Preface to NCS Response

Dear Sir/Madam

Please find attached the Angus Council response to the Scottish Government consultation "A National Care Service for Scotland". The response, and cover letter summarising key points of note, were approved at a meeting of Angus Council on 28 October 2021. We recognise that this is a significant and fundamental consultation on a wide range of proposals which will determine the future shape, role, and resourcing of local authorities in Scotland and welcomed the opportunity to respond.

However, I must note on behalf of the Council that local government was not extensively involved in the development of the proposals prior to the publication of the document. This would have been helpful, especially given the current statutory duties held by councils, and the significance of the emerging proposals. In our view, the basis of the proposals in the Consultation document is unclear, and evidence to support proposals for an expansive approach to a National Care Service has not been provided. We are concerned by the lack of detail about the strategy for achieving the delivery of a National Care Service. We are also concerned that there is no definition of the resources required, or clarity about where such resources will come from. Without this detail, it is difficult to respond to the Consultation in a meaningful way. It follows that it also therefore difficult to assess the likelihood of the proposals leading to improved outcomes for local people against the impact of increased costs.

In addition to gaps in key information, the limited timescale has also inhibited our ability to consider the proposals as fully as they merit at a local level and with our communities. This is a significant issue given the scale of the proposals and their likely impact on local supported people, the local workforce and local government more generally. The timescale for the consultation has compounded the impact of this period of unprecedented pressure on local authority services and further stretched our capacity.

We note that the consultation document appears unclear and contradictory in parts and this in turn has impacted on our ability to give fully informed views on some aspects of the proposals. There is also a lack of detail in relation to some aspects of the proposals which made it difficult to provide comprehensive and informative responses. To ensure that any future model is fit for purpose, and likely to meet the needs of our community, we would hope that there is significant further engagement with local government (and others) to clarify and refine the proposals before work is undertaken to implement any proposed change.

The Consultation document indicates that some responsibility for the delivery of key services may remain with the local authority. It is unclear what the mechanism for this would be if local authorities do not continue to have a statutory requirement, or direct funding to maintain such services. We believe that a clear intent around this must be defined. Is the proposed care service to be a stand-alone structure with all its own

skills, support services and fixed assets, or is it to contract out service delivery to others e.g. local authorities. If it is the latter, we are unclear how it fundamentally differs from the status quo, except to increase the risk to local government and supported people.

We are concerned that there has been no enquiry about the skills, numbers and facilities required to deliver a National Care Service. Any separation of our current functions into another organisational construct will require attention to be given to the funding of both Angus Council's and any new organisation's support services (finance, legal, estates, information technology, human resources, business support and professional governance etc). This must be clear to avoid both organisations being underfunded, and to ensure that each organisation retains sufficient capacity and resilience in their infrastructure to deliver quality local services.

Local elected members recognise that the impact on local government of any combination of the proposals outlined in the Consultation document will be significant. There are major aspects of the proposals that have direct financial implications, such as increasing the entitlement to services and reducing or removing eligibility criterion. These will have implications on local service delivery capacity, public expectations, and are likely to impact the availability of resources to support other service provision across local communities regardless of the organisational construct for delivery. The criticality of stability in the care sector for our private and voluntary providers is also noted as they are major providers in this area.

Before committing to change in such an important and sensitive service delivery area, critical for the day to day wellbeing and safety of supported people, it is vital that the objective for a National Care Service is properly defined and a business case developed which demonstrates the way it will work and the resources required to successfully deliver. The intended provider of resources must be identified and committed. Proper attention to the co-dependencies and interplay between local services and their interfaces must be considered. As the Consultation document stands, there is insufficient detail on these aspects. Without such detail, there is concern that the proposals reflect a move towards centralisation for centralisation's sake, rather having emerged as the evidence-based model for improved service delivery based on how the proposals will benefit citizens.

There is a history of strong financial leadership in Angus Council and we note that the structural aspects of the Consultation will likely increase the cost of service provision. We would welcome an appropriate range of working groups being established to support the development of realistic costings for all aspects of the proposals. For example, we are concerned by examples in the public and private sectors which have shown that the larger a service, the greater the management infrastructure needed to deliver an acceptable service on a consistent basis to the end-user. We are also conscious that difficulties experienced by supported people during the implementation phase will impact on the reputation and capacities across both Scottish Government and Local Authorities. On behalf of our citizens, we seek assurances regarding the arrangements that will be put in place to manage risks during the transition period.

We are concerned about the lack of clarity in the consultation about the implications for our social work, social care and associated workforce. This critical group of staff

are relied upon to support and protect our most vulnerable citizens. They deserve clarity about their future employment, working arrangements and broader terms and conditions emerging from the proposals. They require, and we require, to understand how their practice will continue to be supported and appropriately overseen in any new arrangement. This is critical to ensure safe standards of care. As a responsible social services employer, we want to be openly and actively involved in discussions alongside Trades Unions and relevant professional associations to ensure that arrangements are fit for purpose.

As the local democratic body, whose membership is directly elected by the residents of Angus, Angus Council are also concerned regarding the emerging democratic deficit that a National Care Service could create. This aspect of the proposals requires careful attention to ensure that representative democracy is not diminished. Local democratic accountability and scrutiny of services is critical to maintain proper connection to communities, this includes local Elected Members exercising their responsibilities as corporate parents. Equally important is sufficient flexibility in any new National Care Service to allow for local and individual needs to be met.

In summary, without the necessary underpinning detail and evidence, the proposals as outlined in the Consultation document, lack substance as a plan for a National Care Service intended to encapsulate some of the most critical aspects of community based service provision for supported people. Vital detail setting out the level of service and standards of care to be provided, resources and funding are urgently needed. Without such detail, it is not clear that a national approach will deliver an improved service to the vulnerable people of Angus who would depend on the model's success. We would be pleased to respond again once a detailed plan is available.

The Consultation document renders it unclear whether the basis for local democracy to safeguard and improve local standards and outcomes will continue to exist. At a time when we are being encouraged to consult on local authority spending priorities, the Consultation proposals would see major areas of support for vulnerable people being removed from the local democratic sphere. As custodians of local resources, we are concerned about the potential effect of funding an additional national agency, and its attendant infrastructure, on the public purse and therefore on the funding available for other critical Angus Council services.

Finally, we would reflect that whatever emerges from the consultation as a final proposal, local authorities will remain key partners in the delivery of services to local communities. Wherever a boundary is drawn, there will need to be careful attention at both the local and national level to ensure appropriate mitigation against anticipated and emerging risks. This may require further support for local government to ensure good interface with any future National Care Service through community planning partnership arrangements and otherwise.

Yours faithfully

Margo Williamson

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

Angus Council

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Address

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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)

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Information for organisations:

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

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

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

☒ Yes

☐ No

Organisations – your role

Please indicate what role your organisation plays in social care

☐ Providing care or support services, private sector

☐ Providing care or support services, third sector

☐ Independent healthcare contractor

☐ Representing or supporting people who access care and support and their families

☐ Representing or supporting carers

☐ Representing or supporting members of the workforce

☒ Local authority

☐ Health Board

☐ Integration authority

☐ Other public sector body

☐ Other

Questions

Improving care for people

Improvement

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

☐ Better co-ordination of work across different improvement organisations

☐ Effective sharing of learning across Scotland

☐ Intelligence from regulatory work fed back into a cycle of continuous improvement

☐ More consistent outcomes for people accessing care and support across Scotland

☒ Other – please explain below

There is already a national approach to improvement. The Care Inspectorate and SSSC arguably already hold some responsibility for improvement functions working in partnership with local social work and social care providers, including local government. It is unclear from the proposals how a further national structure or organisation will further this agenda in practice.

Learning from case reviews and inspection activity is shared, there is a significant resource available nationally to support regulation of social work and social care (albeit that this also includes Early Years which has had significant attention in the previous years due to the nature and scale of expansion).

There could be improvement in the coordination of the current national improvement infrastructure, separated from regulatory activity so that it properly supports local, operational services through for example the development of tools to support social work and social care practice. It is not clear how the role of the proposed National Social Work Agency fits with the other organisations

Consistency of outcomes could be supported through equitable funding for delivery of services. This should recognise local differences in the cost of provision and need to incentivise providers and workforce. Challenges in successfully scaling up tests of change to whole system improvement is not unique to social work and social care. Resources and relationships help set the context for local improvement and successful tests of change.

It is not clear the extent to which IRISS, NES, HIS, MWC are intended to be part of the National Care Service, consideration should be given as to the most efficient and effective way to ensure these bodies can support the entirety of the social work and social care landscape in any new structural arrangement.

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

The degree to which the National Care Service can be responsible for the improvement of services which it does not operationally deliver is questionable. It is unclear how the various existing national <u>health</u> improvement offers will be incorporated into the National Care Service, the operational arm of which are to be Community Health and Social Care Boards. This includes health services. If a National Care Service approach is to be taken, it must ensure it has enough capacity and expertise across all aspects of its delivery responsibilities, not just social work and social care aspects. Therefore, an understanding of the intent regarding Health Improvement Scotland and NHS National Education Service (for example) would be informative.

A holistic approach should be taken to ensure minimisation of duplication and clarity of responsibility and accountability.

If the change to arrangements is significant, there is a risk of disruption to existing scrutiny and oversight arrangements in transition to any new configuration.

Equally, if the change is largely superficial, there is a risk that limited public sector resource will be used to re-badge existing arrangements with little benefit to supported people, carers or workforce.

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.

Our experience as a local authority is that there are a wide range of ways in which individuals seek information about supports that are available. Any new service must continue to have a range of mechanisms through which individuals can seek information about and access to community health, social work and social care services.

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.

The options outlined appear to be based on a largely consumerist perspective of social work and social care reducing the function to the "coordination of already identified packages of support". This highly reductionist perspective does not reflect the role of social work and social care, nor the complexity often involved in working with people to identify their needs and generate an appropriate package of care.

It is therefore unclear that any one of these approaches would be sufficient in every case. Some individuals' needs could be sufficiently supported by local

voluntary organisations signposting and helping people to access openly available, preventative services/activities. However, more complex situations will require greater coordination and a degree of professional support to appropriately select resources to meet needs.

The consultation does not adequately reflect the complexity of the landscape of social work and social care provision. Our experience is that some people (including children and others requiring protective measures) need professional support to ensure that a clear picture of circumstances is available and to work with people to encourage the uptake of services that may improve the likelihood of positive outcomes.

The consultation does not adequately reflect the role of social work and social care in assessing and responding to scenarios which are not straightforward. Where there can be differences of opinion between people and the professionals around them, or conflict between family members and/or carers and/or supported people regarding the course of action. These situations can be complex and need to be carefully navigated with a clear focus on the rights of the supported person/child and the requirement to keep them safe/ the community safe/ and to meet their needs.

This complexity should continue to be reflected in future arrangements to ensure that those requiring more active coordination of care and support receive this from a skilled professional social worker.

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

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

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

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

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

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

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Whilst this question is worded to invite responses specifically from supported people, as a local authority, we would point to existing legal requirements and the role of local authority "Social Worker" as a protected, registered profession.

It is also essential to recognise the interplay between social care "packages of support" and the more specific and nuanced social work task which equally relates to assessing and managing risk and protecting people.

The wording of these questions does not reflect the proposals outlined in the consultation which seeks to include children and families social work and justice social work in the National Care Service.

It does not reflect the, at times, non-voluntary nature of people's engagement with social work services.

There is no reference here to the role of the National Care Service in assessing and managing risk in a protecting people context.

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.

In principle, something that sets out respective roles and responsibilities across the supporting people system would be beneficial. However, the support networks for adults has many constituent parts and achieving this objective will need a lengthy lead in, training and investment across both the National Care Service and beyond to ensure full implementation is achieved.

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

☐ Agree

☒ Disagree

Please say why.

There are multiple aspects to this question making it difficult to either agree or disagree with the whole statement above.

To be effective in an adult services context, GIRFE processes would need full buy-in and support across aspects of the NHS which are to be retained in a separate service. The interfaces between primary and secondary care as well as social work and social care and other core partners such as housing, education and the third sector are complex.

People's lives rarely fit into one plan. This is more so the case when we explore a "Whole Family Approach" to support planning. People have medical treatment plans (sometimes multiple), housing needs, support needs and wider wellbeing needs, perhaps educational needs. It is not necessarily helpful to attempt to coordinate all of this in one place. There is no single decision maker, or budget holder, in relation to all these moving parts, no single accountable person or organisation. This is challenging.

It is unclear from the proposals how an integrated social care and health record would be designed and implemented. Internally at present, NHS Boards have not achieved a single digital recording system for their internal use, with some services still reliant on paper-based recording. It is unclear therefore how the National Care Service will be able to achieve this.

Perhaps especially because of the complex nature of the community health, social work, and social care delivery landscape, including voluntary and private sector organisations there are likely to be significant information sharing and data protection issues to be resolved prior to implementation. It is essential to share information between professional groups in a way that ensures that the meaning of the information is properly understood, a single record does not prevent the need for good communication between those involved in someone's care.

It is unclear whether the new integrated record would interface with other health services systems and/or police and/or education and/or housing and/or social security systems and/or Scottish courts and/or prison records systems all of which would be beneficial in the wider context of working to support people. It is unclear whether the system will interface with ViSOR.

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

☒ Agree

☐ Disagree

Please say why.

The successful whole system implementation of a National Practice Model is one facet of the improvement and resourcing needed to improve outcomes for adults.

Outcomes can be improved where there is clarity and respect for the roles of those involved in providing care and support, this involves other health, local authority, community services.

Our local health and social care partnership has existing mechanisms in place to ensure clarity of role in the leadership of cases internally which will not be significantly altered by a National Practice Model. Its added value would be across the wider system.

Right to breaks from caring

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

Standardised support packages versus personalised support

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

A right for all carers versus thresholds for accessing support

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

Transparency and certainty versus responsiveness and flexibility

☒ Certainty about entitlement	☒ Flexibility and responsiveness	☐ No preference

Preventative support versus acute need

☒ Provides preventative support	☒ Meeting acute need	☐ No preference

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

☐ Group A – Standard entitlements

☒ Group B – Personalised entitlements

☐ Group C – Hybrid approaches

Please say why.

A continuation of the personalised approach we provide would in our view be preferable to standardised packages. Standardised, service led provision is not consistent with the personalisation agenda and self-directed support approaches. Having indicated a preference for personalised support, we hold that a universal right which results in an entitlement to a set level of "breaks from caring" would then be anomalous. Similarly, access to short breaks may need to be both flexible and responsive as well as certain and clear to meet individual needs. This is an aspect of personalisation.

We fully support the development and delivery of services which provide preventative support. This must not be at the expense of meeting acute need. The proposal indicates that insufficient short breaks capacity is being provided to carers. Demand exceeds the level of funding currently available.

Introducing a minimum entitlement to short breaks would (without significant additional investment) reduce the overall resource available to support those with more complex needs. We therefore consider that thresholds or eligibility criterion should remain in place until such time as there is clarity about the resource available to support both carers and supported people, regardless of the organisational structure resulting from the consultation.

There are finite financial and physical resources available to meet the level of increased demand that doing so could be expected to generate. When this proposal is held alongside the other finance related proposals in the consultation, we are unclear how this would be possible in real terms.

We would therefore welcome the establishment of a working group to fully explore the costing of all proposals contained within the Consultation document.

Using data to support care

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

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

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
		x		

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

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
		x		

We support the aspiration of a nationally consistent, integrated and accessible electronic social care and health record. We are a local authority with a strong reputation for digital innovation and a workforce committed to smarter and more accessible working.

We are aware that whether such a system were to be introduced within a National Care Service or within the current delivery landscape, this would be a significant undertaking. We are not aware of any system currently operating in such a manner.

It is unclear from the proposals how an integrated social care and health record would be designed and implemented. Internally at present, the national health service has not achieved a single digital record within individual health boards. It is unclear therefore how the National Care Service will achieve this.

Perhaps especially because of the complex nature of the community health, social work and social care delivery landscape, including voluntary and private sector organisations, there will be significant information sharing and data protection issues to be resolved prior to implementation. People who use services may not be content to have all their information shared openly across the elements of the National Care Service.

Even if all information is held by one authority, notwithstanding a party's consent, the sharing of personal data across different departments is only permitted where it is necessary and there is a legal basis for doing so. To help inform a fuller response to this aspect of the proposal, it would be helpful to understand what right to confidentiality within and between aspects of the National Care Service people would retain.

It should be made clear to supported people and to professionals working in the National Care Service what the limits to confidentiality are in relation to adult, child, and public protection responsibilities.

It is unclear whether the new integrated record would allow, or improve, the interface with other health services systems and/or police and/or education and/or housing and/or local authority welfare/ social security systems and/or Scottish courts and/or prison records systems all of which would be beneficial in the wider context of working to support people.

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.

If there is a National Care Service, accountable for the delivery of services, it is essential that data is shared by local Community Health and Social Care Boards and commissioned providers to enable that function. A digital record system should have this aspect designed in so that automatic reports can be drawn down with minimum additional activity.

Data standards should be carefully selected to ensure a focus on what makes a difference to the standards of care and should be consistent over time to enable proper trend analysis.

Whatever their scope, the National Care Service and Community Health and Social Care Boards should also be required to share data with Community Planning Partnerships and local Protecting People Oversight arrangements at local authority level to ensure that sufficient detail regarding the delivery of services to local people can be scrutinised.
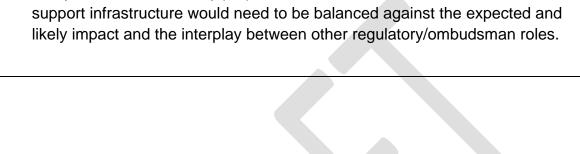
Q13. Are there alternative approaches that would address current gaps in social care data and information, and ensure a consistent approach for the flow of data and information across the National Care Service?

Clarity regarding the data sets being sought, by whom and on what frequency, would allow for local authorities and health boards to put in place systems for reporting key data. Resource to support the local authority to interrogate data and establish any additional routine management data sets and data quality processes could also improve the current position.

National reporting by organisations such as the SSSC regarding workforce and the Care Inspectorate regarding local registered services, could be improved to deliver outputs that are more useable at both the local and national level. Routine reporting on some of these aspects could be beneficial. Significant progress has been made in recent years to improve the data sets relating to social work and social care, including for use within the Local Government Benchmark Framework and recent data reporting to Scottish Government in relation to pandemic impacts.

It is of note that there is no reference made in the consultation or question to current gaps in community health data availability.

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:

The local authority currently operates a single complaints system which follows the requirements set out by the Scottish Complaints Ombudsman, this relates to all social work and social care complaints. Complaints about services commissioned by the local authority are considered through our procurement relationship. Supported people can also complain directly to the Care Inspectorate and SSSC about any social work or social care services.

A Charter of Rights and Responsibilities is captured by the existing Health and Social Care Standards which came into effect in April 2018. The new Standards are relevant across all health and social care provision. They apply to regulated care settings, social care, early learning and childcare, children's services, social work, health provision and community justice.

For a complaints system to be effective, it must be clear who (or which organisation) is responsible for the service that has been delivered. Any new arrangement must promote clarity of accountability.

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

☐ Yes

☒ No

Please say why.

It is unclear what the added value of an additional commissioner would be and how this would simplify the current landscape for supported people.

A full analysis of the cost of any proposed new Commissioner and their attendant support infrastructure would need to be balanced against the expected and likely impact and the interplay between other regulatory/ombudsman roles.

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.

We welcome the consideration of the experience of those accessing services as a fundamental component of a system to measure outcomes. The local authority regularly considers the number, trends, and themes of complaints as well as outcomes and lessons learned.

In addition, the local authority is a key partner in considering practice and outcomes in cases explored under multi-agency significant case review mechanisms.

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

Please see question 19 below

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

Please see question 19 below

Care home operators

Please see question 19 below

Local authorities

Please see question 19 below

Other

Please see question 19 below

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

☐ Yes

☐ No

☒ Unclear

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

Issues relating to the funding arrangement for residential care are complex. There are finite financial and workforce resources available within the system.

Regardless of the organisational structure resulting from the consultation. We would welcome the establishment of a working group to fully explore the costing of all proposals contained within the Consultation document.

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)

Angus Council believes that the best way to deliver services to people is locally. We believe that the best governance of service delivery is also local. Democratic accountability at a local level remains a fundamental principle of governance in Scotland. For these reasons we consider that the current responsibilities and accountabilities for social work and social care should be retained by the local authority and health boards respectively and as equal partners in the Integration Joint Boards.

It is unclear from our reading of the proposals whether Community Health and Social Care Boards will become actual delivery bodies or whether the intention is that this role would be retained by the local authority. Under the present scheme, the local authority has delegated strategic responsibilities to the Integration Joint Board and has separately delegated specific operational responsibility for delivery to specific council officers aligned in our Health and Social Care Partnership under the Integration Joint Board.

It is also unclear, from our reading of the proposals, where the current legal obligations on a local authority and on the Chief Social Work Officer are intended to sit in terms of the future delivery of social work and social care. Examples include obligations under the Social Work (Scotland) Act 1968 and under the Adults with Incapacity (Scotland) Act 2000 as a minimum. It would seem incongruous if these obligations were not to sit with the authority responsible for resource allocation and actual strategic decision-making. The impact of changes would also require to be mapped against Community Planning and Community Empowerment legislation.

It is unclear what the relationship between the National Care Service and local Community Health and Social Care Boards would be in practice and how directly accountable ministers would be for local service delivery. It is unclear how the interplay between local and nationally led and delivered services will be martialled.

We believe it is important that these aspects are clarified before legislation is developed as the legal and service delivery ramifications for local government of these potential models are very different.

Our existing operational arrangements involve adult services having been delegated to the Integration Joint Board and our Children, Families and Justice services existing as a separate, standalone Directorate within the Council led by the Chief Social Work Officer. This model delivers parity of esteem across services and ensures chief social work officer advice and guidance to both the Integration Joint Board and the Local Authority. The interface between services within and external to the local authority are facilitated through our community planning and protecting people arrangements and strong, local working relationships between the leadership and operational teams delivering for our citizens.

If a National Care Service is established, and revised Community Health and Social Care Boards introduced, we would argue that the membership of both bodies must adequately reflect the democratic representative role of local elected members.

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?

Given the broad definition of social care and services, and the linkage between people based services, the proposals need to be clearer on the treatment of services such as welfare rights, early years, youth work and community education and the full range of housing support services currently delivered by local government.

There also needs to be further consideration of the impact on services supporting the delivery of social work, social care and community health services within current arrangements. These are delivered through corporate support arrangements including: Organisational Development, Human Resources, Business Support, Legal, Finance, Procurement etc across local authorities and NHS Boards. There also needs to be consideration of the dis-economies of scale which will arise from the disaggregation of such arrangements and the financial support needed by local authorities to mitigate against the impact of this in future years.

It is difficult to comment further or to provide a perspective on the benefits and risks of the proposals, without such detail being available.

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

Please see Q20 above.

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.

Angus Council believes that the best way to deliver services to people is locally. We believe that the best governance of that service delivery is also local. Democratic accountability at a local level remains a fundamental principle of governance in Scotland. For these reasons we consider that the current responsibilities and accountabilities for social work and social care should be retained by the local authority and health boards respectively and as equal partners in the Integration Joint Boards.

We note the Consultation document asserts that the "all in" model of delegation of social work and social care to the Integration Joint Boards has been successful. We are unclear of the evidence supporting this assertion and would welcome a fuller review of the evidence being made available for local areas to consider.

If a National Care Service is established, given the nature of services involved and the scale and complexity of any transition, we believe that the Community Health and Social Care Boards should continue to have the same level of delegation for social work and social care services that is currently in place. This would enable the development of a model within the current confines of expertise and avoid the risk of overwhelming change in an area of high operational risk.

If Children's (and Justice Services) remain within the remit of local authorities, it follows that a clear articulation as to how the improvement, regulatory and other functions of the National Care Service will equally support both the social work and social care elements that become part of a Community Health and Social Care Board, and those which are retained by the local authority. Funding to support the continued delivery of social work and social care within local authorities without the economies of scale should be made available.

Care should be taken to ensure proper attention to the practice governance (clinical and care governance) arrangements required across the social work and social care landscape to ensure that appropriate oversight is in place regardless of the structure adopted.

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

☒ In part

Please say why.

Some aspects of service provision for children are inextricably linked with their adult counterparts. We share Occupational Therapy and equipment stores, we share legal team and procurement support, the Mental Health Officer team responsibility extends to both children and adults and therefore is critical in instances where a child may require a guardianship to be in place prior to reaching adulthood. We also share capacity in relation to strategic development for example in relation to the implementation of the Carers Act, our protecting people support arrangements and Self-Directed Support implementation and procurement arrangements which affords a degree of resilience in local arrangements and can support age and stage related transitions.

Further separation of adult and children's services would result in a reduction in the resilience of local arrangements and could result in additional resources being required to sustain and support services for children and protecting people arrangements.

Equally, other aspects of provision are more closely linked with Education and Housing. The current delivery model in Angus affords children's social work services the ability to liaise within a single organisational structure to coordinate significant aspects of a child's plan. Special attention will be required at the boundaries created by any new organisational structure.

The close joint working and arrangements currently support planning and transition arrangements from children's service provision into equivalent adult social work and social care services.

The structural changes proposed would not necessarily reduce the complexity experienced by supported people and their families. It is likely that a change in structural arrangements will serve to shift where the complexity is experienced, rather than resolve it.

For transitions to adulthood

☐ Yes

☐ No

☒ In part

Please say why.

For children with disabilities, there are more firmly defined social work and social care transition pathways, although these are not without complexity.

For other groups, transition can be less clear. For example when a young person who has a complex history and appears to have a general need for coordinated support, but does not have a specific disability and is not seeking mental health or substance misuse service, there are few equivalent services to refer in to or transfer on to. These are areas that local social work and social care services are working locally to address in partnership with the voluntary sector, housing support colleagues, and others within existing structures.

It is important to note that the age at which transitions take place differ according to the social work legislation applicable in a case. An example would be the approach to care experienced young people and care leavers. Different ages of transition to adult services also exist within key aspects of health provision such as Child and Adolescent Mental Health Services.

Transition points lack coterminosity. This would arguably become more, not less, complex to navigate if firmer organisation boundaries are established between different parts of the system of support that people rely on as they grow into adulthood. There is therefore no single clear dividing line between "children's services" and "adult services".

For children with family members needing support

☐ Yes

☐ No

☒ In part

Please say why.

There is benefit in having services that support adults working in partnership with those who support children. Improved outcomes for children are often best supported through direct support to the adults in their lives. This can be through access to specialist mental health or substance misuse services support for example.

It can also involve access to specialist parenting support through Early Years services as well as the provision of funded early learning and childcare places, after school care, holiday fun programmes and so on. Whilst these services are delivered directly to children and young people, they also provide an opportunity for parents to have a break from caring and to access other support services.

Our local partnerships work together as a team around the child to draw on the necessary service support for the whole family. This includes partnership working with our justice services and adult social work services, housing, and welfare rights colleagues.

Further resource being made available locally to support the direct delivery of these services would increase the availability of intensive support which would benefit children, their families and communities.

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

☐ Yes

☐ No

☒ In part

Please say why.

It is not clear from the document what the proposals are in relation to delegation of health-related services to the Community Health and Social care Boards/ National Care Service.

If children's social work and social care services are to be included, then there is advantage in at least aligning children's health arrangements to mitigate, in part, against the lack of alignment with Education.

Consideration should be given to including health visiting, school nursing, community midwifery, family nurse partnership, child and adolescent mental health services and community paediatrics, including looked after children's health arrangements.

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

The consultation document does not give sufficient weight to the consideration of children's (or justice) services as part of the proposals. The consultation document is heavily weighted to a view of social work and social care through a (largely) older people's services lens. This approach gives insufficient confidence in the understanding of the children's services and justice landscape lying behind these proposals.

Tayside Regional Improvement Collaborative includes Angus and our partners in Dundee City and Perth and Kinross Councils. Our collaborative involves a joint working approach to improving outcomes for children, young people and families. The governance of the Tay Plan therefore involves joint decision making, allocation of budgets and an opportunity to work across the geographic area and with partners in NHST and Police Scotland to make most effective use of resources. There is a risk that the critical work being undertaken collectively to improve attainment and deliver on The Promise will be impacted if children's services become part of a National Care Service.

It is unclear what impact analysis has been undertaken in relation to how the proposals could impact government policies such as closing the attainment gap and GIRFEC delivery.

There is a risk of disconnect between children's social work services and the other services, provided by local authorities, that families rely on. Most children and young people's main interface with services is through early years and school settings, this is a critical operational and strategic interface for the delivery of GIRFEC and child protection duties. An organisation barrier between children's social work and other council services would add complexity to current shared approaches to commissioning and the development of joint projects.

We are mindful that there is always an increase in risk, and the possibility of diminished service provision, during period of significant organisational change and transition. Critical focus and capacity are redirected to attend to managing the change to a new organisational construct and away from a focus on improving services to people.

If a National Care Service includes children's social work and social care services, there is a risk that the scale of organisational change required may result in a hiatus of responsibility for ensuring that children's needs are met.

As the organisation with lead responsibility for Community Planning Partnership arrangements, we are concerned regarding the lack of reference in the Consultation document on the anticipated treatment of, or impact on, Community Planning Partnership responsibilities and the current multi-agency Public Protection arrangements which span all of social work and social care responsibilities. These need to be addressed to ensure continuity of arrangements and priority of oversight/ ownership during any transition.

Healthcare

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

☐ Yes

☐ No

☒ In part

Please say why.

> If other aspects of delivery are moved to the Community Health and Social Care Boards, then the equivalent/complimentary areas of current Health Board provision should also follow. This will ensure that Community Health and Social Care Boards can holistically commission the delivery of services across the full spectrum of services that people need.

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?

> The consultation timescale has been insufficient for us to offer a considered response to this question.

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)

> The consultation timescale has been insufficient for us to offer a considered response to this question.

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)

The consultation timescale has been insufficient for us to offer a considered response to this question.

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

Rather than establishing a National Care Service and Community Health and Social Care Boards, it would be equally possible for community health responsibilities to be transferred to local government. Such a model would enable all relevant staff to be employed and governed through one single structure and could include for example public health which may support focus on early intervention and prevention.

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:

We do not consider that a National Care Service will necessarily deliver improvements. Delivery on outcomes and improvement will be based on continued strong social work professional leadership of the sector together with significant additional investment and support infrastructure equivalent to that available to other professional sectors.

Given these conditions, we consider that improvements could equally be led from within the existing governance and delivery landscape if the level of additional investment stated as an intention in the consultation introduction were to be made available under existing governance arrangements.

There are potential benefits for the workforce in a broader set of opportunities for career progression and development. Although we consider that this is likely to result in increased cost of the delivery infrastructure.

There is scope for the National Care Service to take action to address differences in the availability of care across the country although we would observe that this has not necessarily been evidenced by existing national services and so cannot be assumed. Consistency of service availability could also be improved by reviewing the current allocation of funding to local authorities for social work and social care services.

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

Yes. 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.

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

Nurse Directors should continue to have a leadership role for assuring the safety and quality of nursing provision which is consistent with their qualifications and experience. Nursing accounts for around 10% of the overall care home for adults workforce.

Chief Social Work Officers currently have statutory leadership role for social care which is consistent with their qualifications and experience. Regulatory functions are delivered by the Scottish Social Services Council and Care Inspectorate.

Any future model must ensure that leadership and practice oversight is delivered by those with the competence in each respective area of practice. A suggestion for improvement is the introduction of an Executive Director of Social Care role in addition to the Chief Social Work Officer function. This would afford greater, specialist capacity to focus on all aspects of social care within a National Care Service or Community Health and Social Care Boards.

We have commented above on our concern regarding the lack of clarity about legal and governance responsibilities and accountabilities being proposed in the Consultation document.

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

> If the National Care Service is responsible for these areas of practice, then it should also have responsibility for these areas or ensuring good connection with the organisation/s that do. This will enable the development and support of a workforce for community health as a priority to support the objectives of the Community Health and Social Care Boards and National Care Service.

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

> Given the scale and focus of the National Care Service and the Community Health and Social Care Boards, there should be consideration given to developing independent professional governance and oversight arrangements for the National Care Service.
>
> This will require the creation of appropriate professional governance arrangements for each professional arm of Community Health and Social Care Boards.
>
> Failure to do so will perpetuate a complex practice governance picture and continue to present challenges in relation to the lack of coterminosity of governance arrangements between the constituent parts of Integration Joint Boards.
>
> Chief Social Work Officer oversight (continuing or as reformed) will still be required for social work and social care services. Each organisation with responsibility for social work and social care activities must have a statutory obligation to appoint a suitably qualified person to provide the role set out in current statutory guidance on the role of the Chief Social Work Officer.

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

☒ Partly

Please say why.

Angus Council believes that the best way to deliver services to people is locally. We believe that the best governance of service delivery is also local. Democratic accountability at a local level remains a fundamental principle of governance in Scotland. For these reasons we consider that the current responsibilities and accountabilities for social work and social care should be retained by the local authority and health boards respectively and as equal partners in the Integration Joint Boards.

However, if a National Care Service is progressed on a model that includes both adults and children's services, then justice social work should also be included.

There would be no remaining infrastructure or professional oversight arrangement within local government to host such a service, in the absence of other social work capacity and support.

Justice is only one referral route or setting in which social work and social care services are accessed. Often the most vulnerable people in our communities access support services through this channel.

There are strong operational and thematic connections between justice social work and mental health services; substance use services, transition support, learning disability services, youth justice, diversion, domestic abuse, and other protecting people responses.

Separation of justice social work from the remainder of the social work, social care and community health landscape would be a retrograde step.

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.

We cannot establish a rationale for not progressing as part of the overall development of the National Care Service. Failure to do so would give rise to the risks noted at question 37 above.

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

Please see question 32 above.

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:

Please see question 32 above. Structural change does not necessarily lead to improvement.

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:

This question is about community justice services rather than Justice social work which is only one aspect of Community Justice. It is therefore unclear whether this question is asking about the future of the community planning partnership lead for Community Justice Partnerships or about Justice social work.

We note that previous consultations on the future of both the strategic community justice landscape and operational justice social work itself have been conducted in their own right and have allowed for months of engagement with key stakeholders, which as recently as 2016 resulted in the current arrangements which support whole system and whole family approaches.

Angus Council believes that the best way to deliver services to people is locally. We believe that the best governance of service delivery is also local. Democratic accountability at a local level remains a fundamental principle of governance in Scotland. For these reasons we consider that the current responsibilities and accountabilities for social work and social care should be retained.

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.

> Community Justice Partnerships are part of well-established Community Planning Partnership accountabilities. These sit with local government to lead and coordinate. This recognises the significance of local intelligence, buy in of services in delivering on reducing reoffending for local communities.
>
> The Angus Community Justice Partnership is attended by a wide range of representatives reflecting constituent parts of the local justice system, including elected members and the wide array of local support to people in our community-based services. Justice social work is only one aspect of the partnership.
>
> Local authorities have strength in working to deliver positive outcomes through supporting the coordination of good local partnership working.

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.

Angus Council believes that the best way to deliver services to people is locally. We believe that the best governance of that service delivery is also local. Democratic accountability at a local level remains a fundamental principle of governance in Scotland. For these reasons we consider that the current responsibilities and accountabilities for social work and social care should be retained by the local authority and health boards respectively and as equal partners in the Integration Joint Boards.

If a National Care Service is established and if it includes all adult social care, then it should certainly include social care in prisons. Holding Scottish Prison Service as the provider of care at the point of need would not seem to be the most suitable mechanism to ensure good quality of care and appropriate professional and practice oversight.

Alternatively, areas with a prison/s in their boundary could also be specifically funded to support the delivery of social care into prisons and support the transition into the home authority on release.

A national approach to the funding and leadership of this aspect of provision would be a welcome improvement for our changing prison population demographic. Such an approach could be coordinated through COSLA and Scotland Excel.

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.

Consistency of approach regardless of setting is appropriate in a Human Rights focused country.

In relation to Human Rights more generally, it is noted that the Consultation document promotes a people centred and human rights-based approach at the heart of designing care services.

As part of taking forward the 30 recommendations from the National Taskforce for Human Rights Leadership for a new human rights framework for Scotland, it is noted that a Human Rights Bill will also be introduced in this parliamentary session and that this new Bill will complement the work in relation to developing a new National Care Service.

Although we would welcome this inclusive approach to care provision, we are mindful of the significant financial, operational, and regulatory challenges across public authorities that implementation will bring. All efforts must be made to ensure consistency across any emerging legislative frameworks.

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

The business case for the transfer of Alcohol and Drug Partnerships into a National Care Service is unclear and the source or basis for the assertions made is unattributed. There is a further impact on the wider public protection agenda highlighted elsewhere in this response. This proposal merits further and detailed consideration through an independent review in its own right

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

Please see question 45.

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.

Alcohol and Drug Partnerships are multi-agency partnerships. They do not need to be integrated into the work of Community Health and Social Care Boards to function. The involvement of key partners who will remain external to the Community Health and Social Care Boards (whatever the model agreed) will remain critical to their success.

The consultation timescale has been insufficient for us to offer a fuller response to this question.

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

Alcohol and drug services are not managed by the Alcohol and Drug Partnership. The consultation document was not sufficiently clear about the proposed management arrangement for these services for us to fully comment on potential alternatives.

Overall, our experience is that we should think less about the category or label of need and more about the individual person and the support they may require to enjoy better outcomes. This holistic approach usually spans more than one area of thematic or budgetary silo. A redesigned National Care Service would do well to avoid recreating any barriers that supported people have told enquiries are unhelpful.

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

☐ Yes

☐ No

☒ Maybe

Please say why.

Using current national mechanisms available through Scotland Excel would allow a commissioning approach that provides economies of scale and consistency of specification and pricing.

Further investment is needed at local level so that local areas have the funding available to consistently procure such services or develop them in-house.

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

The consultation timescale has been insufficient for us to offer a fully considered response to this question. All public authorities should follow Best Value principles in determining whether services should be procured.

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?

A partnership approach is necessary, regardless of the specifics of the arrangement for service delivery, to ensure that thinking and service alignment reflects the wider system of support required by those in need of support relating to substance use.

The intersection with protecting people arrangements is also significant and needs to be actively considered in any proposal to change existing Alcohol and Drug Partnerships or the delivery mechanisms for substance use services.

We should also take steps to ensure that the current range of strategic planning groupings and partnerships remain necessary to deliver improvement or consider whether a broader, more connected view is needed.

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

Angus Council believes that the best way to deliver services to people is locally. We believe that the best governance of that service delivery is also local. Democratic accountability at a local level remains a fundamental principle of governance in Scotland. For these reasons we consider that the current responsibilities and accountabilities for social work and social care should be retained by the local authority and health boards respectively and as equal partners in the Integration Joint Boards

If a National Care Service is established and it includes all adult services, then it must include the whole spectrum of services for mental health. Separation of these functions is unhelpful for supported people. If must be recognised that some of these functions also have statutory responsibility across the children's and justice sector and this would require to remain in place.

It is not clear what is referred to under "crisis services" above. A clearer definition is necessary before a view can be offered.

Whether or not children's and justice social work is included in the National Care Service, it is important that Child and Adolescent Mental Health Services alongside other community mental health provision are configured to better enable smooth transition and clear clinical and care governance arrangements in this critical area of service delivery.

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?

We would recommend further detailed engagement on the inclusion of mental health services and related implications should proposals be formalised for their inclusion within a National Care Service.

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

Angus Council believes that the best way to deliver services to people is locally. We believe that the best governance of that service delivery is also local. Democratic accountability at a local level remains a fundamental principle of governance in Scotland. For these reasons we consider that the current responsibilities and accountabilities for social work and social care should be retained by the local authority and health boards respectively and as equal partners in the Integration Joint Boards

Regardless of the decision regarding other aspects of the National Care Service, we consider there is merit for greater investment and coordination of the wider social work profession. This highly specialised professional group have little access to support infrastructure out with their local authority. The focus of other organisations such as the SSSC and Care Inspectorate on wider social care or social services (including early years) has meant that professional social workers account for less than 5% of the registered social services workforce in Scotland.

We consider that a National Social Work Agency could support local authorities in the delivery of social work and social care services through coordinated investment in the workforce, the strategic commissioning of research into practice and the development of Scottish context evidence based tools and interventions. This could involve greater coordination of the functions of some existing organisations.

It is critical that the National Social Work Agency prioritises all social work functions, not only those which are included in the National Care Service delivery model.

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

Yes. Risks include:

Without good coordination and clear articulation of the roles and responsibilities of the various national agencies, that the National Social Work Agency adds to a cluttered landscape and confuses accountabilities.

There is a limited professional social work capacity in Scotland and other proposals in this consultation involve a potential for increased social work capacity to deliver. The National Social Work Agency will also require to be staffed. This is likely to draw experienced social work leaders and practitioners from front line service delivery at a time where their experience is needed both to maintain continuity and to lead change

A distancing of the existing relationship between the Schools of Social Work and employing agencies which are the bedrock of current student placement arrangements.

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

☐ Yes

☒ No

Please say why

Because we believe that the best way to deliver services to people is locally, we would advocate the retention of services by the local authority.

We believe that a National Social Work Agency would most appropriately sit separate to the National Care Service. If aspects of social work delivery continue to remain in the domain of local authorities, this will be important to ensure a sufficient degree of separation from the National Care Service to enable equitable focus across the whole social work profession.

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

Because we believe that the best way to deliver services to people is locally, we would advocate the retention of services by the local authority. Should a more coordinated approach to terms and conditions of the social work workforce be required, this can could be achieved through partnership with COSLA.

Differential terms and conditions within the workforce of an organisation, such as a local authority, can give rise to equal pay issues and this would need careful consideration.

If local authorities are required to commission services or if these are being commissioned by a separate body, then there would be benefit in consistent terms and conditions nationally to support that function.

We consider the importance of a clear link between a body setting pay and conditions, those who provide the funding, and those who deliver services, otherwise the system could quickly become misaligned and unaffordable placing further constraints on local services. It is also important for terms and conditions to be informed by local circumstances.

Where staff are 'tuped' between organisations or greater alignment is sought with the terms and conditions across professional groups, this may lead to a rounding up of terms and conditions, either through negotiation or through equal pay legislation. Whilst this is not negative in itself, the financial implications for the public sector need to be transparent. There must also be clear advice to staff regarding the impact of changes to pension arrangements and other associated changes.

The interface between a national body with responsibility for workforce planning and local delivery constructs will be critical in ensuring that local area needs are fully understood and met.

There are benefits in bringing greater focus to ensuring that sufficient social workers are being trained to meet local demand and that there is a sufficient pool of qualified practice educators, mental health officers and joint investigative trained staff available to meet growing demand across these sectors.

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.

> Angus Council believes that the best way to deliver services to people is locally. We believe that the best governance of service delivery is also local. Democratic accountability at a local level remains a fundamental principle of governance in Scotland. For these reasons we consider that the current responsibilities and accountabilities for social work and social care should be retained by the local authority and health boards respectively and as equal partners in the Integration Joint Boards.
>
> We consider that our current local arrangements work well for the people of Angus and that change to the configuration of services delivered locally to local people should only be made within existing local and democratically accountable structures.

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?

> If formal proposals lead to the creation of a National Care Service and Community Health and Social Care Boards, then to minimise the disruption of transition to any new arrangements, and to ensure a continuation of local democratic accountability and scrutiny, local authority boundaries should be retained.
>
> As with our current Tayside Collaborative arrangements, there may also be benefit in considering how the new model could encourage economies of scale although this would require fuller attention to the matter of local democratic oversight.

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

The proposals around the creation of Community Health and Social Care Boards leave a range of uncertainties in terms of intent. There are apparent contradictions between this section and other sections in the consultation document. Until these are clarified it is difficult to evaluate the proposals as they stand.

Any change to the arrangements for key partners in local protecting people arrangements will have an impact on Adult Protection Committees, Child Protection Committees, Multi-Agency Public Protection Arrangements (MAPPA) Strategic Oversight Groups, and a range of other linked community planning partnership thematic groups.

The ability to make partnership decisions at a local authority partnership level is not assisted by the national approach to policies resulting from national organisational structures. The degree of flexibility and responsiveness is therefore limited.

The legislation will need to clarify the role of local authorities in the protecting people arena given their potentially significantly altered role and capacity. For example, would local authorities retain their current specific statutory responsibilities in relation to Adult Protection Committees and MAPPA. There would also likely be a requirement to revisit guidance relating to a range of protecting people matters if the responsibility for key statutory social work provision is removed from local government and placed with Ministers.

Clarity for staff in all agencies about respective roles and responsibilities will be critical to mitigate risk during the transition period.

It must be recognised that the role of local authorities in relation to protecting people arrangements would be significantly altered without a continuing mandate to intervene to protect citizens at risk.

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?

Angus Council believes that the best way to deliver services to people is locally. We believe that the best governance of service delivery is also local. Democratic accountability at a local level remains a fundamental principle of governance in Scotland. For these reasons we consider that the current responsibilities and accountabilities for social work and social care should be retained by the local authority and health boards respectively and as equal partners in the Integration Joint Boards.

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

The matter of voting rights and representation is a complex and nuanced issue and merits further detailed exploration. The personal and legal liabilities of board membership, responsibility and accountability of a voting member should be fully considered and consulted upon before detailed regarding changes to voting rights are proposed.

Respective roles and responsibilities of board members must be fully explored, and the implications and potential constraints of voting membership made clear.

There must also be further consideration given to the process of selection (and de-selection) and training of members of the Community Health and Social Care Boards.

There should be clarity regarding the professional advisory role and "membership" or "voting membership". Current governance anomalies must be addressed.

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?

> There are currently no Community Health and Social Care Boards. For our views on the membership of Community Health and Social Care Boards, please see Q. 62

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.

> The proposals currently contain insufficient detail to enable a full response to this question. The answer to which depends to a large extent on which model of National Care Service is ultimately proposed.
>
> The infrastructure needed to support a new employing agency for a very small number of staff would not appear to demonstrate best value and may be unsustainable in some areas.

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

> 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.

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

☒ Unclear

> More detail is needed to respond to this question. It would depend on the nature of the Structure of Standards and Processes, the ethos for determining such and related to that how they are structured to cater for what can be very individualised care needs and how they can be adapted to meet those changing needs.

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

☐ Yes

☐ No

☒ Unclear

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

Scotland Excel has been undertaking the lead role in establishing and managing national social care contracts for over 10 years. With a dedicated social care section and drawing upon extensive experience in procurement at a national level, Scotland Excel has both the skills and knowledge to offer expert stakeholder engagement and collaboration across a complex stakeholder group.

It is our view that utilising this existing skill and experience will drive a better result in relation to improvement in the sector than if this function is recreated in another organisation without this direct experience.

It should be noted that to best meet the needs of supported people and to achieve best value, flexibility is required at a local level to use a supplier out with the frameworks provided by Scotland Excel (subject to appropriate governance arrangements). This flexibility will be required in any future model.

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

> Our experience is that market research and analysis would sit better with Scotland Excel who already have the expertise in this area at a national level.
>
> Market research and analysis is currently also carried out at a local level by local authorities to enable the meeting of individualised local need. This can be seen in examples of procurements which take place out with national frameworks.
>
> It is essential that this hybrid approach can continue to support local services to fulfil commitments to having a people centred and human rights-based approach at the heart of designing care services and to achieve best value.

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

We recognise that there may be some highly specialised services which could be delivered or procured at a national level to better enable service development to meet these needs. We furthermore consider that this approach can, and is, already achieved within the existing governance landscape.

Local authorities regularly work together to deliver services in partnership or through "host" arrangements where this is identified as a benefit for supported people locally, and to maintain a sufficient degree of resilience in specialised areas of practice.

There are also examples of services funded by all local authorities in Scotland through a mechanism developed by COSLA.

Where there is agreement that a national approach offers Best Value, Scotland Excel has been undertaking the lead role in establishing and managing national social care contracts for over 10 years. With a dedicated social care section and drawing upon extensive experience in procuring at a national level, Scotland Excel has both the skills and knowledge to offer expert stakeholder engagement and collaboration across a complex stakeholder group.

Utilising this existing skill and experience will drive a better result in relation to improvement work in the sector than if this function is recreated in another organisation without this direct experience.

In relation to the proposed shift from competitive to collaborative commissioning, whilst the focus of commissioning and procurement decisions being on the person's needs is welcomed, there is still a place for competition and further detail is needed on what "collaborative commissioning" would entail.

Regulation

Core principles for regulation and scrutiny

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

> In relation to Principle 2, whilst we support the suggestion of a suite of approaches and intensities, we would recognise the benefits of a degree of reliability in supporting the best and most purposeful engagement from providers.
>
> We are unclear as to the meaning of Principle 3. If it was intended to refer to the National Care Service, there needs to be further clarity regarding this principle and its relevance in the section relating to regulation and scrutiny which is proposed as being independent of the National Care Service.

Q74. Are there any principles you would remove?

> Principle 9 says "where possible", this should be removed unless the regulator can provide clear examples of where such an approach would not be possible.
>
> Principle 10 says "where appropriate" this should be removed – it should always be appropriate to take account of legislative requirements, policy, standards, and codes of practice.

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

> It needs to be clearer whether the regulator will continue to have responsibility for non-National Care Service functions – like Early Years, children, families and justice social work and social care if these are not part of the National Care Service.
>
> It needs to be clearer how the new regulator would be designed to reflect the professional diversity of the new Community Health and Social Care Boards. Where possible, we would support a single regulatory approach to avoid unnecessary duplication and improve the transparency and accountability for quality, scrutiny and improvement of services.
>
> Principle 5 refers to "good practice arising from the pandemic". This should be removed and refer instead to "good practice". Reference to the pandemic will become outdated and infers that examples of good practice triggered by other

drivers of change are not a priority. All good practice examples should be openly considered.

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.

We agree that the regulator requires the ability to act more swiftly and decisively to protect supported people and to support clearer intervention by other responsible authorities.

This needs to be balanced with the risk to supported people of significant disruption to their services during any action or because of any action.

There should be reference to any role the regulator may have in relation to support for improvement and early intervention.

Any changes need to take account of any risks emerging for the "provider of last resort" (currently local authorities) to ensure that they are sufficiently resourced to meet any gaps which emerge as a result of action either pending, or taken. Funding constraints and a requirement to ensure internal services are efficient mean that there is little "spare" or "resilience" capacity for such scenarios.

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

Greater clarity regarding the mechanisms to support providers to deliver safe and effective care during or following any process would be beneficial.

Furthermore, local authorities currently have step-in responsibilities in this regard but are not yet adequately supported by detailed guidance nor funding to ensure capacity to deliver consistently across the country should such a scenario arise.

Any change to the regulatory and operational landscape for social work and social care should take the opportunity to address this area of risk.

Market oversight function

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

☐ Yes

☒ No

> The proposal elsewhere includes reference to the National Care Service having a market research and analysis role. There is potential for crossover or duplication between these functions and a market oversight function. Clarity is needed on the division of roles and where these functions best sit in the overall system.
>
> Financial stability of providers is a legitimate "scrutiny" function as the risks to supported people of service collapse is significant. A managed approach to this is therefore welcomed. Given the scales of some providers and their geographic spread, this role would be best undertaken at a national level by the regulator in addition to any individual procurement monitoring arrangements at a local level.

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 essential that the regulator has the power and responsibility to inspect and scrutinise the whole system of community health and social care support. Inspecting one element in isolation will not lead to a whole system improvement focus.

There must be greater clarity regarding the interplay between different regulators operating in the Community Health and Social Care arena.

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 workforce regulator should reflect standards applied in other parts of the health and social care system to ensure fairness and parity.
>
> The service regulator should seek assurance regarding the service provider/ employer's arrangements to adhere to the employer's codes of practice and seek evidence of their approach to supporting the implementation of sanctions arising from fitness to practice hearings as part of ongoing inspection and scrutiny processes.

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

> Yes, a requirement to share information would help mitigate concerns regarding potential allegations of data protection breaches arising from the sharing of information. The sharing of such information is necessary to ensure transparency and full consideration of the facts before determining whether sanctions are necessary and proportionate. This improves public confidence in services and can also in some cases improve the safety of supported people by ensuring that unsuitable registrants do not practice.
>
> Such a requirement has worked well in relation to information sharing with Disclosure Scotland for example.
>
> Again, this requirement should apply equally across all registered workforces and regulatory bodies, not just community health and social care, or social work and social care.

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

> It is unclear from the consultation document which regulatory services are being referred to.
>
> Any new approach should take the opportunity to clearly scope out the regulatory landscape and its interfaces. Seeking to reduce overlap wherever possible so that it is clear to members of the public, staff and providers what the respective

boundaries, roles and responsibilities are. It needs to be clearer where concerns can be raised, by whom, and in what sequence.

In an increasingly integrated public sector delivery landscape, there are too many opportunities for concerns and complaints to be circulated around different organisations and agencies without a single path for clear resolution or outcome for those raising concerns. Greater coordination between regulatory bodies could improve this.

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

Registration of the workforce supports overarching workforce analysis of a given sector; enables the setting of consistent qualification requirements to drive up standards; and provides an opportunity for enhanced public protection measures.

For this reason, we believe that further work should be undertaken to scope the potential benefits, risks and resources required to extend registration to include those working in support worker roles, community justice assistants, health care assistants and personal assistants.

It must be recognised that registration which is too onerous in relation to the qualification bar set can have the unintended consequence of acting as a barrier to people entering the social care sector. Given the recruitment challenges, it is essential that a balance is achieved to promote growth and retention of the workforce. Furthermore, we believe that in growing the scope of regulation, the regulator should act to ensure there is focus on registrants demonstrating the key skills, knowledge, and values rather than reliance on certificated learning.

We promote greater flexibility in the operation of the register to enable people to move more freely between broadly equivalent areas of the current register.

We furthermore consider that given the significant additional number of registrants that this would add to the regulator's responsibilities, this is another reason to support the introduction of the National Social Work Agency to ensure clear focus is maintained on this aspect of the workforce.

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.

Angus Council supports intervention to further improve the terms and conditions of the social work and social care workforce. We also recognise the potential impact this approach may have on driving up costs and would highlight the need for a fair funding settlement to ensure such improvement does not come at a cost to the availability of care services.

There is also an opportunity to align some existing accreditation schemes to deliver an overarching Fair Work Accreditation Scheme which encompasses all aspects such as living wage accreditation and disability confident employer etc.

We would however question how this could be achieved in Scotland, given that employment law is not devolved.

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…)

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

x	Increased awareness of, and opportunity to, complete formal accreditation and qualifications
x	Clearer information on options for career progression
x	Consistent job roles and expectations
x	Progression linked to training and development
x	Better access to information about matters that affect the workforce or people who access support
	Minimum entry level qualifications
	Registration of the personal assistant workforce
	Other (please say below what these could be)

Please explain suggestions for the "Other" option in the below box

It is unclear whether the final two points would specifically improve a sense of the social care workforce being valued. We have deliberately not "scored" these as there will be some aspects that are more important to individuals than others.

We would note that similar proposals could support the wider local authority workforce but the fiscal reality of the position for local government has resulted in a growing divergence of pay, terms and conditions with other public sector organisations over a number of years.

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…):

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

Please explain suggestions for the "Other" option in the below box

Senior/ managerial levels are still part of the social care workforce. We have deliberately not "scored" these as there will be some aspects that are more important to individuals than others.

As above, we would note that similar proposals could support the wider local authority workforce but the fiscal reality of the position for local government has resulted in a growing divergence of pay, terms and conditions with other public sector organisations over a number of years.

There is potential for work to be undertaken to scope a reasonable "span of control" to promote consistency and ensure sufficient capacity for practice governance and improvement work. Often in a response to austerity, leadership, and management posts as well as support infrastructure have been reduced to protect frontline service delivery capacity.

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

If a National Care Service is established, it must include robust arrangements for engagement with these groups. Workforce representation should include official trade union representatives and professional representative groups.

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)

Workforce planning for Social Work should be undertaken by the National Social Work Agency with the remit of and accountability to other organisations clearly outlined to avoid duplication or gaps.

Arrangements will need to adequately reflect and take account of the complexity of a workforce which spans different organisations and sectors. It needs to be clearer whether this also includes early years provision and if not, where the responsibility and oversight of early years workforce issues lies in the future model.

Local arrangements are in place for workforce planning and this connect to local service delivery bodies is critical in ensuring relevance and responsivity to the local context. The interplay between local strategic plans, financial plans and workforce plans is critical to ensure safe and sufficient service delivery.

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

This already exists to some extent within the SSSC and it is proposed that SSSC will be part of the National Care Service.

There has been inadequate focus on the specific requirements of the professional social work workforce which the National Social Work Agency could support the National Care Service and regulators to address.

It is reasonable that the regulator should set the specific educational bar for registration and or specialist accreditation purposes and should have a role in accrediting the suitability of education or courses developed for the sector.

There needs to be read across to The Risk Management Authority and other organisations who also provide accredited training for the workforce so that these and courses such as joint investigative interviewing can be assessed in relation to their suitability as demonstrations of advanced social work practice.

The employing organisation should thereafter determine which job roles certain training and development is required for and the extent to which that is a minimum standard or enhanced practice standard.

There should continue to be scope for local variation to reflect local circumstances.

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.

> This aspect of the social care workforce is currently unregulated. Given the nature of their (often isolated) working environment and high individualised employment arrangements, this is arguably more risky than allowing some other groups to be unregulated.
>
> Supported people should be able to have confidence that minimum standards have been applied and met before appointing someone to deliver their care.
>
> It must be recognised that registration which is too onerous in relation to the qualification bar set can have the unintended consequence of acting as a barrier to people entering the social care sector.
>
> Given the recruitment challenges, it is essential that a balance is achieved to promote growth and retention of the workforce. Furthermore, we believe that in growing the scope of regulation, the regulator should act to ensure there is focus on registrants demonstrating the key skills, knowledge, and values rather than reliance on certificated learning.
>
> It should be recognised that over-regulation may, in practice, lead to reduced choice for supported people in how their needs are met though self-directed support.

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)

All these areas could potentially be of assistance, but this requires further detailed exploration with personal assistants, supported people, carers and other those with statutory responsibilities.

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