National Care Service Consultation: Analysis of responses

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Introduction

The Scottish Government undertook a public consultation on its proposals for a National Care Service (NCS) to achieve changes to the system of community health and social care in Scotland. The purpose of these proposals is to ensure that it: consistently delivers high quality care and support to every single person who needs them across Scotland, including better support for unpaid carers; and that care workers are respected and valued. The consultation is a key step towards shaping primary legislation to the Scottish Parliament to achieve these changes. These proposed reforms represent one of the most significant pieces of public service reform to be proposed by the Scottish Government.

The respondents and the responses

Overall, responses were received from 1,291 respondents. Two thirds of responses (67%) were made through the Citizen Space portal (862) and 500 were submitted by email or post. Of the email and postal responses, 407 were from organisations and 80 were from individuals (including responses in the Easy Read format). The total number of organisation email responses includes 71 written responses that were provided in addition to a consultation form response, these have been considered as one respondent for the purposes of tallying the overall total of 1,291. It was also clear from some organisational responses that they had undertaken surveys or other engagement activities in order to respond to the consultation, and were therefore representing the views of a number of people.

Comments on the consultation process

The consultation process itself attracted a substantial number of comments (please see page 19 of this report for details) and the analysis of responses should be considered in light of these comments. In summary, many respondents highlighted issues such as the length of the consultation questionnaire, the relatively short space of time in which they could prepare a response; the lack of detail around the proposals; and the nature of some of the questions which were thought to lead the respondent to a particular answer. These factors have potentially impacted on the depth of analysis that can be conducted (please see Chapter 2 for more details on the limits on the analysis). This report should therefore be read alongside the full published written submissions if further detail is required.

Overview of findings

A summary of the main findings of this consultation analysis is provided under the headings below, following the structure of the consultation document. Please note that not all respondents answered all consultation questions so the percentage values provided below should be interpreted within the overall number of responses per question provided in each chapter.

Improving care for people

Benefits of the NCS taking responsibility for improvement across community health and care services

A majority of respondents (both individuals and organisations) thought that the main benefit of a National Care Service taking responsibility for improvement across community health and care services would be more consistent outcomes for people accessing care and support across Scotland (77%). This was followed by better coordination of work across different improvement organisations (72%). Respondents tended to welcome the opportunity to create greater consistency across Scotland and to offer more guidance for people accessing care and support and staff.

Risks from the National Care Service taking responsibility for improvement across community health and care services

Risks identified included: the potential loss of the voices of people accessing care and support and care workers; the impact on local services; the loss of an understanding of local needs and local accountability; the variation of needs across Scotland especially where more rural and remote areas such as the Islands are concerned; and staffing concerns with regards to retention and morale. Other areas of concern were around the potential for increased bureaucracy and disruption to those areas that currently work well as the changes are implemented. Both individuals and organisations highlighted the potential bureaucracy and loss of localism as key risks. It should be noted that many of the comments in this section related to the general proposals for the development of the NCS rather than the specific improvement aspects of the proposals.

Access to care and support

Responses to each element of the question on access to care and support ranged from 627 to 647 (which routes respondents would use to access care and support). Speaking to a GP or another health professional (78%), and a national helpline (61%) or national website or online form (58%) were the options that were most likely to be used. Speaking to another public sector organisation or a drop in centre were the least popular options. The majority of respondents thought that a lead professional to coordinate care and support would be appropriate at an individual level.

Support planning

Respondents were almost unanimous that they or their friends, families or carers should be involved in their support planning. There was also a majority in agreement with the statement that “decisions about the support I get should be focused on the outcomes I want to achieve to live a full life” (95%). Respondents also expressed strong support for a single plan under the Getting It Right For Everyone National Practice model alongside an integrated social care and health record. It was thought by many that these measures would streamline processes and make the system easier to navigate.

Right to breaks from caring

Around two thirds of respondents thought that there should be a universal right to a break from caring. A majority of individuals and organisations (81% of all respondents to this question) valued personalised support over a more standardised support package. Around half thought that flexibility and responsiveness were more important than certainty of entitlement.

Using data to support care

A large majority of respondents agreed that there should be an integrated and accessible social care and health care record (86%) and that information about an individual's health and care needs should be shared across the services that support them (86%). There was support for legislation to ensure that care services and other parties provide information in line with common data standards. Concerns were raised by some in relation to data security and GDPR, cybersecurity; and the implementation risks of large national IT systems.

Complaints and putting things right

There was relatively high support for a charter of rights and responsibilities and agreement that there should be a Commissioner for social care. It was thought that a Commissioner would give people accessing care and support a voice and provide assurance that complaints would be addressed properly. Concerns related to fears of an additional layer of bureaucracy and to structural issues such as independence.

Residential care charges

Opinion also tended to lean towards the view that residents in care homes should make some contribution to the costs, particularly in terms of food and rent, however there was less agreement that care home upkeep should be something for which contributions should be expected, such as cleaning, food preparation, transport, maintenance, furnishings and equipment. There was also a majority view amongst both individuals and organisations that the current means testing arrangements should be revised.

A National Care Service

Overall, 477 of the 660 people (72%) that responded to this question agreed that Scottish Ministers should be accountable for the delivery of social care through a National Care Service. The main themes emerging from the responses to this question related to: the need to avoid adding additional bureaucracy; maintaining local accountability; the role of local authorities; and the challenges faced by rural and remote areas, including the Islands.

A range of other services were suggested for potential inclusion in a NCS, including aspects of housing, education and transport. There were mixed views on whether social care in prisons or children's services should be included in the open-ended responses to this question, but a majority (over 70%) were in agreement when this question was addressed

explicitly and quantitatively in the relevant section of the consultation (please see below).

Other cross-cutting themes which emerged included:

- The need for more detail on the proposals to inform the debate
- The need for more detail about the costs of designing and implementing an NCS
- Transition risks and centralisation
- The impact on local authority workforces
- Localism and local accountability
- The needs of remote and rural areas
- Human rights and equality issues
- The extent of the proposed NCS
- The delivery of services under the NCS

Each of these themes are considered in more detail in Chapter 2.

Scope of the National Care Service

This section of the report considers respondents' views on the services that should fall under the remit of a National Care Service.

Children's Services

Overall, the majority of respondents agreed that Children's Services should be included in a National Care Service (NCS). Three quarters of individuals who responded to this question and a similar proportion of organisations were in agreement. A number of key stakeholders however did express concerns about the proposals with several suggesting that more evidence on the likely benefits of the proposals is required. There were a number of risks identified here by individuals and organisations, including the potential loss of a local dimension to responding to need and the potential loss of the link to education.

Healthcare

Around 70% agreed that the proposed NCS and the Community Health and Social Care Boards (CHSCBs) should commission, procure and manage community health care services. The main reasons given in support of the proposals related to a more streamlined and consistent service and improved accessibility for people accessing care and support. Reasons given by those who disagreed with the proposals included the availability of funding and perceptions of the existing relationships between health and social care.

The most frequently cited benefit of CHSCBs managing GPs' contractual arrangements was "better integration of health and social care". Nearly three quarters (74%) of individuals and six in ten organisations (61%) selected this response. This was followed by "improved multidisciplinary team working", selected by 69% of individuals and 56% of organisations.

The most frequently cited risk was “unclear leadership and accountability requirements”, selected by 58% of individuals and 63% of organisations. This was followed by “fragmentation of health services”, selected by 47% of individuals and 56% of organisations.

Social Work and Social Care

The most frequently cited benefit of social work planning, assessment, commissioning and accountability being located within the NCS, was “more consistent delivery of services”. This was followed by “better outcomes for people accessing care and support and their families”. Risks identified included a loss of local understanding, the potential loss of accountability, and the risk that social work would be overshadowed by other services.

Nursing

A majority agreed with the proposed leadership role of Executive Nurse Directors and that the NCS should have responsibility for overseeing and ensuring consistency of access to education and the professional development of social care nursing staff, standards of care and governance of nursing, with almost two thirds in agreement. There was also strong agreement with the proposal that Executive Nurse Directors should have a role in the proposed Community Health and Social Care Boards.

Justice Social Work

Nearly two thirds agreed that Justice Social Work should be included within the remit of the NCS (62%). Reasons given included the need to keep all forms of social work together and the fact that offending behaviour is often linked to other care needs. Those who disagreed tended to say that the proposed NCS is too large and centralised and that there is a need to reflect local requirements. The main benefit was thought to be “more consistent delivery of justice social work services”. Around half of respondents to the question on risks selected: less efficient use of resources; worse outcomes for people accessing care and support; poorer delivery of services; and weaker leadership of justice social work.

Prisons

A majority of respondents (72%) also agreed that responsibility for social care services in prisons should be given to a National Care Service. Reasons given included better support for prisoners with mental health problems or learning disabilities and smoother transitions at the point of release, amongst others.

Alcohol and Drug Services

A majority also agreed that Alcohol and Drug Partnerships would have the benefits of providing greater coordination of Alcohol and Drug Services (81%) and better outcomes for people accessing care and support (75%). Confused leadership and accountability was viewed as the main drawback of the Partnerships. Three quarters agreed that they should be integrated into the CHSCBs. Eight in ten agreed that residential rehabilitation services could be better delivered through national commissioning.

Mental Health Services

Around three quarters of respondents agreed that the list of mental health services provided in the consultation document should be incorporated into a NCS. In response to the question on how best to link the mental health care elements into a NCS, suggestions included: quicker referrals; the use of multi-disciplinary teams; and better sharing of information across services.

National Social Work Agency

There was a general agreement around the potential benefits of a National Social Work Agency that were outlined in the consultation document: improving training and continuous professional development; supporting workforce planning; and raising the status of social work. Two thirds agreed that the proposed Agency should be part of a NCS (66%). Around 80% thought the Agency should have a leadership role in relation to social work improvement, social work education; and a national framework for training and development.

Reformed Integration Joint Boards: Community Health and Social Care Boards

This section of the report considers the responses to the proposals to reform the existing Integration Joint Boards (IJBs) into Community Health and Social Care Boards (CHSCBs).

Governance model

Around three quarters agreed that Community Health and Social Care Boards (CHSCB) should be the sole model for local delivery of community health and social care in Scotland, with individuals (77%) and organisations (73%) broadly similar in terms of levels of agreement.

Benefits mentioned included greater standardisation across Scotland, as well as helping to improve equality of access to services, although some were concerned about the potential lack of local decision making and that a “one size fits all” approach would not work. The majority of respondents also agreed that CHSCBs should also be aligned to Local Authority boundaries (81%).

Membership of Community Health and Social Care Boards

A range of roles were suggested as potential members of the Boards, including people with lived experience and frontline workers. There was a view that their involvement should be meaningful and that these members should not be included in a tokenistic way. In line with this, there was a strong majority in support of the proposal that all Board members should have voting rights with 90% of individuals and 86% of organisations that answered this question in agreement.

Community Health and Social Care Boards as employers

A large proportion (78%) agreed that the Boards should employ Chief Officers and their strategic planning staff directly. Other comments in relation to this question referenced the need to avoid unnecessary bureaucracy and for strong leadership.

Commissioning of services

This section of the consultation addressed the ways in which the National Care Service can embed ethical principles at a local level to deliver support and solutions for better consistency of access, drive up quality and secure person-centredness.

Structure of Standards and Processes

A majority of respondents (83%) thought that an NCS should be responsible for developing a Structure of Standards and Processes. A similar proportion agreed that a Structure of Standards and Processes will help to provide services that support people to meet their individual outcomes. Some thought that local as well as national considerations should be taken into account.

Market research and analysis

A smaller proportion, but still a majority (63%), agreed that an NCS should be responsible for market research and analysis. Comments here related to the need for independent research and consideration of local circumstances.

National commissioning and procurement processes

A majority also agreed (76%) that there will be direct benefits in moving the complex and specialist services as set out to national contracts managed by the NCS. Comments here relate to: the fact that the current system is perceived as disjointed; people should get the same help wherever they are; and the need to maintain an understanding of local needs.

Regulation

This section considered the regulation of services under the proposed NCS. It addressed: the core principles for regulation and scrutiny; strengthening regulation and scrutiny of care services; a market oversight function; and enhanced powers for regulating care workers.

Core principles for regulation and scrutiny

There was a general agreement with the 10 Principles proposed for regulation and scrutiny. Several respondents noted that care should be taken not to overburden providers with too much regulation or scrutiny and that regulation should be proportionate. The Scottish Human Rights Commission and the Equality and Human Rights Commission suggested that there should be explicit reference to human rights legislation in the Principles. Overall

comments related to the need for the Principles to be clear and in Plain English and to reflect the views of people with lived experience.

Strengthening regulation and scrutiny

There was also strong support for the proposals outlined for additional powers for the regulator in respect of condition notices, improvement notices and cancellation of social care services, with 88% of respondents to this question in agreement. Other comments in regard to the powers of the regulator included the ability to disbar providers on the grounds of poor performance and more unannounced visits.

Market oversight function

There was also strong support for the regulator having a market oversight function with 84% of individuals and 87% of organisations who responded to this question in agreement. Around nine in ten thought that this function should apply to all providers, not just large providers.

There was support for the proposal that the regulator should have formal enforcement powers which enable them to inspect care providers as a whole as well as specific social care services, with again nine in ten in agreement.

A large majority of respondents agreed that the regulator's role would be improved by strengthening the codes of practice to compel employers to adhere, and to implement sanctions resulting from fitness to practise hearings.

There was a view that all workers in the care sector should be regulated, with Social Work Assistants and Personal Assistants mentioned in particular.

Valuing people who work in social care

This section of the report considers the responses to proposals for a 'Fair Work Accreditation Scheme', the development of an integrated workforce planning system and the establishment of a national organisation for training and development within social care. The role of personal assistants and the support available to them are also addressed.

Fair work

There was strong support for the concept of the Fair Work Accreditation Scheme amongst individuals and organisations alike. Overall 83% were in favour. There was a view that such a scheme would help underscore the value and importance of people who work in social care.

Improved pay and conditions for people working in the care sector were also supported, with 83% of respondents ranking improved pay and 79% ranking improved terms and conditions (improvements to sick pay, annual leave, maternity/paternity pay, pensions, and development/ learning time) as factors that would make social care workers feel more valued in their role. Some respondents highlighted issues such as the need for parity of pay and terms and conditions across all sectors, including the private and third sectors, and between the NCS and NHS, and the need for more investment in the workforce as a whole.

The majority of respondents (87%) were in agreement that a national forum should be established to advise the NCS on workforce priorities, terms and conditions and collective bargaining which would include workforce representation, employers and Community Health and Social Care Boards. It was suggested that a national forum would be an opportunity to give employees a voice and would make the sector more attractive to recruits and increase engagement of staff.

Workforce planning

Individuals and organisations alike were in agreement that having ‘a national approach to workforce planning’ (74% of individuals and 77% of organisations) as well as ‘providing skills development’ opportunities for relevant staff in social care (65% of individuals and 77% of organisations) would be the easiest way in which to plan for workforce across the social care sector.

Training and development

The majority of respondents agreed that the NCS should set training and development requirements for the social care workforce. There was also support for a national approach to workforce planning with three quarters in agreement.

Personal assistants

The majority of respondents agreed that all Personal Assistants should be required to register centrally in the future. There was also widespread agreement that national minimum employment standards for the personal assistant employer and promotion of the profession of social care personal assistants would be useful for personal assistants and their prospective employers (with 81% and 72% respectively of respondents to this question selecting these options).

1. Introduction

The Scottish Government undertook a public consultation on its proposals for a National Care Service (NCS) to achieve changes to the system of community health and social care in Scotland. The proposals are intended to ensure that the Government: consistently delivers high quality services to every single person who needs them across Scotland; that there is better support for unpaid carers; and care workers are respected and valued. The consultation is a key step towards introducing primary legislation to the Scottish Parliament to achieve these changes. These proposed reforms represent one of the most significant pieces of public service reform to be proposed by the Scottish Government.

The Scottish Government views the implementation of the recommendations of the Independent Review of Adult Social Care (IRASC), and particularly the establishment of a National Care Service (NCS), as a key opportunity to address the challenges across social care highlighted before and during the Covid-19 pandemic. It views the creation of the NCS as a means of addressing these challenges in the long-term alongside its ongoing work to improve people's experiences of social care in the short to medium term. In the consultation document, it states that this is:

"An opportunity to change the way we deliver support and services - to place human rights at the centre of our decision making; shift our emphasis to prevention; empower people to engage positively with their own care; embed fair work and ethical commissioning; and strengthen our commitment to integrating social care with community healthcare, which we last legislated for in 2014." (Page 4 of the National Care Service consultation document)

The consultation was broad and wide-ranging: covering all aspects of a National Care Service, including, but not limited to, access to care and support, breaks from caring, using data to support care, recourse and remedies to problems, residential care charges, commissioning of services, regulation of social care, and supporting the social work and social care workforce. It was open from 9 August 2021 and closed on 2nd November 2021.

The Scottish Government has pledged that, following the consultation, there will be further opportunities for people to shape and design the details of how the reformed system will operate. The results of the consultation exercise will be used to shape and develop new legislation (a Bill) which is planned to be introduced in the Scottish Parliament in summer 2022.

As the Scottish Government reaches conclusions on the National Care Service, it will continue to consider how it will integrate with the National Health Service and any implications for the NHS. It has also stated that it will also consider the impact of its proposals for the NCS on equality groups and others, including businesses and island

communities, and will carry out a suite of impact assessments before finalising the proposals.

The legislation is likely to be extensive and complex and is likely to take at least a year to be scrutinised by the Parliament. The Scottish Government will then need to establish the organisation and put the legislation into effect. Its intention is that the National Care Service will be functioning by the end of the Parliamentary term.

The policy context

In the consultation document on a National Care Service, the Scottish Government described social care as a service "there for people of any age who need help with day-to-day living because of illness, physical disability, learning disabilities or mental health conditions, or because of older age, frailty or dementia".

Social care also supports people with or recovering from alcohol or drug addictions, and those who are or have been homeless or are at risk of becoming homeless. Children's social care services also provide help for children and families who may need additional support, or where children are unable to live with their own families. Social care may be provided in people's own homes, including through remote care and technology enabled care, in residential accommodation and care homes or in the wider community, including many advice and support services.

The delivery of social care support is currently the statutory responsibility of local government under the 1968 Social Work (Scotland) Act. The Scottish Government sets out the policy and makes legislation on social care and therefore has a role in supporting improvement and ensuring positive outcomes for people across the country by having the right policy and legislation in place.

The Independent Review of Adult Social Care (IRASC) report was published in February 2021. It concluded that whilst there were strengths in Scotland's social care system, it needed revision and redesign to enable a step change in the outcomes for people in receipt of care. The review called for a fundamental shift in thinking and approach to social care to:

- Shift the paradigm of social care support to one underpinned by a human rights based approach
- Strengthen the foundations of the social care system to bridge the gap between policy intentions and the reality of people's experiences of social care – bridge the implementation gap
- Redesign the system by establishing a National Care Service to achieve national level accountability and consistency in social care and to transform the way social care support is planned, commissioned and procured.

Importantly, the Independent Review called for the voice of people with lived experience to be amplified at every level in the redesign of the system.

The review provided a number of high level areas of focus:

- Ensuring that care is person-centred, human rights-based, and is seen as an investment in society
- Making Scottish Ministers responsible for the delivery of social care support, with the establishment of a National Care Service to deliver and oversee integration, improvement and best practices across health and social care services
- Changing local Integration Joint Boards to be the delivery arm of the National Care Service, funded directly from the Scottish Government
- The nurturing and strengthening of the workforce
- Greater recognition and support for unpaid carers

The Scottish Government stated its commitment to implementing the recommendations of the IRASC in the National Care Service Consultation document. Before the pandemic began, it had been working with a wide range of partners, including people who use social care support, COSLA (the Convention of Scottish Local Authorities), unpaid carers, the social care sector and the workforce, to address many of the areas highlighted in the review.

The proposals outlined by the Scottish Government are wider than those suggested by the IRASC. It has stated that there is a need to use this opportunity to consider the scope, remit, inclusivity and delivery mechanisms of the National Care Service in its widest sense. The assumption is that, as a minimum, it will cover adult social care services. The Government notes, however, in the consultation document:

“If we want to build a community health and social care system to make sure that all people receive services that cluster round them to deliver the best possible outcomes, then we must consider the merits of extending the scope of a National Care Service to oversee all age groups and a wider range of needs including: children and young people; community justice; alcohol and drug services; and social work.” (Page 6 of the National Care Service consultation document)

The consultation

The National Care Service Consultation opened on 9th August 2021 and closed on 2nd November 2021 as noted above. It consisted of a written consultation paper and wide ranging consultation events and other engagements over the 12 week period. This report focuses on the written responses to the consultation paper but also provides information on issues raised at 14 open consultation events and an number chaired discussions led by the Scottish Government.

The consultation paper asked 122 questions, of which 37 were closed, 30 were open, and 55 had both closed and open elements, for example multiple choice with a free text box for further comments.

The consultation was designed so that respondents could answer the sections of specific interest to them; for example, those with lived experience and specific area knowledge. Therefore, it was anticipated at the outset that not all respondents would answer all sections and the number of respondents varies therefore by question and section.

The Easy Read version of the consultation asked 25 questions, four open, seven closed and 14 both, making a total of 21 closed and 18 open elements. The Easy Read version covered all chapters of the consultation, with different wording of questions as appropriate. However, the Easy Read version did not cover all the detailed topics in the larger consultation paper or provide a translation of all of the questions as this would have made the Easy Read version excessively long. Easy Read responses have therefore been included separately under the appropriate headings.

The consultation was designed and delivered by the Scottish Government and PwC was subsequently appointed to conduct an analysis of the Consultation responses.

The report

This report is structured as follows:

- Chapter 2 presents information on the respondents to the consultation and the responses submitted, comments on the consultation process itself and the approach to the analysis
- Chapters 3 to 10 presents the results of the analysis of the responses to the consultation by question

There were a number of cross-cutting themes that emerged from the responses which were not explicitly addressed by the consultation directly. As a result, there is no quantitative data that can be attributed to these themes in terms of strength of the point of view. These issues raised in relation to the general concept of a National Care Service included the following:

- The need for more detail on the proposals in order to inform the debate
- The costs associated with a NCS and how it would be funded
- The existing local authority workforce
- Localism and local accountability
- Human rights and equality issues
- The extent of the NCS
- The delivery of services under the NCS

These cross-cutting themes are addressed in more detail in Chapter 4.

2. The respondents and responses

Introduction

This section of the report describes the respondents to the consultation, the feedback on the consultation process and how the results have been analysed independently.

Respondents to the consultation

Overall there were 1,291 responses to the consultation. The majority of these (82%) were consultation form responses which were received either through the Citizen Space online portal (862) or submitted via email (152). Fifty Easy Read responses were received by email or post.

In addition, there were 298 email submissions that did not follow the consultation form structure. These responses ranged in length from individuals writing several paragraphs in an email through to organisations producing 100 page or more reports. Of these additional submissions, the vast majority (280, 94%) were from organisations: 71 of these submissions were from organisations who also submitted a consultation form response. For the purposes of the tables below, these responses have not been double counted (that is, an organisation that has submitted a consultation form response and a non-consultation form response has only been counted once as a respondent).

In line with the Scottish Government's approach to analysing consultation responses and for the purposes of this analysis, each response was treated as equal in weight. For example, if an organisational response indicated that they had consulted with their members in order to respond to the consultation and therefore were representing a large number of people, this was treated as a single response.

Respondents to the consultation stated whether they were responding as an individual or an organisation in the Respondent Information Form. In line with standard practice for the analysis of Scottish Government consultations, these self-selections have been accepted on face value and have formed the basis of our analysis of individual and organisational responses.

Type of respondent - overall

Respondent type	Number	Percent
Individuals	703	54%
Organisations	575	45%
Total	**1,291***	**100%**

*There were 13 respondents who didn't select either category

The following tables further breakdown the respondents by individual type and organisation type. Please note that the second table excludes the Easy Read responses as this level of information about respondents was not collected in the Easy Read version of the questionnaire. This was due to the need to ensure the Easy Read version was not overly long.

The categories are those provided to respondents in the Respondent Information Form and have been used as the basis of the analysis. Regardless of whether a respondent indicated that they were either an individual or an organisation, they were able to answer both the type of individual question and the type of organisation question in Citizen Space. This means that it was possible for a respondent to select themselves as an individual and to then select themselves as an organisation type - for example an individual could select they are, or have been, an unpaid carer, and also that they are a local authority.

This was also possible in the opposite sense, i.e. a respondent who selected they are an organisation could then select an individual type. For the purposes of this analysis, where this has happened, the initial individual or organisation self-selection has been respected. In the above scenario, the respondent selected they were an individual, and therefore their individual type (unpaid carer) would be included in the analysis whereas their organisation type (local authority) would not be included.

Type of individual respondent - overall

Respondent type	Number	Percent
I receive, or have received social care or support	88	14%
I am, or have been, an unpaid carer	257	40%
A friend or family member of mine receives, or has received, social care or support	341	53%
I am, or have been, a frontline care worker	196	30%
I am, or have been, a social worker	171	26%
I work, or have worked, in the management of care services	180	28%
I do not have any close experience of social care or support	22	3%
Total	**647**	

As can be seen from the table above, the majority of individual responses have some experience of social care, including as a service user, unpaid carer, family connections or as a frontline care worker. Please note that this was a “select all that apply” question so some respondents will have selected more than one option therefore will not sum to 100%.

Type of organisation respondent - overall

Respondent type	Number	Percent
Providing care or support services - private sector	21	4%
Providing care or support services - third sector	122	22%
Independent healthcare contractor	16	3%
Representing or supporting people who access care and support and their families	100	18%
Representing or supporting carers	71	13%
Representing or supporting members of the workforce	77	14%
Local authority	56	10%
Health Board	43	8%
Integration authority	35	6%
Other public sector body	36	7%
Other	145	26%
Total	**550**	**100%**

Again, there was a wide range of organisations represented with around 56 out of the 550 (10%) organisation responses from local authorities and 122 (22%) from third sector providers. As noted above, the respondents' self-selected categorisation (i.e. individual or organisation and including subgroups) has been respected for the analysis.

Please note that the numbers in the two tables above do not total 1,291 as some respondents did not state whether they were responding from an individual or an organisational perspective.

Feedback on the consultation process

There were quite a large number of criticisms of the consultation process in all formats of submission, including Citizen Space, the offline submissions and the 34 engagement events which the Scottish Government held with stakeholders throughout the course of the consultation. In Citizen Space, a substantial proportion (33%) stated that they were dissatisfied with the process when asked “how satisfied were you with this consultation?”. Over a fifth stated that they were “neither satisfied nor dissatisfied” and 44% were satisfied. Please note that this information is only available for the consultation form responses received online via Citizen Space (867 in total). However, in the consultation form responses received via email around a quarter made unprompted negative comments on the consultation process.

Overall, reasons that were provided for this feedback included:

- The consultation document was difficult to digest in relation to its scope and length and the complexity of the issues
- Concerns were raised about the lack of detail in the proposal and response form and the need for more information
- The consultation period was thought to be not long enough and organisations were not able to plan for their approach. It was stated that more notice would be required in future of ongoing NCS consultation and legislative work, and next steps
- There were questions around the timing of the consultation in relation to the pandemic, Brexit, the current stresses on the workforce and the forthcoming local government elections which will impact on the ability of local authorities to respond
- There is a concern about the speed at which the Scottish Government is planning to bring in legislation. It was noted that there is a workforce and capacity issue in a sector which is still recovering from the pandemic
- Concerns were raised about a perceived lack of engagement with local government and other relevant stakeholders in the development of the proposals
- There was a view that there needs to be more public engagement and more involvement from clients and people accessing care and support: there was a particular concern about the accessibility of the Easy Read documentation and the difficulty that people with lived experience would have had in engaging with the consultation document given its length and complexity
- There was a view that the assumptions in the document need to be tested through an impact assessment, particularly in relation to the Islands
- Some of the questions were thought to be leading and/or unclear: it was noted on several occasions that the questions employed by the Scottish Government were leading respondents to a specific outcome
- Respondents also thought that the NCS was already being treated as a “done deal” and that more analysis was required of what currently works well and what needs improvement

- Some respondents also thought that the questions posed by the consultation did not reflect the reality of current structures and services
- Several commented on the number of questions in a binary or yes/no format, which did not let them express the nuances of their opinion
- The length of the questionnaire was said to be off putting to respondents
- Several raised the issue of a perceived lack of a link to the Independent Review of Adult Social Care

In addition, COSLA and other local government representatives highlighted that there was a need for more engagement with their sector and that they were disappointed that they were not involved in the development of the proposals.

In the engagement meetings held by the Scottish Government, the issues raised regarding the short consultation period included a concern that some people who use/need social care services of all kinds were unable to engage fully. There were also some comments about the length of the Easy Read questionnaire. It was also mentioned in several respects that further consultations will be required as the final details of the individual proposals become clearer.

There were also some concerns that response rates may have been impacted by the length of the consultation response form. This is likely to be a contributory factor and may be reflected in the fact that only 64% of responses were made through Citizen Space. In addition, towards the end of the consultation questionnaire, there are lower levels of responses to the open-ended questions which means that the analysis of the responses is somewhat indicative. This is due in part, however, to the fact that respondents could select the sections of the consultation that were relevant to them.

About the analysis

Quantitative analysis

The quantitative analysis presents the numbers and percentages for each relevant closed question in the Citizen Space format, by individual and organisation respondent type (where appropriate and meaningful), alongside the total number of respondents for each question. The quantitative data was downloaded from Citizen Space into SPSS, a standard statistical analysis software package. A further 152 consultation form responses received via email were then data entered manually to arrive at the total number of 1,014 consultation form responses suitable for quantitative analysis. There were also 51 Easy Read responses that were also received via email and entered manually, and analysis for these is shown at the end of each relevant section.

In line with standard practice, 25% of the manual entries were double-checked to ensure the data entered was correct. All quantitative data therefore refers to consultation form

responses received via either the Citizen Space portal or by email in the Citizen Space format.

Data tables were then produced to explore the differences between individuals and organisations and then by each of the subgroups presented in the table above. Differences in opinion by different groups of respondents (by individual and organisation type) were then distilled and are presented in this report where distinctive and meaningful.

Please note however, that as has been stated above, these differences are illustrative rather than definitive given the overlap in the groups. For some of the questions, there was a low number of responses per question which limited the degree of robust sub-group analysis. There is also a high percentage of agreement with many of the statements which again limits the possible analysis of the subgroups that are not in agreement.

As noted above, in relation to the Citizen Space responses that were received offline via email or letter, not all respondents indicated whether they were an individual or an organisation. For the purposes of this analysis, these cases were treated at face value, i.e. neither as an individual nor as an organisation. This means that total figures provided in this report might not match the total numbers of individuals and organisations provided in the tables in all cases.

In order to upload these responses to the online Citizen Space portal, each response had to be selected as either an organisation or an individual, otherwise the response could not be added. This means that a small number of cases (18) are coded as an organisation or individual on the Citizen Space portal, but they are not coded as such in this analysis. As such, the figures provided via Citizen Space may not match the figures in this report exactly, though these differences will be small and will not make a material difference to the results.

Qualitative analysis

Given the breadth, depth and number of the open-ended text questions, the focus has therefore been on a thematic analysis of recurring issues. The number of respondents for each Citizen Space open-ended question have been included in the relevant section of the report. Please note however, that in some instances, the respondent may not have answered the question directly but added a general comment on the consultation. Further, as discussed in the quantitative analysis section above, there are no definitive or exclusive subgroups. This has therefore impacted the ability to analyse the qualitative findings by subgroup.

The number of responses to the open-ended questions are given in each relevant section. This number excludes those respondents who submitted statements such as “not applicable”, “no comment” or equivalent.

All responses that were received offline were read in full and mapped against the open-ended questions where possible. These responses were then integrated into the final analysis and reporting in relation to each question and were also scanned for themes using keyword searches.

Quotes have been included for illustrative purposes but these are not intended to be representative, given the broad range of organisations that responded to the consultation and the wide number of issues addressed in the consultation document. In some instances, these quotes have been shortened for conciseness of the overall report.

Please also note that the attributions of these quotes are indicative by groups of individuals and of organisations as respondents were able to select more than one option in relation to their experience of social care and support and could therefore respond from more than one perspective i.e. both as an unpaid carer and also employed within the sector for example. It is therefore not possible to be definitive about the perspective from which the quote was made.

Given the broad and wide-ranging nature of the questions in the consultation, the number of open-ended questions and the number of contributions, these results are relatively high level and not exhaustive. Many respondents commented that they were unable to provide comprehensive responses due to the lack of detail in the proposal but did state that they would be happy to take part in any further consultations or planning.

All consultation responses, including the detailed contributions of the 298 organisations and individuals that provided written submissions to the consultation, will be made available alongside this report and must therefore be considered in conjunction with this report to reach a full understanding of the breadth of the debate.

As with all consultations it is important to bear in mind that the views of those who have responded are not representative of the views of the wider population. Individuals (and organisations) who have a keen interest in a topic – and the capacity to respond – are more likely to participate in a consultation than those who do not. This self-selection means that the views of consultation participants cannot be generalised to the wider population.

It is important to note that some of the responses to this consultation (especially those from organisations) contained technical information and references to other published and unpublished material. It is not possible in a report such as this to fully reflect the level of detail included in these submissions. Please note that the figures in this report may not total 100% due to rounding.

Given the scope of the consultation, it is difficult to reflect all the nuances of all the responses in a single report. This document is therefore a qualitative summary of the main themes of the consultation. We would therefore strongly recommend that interested parties consult the responses that have been published alongside this report for further detail. For the same reason, we would suggest that, while we have provided high level summaries of each chapter, the full content of the chapter should be considered in order to assess the balance of views.

3. Improving care for people

Chapter overview

Benefits of the NCS taking responsibility for improvement across community health and care services

A majority of respondents (both individuals and organisations) thought that the main benefit of a National Care Service taking responsibility for improvement across community health and care services would be more consistent outcomes for people accessing care and support across Scotland (575 of the 751 respondents to this question (77%)). This was followed by better coordination of work across different improvement organisations (543 of the 751 responses to this question (72%)). Respondents tended to welcome the opportunity to create greater consistency across Scotland, while offering more guidance for people accessing care and support and staff.

Risks from the NCS taking responsibility for improvement across community health and care services

Risks identified included the potential loss of the voice of people accessing care and support and of care workers, the impact on local services, understanding of local needs and local accountability, the variation of needs especially where more rural and remote areas such as the Islands are concerned, and staffing concerns with regards to retention and morale. Other areas of concern were around the potential for increased bureaucracy and disruption to those areas that currently work well.

Access to care and support

Respondents were most likely to state that they would access care and support through their GP or another health professional (504 of the 647 responses to this question (78%)). Just over six in ten (384 of the 629 responses to this question (61%)) of the respondents to this question stated that they would be likely to contact a national helpline and a similar proportion (372 of the 633 responses to this question (59%)) stated that they would be likely to contact their local authority online. The majority thought that a lead professional to coordinate care and support would be appropriate at an individual level.

Support planning

Respondents were almost unanimous that they or their friends, families or carers should be involved in their support planning. There was also a majority in agreement with the statement that “decisions about the support I get should be focused on the outcomes I want to achieve to live a full life” (637 of 671

respondents to this question (95%)). Respondents also expressed strong support for a single plan under the *Getting It Right For Everyone National Practice model* alongside an integrated social care and health record. It was thought by many that these measures would streamline processes and make the system easier to navigate.

Right to breaks from caring

Around two thirds of respondents thought that there should be a universal right to a break from caring. A majority of individuals and organisations (491 of the 607 respondents to this question (81%)) valued personalised support over a more standardised support package. Around half through that flexibility and responsiveness was more important than certainty of entitlement.

Using data to support caring

A large majority of respondents agreed that there should be an integrated and accessible social care and health care record and that information about an individual's health and care needs should be shared across the services that support them. There was support for legislation to ensure that care services and other parties provide information in line with common data standards. Concerns were raised by some in relation to data security and GDPR, cybersecurity; and the implementation risks of large national IT systems.

Complaints and putting things right

There was relatively high support for a charter of rights and responsibilities and agreement that there should be a Commissioner for social care. It was thought that a Commissioner would give people accessing care and support a voice and provide assurance that complaints would be addressed properly. Concerns related to fears of an additional layer of bureaucracy and to structural issues such as independence.

Residential care charges

Opinion also tended to lean towards the view that residents in care homes should make some contribution to the costs, particularly in terms of food and rent, however there was less agreement that care home upkeep should be something for which contributions should be expected, such as cleaning, food preparation, transport, maintenance, furnishings and equipment. There was also a majority view amongst both individuals and organisations that the current means testing arrangements should be revised.

Introduction

This section of the report considers the responses to the Scottish Government's proposals that seek to transform the system, put a human-rights based approach at its heart and strengthen the focus on preventative approaches across community health and social care services. It covers: improvement; access to care and support; rights to breaks from caring; using data to support care; complaints and putting things right; residential care charges and eligibility criteria.

Improvement

The consultation document on a National Care Service for Scotland stated that "improvement must be a key focus of the NCS. The establishment of a single national body, with clear lines of accountability to Ministers at a national level, gives us the opportunity to ensure that consistent, high standards of performance are developed and maintained across Scotland. That national view will also ensure that learning can be shared and implemented across the country. Intelligence gained from inspection and scrutiny of services will be used to identify where improvement is needed, and themes will be fed back into commissioning and procurement."

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)

	Individuals	**Organisations**
Better coordination of work across different improvement organisations	361 (72%)	180 (74%)
Effective sharing of learning across Scotland	326 (65%)	171 (70%)
Intelligence from regulatory work fed back into a cycle of continuous improvement	277 (55%)	146 (60%)
More consistent outcomes for people accessing care and support across Scotland	391 (77%)	182 (74%)
Other	132 (26%)	113 (46%)
Total	**504 (100%)**	**245 (100%)**

The first question in the Improvement section was answered by 751 people, of whom 504 were individuals. The top benefit of an NCS taking responsibility for improvement identified was “more consistent outcomes for people accessing care and support in Scotland” with three quarters of respondents in total selecting this option. This was followed by “better coordination of work across different improvement organisations”.

Other benefits of the NCS taking responsibility for improvement across community health and care services (suggested by 466 respondents to this question) tended to reference:

- A set of national standards for care
- More guidance around standards and how they should be applied
- The opportunity to streamline the service and improve future outcomes
- The potential to present knowledge sharing and upskilling opportunities across the workforce
- Efficiency savings through national procurement
- Improved and better use of data collection and sharing
- A greater potential for innovation
- Improved and more integrated career pathways for the health and care workforce in its entirety (greater career progression, flexibility and parity in pay between sectors and across providers)

The people accessing care and support who responded to this consultation tended to highlight improved access to care, a more consistent approach, ending a perceived “postcode lottery” and greater accountability. Health and social care staff, such as frontline workers, management and social workers agreed with this sentiment, and also highlighted the importance of funding, wage increases and working together across health and social care more consistently.

Please note that the comments in this section should be read in conjunction with the comments provided in relation to the overall concept of the NCS as many respondents replied to this question in relation to the general concept of a NCS rather than in relation improvement specifically (please see Q20 in Chapter 4 of this report). Free text comments included:

“Less unnecessary and repetitive bureaucracy.” (Person accessing care and support)

“Hopefully, less chance of people falling through the cracks, or getting lost within the system. Hopefully, [a] more targeted approach and care. Also, that there would be just the one agency dealing with a person, rather than multiple agencies.” (Person accessing care and support)

“Clearer leadership and accountability pathways, with follow through of care reviews and prompt action, instead of lost in multiple layers of local bureaucracy. Fairer eligibility criteria... More efficient communication/fairer care between providers and people using services and those working in the services.” (Current or former frontline care worker and unpaid carer)

Of the Easy Read responses received, the vast majority, 37 out of the 41 (90%) who responded to this question, believed that a National Care Service taking responsibility for improvement will help make sure that good practice is shared across Scotland. Verbatim responses to this question tended to suggest that a NCS would:

- Give greater consistency across Scotland
- Achieve greater efficiencies

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

There were 694 responses to the question whether there are any risks from the National Care Service taking responsibility for improvement across community health and care services (Q2). Common concerns were raised with regards to:

- People accessing care and support and care workers ‘not having a voice’
- The effect on care, such as creating more confusion and lack of clear communication, funding being diverted and the need for people with lived experience to help inform decision making.
- The impact on local services, such as the potential loss of local empowerment and flexibility to local needs, especially in rural areas where there are “unique service delivery challenges which require bespoke approaches to service provision”. As one organisation highlighted in this context: “the pandemic has served to remind us of the importance of human connection and the value of relationships”.
- The variation in needs across different areas of Scotland
- Impact on decision-making in the best interest of the Person accessing care and support
- Staffing issues including the potential impact on retention and morale
- Competing governance roles and structural barriers
- Competing priorities and performance frameworks
- Potential risks to local innovation

Risks identified by people accessing care and support included: increased bureaucracy; loss of local knowledge; loss of what currently works well; and a “one size fits all approach”:

“The danger is that they will ignore the special problems faced by those in Highlands & Islands area.” (Person accessing care and support)

“If things are missed, gaps or faults created they could be replicated across Scotland. Possibility of loss of flexibility and creativity.” (Person accessing care and support)

“Local Authorities and Health Boards already have their own ways of working which suit their own area e.g. rural or urban, with a large proportion of older people etc. It is very important that if something is working well, it is not disrupted in order to try to have a one-size-fits-all service.” (Current or former frontline care worker)

“[There are] always risks when a single body controls such a wide variety of services necessary to care for an even wider variety of people.” (Current or former frontline care worker)

Respondents working in social care also highlighted the importance of retaining local knowledge, particularly in relation to rural and more remote areas.

“Scotland has a rich and varied geography and demographic, therefore it is essential that the NCS takes account of local information, needs and priorities to support improvement across each area.” (Current or former social worker)

There were also concerns amongst organisational stakeholders about the risk of additional bureaucracy:

“Added bureaucracy. A NCS that adds a layer of bureaucracy and added governance, or delivery layer would be inefficient. With best value in mind, consideration should be given to the totality of resourcing and capacity already within the system.” (Public Health Scotland)

Other risks included disrupting or diluting existing good practice at the local level; the potential loss of existing partnerships; the need to avoid silo working or further fragmentation of services; and the availability of sufficient funding.

“A risk funding for social care support could be “subject to dilution”, and that the recommendations of the IRASC will not be fully implemented and a NCS will be watered down.” (People-Led Policy Panel, Inclusion Scotland)

“However, there are key issues surrounding the financial underpinning of the proposals, their implications for the Local Government workforce, human rights and other key areas where there is a need for further information and clarification… It is imperative that further detail relating to these areas is provided immediately as there is a not inconsiderable risk that information relating to these issues will not be given due consideration as a result of not being emphasised in the formal consultation respondent form” (COSLA)

Other organisational stakeholders questioned whether a National Care Service was the solution at all.

“A centralised national service is not a necessary nor proportionate solution to all of those failures. Indeed, many of the improvements required could be (and in some cases already are being) delivered more quickly, more effectively, and ultimately at lower cost through the proper resourcing and effective utilisation of existing structures.” (SOLACE)

“We will be throwing money at this that we don’t have. Two or three years to get this done rather than wiping the whole table clean.” (East Renfrewshire Health and Social Care Partnership)

The respondents to the Easy Read consultation also identified a number of risks, including:

- Data security and information sharing
- The risk of creating a top heavy organisation

One respondent to the Easy Read consultation also emphasised the importance of learning from other restructuring exercises such as Police Scotland, as have others in responses to other questions in this consultation exercise.

Overall, many respondents saw the benefits of a National Care Service taking responsibility for improvement across community health and care services, particularly in relation to providing more consistent outcomes for people accessing care and support across (ending the “postcode lottery”), more joined up working across different improvement organisations and greater efficiencies. Risks identified included the ability to respond to local needs; bureaucracy; and funding.

Given that this was the first question in the consultation many respondents used this opportunity to comment on the concept of the NCS in general (please see the following chapter for further comment). Some respondents also stated that there is insufficient detail in the consultation document to allow them to respond fully to this question.

Access to care and support

The section on “Access to care and support” of the consultation outlines the Scottish Government’s proposals to create fairer access to care across the country. It states that: “we will remove eligibility criteria in their current form by moving away from a focus on risk and instead focusing on enabling people to access the care and support that they need to lead a full life. This will mean significantly changing the way care and support services are designed, so that prevention and early intervention is prioritised and people can move easily between different types of care and support as their needs change.”

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?

	Not at all likely	Unlikely	Neither/ nor	Likely	Very likely
Speaking to my GP or another health professional (647)	45 (7%)	41 (6%)	57 (9%)	240 (37%)	264 (41%)
Speaking to someone at a voluntary sector organisation (641)	68 (11%)	105 (16%)	108 (17%)	241 (38%)	119 (19%)
Speaking to someone at another public sector organisation (627)	140 (22%)	162 (26%)	147 (23%)	130 (21%)	48 (8%)
Going along to a drop in service (630)	115 (18%)	170 (27%)	124 (20%)	153 (24%)	68 (11%)
Through a contact centre run by my local authority (633)	71 (11%)	79 (13%)	123 (19%)	235 (37%)	125 (20%)
Contacting my local authority by email or through their website (633)	69 (11%)	79 (13%)	113 (18%)	208 (33%)	164 (26%)
Using a website or online form that can be used by anyone in Scotland (633)	58 (9%)	90 (14%)	116 (18%)	217 (34%)	152 (24%)
Through a national helpdesk that I can contact 7 days a week (629)	70 (11%)	73 (12%)	102 (16%)	218 (35%)	166 (26%)

The consultation received responses from between 627 and 647 respondents to Q3 (which routes they would use to access care and support). Speaking to their GP or another health professional, a voluntary organisation, a national helpdesk or national online form were the options that were most likely to be used. Speaking to another public sector organisation or a drop in centre were the least popular options.

The Easy Read responses followed a broadly similar pattern, with 43 out of the 45 (96%) that responded to this question, stating that they would contact their GP or another health professional. This was followed by a “national helpline that could be contacted seven days a week”, with 27 out of 45 respondents (60%) giving this response. There were no real differences by type of respondent.

Respondents were also able to suggest other options for accessing care and support at this question and 335 respondents took this opportunity. Common themes raised when respondents were asked about routes available to those needing access to care or support included perceptions that it is:

- Difficult to know what support was available to them other than their GP
- Difficult to access GP services in the current climate (i.e. in the Covid-19 pandemic)
- Important to consider accessibility for those more vulnerable users

Some of the responses to this question reflected these frustrations with the existing system:

“The access to GPs is really difficult and it makes you feel so alone. I tried a number of times and it feels like GP service is now accident and emergency only.” (Individual respondent)

“There should be one single accessible point of access. Instead there are numerous confusing routes.” (A friend or family member of mine receives, or has received, social care or support)

“Being from the BME community, many of the above are traditional middle class access points that are not well advertised or understood or accessible to many people that I know from my community.” (Unpaid carer)

In general, there was broad and widespread support for more flexible and personalised approaches to providing care:

“A focus on enabling people to access the care and support that they need, through a set of entitlements, is welcome, as is the commitment to prioritise prevention and early intervention and allow people to move easily between different types of care and support as their needs change.” (Dundee City Council)

“We know that, depending on their needs, experiences and preferences, people use a range of different routes to access care and support. It is right that people should have choice and flexibility and we recognise the importance of a person-centred approach to identifying needs and improving outcomes.” (East Ayrshire Council and East Ayrshire Integration Joint Board)

Q4. How can we better coordinate care and support (indicate order of preference)? % ranked 1st

	Individuals	Organisations
Have a lead professional to coordinate care and support for each individual	307 (61%)	86 (56%)
Have a professional as a clear single point of contact for adults accessing care and support services	110 (22%)	31 (20%)
Have community or voluntary sector organisations, based locally, which act as a single point of contact	85 (17%)	37 (24%)
Total	**502 (100%)**	**154 (100%)**

When it came to better coordination of care and support, 393 out of the 657 (60%) that responded to this question, stated that having a 'lead professional to coordinate care and support for each individual' was their preferred way to do this.

In relation to the needs of specific groups of people accessing care and support, The Promise highlighted the importance of seeking the views of and reflecting the needs of children and young people and their families in relation to accessing support:

"Care experienced children, young people, adults and families told the Independent Care Review about a multitude of preferences for support and called for recognition that these might change depending on circumstance and relationships… Plan 21-24 describes the need to develop trusting relationships between families and those who provide support to them. Of particular importance is the need to ensure seamless transitions between different supports as circumstances for families change." (The Promise)

There were 44 Easy Read responses to this question. There was a relatively even split across all three answer options with around six in ten selecting a single professional who talks to them and then involves other people and a similar proportion selecting support from local community or voluntary organisations. Free text responses to the Q5 Easy Read question "Do you think the partnership way of working will improve access to care and support?", suggested that a single point of contact would be helpful and that the supported person should be at the centre of decision making.

Support planning

The Scottish Government stated in the consultation document that a critical aspect of the new approach is a single adult's plan and a single planning process. This is intended to cover all aspects of care planning from the point that it is identified that care and support may be needed, through to agreement of the care and support to be provided and beyond.

Nearly all (662 out of 676 respondents (98%)) of the participants in the consultation who responded to Q5 "How should support planning take place in the National Care Service" agreed or strongly agreed that: "Support planning should include the opportunity for me and/or my family and unpaid carers to contribute". Furthermore, a large majority (595 out of 672 respondents (89%)) agreed or strongly agreed that " 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".

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:

Q5a. How you tell people about your support needs

	Strongly disagree	**Disagree**	**Neither/ nor**	**Agree**	**Strongly agree**
Support planning should include the opportunity for me and/or my family and unpaid carers to contribute (676)	7 (1%)	4 (1%)	3 (0%)	75 (11%)	587 (87%)
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 (672)	11 (2%)	15 (2%)	51 (8%)	157 (23%)	438 (65%)

In terms of what a support plan should focus on, there were high levels of agreement that: “decisions about the support I get should be focused on the outcomes I want to achieve to live a full life (637 out of the 671 (95%) that responded to this question) and that “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 (560 out of the 666 (84%) that responded to this question).

Q5b. What a support plan should focus on:

	Strongly disagree	Disagree	Neither/ nor	Agree	Strongly agree
Decisions about the support I get should be based on the judgement of the professional working with me, taking into account my views (667)	27 (4%)	100 (15%)	107 (16%)	209 (31%)	224 (34%)
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 (666)	16 (2%)	39 (6%)	51 (8%)	211 (32%)	349 (52%)
Decisions about the support I get should be focused on the outcomes I want to achieve to live a full life (671)	4 (1%)	4 (1%)	26 (4%)	159 (24%)	478 (71%)

Q5c addressed whether the support planning process should differ depending on the level of support required. Around 650 people responded to these questions. Three quarters agreed or strongly agreed that “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” (481 out of the 648 (74%) that responded to this question).

Q5c. Whether the support planning process should be different, depending on the level of support you need:

	Strongly disagree	Disagree	Neither/ nor	Agree	Strongly agree
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 (648)	17 (3%)	68 (11%)	82 (13%)	225 (35%)	256 (40%)
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 (647)	30 (5%)	110 (17%)	115 (18%)	249 (39%)	143 (22%)
However much support I need, the conversation should be the same (652)	32 (5%)	140 (22%)	101 (16%)	157 (24%)	222 (34%)

These findings might suggest that respondents would welcome more tailored support depending on the complexity of their needs as levels of agreement are highest in response to this statement but that they would also welcome consistency in the conversation. There were 349 responses to the “other” option at Q5. Common themes or comments here tended to relate to the definition of need and to tailored approaches:

“Someone who seems to only need "a little bit of support" may actually have more complex issues. Who will decide the level of need?” (Person accessing care and support)

“All conversations should be tailored to the individual… having "the same" conversations across Scotland won't be appropriate where people have learning difficulties etc. Everything being clear for every individual is key.” (Person accessing care and support)

Comments here also tended to reference the specific needs of the person accessing care and support and the fact that these needs should be taken into account into any consultation or appointment and that, where required, a multidisciplinary team should be deployed:

“Members agreed that support planning should include the opportunity for the person accessing care and support/their family and unpaid carers to contribute and they should be able to get support from a voluntary sector organisation or an organisation in their community, to help them set out what they want as part of their support planning.” (South Lanarkshire Adult and Child Protection Committee)

“Support planning must be multidisciplinary, including nursing assessment, where a person has complex needs or in cases where they are already receiving support from another agency, including for their healthcare needs - in which case support planning must involve each relevant agency.” (Royal College of Nursing)

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?

There was also strong agreement with the approach that the Getting It Right For Everyone National Practice model would use the same language across all services and professionals to describe and assess strengths and needs (Q6a) with 428 out of the 498 (86%) of individuals that responded to this question and 178 out of the 199 (89%) of organisations who responded, agreeing with this statement. There were 520 respondents who gave an explanation for their response at Q6a. Of those who agreed, common reasons given included:

- A model would limit misunderstanding and confusion caused by different languages, jargon and acronyms currently used by different professionals
- It would create a more consistent system of communication and equity in care requirements
- While the aim of consistency was welcome, there was also a recognition that flexibility was required to take account of individuals and their own circumstances
- GIRFEC was an example of a good benchmark for what currently works in children/family care across professions

In the Easy Read responses, a large majority of respondents, 38 out of 48 respondents (79%), suggested that their main priority for support planning (Q4) was a “focus on the things they want to live a full life”. This was followed by support focused on daily tasks to allow them to take care of themselves and live a full life (28 out of 48 respondents (58%)). A similarly large majority, 26 out of 30 respondents (87%), thought that a partnership way of working would improve access to care and support.

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?

There was also very strong support for a single plan under the Getting It Right For Everyone National Practice model alongside an integrated social care and health record (Q7a). Over 700 respondents answered this question and 446 out of the 502 (89%) individuals and 184 out of the 198 (93%) organisations agreed with this approach. Nearly 500 respondents (485), provided a reason for their response. In general, agreement was based on: the need to reduce complexity; creating a clear and transparent process, while acknowledging the uniqueness of each individual and their situation; easing transitions; and providing continuity of care.

Challenges were also noted around the use of organisations' separate IT systems and data protection concerns. In general, there was a view that the process should be simplified in terms of interactions with different practitioners, data sharing and language.

“Coordinated professional interactions limit the number of professionals dealing with a family, meaning they give a coordinated response possibly sooner as long as the 'power to act' is devolved to individuals with sensible monitoring of process and outcomes.” (Person accessing care and support)

“I forgot the number of times I had to recount my mother’s story, and due to her dementia, she would often lie about her condition.” (Person accessing care and support)

“At present, people report that the variety of language used across the social care sector is complex and frequently confusing. Greater streamlining of language would reduce that confusion for people, especially people transitioning from children and young people’s services to adult social care, and for people moving from one local authority to another.” (The Alliance)

The Scottish Human Rights Commission (SHRC), the Equality and Human Rights Commission (EHRC) and the People-led Policy Panel, Inclusion Scotland, all highlighted that the language of independent living, equality and human rights should be part of GIRFE.

"We support the proposal for a new approach to planning care. In particular, we agree this should be rights-based, focused on putting the adult's wishes at the centre of decision-making and on improving outcomes. We need a values-driven approach that is built on co-production, recognises the right to independent living and guarantees practical support to help social care users make informed decisions." (EHRC)

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

There were also very high levels of agreement that a National Practice Model for adults would improve outcomes, with 396 out of the 476 (83%) individuals that responded to this question and 148 out of the 170 (87%) organisations agreeing overall (Q8a). When asked why, those in agreement suggested it has the potential to offer a more fair system with continuity of care, consistency, equitability, more open communication and better outcomes for all - as long as this was a 'people focused' model.

"Yes, it would be good to see this consistently and meaningfully applied." (Person accessing care and support)

"If this works the way it is supposed to, then it would be a lot easier and less stressful for not only the claimant, but their family or friends, and hopefully it will mean a lot less lost paperwork or reports, and help with any needs that are required." (Person accessing care and support)

There was also a view that the necessary funding needed to be in place and implementation had to be done properly.

Rights 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

In this section (Q9) respondents were asked a series of questions to select which factor in each question they considered more important when establishing a right to breaks from caring. There were four statements and respondents were asked to select from two statements or to state no preference. These statements were as follows:

- Standardised support packages versus personalised support
- A right for all carers versus thresholds for accessing support
- Transparency and certainty versus responsiveness and flexibility
- Preventative support versus acute need

Q9a. Standardised support packages versus personalised support

	Individuals	Organisations
Personalised support to meet need	366 (81%)	125 (82%)
Standardised levels of support	30 (7%)	2 (1%)
No preference	57 (13%)	26 (17%)
Total	**453 (100%)**	**153 (100%)**

Four in five, 366 out of the 453 (81%) individuals that responded to this question, agreed that ‘personalised support to meet need’ would be more important than ‘standardised levels of support’.

Given the high level of support for “personalised support”, there were only some differences amongst the respondent subgroups, but these should be treated with caution given the number of respondents in each category. There is some evidence that respondents who identified as local authority organisations were more positive about personalised support (14 of the 15 or 93% respondents to this question who identified as local authorities) compared to third sector organisations (45 out of 52 (86%) respondents to this question. Care should be taken however in interpreting these differences between groups given the limitations on the data analysis outlined in Chapter 2 of this report.

Q9b. A right for all carers versus thresholds for accessing support

	Individuals	Organisations
Universal right for all carers	291 (65%)	104 (69%)
Right only for those who meet qualifying threshold	118 (26%)	20 (13%)
No preference	40 (9%)	27 (18%)
Total	**449 (100%)**	**151 (100%)**

Around two thirds of individuals and organisations (65% and 69% respectively) agreed that ‘universal right for all carers’ for accessing support was preferable to a right only for those who meet a qualifying threshold (Q9b).

Q9c. Transparency and certainty versus responsiveness and flexibility

	Individuals	Organisations
Flexibility and responsiveness	229 (51%)	68 (46%)
Certainty about entitlement	137 (31%)	22 (15%)
No preference	83 (18%)	57 (39%)
Total	**449 (100%)**	**147 (100%)**

Half, 297 out of the 596 (50%) that responded to Q9c, believed that ‘flexibility and responsiveness’ was more important than ‘certainty about entitlement’.

Q9d. Preventative support versus acute need

	Individuals	Organisations
Providing preventative support	286 (64%)	76 (52%)
Meeting acute need	35 (8%)	10 (7%)
No preference	122 (28%)	61 (42%)
Total	**443 (100%)**	**147 (100%)**

Just over six in ten, 363 out of the 591 (61%) people who responded to Q9d, believe that ‘providing preventative support’ was the more important factor compared to ‘meeting acute need’.

At Q10, respondents were asked whether they preferred standardised entitlements, personalised entitlements or hybrid approaches. A slight majority of respondents, both individuals and organisations, preferred a hybrid approach combining a smaller, guaranteed minimum flat-rate entitlement which is easier to access for those in less intensive caring roles; alongside a more personalised entitlement, based on identified needs for those in more intensive caring roles. There were slightly more organisations in favour of a hybrid approach than individuals.

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

	Individuals	Organisations
Standard entitlements	31 (7%)	6 (4%)
Personalised entitlements	164 (37%)	51 (33%)
Hybrid approaches	245 (56%)	96 (62%)
Total	**440 (100%)**	**153 (100%)**

There were 454 respondents who gave a reason for their responses to this question. For the unpaid carers who selected “Group C - Hybrid approaches” (124 out of the 208 (60%) that responded to this question), the main reasons given were the need for flexibility and that “one size does not fit all .” Some highlighted the potential wider burdens on carers:

“Not all carers are recognised as such. For Covid vaccinations only those who were unemployed due to caring duties were considered carers initially. Many carers work full time in demanding jobs and have young people at home as well as their caring role. These carers are less likely to seek or receive help.” (Unpaid carer)

A third of unpaid carers, 71 out of the 208 (34%) that responded to this question, preferred personalised entitlements. Again, flexibility was thought to be key and many emphasised that everyone has different needs and that prevention should also be taken into consideration.

“This would meet the needs of everyone. Currently you only receive help if you are deemed to be in crisis. A preventative approach supporting carers with regular breaks will prevent crisis and enable them to care for longer. This has to be better for the cared for person, the carer and social care too (financially).” (Unpaid carer)

There were no clear or meaningful differences in response by organisation type to Q10.[1]

[1] Please see the discussion on the limitations on the analysis in Chapter 2 of this report.

Public Health Scotland also supported a personalised approach:

“To meet the needs of the citizen receiving care and their carers, the personalised care plan needs to take full account of a carer’s needs as well as the recipient of care. Whether that is part of the care recipient’s plan or a separate plan for the carer is a matter to resolve in designing the service delivery model. Either way, a formal process for recognising and meeting the needs of carers will be needed which should consider the type and detail of support and fair access to resources to meet their needs.” (Public Health Scotland).

Carers Scotland (through the Carers Parliament) agreed that a right to a break should be a universal right but raised concerns about a flat-rate entitlement given the likely demand and the fact that the “ the resource available would have to be spread very thinly due to the large number of carers concerned .” Carers Scotland were also concerned about the complexity of the current system of assessment and use of eligibility criteria and the lack of availability of suitable provision.

“Having a right to a break is rather meaningless if there isn’t the support or services available to enable people to claim this right.” (Carers Scotland)

There were a number of respondents to the Easy Read consultation who replied to the open ended question “Do you think everyone should have the same support to take a break from caring? Should support be personalised to a person’s needs, or should it be a mix of both?” (Q6). There was a balance of views between preferring a personalised approach and a hybrid approach, with the most common reason being that respite needs can be very different and that this should be taken into account.

Using data to support care

There was strong support for a consistent, integrated and accessible electronic health and social care record and for it to be shared across support services.

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

	Strongly disagree	Disagree	Neither/ nor	Agree	Strongly agree
There should be a nationally consistent, integrated and accessible electronic social care and health record (688)	23 (3%)	27 (4%)	45 (7%)	200 (29%)	393 (57%)
Information about your health and care needs should be shared across the services that support you (686)	24 (4%)	36 (5%)	39 (6%)	208 (30%)	379 (55%)

The table above presents the views of the 688 individuals and organisations who responded to Q11a, “There should be a nationally-consistent, integrated and accessible electronic social care and health record”: 390 out of the 459 (85%) individuals and 201 out of the 227 (89%) organisations who responded to this question, agreed or strongly agreed.

Respondents to Q11b “Information about your health and care needs should be shared across the services that support you”, also showed strong support in favour (384 out of the 461 (83%) individuals and 201 out of the 223 (90%) organisations who responded to this question, agreed or strongly agreed).

Both individuals and organisations tended to agree that care services and other relevant parties should be required by legislation to provide data to the NCS, with a slightly larger proportion of organisations in agreement with the proposals. There was no real difference in views across individual and organisational groups.

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?

	Individuals	Organisations
Yes	367 (83%)	168 (87%)
No	78 (18%)	26 (13%)
Total	**445 (100%)**	**194 (100%)**

There were 452 respondents who gave a reason for their response at Q12. Common comments included: balancing the need for data in accordance with data protection legislation and protecting personal data from unnecessary usage and cyber security concerns. While the ethical use of personal data was a major theme, there were also concerns around the practicalities of implementing a nationwide robust IT system.

These views were shared across most stakeholder groups. Of those who disagreed with legislative changes, the main themes related to: the current IT systems; data protection and security; and localisation. Specific concerns related to:

Limitations in the existing IT infrastructure, including a perceived lack of an interface between different IT systems

- Historic implementation issues and the need for time and resources to establish the right way forward
- Cybersecurity risks and the need to protect the human rights and privacy of people accessing care and support

“Anyone believing that a huge national database is always secure and will never be misused is extremely gullible. The proposal would be a huge security risk and sort of breach the human rights of Scottish citizens.” (Person accessing care and support)

“Significant work has been done over the last 20 years in trying to manage data effectively and to reduce multiple requests to the sector. To date this has not entirely succeeded, often due to the Government's own desire for specific information at particular points in time. Standard data sets and data expertise are absolutely necessary. IT support for existing systems or changes over to better systems could support a strong cultural shift which would be more effective in resolving this problem than the blunt instrument of legislation which could have the unintended consequence of diverting resources from people who need it and undermining supportive relationships built on trust.” (Scottish Association of Social Work)

Some respondents suggested that there are many considerations in implementing the correct legislation and supporting framework, with some suggesting that:

- The data needs to be available, current and accessible at all times as well as secure
- Social and health care staff need access to IT equipment and training

Specific comments here included:

“The accessibility and maintenance of care files must be key to the implementation of the data standards.” (Caraidean Uibhist)

“The expansiveness of the approach in the consultation document regarding “a nationally consistent, integrated and accessible electronic social care and health record” could be problematic. A balance needs to be found between the need for the National Care Service to use data effectively to ensure the best use of funds and resources to provide the best possible care and support; and the fundamental requirement that an individual’s personal data is safeguarded and access continually complies with legislation.” (Turning Point Scotland)

“The most important thing is ensuring easy, safe and secure sharing is possible; that, provided they want to, citizens can share information about health and care needs with the minimum of friction, effort, risk and cost across the services they use to receive care and support.” (Mydex CIC)

“Our members highlight the need for ethical considerations to ensure the correct balance between people’s right to privacy and their right to safety and protection. Additionally, members expressed concern about the cost involved in a new system where monies could be better spent in social work and social care, failings of current IT systems, their lack of integrative functionality and whether a national system on this scale is, in fact, affordable and deliverable even where they did support it.” (Scottish Association of Social Work)

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

There were 400 responses to the question: “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?” (Q13).

The main suggestions raised were in relation to the sharing of data across the National Care Service and the National Health Service. Common themes also included the importance of a single source of data, e.g. a ‘digital health record’ which follows the same data structure across both the NCS and NHS and which should align to allow different professionals

across healthcare, e.g. GP and social workers, to work together to achieve the best possible care for the individual. There were also concerns raised in relation to the security of this single source of data, as well as concerns with regards to funding, safeguarding, local variations in service offering and the need for investment in supporting IT systems.

“Introducing and paying for an up to date system that is accessible to all professionals and is easy to use. Lack of funding over years has had a significant impact on what people have been able to share. ‘National Data Guardian for Health and Care, review of Data Security, consent and opt outs’ is an excellent publication and assume such documents will be used to inform the approach going ahead. Other things presently around e.g. the Caldicott principles all influence practice. So I don’t see the need for further legislation.” (Social worker and person accessing care and support)

Localisation is another key consideration for several respondents, including the availability of, and access to, services in remote areas:

“A single patient record in healthcare (the NHS) would be a good start. The ability to log onto Local Authority systems, for example Care First, would be a good starting point, even if this is read only. Start small, start local, do not go for the ‘one system will fix everything idea’.” (Person accessing care and support and works, or has worked, in the management of care services)

“There are differences in parts of Scotland - e.g. the concept that someone's assessment just moves with them if they move doesn't work if they move from Glasgow city to a remote island in the Highlands or Argyll & Bute. You can't move to Islay or Jura and have three days of day service attendance, just because you had that when you were in the city. So, consistency is not as simple as just passing on assessments when you move.” (Social worker)

There are also considerations needed as to the data that is required to support people accessing care and support as efficiently as possible versus ‘all’ personal health and social care data.

“Being able to access the right data at the right time for an individual would greatly enhance the quality of support they receive and facilitate immediacy when needed. However, the focus should be on accessing the information needed at the correct time. This does not mean everyone involved in the care of an individual always has access to all of their data, all of the time as this is contrary to an individual’s rights and freedom under the Data Protection Act 2018 and UK GDPR.” (Turning Point Scotland)

The Coalition of Care and Support Providers in Scotland (CCPS) noted the data requirements on providers and that there should be clarity on what information should be collected and used.

A majority of respondents who used the Easy Read format agreed that their information should be shared across the different services they use (29 out of the 38 (76%) that responded to this question) (Q7). When asked why, several stated that it would reduce the - time and stress associated with re-sharing the same information with different service providers and ultimately improve care. Some, however, highlighted that not all information should be shared and that consent should be gained from the supported person.

Complaints and putting things right

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

	Individuals	Organisations
Charter of rights and responsibilities, so people know what they can expect	292 (65%)	128 (64%)
Single point of access for feedback and complaints about all parts of the system	283 (63%)	89 (45%)
Consistent model for handling complaints for all bodies	257 (57%)	112 (56%)
Clear information about advocacy services and the right to a voice	236 (52%)	110 (55%)
Clear information about next steps if a complainant is not happy with the initial response	208 (46%)	81 (41%)
Addressing complaints initially with the body the complaint is about	162 (36%)	81 (41%)
Other	35 (8%)	41 (21%)
Total	**450 (100%)**	**200 (100%)**

There was a relatively high level of agreement for a charter of rights and responsibilities so people know what they can expect, with around two thirds of respondents to this question selecting this option. There was also support for a single point of access for information on making a complaint or giving feedback about social care. Organisations placed slightly more emphasis on advocacy services. There were 450 responses from individuals and 200 organisations to this question.

People accessing care and support were slightly more likely to agree that a charter of rights and responsibilities would be important for them, as well as ‘clear information on next steps if a complainant is not happy with the initial response’ but less so with ‘addressing complaints initially with the body the complaint is about’ while those who are, or have been, a social worker placed more importance on ‘consistent models for handling complaints for all bodies’.

“We believe that the opportunity to create an independent, accessible mechanism for review, supported by additional routes of access to justice, including independent advocacy, should be explored in the creation of the National Care Service. “ (SHRC)

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

Three quarters of those who responded to Q15a “Should a model of complaints handling be underpinned by a commissioner for community health and care?”, were in agreement (416 out of 573 respondents (73%)). Individuals tended to be more in favour than organisations (307 of 409 (75%) individuals compared to 108 of 163 (66%) organisations. There were 362 respondents who gave an answer for their response.

Some of the reasons given by those that agreed were that it would:

- Give people accessing care and support ‘a voice’
- Provide clarity and assurance that complaints would be addressed
- Be seen to be objective, independent and the overarching oversight would allow someone to guide the changes, seen as necessary by some, within the system
- Accountability was a common theme throughout

People accessing care and support were slightly more likely to value a commissioner appointed for community health and care. Similarly, organisations from the private sector who provide care or support services appear to be more likely to favour a commissioner appointed for complaints handling than other organisation types[2].

Some of the reasons given by those who disagreed were that:

- It would create another layer of bureaucracy
- It is better to sit with an independent body, such as the Care Inspectorate, who has the legal power of enforcement and inspectors to ensure this happens
- If the right people were in the right post and if there was clear information about advocacy services and a right to a voice, there should not be a need for a commissioner
- It should be the responsibility of the Health and Social Care Minister

[2] Please note that the base sizes in the quantitative data are quite low by organisation type

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?

There was also very strong support at Q16a (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?) for using a measure of experience in demonstrating how feedback and complaints have been taken on board and actioned. Overall, 370 out of the 419 (88%) individuals that responded to this question, and 184 out of the 193 (95%) organisations who responded, were in agreement.

“In principle we agree that measuring how successful or not a NCS is should include a measure based on the experience of people who use it. If lived experience is to be at the centre of a NCS then it, alongside equality and human rights conventions and the language of independent living, must be embedded in all aspects, as recommended by the IRASC.” (People-Led Policy Panel, Inclusion Scotland)

There were 385 respondents who gave a reason for their answer at Q16. Key outcome measures are considered important for those receiving care and support, their families and carers. However, many respondents did understand and acknowledge that this is not the only metric when measuring experience.

Those who disagreed that the National Care Service should use a measure of experience as a key outcome measure (58 out of the 613 (10%) that responded to this question) believed that it was subjective and therefore hard to assess and quantify.

“This has been tried before and those who think it's a good service do not respond and those who do not like something complete the form and make the statistics incorrect. Has the government learned nothing from the Quality of Outcomes Framework?” (Person accessing care and support and has worked in the management of care services)

“In every complaint there are those that are happy with an outcome and those that are not. Experience is subjective and not always reflective of the whole.” (Person accessing care and support and social worker)

“The proposal lacks definition. Without knowing what dimension or component of ‘experience’ is being referred to, how it would be measured and what outcome it would represent, it is impossible to make any informed comment on whether this would assist in measuring the successful implementation or quality of services. In general terms, we would regard gathering feedback on the experience of those using social care as a key component of the cycle of learning from complaints and service improvement, not just as an element of the complaints process.” (Glasgow City Health and Social Care Partnership)

“This measure of experience should be included in the overall feedback on assessment of the care and support. The “customer” reality from these key groups is real and reflects how they feel about their care and its outcomes and is therefore important. However, it can have a subjective element to it, and therefore we do not support its inclusion as a key outcome measure.” (Community Pharmacy Scotland)

Amongst the respondents who used the Easy Read format, there was a relatively consistent view about what would improve a new system of complaints (Q8). Around two thirds of these respondents agreed that:

- There should be a charter of rights and responsibilities that says what people can expect from the service
- There should be a single point of access for complaints about all of the system
- The model for handling complaints should be the same for all services
- There should be clear information about advocacy services
- There should be clear information about next steps if a complainant is not happy

Several respondents to the Easy Read consultation also noted the importance of an independent body to oversee complaints.

Residential care charges

There were 459 responses in regard to self-funding care home residents' contribution towards accommodation-based costs. Most (over 64%) were in agreement that residents should contribute in some way to basic costs such as food and rent, however there was more of a mixed response to on site facilities such as entertainment, laundry and utilities. There was less agreement that care home upkeep should be something for which contributions should be expected (46% or less for each of the following), such as cleaning, food preparation, transport, maintenance, furnishings and equipment.

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):

	Individuals	Organisations
Food costs	261 (72%)	61 (64%)
Rent	234 (64%)	58 (62%)
Leisure and entertainment	206 (57%)	51 (54%)
Laundry	191 (53%)	51 (54%)
Utilities	188 (52%)	53 (56%)
Cleaning	168 (46%)	45 (48%)
Food preparation	166 (46%)	36 (38%)
Transport	163 (45%)	44 (47%)
Maintenance	148 (41%)	46 (49%)
Furnishings	128 (35%)	36 (38%)
Equipment	87 (24%)	27 (29%)
Other	51 (14%)	31 (33%)
Total	**364 (100%)**	**94 (100%)**

There were 350 other responses and comments provided in relation to Q17. Other suggestions in relation to self-funding care home residents and their contributions included views that:

- Care home costs should be similar to that of someone who is still able to live independently. Everyone has a 'right to care'
- Certain life-limiting health conditions should negate the need for payments, such as dementia
- Comparisons made to health care (where there are none of these costs) versus care homes and the need to balance this within the care home sector

Comments from respondents in relation to this issue included:

"No - people have worked hard all their days and contributed to the system via tax...why should they be penalised because they have chosen to use their money differently. Why should they sell their house etc. to pay top up fees. Where is the fairness and equity in that?" (Person accessing care and support and social worker)

"If the NCS is to be an equivalent of the NHS, it should be free at the point of delivery. Means testing should not be part of its process. Being able to 'afford to pay' is not factored into cancer treatment, heart surgery etc. so ethically we can see no reason why people who experience general physical debility, chronic illness or degenerative brain disease should be treated differently. In terms of fairness and equality matters, we believe the proper way to deal with inequalities in wealth is through death duties which apply to everyone… We therefore believe that, even on a transitional basis, provision of food, utilities etc. should be free. No-one in residential care should be left with less than the current basic rate of state pension." (Common Weal)

"Self-funding care home residents should pay the equivalent of whatever the national average is paid by those not living in residential care. This could mean those who had been maintaining a high living cost in a large house would continue to do so as opposed to someone leaving a bedsit. Councils have already set the accommodation costs allowable by property size so this could be used for people as a basis for charging. The costs of Care Homes have risen substantially in the last ten years, but the council contribution has not risen in line with this." (Person accessing care and support)

In the Easy Read questions relating to fees and funding, the highest levels of agreement around resident contributions were:

- Food (16 out of 35 respondents (46%))
- Utilities (12 out of 35 respondents (34%))
- Leisure and entertainment (13 out of 35 respondents (37%))
- Cleaning (12 out of 35 respondents (34%))

Q18 What would be the impact of increasing personal and nursing care payments to National Care Home Contract rates on self-funders, care home operators, local authorities and other stakeholders?

The consultation document noted that free personal and nursing care payments for self-funders are generally paid directly to the care provider on their behalf (Q18). Respondents were therefore asked what would be the impact of increasing personal and nursing care payments to National Care Home Contract rates on self-funders, care home operators, local authorities and other stakeholders.

There were 333 responses to the questions on self-funders and respondents expressed a variety of views on this question. Some common views were:

- A reduction in overall costs for the self-funder
- Protection for their 'capital' such as homes
- An increase in affordability for them and/or family
- More equality and more choice
- Concerns with regard to it actually imposing more costs to the self-funder if not managed correctly. This could include, for example, care homes putting up prices as a result, or self-funders effectively subsidising others care.

There were 311 responses to the question on care home operators. Respondents tended to suggest that it would:

- Allow for improved care, facilities and standards
- More opportunity to increase wages therefore impacting staff turnover and applications
- Potential to decrease costs for residents, 'bridging the gap'

There were 280 responses to the question in relation to local authorities. Some respondents suggested that the proposed changes would:

- Incur increased costs however would result in a more equitable system for all residents
- Require increased funding in order for the Local Authorities to be able to do this
- Result in more oversight and control as standards and approaches could be centralised

There were 137 comments in relation to the final open question in this section. These comments tended to reiterate the above points or to give personal examples of the impact of the current arrangements on them or their family. These included, but were not limited to: financial difficulties around affording care, such as respondents having to sell their home in order to afford care. Some respondents highlighted that their family members with dementia were at a disadvantage with how their care was financed and treated, compared to other illnesses.

Q19 Should we consider revising the current means testing arrangements?

In terms of revising current means testing arrangements (Q19a), respondents were very much in agreement that this should be considered, with 292 out of the 376 (78%) and 86 out of the 101 (85%) individuals and organisations indicating so. There were 350 open ended responses to this question. Other suggested considerations were:

- Revised capital limits, for example by bringing them in line with Wales
- Means testing in a care setting was considered to be unfair especially with regards to including the family home as capital
- Modelling based on the NHS with regards to essentials, such as food costs and preparations and cleaning

4. A National Care Service

Chapter overview
Overall, 72% of respondents who responded to the question on the NCS agreed that Scottish Ministers should be accountable for the delivery of social care, through a National Care Service.

The main themes emerging from the responses to this question related to: the need to avoid adding additional bureaucracy; maintaining local accountability; the role of local authorities; and the challenges faced by rural and remote areas, including the Islands.

A range of other services were suggested for potential inclusion in a NCS, including aspects of housing, education and transport. There were mixed views on whether social care and support in prisons or children's services should be included in the unprompted open-ended responses to this question but a majority (over 70%) were in agreement when these questions were addressed explicitly and quantitatively in the relevant section of the consultation (72% for prisons and 76% for children's services). Further details of the responses to these questions are provided in Chapter 5.

Other cross-cutting themes which emerged throughout the consultation and which are included in this section are:

- The need for more detail on the proposals to inform the debate
- The need for more detail about the costs of designing and implementing an NCS
- Transition risks and centralisation
- The impact on local authority workforces
- Localism and local accountability
- The needs of remote and rural areas
- Human rights and equality issues
- The extent of the proposed NCS
- The delivery of services under the NCS.

Introduction

The establishment of a National Care Service (NCS), accountable to Scottish Ministers, is intended to ensure the Scottish Government can:

- Achieve consistency across the country, and drive national improvements
- Ensure strategic level integration with the NHS that promotes preventative care and reduce the need for hospital stays
- Set clear national standards and terms and conditions for the commissioning and delivery of services
- Bring national oversight and accountability to ensure that all individuals universally have access to the services they need.

Accountability for social care

The consultation asked respondents whether they believed Scottish Ministers should be accountable for social care through a National Care Service (Q20).

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

	Individuals	Organisations
Yes	328 (72%)	148 (72%)
No, current arrangements should remain in place	64 (14%)	29 (14%)
No, another approach should be taken	62 (14%)	28 (14%)
Total	**454 (100%)**	**205 (100%)**

Respondents were in favour of this with 328 out of the 454 (72%) individuals that responded to this question and 148 out of the 205 (72%) organisations, in agreement. 90 out of the 660 (14%) that responded to this question opted for another approach with a further 93 out of the 660 respondents (14%) indicating that current arrangements were sufficient.

Amongst individuals, social workers tended to be less likely to agree with the concept of an NCS (with 69 out of 108 social workers (64%) that responded to this question agreeing with an NCS) compared to other groups in particular unpaid carers (164 out of 210 respondents (78%) respondents agreeing) and people accessing care and support (49 out of 65 respondents (75%)). Please note, as previously indicated, these figures are indicative only as one respondent could belong to several different types of stakeholder group so no definitive conclusions can be drawn in relation to subgroups.

Amongst the respondents who contributed via the Easy Read questionnaire, there was a large majority (35 out of the 42 (83%) who responded to this question) who agreed that the Scottish Government should be responsible for the delivery of social care (Q10). When respondents were asked why, there was a theme around consistency of delivery across Scotland and higher standards (removing the “postcode lottery”) but also some concerns around political influence and the need for the local delivery of services.

A similar proportion (34 out of the 44 (77%) who responded to this question in the Easy Read format) agreed that ‘The need for local delivery of services’ should be through a National Care Service (Q11). The reasons given included standardisation across the country and centralised accountability. There were a few comments from respondents that suggested that they believed that a NCS had already been agreed.

There was a general view that the creation of a National Care Service (as has been noted in the previous chapter), would provide the opportunity to remove the perceived postcode lottery of provision across Scotland.

“We believe that the establishment of a National Care Service has the potential to address the gap between promise and implementation and to remove unwarranted disparities between local authorities.” (Scottish Human Rights Commission)

In the comments on “another approach should be taken”, respondents (369 organisations and individuals) referenced a number of issues with the proposed approach, rather than suggesting alternatives, including: the need to maintain local accountability; the role of local authorities in local accountability; the need to avoid creating too much bureaucracy; the importance of avoiding politicising the service; the need for sufficient funding; the importance of having a deep understanding of the sector; and flexibility for the Islands.

For some stakeholder organisations, the disruption likely to be generated by the creation of a NCS is unlikely to be worth the associated costs:

“The position of GCHSCP is that the proposals put forward in the consultation could largely be achieved without structural change, but by identifying and implementing current areas of best practice, engaging with local services and addressing the identified funding challenges across the health and social care system. 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.” (Glasgow City Health and Social Care Partnership)

“The process of integration of care and formation of Integrated Joint Boards was long and difficult and costly in terms of time and resources. We do not believe it is the right time for these services to be subject to further disruption.” (Scottish Academy)

In response to this question and throughout the consultation responses, many respondents stated that while they were in support of a National Care Service, time needed to be taken to get it right given the complexity of the issues.

“The NCS is a potentially valuable opportunity for public service improvement. However, if the time is not taken to get it right, it may represent a significant risk to public services. Therefore, we recommend that time is taken over the design of the whole NCS. Time in which detailed discussions about the best next steps for justice and children’s services can be carried out in parallel to feed into a full options appraisal considering all the potential options.” (Scottish Association of Social Work)

A number of organisations including COSLA and the Scottish Association of Social Work also questioned the timing of the consultation. It stated that it recognised that social care needs to be addressed but, in the current circumstances of the Covid-19 pandemic:

“There is no clear reason why improvement cannot be progressed in the short term through collaborative engagement between the organisations who are currently involved in this space, without embarking on a period of structural reorganisation.” (COSLA)

COSLA also stated that much more detail is required in relation to the structure and design of a National Care Service, and highlighted that it could impact significantly on local decision-making, flexibility, choice and ultimately outcomes. These issues are considered in more detail later in this chapter.

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?

When asked whether there were any other services or functions the National Care Service should be responsible for, in addition to those set out in the chapter on the NCS in the consultation document (Q21), the 351 respondents to this question cited a wide range of services including:

- Occupational therapists
- Education, including education for vulnerable children and young people, and strengthened linkages between education and mental health
- Childminding
- Housing (where it touches on care)
- Transport (where it touches on care, ie. Hospital transport)
- Drugs and addiction services
- Hospices and palliative care services
- Hearing and vision specialists
- Podiatry and chiropodists
- Counselling

Other responsibilities cited included setting standards; standardising training and qualifications; and establishing sufficient and fair pay and terms and conditions for the workforce. Some respondents stated that all care homes should be covered by a NCS and others also questioned the need for private care homes and private provision in general.

The written submission from COSLA questioned the scope of the proposals and the rationale for extending these beyond the recommendations of the IRASC.

"...the scope of the proposals expand significantly beyond what was recommended as part of the IRASC. There is little rationale provided for this expanded scope beyond brief comments made regarding the need for consistency across the system. As has been highlighted in our comments relating to localism, consideration must also be made to the differing needs of people across varying areas in Scotland." (COSLA)

It suggests that removing the statutory responsibility for care services from Local Government would impact on the ability to deliver a joined-up approach. COSLA also notes that the services proposed for inclusion in the NCS have wider linkages with areas such as housing, employability, education, and public safety and protection.

Several respondents also stated that it may be best not to overload a new Service with too many responsibilities. These respondents thought that the Scottish Government should focus on getting the basics of an NCS right first as this is likely to be enough of a challenge. Specific comments here included:

"It would appear that the NCS already wants to take over the world if the whole consultation is to be believed." (Individual respondent)

"The College does not believe that additional responsibilities are required, beyond what is outlined. Some College Fellows are concerned that if anything, the remit is perhaps too large covering multiple areas, and with limited resources available this could spread resource too thinly." (Individual respondent)

"I would limit this first tranche of change to the services looked at in the Feeley Review. I haven't seen any detailed justification for going beyond this. It would enable Ministers to focus on adult care and get it right." (Individual respondent)

"Provision and delivery of the National Care Service is a big enough 'ask' on its own. Let's not over-burden the organisation in addition to what will be an extremely demanding task." (Scottish Veterans Residences)

Q22 Are there any other services or functions the National Care Service should not be responsible for?

There were 300 responses to the question on whether there are any services or functions listed in the chapter that the National Care Service should not be responsible for (Q22). Respondents suggested a range of services including:

- Children's services
- Prisons
- Social work
- Services for non-residents
- Gardening and other maintenance services
- Nursing
- GPs

There was also a large proportion of respondents who stated "no" in response to this open-ended question. Others used the opportunity to state their views on the NCS in general.

There were also some suggestions in response to Q22 that suggested the proposed NCS should follow more closely the recommendations of the Independent Review of Adult Social Care in terms of scope (please see comments above).

The Scottish Trade Union Congress stated that the NCS should be wholly in the public domain:

"To address the core issue and create a truly transformative National Care Service, it must be based on public ownership and control with not-for-profit provision throughout the service." (Scottish Trade Union Congress)

Alzheimer Scotland also suggested that the NCS would provide an opportunity for the Scottish Government to commit fully to implementing the national dementia strategy.

Please note that as this question (Q22) and the preceding question (Q21) on which services or functions should be in or out of the scope of a NCS are open-ended and answered in very different ways, there is no possible direct comparison between the numbers of respondents who suggested a service should be in the NCS and those who suggested a service should be outside the NCS within the scope of this analysis. Further, more quantitative, analysis is provided in relation to the prompted questions on services and functions in the NCS in the following chapter of this report.

Cross-cutting themes

There were a number of cross-cutting themes that emerged from the responses which were not directly addressed by the consultation in explicit questions. As a result, there is no quantitative data that can be attributed to these themes in terms of the strength of the point of view. These issues raised in relation to the general concept of a National Care Service included the following:

- The need for more detail on the proposals in order to inform the debate
- The costs associated with a NCS and how it would be funded
- The existing local authority workforce
- Localism and local accountability
- Human rights and equality issues
- The extent of the NCS
- The delivery of services under the NCS

These are addressed in more detail below. Please note that these cross-cutting themes are indicative only and are not exhaustive. These issues may also be addressed in relation to other questions in the consultation document as some respondents naturally raised the same issue in different contexts. As previously stated, we would encourage interested parties to refer to the full range of published consultation responses for a more detailed discussion of the key issues.

The need for more detail on the proposals in general

Overall, there were a number of comments from respondents on the need for more detail on the proposals in general, and in particular, in relation to the funding of the proposed NCS (please see the following section). As we have already noted, many respondents commented on the difficulty of contributing meaningful comments on the proposals given the lack of detail in the consultation document. Specific concerns related to the timeframe for the consultation and the timing of the exercise in the middle of the Covid-19 pandemic which impacted on the ability of organisations to engage meaningfully with their stakeholders.

Other comments included:

- The need for a direct link to be drawn to the recommendations of the Independent Review of Adult Social Care in Scotland
- Linked to the above, there should be a stronger emphasis on a human rights-based approach to social care, with some suggestion that this approach should be enshrined in legislation
- There should be greater emphasis on the views of people accessing care and support and of people with lived experience
- There was a view amongst some respondents that the consultation document focused primarily on structural changes and less so on cultural change and

leadership etc. Some respondents called for greater clarity on where responsibilities will eventually lie.

Several respondents noted that there was a risk that some of the advances in the integration of health and social care over the last number of years could be negatively impacted by the creation of an NCS with some noting that the Integration Joint Boards have only been operational since 2016. There were also some concerns regarding the perceived emphasis on structural change rather than cultural change to focus on person-centred services.

“We are concerned, though, that the consultation paper focuses on organisational restructuring without addressing transformative cultural change which prioritises person-centric services matched to individual’s specific needs, broadens definitions of what constitutes care, and encourages feedback and learning through processes of continual improvement.” (Frontline care worker)

Several respondents noted that more evidence should be provided to demonstrate the anticipated benefits of the proposed new system to the sector and to the wider Scottish population and some referenced the need for more evidence and research before moving towards a National Care Service.

“The aims of the National Care Service are laudable. However, I am not convinced that these aims can be achieved equitably, sustainably and anti-oppressively via a National Care Service. No evidence has been provided to show that this option has been carefully researched and included all stakeholders in that research.” (Current or former frontline care worker and a friend or family member receives or has received support)

The Care Inspectorate, amongst others, also highlighted the need to assess and maintain what is currently working well. This was highlighted in relation to Children’s Services by respondents including East Lothian Council and Moray Council Children, Families and Justice Service, with the former noting that Children’s Services was not considered in the IRASC and that therefore there was a lack of evidence in this regard. The need for more funding for social care was also raised in this context and is considered in further detail below.

The need for more detail on costs, funding and resourcing an NCS

Linked to the section above, many respondents to the consultation highlighted the lack of any detail around the costs of developing and establishing an NCS and the subsequent impact on their ability to comment on the proposals. Some noted that it was difficult to evaluate the likely impact of the proposals versus the likely impact of maintaining the status quo but with additional funding, in the absence of such information. There was also a view that increasing funding within the current arrangements would avoid the risks of disruptive structural change and would also lead to service improvement.

There were several comments to the effect that the costs associated with the NCS are likely to be significant given the large (and increasing) proportion of the population requiring social care. It was noted that the Independent Review of Adult Social Care estimated that the costs of the NCS were estimated to be £0.66 billion and that there was a noted lack of clarity in the consultation document on how the proposed NCS would be funded.

Some thought that the proposed 25% increase in funding would be insufficient, with a suggestion from some respondents that the system was already stretched after funding cuts in recent years. There was some concern that this additional funding would be absorbed in the setting up of the new structures rather than in supporting frontline care through the provision of services and improving staff pay and conditions. COSLA highlighted that many of the proposals are as yet un costed:

“COSLA and Local Government professional associations are very concerned that the gap between the IRASC’s part costing of £660m additional funding (at 2018-19 prices), and the Scottish Government’s commitment at a minimum of “over £800 million more by 2026-27”, is far too small to cover all of the un-costed recommendations. Unless significantly extended beyond this “minimum”, it would not provide sufficient funding for paying fair wages to social care workers, let alone increased rights and support for unpaid carers, reform or abolition of eligibility criteria, the increased demand from the removal of care charges, implementing “ethical” and “collaborative” commissioning and procurement, improved data and information technologies, potential VAT and other costs.” (COSLA)

COSLA estimates that the full implementation costs will be in the region of £1.5 billion. For some respondents, there is a need to provide modelling of likely demand for the services outlined and how the NCS will keep pace with the demand in light of changing demographics and in particular an ageing population. Some respondents also stated that the benefits to local populations versus the impact of increased costs are unclear. Other issues cited included:

- The likelihood of increased costs due to an ageing population
- The need for more detail around the financial structure of the proposed NCS, including its financial powers, governance and decision-making structures
- The need for more detail on the costs of the operational commitments in the consultation document, and whether these will be funded by the Scottish Government
- A consideration of the investment required for a person-centred or human rights based approach is needed alongside an evaluation of the funding that is likely to be available
- The need for a medium- to long-term financial strategy for the NCS and for social care
- The need for a more innovative approach rather than a focus on eligibility criteria
- Whether there is sufficient staff working in the sector to meet the perceived high levels of demand for social care in Scotland

- The need to model the impact on the local government grant settlement
- The direct financial implications of extending eligibility and entitlement to services

Transition risks and centralisation

There were also some concerns about the disruption that is likely to occur given the magnitude of the changes and the need to maintain appropriate levels of service to users during the transition period. There were also concerns, as previously noted, that this disruption and "upward cost drift" would offset any potential service improvements. Several respondents noted that lessons learned from other centralisation initiatives, such as that of Police Scotland, should be taken into consideration. As we have previously noted, some respondents also stated that if the funding for the new NCS was diverted into improving existing provision there would be a positive impact on care outcomes.

"The introduction of a new National Care Service will absorb energy, money and cause huge planning blight for years – especially given that recovery from the pandemic is the priority." (Shetland Public Protection Committee)

The existing local authority workforce

The likely impact on the finances and staffing of local authorities was also raised as an issue. COSLA and other local authority representatives amongst others noted the complexity of the contracting arrangements with social care staff and the need for TUPE protection for existing staff. There was also a perceived risk that the potential disruption and uncertainty could lead to staff leaving the service.

"The sheer scale of TUPE arrangements that would need to be undertaken requires independent discussion." (COSLA)

"SASW members raise concerns around the prospect of moving employers, TUPE and pension impacts. They also want to ensure that, should there be any movement, social worker posts are protected in number or increased to take on more preventative work. There must be enough resources to meet the needs of the communities served." (Scottish Association of Social Work)

COSLA also highlighted that the document does not address the employment status of NHS staff who work in health and social care or those working in the third sector. Other employment issues are considered later in this report but one issue that should be noted in this context was raised by several respondents i.e. the lack of mention of the role of the Chief Social Work Officer in the consultation document.

Localism and local accountability

Concerns were raised by many respondents about the loss of local accountability under a more centralised system. There were also concerns that an overly centralised approach would work against a person-based, human rights based approach to service provision and effective responses to local needs. Many respondents highlighted the importance of protecting and maintaining existing local initiatives and programmes that were working well. At the same time, as we have noted, many respondents wanted more consistent standards and an end to the "postcode lottery".

"The loss of local accountability in the system. Local accountability of public services is extremely important for citizens and services alike. These proposals will structurally undermine localism." (Individual respondent)

"We…do not wish to undo the examples of strong integrated working arrangements in many localities through the implementation of the new NCS. We are proud of the SLT leaders in our membership who have worked within their local structures to develop effective and innovative delivery of care to their communities. We would hope a National Care Service would allow for the continuity of local accountability, set within the context of community planning." (The Royal College of Speech and Language Therapists)

"South Ayrshire HSCP is close to its community (and works closely with the Council and Community Planning Partnership in this regard) and values its Locality Planning Groups. These constructs and the general principle of localism should not be lost or overlooked in the development of a 'national' service." (South Ayrshire HSCP)

The needs of remote and rural areas

The importance of understanding and respecting the specific and unique needs of remote and rural areas, and in particular the Islands, was highlighted by many respondents, including in individual Council submissions, the relevant engagement events and by COSLA.

"The danger is that they will ignore the special problems faced by those in the Highlands & Islands area." (Person accessing care and support)

"Scotland is unique with varying demography, epidemiology, morbidity and mortality. Rural and urban needs are unique too e.g. cities v remote island communities therefore 'one size' cannot meet all needs; however these unique needs should be 'fed' into the bigger picture with commissioning and procurement." (Person accessing care and support)

"The centralised approach does not suit all and will certainly not suit islanders." (Unpaid carer)

The need for an impact assessment for these areas was emphasised by several respondents. The Orkney Integration Joint Board, for example, welcomed the Government's commitment to undertake an Islands Impact Assessment prior to the drafting of the legislation as a way of giving more time for consideration of the issues.

"We believe that for this to work most effectively, locally elected representatives should maintain accountability for the delivery of social work and social care services. As a remote and rural island community, the transfer of this accountability to Scottish Ministers runs the risk of being perceived by our local communities as very distant and removed… we strongly advocate for people to benefit from decisions taken locally and for those taking those decisions to be accountable locally… The timescale for response to the consultation has been tight, and the breadth of proposals contained therein has made it difficult for us to fully consider where there may be implications for an Islands Authority such as Orkney. Time for further thinking on this, particularly as more detail is developed in relation to the proposals, will be welcome, and the Islands Impact Assessment will provide a vehicle for this." (Orkney Island Council)

"Given the maturity of integration arrangements in a number of island settings, as well as the importance of established local democratic arrangements in islands more generally, it is our contention that an islands impact assessment is required prior to any proposals being progressed, and certainly before they are finalised." (COSLA)

Respondents also raised a number of issues and potential risks of centralisation including remote management structures and travel times for vulnerable groups in rural and remote areas if services and support are not available locally.

Human rights and equality issues

Human rights and equality issues were raised throughout the consultation. Overall, respondents emphasised the need to focus on a human rights or person-centred approach. There was also a clear view that there should be a commitment to placing people with lived experience of social care at the heart of all processes associated with the design, governance and monitoring of provision. Many respondents highlighted that this should be done in a meaningful way, warning of the risk that this might be seen as a tick box exercise.

"To ensure those with lived experience of social care are central to the governance, provision and monitoring of social care at all levels of the NCS." (Person accessing care and support)

"Members of the CHSCA should meet members of the public, those with lived experience, and their workforce outside regular meetings, to listen and expedite concerns. These should be in informal settings.' (Person accessing care and support)

We have noted above that some respondents contrasted a rights-based approach to support at a local level with the desire for standardisation. Other respondents highlighted specific rights issues in provision.

“There is a real and substantial opportunity for the Scottish Government arising out of the approach to be taken and definition of "complex care needs" developed and delivered by a new NCS. The proportion of complex cases like my son’s, is relatively small but due to the challenges and expertise required, many of these care packages have to be outsourced to specialist providers in England. The only provision in Scotland has been secure psychiatric adult hospitals in Scotland, not set up or appropriate for the provision of person-centred holistic care and community involvement of adolescents and younger adults. Commissioning services in England is expensive… it also moves service users far from their family home, against their human rights for a family life.” (A friend or family member of mine receives, or has received, social care or support)

Other rights-based comments referenced:

- Support for service users and carers in seeking judicial reviews, including advocacy and legal aid
- The implications of data sharing and the importance of respecting the rights of people accessing care and support

The issue of the need for parity between social work and health was also raised in relation to a rights-based approach.

“We are concerned that the voice of Social Work will be marginal to that of Health in central Government; and we are concerned that the clamour for delayed hospital discharge will drown out our capacity to work in rights-based and relationship-based ways with people.” (Social Work and Social Care Advisory Committee: NHS Highland)

The issue of gender was raised by a number of respondents, with comments around the composition of the social care workforce and the impact that investment in the sector would have on women. The fact that most unpaid carers are female was also highlighted:

“The issue of gender is a crucial consideration for the development of the NCS… Only a robust gendered approach will ensure improved outcomes are proportionately considered in terms of women’s needs. This needs to be underpinned by the evidence that explains how women face inequalities and, in some cases, disadvantages because they are women.” (COSLA)

Greater integration between domestic abuse services and other services was also referenced. The Scottish Women’s Convention emphasised that women want to see that

lived experiences of mental health are taken into consideration in the design and planning of services to assist in better understanding of their needs.

“It all depends on what your condition is. It could be anxiety and you’ll talk to everyone, and you’ll blurt it out, but someone who has depression may not be quite so open… You may be okay to talk one day, but if they’re then phoning you back the next day, you may not want to talk… and if you can’t take the call, you’re put to the bottom of the list again.” (Scottish Women’s Convention)

Other issues raised by the Convention include:

- The importance of understanding the needs of specific communities such as the Asian community where counselling and mental health support can be challenging due to cultural taboos and a lack of multilingual counselling
- The importance of understanding and respecting the needs of older women

“A lot of older women shared that they have been belittled by health and care professionals because of their gender and are routinely told “it’s just your age” or “it’s just your menopause” as a way of denying them the support and medical intervention they need.” (Scottish Women’s Convention)

The LGBT Health and Wellbeing organisation stated that the inclusion of minority groups should be embedded from the start.

“Rather than, as currently happens, equality and diversity work largely being seen as an optional add on for providers, instead of as core business.” (LGBT Health and Wellbeing)

LGBT Health and Wellbeing highlighted that some lesbian, gay, bisexual or transgender (LGBT) people experience barriers to accessing care, and have poorer experience of care when compared to non-LGBT peers and that most health and social care services do not collect sexual orientation or gender identity data and do not measure either uptake or service satisfaction levels for LGBT people, which hinders understanding of their needs:

“For example, there is evidence that public authorities do not always properly understand the needs of older LGBT people in care homes, and are failing to provide safe and culturally sensitive care and support.“ (LGBT Health and Wellbeing)

The extent of the NCS

While the scope of the NCS is considered in more detail in the following section (in relation to the consultation questions), there were a number of issues raised in general and unprompted in relation to the scope of the NCS in this section of the consultation on the creation of a NCS. These comments should be considered in conjunction with the more quantitative analysis in the following chapter.

For some respondents, there was little differentiation between the roles of social care and social work, and some thought that some areas of social care provision were not detailed or addressed in the consultation. Examples given included: Adult Support and Protection, Children's hearings and adoption and fostering and unscheduled care.

Several respondents raised the issue of social housing. There were some concerns that housing was not addressed as part of the consultation, particularly given the stated ambition of keeping people within their own homes.

A number of respondents suggested that this is a considerable oversight, given the importance of supported housing. Some respondents highlighted the need for alignment between the proposed NCS and housing services and initiatives, including Housing to 2040 and Ending Homelessness Together. The importance of joined up multidisciplinary working was mentioned in this regard by several respondents. Partnership working, particularly in relation to dealing with people with complex needs, was seen as crucial to maintaining people accessing care and support's health and wellbeing.

One respondent highlighted the importance of engagement with the Housing Division, the Scottish Federation of Housing Associations (SFHA), the Chartered Institute of Housing (CIH) and Registered Social Landlords (RSLs) amongst others. If housing is to be included in any NCS, some thought that the costs of this should be made clear. The importance of housing services in relation to preventative care was also highlighted.

"It would be good to see a stronger vision for the partnership role of housing and particularly social housing within the proposed Community Health and Social Care Service. There needs to be greater recognition of the contribution of housing and housing support in preventing people from reaching crisis point and entering formal care / hospital." (Queens Cross Housing Association).

Other issues raised included:

- The ownership of current accommodation and how this might change under the proposals
- The importance of good quality housing services and social housing providers in reducing costs to the health sector

Community transport was also raised as a service that should potentially be in the scope of the NCS.

“Community Transport plays a critical role in supporting independent living and tackling exclusion, isolation and loneliness for people and communities across Scotland. The sector should be a priority for the new National Care Service in order to achieve the ambitions of the Christie Commission, which identified back in 2011 the need for public services to ‘focus on prevention and early intervention’ by tackling ‘root causes’, reducing inequalities and minimising the long-term growth in demand in the face of our ageing demographics.” (Community Transport Association)

The delivery of services under the NCS

There was a view that the consultation document did not adequately reflect the fact that the majority of services are provided by the third and private sectors. There was also a view that a national job evaluation scheme would be challenging, particularly around the opt in from these sectors and the differences in pay and conditions. Enforcement was also seen as an issue. There were also some concerns around the role of the third sector and in particular whether the proposals would impact or exacerbate the perceived existing inequality between the third sector and statutory services:

“The key message that came through our discussions was the importance of valuing the third sector and understanding the expertise of staff and the specialist nature of third sector organisations. The third sector must be viewed as equal partners to statutory partners with access to long-term, sustainable and adequate funding to enable them to continue to play their vital role in the delivery of social care support.” (Coalition of Carers in Scotland)

Other issues raised included the importance of the third sector in the delivery of children’s services in Scotland and the need to include these groups explicitly in the consultation through meaningful engagement.

“There needs to be more uniformity in what people and carers can expect and that there is clarity about what services are available. The third sector has a major role to play in supporting people and their families. There is a need to provide parity across sectors - no one discipline holds the key to a person's recovery and wellbeing - it takes a team of people and their families/networks to support the person who is unwell or having difficulties.” (Unpaid carer)

There was also some uncertainty about the role of local authorities in service delivery in the future under the proposed arrangements. Overall, however, there was general support for a National Care Service in the quantitative responses from both individuals and organisations, but there were concerns around the lack of detail in the consultation document particularly

around funding and costs, and the speed of implementation and consequent likely disruption to the existing system.

5. Scope of the National Care Service

Chapter overview
This section of the report considers respondents' views on the services that should fall under the remit of a National Care Service.

Children's services

Overall, the majority of respondents (396 of 521 (76%)) agreed that Children's Services should be included in a National Care Service (NCS). Three quarters of individuals who responded to this question and a similar proportion of organisations were in agreement. A number of key stakeholders however did express concerns about the proposals with several suggesting that more evidence on the likely benefits of the proposals is required, including, as previously noted, some of the local authorities. There were a number of risks identified here by individuals and organisations, including the potential loss of a local dimension to responding to need and the potential loss of the link to education.

Healthcare

Around 70% (380 out of the 544 respondents to this question) agreed that the proposed NCS and the Community Health and Social Care Boards (CHSCBs) should commission, procure and manage community health care services. The main reasons given in support of the proposals related to a more streamlined and consistent service and improved accessibility for people accessing care and support. Reasons given by those who disagreed with the proposals included the availability of funding and perceptions of the existing relationships between health and social care. The most frequently cited benefit of CHSCBs managing GPs' contractual arrangements was "better integration of health and social care". This was followed by "improved multidisciplinary team working". The most frequently cited risk was "unclear leadership and accountability requirements". This was followed by "fragmentation of health services".

Social work and social care

The most frequently cited benefit of social work planning, assessment, commissioning and accountability being located within the NCS, was "more consistent delivery of services". This was followed by "better outcomes for service users and their families". Risks identified included a loss of local understanding, the potential loss of accountability, and the risk that social work would be overshadowed by other services.

Nursing

A majority agreed with the proposed leadership role of Executive Nurse Directors (234 of 436 (54%) said yes without qualification) and that the NCS should have responsibility for overseeing and ensuring consistency of access to education and the professional development of social care nursing staff, standards of care and governance of nursing with almost two thirds in agreement. There was also strong agreement with the proposal that Executive Nurse Directors should have a role in the proposed Community Health and Social Care Boards.

Justice social work

Nearly two thirds agreed that Justice Social Work should be included within the remit of the NCS (241 of 388 respondents (62%)). Reasons given included the need to keep all forms of social work together and the fact that offending behaviour is often linked to other care needs. Those who disagreed tended to say that the proposed NCS is too large and centralised and that there is a need to reflect local requirements. The main benefit was thought to be “more consistent delivery of justice social work services”. Around half of respondents to the question on risks selected: less efficient use of resources; worse outcomes for people accessing care and support; poorer delivery of services; and weaker leadership of justice social work.

Prisons

A majority of respondents (233 of 324 respondents (72%)) also agreed that responsibility for social care services in prisons should be given to a National Care Service. Reasons given included better support for prisoners with mental health problems or learning disabilities and smoother transitions at the point of release, amongst others.

Alcohol and drug services

A majority also agreed that Alcohol and Drug Partnerships would have the benefits of providing greater coordination of Alcohol and Drug Services (267 of 328 respondents (81%)) and better outcomes for people accessing care and support (248 of 328 respondents (75%). Confused leadership and accountability was viewed as the main drawback of the Partnerships. Three quarters agreed that they should be integrated into the CHSCBs. Eight in ten agreed that residential rehabilitation services could be better delivered through national commissioning.

Mental health services

Around three quarters of respondents agreed that the list of mental health services provided in the consultation document should be incorporated into a NCS. In response to the question on how best to link the mental health care elements into a NCS, suggestions included: quicker referrals; the use of multi-disciplinary teams; and better sharing of information across services.

National Social Work Agency

There was a general agreement around the potential benefits of a National Social Work Agency that were outlined in the consultation document: improving training and continuous professional development; supporting workforce planning; and raising the status of social work. Two thirds agreed that the proposed Agency should be part of a NCS. Around 80% thought the Agency should have a leadership role in relation to social work improvement, social work education; and a national framework for training and development.

Introduction

This section of the report considers responses in relation to the scope of the National Care Service. It encompasses: children's services; healthcare; social work and social care; nursing; justice social work; prisons; alcohol and drug services; mental health services; and a National Social Work Agency.

Nearly two thirds of respondents to the Easy Read questionnaire agreed at "Question 12: Do you agree all the areas should be in the National Care Service?". This equates to 26 of the 40 respondents to this question (63%). Nine (23%) had no preference and five (13%) said "no".

Children's services

There were 521 responses to the question on whether the NCS should include both adults and children's social work and social care services (Q23a). The majority of individuals (281 out of the 373 (75%) who responded to this question) and organisations (114 out of the 147 (78%) who responded to this question) agreed that it should. There were 440 comments on this question. For those that agreed, commonly cited reasons were:

- An alignment with a "cradle to grave" approach
- It would help ease the transition between children's services and adult services - and create a more joined up approach
- Greater standardisation across Scotland

For those that disagreed, reasons include the alignment between education and health and a desire not to introduce too much complexity. There was also broad agreement from both

individuals and organisations that locating children's services within the NCS would reduce complexity for children in a number of key groups.

Some stakeholders disagreed quite strongly with this proposal, in some cases because of the lack of detail behind it. There were some comments for example on the binary nature of some of the questions. Social Work Scotland, for example, stated:

"This is too complicated a question to simply provide a 'yes' or 'no' answer. The implications of either response are profound; not just for social work, but for children's services as a whole. We accept that there is no status quo option… change is guaranteed for every local authority in Scotland… The question is therefore whether these specific proposals represent reform likely to provide social work and its partners with an enabling context within which to affect meaningful, positive, sustainable change for children and families... As the Promise Scotland has framed it: will it help us keep the Promise?" (Social Work Scotland)

The Promise, the Care Inspectorate and others highlighted the need for more evidence in relation to this proposal:

"We have not seen evidence that bringing children's services into a National Care Service developed in response to an adult social care review will address difficulties in the system. It is not clear that children and families experience better outcomes in areas of the country where children's services are the responsibility of an integration authority rather than a local authority." (Care Inspectorate)

Both SOLACE and COSLA did not agree with the inclusion of Children's Services within an NCS.

"COSLA is clear that Children's Services, including the social work workforce, should remain within Local Government. The inclusion of children's services within the National Care Service consultation goes beyond the scope of the Independent Review of Adult Social Care. It is a significant concern that the proposals in the consultation have been brought forward without any scoping, discussion and crucially without seeking the views of children and young people, their families or indeed those working with them." (COSLA)

COSLA emphasised that there should be consultation with children and young people on these aspects of the consultation proposals. The Alliance and Barnardo's Scotland also suggested that children and young people should be consulted on the proposals and that communications should be tailored to their needs and preferences so that they can be involved in a meaningful way.

Children in Scotland amongst others highlighted the complexity of the issues associated with moving Children's Services to the National Care Service and stated that the sector would benefit from additional evidence and consultation.

"Many of Children in Scotland's members we spoke to did not feel they had sufficient time to fully engage with and consider the proposals within the National Care Service consultation. The consultation document is 137 pages and covers a wide range of care services that link to many areas of children's and families' lives. The proposals to restructure the current social work and social care system are complex and may have significant unintended consequences. We believe the children's sector would benefit from additional time to consider the proposals, review additional evidence, talk with colleagues from different organisations and sectors, and discuss the proposals with civil servants." (Children in Scotland)

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?

	Individuals		**Organisations**	
	Yes	No	Yes	No
For children with disabilities (478)	238 (68%)	114 (32%)	86 (69%)	39 (31%)
For transitions to adulthood (495)	268 (75%)	91 (25%)	105 (77%)	30 (22%)
For children with family members needing support (467)	246 (71%)	100 (29%)	89 (74%)	31 (26%)

Approximately 350 individuals and 120 organisations responded to the three statements in Q24 on whether locating children's social work and social care within the National Care Service will reduce complexity in accessing services.

Overall, 325 out of the 478 (68%) that responded to this question agreed that locating children's social work for children with disabilities within a National Care Service would reduce complexity. There were 353 respondents who gave a reason for their response to this question. Common reasons given included:

- A single point of access for families and carers
- Greater standardisation and consistency across Scotland
- Smoother transitions from children's services to adult social care
- More or better support for families
- The importance of multidisciplinary working
- The potential for data sharing

There were 342 respondents who gave a reason for their response at Q24b in relation to the transition to adulthood. Respondents who agreed provided the following reasons:

- A more seamless transition
- A reduction in complexity and therefore frustration and stress for families
- More support for young people's mental health
- A more joined up approach for families
- Better communication and data sharing between service providers

There were 300 respondents who gave a reason for their response at Q24c. For children with family members needing support, a whole family approach under an NCS would be welcomed alongside greater consistency across Scotland. Other reasons provided included clear service levels and standards and better information sharing.

People accessing care and support tended to be more positive about each of the three statements in the table above in relation to Children's Services and social workers less so. Overall, social workers were less positive about each statement compared to other respondent groups (for children with disabilities 54 out of the 111 respondents (49%), for transitions to adulthood 62 out of the 112 respondents (55%), for children with family members needing support, 55 out of the 107 respondents (51%) responding with 'yes' to this question.

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?

Of the 466 people who responded to Q25a on whether this would improve alignment with community child health services including primary care, and paediatric health services, individuals and organisations were in broad agreement with 230 out of the 345 (67%) individuals and 77 out of the 120 (64%) organisations saying yes. There were 346 respondents who gave a reason for their response at Q25. These reasons commonly included:

- The system is perceived as disjointed at the moment
- It would create more consistency and standardisation
- It would help communication and data sharing
- It would help with referrals and transitions

A lower proportion of social workers who responded to this question agreed that locating children's social work services within the National Care Service would improve alignment with community child health services with 46% of them agreeing with this proposal.

Overall, those that disagreed tended to reference cultural and structural differences between health and social care. There were 132 comments from respondents that disagreed with this proposal. These included:

"They are distinct and different services with different standards, values, principles, functions etc." (A friend of family member of mine receives, or has received care)

"There are different values for professionals, different attitudes to confidentiality, different concepts of job roles and responsibilities. [An] example being the named person and role of health visitor and how they are struggling with the role and with children who require support and protection." (Social worker)

"Given the nature of different cultures that are in place even with the establishment of HSCPs this has not led to obvious benefits for care groups.. Often when there is good practice it is informed by individuals and not structures." (A friend of family member of mine receives, or has received care)

Some respondents also thought that there was already good alignment at the local level in some areas.

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

A substantial proportion suggested that there would, however, be risks of including children's services in the NCS (Q26a): 205 out of the 336 (61%) individuals and 114 out of the 142 (80%) organisations that responded to this question stated "yes". There were 361 respondents who gave a reason for their response to this question. Common risks cited included:

- The potential loss of a local dimension to needs
- The level of funding that will be required and the budget that is likely to be available
- The scope of the proposals being too broad
- The dilution of multi-agency responsibility
- Inappropriate data sharing
- The potential compromise of the role of education
- The need to reflect geographic difference ie. the different needs of urban and rural locations and the Islands

Some stakeholders referred to the need for more detail on the proposals and alignment with other services as well in relation to this question.

"Shared governance and accountability arrangements that facilitate whole system governance with embedded improvement, and system and service redesign models, could be an advantage of incorporating children's services into a National Care Service, and provide an improved alternative to the status quo, with all its complexity highlighted by the Independent Care Review. Further improvement would be achieved if integrated planning and funding streams were included… The Promise Scotland welcomes the ambition expressed in the consultation, of achieving consistency in outcomes reporting, but more detailed proposals are required to give confidence in how outcomes will be consistently achieved, captured, reported and analysed." (The Promise)

"While better joint working between children's health and children's social work services is essential to achieving better outcomes for children and families, so is better joint working with education, early learning and childcare, third sector and a range of adult services. Structural change will not necessarily resolve this issue on its own." (Care Inspectorate)

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?

When asked whether the NCS and Community Health and Social Care Boards (CHSCBs) should commission, procure and manage community health care services (currently delegated to Integration Joint Boards and provided through Health Boards), the majority of participants agreed. This corresponds to the 279 out of 392 (71%) individuals and 101 out of 151 (67%) organisations that responded to this question.

Organisations providing care or support services, both in the private and third sectors, were more likely to agree, while two thirds of the 13 respondents that characterised their organisation as a health board, disagreed with the proposal.[3] There were 379 respondents who gave a reason for their response. Common reasons given in support of the proposals included:

- A more streamlined and consistent service
- Greater accessibility for people accessing care and support
- A fairer system
- More collaborative and joined up working
- Better accountability

“Services should be more universal, more easily reached to those referring to them and to those who need access to them.” (A friend or family member of mine receives, or has received, social care or support)

Organisations such as Social Work Scotland and the General Medical Council emphasised the importance of greater multidisciplinary working, with the latter highlighting the importance of a good organisational culture.

“Social Work Scotland supports the move of community health care services into CHSCBs. This would support the NCS aim of person centred and holistic care provision across the health and social care landscape. We also agree that, as the first point of contact for access to health services, GPs play a key role in the gatekeeping and oversight function for wider NHS access. We would recognise this as a similar role played by social workers with regard to accessing care and support through local authorities. We would recommend that both social workers and GPs retain their role of oversight and support for health and social care services within the NCS structure through CHSCBs.”

[3] Please note that these quantitative results are evidently and necessarily based on the quantifiable Citizen Space data and on the self-designation of respondents as discussed in Chapter 2.

“Our experience of IJBs has been that it is the culture in the respective organisations that causes the problems and gets in the way of making the arrangements work, i.e. professional rivalries, protectionism, poor multi-disciplinary working etc. It will be vital that a centrally led and controlled national care service is able to address these issues more effectively than in the past, through stronger governance and increased accountability.” (General Medical Council)

“Joint commissioning, procurement and management are likely to deliver synergistic and complementary effects, ensuring a holistic approach and provision for a community's health and social care needs.” (Scottish Veterans Residences)

The Allied Health Professions Federation Scotland (AHPFS) also expressed a concern that there was little reference to the role and contribution of their membership in the proposals. The need to include the views of people accessing care and support was also raised.

For those that disagreed, the main reasons were: funding availability; the relationship between health and social care; the perceived bureaucracy associated with the IJBs; and the role of local authorities.

“It would give the NHS even more dominance than is currently the case, when the problem is insufficient resources for both sectors.” (A friend or family member of mine receives, or has received, social care or support, frontline care worker and social worker)

“The difficulty lies not so much in the concept but in the lack of concrete operational proposals. IJBs have often been an arena in which the NHS and local authorities have competed for limited resources. They have not shown a convincing capacity or competence to commission services. To give them (or a CHSCB) more powers without changing the culture is unlikely to work. Better to work to strengthen commissioning, procurement and management skills and competence within the NHS and local authorities before trying for further structural changes.” (Individual respondent)

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?

There were 398 comments on ways in which the NCS and CHSCBs could support better integration with hospital-based care services if they take responsibility for planning, commissioning and procurement of community health services (Q28). Frequently cited reasons included:

- There was some scepticism around whether more integration is possible and the need for more detail on the proposals

- The risk of creating more bureaucracy
- Divisions relating to perceived differences in status between the NHS and care
- Conflicting targets and objectives between the two services and the need to take a person-based approach
- The need for better communication and coordination on the ground, whether by having integrated meetings or an electronic patient record

In their written submissions, the Scottish Directors of Public Health and the Royal College of Nursing, in particular, expressed concerns about the interface between primary and secondary care under the proposals and the appropriate governance arrangements.

"RCN members working in all fields… have expressed their concern that the creation of a National Care Service with the proposed responsibilities for community health and social care services will exacerbate issues which already exist at the interface of primary and secondary health care, and community based and hospital-based services. Our members are concerned that this consultation is presented without detailed consideration and proposals about how these interface problems can be avoided or how it can be improved. More broadly, the consultation document does not describe a proposal for how a National Care Service would work with the NHS, beyond the commissioning of community health care services and the proposals and questions about the role of the Health Boards' Executive Nurse Directors. People using services and the staff delivering them will encounter barriers and disjointedness appearing despite the best intentions of all involved, if there is no clarity and duty for the National Care Service and the NHS to work together to develop strategy, commissioning plans, workforce plans and service pathways on a practical and strategic level, and locally and nationally." (Royal College of Nursing)

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

	Individuals	Organisations
Better integration of health and social care	247 (74%)	71 (61%)
Better outcomes for people using health and care services	231 (69%)	63 (54%)
Clearer leadership and accountability arrangements	200 (60%)	63 (54%)
Improved multidisciplinary team working	233 (69%)	65 (56%)
Improved professional and clinical care governance arrangements	199 (59%)	49 (42%)
Other	67 (20%)	46 (40%)
Total	**336 (100%)**	**116 (100%)**

When asked about the benefits of CHSCBs managing GPs' contractual arrangements (Q29), the 452 respondents to this question selected "Better integration of health and social care" most frequently (247 out of the 336 (74%) of individuals and 71 out of the 116 (61%) organisations that responded to this question). The second most frequently cited benefit was "Improved multidisciplinary team working" (233 out of the 336 (69%) individuals and 65 out of the 116 (56%) organisations that responded to this question).

Other comments (provided by 248 respondents) tended to relate to: whether GPs' contracts should be managed at a national level; the potential impact on GP recruitment and retention; the need for more detail on the proposals; and whether there were actually perceived benefits to this change. Some individuals also shared their view that GPs should not be self-employed but employed directly by the NHS.

"Where GPs are directly employed by the Health Board, the standard of motivation and enthusiasm is much less. GPs are not in control of recruitment of staff and there is no enthusiasm for improvement as it is not their own practice. Therefore the Group is not in favour of bringing GP services within the National Care Service." (Harris Locality Planning Group)

“There are benefits to be gained from closer integration with community health and GP services… The IJB reform needed to enhance these service improvements need not be radical… The vision of IRASC offers the hope that the newly empowered voice of people accessing care and support, carers, families, and community health staff will enable innovative conversations about the design and delivery of community health and GP services in future.” (UNISON Scotland)

A question was also asked around the implications for other contracted services in the community by several respondents to the consultation:

“[I] would like clarity over the impact on GP contract relationships in Scotland? The same clarity is required across contracted services for Dental, Pharmacy and other contracted services in the community.” (NHS Dumfries and Galloway)

Conversely, the main risk with Community Health and Social Care Boards managing GPs’ contractual arrangements (Q30) identified was “Unclear leadership and accountability requirements” (222 out of the 370 (60%) who responded to this question) followed by “Fragmentation of health services (184 out of 370 respondents (50%)).

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

	Individuals	**Organisations**
Fragmentation of health services	120 (47%)	63 (56%)
Poorer outcomes for people using health and care services	99 (39%)	50 (45%)
Unclear leadership and accountability arrangements	150 (58%)	71 (63%)
Poorer professional and clinical care governance arrangements	116 (45%)	55 (49%)
Other	72 (28%)	52 (46%)
Total	**257 (100%)**	**112 (100%)**

“Other” responses (provided by 239 respondents) included the potential impact on existing GP shortages; the risk of more bureaucracy; and the potential negative impact on local services and accountability.

The General Medical Council noted that if Community Health and Social Care Boards were to take over the management of GPs' contractual arrangements, consideration will need to be given to ensuring that each Board has effective clinical governance measures in place, particularly the responsibilities outlined in the Medical Profession (Responsible Officers) Regulations 2010.

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

There were 295 responses to Q31. Other suggestions of ways of managing community health care services that would provide better integration with social care commonly included:

- Increasing the use of multidisciplinary teams
- Having a single point of access
- Having locally based, integrated and co-located teams
- Having a single IT system with a digital records system
- Shared standards and objectives
- More funding for both health and 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)

	Individuals	Organisations
Better outcomes for service users and their families	272 (71%)	110 (70%)
More consistent delivery of services	322 (84%)	125 (80%)
Stronger leadership	153 (40%)	74 (47%)
More effective use of resources to carry out statutory duties	244 (63%)	99 (63%)
More effective use of resources to carry out therapeutic interventions and preventative services	235 (61%)	84 (54%)
Access to learning and development and career progression	208 (54%)	85 (54%)
Other benefits or opportunities	57 (15%)	56 (36%)
Total	**385 (100%)**	**157 (100%)**

When asked about the benefits of including social work planning, assessment, commissioning and accountability within the NCS (Q32), the most frequently selected benefits were “More consistent delivery of services” (448 out of the 543 (83%) who responded to this question overall, 322 out of the 385 (84%) individuals and 125 out of the 157 (80%) organisations) and “Better outcomes for service users and their families” (383 out of the 543 (71%) overall, 272 out of the 385 (71%) individuals and 110 out of the 157 (70%) organisations).

There were 278 respondents who suggested other benefits or opportunities or who made other comments here. These responses included themes such as: more joined up working; more resources; consistency in practice across Scotland; better leadership; and raising the profile of social work in general.

“In my opinion local authorities are sadly failing in their duty currently. They are unable to meet the needs of the vulnerable and there are far too many managers. The service needs to be revamped completely and perhaps an NCS where there is improved communication and more sharing of responsibility health and social care wise.” (Social worker)

“Social workers are spread thinly. We need specialised social workers identified to support the complexities involved in supporting people with profound and multiple learning disabilities (PMLD).” (PAMIS (Promoting a More Inclusive Society))

Several comments related to the need for more resourcing and funding to achieve these benefits. Several suggested that no benefits are likely to accrue unless funding and resourcing are addressed. Some respondents also highlighted a perceived lack of parity between the social work and health sectors.

“Social work as a profession has been sidelined throughout integration by health services. Integration has been largely driven by health and social work does not have the respect it deserves as a profession with health staff generally treating social workers as there to do their bidding in terms of service commissioning and provision.” (Social worker)

Social Work Scotland highlighted the need to avoid creating more silos under the reforms:

“This section of the consultation… provides a fair, if very brief and partial, description of challenges faced by the profession in the current system, and our concerns about reform creating even harder edges between the siloed components of our care and health systems. Hard edges which ignore the interdependent lived reality of people’s lives, and which impede the provision of holistic, empowering support and advocacy for individuals, families and communities.” (Social Work Scotland)

Comments also related to, as throughout the consultation, the need for consistency and standardisation on the one hand, and responsiveness to local needs on the other. It was also highlighted in this section, again as elsewhere in the responses to the consultation, that greater clarity is required in relation to the role of Chief Social Work Officer and leadership in social work in general. There was a view that there is a risk that the role of the Chief Social Work Officer would be undermined and that it should be strengthened locally and nationally.

“The current functions of Chief Social Work Officers include professional quality assurance, governance, operational management within which social workers deliver local authority responsibilities. This role cannot be diminished in a National Care Service but must be strengthened at national and local level.” (Scottish Association of Social Work)

“There is general agreement that all adult social work and social care should be included within the scope of the NCS. Again there was a desire to understand in more detail what implications there are for the role of the CSWO and a general call for more detail in relation to what is proposed.” (Moray Council)

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

There were 443 responses to Q33 on the potential risks of having social work planning, assessment, commissioning and accountability located within the National Care Service were (Q33). Commonly cited risks included:

- The potential loss of local understanding
- The potential loss of accountability
- A potential lack of understanding of social work and a risk of it being overshadowed by other services

Some respondents highlighted the risks that the likely disruption will pose to services and costs.

“None of the above benefits have been demonstrated to be better under proposed arrangements compared to risks involved of dislocation of services and increased overheads. Also loss of local accountability through local democracy.” (Representing or supporting carers and people who access care and support and their families)

“Risks include the separation from wider community planning and delivery infrastructures on which individuals and families equally rely and a disconnect from local scrutiny and accountability.” (Angus Council)

“Funding and resourcing, if not properly funded and resourced, could significantly damage services and negatively impact people who require support. Having social work planning, assessment, commissioning and accountability located within the NCS adds significant responsibility which might dilute the ability to deliver on promises.” (Epilepsy Scotland)

“Loss of local accountability, and recognition of services and practitioners; risk of implementing large scale solutions in small scale systems which creates unnecessary bureaucracy that diverts resources from front line care; the length of time to implement these changes risks slowing down positive changes that are already underway.” (NHS Orkney)

A number of respondents also suggested there were no risks associated with the proposals in their view.

Nursing

Q34a. 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

	Individuals	Organisations
Yes	173 (55%)	60 (50%)
Yes, but only in care homes	25 (8%)	9 (7%)
Yes, in adult care homes and care at home	51 (16%)	12 (10%)
No	65 (21%)	40 (33%)
Total	**314 (100%)**	**121 (100%)**

There was support for the leadership role of Executive Directors in assuring that the safety and quality of care provided in social care is consistent and to the appropriate standard (Q34a) with only one in four disagreeing. Over half (234 out of 436 respondents (54%)) stated “yes”, nearly one in 10 (34 out of 436 respondents (8%)) said only in care homes and 14% (63 out of 436 respondents) said “Yes in adult care homes and care at home”. A quarter disagreed (105 out of 436 respondents).

Organisations rather than individuals were more likely to say “no”. For individuals, social workers were less convinced that the ‘Executive Directors of Nursing should have a leadership role’ initiative with just under a quarter (14 out of 59 respondents (24%)) of them agreeing with this statement unequivocally.

Just over half of the 60 social workers who responded to this question said “yes” compared to three quarters of respondents overall. There was also a difference in opinion between the 12 local authorities and the 16 health board representatives that responded to this question. Of the 12 local authority respondents, 6 (50%) said no, whereas of the 16 health board responses, 12 (75%) said yes.

There were 286 respondents who gave a reason for their answer to this question. These comments suggest that views are mixed: some welcomed the consistency of care this would bring, some others thought that social care would be overshadowed by nursing.

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?

A majority also supported the NCS being given responsibility for overseeing and ensuring consistency of access to education and professional development of social care nursing staff, standards of care and governance of nursing (Q35a) with two thirds of the respondents agreeing (267 out of the 418 (64%)) that responded to this question).

Just over a quarter thought it should be the responsibility of the NHS (108 out of 418 respondents (26%)). Individuals tended to be more likely to say it should be the responsibility of the NHS (84 of 308 (27%) compared to 24 of 109 organisations (22%).Those that agreed that it should sit in the NCS tended to suggest that this was to:

- Break down any stigma around care
- Provide fair access to training
- Create consistency in standards
- Promote equity across all services

Comments in relation to this issue included:

“Yes. If the National Care Service is responsible for these areas of practice, and this workforce, then it should also have responsibility for overseeing and ensuring consistency of access to education and professional development. Social workers employed within these services should continue to be aligned to the SSSC, with the constructive additionally of the National Social Work Agency to support wider workforce planning and development.” (Social Work Scotland)

Those that stated it should be the responsibility of the NHS suggested a range of reasons why, including the existing expertise and structures in the NHS and the need for education and professional development to stay within the relevant professional bodies.

“[A] dilution of skilled leadership across many different bodies would lead to potential inconsistencies and delivery. Nursing is largely situated within the NHS and it would be good to see the governance of all nursing sitting in single structures. This I would foresee extending to specific training opportunities for care at home staff also allowing a better service user experience.” (Ayrshire and Arran Local Medical Committee Limited)

“There should be one standard for nurses overseen by the NHS and the NMC. Creating a two tier system will give the impression of nursing with the social care field as being secondary to NHS nursing and reduce the number of nurses willing to work within the social care sector.” (Person accessing care and support and social worker)

“As is proposed above, professional leadership will be undertaken by the Executive Director of Nursing in the Health Board to then give responsibility of overseeing professional development etc. to the National Care Service appears to further confuse the issue. The approach which makes most sense would be to align the professional leadership with the governance responsibility and have this as part of the role of the Executive Director of Nursing. This would offer nurses working in the social care field the same opportunities as those working within the NHS.” (MS Society Scotland)

“[The] technical competence of Nursing must remain with the NHS otherwise nursing skills will be insufficient.” (Carer and Person accessing care and support)

“I'd like to see it sit within the remit of the Chief Nursing Officer for Scotland and the highly effective national nursing governance framework that exists. This should apply across nursing no matter where it is delivered.” (Individual who works or has worked in the management of care services)

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?

There was strong agreement when the consultation asked whether, if CHSCBs are created, Executive Nurse Directors should have a role within the Boards which has accountability to the NCS for health and social care nursing with 312 of the 397 (79%) respondents to Q36a stating “yes”. Individuals tended to be more positive than organisations about this proposal ((233 out of 291 respondents (80%)) of individuals versus (78 out of 105 respondents (74%)) of organisations), however a lower proportion of individual social workers agreed (35 out of 53 respondents (66%)).

There were 163 responses to the free text element of this question. Alternatives suggested included the NHS and the need to include other relevant professionals. The Royal College of Nursing in Scotland emphasised that the role of the Executive Nurse Directors should be clearly defined and that accountability should be at the corporate rather than the individual level. The Executive Nurse Directors Group also called for greater clarity around accountability.

“The scope of the role of Executive Nurse Directors, or their Community Health and Social Care Board equivalents should be clearly defined. The distinction between the areas for which they will be responsible and accountable and those of other roles with statutory functions - for example, the Director of Public Health or the current Chief Social Work Officer - should be unambiguous and transparent. It is important that the ultimate responsibility and accountability for nursing staffing, standards and governance is corporate - it is the Board, whether the NHS Board or the Community Health and Social Care Board, that must be

accountable, rather than an Executive Nurse Director or any other individual Board or staff member." (Royal College of Nursing)

"Our preference would be for nurse directors to have oversight across the NHS and CHSC boards with the ability to delegate to a nurse on the CHSC board. This would allow the Nurse Director to exert the influence and leadership necessary at regional and local levels to continuously improve peoples' quality of care. However greater clarity is needed on lines of accountability to the NHS and NCS, the role of the CNO and the roles of supporting national organisations." (Scotland's Executive Nurse Directors Group)

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)?

A majority who responded to Q37a (241 out of 388 respondents (62%)) agreed that justice social work should be included in the remit of the NCS. There was no real difference between individuals (176 out of 287 respondents (61%)) and organisations (64 out of 100 respondents (64%)) in agreement with this statement.

There were, however, some differences by groups: frontline care workers (62 out of 86 respondents (72%)); care providers and support organisations, private sector (4 out of 6 respondents (67%)) were more positive about the proposals and social workers (45 out of 85 respondents (53%)) and respondents who stated that they worked in local authorities (3 out of 14 respondents (21%)) less so. Please note that the number of respondents in some of these groups is relatively low so caution should be taken in considering or interpreting any potential differences by subgroup.

There were 278 respondents who gave a reason for their response. Reasons given by those who agreed included:

- The need to keep all forms of social work together so that justice social work staff and people accessing care and supports are not isolated
- Keeping standards consistent
- Offending behaviour is often linked to other care needs
- Integrated services are more likely to be effective
- Equitable access across Scotland

Other comments relating to justice social work emphasised the need for joined-up working:

“If the purpose of NCS is joined-up working that improves the care of people needing care then justice work must be part of this. People are 'whole people' and to separate justice would be seeing people in the justice system as 'defined' by that part of themselves. And people move in and out of the justice system so a joined up way is important.” (Person accessing care and support and someone who is or has been a frontline care worker)

Several respondents again highlighted the need for more detail on the proposals, with the Criminal Justice Voluntary Sector Forum (CJVSF) highlighting, for example, that the changes in the Community Justice (Scotland) Act 2016 were introduced following a long consultation and development process and evidence is only now beginning to emerge and to be analysed as to the impact of the changes. CJVSF called for more analysis to be undertaken of the advantages and disadvantages of Justice Social Work being incorporated into the proposed NCS. This was echoed by the Glasgow City Health and Social Care Partnership:

“Services such as justice social work services are most effective when located within the localities in which such services are provided. [We] have indicated in the negative for this question. However if proposals for the NCS go ahead and the issue of scope is within that context [we] think Justice Social Work should be included. However there remains a level of concern regarding the lack of detail of what this will mean for Justice Social Work within the consultation document and potential substantive consequences of a National Care Service for Justice Social Work. We also note the lack of consultation and independent review of Justice Social Work ahead of the publication of the consultation paper. [We] however see the benefit of moving with our social work profession to a NCS… and would have concerns if Justice Social Work was to sit separately to this arrangement.” (Glasgow City Health and Social Care Partnership)

The third of respondents who disagreed, gave reasons such as:

- The proposed NCS is too large and centralised
- There is a need to reflect local requirements
- Justice social work should remain with local authorities
- Justice social work is a specialism

Social Work Scotland stated that this question was difficult to answer in a binary format:

“As with previous and subsequent questions in this ‘scope’ section, the issues at play are too complicated, and the detail provided on the NCS structure too limited, to answer ‘yes’ or ‘no’... [A]fter much debate, we have concluded that a commitment to maintaining a united profession is not sufficient grounds to support all social work services moving into the NCS. Each discipline within social work operates in unique contexts, and the relative merits of inclusion in the NCS need to be assessed thoroughly for each, alongside alternative reforms. We do not deny or reject that the changes proposed in the consultation might represent improvement, but more work is needed to ensure that they represent the best possible next step in the reform of critical public services.” (Social Work Scotland)

The Promise highlighted the Independent Care Review finding that a criminal justice response was often inappropriate for children and young people who have experience of Scotland’s ‘care system’:

“Support needs to be put in place at the earliest opportunity, and prior to escalation into offending… There is opportunity within a National Care Service to ensure that a more holistic and trauma informed approach is taken with children and young people caught up in the care and justice ‘systems’... If this proposal is adopted, there must be sufficient community-based alternatives provided when offending does take place.” (The Promise).

“Community Justice is a broad agenda. There are concerns about the uncertainty caused by the consultation proposals concerning both The Promise and the likely Children’s Social Work shift to a position outside Local Authorities. Both the Promise and Children’s Social Work are important parts of early intervention work. Presently, there is a great deal of policy work ongoing and it is not clear how this will join up. There are also a range of strategies that should be aligning. As a result, the implications of the consultation could make this a very complex landscape.” (COSLA)

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?

Almost a third of respondents to the section on the possible inclusion of Justice Social Work in the NCS, did not answer the question on the timing of such a move (Q38a). Of those who did answer, 166 out of 268 respondents (62%) thought that it should happen at the same time as other social work services. There were 197 respondents who gave a reason for their response. Reasons given included, amongst others:

- The need for consistency with other services
- The sense that if reform was done in a piecemeal form, it may not happen at all
- The need to maintain parity with other branches of social work

NHS National Services Scotland, for example, highlighted the need for a whole system approach in relation to social work and justice social work.

“Again this supports the whole system approach around social work and justice social work systems, data and service planning, to deliver effective prevention and intervention attributes. This can support improved outcomes, integrated financial planning and resource allocation on a case by case basis.” (NHS National Services Scotland)

Those who thought it should move at a later stage suggested:

- The complexity of the changes to be made
- The size of the proposed new organisation
- The length of time it will take to incorporate the other services

“To change everything immediately could pose huge risk, perhaps a phased approach including incorporating lessons learned from other areas or similar work would enable a more sustainable way forward. Engaging with local people, their families, Carers and communities would be essential to the whole process.” (Person accessing care and support)

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)

	Individuals	**Organisations**
More consistent delivery of justice social work services	142 (73%)	52 (68%)
Stronger leadership of justice social work	77 (40%)	37 (49%)
Better outcomes for service users	143 (74%)	55 (72%)
More efficient use of resources	130 (67%)	48 (63%)
Other opportunities or benefits	47 (24%)	31 (41%)
Total	**194 (100%)**	**76 (100%)**

Nearly three quarters of respondents to Q39 agreed that the main potential benefits of justice social work being included in the NCS might be “More consistent delivery of justice social work services” (195 out of 271 respondents (72%)) and “Better outcomes for service

users" (199 out of 271 respondents (73%)) with nearly three quarters of respondents to this question citing both. Out of the 271 responses to this question, 194 respondents classified themselves as individuals and 76 as organisations.

There was no real difference at the overall level between individual and organisations at Q39, although organisations did tend to identify "Stronger leadership of justice social work" as a benefit compared to individuals (36 out of 76 (47%) of organisations which responded to this question compared to 77 of the 197 individuals (40%) who responded to this question). There was no real difference across the subgroups, with the exception of people accessing care and support and unpaid carers who were more likely to select "More consistency of services" (22 out of 26 (85%) people accessing care and support and 70 out of 88 (80%) of unpaid carers). Please note however that the number of people accessing care and support responding to this question is relatively low so caution should be taken in interpreting this figure.

When asked to suggest other opportunities or benefits, respondents (182) gave a range of responses, including:

- Greater consistency across different services
- A more multi-service approach to issues and greater collaboration
- Better outcomes for individuals who have committed offences
- It enables a holistic approach to the people accessing care and support' wider family
- Potentially less stigma for the person accessing care and support

Several respondents said there would be no benefits and a few said there would need to be more detail and more consultation before they could comment.

There was little difference in respondents' level of agreement with each of the potential risks and challenges, as listed in the question (Q40):

- Less efficient use of resources (123 out of 239 respondents (52%))
- Worse outcomes for people accessing care and support (120 out of 239 respondents (50%))
- Poorer delivery of justice social work services (116 out of 239 respondents (49%))
- Weaker leadership of justice social work (115 out of 239 respondents (48%))

There were 194 respondents who provided a free text comment at Q40. Other risks that were identified here included:

- A loss of focus for justice social work
- A loss of "voice" for justice social work given its relatively small size in relation to the other services
- A loss of specialist knowledge - there was also a view that leadership and management should have a professional justice background

- A dilution of services due to competing demands and the potential risk to the ring-fenced justice social work budget
- The need to balance consistency with meeting local needs, especially in rural and remote areas
- Cultural differences between the agencies

Again, as previously in this section, some respondents highlighted the need for greater detail on the proposals before they could comment in more depth.
“The partnership views the consideration given to Children and Families and Justice Social Work (JSW) within the document as insufficient to appropriately reflect and consult upon the complexity of service planning and delivery, including partnership working required to meet the needs of people within these areas of social work.” (North Lanarkshire Community Justice Partnership)

Q41. Do you think any of the following alternative reforms should be explored to improve the delivery of community justice services in Scotland?

Respondents were asked whether any alternative reforms, from a list of options, should be explored, with the aim of improving the delivery of community justice services in Scotland at Q41.

For individuals, half selected “Establishing a national body that focuses on prevention of offending” (113 out of 226 respondents (50%)), followed by 30% who said “Establishing a national justice social work service/agency with responsibility for delivery of community justice services” (68 out of 226 respondents (30%)).

For organisations, “Establishing a national body that focuses on prevention of offending” was also selected most frequently (24 out of 76 respondents (32%)), followed by “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” (21 out of 76 respondents (28%)).

Only ten respondents in total (10 out of 303 respondents (3%)) stated that there should be no reforms at all. There were 138 free text responses to this question. In general, respondents did not tend to suggest alternative reforms at Q41. Instead, comments were provided around:

- Hybrid models balancing national and regional control
- The need for more resourcing and funding for Community Justice Services
- The need for a focus on prevention and rehabilitation

Again, there was some feedback that there was insufficient detail in the consultation document to comment. Several respondents stated that there should be a review of the

current system of community justice services in Scotland before any reforms are undertaken.

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?

When asked whether community justice partnerships be aligned under the proposed "Community Health and Social Care Boards" on a consistent basis, nearly two thirds of the respondents to Q42a agreed (201 out of 323 respondents (62%)).

There were 323 responses to this question, of which 242 were from individuals and 80 from organisations. There was no real quantitative difference between individual and organisation responses to Q42. There were 171 respondents who gave a reason for their response to this question. Reasons given by respondents who agreed to this question included:

- Streamlined delivery and reduced duplication of work
- Consistency
- The benefits of aligned boundaries between different statutory organisations
- A desire for national standards and local delivery

One respondent also highlighted the needs of "fragile" island communities in this regard.

For those that disagreed (121 out of 322 respondents to this question), 63 respondents provided a reason for their disagreement. These included: the need for an alignment with the justice system rather than social work; the impact on existing arrangements including Community Justice Partnerships; and the risk that justice social work would become marginalised in a broader organisation.

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?

A majority of respondents (233 out of the 324 (72%) who responded to this question) agreed that giving the responsibility for social care services in prisons to a National Care Service would improve outcomes for people in custody and those being released.

There was no real difference in response between individuals and organisations who responded to this question. However, amongst those respondents that receive, or have received, social care or support tended to demonstrate lower levels of agreement with the proposal to give the National Care Service responsibility for social care services in prisons (22 out 37 respondents (60%)).

Overall, there were 217 free text comments on this question. Reasons given by those who agreed with the proposal included:

- Increased support for prisoners with mental health problems or learning disabilities
- Smoother transitions at the point of release
- Higher standards of service and potentially reduced offending
- The need for the human rights of prisoners to be respected
- The ageing prisoner population and the subsequent need for greater support for this group

There was a view in some quarters that this would lead to a much more joined-up approach.

“The current system operates very much in isolation, linking more closely and affiliating with the national service will encourage greater alignment to local assets within the control of the NCS.” (NHS Borders)

Of those that disagreed with giving the responsibility for social care services in prisons to the NCS, 49 of the Citizen Space respondents gave a reason for their responses. Common themes included:

- The need for a local approach and for strong links between prisons and community-based services, especially at the time of release
- The complexity of social care in prisons and the risk that this complexity might delay the introduction of the NCS
- The need for increased budgets and more staff
- The lack of evidence to support the change given that prison social care was not included in the IRASC

“The difficulty with social care in prison is the relationship between guards who quite rightly have to ensure safety in prisons and maintain rules and social care workers who work with acceptable risk and who will challenge rules that unnecessarily discriminate against those who require social care. If a National Care Service can give social care workers the gravitas that they deserve in prisons so that they are seen as equal professionals that would have a significant impact. In terms of those being released, linking in with the local services would result in a better outcome rather than a national service.” (Individual respondent)

“Our members provide care to those with severe mental illness in a prison setting, who have specific support needs from both clinical and social care. We would be concerned that rolling these services into a National Care Service body would significantly dilute the specialism and the expertise that is already in place to meet their needs. We are also unsure whether the case is made here for the benefits of transferring responsibility. Those who are moving out of forensic settings, though, often fall between gaps in care delivery between forensic settings and whole-population services. Including this population of ‘leavers’ within the wider system, if possible, could potentially address these barriers. Further detail on how this would be achieved is needed.” (RCPsych in Scotland).

Some of those that disagreed with the proposals stated that the proposals required further consideration and also more investment.

“It is not clear what additionality would be gained by having prison social care fall under a NCS.” (Midlothian Council)

“There is no need for a National Care Service but there is a requirement to ensure consistency of social care both within and outwith prison.” (Person accessing care and support and social worker)

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?

A large majority (311 out of the 341 (91%)) of those that answered Q44 thought that access to care and support in prisons should focus on an outcomes-based model. Organisations were slightly more likely to say “yes” than individuals. In line with responses seen at Q43a for individuals, a lower proportion of respondents that receive, or have received, social care or support the idea of an outcomes-based model approach for prisons (27 out of the 36 (75%) respondents to this question).

Of the 341 respondents that said yes, 151 gave a reason for their response. Some of the themes emerging from the comments provided included:

- The need for high standards of care regardless of setting

- The need to take a human rights-based approach
- The need for personalised care plans

Specific comments provided in this context included:

“Yes, each prisoner should have an outcomes focused care plan in place supported by a holistic assessment. This should consider what services are required during [the] sentence which flows seamlessly into the community. This would ensure that prisoners get access to the right support and treatment in prison and a rehabilitation plan in place for release.” (Aberdeen City Council)

“The views and wishes of individuals are central to a human rights-based approach, and in delivering person-centred outcomes. They should therefore be promoted at every stage during a person’s imprisonment and to ensure a successful, seamless reintegration to the community upon release.” (The Care Inspectorate)

“This "outcomes based model" is just jargon. But the criminal justice system requires partnership working. For decent housing links to local authorities will be crucial. The proposed attack on local authorities and their workforce that the proposed removal of all their responsibilities represents would appear to be a superb way of reducing the effectiveness of through care and aftercare, whilst hiding behind the jargon enshrined in the focus on "outcomes".” (Carer and social worker)

Alcohol and drug services

Q45 What are the benefits of planning services through Alcohol and Drug Partnerships?

The main benefits of planning services through Alcohol and Drugs Partnerships (Q45) were: “Better coordination of Alcohol and Drug Services” (267 out of the 328 (81%) who responded to this question) and “Better outcomes for service users” (246 out of the 328 respondents (75%)). Organisations were more likely to say “Stronger leadership of Alcohol and Drug services” than individuals (59% and 47% respectively).

Other benefits cited included:

- Multidisciplinary approaches and partnership working
- A senior focus on issues that were perhaps on the periphery of care in the past
- Local knowledge and insight into current challenges
- Support for children in families who may be at risk of substance abuse

Some of the comments provided in relation to this question referenced the importance of tailored solutions and the need for collaboration between services.

“Tailored solutions in response to local need and reflecting local resources.” (Orkney Integration Joint Board)

“Alcohol and Drug Partnerships have an important role to play in bringing together a range of organisations who work with people living with harmful substance misuse. The collaborative approach has the potential to facilitate the development of important and shared understanding across services, with better knowledge about the impact of parental drugs and alcohol misuse on children.” (NSPCC Scotland)

Q46 What are the drawbacks of Alcohol and Drug Partnerships?

The main drawback of Alcohol and Drug Partnerships (ADPs) was thought to be “Confused leadership and accountability” as selected by the 166 out of 241 respondents (69%) that answered this question (Q46). This was more so the case for individuals (116 out of 159 respondents (73%)) than organisations (48 out of 80 respondents (60%)). There were 171 respondents who provided a free text comment here. Other drawbacks suggested by this group included:

- A perceived lack of clear leadership in some areas
- A perceived lack of accountability in partnership working
- The need to include the views of those with lived experience
- The need to account for local variations
- Support is provided on a Monday to Friday basis rather than around the clock

“Ensuring that there are effective links between ADPs and local governance will be critical. However, much greater clarity is needed to understand the relationship between the ADP as a commissioning and delivery body between the NHS Board and Local Authority and the NCS.” (Scottish Directors of Public Health group)

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

A large proportion (276 out of the 361 (77%) respondents to this question) agreed the responsibilities of the Partnerships should be integrated into the CHSCBs. There was no real difference between responses from individuals and organisations. Some of the reasons provided by the 131 respondents who agreed with this proposal included:

- Greater accountability
- More consistency and coordination and cross-boundary working
- A holistic approach to individual needs
- Greater integration of services
- Alcohol and drug addiction is recognised as a major factor in negative outcomes
- There is a need for a national, standardised approach
- There is a need for a focus on education and preventative measures

“There are some clear benefits, particularly when looking at this from the perspective of those with complex needs, who would most benefit from integrated services which consider the wider needs and disadvantages which would must be addressed in order for recovery to be progressed and maintained. These themselves though are not an argument for reorganisation as proposed as they are already part of IJBs and the present HSCPs.” (Cyrenians)

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

Respondents were asked if there were better ways of managing Alcohol and Drug services to provide better outcomes for people (Q48). There were 212 responses to this free text question. Common examples provided by respondents included:

- Better linkages with mental health services
- Better access to services outside the service users’ local authority area
- More joined up working and multidisciplinary teams
- More preventative work and education
- More funding and staffing
- Involving people with lived experience in ADPs

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

A large majority (254 out of the 317 (80%) that responded to Q49) agreed that residential rehabilitation services could be better delivered through national commissioning. Individuals were slightly more likely to agree than organisations (82% compared to 76%).

There were 218 respondents that gave a reason for their answer. These included:

- Better access to services, including residential rehabilitation, outside the service user's local authority area, ending a perceived "postcode lottery"
- More consistency of approach across Scotland
- Economies of scale

There were several comments about the need for more residential settings in general. Those that said "No" at Q49a tended to reference the need for local solutions.

"There is a risk that if a national approach was adopted then it would be weighted towards those areas with greatest need and inhibit innovation and responsiveness at a local level." (Community Planning Aberdeen)

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

When asked what other specialist alcohol and drug services could or should be delivered through national commissioning (Q50), suggestions from 181 respondents to this question included:

- Detox support
- Family support
- Education and prevention services
- Specialist services

"There is a strong requirement to better support people within their local communities - this needs far greater investment into local third sector organisations - and also procurement processes that are longer term to allow sustainability of services and development of local expertise and trust." (Primary Care Leads network)

The importance of close links between alcohol and drugs services and mental health services was also highlighted:

"Mental health and substance use support needs to become further integrated. We know it can be extremely difficult for people to access support for both substance use and mental health, and understand the Scottish Government is aiming to achieve integration through a

National Care Service." (Scottish Families Affected by Alcohol and Drugs (SFAD); Scottish Recovery Consortium (SRC))

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?

Finally, in this section, the consultation asked whether there are other ways in which alcohol and drug services could be planned and delivered to ensure that the rights of people with problematic substance use to access treatment, care and support are effectively managed (Q51). There were 208 comments on this question. Common themes included:

- The importance of giving people with lived experience a voice in services
- Linked to this, the importance of peer-to-peer support
- Early intervention and the need to avoid lengthy referral routes
- The need for more resources
- More collaboration between the relevant services

The need for ownership of a person's care and the links between addiction and mental illness was highlighted by one person accessing care and support:

"For care to be successfully implemented it needs to be at the centre of everything. This might mean having people with lived experience working to deliver support: to care is to readdress power imbalances too. A better understanding on how drugs and alcohol affect not just the individual, or even the wider economy, would help services become more community focused and less stigmatised. Scotland is suffering an epidemic of sadness: deaths from alcohol, drugs and suicide are causing a totally different bereavement process for those these deaths leave behind. An important issue with the integration of mental health and recovery services concerns lack of ownership for a person's care. There is ample research that tells us that mental illness and addiction go hand in hand, but it's so often the case that people within the system are pushed from one service to the other." (Person accessing care and support)

Mental health services

Q52 What elements of mental health care should be delivered from within a National Care Service?

Over 400 people responded to the question on the elements of mental health care should be delivered from within an NCS (Q52). There was a consistent percentage of around three quarters that agreed that: primary mental health services; Child and Adolescent Mental Health Services: Community mental health teams; Crisis services; Mental health officers and Mental health link workers should all be delivered from within an NCS. In particular, almost nine in ten frontline care workers, within the individual grouping, suggested that community mental health teams should be delivered from within the NCS.

A wide range of "other" comments were given in relation to this question (from 252 respondents), referring to diverse issues including:

- Perceptions that current funding and resourcing levels for mental health are not sufficient to meet demand
- The need for better and more timely access to mental health services
- Recruitment and retention of mental health staff
- The need to improve the transition from CAMHS to adult mental health services

Some used this space to suggest that mental health services should remain in the NHS. There were also several comments in this section that there were not enough details in the consultation to comment on the proposals.

"Clarity is needed as there is very little detail relating to mental health services in the consultation document." (NHS Dumfries and Galloway)

"The consultation document leaves a great deal of room for interpretation and in order to understand the risks and opportunities of any proposals, a more clearly defined proposal for these services would need to be developed together." (NHS Scotland Board Chairs and Chief Executives)

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?

When respondents were asked how the Scottish Government should ensure that the mental health elements in the NCS link effectively to other services e.g. NHS services (Q53), 338 comments were provided. These comments tended to reference themes such as:

- The need for quicker referrals
- Increased use of multi-disciplinary teams
- Improved communication across all services, including better information sharing i.e. through single electronic records

- Closer alignment and joint working between NHS Scotland and the proposed NCS
- The importance of accountability at all levels
- The need for more funding for mental health services

Specific comments included:

“Collaboration is key, with services integrated as much as possible.” (Psychological Therapies for Older People NHS Lanarkshire)

“It is generally accepted that there is a mental health crisis in Scotland with existing services unable to deal with the volume of referrals. Tackling this will require a multi-agency approach (NHS, NCS and Third Sector) with the most serious cases being treated by specialists within the NHS.. [the] third Sector and NCS working closely to deliver care. Shared information and joint working between mental health teams and caregivers is essential.” (ME Action Scotland)

“We would suggest that bringing mental health under one area would improve services, but moving further away from the NHS would be a risk.” (Ayrshire and Arran Local Medical Committee Limited)

“It is important to consider that humans are complex beings and that defining people with either physical or mental health problems may not fully meet population needs and individual needs may not meet with traditional service eligibility criteria. A ‘No Wrong Door’ policy in mental health should be the ordinary approach in both NCS and NHS services. Early intervention and prevention are key to ensuring people’s needs and are met before they reach an acute level. Additionally, social care staff should be embedded directly within mental health teams and services to ensure effectiveness or vice versa.” (The Royal College of Occupational Therapists)

There were some comments about the needs of specific groups of people with learning disabilities or conditions such as autism and the need for consistency and training for care workers in relation to their requirements:

“Autistic people often have experience in falling between the gaps in mental health care services. This occurs where there are local criteria for accessing specific services and no service identified for those that do not meet these criteria and yet still have mental health challenges. This can be compounded by lack of knowledge of autism within some specific teams. Therefore a more consistent approach where problems can be identified at a national level and solutions and responsibilities clarified would be welcomed.” (Organisation respondent)

Overall, around two thirds (26 out of the 40 (65%)) of Easy Read respondents agreed that all the areas listed should be in the scope of an NCS (Q12). There was a strong majority agreeing that all mental health services (Q13) should be in scope: the top two responses were primary mental health services and community mental health teams (32 out of 39 respondents (82%) for both).

National Social Work Agency

Q54 What benefits do you think there would be in establishing a National Social Work Agency

There were relatively high levels of agreement with the suggested benefits of establishing a National Social Work Agency amongst the 448 people that gave a response to this question (Q54) as follows: improving training and Continuous Professional Development (385 out of 448 respondents (86%)); supporting workforce planning (346 out of 448 respondents (77%)) and raising the status of social work (345 out of 448 respondents (77%)).

There were 227 respondents that provided a comment on this question. Other benefits identified by them included:

- Greater consistency in social work standards across Scotland
- Greater empowerment of the profession
- Improving understanding and therefore the profile of social work
- Potential consistency in pay grades and scales
- Potential to deliver clear leadership for the sector

“For those working in and leading the profession, the establishment of a National Social Work Agency is a vital piece in the jigsaw of reform, providing the levers we collectively need to plan, develop and improve social work in Scotland. It will be complementary to existing bodies, assuming responsibilities that currently no one holds, and bringing greater coordination in areas where various partners have a role.” Social Work Scotland

“The Health Board supports the role of a national agency to raise the status and profile of social work.” (NHS Forth Valley)

“There would be greater consistency if it allows social work to speak with one voice and establish equality in practice across the many areas in which qualified workers operate- local authorities, third sector, hospitals, prisons etc. This should better prepare newly qualified social workers for their role.” (Sacro)

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

There were 320 responses to this free text question. Many respondents did not foresee any risks to the establishment of a National Social Work Agency. The risks that were cited tended to relate to:

- The potential for increased bureaucracy
- The loss of local knowledge and practices if there is too much centralisation
- Risks that the transition phase may result in harm to people accessing care and support

“A national approach may overlook the different requirements at a local level and or take an approach to workforce planning which doesn't recognise difference and looks to a one size fits all model.” (Social Worker)

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

There was also a majority of respondents in favour of the proposed agency being part of the NCS (Q56a) (280 out of the 423 (66%) that responded to this question). At the overall level, there was no real difference between the responses of individuals and organisations. However, respondents identifying as social workers are less likely to agree that a National Social Work Agency should be part of the National Care Service (49 out of 105 respondents (47%)). Reasons given by those that agreed with the proposals included:

- The need to raise the profile of social work
- The integration of social care and social work
- Easier access to a range of services
- A reduction in duplication and more streamlined services

“It is important that professional social work is not separated from social care more widely but interfaces with it.” (UNITE Edinburgh & Forth Not For Profit Branch)

“It is important that professional social work is not separated from social care more widely but interfaces with it.” (Scottish Hazards)

Those that disagreed tended to state that they disagreed with the concept of a National Care Service and had concerns around centralisation.

“I am opposed to centralisation unless it is restricted to certain areas of work. We need to ensure that central control does not affect the localised delivery of service that is able to adapt to the unique circumstances and needs of the different areas of Scotland.” (Person accessing care and support)

Q57 Which of the following do you think that a National Social Work Agency should have a role in leading on?

In terms of where the leadership responsibilities of the proposed Agency should lie (Q57), the top three responses were: social work improvement (355 out of the 437 (81%) that responded to this question); social work education (358 or 82%); and a national framework for learning and development (356 or 82%). “Other” responses (provided by 167 respondents) included: a standardised approach to complaints and accountability; and social workers’ terms and conditions. Several respondents asked how the National Social Work Agency would interact with the Scottish Social Services Council and other existing bodies.

“I think it is safe to say that if a National Social Work Agency were to be established there would need to be very careful consideration given to its relationship with a wide range of other entities currently in existence inter alia the SSSC, CoSLA, the Care Inspectorate, CELCIS, CYCJ, universities, SASW, the SWU.” (Social worker)

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

Chapter overview

This section of the report considers the proposals for reforming current Integration Joint Boards (IJBs) into Community Health and Social Care Boards (CHSCBs) which would act as the local delivery bodies for the NCS, funded directly by the Scottish Government.

Governance model

Around three quarters of the 435 respondents to this question agreed that Community Health and Social Care Boards (CHSCB) should be the sole model for local delivery of community health and social care in Scotland, with individuals (212 of 277 respondents to this question (77%)) and organisations (115 of 158 respondents to this question (73%)) broadly similar in terms of levels of agreement.

Benefits mentioned included greater standardisation across Scotland, as well as helping to improve equality of access to services, although some were concerned about the potential lack of local decision making and that a “one size fits all” approach would not work. The majority of respondents also agreed that CHSCBs should also be aligned to Local Authority boundaries.

Membership of Community Health and Social Care Boards

A range of roles were suggested as potential members of the Boards, including people with lived experience and frontline workers. There was a view that their involvement should be meaningful and that they should not be included in a tokenistic way. In line with this, there was a strong majority in support of the proposal that all Board members should have voting rights (358 of 405 responses overall and 90% of individuals and 86% of organisations that answered this question).

Community Health and Social Care Boards as employers

A large proportion (283 of 362 respondents (78%)) agreed that the Boards should employ Chief Officers and their strategic planning staff directly. Other comments in relation to this question referenced the need to avoid unnecessary bureaucracy and for strong leadership.

Introduction

This section of the report considers responses in relation to reforming Integration Joint Boards (IJB). It sets out the level of agreement with the proposals for reforming current Integration Joint Boards (IJBs) into Community Health and Social Care Boards (CHSCBs) which would act as the local delivery bodies for the NCS, funded directly by the Scottish Government. This would be the sole model for local delivery of community health and social care in Scotland to ensure the ambition for consistent, quality delivery across services.

Governance model

There were 435 responses to the question on whether “one model of integration” should be used throughout Scotland and the majority of individuals (212 out of the 277 respondents (77%)) and organisations (115 out of the 158 respondents (73%)) agreed that Community Health and Social Care Boards (CHSCBs) should be the sole model for local delivery of Community Health and Social Care in Scotland (Q58a).

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?

	Individuals	Organisations
Yes	212 (77%)	115 (73%)
No	65 (24%)	43 (27%)
Total	**277 (100%)**	**158 (100%)**

For individuals, there was a difference in response between the social workers and frontline care workers who responded to the consultation : with the latter more in favour of the proposal (76 out of the 87 frontline care workers (87%) that responded to this question compared to 44 out of the 64 social workers (69%)). People accessing care and support who responded to this question were also more likely to be positive (with 37 of the 45 (82%)). Private and third sector providers were also in favour with 56 out of the 68 providers who responded to this question in favour.

There were 314 free text responses provided to this question. Those who agreed with the proposals tended to reference:

- The current fragmentation created by the use of different IJB models
- Standardisation would help equality of access to care services across Scotland
- Greater integration will result in better communication

Some comments also referenced the need for simplicity and efficiency, reducing the perceived complexity in the current system, and the perception that integration had not really been achieved.

“It makes sense to have a consistent approach across the country which is helpful as people often move around between different geographical areas.” (Self Directed Support Scotland)

“There is a lack of connection between health boards, councils, social care and public health. No joined up thinking.” (Unpaid carer)

There were also some comments about the need to respect the context of remote and rural areas, including the Islands.

Those that disagreed suggested:

- Local areas should be able to set their own priorities
- There should not be a “one size fits all” approach
- There were some concerns that integration has not worked in all circumstances

“Better integration of care offers the potential for improved outcomes for people receiving care and support and more effective use of resources but the importance of the community-based aspects of care need to be recognised.” (The Homecare Association)

“We have different experiences. Rural areas are different again. [We] can't have one size fits all approach to everything” (East Renfrewshire Health and Social Care Partnership)

“ Whilst we can see the benefits of a consistent approach to integration across the country, there will undoubtedly be examples of various local configurations that are very different but equally effective for their local communities. Strategic planning, service design and delivery, that effectively meets the needs of communities, requires to be done as close to those communities as possible and, just as importantly, in conjunction with those communities. This has remained an aspiration for all Integration Joint Boards and should continue to be the case with Community Health and Social Care Boards. Continuing to align these Boards with local authority boundaries keeps the proximity of decision-making appropriately local and manageable.” (Orkney Island Council)

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?

	Individuals	Organisations
Yes	216 (78%)	141 (88%)
No	62 (22%)	20 (12%)
Total	**278 (100%)**	**161 (100%)**

There were 440 responses to Q59 with regards to Local Authority alignment with the majority of individuals (216 out of 278 respondents (78%)) and organisations (141 out of 161 respondents (88%)) agreeing that Community Health and Social Care Boards should be aligned with local authority boundaries.

Of the respondents who used the Easy Read format, 23 out of the 38 (61%) agreed that the Community Health and Social Care Boards should cover the same areas as councils (Q14).

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

There were 250 responses to the question on what, if any, alternative alignments could improve things for people accessing care and support (Q60). Some suggested the alignment should be with health boards and some suggested that there should be flexibility in approach depending on the area. Some degree of alignment with education and housing were also referenced by a small number of respondents.

In this context, some also noted: the need for a national approach; a review of public administration in general in Scotland; and the need to include people accessing care and support in any decision-making. Some suggested, as can be seen below, that there may need to be different arrangements to meet the needs of people accessing care and support (perhaps with complex needs) in rural and remote areas. Specific comments in relation to Q60 on alternative alignments included:

“The Health and Social Care should [be] one for the whole of Scotland not separated out into regions as at present. The present system creates an unfair system with different authorities supplying different services.” (Unpaid carer)

“Whilst the overall alignment should be within local authority boundaries, it will be appropriate to allow further breakdowns within that arrangement for local authorities having a large geographic area, e.g. the Highlands, Argyll and Perthshire, or with local authorities having small populations and being grouped with others, e.g. Stirling and Clackmannanshire, East Renfrewshire and Glasgow.” (Person accessing care and support)

“There was overwhelming support in the SASW survey (84%) in question 58 for the CHSCBs to be aligned to local authority areas. Questions were raised about whether the 32 local authority areas should remain or if they need to be reduced. Reductions in numbers of local areas might bring reduced inconsistencies and improvements in implementation. There was some thought that the CHSCBs could be aligned to the 14 health board areas giving hospital-based services and community-based services in each health board area which could be renamed to reflect the inclusion of social care. Irrespective of what is agreed, it is important that people who need support get the best support/service possible to meet their needs with decision making as close to them as possible and the staff who work in the organisation(s) providing support are recognised, valued and appropriately rewarded for the work they do.” (Scottish Association of Social Work)

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

When respondents were asked whether the change to Community Health and Social Care Boards would have any impact on the work of Adult Protection Committees (Q61), there were 209 responses to this question. There were mixed views and a degree of uncertainty over whether there would be any impact on the Committees. Some suggested that Adult Protection Committees should be independent, others suggested that more integration is required. Some suggested that child protection should also be considered. There were also several comments to the effect that more information is required to allow respondents to contribute in more detail.

“There is no explicit mention of [the Chief Officers Groups] within the consultation or their relationship with Community Health and Social Care Boards. As the Boards will potentially have responsibilities for activities beyond Adult Services it may be helpful to consider overall impact upon Public Protection. Current arrangements work well and ensure clear focus on local protection activity. Additional clarity would be required regarding the role of COG and relationship with Community Health and Social Care Boards before being able to comment further.” (West Lothian Council)

“Adult Protection Committee (APC) are now reasonably well established and a current round of inspection activity is currently underway across Scotland to provide a level of assurance to the Scottish Government relating to key operational activity and strategic leadership… Where concerns may arise is where any separation of social work functions may take place as this would introduce risk to the coherence of the overall public protection agenda. The potential impact on APC will relate to the scope of responsibility given to CHSCB and how relationships develop beyond the current arrangements. There are strong links across adult services and children and families services through the Inverclyde Chief Officers group currently. These can and should be retained.” (Inverclyde Council Health & Social Care Partnership)

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?

Q62 in the consultation addressed the membership of the planned Community Health and Social Care Boards. It stated that the Community Health and Social Care Boards will have members that will represent the local population, including people with lived and living experience of accessing health and social care and carers, and will include professional group representatives as well as local elected members. It then asked whether there is anyone else who should be represented on the Community Health and Social Care Boards. There were 319 responses to this question which included the following suggestions:

- People with lived experience
- Frontline workers
- Funders
- GPs
- Community nurses
- Teachers
- Policing
- The third sector

There were also comments around the balance of representation, ensuring that the inclusion of people with lived experience was not a token gesture, and creating a balance between including disparate voices and keeping decision-making focused on a pragmatic number of people so that the board size was reasonable.

“Equality and diversity of representation will be essential in any proposed Board.” (NHS Tayside Nursing, Midwifery and Allied Health Professions Response)

In relation to representation on the Boards (Q15), respondents to the Easy Read consultation suggested:

- People accessing care and support (people with lived experience)
- Frontline staff and key workers
- Relatives of people in care homes
- Other practitioners

It was noted by a few respondents to the Easy Read questionnaire that there needs to be a “shift in power” from the previous system and that these groups of people should be supported to help their participation.

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?

	Individuals	Organisations
Yes	227 (90%)	131 (86%)
No	26 (10%)	21 (14%)
Total	**253 (100%)**	**152 (100%)**

There were 405 responses to Q63 with regards to voting rights. The vast majority of individuals (227 out of 253 respondents (90%)) and organisations (131 out of 152 respondents (86%)) agreed that all Community Health and Social Care Board members should have voting rights.

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?

Respondents were asked whether there were other changes that should be made to the membership of Community Health and Social Care Boards to improve the experience of people accessing care and support (Q64). There were 260 responses to this question. Common themes included:

- The need for the Boards to be people-focused
- The need for users to have support to represent themselves, perhaps through an advocate
- The need to ensure that Boards are accessible and inclusive, including consideration to timing and location of meetings and provision of accessible papers and materials
- The inclusion of frontline staff
- The need for transparency and accountability e.g. through the regular publication of board minutes
- A focus on co-design

"The commitment to engaging people who access support and families must be real. The Boards should demonstrate a commitment to co-production and ensure that their involvement does not become tokenistic." (Community Integrated Care)

Community Health and Social Care Boards as employers

Currently, the Integration Joint Boards' chief officers, and the staff who plan and commission services, are employed either by the local authority or Health Board. The Independent Review of Adult Social Care proposed that these staff should be employed by the

Community Health and Social Care Boards, and that the Chief Executive should report directly to the Chief Executive of the National Care Service. This section of the report considers responses in relation to the 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?

	Individuals	Organisations
Yes	189 (78%)	94 (78%)
No	52 (22%)	26 (22%)
Total	**241 (100%)**	**120 (100%)**

The majority of individual respondents (189 out of 241 respondents (78%)) to this question agreed that the CHSCBs should employ Chief Officers and strategic planning staff directly. A similar proportion of organisations were also in favour of this.

There were 232 responses to the question on whether there are any other staff the Community Health and Social Care Boards should employ directly (Q66). Respondents provided comments and suggestions on:

- Technology and IT staff to support the digital infrastructure
- Administrative staff
- Social work and social care staff
- Representation from each relevant professional body
- Representation from nurses and carers

“Lead nurse, lead social worker, lead medical officer. To ensure professional standards including the need for staff governance are met.” (A friend or family member of mine receives, or has received, social care or support)

Other comments in response to this question tended to relate to:

- The need to avoid additional bureaucracy and layers of management
- The need for visible and strong leadership
- Consistent terms and conditions, given the disparity between terms and conditions between those employed by the NHS and those employed by Local Authorities.
- The need for clarity on the role of local authorities before this could be finalised
- The need for more detail on the proposals in general

“There must be careful consideration of issues of local decision-making, accountability and proportionately. Any case for change must be linked to a demonstrable public interest justification and must deliver improvements for the end users of social care services.” (Law Society of Scotland)

“Someone needs to be accountable and responsible for delivering the local strategy and achieving the mission of the local CHSC Board. They must have the authority and must have the resources to go and make it happen, BUT again within an appropriate national redesign and commissioning framework.” (Blue Triangle)

There were several comments to the effect that further details would be required before a full discussion of the issues took place.

“For both Questions 65 and 66 there are fundamental issues which first need to be worked through… If a CHSCB was to be an employer, what terms & conditions of employment would it use? Would existing staff be transferred from the NHS Board and the local authority? Has any analysis been made of the impact of this proposal on the NHS Board and the local authority and their capability to carry out their functions? …There needs to be clarity on the implications of the proposals in the consultation on what functions and services local authorities and NHS Boards will be responsible for… By focusing on just senior management and strategic planning roles, this appears to be limiting the scope of what CHSCBs will do.” (NHS Lothian)

“We have not ticked yes or no to this question as the issue is complex and requires careful consideration of detail which is not presented in the consultation paper.” (UNISON - South Ayrshire Local Government Branch)

7. Commissioning of services

Chapter overview

This section of the consultation addressed the ways in which the National Care Service can embed ethical principles at a local level to deliver support and solutions for better consistency of access, drive up quality and secure person-centredness

Structure of Standards and Processes

A majority of respondents (347 out of the 420 (83%) that responded to this question) thought that a NCS should be responsible for developing a Structure of Standards and Processes. A similar proportion agreed that a Structure of Standards and Processes will help to provide services that support people to meet their individual outcomes. Some thought that local as well as national considerations should be taken into account.

Market research and analysis

A smaller proportion, but still a majority, agreed that a NCS should be responsible for market research and analysis (230 of 368 respondents (63%) agreed). There was no real difference in response between individuals and organisations. Comments here related to the need for independent research and consideration of local circumstances.

National commissioning and procurement processes

A majority also agreed (279 out of the 369 (76%) that responded to this question) that there will be direct benefits in moving the complex and specialist services as set out to national contracts managed by the NCS. Comments here related to the fact that the current system is perceived as disjointed; people should get the same help wherever they are; and the need to maintain an understanding of local needs.

Introduction

The intention of the Scottish Government is that ethical commissioning and procurement will become a cornerstone that the NCS will use to oversee continuity of approach at a local level. This section of the consultation addressed the ways in which the National Care Service can embed ethical principles at a local level to deliver support and solutions for better consistency of access, drive up quality and secure person-centredness. It has three main sections: Structure of Standards and Processes; market research and analysis; and national commissioning and procurement 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?

	Individuals	Organisations
Yes	213 (82%)	133 (84%)
No	48 (18%)	25 (16%)
Total	**261 (100%)**	**158 (100%)**

There was widespread agreement from the 420 responses to Q67 that the NCS should be responsible for the development of a Structure of Standards and Processes with 83% of respondents in total in agreement. There was no real difference between the responses from individuals and those from organisations. Of those who disagreed, nearly half thought the Community Health and Social Care Boards should be responsible for the Structure of Standards and Processes.

There was also a high level of agreement with the statement that the Structure of Standards and Processes will help to provide services that support people to meet their individual outcomes, with 334 out of the 395 respondents (85%) overall selecting “yes”.

A majority of the people who answered Q16 the Easy Read format, (35 out of the 42 (83%)), agreed that the NCS should be responsible for planning and buying services.

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

	Individuals	Organisations
Yes	208 (84%)	125 (86%)
No	41 (17%)	20 (14%)
Total	**249 (100%)**	**145 (100%)**

Overall, there were around 100 comments provided for this question. For those that agreed, comments tended to reference consistency of care across Scotland and cost-effectiveness:

“[I] support this to avoid postcode lotteries. My daughter is funded by Scottish Borders whilst her neighbour is funded by Glasgow, my daughter is definitely better provided for than [the] Glasgow person. I don’t think this is fair.” (Unpaid carer)

“Finance and resourcing is a huge issue which often results in change and restructure to fit what resources are available. This causes inconsistencies and affects efficiency. There needs to be a body which sets the appropriate standards in the hopefully consistent processes being applied.” (Organisation respondent)

“We agree that if established, a National Care Service should be responsible for the development of a Structure of Standards and Processes. They should take on a strategic decision-making role, but consider that Scotland Excel would be the appropriate body to carry out national procurement.” (Angus Council)

For those that disagreed, key reasons provided included: the need for independence; the risk of overburdening the NCS; and the potential for bureaucracy and duplication.

“It will be a huge endeavour to set up a NCS. It will be easier in the first instance to utilise what is already available. Given that Scotland Excel has a proven track record of national procurement and commissioning it would be easier to set out the expectations for the organisation and expect it to deliver. Once other elements of the NCS are bedded in or established, if Scotland Excel is unable to deliver then the NCS can bring it in house.” (Individual respondent)

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

A similar proportion of respondents to this question agreed that it will contribute to better outcomes for social care staff (Q69), with 331 of the 393 (84%) respondents to this question agreeing. Individual social workers were slightly less likely to agree, with 40 out of the 54 respondents (74%) in agreement.

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

There were several comments on the Structure of Standards and Processes provided at Q70 although many of the 211 respondents to this question said nothing more was required. These comments mainly related to perceptions that:

- Standards should be outcomes-based
- There should be flexibility to reflect the needs of local populations
- Training and development for staff should be included
- There should be a commitment to continuity and sustainability of services

“The move to an outcomes-focused approach to care and support, with a focus on prevention, is very welcome. We hope that the NCS presents an opportunity to end the regional variation in commissioning and to provide nationally consistent ways of working, where there is absolute consistency in the support that people can expect.” (Community Integrated Care)

Some addressed the need to balance national consistency with local flexibility:

“We would like to see a requirement to promote innovation as well as building on the lessons learned from existing good practice. There needs to be a greater emphasis on the importance of balancing consistency at the national level with the importance of a local understanding of context, need and geography for all services, including those for complex and specialist services.” (Care Inspectorate)

“Enshrine local as well as national considerations in all commissioning and procurement processes.” (North East Sensory Services (NESS))

Several respondents noted that commissioning should not only be driven by the cost or the “bottom line”:

“An ethical commissioning and procurement approach must include more than the bottom line. It must include Fair Work, terms and conditions, and aim to measure value delivering a fairer, outcomes focused, empowering social care support system that strives for continual improvement, participation and collaboration and delivers for all, those who need social care support and those who deliver it.” (Alzheimers Scotland).

There were also a few comments around the current commissioning arrangements and the role of Scotland Excel:

“Local Authorities already have the option to participate in national contracts and framework agreements through Scotland Excel or they can choose to develop their own local solutions. This approach recognises that there is not a one size fits all approach to the delivery of key social work and social care services and that many services that impact on a person’s health and wellbeing require wider linkages with areas such as housing, employability, education, public safety and protection.” (West Lothian Council)

“We fail to understand why the Scottish Government would not build upon, and resource appropriately, Scotland Excel who have extensive skills and experience in commissioning at a national and local level. The discussion here should be about adequate resourcing for ethical commissioning rather than the view that the current commissioning is failing.” (Organisation respondent)

Market research and analysis

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

A majority of respondents to the question on whether the NCS should be responsible for market research and analysis, 230 out of the 368 (63%) who responded to this question, agreed that it should (Q71). There was no real difference between organisations (85 out of 134 respondents (63%)) and individuals (145 out of 233 respondents (62%)) who responded to this question.

For those that disagreed (138 out of 368 respondents (38%)), other suggestions included the CHCSBs and the Care Inspectorate, but these were selected by a relatively small number of respondents (25 for each). There were 158 text responses to this question. Most of the comments provided at this question were broadly related to:

- The need for independent research
- Consideration of the local perspective
- The benefits of including academia and other partners
- The benefits of greater data sharing between relevant bodies to improve planning processes

“[It] should be aligned with and supported with academic research.” (Individual respondent)

“A national approach makes sense for wider national needs but this risks losing the local differences and requirements which should come under the CHSCB.” (Social worker)

The Scottish Association of Social Work (SASW) highlighted the work that has been done over a number of years to improve information gathering and sharings and noted the risk that these advances may be lost in a new system. In its submission, the SASW suggests that a less siloed approach will help strategic planning:

“One of the challenges across social services has been the lack of a national overview of intersecting data that together, if analysed, would give a fuller and more accurate picture of demand patterns. This should influence and guide commissioning and purchasing arrangements. Currently this data remains within each individual organisation with limited sharing facilitated through the Integration Joint Board structure. The lack of information and data sharing has restricted long term strategic planning aspirations and affected commissioning and procurement processes.” (Scottish Association of Social Work)

National commissioning and procurement services

There were over 360 respondents to the question regarding whether there will be direct benefits in moving the complex and specialist services, such as; care for people whose care needs are particularly complex and specialist, custodial settings including prison, residential care homes and care home contracts, to national contracts managed by the NCS (Q72). Of these, 279 out of the 369 respondents (76%) were in agreement. A small number (44 out of 76 respondents (58%)) suggested the CHCSBs.

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?

	Individuals	Organisations
Yes	185 (78%)	93 (71%)
No	51 (22%)	39 (30%)
Total	**236 (100%)**	**132 (100%)**

Two thirds of respondents to the Easy Read questionnaire agreed that it would benefit people if complex and specialist services are managed by the NCS (25 out of the 39 respondents (64%)). Over a quarter had no preference (Q17).

Overall, comments in relation to this question referenced themes such as:

- The system is not currently working and is somewhat disjointed
- People should get the same help wherever they are
- There is a need to maintain local knowledge
- There needs to be clarity about how the proposals will be resourced financially, including for third sector involvement

8. Regulation

Chapter overview

This section considers the regulation of services under the proposed NCS. It addresses: the core principles for regulation and scrutiny; strengthening regulation and scrutiny of care services; a market oversight function; and enhanced powers for regulating care workers.

There was a general agreement with the ten Principles proposed for regulation and scrutiny. Several respondents noted that care should be taken not to overburden providers with too much regulation or scrutiny and that regulation should be proportionate. The Scottish Human Rights Commission and the Equality and Human Rights Commission suggested that there should be explicit reference to human rights legislation in the Principles. Overall comments related to the need for the Principles to be clear and in Plain English and to reflect the views of people with lived experience.

There was also strong support for the proposals outlined for additional powers for the regulator in respect of condition notices, improvement notices and cancellation of social care services.

There was also strong support that the regulator should have a market oversight function with 170 of 202 (84%) of individuals and 113 of 130 (87%) organisations who responded to this question in agreement. Around nine in ten thought that this function should apply to all providers, not just large providers.

There was support for the proposal that the regulator should have formal enforcement powers which enable them to inspect care providers as a whole as well as specific social care services, with again nine in ten in agreement (295 of 320 respondents to this question).

A large majority of people agreed that the regulator's role would be improved by strengthening the codes of practice to compel employers to adhere, and to implement sanctions resulting from fitness to practise hearings.

There was a view that all workers in the care sector should be regulated, with Social Work Assistants and Personal Assistants mentioned in particular.

Introduction

The consultation considered arrangements for scrutiny, assurance and inspection of care services to be provided under the NCS and for the education and professional development of those working within these sectors.

The Scottish Government proposes that the scrutiny, inspection, and regulation of care services and the workforce should be undertaken independently of the National Care Service (NCS). The consultation document states that regulation should be guided by an important set of principles shared by people who use services and the sector and by a people centred and human rights based approach. It also set out proposals to strengthen and improve enforcement powers when services fail to provide the quality of care people require and to ensure the social care workforce is supported.

Core principles for regulation and scrutiny

Q73 Is there anything you would add to these core principles?

The consultation document proposed ten core principles for regulation and scrutiny. The majority of the 285 respondents to this question did not suggest any additions to these core principles. Comments relating to the core principles included common themes such as:

- Care should be person directed and there should be input from families and carers in the design and development of services.
- There should be negative consequences for failing to meet the principles
- How will the principles be measured?
- There should be a greater focus on driving improvement
- It should be clear to the public about how they can access inspection reports
- There should be a human rights-based approach to the workforce

Please note that this is not an exhaustive list. Respondents also highlighted the need to avoid overburdening providers and working in a collaborative fashion.

“The principle that regulation should not get in the way of delivering care but should enhance it. The regulator should acknowledge that bombarding care homes with lots of guidance and need for returns etc. gets in the way of delivering care” (Representative of a third sector provider)

“The impact of the process of regulation and scrutiny on the service and the people who use it should be minimal. Methods should be collaborative and focused on improvement rather than fault-finding.” (North East Sensory Service (NESS))

Both the Scottish Human Rights Commission and the Equality and Human Rights Commission suggested a stronger and more explicit reference to human rights and equality law in the Principles, particularly in relation to Principles 1, 7, 8, 9 and 10.

Overall, an independent regulator was welcomed. The alignment of this regulator with other public bodies was also highlighted as important.

“We support the concept of introducing scrutiny principles which hold the NCS accountable for delivering consistently high standards of care. But the NCS’ approach to improvement, scrutiny and regulation, training and development must take a human rights-based approach and be aligned to existing public health systems and materials e.g. the Care Inspectorate Scotland, Healthcare Improvement Scotland, Public Health Scotland.” (Marie Curie Scotland)

“The proposed principles were welcomed but with much need to consider how these would be put into practice in reality. Under the NCS, consideration would need to be given as to how to deliver Children’s Services and Adult Services in terms of governance structures under one agency.” (Moray Council)

“Principle No. 4 needs to be further considered. The breadth of the proposed NCS and the number of professional groups that will fall within its remit, will require consideration to be given to how the various regulators work collaboratively to support the delivery of coherent professional standards.” (Community Planning Aberdeen)

Q74 Are there any principles you would remove?

There were 205 responses to Q74. The majority of people did not suggest that any of the principles should be removed. Some comments to this question related to common themes such as:

- There are too many standards
- The text could be edited down or simplified
- Regulators should act to support improvement

“There is a need to shorten, streamline and clarify the principles as set out. Rather than a simplistic view of whether they should be added to or removed, they need to be much clearer in terms of purpose and intent.” (Association of Directors of Education in Scotland)

“The creation of the NCS offers us all the opportunity for a renewed focus on the need for clear and consistent regulatory oversight and practice rooted in the National Standards and in a non- clinical approach to care. It has to articulate the appropriate role and balance of regulation in providing assurance and scrutiny as well as driving and supporting improvement.” (North Ayrshire TSI)

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

When asked whether there are any changes which need to be made to the principles (Q75), there were 225 responses, many of which said “no”. There were however a small number of comments, which included the following broad themes:

- The Principles are very general
- The Principles should be clear and in Plain English
- The Principles should be person-focused
- More value needs to be place on the opinions and voices of people with lived experience
- Regulation and scrutiny should be proportionate and relevant
- The regulator should add value to the bodies scrutinised
- The Principles should evolve over time

Several respondents noted again the difficulty of commenting on the Principles. In some cases, this was attributed to the need for more detail or the fact that the respondent disagreed with the concept of a NCS.

Three quarters of the Easy Read respondents (31 out of the 39 (80%) who responded to the question) agreed with the list of principles (Q18).

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?

	Individuals	Organisations
Yes	186 (90%)	98 (84%)
No	21 (10%)	19 (16%)
Total	**207 (100%)**	**117 (100%)**

A majority, 285 out of 325 respondents (88%), to the question on the proposals outlined for additional powers for the regulator in respect of condition notices, improvement notices and cancellation of social care services stated that they agreed with the proposals. These can be found on page 112 of the consultation document and in Appendix 2 of this report.

A slightly higher proportion of individuals agreed with the proposals compared to organisations. There was no real difference in subgroups.

There were 168 respondents to this question who gave a reason for their answer. Their comments here tended to refer to the need for a timely and effective response from regulators to protect vulnerable people and that giving the regulators more powers is to be welcomed.

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

There were 189 free text responses to Q77. Additional potential enforcement powers that were suggested for the regulator to effectively enforce standards in social care included:

- Legal powers to enforce that required changes are made
- Ability to bar providers with previous poor performance
- More unannounced and more frequent visits by the regulator
- More detailed inspection of providers that closed down voluntarily and then reopened

A majority of respondents to the Easy Read consultation agreed that the Care Inspectorate powers should be stronger (24 out of 38 respondents (63%)) although a sizable proportion had no preference (11 out of 38 respondents (29%)). These respondents (those that agreed that powers should be stronger) thought that the Inspectorate's powers should be exercised more frequently, especially in relation to "repeat offenders" (Q19).

Market oversight function

The majority of the 333[4] respondents that answered this question agreed that the regulator should develop a market oversight function, with strong levels of support from both individuals and organisations.

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

	Individuals	Organisations
Yes	170 (84%)	113 (87%)
No	32 (16%)	17 (13%)
Total	**202 (100%)**	**130 (100%)**

There was also strong support for this market oversight function to apply to all providers (280 out of 309 respondents overall (91%)) and not just large providers (Q79).

[4] Please note that, as we have noted in Chapter 2, not all respondents identified as an individual or an organisation. This means that, in some instances, the overall total will not be the sum of the individual and organisational responses.

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

	Individuals	Organisations
All	176 (91%)	103 (90%)
Large providers only	18 (9%)	13 (11%)
Total	**193 (100%)**	**115 (100%)**

It was also thought that social care service providers should have a legal duty to provide certain information to the regulator to support the oversight function (283 out of 313 respondents overall (90%)) (Q80). There were similar levels of agreement between the 195 individuals and the 117 organisations that responded to this question.

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

	Individuals	Organisations
Yes	162 (85%)	90 (83%)
No	29 (15%)	19 (17%)
Total	**191 (100%)**	**109 (100%)**

The majority of respondents to the question on formal enforcement powers for the regulator (253 out of 301 respondents (84%)) agreed with this proposal.

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

	Individuals	Organisations
Yes	188 (92%)	106 (92%)
No	16 (8%)	9 (8%)
Total	**204 (100%)**	**115 (100%)**

A large majority (295 out of 320 respondents overall (92%)) agreed that the regulator should be empowered to inspect providers of social care as a whole, as well as specific social care services.

There were 193 respondents who provided a reason for their response to Q82. These reasons included:

- The need for inspection to be done holistically
- To drive high quality of care across the entire sector and promote consistency across all sectors and geographic areas
- To enable the regulators to monitor patterns and trends

“Providing the regulator with this market oversight function would provide assurance nationally to allow better scrutiny, risk and contingency planning across private, voluntary and the public sector provision of these services.” (East Ayrshire Council and East Ayrshire Integration Joint Board)

Of the respondents to the Easy Read questionnaire, 24 out of 35 (69%) agreed that the Care Inspectorate should have powers to better understand the care market (Q20). A few respondents stated that this would be important to ensure fair treatment for all. Others, however, questioned the premise, based on the view that the regulator would not have sufficient understanding of the market to be able to provide an oversight role.

Enhanced powers for regulating care workers and professional standards

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

The majority of people who responded to the open ended question **"**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? " (329 respondents) appear to be in favour. Specific comments referenced themes such as:

- The need to sanction employers as well as employees
- It will help to raise standards
- It will encourage employers to provide more training opportunities for staff

"We believe the regulator's role would be improved by strengthening codes of practice to compel employers to adhere to the codes of practice and to implement sanctions resulting from fitness to practice hearings." (See Me)

"NES welcomes any strengthening of the requirement on employers to fulfil their obligations in line with the SSSC codes of practice specifically in supporting employees to undertake all necessary qualifications and continuous development within the required timescales to achieve and maintain their professional registration." (NHS Education for Scotland)

Other comments highlighted the pay levels of care staff and their levels of responsibility while another suggested that any sanctions should be proportionate.

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

Nearly all of the 319 respondents to this question stated that stakeholders should legally be required to provide information to the regulator to support their fitness to practise investigations (Q84). Comments here related to the need to focus on the rights of people accessing care and support; the need to have a firmer regime and clarity around who the stakeholders are.

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

When respondents asked how regulatory bodies could work better together to share information and work jointly to raise standards in services and the workforce, there were 229 comments. These respondents referenced a number of themes including:

- A much greater emphasis on information and data sharing
- Co-ordinated standards

- A single regulatory body or a single inspectorate

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

When asked what other groups of care workers should be considered to register with the regulator to widen the public protection of vulnerable groups (Q86), the general answer was all care staff or all those that work with vulnerable children and adults. There were 230 responses to this question.

Social Work Assistants and Personal Assistants were mentioned in particular. One respondent suggested that the regulator should focus on a framework for workforce development rather than protection as protection would follow through.

When respondents to the Easy Read consultation were asked what groups of care worker should be considered to register with the Scottish Social Services Council (Q21), the general suggestion was that all care workers should be registered.

9. Valuing people who work in social care

Chapter overview
This section of the report considers the responses to proposals for a 'Fair Work Accreditation Scheme', the development of an integrated workforce planning system and the establishment of a national organisation for training and development within social care. The role of personal assistants and the support available to them are also addressed.

There was strong support for the concept of the Fair Work Accreditation Scheme amongst individuals and organisations alike (279 of 334 (83%) individuals and 144 of 177 organisations (81%) were in favour). There was a view that such a scheme would help underscore the value and importance of people who work in social care.

Improved pay and conditions for people working in the care sector were also supported, with, of the 507 respondents to this question, 83% ranking improved pay and 79% ranking improved terms and conditions (improvements to sick pay, annual leave, maternity/paternity pay, pensions, and development/ learning time) as factors that would make social care workers feel more valued in their role. Respondents highlighted however issues such as the need for parity of pay and terms and conditions across all sectors, including the private and third sectors, and between the NCS and NHS, and the need for more investment in the workforce as a whole.

The majority of respondents (411 out of 473 respondents (87%)) were in agreement that a national forum should be established to advise the NCS on workforce priorities, terms and conditions and collective bargaining which would include workforce representation, employers and Community Health and Social Care Boards. It was suggested that a national forum is an opportunity to give employees 'a voice' and would make the sector more attractive to recruits and increase engagement of staff.

The majority of respondents agreed that the NCS should set training and development requirements for the social care workforce.

There was also support for a national approach to workforce planning (341 out of the 453 (75%) who responded to this question).

The majority of respondents agreed that all Personal Assistants should be required to register centrally in the future (399 out of the 461 (87%) who responded to this question).

Introduction

This section of the report considers the responses to proposals for a 'Fair Work Accreditation Scheme', the development of an integrated workforce planning system and the establishment of a national organisation for training and development within social care. In addition to this, views were also gathered on whether personal assistants should be given the same provisions. The section covers: fair work; workforce planning; training and development; and personal assistants.

Fair Work

Q87a. Do you think a 'Fair Work Accreditation Scheme" would encourage providers to improve social care workforce terms and conditions?

	Individuals	Organisations
Yes	279 (83%)	144 (81%)
No	55 (17%)	33 (19%)
Total	**334 (100%)**	**177 (100%)**

There were 512 responses to the question about a 'Fair Work Accreditation Scheme'. The majority of both individuals (279 out of 334 respondents (84%)) and organisations (144 out of 177 respondents (81%)) agreed that the scheme would encourage providers to improve social care workforce terms and conditions.

There were no real differences by subgroup, with the exception of frontline care workers, with 92% in agreement. There were 300 free text responses to this question. Common themes here referenced:

- The need for equal provision across all settings
- The need to put the Scheme on a statutory footing
- The potential use of the Scheme as a key procurement criteria
- It would support staff in feeling valued
- Remuneration and Terms and Conditions could be inspected as part of the scheme

The minority who disagreed with the proposed Fair Work Accreditation Scheme, raised concerns about: the need to make the Scheme mandatory; levels of compliance in the private sector; existing challenges in recruiting and retaining staff at present and the ability or inability of employers to improve terms and conditions financially.

Some comments addressed the inequalities across sectors and the need for greater investment, while others emphasised the importance of local autonomy:

“The proposals potentially have significant implications for our workforce… Dumfries and Galloway Council has operated a successful programme of “growing our own" social workers for the past several years. We are concerned that the NCS proposals would disincentivise this programme, as the local authority would no longer be in control of workforce issues". (Dumfries and Galloway Council)

“I don't think you should have to implement another costly scheme for care providers to treat their staff fairly and pay them fairly.” (Individual respondent)

There was widespread agreement that the third sector should be given equal status in these proposals and that their circumstances needed to be taken into account in relation to the Scheme:

“The consultation paper proposes an opt-in scheme for providers. It is unclear how an opt-in scheme would work in practice and it could create difficulties for independent and third sector providers.” (Organisation respondent)

The Scottish Trade Union Congress stated that embedding the Fair Work principles of Security and Effective Voice in a National Care Service would require, in addition to improved pay:

- Collective bargaining, starting with trade union recognition, to ensure workers are represented effectively
- Improved employment contracts and terms and conditions to provide enhanced sick pay, paid rest breaks and address gender pay inequality
- An end to zero hours and precarious contracts to provide wage and job security
- Development of a national workforce plan to provide enhanced training and career progression opportunities

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)

Respondent Type	Individuals		Organisations		Total	
	Rank 1	Rank 1-3	Rank 1	Rank 1-3	Rank 1	Rank 1-3
Improved pay	221 (63%)	296 (84%)	92 (63%)	121 (82%)	313 (63%)	417 (83%)
Improved terms and conditions (improvements to sick pay, annual leave, maternity/paternity pay, pensions, and development/learning time)	64 (18%)	285 (81%)	20 (14%)	113 (76%)	84 (17%)	398 (79%)
Removal of zero hour contracts where these are not desired	31 (9%)	171 (48%)	8 (6%)	51 (35%)	40 (8%)	223 (44%)
More publicity/visibility about the value social care workers add to society	14 (4%)	69 (20%)	6 (4%)	37 (25%)	20 (4%)	106 (21%)
Effective voice/ collective bargaining	4 (1%)	26 (7%)	1 (1%)	9 (6%)	5 (1%)	35 (7%)
Better access to training and development opportunities	1 (0%)	54 (15%)	2 (1%)	27 (18%)	3 (1%)	81 (16%)
Increased awareness of, and opportunity to, complete formal accreditation and qualifications	0 (0%)	18 (5%)	0 (0%)	8 (5%)	0 (0%)	26 (5%)
Clearer information on options for career progression	0 (0%)	11 (3%)	0 (0%)	3 (2%)	0 (0%)	14 (3%)
Consistent job roles and expectations	4 (1%)	28 (8%)	1 (1%)	10 (7%)	5 (1%)	39 (8%)
Progression linked to	0	16	0	9	0	26

training and development	(0%)	(5%)	(0%)	(6%)	(0%)	(5%)
Better access to information about matters that affect the workforce or people who access support	0 (0%)	7 (2%)	0 (0%)	3 (2%)	0 (0%)	10 (2%)
Minimum entry level qualifications	4 (1%)	20 (6%)	2 (1%)	3 (2%)	6 (1%)	23 (5%)
Registration of the personal assistant workforce	1 (0%)	14 (4%)	0 (0%)	3 (2%)	1 (0%)	17 (3%)
Other	6 (2%)	11 (3%)	14 (10%)	18 (12%)	20 (4%)	29 (6%)

When asked what would make social care workers feel more valued in their role, improved pay was ranked first, out of a total of thirteen statements, for 313 out of 497 respondents (63%) and ranked in the top three by 417 out of 503 respondents (83%). Improved terms and conditions followed with 84 out of 497 respondents (17%) ranking first and 398 out of 503 respondents (79%) ranking in the top three.

There were 187 responses to the “other” option at Q88. Common suggestions and comments here included:

- Less paperwork and scrutiny
- Uniforms supplied to care staff
- Being valued by senior staff
- Training, including protected time for training and health and safety training
- Identifiable career pathways
- The balance between professionalising the workforce and retaining those who may have strong empathetic and interpersonal skills but may find it difficult to undertake formal qualifications
- The need for a media or public relations campaign to promote the sector

Several respondents highlighted the differences in pay and conditions across different sectors:

“The TSI Network proposes that priority should be given to leveling up pay, terms and conditions between health and social care and between the third and statutory sectors. This should include the importance of ensuring funding for third sector services allows for

incremental wage increases that are the norm across the statutory sector." (TSI Scotland Network)

"Pay and conditions differences between NHS and local authority staff remain unresolved. This consultation does not appear to be proposing any plans to address this. There is a risk that the significant investment proposed will, ultimately, not result in the increased workforce capacity needed to meet increasing demand… The terms and conditions for the NCS workforce should mirror the NHS workforce brand and status. There should be no risks to staff pensions, terms or conditions for any staff transferring from one organisation to another." (Health and Social Care Scotland Chief Officers Group)

Q89. How could additional responsibility at senior/managerial levels be better recognised? (Please rank the following in order of importance)

Respondent Type	Individuals		Organisations		Total	
	Rank 1	Rank 1-3	Rank 1	Rank 1-3	Rank 1	Rank 1-3
Improved pay	147 (48%)	235 (74%)	68 (50%)	93 (68%)	215 (49%)	328 (72%)
Improving access to training and development opportunities to support people in this role (for example, time to complete these)	50 (16%)	235 (74%)	18 (13%)	88 (65%)	68 (15%)	323 (71%)
Improved terms and conditions	58 (19%)	239 (75%)	22 (16%)	92 (68%)	81 (18%)	332 (73%)
Increasing awareness of, and opportunity to complete formal accreditation and qualifications to support people in this role	35 (11%)	155 (49%)	6 (4%)	53 (39%)	41 (9%)	208 (46%)
Other	16 (5%)	20 (6%)	21 (16%)	27 (20%)	37 (8%)	47 (10%)

Considering how greater responsibility at senior/managerial levels can be better recognised, improved pay was ranked first by nearly half (215 out of 442 respondents (49%)) and ranked in their top three by 328 out of 456 respondents (72%). Improving access to training and development opportunities to support people in this role followed, with one in five (81 out of

442 respondents (18%)) ranking it first and 332 out of 456 respondents (73%) ranking it within their top three choices.

Other responses at Q89 included: clear career structures; involvement in decision-making; pay linked to levels of accountability and responsibility; and better public recognition and value. There were some comments that all four options are of equal importance. There were 138 free text responses in relation to this question.

Q90a. 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?

	Individuals	Organisations
Yes	277 (87%)	133 (87%)
No	42 (13%)	20 (13%)
Total	**319 (100%)**	**153 (100%)**

The majority of respondents (411 out of 473 respondents (87%)) were in agreement that a national forum should be established to advise the NCS on workforce priorities, terms and conditions and collective bargaining which would include workforce representation, employers and Community Health and Social Care Boards.

As can be seen from the table above, there is no real difference in the responses from individuals and from organisations to this question. Overall, there were 223 free text comments provided for this question. Common themes from those in agreement included:

- It is an opportunity to give employees ‘a voice’ and increase communication
- It would make the sector more attractive to recruits and increase engagement of staff
- It would create consistency and equality across Scotland
- It would improve work conditions, including pay, and sharing of experiences
- It needs to be truly representative of all staff, locations and experiences including trade unions and key stakeholders
- It should become more in line with the NHS

“Anything to engage, motivate and encourage the workforce should be tried - particularly as recruitment and retention is going to be an ongoing challenge.” (Individual respondent)

“Establishing a national forum with workforce representation and collective bargaining sounds like a prerequisite for improving terms and conditions and placing social care on a more stable and sustainable footing.” (Individual respondent)

Some comments in relation to a national forum related to the need for greater clarity on how the proposed forum would fit within existing collective bargaining arrangements in Scotland.

“It is important to understand how any planned structures might sit within current governance arrangements for the NHS… it would also be useful for clarity in relation to where this might sit with existing structures involved in current collective bargaining arrangements, such as COSLA, and other NHS bodies such as STAC and SWAG. We would respectfully suggest that further clarity is required in terms of what the potential suggestion for the NCS and CHSCB workforce may be” (NHS Scotland HR Directors)

“The proposal to establish a national forum with workforce representation, employers, and Community Health and Social Care Boards to advise it on workforce priorities, terms and conditions and collective bargaining is worthy of exploration but replete with challenges, principally because there is no existing ability to represent the hundreds of employers in the sector.” (Quarriers)

Nearly all of the respondents to the Easy Read questionnaire (40 out of 41 respondents (98%)), agreed that the NCS should take action to make pay, working conditions and training and development for social care workers better (Q22 of the Easy Read questionnaire). Comments related to this question suggested that care workers should be paid much more and be given better, and more standardised, training. There was also a recognition that staff needed to be valued more and that this would help recruitment.

Workforce planning

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

	Individuals	Organisations
A national approach to workforce planning	210 (74%)	130 (77%)
Workforce planning skills development for relevant staff in social care	185 (65%)	130 (77%)
A national workforce planning framework	168 (59%)	124 (73%)
Consistent use of an agreed workforce planning methodology	173 (61%)	116 (69%)
National workforce planning tool(s)	153 (54%)	111 (66%)
An agreed national data set	140 (50%)	116 (69%)
Development and introduction of specific workforce planning capacity	141 (50%)	91 (54%)
Something else	37 (13%)	53 (31%)
Total	**283 (100%)**	**169 (100%)**

Individuals and organisations alike were in agreement that having 'a national approach to workforce planning' (74% of individuals and 77% of organisations) as well as 'providing skills development' opportunities for relevant staff in social care (65% of individuals, and 77% of organisations) would be the easiest way in which to plan for workforce across the social care sector.

There were 184 free text comments on this question. Other areas of suggested focus were:

- Better pay and conditions, limiting local variations in pay
- Registration of all staff and an awareness of standards would lead to more consistent services
- There are a diverse range of needs across Scotland: local variations need to be considered

In the open-ended responses to this question, there were mixed views on the relative advantages and disadvantages of a national versus a local approach. The need to take into account the requirements of rural and remote areas, including the Islands was also noted.

“Workforce planning within the front line social care workforce is very much influenced by local requirements and demands. It is difficult to see how this could be undertaken on a national basis” (West Lothian Council)

“It should be [the] same right across the country and the planning of delivery of this service will have adjustments for distance i.e. [in the] Highlands and Islands but the basic principles should apply” (Unpaid carer)

For some respondents, it was thought important to explore in greater detail the actual needs of the people accessing care and support and the actual care that is required before establishing a national structure. Other respondents noted the importance of a gender analysis, highlighting, for example, the circumstances of female social care workers in rural areas who may be reliant on public transport.

“The social care workforce and the settings they work in are not homogenous. Planning for and providing person-centred support requires flexibility, close knowledge of the supports being offered, the ability to match the skill sets needed for different support arrangements with the available staff who have those skills, and insight to any preferences that a supported person may have for who is part of their team. Doing this on a national scale across multiple locations and providers would be challenging.” (Key and Community Lifestyles)

Training and development

Currently, access to workforce development and the support offered to achieve qualifications and learning are variable. The responsibility for obtaining relevant qualifications for registration and continued employment lies with individual workers. With a projected shortfall of training provider capacity to meet the demand for qualifications required for social services registration over the next five years, NCS proposes setting training and development requirements that support both entry level staff and continuous professional development.

Q92a. Do you agree that the National Care Service should set training and development requirements for the social care workforce?

	Individuals	Organisations
Yes	283 (87%)	162 (90%)
No	41 (13%)	18 (10%)
Total	**324 (100%)**	**180 (100%)**

The majority of respondents, at Q92a agreed that the NCS should set training and development requirements for the social care workforce (283 out of the 324 (87%) individuals and 162 out of the 180 (90%) organisations who responded to this question).

Frontline care workers are more in favour of the proposal (106 out of the 113 respondents (94%)) than social workers (59 out of the 73 respondents (81%)).

When asked whether the NCS should set training and development requirements, the 317 respondents who responded to this question suggested:

- Training should be mandatory due to the many different areas that an individual worker can be responsible for
- It would develop appropriate skills and consistent quality of service/care, with greater consistency in training helping to improve standards
- It would help to build trust between partnerships and carers and their clients
- It would encourage recruitment and lead to confident, competent employees
- It would increase safety and the quality of care
- Training delivered bespoke to local issues is important as it can be variable depending on location

Social Work Scotland however stressed the importance of retaining some external responsibility for training and development:

“Regulators like the SSSC must retain responsibilities around training and development which precludes the NCS from having outright control.” (Social Work Scotland)

The main reasons for this view given by Social Work Scotland are that: large parts of the ‘social care’ workforce are already under the regulatory umbrella of the SSSC; and there is a he need for regulators to remain independent of the delivery part of the system,

Public Health Scotland highlighted the importance of training for unpaid carers as well:

“We believe that carers, paid or unpaid, should have access to proper training which allows them to support those they care for to ensure that they have the best quality of life. This must include the ability for them to engage with their local community and to take part in activities, including employment.” (Public Health Scotland)

While the Equality and Human Rights Commission highlighted the need for leadership, culture change and investment in training and in the wider context of equality:

“We agree that training and development requirements should be revised and improved, especially in relation to equality. Better performance on equality and the Public Sector Equality Duty will require a combination of leadership, culture change, and investment in people and resources. The Scottish Government should therefore consider how training and development can be offered as part of a broader package of measures to support improved performance in relation to equality.” (Equality and Human Rights Commission)

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?

	Individuals	Organisations
Yes	301 (90%)	163 (88%)
No	32 (10%)	22 (12%)
Total	**333 (100%)**	**185 (100%)**

There was also strong support at Q93 for the NCS providing and/or securing the provision of training and development for the social care workforce (301 out of the 333 (90%) individuals and 163 out of the 185 (88%)) organisations that responded to this question) agreed with this proposal.

Reasons given by those who disagreed with this approach tended to reference: the need for local or flexible solutions; the role of the SSSC, and the need to balance this with other statutory roles and responsibilities.

“No, because we do not want a monolithic social care sector. There needs to be a view as to what is mandatory and then services can add what they want to this. We also need to mindful that there is no verification system for training across the sector at present” (Individual respondent)

“I would suggest that there needs to be clarity regarding the role and responsibility of the National Care Service versus a National Social Work Agency, and how this will fit with the current governing bodies (SSSC and Care Inspectorate).” (Individual respondent)

Personal assistants

Respondents were asked to consider whether they agreed that all personal assistants (PAs) should be required to register centrally in the future (Q94a).

Q94a. Do you agree that all personal assistants should be required to register centrally moving forward?

	Individuals	Organisations
Yes	272 (86%)	126 (88%)
No	44 (14%)	18 (13%)
Total	**316 (100%)**	**144 (100%)**

The majority agreed that this should become a requirement with 87% (399 of the 461 respondents) to this question, in agreement. Overall, there were 279 responses to this question. Reasons provided by those in agreement included:

- It offers security and safeguarding of both the PA and the employer/vulnerable adult
- It ensures standards and pay are equal within the social care system
- It allows access to support and training for the PA
- It provides increased regulation and knowledge of the number of PAs and training record
- Protecting Vulnerable Group (PVG) checks should be a minimum requirement for PAs

For individuals, a higher proportion of frontline care workers (97 out of the 106 (92%) that responded to this question) as well as people in management of care services (94 out of the 101 (93%) respondents) agree that personal assistants should be centrally registered compared to people that receive, or have received, social care (42 out of the 55 (76%) respondents).

“This could work in a similar way to registered childminders in safeguarding vulnerable people. It would feel more professional and give the personal assistants value and self worth.” (Person accessing care and support)

“The levels of risk currently experienced by thousands of service users with a workforce that is unknown, unsupported and unscrutinised is unsustainable.” (Dunfermline Advocacy)

There were a few concerns around registration relating to the nature of the workforce with some respondents highlighting the risk of undue bureaucracy and potential financial costs on low paid and perhaps unpaid workers.

Respondents to the Easy Read Q23 tended to agree that personal assistants should be required to register in one place (25 out of the 38 (66%) that responded to this question) with a proportion (12 out of the 38 respondents (32%)) having no preference.

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

	Individuals	Organisations
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	248 (81%)	109 (74%)
National minimum employment standards for the personal assistant employer	242 (79%)	124 (84%)
Promotion of the profession of social care personal assistants	219 (72%)	106 (72%)
The provision of resilient payroll services to support the personal assistant’s employer as part of their Self-directed Support Option 1 package	217 (71%)	97 (66%)
Regional Networks of banks matching personal assistants and available work	210 (69%)	96 (65%)
A free national self-directed support advice helpline	187 (61%)	95 (64%)
Career progression pathway for personal assistants	176 (58%)	89 (60%)
Other	25 (8%)	42 (28%)
Total	**306 (100%)**	**148 (100%)**

There was a high level of agreement in relation to the type of additional support which may be helpful to a personal assistant or someone considering employing one. The most helpful support overall was considered to be ‘national minimum employment standards for the

personal assistant employer' (individuals, 79%, organisations 84%) as well as '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'.

Organisations believed that a more structured framework would be beneficial in terms of availability of regional networks of 'bank' staff (65%), payroll services (66%) and career progression pathways (60%).

When Easy Read respondents were asked about other support that might be helpful for personal assistants and people wanting to employ personal assistants (Q24), the top rated answer was "a free national phone line about self-directed support advice" (27 out of 37 respondents (73%)) followed by ways to match employers with personal assistants who want work; and a recognition of personal assistants as part of the social care workforce (all selected by 25 out of 37 respondents (68%)).

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

	Individuals	Organisations
Yes	280 (90%)	131 (89%)
No	30 (10%)	17 (12%)
Total	**310 (100%)**	**148 (100%)**

There was also very strong support from both individuals (280 out of the 310 (90%) that responded to this question) and organisations (131 out of the 148 (89%) respondents) in personal assistants being able to access a range of training and development opportunities, of which a minimum level would be mandatory (Q96).

Appendix 1: Summary of engagement events

Introduction

This Appendix (Appendix 1) provides a brief summary of the 34 engagement events hosted and moderated by the Scottish Government.[5] It is based on notes of the events provided by the Scottish Government moderators at each event and is a summary of the opinions expressed at the events.

Please note that, given the wide range of issues raised, the points below are not exhaustive. It should also be noted that these points do not necessarily reflect the weight of opinion but rather a qualitative view of the meeting content as provided by the Scottish Government. The summaries also reflect the opinions voiced in the meetings and may not therefore reflect the views of the Scottish Government, or accurately represent the detailed ways in which health and social care are delivered.

Improving care for people

In relation to improving care, there was widespread agreement amongst respondents at the engagement events that a person-based approach, dignity and human rights should be at the core. There was a view amongst some participants that the system tends to "say no" as the default which risked a loss of dignity for people in the system. There was also a general view that clients find it difficult to navigate the system and there is a need to improve communication.

Overall, and as noted in the main body of this report, there is a clear view that there is currently a postcode lottery across Scotland in terms of access and provision of support and services. There was a particular concern amongst participants from the Scottish Islands about the impact of the proposed NCS on their communities and especially the economic and demographic profile of the Islands. There were also some concerns amongst some participants that a top down structure would not permit localised decision-making.

It was generally agreed there is a need to consider the needs of unpaid carers, and their health and wellbeing. Many are not aware that they are also entitled to Self Directed Support. It was said that social workers do not always make people aware of all the Self Directed Support (SDS) options and there is a perceived lack of training around SDS in health and social care overall. It was thought that communication could be improved amongst all aspects of care so that people can access the entitlements which they are due. It was noted that some people with no friends or family "fall through the net".

[5] In the majority of cases, there is no indication of the number or type of participants in the meeting or of the extent to which the comments were endorsed by the group. Please therefore treat this summary of findings as indicative only.

Mention was made of the local structures of provision, with education sometimes sitting with social care or alone, dependent on the local authority. Some services have not restarted since the lock downs. It was suggested that there is far less support than there was pre-pandemic with comments to the effect that throughout the pandemic, people have lost their social care packages and they are not being reinstated.

Self-directed support (SDS)

It was noted that SDS is at the heart of social care and should continue to be so under any new arrangements. There was an acknowledgement that people's networks and circumstances can also influence need - it is not just about their condition but also the wider context. There was a clear view that the system of assessment should be separate from finances, and assessments should be carried out in collaboration with the person accessing care and support. Removing eligibility criteria would allow a four point model that starts with the individual. Some thought that the SDS standard is not working at present. It was noted that people accessing care and support do not know what the standards are and that it can take 18 months to process an SDS.

There was a question around standards and reporting when people pass through different types of care, i.e. from local authority to private providers, where staff are working to different processes and working arrangements.

There was some discussion around the quality of care for those with dementia. It was said that currently those with terminal illnesses can receive a fully funded package of care while a person accessing care and support with dementia using Self Directed Support is required to make financial contributions to their care.

Right to breaks

In general, it was widely recognised that "it is a huge job to care for somebody and it is important that carers get breaks". Across the groups that addressed this subject, there was agreement that there is a lack of local based and flexible respite care.

Complaints process

There was a view across some of the meetings that the complaints process was quite "defensive" and that the terminology surrounding the processes could be improved. It was thought that the complaints procedure is not always understandable or easy to navigate for many people who use social care. It was said that everyone should have the right to raise a complaint, regardless of cognitive ability. As a result, there was a view that people need access to advocacy to support them in the complaints process.

Technology and data (including a National Care Record)

There was a general agreement that there is now an opportunity to make data sharing arrangements around care more seamless, safer, efficient and pragmatic. It was recognised

that at the moment there are too many separate assessments for individual people accessing care and support and that there is a need for IT systems that “speak to each other” to allow information to be available at the point of care. There was a general consensus that integrated IT would save a great deal of time and allow health and social care staff to focus on helping and supporting people accessing care and support. Data and systems need to work together to save people re-telling their needs to different services. There was a general agreement that a National Care Record would be important.

Some participants suggested that personal records should also encompass NHS records. Issues around confidentiality and data security and how sensitive information would be shared were also raised.

A National Care Service

There was a general recognition in the engagement events of the need for change, but participants did voice concerns about disruption caused by restructuring and whether improvements could be made within the existing system. There was also caution around the level of detail provided around the reforms and some concerns that more information was required. Some participants stated that there is a need to be clear about the problem that needs to be solved in order to offer a clear strategic response. It was also thought that a phased approach to the construction of the NCS is needed. Some participants also noted that the progress made on integration should not be lost in this reform.

Accountability and responsibilities were key concerns with many participants noting the need for clarity around lines of responsibility. There was a view that the NCS needs to be responsive to local priorities and circumstances. Many highlighted that “one size fits all” will not work. The need to learn from Police Scotland was mentioned in several meetings. Some suggested that Police Scotland demonstrated the benefits of having a national approach to IT, Governance and infrastructure, terms and conditions and pay scales for staff with some tweaks to policies and procedures to fit local needs.

Funding the new system was also raised as an issue, with some seeking clarity on how the new service would be resourced. Participants welcomed the fact that care will be considered on the basis of need and not budget. Some participants commented that finance drives what actually happens on the ground regarding values and delivery. Despite the challenges and the complexity, it was said that this is why many thousands of disabled people feel strongly a National Care Service is needed. It was also noted in this regard that prevention is preferable to crisis care management.

Some commented that demand currently outstrips supply and unless this gap is addressed, the new structures are a “moot point”. Many participants noted that budgets were already stretched and that social care had experienced reductions in funding over a number of years. It was noted that person-centred support usually costs more than standard block

funded services and that there is a lack of respite care in Scotland. Several participants noted that there is “never a debate about affordability in the NHS”.

It was also suggested that resourcing is missing from the consultation. When the legislation goes through, it will need a financial schedule. It was suggested that resourcing needs to be quantified to make the proposals credible. There was also a need identified to look at population projections for older age groups and changing demographics in general. Staff pay, and recruitment and retention were also raised in the context of funding for the new system.

Other comments related to the need for cooperation between NHS and NCS and that, at the same time, the Scottish Government should ensure the social model approach is protected and there is not a move back to a medical model. It was thought that the interface with the NHS will be a challenge for the NCS, given its more medical model.

Parity between health and social care was raised as an issue: it was stated that currently there are “power dynamics between them”; there was a sense that both sides feel that they will be subsumed especially if children’s and justice services are included. Some respondents suggested that clear and strong leadership across the workforce would remove some of the barriers to cultural change and avoid competing with conflicting organisational interests. There was also a clear view in many of the meetings that people with lived experience of social care need to be part of the design and delivery of the NCS.

It was noted that the social care needs of young people are often overlooked and that there is a need to revisit what social care means to different groups. It was also mentioned that a missing piece is education: some suggested it needs to be connected with young carers and children with additional support needs.

There was also a strong view from meetings with the Scottish Islands that the proposed NCS would not meet their needs and would have a detrimental impact on the economic and demographic profile of the islands. Other respondents also noted the importance of responding to local needs.

Some participants across the meetings thought that the system did not need disruption at the current time. It was thought that the proposed changes were likely to be disruptive and unsettling to many people, and may have a negative effect on people’s support and care. The opinion was that thought must also be given to social care staff who are “tired and worn out”, with “no end in sight” from ongoing pressures from the pandemic and Brexit, amongst other things. The system requires a cultural shift with staff an important part of this; ‘The People’s Service’.

Concerns were raised with regards to additional bureaucracy and “empire building” and it was suggested by some that more evidence was needed to demonstrate the case for change, highlighting the role of the Health and Social Care Partnerships during the pandemic.

Others thought that the NCS proposals were not addressing all the issues in the system. It was suggested that an NCS will still have separate providers of care and may not address any performance issues and differences in funding across sectors. Some thought the proposals will not change the way care is provided. It was noted that if there is a move towards a more regional approach, it may cause further problems with the interface with the NHS.

Overall, it was thought that it is important that the Government takes due time to consider the proposals and does not rush the process. Some stated that the focus should be on ensuring the structure is fit for purpose and does not become a “big white elephant” that needs reform in ten years time.

Lived experience

The importance of including people with lived experience in design, implementation and day-to-day decision-making was emphasised throughout the engagement events. This should include involvement at the earliest stages and the participation of people with lived experience should be facilitated and be meaningful (ie with voting rights etc). “Critical friends are very helpful to challenge what is happening in the system, particularly those who have lived experience”. Overall, there was a clear view that the new structure and services should be person-centred.

Scope of the National Care Service

There was a general and recurring theme in several engagement events that there is a lack of clarity and detail for people trying to get a sense of what the proposals mean in reality. Participants asked whether there would be further consultations and opportunities to shape things going forward. It was also stated that co-design with people with lived experience will be important (as noted above).

Some participants noted that there is a significant element of “undercutting” local authority input in the provision of services and highlighted that “one size doesn’t fit all”. Some also commented that here is very little mention of the CSWO role in the consultation document despite their specific statutory role in relation to social work and social care.

It was also thought that more information was required about the basis and logic for including children and families, justice services etc. in the scope of the NCS and how that will improve the current service. Some stated that more background around the proposals to what was originally an Adult Services Review would be welcome.

It was noted that structural change does not always make a difference to the provision and quality of service, with several participants noting that implementation will be key.

Some suggested that an oversight body across the country with a remit including terms and conditions, training, and improvement and so on would be welcome. There were comments that this has been needed for some time but a question arose about the future role of the Scottish Social Services Council. It was thought that an increase in training around supporting complexity will increase the availability of complex support across all council areas. Some suggested that pooling training resources, identifying training needs and ensuring training services are properly evaluated and providing adequate training may make a positive difference in this area.

Specific elements of the scope of the NCS are considered below.

Children's services

Some participants stated that there is a need to address the transition between children's and adult services and there were also some concerns about the unmet needs in children under 18 years of age. There was a view that if children's and justice (and other elements) are not included, the focus and investment in improvement and workforce capacity risks being skewed toward those services which are in the NCS. The focus on social care would therefore be weighed towards the elderly.

There was also a question around the role of The Promise in relation to the proposed NCS. It was thought that, given the wide-ranging remit of the Promise and the fact that it is at an early stage, there may be a possibility that it is diluted or lost as this new and much larger agenda takes precedence.

Several respondents noted the need to consider education services being linked to health and care for children and young people with disabilities.

There were a lot of questions raised with regards to children's services and its inclusion in the NCS. Questions were raised with regards to there being scope to complete an additional review beyond this consultation period into the advisability or not of including children's services.

Participants asked what can be learnt from the current integration, or not, of children's services within IJBs? It was noted that education is often joint funders of children's residential places and sole funders for day placements at schools that are more specialised and so participants were interested to hear the views of education stakeholders on the proposals. Some thought that children's services should be incorporated into the NCS but that there was a need to think about the relationship with education and housing so that the links between these services do not break.

There was also a view that if these proposals are person-centred then a more holistic care service must include both education services from nursery to secondary level and recognise the part that housing plays in an individual's lived experience.

Healthcare

When it came to healthcare, it was thought that the patient journey has to be seamless and holistic. It was felt that unless the acute sector was involved there would always be problems and people would feel left out.

An area of concern was with the perceived lack of content with regards to mental health within the consultation, with no reference to the UN Convention on the Rights of the Child or disability or independent Advocacy for those with mental health needs. It was also noted that Mental Health and Addiction services are not dealt with well currently. It was thought that those who receive treatment are dehumanised and have little say in their treatment. It was thought that third sector involvement has assisted in this, and people are treated more on a human level in these settings.

Another contentious area was with regards to hospital discharge in the consultation, which is a significant issue that could become dominant, with social care suffering because of that.

It was noted that there is no reference in the consultation on where health improvement would sit in the news structure. There was a suggestion that it needs wider context in terms of public health and where PH in Scotland has gone. The NCS should avoid the imbalance of power in the NHS. It should not be about replicating the NHS.

Alcohol and drugs

A common theme that came up throughout the engagement events was that of person-centred services. It was thought that at the minute, it was substance-centred instead of person-centred services – this needs to change and people need to be at the heart of these services. As noted above, in the discussion on healthcare, it was stated that mental health and addiction services are not dealt with well currently.

Alcohol and drugs services should be integrated as part of a whole system approach. Some stated that separating them out “is not progress”. It was also noted that many children are in families where there are drug and alcohol problems which may also escalate the need for justice social work if these problems result in offending behaviours.

Justice

It was thought that there is a lack of information and detail of how justice social work (JSW) would look within a wider service, including how the legislation would change. Links to sentencing and policing, which are distinct and separate from other parts of social work and social care, were noted including the fact that individuals are mandated to work with JSW. Potential tension between care and justice aspects is a factor to consider.

It was agreed that social work is a whole system activity: it needs to be maintained as an integrated service. It needs to include the children's and justice sector in what is now part of proposals. As in other areas of the consultation, it was challenged as to how to ensure lived experience across the whole system is properly involved. There is a risk that youth justice gets lost if justice gets drawn into the NCS and children's services stay outside. The consultation does not cover the complexity of the system and youth justice is a good example of this.

It was noted that people in prison require a high level of support. Adult support services within prisons are hard to access which is not an effective support system. It was noted that social care is not just delivered within prisons. Prison Visitor Centres are an important interface between prisoners, their families and the statutory social work services. As above, it was reiterated that criminal justice and mental health are strongly linked for a majority of individuals, services must be linked to prison services and other areas including housing.

Some expressed a view that maintaining JSW professional identity is important. Concern was raised about JSW becoming a small part of NCS and a consequent erosion of professional identity. Professional autonomy and trust in the profession was thought to be a really important point.

Concerns were raised about potential loss of ring-fenced funding if JSW was part of NCS and the ability of JSW to operate in a wider NCS if funding is not protected. It was also acknowledged that ring-fenced funding can at times limit leverage of additional funding.

Some thought that the risks associated with JSW services meant it would be better to allow adult services to transition first, and then take the learnings on board before integrating JSW. However, others felt it would be better for JSW to be involved from the outset to have a say in its development.

Reformed Integration Joint Boards

There were various concerns raised in relation to the concept of the reformed Integration Joint Boards (IJB). IJBs report to a central point. Some thought that quite a lot of the proposals could be within scope of existing organisations, and do not need the creation of a new body. There is a need to explore current arrangements and see what is possible to deliver within that rather than seek to resolve issues in new arrangements.

There were some concerns that social care is an inverted pyramid and that the IJBs will create more bureaucracy. Inhibitors for IJBs to work effectively are the levels of funding and control in hands of Chief Officers. Many questions were raised on these issues:

Would a shift to the new Boards make governance more effective?

- In relation to the relationship with acute services: a helpful aspiration of IJBs has been to have influence over acute care delivery – how will the proposals affect this?
- How will the new boards connect to existing structures e.g. housing, education, community planning? It was noted that IJBs are connected to a much broader system.
- With all members having voting rights how will representatives act effectively as advocates for their sector when having to take accountability for decisions?

Overall, there was agreement that there is a definite need for change but there is a fear that the new structure will not solve the perceived current core issue of poor joint working between LAs and health boards.

Voting and board membership

The subject of voting and board membership of IJBs raised many questions as to how best to position this. It was suggested that what is required is a countrywide governance system, as the experience of many participants is that the voting system on IJBs blocks free voting as the membership frequently votes on political lines. The system should be reformed so that political interference is no longer an issue. Public and third sector representatives do not have a vote on IJBs currently. Will the third sector have membership on the boards and, if so, how do we decide who should be represented?

There is a need for caution about differences in roles currently. Some have votes and others do not. It was thought by some that members should feed-in in another way rather than sitting on the board and being accountable. It was also thought that Boards must be more transparent about how people “get a seat at the table”.

There is a balance needed but “a lot to think about” in terms of how best to represent all on the Boards. It was suggested less breadth of representation is not desirable but more information on whether CHSCBs will include some/all/how much of health and social care services is needed. This would mean that consideration needs to be given to the extent to which elected members should be involved as they are democratically elected and represent the community.

It was reiterated that people with lived experience should be included in an open and transparent manner and front line staff and people accessing care and support need to be part of the new Boards. It was also thought that non-voting members “currently feel like they are a token gesture” i.e. their inclusion looks good but they have no influence on final

decisions. There was a concern that the involvement of those with lived experience can end up being inaccessible and tokenistic.

There is also the risk that equal votes means that the needs of the majority are addressed, but the needs of the more complex cases do not get the attention, support and service needed. There was a fear that the professionals and support organisations with the knowledge would be voted down. There were also concerns about local accountability if the role of the local authority is diminished

Commissioning of services

There were a range of issues raised in relation to commissioning of care:

- How can Scotland aim for high-value, outcome-based commissioning?
- The balance between budgets and meeting needs
- It is difficult to have flexibility because of the procurement rules
- Commissioners need training and many don't use the Light Touch Regime
- How can the third sector be meaningfully involved in commissioning and service design and procurement?
- Commissioning cannot be separated from other streams, including Fair Work. There needs to be a commitment to a cessation of hourly-based non-committal and parity of esteem.
- If the profitability of providing services is taken away by the NCS, who will plug the gap if providing services is no longer profitable for the private sector?
- Scotland Excel: there are issues with Scot Excel frameworks and frameworks in general – they are generic and so force bidding against unknowns. In discussions with LA commissioning and procurement officers cost is the dominant topic and quality often feels like an afterthought
- Profit appears in the GP model: it is not as simple as profit is bad. Commissioning for case-load work well in community nursing. Weighted capitation works well at a local level.
- It is difficult to commission for a group service but some things have to be done that way - advice lines etc. only work if they're funded as a resource for the whole community. The current model supports crisis but not low-level needs that are not crisis and that are not necessarily very visible. Outcomes-focused commissioning sounds good but it is difficult to "put a pound sign on that". Aberdeenshire Council is an example of some good work.
- The key thing is getting the balance right for local and national commissioning. National commission freeing up people, knowing what to do nationally and how much to leave locally.

Regulation

It was noted that it is important that there is real alignment in terms of regulation, oversight groups from government and health protection. It was thought that no one is working from the same guidance or rules and there should be one regulator covering all aspects.

The message around the NCS is about improvement. There is a need to determine how we start working in partnership with regulators and we need one set of regulations and a joined-up message that we give to providers and people using the service.

In relation to the governance of clinicians, it was thought that medical professionals in the public sector have a good system of clinical governance. If large sections are moved to the new organisation, how do we avoid dangers of fragmenting governance? Where HSE is concerned, there is no mention of Health and Safety at Work Act or HSE in care premises. There is a need to integrate the regulatory landscape as HSE works closely with the Care Inspectorate, Public Health Scotland and Environmental Health Departments on care home regulation.

There is also a need for clarity that all principles of human rights should apply in all settings e.g. on an individual person accessing care and support and on a service provider level. Currently accountability is missing in the care sector at a local level. Protections against discriminations must include people accessing care and support with mental health issues or ailments. “Equity is as important as equality”. Whilst human rights are included, health and safety and securing justice should be included as part of scrutiny and assurance. There must be clear governance in place. Reporting of Adverse Events should also be included and consideration given to how these are treated.

Valuing people who work in social care

In relation to valuing the people who work in social care, there was a lot of concern across the meetings about the current state of the workforce, with many saying the sector is “in crisis”. It was often stated that care home staff are leaving the profession because they are not valued. Some of the possible reasons discussed included: a need for standards and training; more value given to people working in care homes and the sector in general, and in particular pay and conditions. Many thought that these are critical issues.

The level of pay and conditions was viewed as a particular problem: independent sector agencies earn below the minimum wage after downtime, mileage costs, provision of smartphones, overtime payments and lack of holidays are taken into account.

There was a widespread acceptance of the need to attract, and retain social care workforce, provide career progression, and give better recognition of the value of social care in general . There was a view that the existing National Care Home Contract should be reformed to allow better pay to be made to staff and address pensions. The terms and conditions

mismatch between NHS and Council employed staff was seen as a significant issue to be addressed in some way, whether via direct employment by the new boards or via another mechanism. It was thought that pay should reflect the greater complexity of the work undertaken.

Time blocking was also raised as an area of concern as carers are not automatically paid for the time they spend with a client if it goes over the window of time initially allocated. Some participants thought that travel time should be included; and that there should be national pay rates and adherence to recommended mileage rates. There was a comment that social care staff are asked to do jobs that the NHS would supply a Band 7 nurse to do but without the same accreditation of learning and comparable pay.

Risk factors identified included immigration. It was estimated that 20,000 people will be required for Scotland that will not be able to enter the country under current immigration policies. This is an issue post-Brexit and poses serious problems for health and social care.

It was also noted that self-employed carers are not mentioned in the document. These are “black market carers” who have left because of conditions of service, and perceptions that they are poorly treated and not respected. Many of these carers are paid below the minimum wage. The IRASC stated that there needed to be a culture change to allow the care sector to attract suitable numbers of young people to the profession. There was a view that the workforce is getting older, as are unpaid carers.

There was an agreement that care services need to be fully resourced. Local Authorities have faced 13 years of austerity and cuts in budgets and the demographic changes mean a larger demand for services. There is a risk that NCS generally is demoralising for local authority staff “for everything they have done over the years and particularly last year during the pandemic”.

The theme of empowering people in the IRASC was viewed as particularly important. There was also a feeling that the consultation document was not clear on the role of collective bargaining.

Overall, it was thought that the attempt to bring together such a wide range of public and third sector organisations under one umbrella would be very complex. Questions were asked about the role of private providers for example. It was noted that each organisation will still have their own terms and conditions “that cannot be brought into one neat package”.

Nursing

It was said that it is important that nurses are not responsible for something they cannot control. Clarification about the elements of nursing to be included would be helpful. Some thought that the governance aspect of the document is confusing: “the questions being asked aren’t necessarily the right ones”. There needs to be proper thinking about the governance structures in relation to nursing. The points about nurses should also widen to include school nurses, health visitors, diabetic nurses etc.

It was noted that nurses often have to give up their registration when they move to social care and that this can lead to a feeling of being excluded from entering into any integrated management strategic role.[6] There was a suggestion that enrolled nurses should be brought back as giving up registration is not a positive. The current set-up can make nurses and social care staff feel undervalued. It was also thought that there is a drive around protecting the title of nurse but nothing for people coming up through ranks of social care.

Personal assistants

Comments in relation to personal assistants referenced that they are also part of the social care workforce providing personalised support directed by the individual. Home care services deliver thousands of [hours of] care. “We seem to value health care skills rather than social care skills.” It was thought that home care services are undervalued and that merging them together will mean a true NCS.

GPs

Some expressed concerns about the move of the GP contract. There was a view that aligning GPs to the NCS would not add value or act as an incentive to recruit GPs. In relation to the GP contract and the relationship between GPs and Health Boards, it was questioned whether there will be a move away from the centralised contract. Clarity for the GP contract is needed. The consultation pack suggests that there is potential for the new Boards to take over this. The relationship between GPs and the new Boards are unclear.

Issues with GP service in a village community and looking at that becoming a hub for local services was raised. How would NCS proposals and a national service affect that and where would a GP service lie in the NCS? The consultation does not provide enough detail. It was noted that there were a lot of good things in the paper i.e. the aspirations for local working. There was a view that the aim of having a stronger GP voice in the system is good but that this is not the way to go about it. The grass roots up approach is missing.

It was also stated that bodies needed time to develop and although it is a significant organisational change, it felt to some like a series of changes instead of letting the system

[6] Please note that nurses working in social care must retain their registration and that the Scottish system no longer trains enrolled nurses.

mature and develop: “there is a lot about integration and very little about the everyday integration that we need.” There were also worries about retention and recruitment.

There is a need to attract and keep as many GPs as possible in the system. “A lot of GPs would feel like this is the final straw”. The role of GP clusters and the need for coterminosity was also mentioned. Challenges were posed on why there is the suggestion of change to GP contracts: “who steps in if a GP fails?”

Moving staff

It was thought that there were no clear benefits of moving employers and that there would be a protracted process to transfer staff and harmonise terms and conditions. The energy, time and cost of that process could be better spent on delivering services. The people running the services are in a thousand employers in the private, third and public sectors. Some stated that what is being discussed here is the commissioning and procurement staff moving from NHS and Council to a third body, each losing the connection and knowledge of their current teams and networks. There has to be a better way of doing it but one option is if they had one employer: but this would mean we do not need a third organisation (i.e. CHSCBs). There was agreement that one (existing) group/body should employ everybody.

Some suggested that it cannot be pretended that CHSCBs are delivery arms unless they employ the staff. Challenges were raised around how the Scottish Government sees it working with three chief executives, all with vested interests; some holding staff; others finance etc. It was noted that more detail is required on how the Scottish Government thinks it will work to enable further discussion.

Lessons from elsewhere

Participants in the engagement events noted the importance of learning from other countries. Some suggested that it would be important to learn lessons from Northern Ireland, where there are two senior level posts – Chief Executive or Chief Officer. The requirement is that if one is from health care, the other is from social care. A joint or controlling senior manager ensures a balanced mix of people holding positions in health and social care and reinforces balance of power. Serious thought to the balance of health and social care is required.

Participants also noted the Danish model of providing care services. Integrated and career pathways are set up from basic grade to health and care service. The example of New Zealand was also cited. New Zealand integrated services 10 years ago: key to success was the training of the staff, helping them understand the meaning of integration and involvement of people accessing care and support and that change was made from the bottom up, not top down. It was also thought that some lessons could be learnt from the Welsh social care system as that was perceived as the best social care system in the UK.

Other issues raised included the role of the third sector and the need for more clarity around the links between care and housing.

The consultation process

There were a range of issues raised in relation to the consultation process. It was thought that the consultation document was difficult to digest in relation to its scope and length and the consultation process was not long enough in terms of time, meaning organisations were not able to plan for their approach.

A significant problem with the tight consultation period is that people who use/need social care services of all kinds were unable to engage fully.

Concerns were also raised about the lack of detail in the proposal and more information and greater clarity was requested. It was thought that further details would help engagement and reduce workforce anxiety and therefore turnover. It was noted that there is a workforce and capacity issue in a sector which is still recovering from the pandemic.

Suggestions were made by attendees that there needs to be more public engagement and more involvement from people accessing care and support: there was a particular concern about the accessibility of the Easy Read documentation. It was suggested that more notice is required in future of ongoing NCS consultation and legislative work, and next steps and a view that the assumptions in the document need to be tested through an impact assessment, particularly in relation to the Islands.

There were also concerns raised about the speed at which the Government is planning to bring in legislation as well as a challenge around the timing of the consultation in the midst of the pandemic, Brexit, the current stresses on the workforce and the forthcoming local government elections which will impact on the ability of local authorities to respond.

Appendix 2: Proposed enforcement powers

The following options for enforcement options have been extracted from the consultation document (pages 112-113).

In summary, there are options to reform current enforcement powers in the following areas:

(a) Condition notices under section 66 of the 2010 Act (this process is too slow). The test could be made less stringent, or an “intermediate” category could be added.

(b) Improvement notices under section 62 of the 2010 Act (this process is too weak). Changes to require sustained improvement would strengthen this provision. For example, one possibility is that even if improvements are made, the notice could remain “on the service’s record” for a set period, and further action provided for, if the same issue arose while the notice remained extant.

(c) Cancellation of a service under section 64 of the 2010 Act (this process is too slow). The statutory process is fair and reasonable and allows the opportunity for representations by services affected, but appeals in the Sheriff court are likely to be protracted. One possible solution is to review court processes to govern the conduct of proceedings, as is the case with other types of court actions. Such a review could provide for clear timetabling of action with a view to avoiding the lengthy appeals currently experienced by the regulator.

(d) Emergency cancellation of a service under section 65 of the 2010 Act (the legal bar is too high). The Sheriff considering an application for cancellation of registration under this provision has a wide discretion. They “may” (and therefore may not) make the order, even if satisfied that there will be serious risk unless the order is made. We would also highlight that in a number of cases there may be issues relating to the length of the process in which applications for emergency cancellations are heard by the court.

The Scottish Government welcomed views on the impact, effectiveness and speed of the current enforcement powers set out above and the proposals for improving them. In making changes to current legislation the regulator would be enabled to ensure they can speedily take action with poor performing services, better protect residents of care homes and other social care users, and drive up the consistency and quality of care expected across all social care services in Scotland.

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