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<b>Report To:</b>	<b>Inverclyde Health and Social Care Committee</b>	<b>Date:</b>	<b>8 June 2022</b>
<b>Report By:</b>	<b>Allen Stevenson Interim Chief Officer</b>	<b>Report No:</b>	<b>SW/23/2022/AH</b>
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<b>Subject:</b>	<b>National Care Service Scotland- Feedback from Consultation</b>		

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to provide members with the initial feedback received by the Scottish Government in response to their recent consultation on a National Care Service.

## **2.0 SUMMARY**

- 2.1 The Scottish Government's consultation on plans to create a National Care Service in Scotland was launched on 9 August 2021 and closed on the 2 November 2021. The consultation followed from an Independent Review of Adult Social Care (known as the Feeley Review) which recommended the setting up of a National Care Service. Inverclyde Council responded to the consultation both in the form of the completed questionnaire and also a written response.
- 2.2 The Scottish Government Consultation has now published a high level summary of the responses received. These responses are collated under the seven key areas of :
1. Improving care for people
  2. A National Care Service
  3. Scope of the National Care Service
  4. Reformed Integration Joint Board: Community Health and Social Care Boards
  5. Commissioning of Services
  6. Regulation
  7. Valuing people who work in social care

The full consultation report can be accessed on the Scottish Government website where all responses can also be accessed.

[www.gov.scot/publications/national-care-service-consultation-analysis-responses/](http://www.gov.scot/publications/national-care-service-consultation-analysis-responses/)

- 2.3 This consultation represented the initial phase of engagement in laying the groundwork for a future National Care Service. The Scottish Government has advised its expectation is to introduce the Bill by the end of this Parliamentary term, including a package of impact assessments, a Financial memorandum and other accompanying documents. The Scottish Government has established a high level National Care Service key Stakeholder Reference Group to continue the ongoing discussion with updates expected on a regular basis.

### **3.0 RECOMMENDATIONS**

- 3.1 Inverclyde Health and Social Care Committee is asked to note the national response to the Scottish Government Consultation on the creation of a National Care Service.
- 3.2 Inverclyde Health and Social Care Committee is asked to note that further reports will be submitted to Committee on the establishment on the National Care Service once further information is available.

**Allen Stevenson  
Interim Chief Officer  
Inverclyde HSCP**

## **4.0 BACKGROUND**

4.1 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 consultation was launched on 9 August 2021 and closed on the 2 November 2021. Inverclyde Council responded to the consultation both in the form of the completed questionnaire and also a written response. The response was approved at committee on the 28<sup>th</sup> October 2021.

[www.inverclyde.gov.uk/meetings/meeting/2391](http://www.inverclyde.gov.uk/meetings/meeting/2391)

4.2 The Scottish Government received responses 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. 71 written responses were received from organisations in addition to the consultation form, the Scottish Government have considered these as one response. In addition 34 engagement events across Scotland were held by the Scottish Government.

4.3 The Scottish Government has advised the consultation process itself attracted a substantial number of 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. Inverclyde Council had raised all of these issues in their response.

4.4 The response rates require to be read with a note of caution as not all respondents answered all the questions. E.g. a 75% agreement to a question may only have been answered by 30% of all respondents.

4.5 The full consultation report can be accessed on the Scottish Government website where all responses can also be accessed.

[www.gov.scot/publications/national-care-service-consultation-analysis-responses/](http://www.gov.scot/publications/national-care-service-consultation-analysis-responses/)

## **5.0 SUMMARY OF CONSULTATION RESPONSES**

5.1 A high level summary of responses is provided for the seven key areas of :

- 1.Improving care for people
- 2.A National Care Service
- 3.Scope of the National Care Service
- 4.Reformed Integration Joint Board: Community Health and Social Care Boards
- 5.Commissioning of Services
- 6.Regulation
- 7.Valuing people who work in social care

## 5.2 Improving Care for People

- A majority of respondents felt that the main benefit of a National Care Service would be more consistent outcomes for people accessing care and support across Scotland (77%) and 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 identified from a National Care Service 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.
  - increased bureaucracy and disruption to those areas that currently work well as the changes are implemented.
- In terms of access to care and support, GP's or health professionals were the most popular response followed by national helplines. 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.
- Respondents were almost unanimous that they or their friends, families or carers should be involved in their support planning.
- Respondents also expressed strong support for a single plan under the Getting It Right For Everyone National Practice model.
- Around two thirds of respondents thought that there should be a universal right to a break from caring.
- 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.
- There was relatively high support for a charter of rights and responsibilities and agreement that there should be a Commissioner for social care.
- Opinion 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.

## 5.3 A National Care Service

- (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
- 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

#### 5.4 Scope of the National Care Service

- Overall, the majority of respondents agreed that Children's Services should be included in a National Care Service (NCS).
- 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 including the potential loss of a local dimension to responding to need and the potential loss of the link to education.
- 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.
- The most frequently cited risk was unclear leadership and accountability requirements followed by fragmentation of health services.
- The most frequently cited benefit of social work planning, assessment, commissioning and accountability being located within the NCS, was more consistent delivery of services and better outcomes.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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 alcohol and drug rehabilitation services could be better delivered through national commissioning.
- Around three quarters of respondents agreed that the list of mental health services provided in the consultation document should be incorporated into a NCS.
- There was a general agreement around the potential benefits of a National Social Work Agency.
- 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.

### **5.5 Reformed Integration Joint Board: Community Health and Social Care Boards**

- 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.
- 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%).
- A range of roles were suggested as potential members of the Boards, including people with lived experience and frontline workers.
- In line with this, there was a strong majority in support of the proposal that all Board members should have voting rights.
- A large proportion (78%) agreed that the Boards should employ Chief Officers and their strategic planning staff directly.

### **5.6 Commissioning of Services**

- A majority of respondents (83%) thought that an NCS should be responsible for developing a Structure of Standards and Processes.
- A smaller proportion, but still a majority (63%), agreed that an NCS should be responsible for market research and analysis.
- 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.

### **5.7 Regulation**

- 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.
- 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 for the regulator having a market oversight function.
- 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.

## 5.8 Valuing people who work in social care

- There was strong support for the concept of the Fair Work Accreditation Scheme.
- 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.
- There was agreement that having a national approach to workforce planning as well as providing skills development opportunities for relevant staff in social care would be the easiest way in which to plan for workforce across the social care sector.
- The majority of respondents agreed that the NCS should set training and development requirements for the social care workforce.
- 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.

## 6.0 Next steps

- 6.1 This consultation represented the initial phase of engagement in laying the groundwork for a future National Care Service. The Scottish Government has advised its expectation is to introduce the Bill by the end of this Parliamentary session, including a package of impact assessments, a Financial memorandum and other accompanying documents. The Scottish Government has established a high level National Care Service key Stakeholder Reference Group to continue the ongoing discussion with updates expected on a regular basis.

## 7.0 IMPLICATIONS

### Finance

7.1

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments

### Legal

7.2 There are no legal issues within this report.

### Human Resources

7.3 There are no Human Resources issues within this report.

### Equalities

7.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

### Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
√	NO

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
√	NO

**7.5 Repopulation**

All of the steps undertaken by Officers seek to support the long-term interests of the Inverclyde economy and to provide a secure and safe environment for its workforce.

**8.0 CONSULTATION**

8.1 The Scottish Government has published all received consultation responses.

[https://consult.gov.scot/health-and-social-care/a-national-care-service-for-scotland/consultation/published\\_select\\_respondent](https://consult.gov.scot/health-and-social-care/a-national-care-service-for-scotland/consultation/published_select_respondent)

**9.0 LIST OF BACKGROUND PAPERS**

N/A