



SCRA Consultation Response FULL VERSION 2021

A NATIONAL CARE SERVICE FOR SCOTLAND CONSULTATION

The Scottish Children's Reporter Administration (SCRA) welcomes the opportunity to respond to this consultation.

The Children's Hearing is Scotland's distinct statutory approach, in which concerns about a child's circumstances (whether about the care or treatment of the child by adults or the behaviour of the child) are considered by Children's Reporters and then by panel members in a Children's Hearing, who make a decision about whether there needs to be compulsory professional involvement with the child and family.

In the Children's Hearings System:

- the needs of children or young people are addressed through one holistic and integrated approach which considers all the circumstances of the child and the child's welfare
- the welfare of the child remains at the centre of all decision making and the child's best interests are paramount throughout
- the child's engagement and participation is crucial to good decision making
- the rights of children and families are respected

The role and purpose of SCRA is:

1. Receiving referrals for children/young people who may be at risk.
2. Ensuring that other public agencies carry out enquiries and assessments into children/ young people's circumstances so we can make informed decisions about children/young people referred to us.
3. Making decisions on whether to refer a child/young person to a Children's Hearing if they need compulsory measures of supervision.
4. Drafting the grounds for the Hearing.
5. Arranging for Children's Hearings to take place when we decide that compulsory measures of supervision are warranted and where there is sufficient evidence to prove the grounds.
6. Ensuring fair process takes place within the Hearing, including the rights of those in attendance being met.
7. Having a key role in establishing grounds of referral in court, where these are contested, and in defending decisions of Children's Hearings which are subject to appeal.

Our Vision: Children and young people will be listened to, protected and supported to realise a positive future where they are safe, valued and respected.

Our Mission: We protect and support Scotland's children and young people, by making high quality decisions, upholding their rights and working collaboratively as compassionate, inclusive corporate parents to enable the most positive and personalised experience of the Children's Hearing.

Our Values: Our values are the shared motivations, beliefs and behaviours that underpin all that we do.



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Supportive	We work with kindness to support children, young people and families, our Partners and each other.
Child Centred	Children and young people are at the heart of everything we do.
Respectful	Everyone is respected and treated fairly, inclusively and lawfully.
Accountable	We are responsible for our decisions, our ethics and our learning.

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

This focus on quality improvement methodology and science would also feed into other agencies and areas of work, so that improvement is more widely understood and is approached in the same way(s). In this approach the conditions for improvement, the impetus for improvement and the dynamic modelling of improvement would all develop into normative ways of operating across Scotland.

All of this is potentially positive – but is based on the premise that change is required, and that changes should all be implemented in a similar fashion. Community health and care services cover a vast range of different service provision – in the statutory and third sector (often operating on behalf of the statutory sector) and the fundamental case for change needs to be made for each area of service. Once the need for change is accepted, the modelling of that change has to be focused on specific requirements – not on a generic change management or improvement science approach.

We have been unable to answer some questions in this consultation – principally in relation to children's services and criminal justice services. At this point there is an insufficiency of evidence and detail in the consultation in order to allow for an informed response to these specific proposals. We accept that the development of an NCS for Adult Social Care has significant implications for both Children's and Criminal Justice Services. We aren't clear what the alternatives for these services are or should be. We recommend that further detailed assessment of options and implications for these key services is undertaken beyond the conclusion of the consideration of a National Care Service for Adult Social Care.

We have also decided that we need to submit additional information specifically in relation to Children's Services and we include that here – in the absence of an alternative place for this to sit.



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SCRA Additional National Care Service Response on the inclusion of children's services.

There are no opportunities in the consultation to include these additional comments, but we wanted to make sure that our wider / holistic response was included and considered.

Children's services encompass a complex network of disparate services, reflecting the whole range of children and families' needs, delivered by public, voluntary and private providers. However, regardless of how these services are structured across Scotland, they will all be subject to a local authority children's services plan; to actions in respect of that plan and to the evaluation of outcomes as a result of the planned action. They are also all subject to the national practice model, Getting it Right for Every Child (GIRFEC) and for each child co-ordination across disparate service provision can be essential.

All this activity has already been subject to a comprehensive examination by the Independent Care Review, the recommendations of which are now part of the transformation programme that is The Promise Scotland.

The consultation in its current form acknowledges The Promise on page 55, but does not use the recommendations of either the Independent Care Review (The Promise documents) or the more recent Promise Scotland publications to make a case for the National Care Service in relation to children's services. It is therefore very difficult for SCRA as a national non-departmental public body, with a presence in every local authority, to give a definitive response to questions which ask us to compare the National Care Service proposition with the dedicated, thoughtful work we see across our children's services partners throughout the country as we develop our shared ambitions for and approaches to, Keeping The Promise.

The consultation document sets out the rationale for a National Care Service for adults, which is based on the detailed review of adult care services. Given the scale of the work of the Independent Care Review in children's services, it is concerning that the consultation document extends to a proposal regarding children's services that does not seem to be rooted in the Independent Care Review and does not meaningfully reference the work of The Promise transformation programme. The consultation is not structured around any of the key areas of concern regarding children's services, for example, the urgent need for a refocus on prevention and early intervention; the importance of collaboration and GIRFEC; and children's rights. Conversely, The Promise does address all of these issues in detail.

The work of The Promise will impact on SCRA in all of these areas, as would the creation of a National Care Service and the inclusion within it of children's services. Whereas SCRA is fully engaged and committed to the work of The Promise and aware of its likely impact on the organisation, it is difficult to see what added value inclusion of children's services in a National Care Service would bring at this stage. The disruptive risks are significant at a time when The Promise is just beginning to gain traction. The case for adding further structural disruption is not made in the consultation document.



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For children, universal supports across health and education remain critical and there may be unintended consequences to the provision of universal support as a result of the inclusion of children's services in a National Care Service as currently proposed. There are many critical issues for children's services that are not addressed in the consultation document, which makes it both difficult for SCRA to come to a considered position and creates significant concerns for SCRA in terms of a potential hurried decision that has not addressed the risks effectively.

For example:

- How will links to services that are not included in the National Care Service be protected (education, housing, etc.)?
- How will the complexity of public protection and child protection in particular be managed?
- How will transitions be facilitated across new organisational boundaries, when the system is struggling with existing ones?
- Where will professional accountability lie – for child protection, for implementation of legal orders, for Chief Social Work Officer responsibilities?

SCRA recognises the challenges of the current arrangements and supports a drive for improvement. We are fully supportive of the transformational nature of the work of The Promise, however, we are not in a position to come to a properly informed view on the inclusion of children's services in a National Care Service, when none of these critical issues are addressed in the consultation. There are significant risks of adding children's services into this large-scale structural change without due consideration and informed debate, not least the risk of further marginalisation of children's services within a wider, adult-focused framework. This risks diluting the energy and effort needed to drive The Promise to its intended conclusions.

This consultation does not provide any detail of how the challenging issues for children's services would be addressed.

For example:

- What does implementing The Promise mean for the different areas of children's service provision?
- What changes do we need to make to really implement The Promise?
- How can we focus on getting the right support at the right time to children and families?
- How does a large national body make a difference locally, where that change will be felt?
- How do we understand and focus on what works and how do we demonstrate success?

The consultation document offers no detail on the critical success factors: structure, people and resourcing in relation to children's services.

We think that further work is required to explain the functions of the NCS in relation to children's services, the relationship with The Promise, the benefits that will accrue specifically to children and their families, and how the complex risks will be mitigated.



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

Yes. There are also risks in the approach.

- 1) There are different local models / structures in Health & Social Care Partnerships – so a one size model won't work.
- 2) There are different structures across health service provision and an existing complex and at times bureaucratic framework of operations in the National Health Service.
- 3) There are different structures in care service provision across Scotland's 32 local authorities and between the public and private provision of services.
- 4) There are different value systems operating across health and care – with private business operating in both arenas.
- 5) There is a potential for a massive, anonymous, inaccessible National Care Service to develop – which could lose sight of local issues / concerns / solutions / innovations. Any national operation would need effective top down / bottom up functioning and communications and the sheer complexity of the task could hinder that. Organisations of this scale could also come with increased bureaucracy, which can lead to delays in service planning, staffing and provisions. Waiting lists for the National Care Service are something that we would not want to see / have to manage – for example.
- 6) Current improvement or change could slow as a result of the size of the NCS task and as a result of resistance to change. Change fatigue as a result of the pandemic could also be a factor for organisations who have had to re-invent ways of connecting with people and delivering services since the beginning of 2020. We think any introduction of a further fundamental new way of working needs to be considered, with incremental and demonstrably effective change at an appropriate pace or it will meet significant resistance and won't be effective.
- 7) A cohesive NCS as it is proposed in this consultation will need to ensure that hidden voices are not drowned out or ignored from the start. This consultation is very quiet on the rationale / arguments / evidence base for required change now in Children's (and Criminal Justice) Service provisions and this is a concerning approach, which could undermine confidence in how any future change will be managed. The argument for change in adult services is more developed, rounded and evidence based, because it draws directly from the evidence generated through the IRASC.
- 8) A NCS would need to be based on principles. Those principles are broadly absent in this consultation document and as such it is very difficult to determine support or otherwise for the proposals. The argument for improvement is better made, but even then there are alternatives to those proposed which are not developed or explored and they perhaps need to be in order for the rationale of the proposed change(s) to be fully assessed by respondents to the consultation.



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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



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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.

We have answered this question insofar as it applies to the National Care Service for Adult Social Care.

We state throughout this consultation that we feel there is an insufficiency of information in relation to the inclusion of both Childrens and Criminal Justice Services.

- 1) The ways in which people require to access support alters according to need / urgent need and according to local availability, awareness of services and according to personal preference.
- 2) There can be a continuing need for support if a need is not met or not fully met. Many of the supports required by children and families (for example) are not one-stop shops which provide a solution. Addiction services are another service where ongoing support and the development of interpersonal trusting relationships are important in order for lasting transformative change to be effected. There are no options above for ongoing support - and the options above leave room for someone to stop asking when they are not getting the answer or support they require. Engagement with service provision is always a feature of those whose lifestyles are chaotic and it is never as simple as just stopping a service because someone doesn't 'engage'. There is a lack of understanding about this and we are concerned that this approach could become embedded when people (for whatever reason) are reluctant or unable to accept help.
- 3) Public services can be very good at gatekeeping –. Improved access to care and support will be a central test for any National Care Service. Gatekeeping in response to a family requesting support is a very different thing and is arguably more difficult / nuanced than assessing individual health care needs. Appropriate levels of both immediate and long term support for families can be harder to establish, but nonetheless this work is important.



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- 4) People's perceptions of urgency can also vary – there perhaps needs to be consideration of a centralised contact point for urgent as well as routine calls with an agreed / understood response and pathway (perhaps like an NHS 24 model).

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

- 1 ☐ 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.
- 2 ☐ 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.
- 3 ☐ 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



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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



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

We have answered this question insofar as it applies to the National Care Service for Adult Social Care. We state throughout this consultation that we feel there is an insufficiency of information in relation to the inclusion of both Childrens and Criminal Justice Services.

This series of questions is therefore focused on adult services – we would caution against using the responses to this to inform any decisions made about the delivery of services to children and families or in specialist areas of work (like Criminal Justice social work). Support planning for children should be very different, and may be different again if it is being done for a family or for a child or a family affected by disability.

Any support planning needs a staged approach:

- 1) consideration of levels of urgency
- 2) what current supports are in place and how are they operating?
- 3) what engagement is there with current support?
- 4) what future support may be needed and how will that be engaged with?
- 5) how will relevant and appropriate support packages be designed / developed?
- 6) how will any developed support package be implemented?

All of the above stages need co-ordination and possibly a single point of contact – potentially across the different potential supports that are required.

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.

The intent behind a 'Getting it Right' approach is something we would support. There is a risk that the reality for individuals trying to access or receiving services does not match the rhetoric. Where this approach has been used elsewhere (e.g. in Children's Services), the impact that it has made has been determined by the degree of cultural shift across organisations to work together, to share resources, to plan together and to share decision making with those who need help and support. It may be appropriate for the new practice model for adult services to have this level of consistency – but it may not be, and the details for specific and specialised service provision may require more focused or specialist language which is service or context specific.



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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.

See our comments in relation to the case for change in Children's Services, which we do not believe has yet been made. For adult support this potentially gives control to the adult who requires support and is a clear and transferrable way of providing the agreed support. This is consistent with the overall direction of travel of the IRASC. However, for families where support is required for adults and children we are unclear whether the proposal is for separate planning processes linked to GIRFE and GIRFEC or whether one integrated process will be developed.

The given planning processes are different, however, and this difference will need to be fully understood and addressed. In statutory intervention for children and families there is often a fundamental lack of agreement over what should happen and there can be conflict in relation to the needs of adults and the best interests of children. These issues need to be demonstrably addressed and reconciled before a definitive response to this question could be given.

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

- ☐ Agree
- ☐ Disagree

Please say why.

The GIRFE model could and should improve outcomes – but it is not the framework model which will do that, it is the local work on the ground to implement the model and bring it to life. There can be local variation in the way this is done which can mean that outcomes in one area improve, whilst in another they are not the focus – or they don't improve. This is currently a challenge for GIRFEC stakeholders and will be a challenge for GIRFE unless there is a clear implementation plan, standards and a consistent practical approach to guidance. Any practice model needs to be driven by a core set of values and principles which must be consistently applied and delivered across the totality of any NCS model.

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'.)



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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.

Acute need always has to be met. There also needs to be a clear 'right' or 'rights' and a clear route to access the right. There may then be thresholds to determine the nature / levels of support – which may (for some) require to be regular and consistent and which for others may need to be more based on specific or acute need.

This again requires considered and careful co-ordination.

Using data to support care

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



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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.

Data collection across adult health and social care is inconsistent and could benefit from improvement and regularisation across service domains – for service planning as well as outcome monitoring. Having more anonymised, open source data would also aid comparative monitoring. The data required by the NCS will be very complex and layered. It will also be shifting and time sensitive / critical. It is also personal data so has the added complications of the protections built in to that area of work. Data is a potential area of disagreement. SCRA is not convinced that 'care' providers need full access to an individual's medical history and we are also not convinced that health care professionals need full access to a 'care' history.

The baseline data set should be pre-arranged and a combination of aggregated outcome data should also be clearly defined / explained / accessible – linked to the GIRFE / GIRFEC practice model and standards.

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

There are many questions that are not asked within this consultation document and it is the poorer for that. Some questions which absolutely need to be asked and answered are:

1) Do we know where there are gaps in the data?



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- 2) Could something be layered over current data sets / collections to generate the information required – or not?
- 3) What is the purpose of the data? (requires definition).
- 4) How will the data be used? (requires definition).
- 5) Who will have ownership of the data? (requires definition).

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:

Whilst we have selected 3 options - this selection is based on our current organisational approach to this area of work. In reality all of the areas listed above should be featured in the development of an approach to challenge or feedback about experiences within the NCS – and the character of the way this is managed can tell a lot about the system which is operating.

A successful model of challenge and feedback needs to be open, clear, transparent, accessible and needs to allow people to be supported within what can be a very difficult process.

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

- ☐ Yes
- ☐ No

Please say why.



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We are not convinced there is a unique space for a Commissioner here. For example, the Children and Young People's Commissioner for Scotland would have a role for a child or young person when there was a concern about rights or an infringement of rights.

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.

In some form an experiential measure needs to be used to determine what works and what doesn't. Q16 spells out three potential measures around experience:

- 1) the receipt of care
- 2) the family of the person in receipt of care
- 3) the carer of the person in receipt of care

And that is just at a 'top' level. Time needs to be taken for any measures to be right / effective and may need testing and development. How the experiences are recorded, by whom and what sense is made of the individual experiences as aggregated data need significant thought.

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



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- ☐ Equipment
- ☐ Leisure and entertainment
- ☐ Transport
- ☐ Laundry
- ☐ Cleaning
- ☒ Other – what would that be

Consideration needs to be given to the status of individuals entering residential care – and to how many of them are single with no dependants or ongoing costs once they move into residential care. Whilst we accept that we all incur costs of living, for those in residential care there are likely to be ongoing living costs out with the provisions of care which can and should be taken into account.

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

Self-funders

Care home operators

Local authorities

Other

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

- ☐ Yes
- ☐ No

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



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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)

We have answered this question insofar as it applies to the National Care Service for Adult Social Care. We state throughout this consultation that we feel there is an insufficiency of information in relation to the inclusion of both Children's and Criminal Justice Services.

We want to stress that our answer covers social care, and not social work. The terms are not interchangeable and the fields of expertise of both areas are significantly different. There is a clear overlap between social care and the provision of healthcare through the NHS – which is where this model for service redesign originated. There is a much less clear comparison between social work (in all its professional manifestations) and NHS professional roles.

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?

We have answered this question insofar as it applies to the National Care Service for Adult Social Care. We state throughout this consultation that we feel there is an insufficiency of information in relation to the inclusion of both Children's and Criminal Justice Services.

We would require to see a clear schematic depiction of the roles and responsibilities of the NCS alongside those retained by the NHS and those retained by local government. We have no sense of the detail of this from the consultation.

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

We have answered this question insofar as it applies to the National Care Service for Adult Social Care. We state throughout this consultation that we feel there is an insufficiency of information in relation to the inclusion of both Children's and Criminal Justice Services.

We do have some questions about where existing front line and third sector services or multi-agency approaches sit.



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Where do Family Nurse Partnerships sit?

Where are the links from the Family Nurse Partnership to other areas of support like early years provision; the school nurse and the health visitor?

Where are the links to early and effective intervention initiatives in relation to offences or behaviour which cause harm?

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.

We are unable to answer this question. At this point there is an insufficiency of evidence and detail in the consultation in order to allow for an informed response. We aren't clear what the alternatives for children's social work and / or social care services would be; we are not sure what is included in the definitions of both children's services and children's social care.

We believe that further work is required in relation to any future options for children's services. Clearly the development of a national care service for adult social care has significant implications which require detailed consideration. We have submitted a supplementary paper, as part of our response to question(1).

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

For children with disabilities,

☐ Yes

☐ No

Please say why.



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We are not convinced that a reduction in complexity is really the relevant / most appropriate / paramount driving force in relation to this. We think the focus should be on ensuring a positive experience of any 'service' delivery and on positive outcomes for individual children and their families.

That said, a 'one-stop' approach would potentially be 'easier' for children and families to access (although it might not be able to provide any specialist service that is required). Behind the scenes the 'one-stop' would be potentially much more difficult to co-ordinate and manage. The approach should be easier, but at the point of need there is a danger that increased complexity of service delivery could result in long waiting times. For children in need this is not desirable and could lead to increased acute crisis responses – the opposite of what is intended.

For transitions to adulthood

☐ Yes

☐ No

Please say why.

Again – we are not sure that reducing complexity should be the focus here.

That said, the people, the relationships between people and the expectations of children, families and professionals about what should happen around transitions into adulthood could all be improved by a well-structured National Care Service, where local service delivery is prioritised. Access to services could be improved and more people could experience the benefits of services which are proven to work and which could be rolled out nationally. For children moving towards adulthood there could be a focus on choice, control and engagement with supports which work for them – which could be truly empowering.

Of course, the exact opposite could also happen and instead of bespoke transition services, children could be subsumed into adult service provision which is well funded but essentially designed for adults. There is not enough in the consultation document for us to be satisfied that this won't happen.

For children with family members needing support

☐ Yes

☐ No

Please say why.

Again – we are not sure that reducing complexity should be the focus here.



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That said, children who require the statutory intervention of the Children's Hearing are very often children who require protection, guidance, treatment or control as a result of the needs or behaviour of their parents. This approach could focus support at the point of need - without blame or judgement. For example, if addiction is a concern within a family, then addiction becomes the focus of planned intervention and relevant services can be offered alongside other practical supports, which could be of benefit to other family members (including the children).

Alternatively, a generic approach to addiction could develop, which would mean people getting a consistent approach – but perhaps one which didn't address specific need or circumstances.

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

☐ Yes

☐ No

Please say why.

We are not convinced that this service alignment is the key one for children's services – or at least there are other alignments which are equally as significant as those outlined across health.

Potentially the NCS would give a clearer structure for service provision and will allow for shared / collective vision and values. Potentially it also allows for shared service provisions.

There is an inescapable risk of lost alignment with education / housing / 3rd sector and other crucial, local supports for children and families which can make all the difference under GIRFEC.

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

There are significant risks. Overall there is an insufficiency of evidence and detail in the consultation in order to allow for an informed response. This in itself causes us concern about the future consideration that will be given to Children's Services – which seems to be somewhat of an afterthought. There is no doubt that the creation of a National Care Service for Adults will have considerable implications for Children's Services.



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There are undoubted risks and also potential opportunities. The lack of sufficient detail at this advanced stage is of real concern.

Consideration of Children's Services within the consultation feels secondary in importance. We are concerned that this relegation could be replicated in a NCS that includes children's services.

There are risks to:

Effective and adequate resourcing at national and local levels

The focus of the NCS and the overarching principles by which it operates (the principles for adult services and for Children's Services are very different)

The uniqueness of Children's Service provision and specialised work with children and families

Losing the links with education – particularly where Children's Services are delivered through education in a local authority area – specific and detailed thought needs to be given to how these links would be developed / maintained / sustained if Children's Services were part of the NCS

There are not just risks in relation to Children's Services – there are risks associated with all the shared services proposed in the consultation. There may currently be imperfect relationships between different areas of service provision – but these relationships need to exist in order for them to be improved. There is a very real risk that the NCS could negatively impact on relationships altogether.

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

Please say why.

The landscape is already complex, layered and difficult to navigate. This approach would add an umbrella layer of the NCS in addition to all of the already complex frameworks for service commissioning, procurement, management and service delivery. We can see why maintenance of the current frameworks (as far as possible) is quickest to implement this change, but the focus should be on a streamlined, modernised effective system of service delivery.



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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 key to success is likely to be building individual responsibilities alongside the key linkages between health and social care in the community and in hospital settings. The transitions to and from community to hospital care are crucial – in later life, for those with a chronic condition, for those with a disability, for those with a mental health condition (and this list is not exhaustive) and key roles should exist to facilitate this. The consultation does not give us a sense of what these roles are / could be.

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)

All of the above could potentially be benefits. There are also potentially benefits which are not outlined above.

The GP is one of the key centrifugal roles bridging community and hospital services. There is the potential for 'prescribing' to become more holistic and for wider non-medical options to be available for people. There is the potential for different therapeutic supports to be available within GP practices and community health centres and for more people to access what could be life changing help in a non-stigmatising, rights respecting way.

There could also be the potential for the 'system' to become more bureaucratic and removed from the local needs of people, offering generic supports which don't address specific concerns and which people don't see as valuable or useful.

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



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- ☒ Poorer professional and clinical care governance arrangements
- ☒ Other (please explain below)

All of the above are risks if the NCS doesn't get this 'right'. If the NCS is going to work it needs to be introduced / developed in an approach where all the risks are visible and assessed in real time.

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

There are certainly other models – but it is difficult to ascertain whether they are 'better' without a detailed evaluation of all the possibilities.

Integration requires to be structured so that it works and so that everyone knows how it is meant to work – with transparency and accountability, clear lines of responsibility; clear roles; clear supports (including advocacy supports); clear ways to provide feedback and complain and for that to be responded to. At the moment this level of detail is lacking from the consultation.

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 have answered this question insofar as it applies to the National Care Service for Adult Social Care. We state throughout this consultation that we feel there is an insufficiency of information in relation to the inclusion of both Children's and Criminal Justice Services.

The National Care service model may be one that families find easier to engage with as and when they require support. Any stigma associated with contacting social services could be addressed if the National



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Care Service can effectively work in partnership with children and families on a preventative basis and potentially the need for statutory intervention could diminish.

However, we are less clear why it is necessary for planning, assessment, commissioning and accountability to be all located within the NCS. We are of the view that an independent regulatory /accountability body offers the best check and balance to the NCS and we are also unsure how the other functions would operate / exist between the NCS as a national body and the local delivery of supports. We would need to see this model in full.

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

Yes.

- 1) The potential size of the organisation.
- 2) The bureaucracy of the organisation.
- 3) The potential for generic service provision that is not tailored to individual needs.
- 4) The potential for a lack of local accountability as a result of the length of the chain of command.
- 5) Too much centralisation could result in the loss of a nuanced regional or local approach.
- 6) Centralisation of too much activity, particularly into one organisation could be a slow and more difficult process than is required.

We have answered this question insofar as it applies to the National Care Service for Adult Social Care. We state throughout this consultation that we feel there is an insufficiency of information in relation to the inclusion of both Children's and Criminal Justice Services.

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

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.



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

Please say why

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

- ☐ Yes
- ☐ No

If no, please suggest alternatives

Justice Social Work

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

- ☐ Yes
- ☐ No

Please say why.

We are unable to answer this question. At this point there is an insufficiency of evidence and detail in the consultation in order to allow for an informed response to this proposal. We accept that the development of an NCS for Adult Social Care has significant implications for Criminal Justice Services. We aren't clear what the alternatives for Criminal Justice Social Work and / or social care services would be. We recommend that further detailed assessment of options and implications is undertaken.

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.



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We are unable to answer this question. At this point there is an insufficiency of evidence and detail in the consultation in order to allow for an informed response to this proposal. We accept that the development of an NCS for Adult Social Care has significant implications for Criminal Justice Services. We aren't clear what the alternatives for Criminal Justice Social Work and / or social care services would be We recommend that further detailed assessment of options and implications is undertaken.

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

We are unable to answer this question. At this point there is an insufficiency of evidence and detail in the consultation in order to allow for an informed response to this proposal. We accept that the development of an NCS for Adult Social Care has significant implications for Criminal Justice Services. We aren't clear what the alternatives for Criminal Justice Social Work and / or social care services would be We recommend that further detailed assessment of options and implications is undertaken.

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:

We are unable to answer this question. At this point there is an insufficiency of evidence and detail in the consultation in order to allow for an informed response to this proposal. We accept that the development of an NCS for Adult Social Care has significant implications for Criminal Justice Services. We aren't clear what the alternatives for Criminal Justice Social Work and / or social care services would be We recommend that further detailed assessment of options and implications is undertaken.



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Q.41 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:

We are unable to answer this question. At this point there is an insufficiency of evidence and detail in the consultation in order to allow for an informed response to this proposal. We accept that the development of an NCS for Adult Social Care has significant implications for Criminal Justice Services. We aren't clear what the alternatives for Criminal Justice Social Work and / or social care services would be We recommend that further detailed assessment of options and implications is undertaken.

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

- ☐ Yes
- ☐ No

Please say why.

We are unable to answer this question. At this point there is an insufficiency of evidence and detail in the consultation in order to allow for an informed response to this proposal. We accept that the development of an NCS for Adult Social Care has significant implications for Criminal Justice Services. We aren't clear what the alternatives for Criminal Justice Social Work and / or social care services would be We recommend that further detailed assessment of options and implications is undertaken.



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Prisons

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

☒ Yes

☐ No

Please say why.

In principle this looks like the right approach. A focus on relational practices should give some consistency in terms of the people involved; in necessary, before, during and after a custodial sentence. This would strengthen the professional understanding of the personal and community relationships / links of an individual and could also strengthen the belief that decision makers have in the merits of community based sentencing. For children and young people this is crucial. It could also add depth to any Criminal Justice assessment which is based on strong personal knowledge built up over time.

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.

Most custodial sentencing will involve a release from Prison and subsequent reintegration / requirement for support within the community. This approach would allow a focus on family and a specialist focus on those in custody where social care and supports will always need to be given within the locked environment.

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



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- ☒ Other opportunities or benefits - please explain

Any benefits of this approach are very dependent on the way in which the service are set up and delivered, and on the quality of the input and output evaluation of the service.

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

All these drawbacks are potentially relevant, should be noted and should be assessed regularly. The process for commenting / providing feedback or complaining about the service should be clear, transparent and accessible and people should be supported to use this as and when necessary.

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.

The consultation at page 80, paragraph 3 explains eloquently why these services should be a focus for the NCS:

“People with severe and enduring issues with alcohol / drugs will often have other complex issues that overlap with mental health, children’s services, housing and justice as well as physical health issues.”

Addressing these complex, multi layered and multi-faceted needs is difficult and may take a long time and a lot of energy. A focus on one area can lead to change which can make addressing other areas of concern. Whilst someone is fixated or focused as a result of addiction they can’t make these focused changes in other areas of their life, where change may be required or beneficial.

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



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Addiction services succeed when they make the links for people across their whole life, and when they can demonstrate the possibilities of a positive future. Hope/ goals / achievement all give purpose – and a purpose requires the commitment of an individual in a positive way.

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

☒ Yes

☐ No

Please say why.

Effective residential rehabilitation can break the cycle of addiction and can transform an individual's life – and the life experiences of an entire family. The approach could make this therapeutic intervention more accessible and realistic – and therefore more beneficial – to more people.

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

This is for specialist service providers to comment.

A national commissioning model could result in more consistency of service availability and delivery. It could also be kinder. It could recognise the difficulties of those requiring the service and address that through developing relationships and building solutions rather than through medication as a primary solution.

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?

More work / research needs to be done or explained on how /why people access services and on what works in relation to life threatening / life affecting addiction. Specialist service providers may have this knowledge – but it is not as an evidence base within this consultation. Service need to be developed, rooted in this empirical knowledge and focused on building relationships which can allow people to feel safe enough to begin to address their addictions.

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



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- ☒ Community mental health teams
- ☒ Crisis services
- ☒ Mental health officers
- ☒ Mental health link workers
- ☒ Other – please explain

There is perhaps an argument that older peoples mental health care across the board should be part of the NCS – and this then starts to get very complicated. Movement between home / community / hospital care is not a fixed, linear thing and may be in a constant flux as a result of changing presenting needs and circumstances. Similar arguments could be made for mental health care for adults and children and for child care where a child is unable for periods of time to live 'at home'.

In these circumstances, again, co-ordination across the NCS and NHS and specialist services providers is absolutely critical.

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 are not entirely sure how to formulate an answer to the question.

We think it is necessary to;

- 1) Build in the links
- 2) Co-ordinate roles
- 3) Have clear expectations and an understanding of crossover / intersectionality of services (where that can't be avoided)
- 4) Have clear contact points
- 5) Have clear remedial action(s)

The links into the Mental Health Tribunal (as well as perhaps other tribunals) also need to be strong, although the Tribunals statutory independence must be maintained.

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



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- ☒ Improving training and continuous professional development
- ☒ Supporting workforce planning
- ☒ Other – please explain

Investment and support, public understanding and visibility. There could also be links into research across different research teams / disciplines / communities which could all develop an evidence based practice and outcome focused improvement. It could raise the profile of professional social work practice, on its own and in a multi-agency professional context. It could raise the profile of evaluation and improvement methodologies as well.

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

Yes.

Social Work Scotland and COSLA already have definite roles and are established. Alignment of an approach across all 32 local authorities will be difficult. Workforce planning needs to have an eye to localised service delivery and the balance of central and local knowledge would be difficult – given the size of the developing organisation.

SCRA have some knowledge of this and practice consistency across all 32 LA's is difficult even now (and we were formed as an NDPB under the Children (Scotland) Act 1995 and are a comparatively small public body). There is a need to ensure that working arrangements continue to develop and be strengthened regardless of the structural arrangements put in place. The NCS needs to be of a scale and form that it can meaningfully relate to all key partners.

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

- ☐ Yes
- ☐ No

Please say why

There is insufficient information within the consultation to answer this question on a yes/no basis. The Social Work profession needs strong, effective leadership, needs to be valued and urgently invested in. We support any proposal that can realise these ambitions, but cannot determine, given the information available as to whether inclusion within the NCS, or independence out with it – or some other arrangement can best deliver these critical aspects. We believe that an integrated approach to the developing and



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supporting the Social Work workforce should be retained or it risks fragmenting and undermining the realisation of the potential benefits of a national agency approach.

We have not been given an alternative model to consider and therefore our thinking is artificially limited in relation to this.

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

Although as indicated in Question 55 the central planning / approach will need to fit with local planning and service delivery at the point of need. This will require focus, vigour and expertise and professional weight coming given to social work practice from the value which will be ascribed to the work as it makes a demonstrable difference in people's lives.

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.



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Insofar as this relates to the IRASC original scope we agree. See our comments in relation to Children's and Criminal Justice Social Work Services.

We think this approach maximises the strength of existing structures and seems to be the most straightforward solution. There is a danger that the NCS becomes an umbrella body with no 'teeth' and also a danger of increased bureaucratic layers – more CEO's / more talking / less action.

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?

We do not feel that sufficient information has been provided to answer this question on a yes/no basis. CHSCB's need to work at a local level but a potentially less bureaucratic approach would be to structure the boards as a conglomerate of geographically aligned LA's. Such an approach could stimulate consistency across approach and also make improvements in respect of service availability and service impact.

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

In theory the work should have an impact on both child protection committees and adult protection committees – depending on the composition and working nature of the committees. The Committees will need to have strong links into the CHSCB to encourage and facilitate the desired consistency of approach and there may be some required restructuring to facilitate that.

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?

Police Scotland

The Adult Protection Committee

The Child Protection Committee



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Q.63 "Every member of the Integration Joint Board should have a vote" ([Independent Review of Adult Social Care](#), p52). Should all Community Health and Social Care Boards members have voting rights?

☒ Yes

☐ No

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

We have answered this question insofar as it applies to the National Care Service for Adult Social Care. We state throughout this consultation that we feel there is an insufficiency of information in relation to the inclusion of both Childrens and Criminal Justice Services.

In relation to Question 63 – voting rights need to be clearly delineated. We are not entirely clear what the members of the CHSCB will be voting on – what decisions will they make? What will they ratify? This decision making process needs to be really definite and be a strategic focus on the agenda for the CHSCB – it also needs to be linked to outcomes in order to deliver an improved experience for service users.

Community Health and Social Care Boards as employers

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

☐ Yes

☐ No

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

This is difficult.

As employers the CHSCB would need additional administrative functions and we are not convinced those sit within each local CHSCB. We are also exercised by the composition of the boards and wonder whether it is such that it could act as a responsible employer (potentially each member of the board being subject to different terms and conditions as a result of their own employment or indeed voluntary role).

Administrative functions in relation to finance / HR / property / policy / practice) will already exist within local authorities and will also be required within the umbrella NCS. There seems to be duplication if this is to be reproduced in CHSCB's as well and could be avoidable duplication.

Could employment be an administrative / commissioning function of the NCS and delivery of service be monitored / assessed and determined at local level through the CHSCB?



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Commissioning of services

Structure of Standards and Processes

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

☐ Yes

☐ No

If no, who should be responsible for this?

☐ Community Health and Social Care Boards

☐ Scotland Excel

☐ Scottish Government Procurement

☐ NHS National Procurement

☐ A framework of standards and processes is not needed

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

☐ Yes

☐ No

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

☐ Yes

☐ No

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

The structure of standards and processes on its own won't make the difference we need to see for Adult Social Care although they may contribute. The difference will be in the implementation of the standards and processes and in the monitoring and evaluation of them and the organisational cultures and values that underpin them.



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Market research and analysis

Q. 71. 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

We understand the need for continuous market analysis – an understanding of the operating environment always leads to change in operations.

We don't understand the focus of the NCS on market research though. This seems to sit independently perhaps with the regulatory body for the NCS or as a separate regular or one off (if required) exercise.

We agree there is a need for central oversight, but in Question 72 we also think there is a need to carefully co-ordinate central and local knowledge. This crossover / intersection is important.

There are also existing research bodies who are centres of excellence and expertise – perhaps a more strategic link to them would be more profitable / provide the information required?

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



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☐ 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?

We support all the core principles.

We are also of the view that regulation of the NCS as set out in this consultation is a potentially massive, burdensome task, potentially covering separate existing disciplines and statutory and no statutory systems and services.

This are of the work, we think, requires further consideration, structuring and consultation for us to be able to respond.

Q73. Are there any principles you would remove?

(3) we think the NCS should have oversight of standards and evaluation but that the review / update / improvement sits with those responsible for the operational implementation of the standards (for example, the secure care providers or the children's hearing).

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

We can't tell from what is narrated here how the regulation across the intended integrated NCS would operate and we would like to see a schematic breakdown of this – including the standards / complaints processes / disciplinary & grievance procedures / enforcement powers – alongside an explanation of how they would operate.

This schema is currently very layered and complex.

We think the NCS approach and independent regulation of that could streamline and focus work – but we can't see that fully yet.



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Strengthening regulation and scrutiny of care services

Market oversight function

Q.77. 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

But like the response we gave to Question 71 (market research) we question whether this sits with a regulator, or whether this expert function should sit independently – feeding into regulation of the sector but also into ongoing management of the sector and quality improvement.

We are concerned that the concentration of too many expert functions in both the NCS and any appointed regulatory body could lead to inefficiency and a dilution in knowledge and skills rather than the intended improvements.



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Enhanced powers for regulating care workers and professional standards

Q.82. 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?

We are not convinced that sanction based regulation is the best approach to take. Regulation should not be toothless – but should in the first instance be supportive and about improvement, not sanction.

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

In line with any regulatory regime the investigatory regime as well as its powers and sanctions need to be really clear.

They need to be much clearer than they are currently.

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

- 1) Clear standards
- 2) Definite simple process for monitoring and evaluating standards
- 3) Investment in workforce development through training.

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

We have answered this question insofar as it applies to the National Care Service for Adult Social Care. We state throughout this consultation that we feel there is an insufficiency of information in relation to the inclusion of both Children's and Criminal Justice Services.

This is a decision for the Scottish Government based on a full mapping exercise of the existing workforce under the new proposed integrated structure of the NCS.

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.



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This question is focused on social care. Social work / community care (for example) may also require accreditation and it may be that a different approach is required.

This does not seem to have been considered fully.

Fair work accreditation would be likely welcomed by staff but also by those people accessing services or supports. If this was done in conjunction with quality service accreditation schemes the market place across care provision becomes easier for service users / potential users to navigate.

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...)

	Improved pay
	Improved terms and conditions, including issues such as improvements to sick pay, annual leave, maternity/paternity pay, pensions, and development/learning time
	Removal of zero hour contracts where these are not desired
	More publicity/visibility about the value social care workers add to society
	Effective voice/collective bargaining
	Better access to training and development opportunities
	Increased awareness of, and opportunity to, complete formal accreditation and qualifications
	Clearer information on options for career progression
	Consistent job roles and expectations
	Progression linked to training and development
	Better access to information about matters that affect the workforce or people who access support



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	Minimum entry level qualifications
	Registration of the personal assistant workforce
X	Other (please say below what these could be)

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

We don't have the sector specific knowledge to rank these. We would also comment that it is very difficult to do so generically – it needs to be in relation to specific roles.

We do think, however, the zero hours contracting should not operate in the sector.

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
X	Other (please explain)

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

Again, we do not have sector specific knowledge in order to answer this question.

And again, this is a very generic rather than a role specific question and all of the listed areas would seem to be areas that require some focus and investment.



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Q.89. 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

There probably should be a forum – which would also need to include Trade Union representatives to ensure and enforce collective bargaining. The scale of this, however, could be prohibitive. It might be something that the established unions in the space could be consulted about / advise upon, they would probably all want to be involved in this work.

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)

In line with Question 71 and Question 82 it might be that this planning role sits independently of service provision in order to monitor / advice and direct the focus for change effectively.

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



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This question is focused on social care. Social work also requires training and development and it may be that a different approach is required.

This does not seem to have been considered fully.

Any training and development required needs to link to relevant standards and to expectations about quality service delivery.

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.

Any sole access by professionals to vulnerable people should require some form of certification or registration.

In order for workforce planning and for monitoring and evaluation going forward a register seems crucial.

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



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- ☒ 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)

Any progression pathway would also need to be linked to training and development opportunities as well as to skills development.

This role is one of a suite of roles which should all be considered / treated in a similar way.

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

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