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Agenda Item: 10

Integration Joint Board

Date of Meeting: 27 October 2021.

Subject: National Care Service Consultation.

1. Summary

1.1. In August of this year, the Scottish Government launched a consultation on proposals to create a National Care Service. Views are being sought in relation to a raft of proposals and the closing date for responses is 2 November 2021.

2. Purpose

2.1. The following report provides the background to the consultation and asks IJB to consider and approve the response attached as Appendix 1.

3. Recommendations

The Integration Joint Board is invited to note:

3.1. The National Care Service consultation, the proposals contained within, and the closing date for responses.

3.2. The extensive consultation that has taken place, both locally and nationally, in a relatively short timeframe.

3.3. The range of views and opinions from staff, Board members, service users and key stakeholders that have been heard through the consultation process and contributed to the overall response.

It is recommended that the Integration Joint Board:

3.4. Reviews the content of the consultation document, attached as Appendix 1 to this report, and agrees that this be submitted as the formal response of the Orkney Integration Joint Board.

3.5. Reviews the content of the draft letter prepared by key partners in Orkney, attached as Appendix 2 to this report, and agrees that this be submitted in conjunction with the formal response.

4. Background

4.1. The Scottish Government is undertaking a consultation on the creation of a National Care Service for Scotland. The consultation sets out proposals designed to improve the way services deliver social care in Scotland, following the recommendations of the Independent Review of Adult Social Care (IRASC). The closing date for consultation responses is now 2 November 2021, having been extended by two weeks following representation from COSLA.

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

4.3. In February 2021, the IRASC report was published. It concluded that whilst there were strengths within Scotland's social care system it needed revision and redesign to enable a step change in the outcomes for the people in receipt of care. The review provided a number of high-level areas of focus:

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

4.4. The Scottish Government is committed to implementing the recommendations of the IRASC. Before the pandemic began, work had been ongoing with a wide range of partners, including people who use social care support, COSLA (the Convention of Scottish Local Authorities), unpaid carers, the social care sector and the workforce, to address many of the areas highlighted in the review. This work provides a strong context from which to implement the recommendations of the IRASC, including how social care is understood and valued by individuals and our society; how it is funded and paid for into the future; what approaches to care and support we need in Scotland and how they are delivered; and how we achieve Fair Work for all of our social care workforce.

4.5. The proposals contained in the consultation are wide-ranging and cover Improving Care for People; a National Care Service and its scope; Community Health and Social Care Boards; Commissioning of Services; Regulation; Fair Work and Valuing the Workforce.

4.6. Under the proposals, Scottish Ministers would become accountable for social care, moving that accountability away from local government. Integration Joint Boards will be revised to become Community Health and Social Care Boards and act as the local delivery boards for the National Care Service.

4.7. The proposals go beyond the scope and recommendations of the IRASC and seek to give Scottish Ministers accountability for all social work and social care services, including children's and justice services.

4.8. The establishment of a new National Social Work Agency, as part of the National Care Service infrastructure, and with responsibility for national oversight and leadership on pay and grading, workforce planning, training, qualifications, and professional development, is also proposed.

4.9. One of the main drivers for the IRASC related to significant concerns about the independent sector and its focus on profit. The tension in the system, of balancing the need to maintain profits against supporting staff and service users in a global pandemic, was particularly high. The current consultation suggests that Community Health and Social Care Boards will continue to commission services from all sectors, including the independent sector. As such, a significant proportion of the proposals arguably relate to mitigating some of the risks associated with commissioning services from profit-making organisations. These include strengthening standards and processes relating to commissioning; greater and more responsive powers to regulatory bodies; and the development of a Fair Work Accreditation Scheme.

4.10. Since the consultation opened, officers and Board members in Orkney have engaged in a significant number of consultation events both internally and externally. This has included a Board development session to discuss the details of the proposals, a number of sessions with national politicians and Scottish Government officials, and a variety of discussions with individual Board members, managers, staff and other key stakeholders.

4.11. There are a significant number of proposals within the consultation document, and they cover a broad range of areas. The range of views and opinions voiced through the consultation process, and the questions raised, reflect the extent of the proposals and the potential significant change in the way services are overseen and delivered. The attached consultation response has been drafted to best capture the range of views that have been expressed through the process.

4.12. All of the key agencies responsible for, and involved with, the delivery of health and social care services in Orkney are preparing their own organisational responses. Discussion has taken place involving Orkney Islands Council, NHS Orkney, the Integration Joint Board and Voluntary Action Orkney. These discussions have resulted in a letter being prepared that captures key themes that all of these partners are concerned with in relation to the proposals. It is anticipated that this letter, signed by key officers and members, will accompany respective individual agency responses.

5. Contribution to quality

5.1. Whilst the outcome of the consultation and proposed legislation associated with the feedback will potentially have a significant impact on quality and local priorities, the current paper and proposed response has no direct impact.

5.2. Please indicate which of the Orkney Community Plan 2021 to 2023 visions are supported in this report adding Yes or No to the relevant area(s):

Resilience: To support and promote our strong communities.	No.
Enterprise: To tackle crosscutting issues such as digital connectivity, transport, housing and fuel poverty.	No.
Equality: To encourage services to provide equal opportunities for everyone.	No.
Fairness: To make sure socio-economic and social factors are balanced.	No.
Innovation: To overcome issues more effectively through partnership working.	No.
Leadership: To involve partners such as community councils, community groups, voluntary groups and individuals in the process.	No.
Sustainability: To make sure economic and environmental factors are balanced.	No.

6. Resource implications and identified source of funding

6.1. There are no immediate resource implications arising from this report.

7. Risk and Equality assessment

7.1. There are no immediate risk or equality implications arising from this report.

8. Direction Required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

9. Escalation Required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

10. Author

10.1. Stephen Brown (Chief Officer), Integration Joint Board.

11. Contact details

11.1. Email: stephen.brown3@nhs.scot, telephone: 01856873535 extension 2601.

12. Supporting documents

12.1. Appendix 1: Draft National Care Service Consultation Response.

12.2. Appendix 2: Key Agency Consultation Covering Letter.

Scottish Government
Riaghaltas na h-Alba
gov.scot

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

Orkney Integration Joint Board

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

☒ Publish response with name

☐ Publish response only (without name)

☐ Do not publish response

Information for organisations:

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

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

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

- ☒ Yes
- ☐ No

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

Please tick all that apply

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

Organisations – your role
Please indicate what role your organisation plays in social care

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

Questions

Improving care for people

Improvement

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

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

We welcome the opportunity to contribute to this consultation process. We would wish to highlight, however, that the timeframe available for meaningful engagement and considered scrutiny of the raft of proposals contained within the consultation document has been very short. We recognise the Government's commitment to improving the delivery of social care and the need for pace in doing so, however, an extended period of consultation would have been beneficial.

In terms of improvement, the consultation notes that we have 'yet to see the impact of large-scale evidence-based improvement work in the integrated world of health and social care'. This, it notes, is partly due to lack of investment and to the complexities of different governance and regulation structures, different cultures and multi-agency working.

We agree that the arrangements across Scotland are varied and present a complex landscape. We would also agree that there is merit in considering the development of a National Improvement Programme that would coordinate and target improvement resources and capacity to maximise impact. Whether this would require a new organisation like a National Care Service or could be fulfilled equally well by restructuring the existing national improvement bodies (the Improvement Service, Health Improvement Scotland, for example) would be worthy of closer examination. Rather than giving responsibility to a new NCS to 'better coordinate work across different improvement organisations', it may be more appropriate to redesign the current improvement services themselves.

It is notable that the consultation document and the Independent Review of Adult Social Care both reference the lack of investment over many years. It is impossible to know what the delivery of social care across Scotland would look and feel like under the current arrangements, had that investment been prioritised.

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

Although we agree that a National Improvement Programme could lead to more consistent outcomes for people accessing care and support across Scotland, there is limited evidence to demonstrate that the centralisation of decision-making for services will lead to better outcomes. Depending on the final configuration of an NCS, it could impact significantly on local decision-making, flexibility, choice and ultimately outcomes.

The consultation document references the challenges in relation to the complexities of different governance and regulation structures, different cultures and multi-agency working. We agree that such complexities can have a significant impact on progress but would strongly argue that these things can only be effectively addressed at a local level. As a remote and rural island community, we believe that the solutions to addressing the cultural and governance challenges of multi-agency working are most effectively found at a local level. As a small system, serving a population of circa 22,500, we fear that the creation of a new national body has the potential to further clutter the governance landscape.

Emerging from the COVID-19 pandemic, proposals that focus heavily on significant structural reform will inevitably risk time and effort being expended on organisational reform. We are of the view that, instead, the focus must remain on supporting our communities; responding to emerging needs; remobilising our services in line with the lessons learned through the pandemic response; and addressing the backlog of work that was impacted through lockdown restrictions.

Access to Care and Support

Accessing care and support

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

Speaking to my GP or another health professional.

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

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

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

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

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

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

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

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

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

Contacting my local authority by email or through their website.

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

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

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

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

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

Other – Please explain what option you would add.

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

☒ Have a lead professional to coordinate care and support for each individual. The lead professional would co-ordinate all the professionals involved in the adult's care and support.

☐ Have a professional as a clear single point of contact for adults accessing care and support services. The single point of contact would be responsible for communicating with the adult receiving care and support on behalf of all the professionals involved in their care, but would not have as significant a role in coordinating their care and support.

☐ Have community or voluntary sector organisations, based locally, which act as a single point of contact. These organisations would advocate on behalf of the adult accessing care and support and communicate with the professionals involved in their care on their behalf when needed.

Support planning

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

a. How you tell people about your support needs

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

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

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

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.

We welcome the aspiration to create a national practice model based on the principles of Getting it Right for Everyone. The roll-out of this approach, mirroring the Getting it Right for Every Child model in children's services, makes sound sense and should assist in ensuring that we take a rights and strengths-based approach to care planning. We fully embrace the principles of a No Wrong Door approach to care and support and welcome the aspiration to ensure that care and support is made available at an earlier stage.

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

☐ Agree

☐ Disagree

Please say why.

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

☒ Agree

☐ Disagree

Please say why.

Right to breaks from caring

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

Standardised support packages versus personalised support

☐ 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.

Using data to support care

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

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

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
x				

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

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
x				

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

☒ Yes

☐ No

Please say why.

There would be significant benefit to improved data collection and associated common data standards and definitions. The analysis and evaluation of this data will be important for local and national decision-making and strategic planning.

If, however, the requirement to provide data in this way is to be embedded in legislation, it will be important to ensure that the IT systems infrastructure is supported so that data can be extracted as easily as possible. We appreciate that there is a myriad of systems currently in use across health and social care and there are also significant variations in the support infrastructures to produce data and service the expectations of national returns.

As a relatively small health and social care system, with limited support infrastructure, it will be important to ensure that we are counting the right things and that data requirements are both meaningful and proportionate. This will be especially important for our third sector organisations.

We agree that additional investment in data and digital systems, both locally and nationally will be required.

We welcome the ambition to create a person-centred integrated health and care record that can be accessed, with appropriate permissions, by those providing health and care services and those receiving those services.

Given the significant provision of service currently delivered via the third and independent sector, we also welcome the exploration of extending the Freedom of Information requirements to potentially include private and third sector organisations that deliver health and social care functions. We note, however, the capacity challenge for some smaller organisations to fulfil the requirements of the Act.

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?

We welcome the aspiration outlined in the consultation to improve the consistency of data collection and the way it is used to effectively inform decision-making and strategic planning, locally and nationally. It is not so clearly evident, however, that this aspiration can only be met with the creation of a NCS. The national minimum dataset that has been developed in the field of child protection, the Local Government Benchmarking Framework and many of the standard national reporting returns created through the last 18 months of the pandemic, are all examples of standardising data requirements and using that data effectively to inform planning at both national and local levels. These have all been successfully achieved in the absence of a new national body.

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:

There is no available evidence of patients, service users and/or their families in Orkney struggling to find a route to complain when dissatisfied.

All Councils, Health Boards and IJBs across Scotland have complaints processes in place and the Scottish Public Services Ombudsman provides ultimate arbitration when complaints cannot be resolved at a local level.

Whilst we have no principled objection to the creation of a national single point of contact for complaints, we are unconvinced of the evidence base for the establishment of such. Indeed, there is a risk that adding a further route into the complaints system will add in an additional unnecessary step in the process. If the aspiration is to reduce bureaucracy, and simplify processes for people who use our services, then this proposal needs to be carefully considered in this context.

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

☐ Yes

☒ No

Please say why.

A commissioner for community health and care with responsibility for championing the rights of those who receive care and support, families and carers, is a role that could bring a focus to this area and especially if closely aligned to the development of a charter for rights and responsibilities. We would argue, however, that positioning this role within a model of complaints handling has reactive connotations and does not set a positive tone.

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.

Gathering feedback on the experience of those using social care is a key component of the improvement cycle as well as assisting in the shape and design of service developments. It is important that we find routine ways of embedding the gathering of this evidence and do not see it simply as a subset of complaints. The gathering of feedback from service users is a key part of local service planning, with the inclusion of those using services and with lived experience a crucial part of any service redesign process.

We strongly support the approach and believe it should be effectively embedded not only within the social care arena but across all aspects of health care provision too.

Residential Care Charges

Q16. 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?

Most care home residents who are classed as “self-funders” own their own property and do not have rent/mortgage commitments. Therefore, they would not be paying these costs if they remained within their own home.

Q17. 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

In Orkney, all of the care homes are run by the Local Authority. To increase the free personal/nursing care element would reduce the costs to the service user and, therefore, they would be a self-funder for longer. If they remain a self-funder at date of death, there would be a higher retention of funds within their estate. It seems unfair that there is a “cap” on what is paid within a residential setting whilst a person within the community could receive as many hours as required and no charge is implemented.

Care home operators

There would be no change unless incorporated within an increase to the National Care Home Contract rates. This would result in higher contributions from HSCP’s and lower self-funder contribution. However, the overall payment to the care home would remain unchanged as the gross rate should remain the same. There is the potential that providers may seek to increase the rates for self-funding clients further, in line with any FPNC increase, and the risk of this need to be factored in.

Local authorities

Dependent on the proposed increase this could have a significant cost increase and would need to be fully funded by the Scottish Government as budgets are already under significant pressure to deliver statutory services.

Other

Q18. Should we consider revising the current means testing arrangements?

☒ Yes

☐ No

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

There would need to be much clearer guidance given within the Charging for Residential Accommodation Guidance (CRAG) as at present it is very cumbersome and some of it is open to interpretation particularly in relation to what can be included within the charges. There should be increased capital thresholds and increases within free personal/nursing care payments. Due to terms and conditions that Local Authorities provide to staff, it is unfair that service users must pay a much higher cost for “in house” provision rather than if it was on the NCHC contract. Therefore, in the interests of fairness, there should be a maximum cost that can be applied. However, this would also need significant investment from SG to “subsidise” in house provision of residential care. In a remote and rural area all staff are entitled to Distant Islands Allowance which increases the costs for providing services but is vital to attract employees into caring roles.

National Care Service

Q19. 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)

We believe that the majority of the proposals contained within the consultation could be achieved without structural change, and by engaging with local services and addressing the funding deficit that has been recognised. The establishment of a National Care Service as currently proposed, and the associated infrastructure that this will entail, will inevitably come at a significant cost.

Given the funding deficit in social work and social care that has been identified in the Independent Review of Adult Social Care and the consultation document itself, it would be arguably more appropriate to use the money that would be necessary to establish an NCS to invest in developing the capacity of existing local systems to be able to work with those requiring care and support at an earlier stage than is currently possible. This would not only present the opportunity to improve individual outcomes but also reduce longer-term public spend on high-cost crisis interventions.

Despite the Christie Commission reporting over a decade ago, many of our services are still delivering care and support at the crisis end of the continuum. The aspiration outlined within the consultation, to revisit eligibility criteria and to develop a Getting it Right for Everyone approach, is one that we fully welcome. We believe, however, that with appropriate funding levels, innovative, early, and effective interventions can be designed and delivered through local partnerships in conjunction with our communities. We believe that for this to work most effectively, locally elected representatives should maintain accountability for the delivery of social work and social care services. As a remote and rural island community, the transfer of this accountability to Scottish Ministers runs the risk of being perceived by our local communities as very distant and removed. Perhaps if the proposals contained within the consultation were more radical in nature, for example, the creation of a single National Health and Care Service, this would be a risk worth taking.

Q20. Are there any other services or functions the National Care Service should be responsible for, in addition to those set out in the chapter?

Q21. Are there any services or functions listed in the chapter that the National Care Service should not be responsible for?

We believe that social care, and the other services identified in this section, are best commissioned and delivered at a local level, where the expertise and understanding of local contexts are best understood. In our view, moving such services to a national level will simply add a further tier, before being passed back to the IJB for the delivery of services as identified in local IJB/HSCP Strategic Plans. We believe there is a role for a NCS to focus upon a national overview in areas such as improvement planning and support, workforce planning and consistent data gathering and reporting. This would ensure that there is clear delineation of responsibilities between the role of the NCS at a national level and the role of IJBs/Community Health and Social Care Boards at a local strategic and delivery level.

We recognise the driver for Scottish Government to bring consistency to the functions that are delegated to IJBs/Community Health and Social Care Boards. Orkney is an area where children's and justice services, for example, are already delegated and, having recently reviewed our integration scheme, this will continue to be the case. We recognise, however, that Education Services, for example, play a hugely significant role in the Getting it Right for Every Child agenda and that successful partnership is required beyond the organisational arrangements around health and social care, whatever these may be.

Scope of the National Care Service

Children's services

Q22. Should the National Care Service include both adults and children's social work and social care services?

☒ Yes

☐ No

Please say why.

As noted in our response to question 21 above, Orkney Islands Council has already delegated children's social work and social care services to the Integration Joint Board. Likewise, NHS Orkney has delegated children's health services. We believe that this presents the best opportunity to ensure that our children have the best start in life, whilst recognising the significant role of wider partners through our community planning arrangements.

These operational delivery arrangements have been established without the existence of a National Care Service and accountability is retained at a local level.

Q23. Do you think that locating children's social work and social care services within the National Care Service will reduce complexity for children and their families in accessing services?

For children with disabilities,

☐ Yes

☐ No

Please say why.

For transitions to adulthood

☐ Yes

☐ No

Please say why.

For children with family members needing support

☐ Yes

☐ No

Please say why.

Q24. Do you think that locating children's social work services within the National Care Service will improve alignment with community child health services including primary care, and paediatric health services?

☐ Yes

☐ No

Please say why.

Q25. Do you think there are any risks in including children's services in the National Care Service?

☐ Yes

☐ No

If yes, please give examples

Healthcare

Q26. Do you agree that the National Care Service and at a local level, Community Health and Social Care Boards should commission, procure and manage community health care services which are currently delegated to Integration Joint Boards and provided through Health Boards?

☐ Yes

☐ No

Please say why.

The consultation is relatively silent on what has been achieved by Integration Joint Boards to date. Many new and innovative services have been commissioned by IJBs and delivered at local level. Given the legislation to establish IJBs was passed only seven years ago, with most only being fully established for the last five years, it is arguably too early to truly assess the longer-term impact of these developments and approaches. Nevertheless, it will be important to ensure that IJBs (or Community Health and Social Care Boards) retain the local planning and commissioning function.

Although we recognise the potential advantages of nationally procuring some specialist services, for example a residential drug rehabilitation resource, the Orkney provider landscape is unique to our islands. Many of the larger providers operating across Scotland do not have, nor indeed wish to have, a presence here. As such, where services are procured, they are generally with smaller, locally based third sector providers. We are keen to ensure that the solid foundations we have with the local third sector continue to flourish. This will require the Integration Joint Board/Community Health and Social Care Board to maintain its ability to procure services locally wherever possible.

Further detail will be necessary on the balance between local and national commissioning and what 'overseeing' local commissioning would mean in practice. We would be concerned if the balance is too heavily weighted towards national commissioning, as this would massively impact upon local flexibility in procuring services, having impacts upon local employability and third sector local provision.

The Independent Review of Adult Social Care makes a number of recommendations about the 'establishment of core requirements for ethical commissioning' with the NCS developing and managing a 'National Commissioning and Procurement Structure of Standards and Processes for ethical commissioning and procuring of social care services and supports.' Part of this aim includes 'support work to create a single, outcomes-focused approach to care and support which stretches from prevention and early intervention through to acute and specialist provision.' We agree with the sentiments of this approach but would argue that sufficient funding is required to allow such approaches to be routinely and consistently applied across all commissioning. Appropriate funding levels could be made available under existing arrangements.

Q27. 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?

We would argue that the premise of this question is potentially flawed. It fails to recognise the progress of IJBs to date and how much of their planning and commissioning already supports better integration with hospital-based services.

In Orkney, for example, developments such as Home First, Primary Care Improvement and Winter Planning, and recent developments for hospital at home services, all require an integrated approach across hospital and community-based services.

Q28. 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
- x☐ Other (please explain below)

There is a risk that we will increase workload and lose expertise. There are currently small teams that manage these contractual areas across the 4 contractor areas. Why is General Practice contractual arrangements changing and not Dentistry, Optometry or Community Pharmacy There are many more IJBs than NHS Boards so this could cause additional administrative burden.

Q29. 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)

GP Practices are very concerned that they are being removed from the NHS and put under social care. They feel this would lead to increased recruitment issues. GP Practices feel they have more contact on a daily basis with secondary care and they do not wish to lose this relationship to the detriment of patient care. They do fully support a national care service but do not see rationale for them moving across into this as they want to retain their identity link with the NHS.

If contracts changed would NHS Board's Medical Directors remain as responsible officers?

Q30. Are there any other ways of managing community health services that would provide better integration with social care?

For years we have discussed an aligned IT system with joined up patient records. We need to urgently try and move this forward in order to maximise the full potential of integration working.

Capital funding to allow co-location of community services would undoubtedly lead to increased MDT working between services and agencies.

Social Work and Social Care

Q31. 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:

Q32. Do you see any risks in having social work planning, assessment, commissioning and accountability located within the National Care Service?

We believe that social work planning, assessment, commissioning and accountability are most effective when located within the localities in which such services are provided. Furthermore, the suggestion that such services should be located within the NCS at a national level seems to suggest that there is a single 'best way' to provide such services across Scotland. An understanding of local context that accounts for geography, socio-demographic factors, and the capacity of the local workforce, suggests that such services are best managed at a local level.

The social work contribution currently plays a significant part within our integrated health and social care system and has increased the potential for the IJB to plan for better joined up working. We are confident that as we extend our multi-disciplinary

teams, with social work a key part of these teams, progress will continue whether accountability is maintained under current arrangements or via a NCS.

Nursing

Q33. 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

The assurance of safety and quality of care provided in social care should not be the responsibility of Directors of Nursing and runs the risk of becoming blurred with the roles and responsibilities of CSWOs and Chief Officers. Whilst the oversight of our Director of Nursing in relation to our care home provision through the pandemic response was hugely welcomed and helpful, the configuration of care in Orkney means that all nurses are employed by the NHS.

Q34. 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

The responsibility for ensuring the oversight of access to education and professional development of nursing staff should sit with their employer. To suggest that Directors of Nursing assume the responsibility for nursing staff employed by other organisations runs significant risks relating to liability and accountability.

Q35. 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

Further clarity would be required in relation to the role of the Director of Nursing and what accountability they have. As per the previous answer, there are significant concerns if the Directors of Nursing are expected to be accountable for a nursing workforce employed by external providers and companies.

Justice Social Work

Q36. Do you think justice social work services should become part of the National Care Service (along with social work more broadly)?

☐ Yes

☒ No

Please say why.

As with children's services, Orkney Islands Council has delegated Justice Services to the Integration Joint Board. Our view is that services such as justice social work services are most effective when accountability for such services remains within the localities in which they are provided.

Q37. 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.

Q38. 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

Q39. 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:

Q40. 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:

It is unclear why this question is being asked. One of the options provided in the list above suggests 'establishing a national body that focuses on prevention of offending'. This is surely one of the main objectives of Community Justice Scotland which has already been established as a national body.

Q41. 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 most effective when all of the key partners across the Community Planning Partnership are actively engaged in the agenda. Whilst the Community Health and Social care Boards will be significant players in the delivery of community justice partnership priorities, the Community Justice Partnerships should not be aligned under the Community Health and Social Care Boards.

Prisons

Q42. 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.

At present, the care and support offered to those leaving custody is provided via local services, most often involving our Justice, Housing and Primary Care services. This currently works effectively. The issue of care to those within prison settings is one that we would assume the Scottish Prison Service should have responsibility for.

Q43. 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.

An outcomes-based approach should be adopted for all individuals in need of care and support, regardless of whether they are in prison or in the community.

Alcohol and Drug Services

Q44. 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

Tailored solutions in response to local need and reflecting local resources.

Locally agreed commissioning processes already established with strong governance and accountability processes.

Fully integrated ADP Support Teams who liaise across many local partnerships, including: Domestic Violence Partnership, Children's Partnership, Community Justice Partnership, Public Protection Committee, Community Safety and Recovery Communities.

Regular, local needs assessments undertaken.

Q45. 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

We do not recognise any of these drawbacks featuring in the way the Orkney ADP functions.

Q46. 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.

Whilst the current Orkney Integration Joint Board leads on the Alcohol and Drug Partnership arrangements in Orkney, just like the Community Justice Partnership, the ADP is a collaboration of all key community planning partners. The issues cannot be effectively addressed without the contribution of wider council services, Police, Fire and Rescue and the third sector to name a few.

Q47. Are there other ways that Alcohol and Drug services could be managed to provide better outcomes for people?

Q48. Could residential rehabilitation services be better delivered through national commissioning?

☒ Yes

☐ No

Please say why.

Whilst there are some individuals who may require residential rehabilitation to effectively meet their needs, the demand for such a service from an Orkney perspective is likely to be extremely low. As a small system, we would be unable to commission such a costly service that would have little throughput. The ability to nationally procure such a resource would be welcomed.

Q49. What other specialist alcohol and drug services should/could be delivered through national commissioning?

In a remote, rural and island population like Orkney, local commissioning of services is the optimum route. ADPs know their population needs, undertake regular needs assessments and liaise with local service providers. We can adapt quickly to change should we need to. Most services are generic services with specific areas to meet the needs of alcohol and drug treatment services because the population size is so small, a national 'one size fits all' approach would not allow us to best meet the needs of people with lived and living experience of alcohol and drug harm. There is a risk that effective local commissioning which delivers good outcomes could be compromised if specialist services were commissioned centrally.

There may be a role for national input in relation to guidance for commissioning, standards and training to ensure that there is good practice across all ADPs to commission locally.

Q50. Are there other ways that alcohol and drug services could be planned and delivered to ensure that the rights of people with problematic substance use (alcohol or drugs) to access treatment, care and support are effectively implemented in services?

Mental Health Services

Q51. What elements of mental health care should be delivered from within a National Care Service? (Tick all that apply)

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

All of the services detailed in the above list are currently delegated to the Integration Joint Board in Orkney. This helps to ensure that the services are effectively joined up with other parts of the wider system from children's services in the case of CAMHS, to our community mental health teams being linked to adult social work services and alcohol and drugs services. All of this brings significant potential to improve outcomes for individuals in receipt of care and support.

We will be keen to ensure that this local integrated approach continues regardless of the outcome of the consultation and the shape of a future NCS.

Q52. 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?

In Orkney, the mental health services that are delegated to the IJB are effectively linked with wider NHS services already. There is good engagement with the North of Scotland clinical network and a Service Level Agreement in place with Grampian for inpatient services when required. More locally, our community-based mental health team works closely with hospital-based staff in relation to the transfer bed.

As with a number of questions through this document, there appears to be some confusion between the National Care Service and the Community Health and Social Care Boards.

National Social Work Agency

Q53. What benefits do you think there would be in establishing a National Social Work Agency? (Tick all that apply)

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

It is difficult to know, on the basis of the proposals outlined in the consultation, how a National Social Work Agency would link with other organisations that currently fulfil some of the remit outlined. Organisations such as the SSSC, Iriss, CELCIS and the Care Inspectorate are all involved in delivering on some aspects of this agenda. Whilst the stated aims for a National Social Work Service are inarguable, it will be important to ensure clear demarcation and avoid the potential for duplication and confusion.

Q54. Do you think there would be any risks in establishing a National Social Work Agency?

See response to Q53

Q55. Do you think a National Social Work Agency should be part of the National Care Service?

- ☐ Yes
- ☐ No

Please say why

If there is a need for a National Social Work Agency, then we believe that further work would be required to determine whether it should be part of a National Care Service. Given the proposals relating to the NCS, it is likely that Social Work will be one of a number of professions working within the NCS. Given that, it may be worth exploring whether it would be more appropriate for a National Social Work Agency to stand alone.

Q56. 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

As in our response to previous questions, the establishment of a National Social Work Agency would need to be considered in the context of various other bodies to ensure clear demarcation. Only once this work is done will it be possible to determine what elements of the above list will be appropriate for the National Social Work Agency to have a leading role on.

Reformed Integration Joint Boards: Community Health and Social Care Boards

Governance model

Q57. "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.

Whilst we can see the benefits of a consistent of approach to integration across the country, there will undoubtedly be examples of various local configurations that are very different but equally effective for their local communities.

Strategic planning, service design and delivery, that effectively meets the needs of communities, requires to be done as close to those communities as possible and, just as importantly, in conjunction with those communities.

This has remained an aspiration for all Integration Joint Boards and should continue to be the case with Community Health and Social Care Boards. Continuing to align these Boards with local authority boundaries keeps the proximity of decision-making appropriately local and manageable.

Q58. 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

Q59. What (if any) alternative alignments could improve things for service users?

Q60. Would the change to Community Health and Social Care Boards have any impact on the work of Adult Protection Committees?

No.

Membership of Community Health and Social Care Boards

Q61. 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?

The existing membership of our Integration Joint Board provides a good mix of professional expertise, political and NHS Board representation, and community representation from carer and service user reps through to Third Sector. We would not envisage significant change to this.

Nevertheless, if the creation of a National Care Service removes accountability from local elected representatives to Scottish Ministers, then further thought will be

required to clarify both the role and level of representation of elected members on these Boards.

Q62. "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

Q63. 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?

Locally, we have worked hard to ensure that the service user and carer representatives are appropriately supported to contribute effectively to the IJB and have their voices heard.

We recognise that there have been concerns raised about a two-tier arrangement within IJBs and an inequity of membership given there are some members who have a vote and others who do not. In Orkney, this difference is rarely highlighted, as almost all decisions have been reached via consensus. Indeed, there has only been one occasion when a formal vote was necessary, and we suspect that this experience is similar in most areas.

Although it would seem reasonable to suggest that all members should have an equal say in decisions, the practical application of this approach is fraught with difficulties. Beyond the current cohort of voting members (that is, elected representatives and NHS Board nominations) the process for identifying and appointing all other members, would require to be transparent, robust and consistent. Equally, there are some members of existing IJBs who represent the views of specific interest groups. Whilst this is perfectly appropriate, allowing such members a vote presents challenges. Arguably, we would be expecting too much of such members to cast a vote with no regards to their own interest and solely with the interests of the community in mind.

Community Health and Social Care Boards as employers

Q64. Should Community Health and Social Care Boards employ Chief Officers and their strategic planning staff directly?

☐ Yes

☐ No

Q65. Are there any other staff the Community Health and Social Care Boards should employ directly? Please explain your reasons.

In Orkney, our Chief Officer works closely and effectively with the Chief Executives in both the NHS and the Council. We appreciate, however, that collaborative and collegiate relationships across these three roles is not consistently evident throughout the country and that the current arrangements through the Public Bodies (Scotland) Act may, in some instances, be contributing to the tensions that exist. Community Health and Social Care Boards directly employing Chief Officers and strategic planning staff may be one way of addressing this.

The Independent Review of Adult Social Care and the consultation make little reference to the local authority workforce in the discussions and recommendations. Although there is specific reference made to NHS-employed staff ("We do not envisage a wholesale change in employment status for people in the NHS" pg60) the consultation is silent on the implications for those currently employed by local authorities.

Is it the intention that this workforce will transfer to the NCS? Will terms and conditions mirror those that exist in local authorities, or within the NHS, or will new terms and conditions need to be developed that will account for merging local authority and NHS staff together? In addition, what will this mean for pension arrangements, physical assets, central corporate resource that currently sits with Councils but supports the work of HSCPs

The implications of these questions are huge and will, in all probability, take years to resolve to the satisfaction of the workforce, trade unions, COSLA, employers and the Scottish Government? If this is the intention, then it is disappointing that the consultation document is not explicit on the subject.

Commissioning of services

Structure of Standards and Processes

Q66. 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

Q67. Do you think this Structure of Standards and Processes will help to provide services that support people to meet their individual outcomes?

☐ Yes

☐ No

Q68. Do you think this Structure of Standards and Processes will contribute to better outcomes for social care staff?

☐ Yes

☐ No

Q69. Would you remove or include anything else in the Structure of Standards and Processes?

We note the assertion in the Independent Review of Adult Social Care, and contained within the consultation document, that 'it would be enormously expensive to take social care into public ownership, expenditure that is better used to improve care'. We would be keen to see the extent to which this has been truly explored and what we estimate is currently extracted from public social care spend for profit.

We note, for example, that across Scotland, approximately £100 million is spent each year ensuring that providers pay their staff the living wage.

There is a strong public and political affinity to the National Health Service and its underlying principles. We contend that the vast majority would be opposed to any suggestion that health provision be placed in private hands and yet we seem to have accepted that this can continue to be the case in relation to social care.

It is our view that many of the proposals outlined within the consultation document are being driven by a need to mitigate the risk of continuing to commission services from profit-making organisations and that this section is one such example.

If the independent sector is to continue to play a significant part in the delivery of social care, then it will be vital to ensure that workforce terms and conditions consistently support, develop, empower and value staff. It will also be important to ensure financial transparency beyond what is currently required.

Market research and analysis

Q70. 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

As the per the previous section, the proposals outlined in relation to a mixed economy of care (including for-profit organisations) will require market research and analysis. Although local areas have a good overview of provider presence and quality of delivery, there would be value-added benefit to a national approach to this also, particularly given the size and scale of some of the larger providers.

There have been too many examples of large providers folding and creating significant angst for service users and their families. At local level, the public sector remains the guarantor of last resort and, therefore, effective market research and analysis, in conjunction with the requirement for greater financial transparency will be crucial.

In Orkney, the Integration Joint Board has a good knowledge of the existing market and the position of our providers. All providers are locally based and tend to be smaller, third-sector organisations. Given we operate in a small system where relationships are strong, transparency is good. As such, we are unsure what significant additional value a nationally led approach to market research and analysis will bring. Nevertheless, we recognise and appreciate the potential benefit of this for larger, mainland-based Boards.

National commissioning and procurement services

Q71. Do you agree that there will be direct benefits for people in moving the complex and specialist services as set out to national contracts managed by the National Care Service?

☐ Yes

☐ No

If no, who should be responsible for this?

☐ Community Health and Social Care Boards

☐ NHS National Procurement

☐ Scotland Excel

Regulation

Core principles for regulation and scrutiny

Q72. Is there anything you would add to the proposed core principles for regulation and scrutiny?

The quality assurance role of inspection bodies remains a critical one across a number of health and social care services, ensuring consistency and that minimum standards are met. We welcome the scope for some addition to the core principles that would seek to place an emphasis upon the quality improvement element in addition to the quality assurance aspect. This may help drive scrutiny and inspection beyond 'minimum' standards. We also welcome the timely reassertion that scrutiny and assurance should support a human-rights based approach to care with a focus on outcomes.

Q73. Are there any principles you would remove?

Q74. Are there any other changes you would make to these principles?

Strengthening regulation and scrutiny of care services

Q75. 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 welcome the intention to strengthen the regulation and scrutiny of care services and feel that reviewing the legal bar for emergency cancellation of services will allow greater protection of individuals at serious risk. We also welcome the intention to look at speeding up legal processes for the cancellation of service.

Q76. Are there any additional enforcement powers that the regulator requires to effectively enforce standards in social care?

Market oversight function

Q77. Do you agree that the regulator should develop a market oversight function?

☒ Yes

☐ No

Q78. Should a market oversight function apply only to large providers of care, or to all?

☐ Large providers only

☒ All providers

Q79. Should social care service providers have a legal duty to provide certain information to the regulator to support the market oversight function?

☒ Yes

☐ No

Q80. If the regulator were to have a market oversight function, should it have formal enforcement powers associated with this?

☒ Yes

☐ No

Q81. 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

Providing the regulator with this market oversight function would do much to provide assurance nationally, allowing better scrutiny, risk and contingency planning across private, voluntary and the public sector provision of services. Market oversight at a national level would allow the regulator to identify potential issues that may be arising in particular parts of Scotland and flag these up at national level to the NCS and at the local level to those who commission and the providers of these services. For instance, with reports that as much as a quarter of UK care home providers face serious financial problems, advance warnings that may be provided by such market oversight may help to mitigate against such negative impacts upon vulnerable and older people in residential settings.

Residential care provision in Orkney is provided by the local authority and the issue is, therefore, not as significant locally. Nevertheless, it is important that nationally and locally, regulators and commissioners are as fully sighted as possible on potential provider frailties.

Enhanced powers for regulating care workers and professional standards

Q82. Would the regulator's role be improved by strengthening the codes of practice to compel employers to adhere to the codes of practice, and to implement sanctions resulting from fitness to practise hearings?

Yes. Employers should be compelled to adhere to the codes of practice and should be required to fully implement sanctions that may arise as a result of fitness to practise hearings.

Q83. Do you agree that stakeholders should legally be required to provide information to the regulator to support their fitness to practise investigations?

Yes. If the regulator is to be able to conduct a thorough and meaningful investigation, stakeholders should be legally required to provide information in support of fitness to practise investigations.

Q84. How could regulatory bodies work better together to share information and work jointly to raise standards in services and the workforce?

Q85. What other groups of care worker should be considered to register with the regulator to widen the public protection of vulnerable groups?

We welcome the proposed review of the existing arrangements and would agree that consideration should be given to adult day service staff, health care assistants and personal assistants being required to register with the regulator. The omission of these groups of staff is arguably an ongoing risk to the public protection agenda.

Valuing people who work in social care

Fair Work

Q86. Do you think a 'Fair Work Accreditation Scheme" would encourage providers to improve social care workforce terms and conditions?

☒ Yes

☐ No

Please say why.

We believe that a 'Fair Work Accreditation Scheme' will encourage providers to improve the terms and conditions of their workforce but only if this is linked with a commissioning strategy that recognises the value of accreditation. It will be important to ensure that such an approach to commissioning is fully and effectively embedded at a local and a national level.

Q87. What do you think would make social care workers feel more valued in their role? (Please rank as many as you want of the following in order of importance, e.g. 1, 2, 3…)

1	Improved pay.
2	Improved terms and conditions, including issues such as improvements to sick pay, annual leave, maternity/paternity pay, pensions, and development/learning time.

3	Removal of zero hour contracts where these are not desired.
4	More publicity/visibility about the value social care workers add to society.
4	Effective voice/collective bargaining.
4	Better access to training and development opportunities.
4	Increased awareness of, and opportunity to, complete formal accreditation and qualifications.
4	Clearer information on options for career progression.
4	Consistent job roles and expectations.
4	Progression linked to training and development.
4	Better access to information about matters that affect the workforce or people who access support.
4	Minimum entry level qualifications.
4	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

We would rank pay, and terms and conditions, as being the most important in this list. The others, we have ranked as equally important to one another as they will play a critical supporting role in raising the status of social care as a profession and ensuring that it is viewed as a viable career option.

The biggest issue facing social care in terms of recruitment and retention remains the inequity of pay, and terms and conditions. There have been many studies over the last 20 years that suggest social care workers are simply not valued as much as their NHS colleagues and that it is difficult to make a strong case to encourage younger people into the sector when, as is often quoted, they can earn more stacking shelves in the local supermarket. Until this issue is fundamentally addressed, and resourced, the challenge will remain.

Along with NHS staff, social care staff have been on the front-line of having to face the impacts of COVID-19 in care homes and in care at home services and yet, in the initial months of the pandemic, the media narrative and the public discourse appeared to be almost exclusively around the NHS. Although this was tackled, and the balance redressed (albeit not entirely) it illustrates the work that is still required to ensure that those working in social care are appropriately valued.

The pressing point for this consultation and the development of a NCS, is that it is this workforce who will be driving much of the work in communities in terms of prevention and early intervention services. Without addressing issues such as pay rates, and terms and conditions, it is difficult to see how even current levels of service provision are to be maintained, let alone an expansion of this workforce to provide the services critical to shifting the balance of care.

Even with the proposed measures being addressed, attracting enough people into the caring profession will be difficult. The dependency ratio in Orkney, linked to longer-term population projections suggests that we will have fewer working aged adults and an increasing older population. This profile is similar in a number of other areas in Scotland and lessens the likelihood of building and sustaining a workforce that can fully meet the needs of the population. Given this, we would argue that the role of the third sector and communities themselves will play a significant part in designing and delivering innovative and creative solutions. This imperative critically highlights the need for locally determined flexibility and ensuring that all of the assets available in localities can contribute to the health and wellbeing of everyone living in those localities.

Q88. How could additional responsibility at senior/managerial levels be better recognised? (Please rank the following in order of importance, e.g. 1, 2, 3…):

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

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

Q89. 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

With the amount of uncertainty that this process will cause amongst the workforce, then any forum that can consider, reflect and resolve these issues at a national level seems a sensible approach. It will be important, however, for a national approach to ensure that the additional challenge of recruitment faced by remote and rural island authorities is considered as part of any pay structure. As such, we would strongly advocate for appropriate representation on a national forum.

Workforce planning

Q90. 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)

A useful starting point for a national approach to workforce planning would be a gap analysis of where we are re social care in terms of shortages in particular areas, looking at the usual criteria, such as age profile of the existing workforce, etc.

In addition to this work, it may be useful to not only consider shortages in social care at present but to also factor in where we want to be in 5 and in 10 years' time. The role of Care at Home, for example, has changed significantly in the last 10 years, with increasing complexity and undertaking some tasks that would previously have been associated with the old auxiliary nursing role. If it is viewed that Care at Home Assistants will become Health and Care at Home Assistants, then it will be important to plan in this way.

It will also be important to think about workforce needs in line with the aspirations laid out in the consultation relating to eligibility and the requirement to support people at an earlier stage. In order to meet these aspirations, our workforce requirements will need to reflect the growth needed.

Training and Development

Q91. Do you agree that the National Care Service should set training and development requirements for the social care workforce?

☐ Yes

☐ No

Please say why

It is important that training and development requirements are clearly set for the social care workforce. It is not immediately evident that the setting of these requirements needs to be done via the NCS. Indeed, many of the requirements set for current regulated staff have been set by the SSSC. It will be important to ensure there is clarity around which organisation is responsible for what.

If the SSSC continued to set the training and development requirements, there would be a role for the NCS in providing and/or securing that training and development for the social care workforce.

Q92. 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

Q93. Do you agree that all personal assistants should be required to register centrally moving forward?

☒ Yes

☐ No

Please say why.

Given the increased use of personal assistants in the delivery of care arrangements, it will be important to ensure that this particular workforce is regulated in the same way as others.

Q94. 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)

Although the concept of a regional network and bank of personal assistants, able to match staff with available work sounds attractive and may work in many parts of the country, we are not convinced that this will significantly assist the Orkney health and social care partnership. Locally, we are struggling to recruit to care roles, and this extends to limited availability of personal assistants. It is unlikely that personal assistants living on the mainland and registered on a Highland/Grampian bank, for example, would find it financially attractive to move to Orkney to take up a role. It is important therefore for us to continue to work locally to attract people to these roles and to keep track of those interested and available.

Although it is unclear how a career progression pathway for personal assistants can be fully developed under the current self-directed support legislation and associated principles, it is something that should be explored further.

Q95. Should personal assistants be able to access a range of training and development opportunities of which a minimum level would be mandatory?

- ☒ Yes
- ☐ No

SB/SJ/05

14 October 2021

Mr Stewart MSP
Minister for Mental Wellbeing and Social Care
Scottish Government
St Andrew's House
Regent Road
Edinburgh
EH1 3DG

Dear Mr Stewart,

A National Care Service for Scotland – Consultation

As a group of key anchor organisations charged with the delivery of health and social care services across Orkney, we write in connection with the ongoing consultation for a National Care Service. We welcome the Scottish Government's commitment to improving the quality delivery of social care the opportunity to contribute to the consultation from our own organisational perspectives but, in addition, wanted to collectively highlight some key considerations.

- We welcome the Scottish Government's commitment to addressing the challenges across our health and social care system. We note the recognition, within the consultation document and the preceding Independent Review of Adult Social Care, of the underfunding of social care over many years. We would welcome this being recognised fully within the financial schedules of any new legislation.

- The focus of the discussions moving forward, and the resultant legislation, needs to be driven by the health and social care needs of our communities and shouldn't begin by structural consideration.

- Whilst we agree on the need to join up our health and social care provision fully and effectively, the creation of a National Care Service, as proposed, runs the potential risk of adding layers to an already cluttered landscape. For

a small system, delivering to a small population, it is important that we de-clutter that landscape wherever possible and reduce layers of bureaucracy.

- We welcome the potential value add that a national body, assuming responsibility for improvement and national standards in care, could bring and we support the aspiration to ensure the adoption of Fair Working Practices for all organisations.

- We firmly believe in the principles of local decision-making and services being designed and delivered in collaboration with local communities. As a small, remote, and rural island community, with specific and unique needs, this aspiration can best be met by involving the entirety of our community planning partners at a local level.

- We welcome the Scottish Government's aspiration to address the workforce challenges, particularly in relation to pay and conditions for many of our social care staff. Although this can be effectively delivered via a national approach, Orkney is experiencing local challenges that are unique to remote and rural island settings. Creating a sustainable local workforce, particularly with a rising dependency ratio, is a challenge that can only be addressed effectively through locally led solutions.

- Although we recognise the advantages of nationally procuring some specialist services, for example, a residential drug rehabilitation resource, the Orkney provider landscape is unique to our islands. Many of the larger providers operating across Scotland do not have, nor indeed wish to have a presence here. As such, where services are procured, they are generally with smaller, locally based third sector providers. We are keen to ensure that the solid foundations we have with the local third sector continue to flourish. This will require the Integration Joint Board/Community Health and Social Care Board to maintain its ability to procure services locally wherever possible.

- We believe that the interests of our communities in Orkney will be best served by the Scottish Government undertaking an islands equality impact assessment in advance of any proposed legislation being laid before parliament.

- Finally, we recognise that the legislation is intended to address nation-wide issues across a range of areas. Whilst we fully recognise some of those issues, our local systems and economy of care is markedly different from many other areas in Scotland. We feel it important, therefore, that regardless of the outcome of the current consultation and the proposals likely to feature in the draft legislation, a degree of flexibility requires to be built in to ensure that a small remote and rural island community system such as Orkney has a degree of flexibility to adapt our local arrangements to best meet the needs of our local communities.

We recognise that serving the needs of such a small population in a remote, islands setting, gives us a unique perspective on some of the proposals contained within the consultation document. We will take the opportunity to respond to the consultation in further detail through our respective organisations but wished to articulate some of the key common themes emerging for us all.

We trust this above is helpful.

Yours sincerely,

John W Mundell OBE
Interim Chief Executive,
Orkney Islands Council.

Michael Dickson
Interim Chief Executive, NHS Orkney.

Stephen Brown
Chief Officer,
Integration Joint Board

Cllr James Stockan
Leader,
Orkney Islands Council.

Meghan McEwen
Chair,
NHS Orkney

Issy Grieve
Chair,
Integration Joint Board.

Gail Anderson
Chief Executive,
Voluntary Action Orkney
(Third Sector Interface)

Cllr Rachael King
Chair,
Orkney Health and Care Committee.