered at a local level, where the expertise and understanding of local contexts are best understood. Moving such services to a national level will simply add another tier, before they are passed back to the IJB for the delivery of services as identified in local IJB/HSCP Strategic Plans.

The introduction of a “once for Scotland” approach to provision of support for people with complex and specialist needs seems arbitrary. Why will the establishment of a national care agency meet the needs of these individuals? What is the definition of complex and specialist need? And, how will this align with reports such as “Coming Home” which advocates for services far closer to an individual’s family etc.?

It is not at all clear what a NCS would mean for hospital beds managed currently through HSCP arrangements. In Midlothian, the Midlothian Community Hospital is managed by Midlothian HSCP and there is local accountability involving elected members on the Midlothian IJB where matters regarding the community hospital are discussed and decisions made. The proposals appear to suggest that in-patient beds would generally not be part of a NCS model. This would fragment the whole system approach in Midlothian.

Similarly, there is a strong interface with Housing services on the Midlothian IJB and there would be a concern that a NCS would see these links weakened.

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.

Many children's services are integrated with education services which includes early years. One of the lynchpins of GIRFEC is the foundation of a rights based approach upon universal services. This approach has brought social work and education closer together across a range of local structures and supports the pillars at the heart of the Promise by scaffolding families at an earlier point, ensuring children and young people remain within their families where safe to do so and within their local communities where they have developed relationships. The lack of analysis or evidence that would suggest that children's services should be included in a NCS is concerning

The assumption that most LA's are failing in children's services again has no evidence or foundation within the report and is something that Midlothian Council would strongly refute. Evidence from the Care Inspectorate's programme of inspection demonstrates that it is the quality and strength of collaborative leadership and direction that has the biggest impact on outcomes and not the structures.

The Feeley report which was concluded in three months had no remit to include children's services nor was there any consultation with children, families or those in our communities to discuss the impact of this proposal.

Whilst the SG are determined to ensure consistent standards across Scotland there is also a need to retain sufficient flexibility and a sufficiency of local resourcing in order to meet the needs of the 3 year consultation of the Promise and the foundations we have all signed up to.

Thought also needs to be given to where council owned/registered regulated services will sit including Fostering, Adoption and our Children's Homes. It isn't clear whether these services would also move to the NCS or be commissioned from the local authority. There would be significant risk to disconnecting these services in terms of culture and ambitions as well as the impact on budget. Some resources that are also commissioned are joint funded with education for example residential schools. Consideration needs to be given to where such a budget would sit and if children's services social work is disconnected from education, there is a greater risk

and potentially pressure to place children rather than support them in their own communities.

Within the report it states that 'there is no evidence that providing services through the public sector increases quality,' Within Midlothian we would strongly refute this statement. We have many years of evidence where children and young people have been provided care by third sector/charitable status establishment's, where the outcomes have been very poor for the young people. The evidence supported us in making the decision 7 years ago to try and ensure where possible that NO child/young person was sent out with Midlothian and that their care and education was delivered in house. The evidence we have on improved outcomes suggests this approach was the right decision and is now supported by the work of The Promise.

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.

Children with a disability and their families cannot be seen as a homogenous group. Every family is different and may require support at different points in their lives. Some may require consistent, long term support and others dip in and out or require support as the young person leaves school and transitions into adulthood.

Within children's services we adopt a social justice model that reduces inequalities amongst children, and ensures they get the right support regardless of their postcode. This is an area of work that is at high risk of being medicalised, which is not a holistic approach to supporting children and their wider family.

Within Midlothian, we have been creative with our service design for children with a disability and have chosen not to send children and young people out-with Midlothian when their families are struggling to cope. We took a decision to alter one of our children's residential houses into a house for children with disability and several other houses across the county have also been adapted ensuring that the young people can continue to attend their local school and have regular contact with family and friends. Unsure how we would be able to continue with this approach of working if we were part of a NCS. We should and need to be allowed to create and model services based on local need and priorities.

Children with disabilities experience significant challenges in transitioning from children's to specialist adult health services that will not be addressed by this proposal.

A clear national transitions policy and protocol including transfer of funding and alignment of the current (at times competing) legislation relevant for children and young people would go a long way to reduce complexity for families.

For transitions to adulthood

☐ Yes

☒ No

Please say why.

Housing, education and employment services are critical in transitions for care experienced young people. Successful delivery of the Promise is predicated on enabling children to live within safe home settings and communities where they can achieve positive outcomes in preparation for a successful transition to adulthood. Whilst access to adult mental health and substance use services will be important, this is unlikely to take precedence over access to integrated community mental health and whole family substance use services that need to be available throughout childhood and accessible within universal education services.

Regardless of where services sit, transitions can be complex and challenging for professionals as well as for young people and their families. Structural change is not going to improve some of the barriers people face, only legislative change and changes to eligibility criteria can really change this. However, moving children's services into a NCS with Adult social work and social care is unlikely to resolve the issues which are faced and in fact might exacerbate the situation if children's services became subsumed with health and social care

For children with family members needing support

☐ Yes

☒ No

Please say why.

Early intervention and prevention is at the heart of all our work and supports the GIRFEC approach in getting it right for every child. Children and families come in and out of children's social work services and the continuum of going from child protection back to requiring some support and then into universal services is aligned to the partnership we have with our education colleagues in particular.

Whilst there may be areas to strengthen in our partnership working, within Midlothian throughout the pandemic, education colleagues, our communities teams, health visitors and social workers within children services pulled together to ensure that our most vulnerable were being seen and offered support. This was achieved via face-to-face visits, garden visits, via technical solutions such as zoom and through the

setting up of community hubs in schools, nurseries and family centres. This area of priority during lockdown in particular, did not require structural change but a shared endeavour to agree a way forward that would support and protect the most vulnerable within our communities. Further evidence that we do not need a change in structure for services to come together from different parts of the council/IJB to work collectively to achieve good outcomes for children and families within our communities.

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

☐ Yes

☒ No

Please say why.

We already work well and have good relationships and systems in place – for example the eIRD system across Lothian.

Whilst there may be areas to strengthen through the pandemic health visitors and social workers within children services pulled together to ensure that our most vulnerable were being seen and offered support, this was a joint priority.

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

This document evidences no research that would support this model. The lack of information around what this model could look like with children's services included, is scant at best and feels very much an 'add on'. Accepting there is not consistency of practice across Scotland, this is not the way to try and implement this, There needs to be the ability to respond to local demographics, needs and to offer support as and when required, not via a national model or structure. Funding is a significant issue that is not fully addressed in the consultation. There is little mention of child or public protection and where this would sit? Child Protection is a continuum where families flit in and out of the protection arena. Is it really being proposed that ministers would be responsible for the findings of significant case reviews following on from a significant event? The governance and learning from these should sit with local authority and CE's who can then via well-established structures ensure the findings are taken on board. Taking children's services away from education (albeit has happened elsewhere) is fundamentally flawed with regards to GIRFEC and the

cross over between both agencies. The close partnership working and knowledge of local children in local schools and communities ensures a robust overview of the management of risk. Finally the Promise took 3 years to undertake and moving children's services into a NCS would not allow us to take forward the asks from this significant and important review that we have all signed up to. The Promise however is not a provider of children's services that remit falls to children's services social workers. The promise unlike Feeley's review or indeed this consultation, included the participation of hundreds of children, young people and their families.

Healthcare

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

☐ Yes

☐ No

Please say why.

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

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

☐ Better integration of health and social care

☐ Better outcomes for people using health and care services

☐ Clearer leadership and accountability arrangements

☐ Improved multidisciplinary team working

☐ Improved professional and clinical care governance arrangements

☐ Other (please explain below)

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

☐ Fragmentation of health services

☐ Poorer outcomes for people using health and care services

☐ Unclear leadership and accountability arrangements

☐ Poorer professional and clinical care governance arrangements

☐ Other (please explain below)

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

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?

It is unclear what would be the role of the national care service and what would be the local responsibility.

To increase the focus on SDS (with or without a budget) and involvement we would need an increase in resources and to shift the culture from response to anticipated need for support this may not involve a service or a budget but a social work resource.

The social worker as a gatekeeper of resources does not allow social work to fulfil an advocacy role to its full potential. In shifting the culture, it is hard to imagine what this model might need to look like, to have a focus on prevention and offer to assist rather than the criteria access to service-driven response.

There is a tension in the stated aim of promoting the universal offer and local community based services and taking the responsibility for delivery away from local authorities. How would this impact on the democratic process and the reporting of service delivery along with participation on a local level? How would this proposal protect local connections, innovation and creative opportunities?

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

Whilst Executive Directors of Nursing have a clear role in assisting with the quality assurance and care governance process, social care services are, in many instances, distinct from services provided in health settings and it would be the role of Chief Social Work Officers should be maintained in terms of commissioning arrangements and subsequent quality and care assurance requirements.

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

☐ Yes

☐ No, it should be the responsibility of the NHS

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

Please say why

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

☒ Yes

☐ No

If no, please suggest alternatives

Justice Social Work

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

☐ Yes

☒ No

Please say why.

There is the need for better coordination, a set of minimum standards, and appropriate resources to deliver effective, consistent and person-centred community justice services. However, the Feeley report did not include justice social work in its terms of reference therefore the consultation proposal and questions have no basis in evidence. The arguments made are not compelling. The only driver for possible

inclusion would be predicated on retaining all statutory social work functions together.

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

☐ At the same time

☐ At a later stage

Please say why.

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

☒ 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

There may be potential opportunities to develop on best practice across Scotland and greater opportunities for career development.

A more cohesive service across Scotland with opportunities to transfer giving service users a greater opportunity to make fresh starts.

Could boost development in areas that have been long discussed but with limited progress, programmes for working with violence perpetrators, hate crime interventions, restorative justice, peer support etc.

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:

The business of justice social work is arguably one of the highest risk areas for councils/H&SCPs. The potential consequences of disrupting this service, its workforce.

There would be concerns about reduced profile for Justice within the NCS structure and that JSW would not be sufficiently represented within senior leadership. Risk of ending ring-fenced funding.

Risk that the professional justice social work role may not be fully understood or valued and concern that we will become more a top down rather than consensual organisation, where practice is driven from the top exclusively, marginalising voices of frontline staff. Where the complexity of the role is not respected.

JSW, like all social work services, is basically a local business and should be treated as such. Concerns that the more powerful areas will drive national practice, what is right for Glasgow is not necessarily right for Midlothian? Justice needs to be seen to be carried out at a local level for local people to have confidence.

What will this mean for early intervention and prevention if underlying principle is that service users should receive support when they need it rather than when prescribed?

Joined up IT may lead to greater requirements for input of info, need to ensure that some JSW info as protected/restricted

National, single budget for acquiring services is easier to manage but far from clear that will lead to better outcomes

How will the NCS address the 'long standing concerns about consistency and availability of community justice services?

Will NCS integration increase access to services for people with convictions – will it be truly universal?

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:

Justice Service users often use a wide range of services and if coming under new Boards this may enable better access to these than at present. It also makes sense if there is a move towards a public health model with a focus on trauma informed practice.

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.

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.

It is not clear what additionality would be gained by having Prison social care fall under a NCS.

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.

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

ADPs provide local services focussed on the needs of local people. Services are and should be accountable to local people and their representatives. ADPs provide the opportunity to ensure that the needs of people who use drugs and alcohol are kept as a priority within a system that can at times focus mainly on acute care, care homes, care of older people and primary care.

Midlothian/East Lothian ADP (MELDAP) is an integral part of the two Health and Social Care structures and works closely with operational and senior management. Joint Directors and Heads of Service have supported this transition with good effect. The ADP operates as a specialist planning and commission resource with H&SCP's, Children's Service Strategic Partnerships and Community Justice Partnerships as well as within Community Planning structures.

The needs of people across Scotland's diverse communities are quite different as are the alcohol and drugs needs of these communities. Because of these differences the functions of ADPs to address particular local, geographical differences will still be required. ADPs ensure that measures to address harm, whatever the substance used are managed at a local level.

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

Whilst ADP's have power to impact on local issues such as service planning, commissioning, delivery and quality assurance, there are other areas of policy that the partnership cannot effect. The vulnerable group we care for have other issues apart from their drug and alcohol use to deal with. ADP's could benefit from stronger links to Scotland/UK wide initiatives which impact issues such as poverty

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.

Whether the responsibilities of Alcohol and Drug Partnerships are integrated into the work of Community Health and Social Care Boards or not there is a need to ensure that the semi- autonomous relationship between the ADP and partners is protected.

One of the many roles the ADP structure ensures is that there is clear demarcation between partner organisations as members of the ADP and their role as service providers to the ADP.

This concept has recently been underlined and supported by COSLA and the Scottish Government. They agreed a number of recommendations to strengthen the role of ADP's through the further development the Alcohol and Drug Partnerships: Delivery Framework.

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

Not at present. However, if the remit of the ADPs was to be altered then there may be a benefit to formally aligning them into operational structures.

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

☒ Yes

☐ No

Please say why.

This could be managed on a Regional/ Scotland wide basis. As the network of available residential resources increases nationally, there is merit in creating a framework and delivery mechanism that ensures the central/regional management of a preferred providers list. The link between this regional/ national resource and local

senior practitioners would allow a fast identification of appropriate and available bed space to meet an individual's care needs. There would be an ongoing management process related to available funding from national and local sources. There is also the benefit of 'economy of scale' that could be derived from a regional /national approach ensure greater value for money.

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

Apart from the commissioning of residential care, there could be significant benefits to be delivered from the commissioning of a national outcomes framework using an agreed system such as Outcomes Star. All other types of provision should continue to be delivered at locality level and have the ability to continue a "flight of foot" approach to meet the dynamic and changing needs of this area of work.

As stated above, ADP's provide local services that are focussed on the needs of local people and should continue to be accountable to local people and their representatives. The involvement of people with lived and living experience from within local communities ensures that local issues are given the profile and priority they deserve.

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?

Having people with lived experience involved in Commissioning and Performance arrangement. These colleagues bring their unique experience to bare in the scrutiny of the quality of current service provision. We are in the process of recruiting a number of people with living experience onto our executive decision making group.

Further work is needed to develop systems to ensure that the voices and children, young people and families are also heard and these voices should not be overlooked because of needs of adults in treatment, early engagement and prevention are still key interventions.

ADP's should continue to provide advocacy support services to people affected by their own or others drug and/or alcohol use. Any learning should be fed into the development of future service provision. Emerging evidence from advocacy initiatives has shown the significant benefit of this 'holistic' approach to meeting people's needs.

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

All Adult and Old Age Mental Health Services should be delivered from within a NCS if one is set up – the fragmentation of mental health services should be avoided.

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?

There are similar arrangements in place in Midlothian at present where community and primary care mental health services are managed through the Health and Social Care Partnership. In Midlothian, there is a hub where services, including Mental Health, Addictions and Justice are co-located.

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

It is not clear you need a National Care Service to establish a National Social Work Agency.

The recognition of Social Work through the proposed addition of a national professional body for social work is welcomed. Support for a 'National Social Work Agency', as a means by which to fill gaps identified around workforce and practice development, learning, training and social work education, as well as providing a strong professional and national voice to give parity to social work alongside education and health.

A NSWA would strengthen the voice of the profession at a national level and give parity with other professions. It could also hold the reins of the profession and its functions whatever the governance structure.

Improve standards for the provision of student placements and strengthen links with higher education.

A NSWA could support workforce planning through research and have a stronger voice to represent the profession as new legislation and the additional / extended responsibilities that often come with this for (which there is no additional resource provided).

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

National structures should exist to support local and regional delivery, not replace it.

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

- ☐ Yes
- ☒ No

Please say why

It is our view that you do need a National Care Service to set up a National Social Work Agency.

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

It is feasible that having a national approach to terms and conditions could ensure there is a level playing field and would offset current arrangements whereby neighbouring areas compete against one another in a bid to attract staff. However, the caveat would be the absolute requirement for funding to be given to employing agencies, namely Local Authorities, to ensure that costs could be met. It is likely that this would require additional resource.

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.

CHSCBs would require new infrastructure and governance which already exists in local authorities. It would be very inefficient for CHSCBs in small local authority areas to operate. CHSCBs would be responsible for provision of local services but would have a majority unelected membership.

One model would be beneficial for consistency and review purposes. At a higher level this would allow a consistent approach and allow suppliers and other third party stakeholders to engage fully with each authority area on like for like basis.

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

☒ Yes

☐ No

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

This again would depend on the model rolled out. If the staff are to remain within MLC then the answer should be yes if not then from legal perspective it would not matter – although there seems to be a want to include elected members on the board. If local this would allow justification for local elected members to sit on a regional board and represent the constituent's issues.

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

Yes – added complexity of bureaucracy and governance in that a governance structure would have to be established and it is likely that the support currently in place could be diluted by the proposal as there may not be back room support services to provide all committee support on implementation

We already have an integrated public protection committee – that successfully sits across two local authorities, two H&SCPs, other national bodies and allows a joined-up approach to public protection.

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?

Only elected members can democratically represent the local population. How would representation be achieved that would be fair and truly representative? Where is the Local Democracy?

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

☐ Yes

☒ No

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

Ensuring that there is a wide range of service user groups and interest represented and membership is updated\refreshed regularly. Maximum terms?

Although from a practical high level governance/equality perspective if all have a vote then no one area would be considered to be more important that the other if there was any area without a vote then this may lead to a perception that overall their position does not count in the same way.

Community Health and Social Care Boards as employers

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

☐ Yes

☒ No

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

It is unclear whether this question is proposing that CHSCBs become the employer for social work and social care staff currently employed by councils. If so, the impact is significant in terms of the infrastructure required to support the functions. The wording of the question is unhelpfully vague.

If employees are transferred to the Board then this may also include transfer of support service members who provide support to adult social care.

It may also mean that funding streams are re-routed and as such may create potential redundancies through inability to fully fund current local authority support service positions which are cross funded through social care.

The starting block to being an independent organisation can only come from employment of staff however that also means there would be a requirement for additional independent services.

The role of the CSWO is not discussed or considered within the Feeley review. There would be challenges in discharging the statutory functions of the Chief Social Work Officer if social workers were no longer employed by councils.

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?

Must allow for Self-Directed Support principles to apply and proportionality of approaches for different sizes and types of services and localities.

The standards and principles are already implemented to some extent in existing infrastructure and legislation so these could all be removed by increasing capacity in the existing organisations.

The Standards and Principles cannot be effectively implemented as described unless this is supported by appropriate funding.

Remove anything that would place an undue administrative burden on providers, their staff or where funding is not in place for regular local review processes or care packages, service user outcomes and provider performance & contractual compliance. There is a risk that the above would place unsustainable burdens on suppliers where there is already an issue with staffing.

Remove anything that this is not funding for a local function to effectively review and monitor.

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

National commissioning and procurement services

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

☐ Yes

☒ No

If no, who should be responsible for this?

☐ Community Health and Social Care Boards

☐ NHS National Procurement

☒ Scotland Excel

Regulation

Core principles for regulation and scrutiny

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

Stronger knowledge and recognition of the shift / developments in practice needs to be reflected in the inspection methodology. Inspectors need recent and relevant experience in working within or managing the services they are regulating ad inspecting. Use of the new national approach to learning reviews must drive a culture of learning within regulatory processes. Support for Services to seek the child /young person/adults views on an on-going basis re service delivery. This role is still considered an add-on within LAs rather than a necessity in service improvement.

Q74. Are there any principles you would remove?

Principle 3 – as this refers to NCS

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

These principals are vague and too wordy to be effective. It is not possible to see how they can be used to hold the regulator to account.

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.

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

Comment re powers of registration of new services
The experience through COVID has highlighted a critical gap in the standards and readiness that new care home services need to achieve and evidence before they should be registered. H&SCPs are well placed to understand whether proposed new services have demonstrated the key elements of leadership and management and partnership working that are required to enable them to safely begin to take residents. The absence of these has resulted in significant levels of support work and intervention from the H&SCP over a prolonged period to assure the safety and wellbeing of residents that could have been avoided.

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

To provide greater transparency as to how providers manage their business and overall financial health.

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. However there needs to an overhaul of the arrangement for fitness to practise. It is not responsive, takes too long, is not transparent and managers have little confidence that the complexity of the social work role is fully understood by those making decisions.

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

Yes

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

Regulatory bodies need to strengthen and articulate the professional profile, role and function of social work staff to give parity with other professions and engage with employers to ensure these standards are embedded within workforce development and governance arrangements.

Q86. 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

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.

It would add increased bureaucracy for providers, fair work first principles already being applied for some time in social care that do not conflict with Employer\Employee rights and obligations, Employment Contracts (or EU rulings).

32 Local Authorities have 32 individual sets of terms and conditions of service. How these would be harmonised across the NCS.

This would also leave Council vulnerable to equality claims and litigation from the wider workforce.

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
	Removal of zero hour contracts where these are not desired
3	More publicity/visibility about the value social care workers add to society
	Effective voice/collective bargaining
4	Better access to training and development opportunities
5	Increased awareness of, and opportunity to, complete formal accreditation and qualifications
6	Clearer information on options for career progression

8	Consistent job roles and expectations
7	Progression linked to training and development
	Better access to information about matters that affect the workforce or people who access support
9	Minimum entry level qualifications
10	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

For council employed staff - Care staff within councils, along with other non-teaching staff, already benefit from collective bargaining. Hard to justify why staff in this area of service delivery should be treated differently to other council staff. The £500 payments has already created some discourse. For external providers – would this potentially make external services to expensive and bring them in-house? Would additional funding be forthcoming to cover additional costs as a result?

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…):

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

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

Q90. Should the National Care Service establish a national forum with workforce representation, employers, Community Health and Social Care Boards to

advise it on workforce priorities, terms and conditions and collective bargaining?

☐ Yes

☒ No

Please say why or offer alternative suggestions

Workforce Priorities may be driven at a local level depending on the demand within the region. Each local authority area while they may have similar challenges face differing demographics in their overall population.

The suggestion that services currently delegated e.g. social work, will require contractual arrangements seems to be without any evidence of what gap/ issue/risk this will address or mitigate. If social worker services require contractual arrangements, would such an argument not be equally applicable to NHS Staff delivering delegated services?

If the decision is that T&Cs set nationally who is negotiating with employers to vary contracts if employment remains with LA's?

What arrangements will be in place to protect LA's position against equal pay claims if under different set of T&C's

Who is liable for any legal recourse is taken by individuals or Trade Unions?

What does it mean for services not in NCS but that provide services to them i.e. Facilities Management, Transportation, all Support Services i.e. Finance, Administration, HR & Payroll, IT. This potentially leaves LAS open to litigations as staff compare conditions with the same employer.

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)

An agreed national data set would support the social work profession in achieving better equity in workloads that is presently highly variable across the country and contributes to inconsistency in levels of provision and support.

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

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.

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)

A good starting point would be for Scotland to offer wide central provision of values-based training and practice for PA staff, and Direct Payment employer awareness and support to build confidence to discharge their duties as an employer.

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