

## APPENDIX 1

### Draft SAHSCP Response to NCS consultation

South Ayrshire IJB welcomes the opportunity to respond to this significant consultation on the creation of a National Care Service for Scotland. We recognise that the HSCP and IJB have a crucial role to play in informing the future of social care in Scotland and encouraging partner organisations and citizens locally to engage in this consultation. However, we also acknowledge that the shape and scope of the National Care Service will ultimately be a policy decision to be made by the Scottish Government and that the and will be subject to political debate and proper parliamentary scrutiny.

The whole HSCP wishes to engage positively with this consultation, offering examples of what our collective experience tells us works best for our local residents and communities. Where appropriate we point out some concerns around the proposals (e.g. in relation to timing and approach to engagement) and some areas that we believe we can progress within South Ayrshire ahead of time (e.g. the HSCP is actively exploring how we can demonstrate 'ethical commissioning').

We hope that the development of the NCS can continue to be a collaborative process, involving the vast range of professionals, statutory services, third and independent sector voices, community organisations whose expertise and experience should inform the future. Above all, there is a need to put the voices of the people in receipt of social care support and their carers at the heart of this conversation.

This response is endorsed by the South Ayrshire IJB.

#### **Key messages**

The South Ayrshire IJB has agreed the following key messages to be included within our response. Beyond these key messages, we have responded to a small number of the specific questions below, recognising that some of the questions are not targeted at HSCPs while other questions cannot be answered in full without further development of the policy detail.

1. **There are significant positives to be preserved and drawn from the integration of health and social care in Scotland in its current form.** These include improvements made within South Ayrshire HSCP, our multi-agency working at a local level and locality-based approached to service planning, delivery and governance. Staff groups across the NHS and South Ayrshire Council work well together within the current setup and we hope any future structural changes can further support rather than undermine integration. We also have full confidence in care and clinical governance arrangements in South Ayrshire (and NHSAA) and would seek to ensure this is not disrupted.
2. **The timing of this consultation and proposed implementation is of concern, given the current pressure on the health and care system.** This should be considered by the Scottish Government and others when analysing the response. Many voices that should be central to this conversation (including all staff, provider organisations, carers and people in receipt of

services) are currently working hard to keep health and social care services operating effectively ahead of a difficult winter and do not have the time to engage with the consultation as fully as they might.

3. **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.
4. **Legislation and national intervention are not required to implement some of the basic elements of system improvement described in the paper.** In many of these areas, good work is being progressed locally and nationally and it is important that the national consultation supports and does not delay or interfere with these examples of good practice. For example, we are already working to deliver ethical and collaborative commissioning approaches.
5. **We do not agree that children's and justice services should be included in the National Care Service as currently proposed.** The integration of children's and justice services locally within South Ayrshire is something that works well and we are committed to, however the close links with local authority services and locality structures (e.g. the Community Planning Partnership and Children's Service Planning Group) are vital to success here too. Conversely, we are mindful that separating children's from adult social work would not be desirable either; on this basis we would encourage further analysis and engagement on this question by Scottish Government. We are concerned that time, money and energy will be spent on this structural reform before the benefits for children and families have been fully evidenced.
6. **Clarity should be offered as soon as practicable over which staff are in scope for 'transfer' to the National Care Service.** We share the concerns of our Trade Union partners in this regard. There are various benefits of the current model e.g. good collaboration between staff across council departments (e.g. housing, community learning and development, education) and the HSCP which should be preserved. Further detail is offered in response to the relevant questions below.



## A National Care Service for Scotland - Consultation

### RESPONDENT INFORMATION FORM

**Please Note** this form **must** be completed and returned with your response.

To find out how we handle your personal data, please see our privacy policy:  
<https://www.gov.scot/privacy/>

Are you responding as an individual or an organisation?

- Individual  
 Organisation

Full name or organisation's name

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

- Publish response with name  
 Publish response only (without name)  
 Do not publish response

#### Information for organisations:

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

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

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

- Yes
- No

### **Individuals - Your experience of social care and support**

If you are responding as an individual, it would be helpful for us to understand what experience you have of social care and support. Everyone's views are important, and it will be important for us to understand whether different groups have different views, but you do not need to answer this question if you don't want to.

Please tick all that apply

- I receive, or have received, social care or support
- I am, or have been, an unpaid carer
- A friend or family member of mine receives, or has received, social care or support
- I am, or have been, a frontline care worker
- I am, or have been, a social worker
- I work, or have worked, in the management of care services
- I do not have any close experience of social care or support.

### **Organisations – your role**

Please indicate what role your organisation plays in social care

- Providing care or support services, private sector
- Providing care or support services, third sector
- Independent healthcare contractor
- Representing or supporting people who access care and support and their families
- Representing or supporting carers
- Representing or supporting members of the workforce
- Local authority
- Health Board
- Integration authority
- Other public sector body
- Other

## Questions

### Improving care for people

#### Improvement

**Q1.** What would be the benefits of the National Care Service taking responsibility for improvement across community health and care services? (Please tick all that apply)

- Better co-ordination of work across different improvement organisations
- Effective sharing of learning across Scotland
- Intelligence from regulatory work fed back into a cycle of continuous improvement
- More consistent outcomes for people accessing care and support across Scotland
- Other – please explain below

[Statement above to be inserted here on online form.]

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

Yes – see above.

## Access to Care and Support

### Accessing care and support

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

Speaking to my GP or another health professional.

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

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

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

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

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

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

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

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

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

Contacting my local authority by email or through their website.

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

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

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

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

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

Other – Please explain what option you would add.

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

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

## Support planning

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

### a. How you tell people about your support needs

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

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
<input type="checkbox"/>				

If I want to, I should be able to get support from a voluntary sector organisation or an organisation in my community, to help me set out what I want as part of my support planning.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
<input type="checkbox"/>				

### b. What a support plan should focus on:

Decisions about the support I get should be based on the judgement of the professional working with me, taking into account my views.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
<input type="checkbox"/>				

Decisions about the support I get should be focused on the tasks I need to carry out each day to be able to take care of myself and live a full life.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
<input type="checkbox"/>				

Decisions about the support I get should be focused on the outcomes I want to achieve to live a full life.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
<input type="checkbox"/>				

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

I should get a light-touch conversation if I need a little bit of support; or a more detailed conversation with a qualified social worker if my support needs are more complex.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

If I need a little bit of support, a light-touch conversation could be done by someone in the community such as a support worker or someone from a voluntary sector organisation.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

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

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

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

**Q6.** The Getting It Right For Everyone National Practice model would use the same language across all services and professionals to describe and assess your strengths and needs. Do you agree or disagree with this approach?

- Agree
- Disagree

Please say why.

**Q7.** The Getting It Right for Everyone National Practice model would be a single planning process involving everyone who is involved with your care and support, with a single plan that involves me in agreeing the support I require. This would be supported by an integrated social care and health record, so that my information moves through care and support services with me. Do you agree or disagree with this approach?

- Agree
- Disagree

Please say why.

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

- Agree
- Disagree

Please say why.

## Right to breaks from caring

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

### Standardised support packages versus personalised support

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

### A right for all carers versus thresholds for accessing support

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Universal right for all carers | <input type="checkbox"/> Right only for those who meet qualifying thresholds | <input type="checkbox"/> No preference |
|---|--|--|

### Transparency and certainty versus responsiveness and flexibility

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Certainty about entitlement | <input type="checkbox"/> Flexibility and responsiveness | <input type="checkbox"/> No preference |
|--|---|--|

### Preventative support versus acute need

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

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

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

Please say why.

We endorse all proposals to support carers, including improving rights to breaks for caring and would hope to work with Scottish Government to develop these proposals further. South Ayrshire HSCP plays a full and proactive role in implementing the Carers Act and will continue its work as part of the IJB Strategic Plan to improve the lives of carers. Clearly much of the ambition set out in the consultation document is dependent on the future level of resource available.

## Using data to support care

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

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

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

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

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

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

- Yes  
 No

Please say why.

Common data standards and definitions as well as additional analytical capability across the whole system would be beneficial however it is not clear why this could not be done without legislation and the creation of a National Care Service. South Ayrshire HSCP currently benefits from the LIST analysts provided by Public Health Scotland who provide a highly useful, high-quality service to the HSCP.

**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?

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## Complaints and putting things right

**Q14.** What elements would be most important in a new system for complaints about social care services? (Please select 3 options)

- Charter of rights and responsibilities, so people know what they can expect
- Single point of access for feedback and complaints about all parts of the system
- Clear information about advocacy services and the right to a voice
- Consistent model for handling complaints for all bodies
- Addressing complaints initially with the body the complaint is about
- Clear information about next steps if a complainant is not happy with the initial response
- Other – please explain:

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

- Yes
- No

Please say why.

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

Yes

No

Please say why.

## Residential Care Charges

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

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

**Q18.** Free personal and nursing care payment for self-funders are paid directly to the care provider on their behalf. What would be the impact of increasing personal and nursing care payments to National Care Home Contract rates on:

Self-funders

Care home operators

Local authorities

Other

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

Yes

No

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

## National Care Service

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

- Yes
- No, current arrangements should stay in place
- No, another approach should be taken (please give details)

See statement above.

**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?

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

In keeping with our statement above and below, South Ayrshire IJB has deep reservations – shared by other partners locally and nationally – about the inclusion of children’s and justice services. We do not believe the National Care Service as proposed should include children’s services: it would risk an unnecessary separation between children’s services and education and no evidence has been presented to outline why this would improve outcomes for children and their families. On the other hand, children’s services are delegated to the IJB in South Ayrshire which works well, ensuring close collaboration between children’s and adult services (e.g. benefiting transitions for disabled children) and cohesion to the social work profession across service areas. Thus, we feel an alternative arrangement should be explored that preserves what currently works well in terms of aligning multi-agency services for children and putting outcomes for children at the centre.

## Scope of the National Care Service

### Children's services

**Q23.** Should the National Care Service include both adults and children's social work and social care services?

Yes

No

Please say why.

South Ayrshire IJB does not think that removing children's services from the local authority (and related children's services planning groups), to create a National Care Service will serve children and young people within localities to best effect. We are concerned that time, money and energy will be spent on this which will distract from the work on which we are currently focused e.g. namely the implementation of The Promise and the UNCRC and ensuring we work well together to support children and families and keep them safe. This proposal will damage much of the work and relationships which have been established and will likely result in silo working and thinking, which is currently not a problem in South Ayrshire.

**Q24.** Do you think that locating children's social work and social care services within the National Care Service will reduce complexity for children and their families in accessing services?

For children with disabilities,

Yes

No

Please say why.

No. The current local models of service delivery and governance developed between with local children's services and education departments works well and is tried and tested. Where there are difficulties accessing services, this inevitably results in discussions with managers and can result in Elected Member enquiries and complaints which are dealt with on a local level, but with a clear sense of local accountability which ensures improving services. As outlined above, we would therefore not endorse the inclusion of children's services in the National Care Service as proposed.

For transitions to adulthood

Yes

No

Please say why.

Only a very small percentage of children who require Social Work services will transition into adult services, and this only for specific reasons, namely Mental Health, Disability, Addictions or Justice. There are very well-defined transitions pathways for those children who need to access adult services which negate the requirement to create a National Care service.

For children with family members needing support

Yes

No

Please say why.

Creating a National Care Service will not improve access as we understand it. It is a centralised approach which will remove the planning and operational delivery of services from those localities (including elected members) who know their communities and residents best.

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

Yes

No

Please say why.

No – the current HSCP and IJB enable there to be good alignment with Community Child Health services, and paediatrics already, centralising control will not improve this, but will likely diminish the good work that has already been established. This will not bring about better alignment in our judgement.

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

Yes

No

If yes, please give examples

Yes. The focus on creating a whole new structure will have a detrimental impact upon Children and young people's safety and wellbeing. Rather than services being about improvement (as they currently are) there will be years spend on disentangling

the current services and arrangements at significant cost with no evidence base that it is required or supported.

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

Yes

No

Please say why.

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

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

Better integration of health and social care

Better outcomes for people using health and care services

Clearer leadership and accountability arrangements

Improved **multidisciplinary team** working

Improved professional and clinical care governance arrangements

Other (please explain below)



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

- Fragmentation of health services
- Poorer outcomes for people using health and care services
- Unclear leadership and accountability arrangements
- Poorer professional and clinical care governance arrangements
- Other (please explain below)

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

## Social Work and Social Care

**Q32.** What do you see as the main benefits in having social work planning, assessment, commissioning and accountability located within the National Care Service? (Please tick all that apply.)

- Better outcomes for service users and their families.
- More consistent delivery of services.
- Stronger leadership.
- More effective use of resources to carry out statutory duties.
- More effective use of resources to carry out therapeutic interventions and preventative services.
- Access to learning and development and career progression.
- Other benefits or opportunities, please explain below:

See statement above. We have concerns around the potential fragmentation of the social work profession as a result of these proposals.

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

## Nursing

**Q34.** Should Executive Directors of Nursing have a leadership role for assuring that the safety and quality of care provided in social care is consistent and to the appropriate standard? Please select one.

- Yes
- No
- Yes, but only in care homes
- Yes, in adult care homes and care at home

Please say why

We wish to use this section to note our confidence in and support for the current clinical and care governance within South Ayrshire and across NHS Ayrshire and Arran. These have been developed across and within professions over a period of time and we hope to preserve the benefits of these good governance arrangements

(text to be updated)

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

- Yes
- No, it should be the responsibility of the NHS
- No, it should be the responsibility of the care provider

Please say why

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

Yes

No

If no, please suggest alternatives

## Justice Social Work

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

Yes

No

Please say why.

In keeping with our statement above, we do not agree that children's and justice services should be included within the National Care Service as currently proposed. The question does not give scope to express this fully as we would seek to ensure that children and justice services remained together and connected and that there was no separation as they are Team Leaders/Social Workers

There is no evidence presented in favour of bringing justice services into the National Care Service.

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

At the same time

At a later stage

Please say why.

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

More consistent delivery of justice social work services

Stronger leadership of justice social work

Better outcomes for service users

More efficient use of resources

Other opportunities or benefits - please explain

**Q40.** What risks or challenges do you think could come from justice social work being part of the National Care Service? (Tick all that apply)

- Poorer delivery of justice social work services.
- Weaker leadership of justice social work.
- Worse outcomes for service users.
- Less efficient use of resources.
- Other risks or challenges - please explain:

A national approach to Justice will not enable a local, community response to local justice needs. It will likely create barriers and result in greater bureaucracy and barriers to community responses to offending behaviours and the causes of crime, which are often associated with Trauma, Poverty, addiction, isolation etc. This however expresses itself differently in the city centre of Glasgow compared to an ex-mining community of Ayrshire.

**Q41.** Do you think any of the following alternative reforms should be explored to improve the delivery of community justice services in Scotland? (Tick all that apply)

- Maintaining the current structure (with local authorities having responsibility for delivery of community justice services) but improving the availability and consistency of services across Scotland.
- Establishing a national justice social work service/agency with responsibility for delivery of community justice services.
- Adopting a hybrid model comprising a national justice social work service with regional/local offices having some delegated responsibility for delivery.
- Retaining local authority responsibility for the delivery of community justice services, but establishing a body under local authority control to ensure consistency of approach and availability across Scotland.
- Establishing a national body that focuses on prevention of offending (including through exploring the adoption of a public health approach).
- No reforms at all.
- Another reform – please explain:

**Q42.** Should community justice partnerships be aligned under Community Health and Social Care Boards (as reformed by the National Care Service) on a consistent basis?

Yes

No

Please say why.

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## Prisons

**Q43.** Do you think that giving the National Care Service responsibility for social care services in prisons would improve outcomes for people in custody and those being released?

Yes

No

Please say why.

There is no evidence presented to support this proposal.

**Q44.** Do you think that access to care and support in prisons should focus on an outcomes-based model as we propose for people in the community, while taking account of the complexities of providing support in prison?

Yes

No

Please say why.

## Alcohol and Drug Services

**Q45.** What are the benefits of planning services through Alcohol and Drug Partnerships? (Tick all that apply)

- Better co-ordination of Alcohol and Drug services
- Stronger leadership of Alcohol and Drug services
- Better outcomes for service users
- More efficient use of resources
- Other opportunities or benefits - please explain

**Q46.** What are the drawbacks of Alcohol and Drug Partnerships? (Tick all that apply)

- Confused leadership and accountability
- Poor outcomes for service users
- Less efficient use of resources
- Other drawbacks - please explain

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

- Yes
- No

Please say why.

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

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

Yes

No

Please say why.

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

**Q51.** Are there other ways that alcohol and drug services could be planned and delivered to ensure that the rights of people with problematic substance use (alcohol or drugs) to access treatment, care and support are effectively implemented in services?

## Mental Health Services

**Q52.** What elements of mental health care should be delivered from within a National Care Service? (Tick all that apply)

- Primary mental health services
- Child and Adolescent Mental Health Services
- Community mental health teams
- Crisis services
- Mental health officers
- Mental health link workers
- Other – please explain

**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?

## National Social Work Agency

**Q54.** What benefits do you think there would be in establishing a National Social Work Agency? (Tick all that apply)

- Raising the status of social work
- Improving training and continuous professional development
- Supporting workforce planning
- Other – please explain

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

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

- Yes
- No

Please say why

**Q57.** Which of the following do you think that a National Social Work Agency should have a role in leading on? (Tick all that apply)

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

## Reformed Integration Joint Boards: Community Health and Social Care Boards

### Governance model

**Q58.** “One model of integration... should be used throughout the country.” ([Independent Review of Adult Social Care](#), p43). Do you agree that the Community Health and Social Care Boards should be the sole model for local delivery of community health and social care in Scotland?

Yes

No

Please say why.

See statement above. South Ayrshire IJB is proud of its track record in delivering health and social care integration and we believe significant progress has been made recently to integrate services across the HSCP. We would urge the creation of the National Care Service to preserve the gains made to date in integrating health and social care rather than inadvertently drive separation between these two parts of the system e.g. by implementing a system of governance and accountability completely separate to the NHS. Despite the time taken for IJBs to ‘bed in’, we believe the integrated governance model is working in South Ayrshire and hope that a National Care Service can be delivered in a way that does not disrupt the good relationships and service collaboration that comes with this.

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

Yes

No

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

Yes. Current boundaries work well and are important in maintaining multi-agency work e.g. through the Community Planning Partnership. This should continue.

In addition to recognising current local authority boundaries, we would urge the National Care Service to take cognisance of locality-based structures at a sub-local authority level. In particular, we place great importance on our Locality Planning Groups in South Ayrshire; these groups play a formal role in IJB governance, reporting to the IJB’s Strategic Planning Advisory Group and are a vital means of engagement with our local communities.

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

Potentially. It is difficult to answer this question without further detail on how CHSCBs and APCs would relate to one another. In South Ayrshire we have full confidence in our very well-established and robust Adult (and child) Protection arrangements including the AP Committee and the reporting arrangements to the Chief Officer Group.

## 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?

We are comfortable with the current makeup of IJBs and are always looking for ways in which we can improve engagement and involvement in our decision-making. However we recognise that switching accountability for social care to Scottish Ministers and removing local accountability would necessarily involve significant changes to local governance e.g. it is not clear within the consultation document whether there would be a distinction between 'voting' and 'non-voting' members on local boards.

Given the shared commitment to Fair Work, we would also support strong trade union representation on CHSCBs to facilitate meaningful staff engagement and promote good governance.

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

Yes

No

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

Per the above, it is difficult to respond definitively to this question while it remains unclear what decision-making powers the local Boards would have. Simply we would advise that the membership of CHSCBs enables good governance by comprising clear lines of accountability and balancing this with the need for the community, people supported by social care and all relevant partner organisations being included at the appropriate levels. We would support the ongoing strong involvement of local councillors and NHS Board members.

## Community Health and Social Care Boards as employers

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

Yes

No

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

This proposal (for a core group of corporate staff to be employed by local CHSCBs) makes sense if the move to a National Care Service involves a shift to local boards being directly funded by the Scottish Government. We do not feel we are in a position to recommend which staff should be directly employed while the scope of the NCS is still being agreed, however the Scottish Government should work with HSCPs to understand the makeup and scope of current strategic planning, commissioning and administrative teams in support of IJBs.

As IJBs have matured, structures of support staff have changed too and there is a wide a range of council and NHS employed staff who provide vital support services to the HSCP.

In support of our Trade Union partners we would also urge the Scottish Government to provide early clarity on which staff will be transferred to the new organisations and would recommend that full and appropriate consultation is undertaken with affected staff as early as possible.

## Commissioning of services

### Structure of Standards and Processes

**Q67.** Do you agree that the National Care Service should be responsible for the development of a Structure of Standards and Processes

- Yes
- No

If no, who should be responsible for this?

- Community Health and Social Care Boards
- Scotland Excel
- Scottish Government Procurement
- NHS National Procurement
- A framework of standards and processes is not needed

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

- Yes
- No

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

- Yes
- No

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

## Market research and analysis

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

- Yes
- No

If no, who should be responsible for this?

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

There needs to be an approach to both local and national market research and analysis. Local analysis should be undertaken by the CHSCB with resources from Commissioning and Performance teams (note funding to ensure these teams are adequately resourced is required). National analysis could be undertaken as is at present with other organisations (HIS /Scotland Excel)

## National commissioning and procurement services

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

- Yes
- No

If no, who should be responsible for this?

- Community Health and Social Care Boards
- NHS National Procurement
- Scotland Excel



## Regulation

### Core principles for regulation and scrutiny

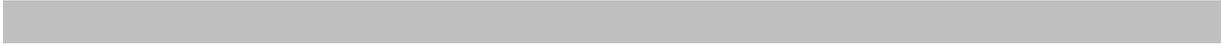
**Q73.** Is there anything you would add to the proposed core principles for regulation and scrutiny?

**Q74.** Are there any principles you would remove?

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

Yes, there needs to be scrutiny on the financial performance and governance of social care organisations, these organisations are publicly funded and there should be a % set in relation to profits and reserves. Scrutiny in financial performance can also highlight if organisation is in financial difficulty and assess where the £'s are being spent. Ethical commissioning includes financial transparency this needs to be set out in more detail, including due diligence of ownerships or directorships of organisations, to ensure they hold same values and principles in ethical commissioning. The scrutiny should be about the whole workforce not just qualifications and development of front line workers providing the direct care and support.

There needs to be a recognition that in some remote rural areas there is a reliance on volunteers and local communities to provide care and support, who do not perhaps have access to training, qualifications, and placing too much emphasis on regulation in these circumstances could place vulnerable communities and service users at risk if support needs to be provided by a person with specific qualifications. The level of regulation and scrutiny perhaps needs to be flexible based on exceptional circumstances.



## Strengthening regulation and scrutiny of care services

**Q76.** Do you agree with the proposals outlined for additional powers for the regulator in respect of condition notices, improvement notices and cancellation of social care services?

- Yes
- No
- Please say why.

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

## Market oversight function

**Q78.** Do you agree that the regulator should develop a market oversight function?

- Yes
- No

**Q79.** Should a market oversight function apply only to large providers of care, or to all?

- Large providers only
- All providers

**Q80.** Should social care service providers have a legal duty to provide certain information to the regulator to support the market oversight function?

- Yes
- No

**Q81.** If the regulator were to have a market oversight function, should it have formal enforcement powers associated with this?

- Yes
- No

**Q82.** Should the regulator be empowered to inspect providers of social care as a whole, as well as specific social care services?

- Yes
- No

Please say why

It is not clear what how the NCS would distinguish between large and small providers however we would accept all providers of social care must be held to high standards.

## 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?

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

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

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

## Valuing people who work in social care

### Fair Work

**Q87.** Do you think a ‘Fair Work Accreditation Scheme’ would encourage providers to improve social care workforce terms and conditions?

Yes

No

Please say why.

South Ayrshire HSCP is fully supportive of the Fair Work agenda and is carrying out work to promote social care as a profession in South Ayrshire. We believe social care staff should be highly rewarded for their invaluable work. Along with others, we would question the efficacy of an accreditation scheme without additional resources/examining funding models to support higher pay and would encourage Scottish Government to work with others to explore how this scheme could have ‘teeth’.

**Q88.** What do you think would make social care workers feel more valued in their role? (Please rank as many as you want of the following in order of importance, e.g. 1, 2, 3...)

	Improved pay
	Improved terms and conditions, including issues such as improvements to sick pay, annual leave, maternity/paternity pay, pensions, and development/learning time
	Removal of zero hour contracts where these are not desired
	More publicity/visibility about the value social care workers add to society
	Effective voice/collective bargaining
	Better access to training and development opportunities
	Increased awareness of, and opportunity to, complete formal accreditation and qualifications

<input type="checkbox"/>	Clearer information on options for career progression
<input type="checkbox"/>	Consistent job roles and expectations
<input type="checkbox"/>	Progression linked to training and development
<input type="checkbox"/>	Better access to information about matters that affect the workforce or people who access support
<input type="checkbox"/>	Minimum entry level qualifications
<input type="checkbox"/>	Registration of the personal assistant workforce
<input type="checkbox"/>	Other (please say below what these could be)

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

**Q89.** How could additional responsibility at senior/managerial levels be better recognised? (Please rank the following in order of importance, e.g. 1, 2, 3...):

<input type="checkbox"/>	Improved pay
<input type="checkbox"/>	Improved terms and conditions
<input type="checkbox"/>	Improving access to training and development opportunities to support people in this role (for example time, to complete these)
<input type="checkbox"/>	Increasing awareness of, and opportunity to complete formal accreditation and qualifications to support people in this role
<input type="checkbox"/>	Other (please explain)

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

**Q90.** Should the National Care Service establish a national forum with workforce representation, employers, Community Health and Social Care Boards to advise it on workforce priorities, terms and conditions and collective bargaining?

- Yes
- No

Please say why or offer alternative suggestions

## Workforce planning

**Q91.** What would make it easier to plan for workforce across the social care sector?  
(Please tick all that apply.)

- A national approach to workforce planning
- Consistent use of an agreed workforce planning methodology
- An agreed national data set
- National workforce planning tool(s)
- A national workforce planning framework
- Development and introduction of specific workforce planning capacity
- Workforce planning skills development for relevant staff in social care
- Something else (please explain below)

## Training and Development

**Q92.** Do you agree that the National Care Service should set training and development requirements for the social care workforce?

Yes

No

Please say why

**Q93.** Do you agree that the National Care Service should be able to provide and or secure the provision of training and development for the social care workforce?

Yes

No

## Personal Assistants

**Q94.** Do you agree that all personal assistants should be required to register centrally moving forward?

- Yes
- No

Please say why.

**Q95.** What types of additional support might be helpful to personal assistants and people considering employing personal assistants? (Please tick all that apply)

- National minimum employment standards for the personal assistant employer
- Promotion of the profession of social care personal assistants
- Regional Networks of banks matching personal assistants and available work
- Career progression pathway for personal assistants
- Recognition of the personal assistant profession as part of the social care workforce and for their voice to be part of any eventual national forum to advise the National Care Service on workforce priorities
- A free national self-directed support advice helpline
- The provision of resilient payroll services to support the personal assistant's employer as part of their Self-directed Support Option 1 package
- Other (please explain)

**Q96.** Should personal assistants be able to access a range of training and development opportunities of which a minimum level would be mandatory?

- Yes
- No

