

Subject:	National Care Service for Scotland – Scottish Government Consultation Response
Purpose:	To present the IJB response to the consultation to members for approval.
Recommendation:	IJB members are asked to consider and endorse the final response to the consultation, prior to submission to the Scottish Government by the deadline of 2nd November 2021.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership

1.	EXECUTIVE SUMMARY
1.1	The report seeks final views on the IJB draft response to the North Ayrshire IJB response to the Scottish Government's consultation on the creation of a National Care Service for Scotland, the deadline for responses being 2 nd November.
1.2	The response was developed following a period of engagement within the HSCP with lead professionals leading on engagement with peers and colleagues, input by all Senior Managers in the HSCP and consideration by the Partnership Senior Management Team. This feedback was considered at the IJB development session on 23 rd September with IJB members shaping the final response. There is also a comprehensive local programme of community engagement underway facilitated by the HSCP engagement officer to compliment the national engagement sessions put on by the Scottish Government, initial feedback from the sessions that have taken place so far are included for information. The purpose of the community engagement sessions was to make the consultation more accessible for individuals and community groups to provide their own responses.
1.3	The IJB response will be submitted to Scottish Government by the deadline of 2 nd November, following IJB approval. Further updates on the consultation and next steps in relation to the National Care Service proposals will be brought to future IJB meetings.
2.	BACKGROUND
2.1	The Independent Review of Adult Social Care was commissioned by the Scottish Government in September 2020, to examine how adult social care can be most effectively reformed to deliver a national approach to care and support services, including consideration of a national care service. The remit was to recommend improvements to adult social care support in Scotland, primarily in terms of the outcomes achieved by and with people who use services.

	<p>The review was chaired by Derek Feeley, former Scottish Government Director General for Health and Social Care and Chief Executive for NHS Scotland. The Independent Review concluded at the end of January 2021 and its report (the Feeley Review), was published on 3 February 2021. The core remit of the review was to recommend improvements to adult social care in Scotland.</p>
2.2	<p>The Independent review summarised that there is much about adult social care support in Scotland to be celebrated and that is ground-breaking, including Self Directed Support, the Carer's Act, the Promise and the integration of health and social care, but concludes that the story of adult social care support in Scotland is one of unrealised potential. Furthermore, there is a gap between the intent of the legislation and the lived experience of people who need support. It concludes that we have a system with local variation, a focus on crisis intervention, a focus on inputs, a reliance on the market and an undervalued workforce. The report concludes that to address these issues and produce a different set of results that we need a different system in Scotland.</p>
2.3	<p>The Independent Review summarised that there are three things that must change in order to secure better outcomes:</p> <ol style="list-style-type: none"> 1. Shift the Paradigm – to challenge prevailing narrative about social care support, to see it as an investment in the economy and citizens and with a focus on a human rights approach 2. Strengthen the Foundations – building on what we already have but to bridge the gap between the intent and implementation, to scale up and spread good practice more effectively, and nurture and strengthen the social care workforce and to support and enable unpaid carers 3. Redesign the System – establish a national care services to ensure consistency in improvement, ensure alignment with NHS, set national standards and to bring national oversight and accountability to social care, and to transform how social care is planned, commissioned and procured and to amplify the voices of those with lived experience. <p>To that end, the report sets out a vision for a new system, including proposals for a National Care Service. There are a total of 53 recommendations across a number of key areas, including:</p> <ul style="list-style-type: none"> • A human rights-based approach • Unpaid carers • The case for a national care service • A National Care Service for Scotland – how it should work • A new approach to improving outcomes – closing the implementation gap, a new system for managing quality • Models of Care • Commissioning for Public Good • Fair Work • Finance
2.4	<p>The Scottish Government has confirmed it is committed to implementing the recommendations of the Independent Review and on 9th August 2021 published a consultation document setting out proposals for delivering social care in Scotland, the consultation is aligned to and references the recommendations of the Independent Review.</p>

	SCOTTISH GOVERNMENT CONSULTATION
2.5	<p>The proposals to establish a National Care Service constitutes one of the most significant programmes of public service reform in Scotland and will have major implications for how services are governed, structured and operate. The consultation document is 137 pages long and the respondent questionnaire contains 95 questions across a range of areas. The questions are themed around:</p> <ul style="list-style-type: none"> • Improving Care for People • National Care Service • Scope of the National Care Service • Reformed IJBs: Community Health and Social Care Boards • Commissioning of Services • Regulation • Valuing people who work in social care
2.6	<p>The Independent Review acknowledged that current structures have not fully delivered the improvements intended to be achieved by integration of health and social care and recommended the creation of a National Care Service, with Scottish Ministers being accountable for adult social care support. The Scottish Government ambition is to go beyond the creation of a national care service for adult social care and instead to create a comprehensive community health and social care service that supports people of all ages.</p> <p>The proposals include extending the scope to oversee all age groups and a wider range of needs including:</p> <ul style="list-style-type: none"> • Adult Services; • Children and Young People; • Community Justice; • Alcohol and Drug Services; • Social Work. <p>The proposals include 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 practice across health and social care services. This would include changing local Integration Joint Boards to Community Health and Social Care Boards which would be the delivery arm of the National Care Service and would be directly funded by the Scottish Government.</p>
2.7	<p>Following the consultation period feedback will be analysed and the conclusions will be used to shape new legislation (a bill) which will be introduced in Scottish Parliament in summer 2022. The Scottish Government intend the National Care Service will be fully functioning by the end of the Parliamentary term.</p>
3.	ENGAGEMENT AND CONSULTATION
3.1	<p>The consultation document is lengthy and whilst it is detailed there are a number of gaps in terms of how a National Care Service may operate. The consultation is an opportunity to consider the scope, remit, inclusivity and delivery mechanisms of a National Care Service in its widest sense. The consultation is intended to start discussion and debate about the changes required to achieve better outcomes for people. Respondents are asked to engage, challenge and suggest innovative</p>

	<p>solutions, recognising there will be many different views as options are explored, focussing on practical suggestions that can be implemented.</p> <p>North Ayrshire HSCP undertook a comprehensive programme of engagement to ensure a range of partners and stakeholders had the opportunity to contribute views and comments to the consultation process.</p> <p>The North Ayrshire engagement programme included:-</p> <ul style="list-style-type: none"> • North Ayrshire HSCP Extended Management Team; • Strategic Planning Group; • Workshop session with the IJB in September; • Social Work and Health Care Governance; • Representation at North Ayrshire Council and NHS Ayrshire and Arran Board sessions; • Representation at National Professional Leadership forums at sessions facilitated by Scottish Government; • Community Engagement Sessions (one of which was facilitated by the Scottish Government).
3.2	<p>There is also a comprehensive local programme of community engagement underway facilitated by the HSCP engagement officer to compliment the national engagement sessions by the Scottish Government, initial feedback from the sessions that have taken place so far is summarised in Appendix 2 for the IJBs information.</p> <p>The purpose of the community engagement sessions was to make the consultation more accessible for individuals and community groups to provide their own responses and was not necessarily to inform the IJBs own response.</p>
4.	NORTH AYRSHIRE IJB RESPONSE
4.1	<p>In North Ayrshire, and across Ayrshire and Arran we have reaped the benefits of Health and Social Care Integration with very effective partnership working and the integration of services, which has been achieved through robust local governance arrangements and mutual respect across local partners. The opportunities of health and social care integration were maximised by going beyond the legislated minimum delegation of services and effective partnership arrangements are in place across Ayrshire to maximise on the delivery of specialist services. Whilst it is recognised that arrangements are not as effective in all areas across Scotland, there is an inherent risk in de-stabilising the effective arrangements we have in Ayrshire and Arran through a National Care Service structure.</p>
4.2	<p>The full draft IJB response to the consultation is included as Appendix 1. It should be noted that the response is on the basis that the creation of a National Care Service is a political commitment and our imperative in North Ayrshire is to ensure we achieve a model which will sustain our effective arrangements and bring improvement, particularly in areas where we see challenges in fulfilling the full potential of integration.</p> <p>A summary of the most pertinent points and feedback from the consultation response for North Ayrshire are noted below:</p> <ul style="list-style-type: none"> • Support for the accountability of Scottish Ministers for social care to promote the status and priority of social care, with consideration of how national accountability is delivered whilst retaining devolution at a local level

	<ul style="list-style-type: none"> • Would not support a change to the services currently delegated to the IJB, as we have the full range of services delegated including Children's and Justice services, therefore support all services being included in the National Care Service, this would ensure all Social Work services remain under the same governance structure • We have very effective well established Lead Partnership arrangements mainly for Primary Care and Mental Health, with the latter led by North Ayrshire, we would want to retain the flexibility to have local arrangements where appropriate • There is no reference to Locality Planning arrangements in the consultation, Locality Planning Groups are part of the Public Bodies Act legislation and were cited as the 'engine room' of integration, these need to be retained • Confusion and conflicting statements in the consultation between the employment status of health and social care staff and commissioning arrangements, the greatest gains made through integration have been through the operational delivery through the HSCP, there is a risk of the reformed IJBs being strategic commissioning bodies only • All staff under the current HSCP structure should be employed by the National Care Service, the lack of alignment of terms and conditions of different staff from different employers has been a major barrier to integrating teams and harmonising teams and the workforce • Welcome the proposals for direct funding, however there is little detail on the investment required to deliver on the ambition to prioritise early intervention and preventative supports and valuing the workforce, including reviewing eligibility criteria, removing non-residential charging and fair work. It is unclear how this additional funding will be provided • Confusion through-out the consultation between Social Care Services and statutory Social Work services • Significant gaps in the consultation in relation to support services, capital and assets and key commissioning links with acute NHS services for unscheduled care (eg set aside).
4.3	Following approval by the IJB the response will be submitted to Scottish Government by the deadline of 2 nd November. Further updates on the consultation and next steps in relation to the National Care Service proposals will be brought to future IJB meetings.
	<u>Anticipated Outcomes</u>
4.4	The North Ayrshire IJB consultation response would seek to inform the Scottish Government's considerations to shape and develop the scope, remit, inclusivity, and delivery mechanisms of the National Care Service.
	<u>Measuring Impact</u>
4.5	Following the consultation period and when the implications are clearer, these will be detailed in the future reports to the IJB.
5.	IMPLICATIONS
Financial:	The financial implications of proposals are not fully addressed in the consultation.
Human Resources:	There may be significant HR implications which may be clearer following the consultation period.
Legal:	The legal implications are not fully known at this stage, the consultation responses will shape legislation.

Equality:	No direct implications at this stage
Children and Young People	Consideration of the inclusion of Children's Services in the National Care Service.
Environmental & Sustainability:	N/A
Key Priorities:	The report and Appendix 1 form the IJB response to the Scottish Government.
Risk Implications:	Risks are considered and highlighted in the response.
Community Benefits:	No direct implications at this stage

Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	X
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

6.	CONCLUSION
6.1	IJB members are asked to consider and endorse the final response to the consultation, prior to submission to the Scottish Government by the deadline of 2nd November 2021. Further updates on the consultation and next steps in relation to the National Care Service proposals will be brought to future IJB meetings.

For more information please contact [Caroline Cameron] on [01294] 317723 or [carolinecameron@north-ayrshire.gov.uk]



A National Care Service for Scotland - Consultation

RESPONDENT INFORMATION FORM

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

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

Are you responding as an individual or an organisation?

- ☐ Individual
☒ Organisation

Full name or organisation's name

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

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

Information for organisations:

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

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

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

☒ Yes

☐ No

Individuals - Your experience of social care and support

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

Please tick all that apply

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

Organisations – your role

Please indicate what role your organisation plays in social care

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

Questions

Improving care for people

Improvement

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

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

A National Care service (NCS) would lead to more effective shared learning between HSCPs and other organisations, particularly where there is consistency in services delegated and less variation in how services are accessed, funded and delivered locally and a standard data set/collection/systems. A NCS may have greater influence on more consistent opportunities to access services and spread improvement work.

Whilst it is agreed that a national improvement body would have greater influence in driving forward improved organisational outcomes, the delivery of individual outcomes is far more complex. Ensuring consistent outcomes across an IJB area is a challenge in itself, to achieve this on a national scale will be far more challenging. A NCS must carefully consider how it intends to achieve and effectively measure outcomes for people accessing services.

A NCS with a strong focus on improvement, making it a prominent part of social care services would reinforce a quality mindset.

There are a number of improvement networks and organisations across the NHS and Local Government, and it would be an opportunity to streamline those and avoid duplication whilst not losing the diversity of improvement organisations. There needs to be recognition of improvement capacity at a local level, with the infrastructure being pushed out for locality focussed improvement staff to lead on local improvement work. For example, to mirror the Quality Improvement approach adopted in NHS Boards.

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

Risk that a 'one size fits all' national approach will undermine many of the benefits of planning from a locality level. There are concerns that through the NCS we may see the loss of locality-based planning and effective collaboration with communities and the invaluable local insight and expertise they provide.

There are also local contexts to why services may be accessed and delivered in different ways across areas, whether that be demographics, poverty, rurality and other local factors that drive how services are delivered. These need to be considered when taking forward a national approach to improvement.

Whilst there is much to be gained from sharing improvement learning at a national level it is vital that local people, service users, families and staff feel that they have an input and a voice in the strategic direction of services in their area. A NCS must ensure that the value of working in collaboration with local communities is not lost and is prioritised as part of its improvement programme.

Risk to the sustainability of existing improvement bodies.

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.

Speaking to friends and family. Numerous access points for services, offers a potential to look at a Single Point of Contact.

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.

In rank order of preference 2, 1, then 3. Community and voluntary sector organisations are unlikely to be sufficiently resourced or skilled to deal with the volume of individuals in contact with services for support, their involvement may confuse lines of accountability and responsibility and they would not have sufficient information or knowledge on the capacity and range of services delivered by statutory services. Having a Lead Professional role would be ideal however it is unlikely that this would be practical and could create tensions. For some services where it is appropriate the lead professional model is already in place, for example for children on the child protection register. However, for individuals with lower level need or support across services a different professional may be more appropriate to undertake that role. The model needs to include thresholds at different tiers of response as for those where low

intensity support is required there would be benefit from services across the system with access through a single point. Need increases and decreases with time, and there needs to be flex within any new system to allow the best person/service to support the individual and similarly an individual also needs to have their voice heard about who they want to support them. Without a tiered system there is a risk of ending up with a diluted service.

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

Disagree with the same conversation regardless of support needs. There may be appropriate sign posting to other services, in addition there are other services in contact with individuals for example Community Link Workers who would not undertake a formal assessment of need.

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.

Agree with in principal but practically will be difficult to achieve. There will be cultural challenges and barriers to involve everyone. Support the ambition to provide services to those that require them, but need to balance overall needs and expectations with sustainability and capacity of services to deliver.

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.

Would need to ensure the right people have the correct level of access to information to appropriately support. Would require to balance with specialist services, i.e. may not be a one size fits approach to involving everyone involved in care. The ambitions around joined up care and a shift towards easy access, early intervention and prevention are clear, and support this approach, for example for AHPs already good evidence of the contribution in this area. Integrated Social Care and Health record may present opportunities to re-visit Single Point Of Contact for accessing services. Support national record but information/data sharing protocols may be a challenge. Concerns re who would have access to personal health and social care data, potential risk that people accessing social care services may not be content with staff accessing health records, potential this may impact on people approaching services for support.

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

☒ Agree

☐ Disagree

Please say why.

Agree with this proposal, but with lots of caveats alongside this around the infrastructure and data sharing being in place. Would need to be clear re where ultimate responsibility lies. Would support minimising the post code lottery, with the same standard of care across Scotland and would reduce the repeated sharing of information.

Right to breaks from caring

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

Standardised support packages versus personalised support

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

A right for all carers versus thresholds for accessing support

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

Transparency and certainty versus responsiveness and flexibility

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

Preventative support versus acute need

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

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

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

Please say why.

Agree with conclusions but not appropriate to co-hort or pigeon hole due to complexity of need. Under any approach the level of preventative support should be set quite low as any standardised entitlement risks diluting personalised conversations with carers about their individual circumstances. Risk of variation and inequity of provision with wholly personalised support. Would require to measure the impact and target resource to need, support outwith services also needs to be considered, eg individuals with extended family support vs those alone with no support.

The hybrid approach would allow a standard level of support complimented by the opportunity for good conversations on tailored support through a full carers support plan.

Using data to support care

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

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

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
√				

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

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
√				

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

☒ Yes

☐ No

Please say why.

To apply to all services will need existing legislation to change, also will require to apply to private providers and the third sector. There would require to be significant investment in systems and infrastructure to enable this to happen together with a framework for information governance. With a National Care Service families should be able to contribute information which adds a further variable to be considered.

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?

Robust information sharing agreements between all agencies, challenging to get this in place for all areas to fully meet requirements due to concerns re data protection and risk of data breaches. There is currently inconsistency without regulation as

there are so many agencies involved. This would also only support information sharing and not necessarily result in consistency.

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:

Consistent model needs to be a single model for health and social care, i.e. NHS and NCS integrated, this should also cover all third and independent sector providers commissioned by the new CHSCBs, this will be far more accessible for customers, service users, patients and families. A more joined-up national approach is sensible, particularly if it makes it a more accessible process for service users and would also hopefully allow a better national overview and analysis of complaints. This would allow trends with, for example, particular care providers or services to be more easily identified than if complaints were only overseen by separate local processes. Consideration should also be given to how staff can be supported through the complaints process.

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

- ☒ Yes
- ☐ No

Please say why.

Should integrate with the Commissioner for whistleblowing and Information Commissioners offices to reduce national landscape. They could champion the rights of individuals and bring neutrality and consistency. This might raise the profile of the importance of complaints and how these should be used to inform improvements within services. However we have work to do with staff in encouraging feedback and how the outcome from complaints lead to service improvements. Assume the

Commissioners role would be to ensure a consistent approach to policy development and implementation.

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.

Requires triangulation to ensure effective quality care and an assurance that learning from experience, including complaints, leads to service improvement and satisfaction. Outcomes should include individuals as part of communities and groups of interest at locality level. The information should form part of CHSCB performance reporting, including all services commissioned from independent and third sector providers. This approach would allow services to identify concerns sooner and allow for improvements, for example through action learning, to be implemented before service users feel the need to complain.

Residential Care Charges

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

☒ Rent

☒ Maintenance

☒ Furnishings

☒ Utilities

☒ Food costs

☒ Food preparation

☒ Equipment

☒ Leisure and entertainment

☒ Transport

☒ Laundry

☒ Cleaning

☐ Other – what would that be

It is noted that some care homes current charge additional costs for additional services, which is potentially an inappropriate charge as if these services were accessed in the community they may be accessed free of charge. Similarly there are examples of residents being asked to fund additional services on top of standard rates, there is currently no oversight of these charges or arrangements as they are entered into directly between residents and care homes.

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

Would improve their financial position as long as the care home does not increase fees in line with any increase in personal and nursing care payments. Concern that care homes may increase self-funding rates in line with any free personal care payments to the financial detriment to self-funding residents, consideration could be given to adding a clause to the National Care Home Contract to ensure care homes reduce the service user contribution accordingly so that the rate does not increase overall.

Care home operators

Potential for reduced arrears and bad debt as more of their income would be paid directly by the commissioning authority. Potential increase in income if rates are increased in line with free personal care increase.

Local authorities

Increased cost as fixed contribution for free personal care placements increased.

Other

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

☒ Yes

☐ No

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

Potential alternatives or changes include:

(1) Continue means testing but increase the capital thresholds.

(2) Maximum contribution based on a set monetary value, or percentage of that. Set a maximum amount to be paid per person towards care costs based on overall value of assets of a % value of those. Potentially inequitable that someone with assets of £100k could pay the same as someone with assets of £500k. Need to ensure that the costs covered include all of the areas in question 17 because if it only covers 'care' then care homes could continue to charge for accommodation costs etc and the person will be no better off.

(3) Mirror NHS model where all services are free at point of delivery in line with need, people don't choose frailty or the requirement for ongoing care and support.

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)

On the basis that the creation of a National Care Service would provide the status and focal point similar to the NHS and build on the work started through IJBs. However, consideration must be given as to how to operationally achieve National Accountability with devolution at a local level. New infrastructure at a national level with CHSCBs following the IJB model. This would support greater government infrastructure to assist at a local level but would retain local leadership and decision making. The model across Ayrshire and Arran lends itself to reformed public services including Local Government, Health Board and Community Health and Social Care.

An alternative to the NCS proposals would be to strengthen current IJB arrangements by empowering IJBs by giving them operational responsibility including for employing staff, direct funding and investment and to standardise delegated services for IJBs across Scotland.

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?

Homelessness services as some HSCPs already have those services delegated and consultation refers to responsibility for those at risk of homelessness. Requirement that Child and Adult Protection responsibilities will sit under the NCS and that CHSCBs must be Corporate Parents. There is also limited reference in the consultation to unscheduled care and public health functions which are critical to delivery of improvement through a NCS.

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

No, agree that all of adult and children's social care services should be included. Consideration needs to be given to Lead Partnership arrangements and whether these would still be permitted/enabled through the CHSCBs. These arrangements are currently supported by a delegation of operational responsibility from the NHS Board to the HSCP Directors with operational responsibility. Lead Partnership arrangements in Ayrshire and Arran are key to the HSCPs successfully delivering efficiently and effectively for specialist pan-Ayrshire services which ensure strong operational and clinical leadership.

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.

Children's services currently delegated to North Ayrshire IJB. Major impact on local services if removed from reformed CHSCBs. There has been no similar independent review of Children's Services and there is a risk of not getting support for inclusion without evidence base. Risk of distraction from work of integrating into the NCS from the reforms underway for Children's services including The Promise. Links between Children's Social Care services and Education are crucial, a partnership approach

would require to be maintained across the services. Further detail is required on the elements of Children's Services which would be included in the NCS, the lack of detail in the consultation makes it difficult to comment further, including what the alternative arrangements would be for Children's Services if not part of the NCS and the implications of a different approach.

There are concerns from Children's Services that they may be lost in the bigger adult, older people and health agenda which was predominantly associated with the drivers for Health and Social Care Integration, however there are also significant risks/concerns with not aligning all social work services under the same governance structure. It is also unclear if any of the investment in the NCS will be directed to Children's Services as the gaps that any funding is aligned to historically relate to adult social care services, eg eligibility criteria and unmet need, carers supports and the fair work agenda. Children's Services also require investment to ensure an early intervention and prevention approach can be supported from cradle to grave.

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.

The response to this question is based on experience in North Ayrshire where Children's Services are delegated to the IJB. The response is yes in terms of not improving from current position as North Ayrshire are currently responsible for Children's services, but there may be a negative impact if these services are not located in the NCS. Having these services included in the NCS will ensure that all areas are working to the same model, which will make services more accessible across Scotland.

There may be some forms of specialist service which could be developed, funded, evaluated and improved more consistently and effectively from within a NCS but work would be needed to specify what that would look like and how it would interface with other services crucial to family support

For transitions to adulthood

☒ Yes

☐ No

Please say why.

Transitions from children's to adult services are currently challenging despite children's services sitting within the IJB. The challenges with transitions centre on a few key areas including forward planning, joint assessment, supporting and empowering children and their families, funding availability and availability of suitable supports and alternatives. Assessments also include Education services. Risk of making the process more difficult if Children's services are not included as part of the NCS as the approach to planning would become more disjointed and one organisation would not be responsible for cradle to grave social care services.

For children with family members needing support

☒ Yes

☐ No

Please say why.

Will not improve from current position as North Ayrshire are currently responsible for Children's services, would be a negative impact if these services are not located in the NCS. Having these services included in the NCS will ensure that all areas are working to the same model, which will make services more accessible across Scotland.

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.

All child social care and health services need to be included. Many areas with services delegated have integrated management structures in place and have established arrangements for social care and child health services to work together.

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 is a risk of negative public perception of a 'National Care Service'. This could potentially be a barrier to those accessing support. For example it could be perceived that this will entail social work intervention through the National Care Service which could negatively impact on outcomes for Children and Young People if parents and carers perceived this. Data is a huge challenge, therefore it is very aspirational to have one system for Scotland. There will be issues with data sharing as there have been in GIRFEC. Risk of funding and investment attached to the National Care Service being directed to the challenges in meeting demand for older people's services and reforming unscheduled care with Children's services not being prioritised for investment. Unclear at this stage on the impact for Education services and the established joint working arrangements with services, for example how will services ensure there is a whole family approach.

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.

Would retain the established arrangements which have been embedded in Ayrshire and Arran since 2015. Would be very difficult to continue to embed MDT approaches if all community health services were not managed by CHSCBs.

In Ayrshire and Arran we have well established and effective Lead Partnership arrangements in place, most notably for Primary Care and Mental Health Services (acute and specialist). These arrangements are key to the HSCPs successfully delivering efficiently and effectively for specialist services which ensure strong operational and clinical leadership. It would be very difficult to dismantle these services and delegate back across 3 CHSCBs and would directly impact on the performance of these services.

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?

Local work highlights that direct management of services, built on positive relationships and whole system approaches, can enable improved joint working with hospital-based services. Commissioning of unscheduled care/acute activity through IJB strategic commissioning plans and the use of Directions has not had the desired results through IJBs. Part of the challenge being the assumption that acute hospital bed activity can be reduced through the use of Set Aside to invest in community alternatives. This inability to re-divert resources has led to a lack of sufficient funding for community services to fully meet need, which has impacted on the whole system. Having a NCS with Scottish Ministers responsible for the whole system will ensure a shared priority for investment in social care services and Government responsibility for the whole system flow. There is also a lack of control over the social care market leading to a lack of consistency.

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)

Local discussions have highlighted few local advantages from CHSCBs directly managing GP contractual arrangements. In Ayrshire we have a lead partnership supporting Primary Care in terms of both the contractual and Primary care Improvement approaches. Pan Ayrshire agreement was helpful in ensuring cooperation and collaboration of clinicians to our whole system approaches and pressures. Separating this type of work raises concerns around possible patient inequity, if CHSCBs develop different services in health board areas. There is also a lack of local scale to manage in the event of local practices failing e.g. for call handling, diverting other available clinicians from the whole system to the GP practice.

Local discussions also took place about directly employing GP practices as part of the national care service and removing independent contractor status. There were mixed views to this approach. Some felt the GPs made a commitment to support their local

areas and their own businesses, therefore committing more time and effort to provide consistency of care to a local population. GPs play a core role in the support of our HSCP Locality Planning Forums reflecting their ambition to improve the health and care outcomes in the local area. Others felt that directly employed GPs had a better work life balance and offered flexibility to respond to demand surges. There was also a view that duplicating reception staff and support models in each GP practice was resource intensive. There would be significant financial and resource implications of any change in contractual status of GPs.

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

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

Local discussions have highlighted few local advantages from CHSCBs directly managing GP contractual arrangements and that this may add a further layer of bureaucracy.

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

A major barrier to the success of IJBs is negotiation of the differing employment status of each of the elements of community health and social care. A single public sector body employing community health and social care staff, would provide the greatest level of integration.

An additional barrier is the requirement to triplicate social care, health care and clinical care governance and risk management structures at an IJB, Health Board and Local Authority level. Local arrangements should be singular in their approach.

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:

In principle there is agreement that a NCS which includes all social care and social services would streamline how individuals access support (reduce postcode lottery) and help with reducing complexity and improving transitions for service users, however concerns remain regarding the potential loss of locality approaches which areas have worked hard to understand and use to improve local situations. A one size fits all approach does not work for everyone.

In this section, there is an emphasis on all of social work and social care being located within the NCS, but with very little detail of how this might change social work's relationship to local authorities, and where the role of the CSWO will sit. The position of CSWO is required to manage the complex balance of needs, risks and civil liberties of vulnerable people and carry out workforce planning and quality assurance, including safe working practices and promoting continuous learning and development for staff.

A NCS should be built on a human-rights model which empowers and protects the interests of all people (incl. those who work within it). But plans for an NCS must reflect the reality that rights interact and can sometimes be in conflict with each other; an individual's right and choice may not always align with what is in their best interests, or the interests of those around them. Navigating and mediating these complex interactions / intersections is, on a day to day basis, the role of social work.

National recognition/standards of Social Work qualification would be positive.

A NCS could provide a more strategic direction for Social Work and Social Care services and having a voice at senior level of government would give social work more influence at Ministerial level.

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

There needs to be a clear distinction between the role of social care and social work – although they are closely linked social work is not a subset of social care. This emphasises the need for proper definitions and distinctions between social care and social work.

Potential to become fragmented and lose localised approach.

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

Would need to be clear that this is a professional leadership role for nursing staff within these services and is focused on promoting consistent standards of nursing care, safety and quality of care within social care. Would require clear governance frameworks within the new CHSCBs to support accountability.

This remit should not be extended to non-nursing roles/areas if professional accountability is to remain within professional boundaries

Consultation paper suggests that Executive Directors of nursing carry this leadership role. Each IJB has a requirement to have a Lead Nurse in place, for North Ayrshire this is discharged through the Associate Nurse Director with responsibility for Mental Health Services Pan Ayrshire. There is no reference in the consultation document if the role of Lead Nurse should be retained within CHSCBs. That would be the preferred approach in North Ayrshire.

Likewise, it would be important to ensure consistent professional leadership and assurance arrangements across all professional groups working in social care – occupational therapists being an example of further profession employed in social care, and with significant contribution around reablement and adaptations, and not highlighted through the consultation. We also have a Lead Allied Health Professional on our IJB and as part of the Senior Management Team. Similarly there is no reference to where CSWOs will sit in the NCS.

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

☐ Yes

☐ No, it should be the responsibility of the NHS

☒ No, it should be the responsibility of the care provider

Please say why

For nursing staff there is minimum requirement for revalidation on continual professional development which includes training and education. The individual registrant has a responsibility to meet these requirements of the NMC register.

Standards of care are already in place with national drivers and policies e.g. Excellence in Care, SIGN guidelines etc to ensure consistency of standards of care.

Governance of nursing – would need clarity on what this might be applicable to. Ultimate governance on e.g. fitness to practise sits with NMC preceded by local review. Clinical Governance frameworks in place within NHS and HSCP structures that include nursing for our own workforce.

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

Yes, but this should be discharged through delegation to a Lead Nurse to mirror current IJB arrangements.

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.

Justice services are already delegated to North Ayrshire HSCP, local approaches and accountability work well for these services. Concerns if a different national approach was considered for Justice Services which would lead to a disconnect with Social Work services, which are a core part of Justice service delivery. If Justice Services were not part of the NCS would have concerns about a separate national service, for example a national probation service which may be inflexible to considering local need, sentencing, unpaid work and local services.

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.

For those areas, including North Ayrshire, with Justice services already embedded in IJBs and HSCPs they should move immediately at the creation of the NCS.

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

Integrated into MDT working alongside other professionals and local tailored approaches to support.

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:

Greater risk of trying to integrate Justice Services later in the process. A national training programme would be a challenge, given that services are tailored to local area need, demand and service provision.

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

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

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

☒ Yes

☐ No

Please say why.

Yes, but clarity is required on the role of CPPs as some Community Justice Partnerships report directly to CPPs.

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.

The Prison Health Care service is delivered via a lead partnership arrangement by East Ayrshire HSCP on behalf of Ayrshire and Arran.

There are challenges of providing support across the prison sector and the added complexity presented by the private sector management within the sector. Local arrangements are the important component to the delivery of coordinated support both within the prison setting and on leaving and returning to local communities.

The responsibility for health care arrangements in prisons are retained by Health Board and delegated through IJBs. The ability of local arrangements to develop services and respond to local need is valuable in improving outcomes. The document recognises the need to support complex need but unclear if this national approach would deliver and reflect local need or improve outcomes for all.

Services endeavour to provide person centred support to prison population within the confines of the settings. The development of additional support provided with public health, third sector and Council partners are successfully delivering in East Ayrshire. We have developed services through the IJBs to reach into prisons, for example through Action 15, the prison infrastructure can pose challenges to developments.

There is no reference in the consultation to police custody suites and the responsibility for those prisoners. Consideration requires to be given to the impact of the

Independent Review of Forensic Mental Health Services which recommends a new National NHS Board for Forensic Mental Health.

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.

Services should always focus on securing the best outcomes for every individual regardless of care setting, in line with a Human Rights approach.

Alcohol and Drug Services

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

☒ Better co-ordination of Alcohol and Drug services

☒ Stronger leadership of Alcohol and Drug services

☒ Better outcomes for service users

☒ More efficient use of resources

☐ Other opportunities or benefits - please explain

To maximise their contribution and the importance of the work of ADPs they should move into the National Care Service along with statutory drug and alcohol services.

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

Difficulties between the responsibility and accountability of ADPs and that of statutory drug and alcohol services, which need to work together effectively to deliver objectives. Difficulty in fully achieving the goals of the ADP due to reliance on statutory

services, for example Pharmacy, GP practices, community addiction teams, more difficult to maximise resource/investment to tackle alcohol and drug issues when reliant on the delivery of statutory health and care services, this challenge is compounded when investment could be best maximised when used across a whole Health Board area to provide equitable provision but multiple ADPs are required to approve funding, for example prescribing or the delivery of MAT standards.

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.

ADPs require the capacity, support and infrastructure from HSCPs to deliver on strategic objectives, there is very little admin or planning resource attached to ADPs. The inclusion in the NCS will ensure that the work of the ADP compliments that of statutory drug and alcohol services and that the work is co-ordinated with effective governance in place. The inclusion in the NCS alongside other health and care services would also ensure strong links between individuals who access drug and alcohol services and other services especially when many individuals may have complex needs in relation to for example mental health, justice, housing and employment. Consideration should also be given to extending the scope of the ADP to include all addiction services, for example gambling.

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

The Drug Death Task Force recommendations provide a strategic framework for service delivery to be rolled out across Scotland and should provide a framework to measure performance and delivery. The increase in funding to ADPs is welcomed to deliver on this agenda, but multiple funding streams are complicated and with some funding being allocated based on a funding application through a bidding process this has created a significant amount of work which has diverted resources away from core ADP activities. An alternative way to allocate funding would be based on need to target investment to areas where performance is poorer and to those areas with acute drug and alcohol problems, including North Ayrshire. Consideration should be given to ADP governance at a CPP level to bring together the work and priorities of ADPs in the area, given the previously noted reliance/dependence on statutory services.

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

☒ Yes

☐ No

Please say why.

Current inequity in access to provision, would bring consistency across Scotland and would provide leadership around the commissioning of services and a more efficient use of funding. The assessment of need, planning and prioritisation to maximise outcomes should remain with local CHSCBs.

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

Gambling, home detox, women's support for complex services and court services. Consideration may also be given nationally to safe injecting sites.

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?

People with lived experience should be at the centre of the model, with opportunities for paid employment in teams, this has been successfully embedded in North Ayrshire. Service access needs to be as local and accessible as possible. In North Ayrshire alcohol and drug services sit under the same service as Mental Health services, which will be conducive for developments in relation to dual diagnosis.

Mental Health Services

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

☒ Primary mental health services

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

Include all Mental Health services from Community to Forensic, including Unscheduled Care, Psychology, Eating Disorders and Perinatal Mental Health services and including all settings, for example Prison, police custody and other settings under Action 15. Mental Health section in the consultation is light on detail, which does not reflect the complexity of Mental Health services, i.e. the range of specialist services and teams. In Ayrshire and Arran all Mental Health services including inpatient acute services are delegated to the IJBs, with specialist services delivered by the North HSCP through a lead partnership arrangement. A significant programme of modernisation of Mental Health services with a reduction in acute bed base has been delivered by North HSCP which has provided opportunities for investment in community based services and also the pan-Ayrshire approach to developments from Mental Health investment, eg Action 15 and the MH Recovery and Renewal Fund has led to robust plans being progressed as pace. For this reason all Mental Health services should remain in the reformed CHSCBs to ensure we retain the single point of leadership with clear organisational structures, governance and oversight. If lead partnership arrangements are not permitted under the NCS there is a risk of dismantling the effective whole system approach we currently have for Mental Health Services.

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?

Maintain current arrangements we have in Ayrshire and Arran. We have long established governance arrangements for Mental Health services with inclusion from across the 3 HSCPs, NHS Board with Mental Health governance oversight through our Adverse Events Group into NHS Board Health Care Governance. We have a dedicated Mental Health Head of Service and the Associate Nurse Director (sitting below Health Board Nurse Director) has specific responsibilities in relation to Mental Health Governance.

National Social Work Agency

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

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

The creation of a NSWA would help to address issues identified over the past decade, including workforce planning, career/workforce development, protected time for learning, consistency of practice, research into practice etc. Professional social work leadership must just not be retained, but enhanced through any change. This is an opportunity to reset, re-establishing social work leadership at the centre of all strategic and operational decision making.

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

There would need to be clearly defined roles between a National Social Work Agency the SSSC.

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

- ☐ Yes
- ☒ No

Please say why

It would be better to be differentiated from the NCS, alongside similar bodies for Education and Health. Although inextricably related, social work is not a subset of social care and this needs to be recognised.

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

Strong collaborative work with Universities in relation to the creation, promotion and delivery of the professional social work qualification. Consideration to include social work assessments if standardised approach is recommended. National planning and oversight with an emphasis on localised decisions.

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.

Would create confusion in relation to accountability if different models are used. National oversight of performance, complaints and improvement would be difficult if different delivery mechanisms in place. Funding allocations would also be complicated by different models.

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?

Territorial Health Board area due to links with unscheduled care and for specialist health services. This would potentially work well in Ayrshire and Arran but is unlikely to be practical for larger board areas with multiple local authority areas, as would dilute local delivery and accountability.

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

Assume that Child and Adult Protection would sit under CHSCBs. Unclear on impact as this would depend on the services delegated to CHSCBs and where social work governance and regulation sits.

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?

Health Board members, Housing colleagues, Staffside and Trade Union representatives, Third and Independent Sector representatives and consideration should be given to the voice of young people if Children's Services are to be included. The Chairs of Locality Partnership Forums are also members of North Ayrshire IJB.

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

☐ Yes

☒ No

Professional advisors to the IJB should not have voting rights, other members should have parity of decision making. With strong collaborative leadership and accountability the requirement to vote should be minimal, frequent use of voting for decisions risks politicising the Boards.

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?

Representation should be consistent across Scotland. Robust recruitment process, mirroring the process for NHS Board members, ensuring Boards secure individuals with the right skills and experience, supported with effective induction and CPD programmes for members.

Community Health and Social Care Boards as employers

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

☒ Yes

☐ No

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

All staff currently employed by LAs and NHS Boards that fall under the remit of HSCPs and for services delegated to CHSCBs. The biggest single barrier to integrating teams and services are the ongoing tensions and challenges with managing teams with different employers, with different salaries, terms and conditions etc. If there is no change to this in the new reformed CHSCBs then there will be limitations to progress than can be made. The biggest gains through integration so far is the joining up of services through operational delivery by HSCPs, progress would be far quicker and more effective with one workforce.

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?

No

Market research and analysis

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

☒ Yes

☐ No

If no, who should be responsible for this?

☐ Community Health and Social Care Boards

☐ Care Inspectorate

☐ Scottish Social Services Council

☐ NHS National Procurement

☐ Scotland Excel

☐ No one

☐ Other- please comment

There will also be a need for some additional research at a local level based on local trends/differences unique to each area.

National commissioning and procurement services

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

☒ Yes

☐ No

If no, who should be responsible for this?

☐ Community Health and Social Care Boards

☐ NHS National Procurement

☐ Scotland Excel

Regulation

Core principles for regulation and scrutiny

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

No

Q74. Are there any principles you would remove?

No

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

No

Strengthening regulation and scrutiny of care services

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

- ☒ Yes
- ☐ No
- ☐ Please say why.

Welcome the additional powers referred to for regulators. Particularly in relation to 'sustained improvement'. Experience to date has shown that in some care homes for example, improvement in practice and delivery of care is noted when concern is raised. However with the passage of time, standards fall meaning poorer experience for care home residents. Further powers are required for those services who consistently perform poorly over time.

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

Legal powers to put interim management arrangements into care homes where registration is cancelled, for example allowing CHSCBs to take over the running of the care home until residents can be resettled, this should support residents and their families to identify a suitable alternative home.

Market oversight function

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

- ☒ Yes
- ☐ No

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

- ☐ Large providers only
- ☒ All providers

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

☒ Yes - *will not work effectively if the provision of information is voluntary*

☐ No

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

☒ Yes – *will be of limited value otherwise*

☐ No

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

☒ Yes

☐ No

Please say why

Particularly where there was concerns about financial sustainability which could lead to breakdown of care services being provided or compliance with the market oversight function.

Enhanced powers for regulating care workers and professional standards

Q83. Would the regulator's role be improved by strengthening the codes of practice to compel employers to adhere to the codes of practice, and to implement sanctions resulting from fitness to practise hearings?

Yes, the proposed expansion of the SSSCs powers over individual workers and employers is welcomed, this will allow the balance of focus to be shared between the employee and employer in redressing any issues relating to practice.

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

No. It is recognised at times that workers can feel worried about expressing concern of wrongdoing regarding a colleague. There are Whistleblowing policies to cover these eventualities. There is a concern that legally enforcing stakeholders to provide the regulator with information to support fitness to practice investigations may be counterproductive and lead to concerns not being raised in the first instance. We would always encourage a culture of openness and transparency and hope that individuals would choose to engage with the regulation regarding their concerns as opposed to be compelled.

In circumstances which involve the undertaking to management investigations, it would seem appropriate to ask either the investigating officer or the responsible manager to talk to the findings of any investigations which was completed. It is normal practice for management investigations to be forwarded on to the SSSC upon completion. This would allow for the voice of parties to be heard without the need for witnesses to attend, particularly if they do not want to.

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

There are challenges in terms of the length of time that it takes for the responses or decisions to come back from regulators. At times, there can be wait times in excess of two years. This, understandably, has an impact on those who are being investigated and may impact on the ability for employees to do their job effectively, which is a concern when they are involved in the delivery of social care to vulnerable service users. Significant improvements could be made in terms of communication between regulators and employers.

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

Health Care Assistants, Personal Assistants and social care staff working in registered services, for example day services staff. During the pandemic we have moved staff between services, in particular to support care at home and this includes moving unregistered staff including day care and HCA. The requirement for all to register would support future flexibility in the workforce and also would ensure the same registration requirements for those staff in Multi-Disciplinary Teams.

Valuing people who work in social care

Fair Work

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

☒ Yes

☐ No

Please say why.

Priority to ensure social care staff are protected and that employers are required to improve pay, terms and conditions. Also supports employee choice and provides reassurance over the level of support from their employer.

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

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
	Removal of zero hour contracts where these are not desired
3	More publicity/visibility about the value social care workers add to society
	Effective voice/collective bargaining
4	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
	Minimum entry level qualifications
	Registration of the personal assistant workforce
5	Other (please say below what these could be)

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

Permanent employment and contracts, difficult for all employers to offer as reliant on permanent funding.

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

1	Improved pay
2	Improved terms and conditions
3	Improving access to training and development opportunities to support people in this role (for example time, to complete these)
4	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

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

☒ Yes

☐ No

Please say why or offer alternative suggestions

Similar to the role of COSLA for collective LA bargaining, would align workforce for social care with NHS and Local Government.

Workforce planning

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

☒ A national approach to workforce planning

☐ Consistent use of an agreed workforce planning methodology

☒ An agreed national data set

☒ National workforce planning tool(s)

☐ A national workforce planning framework

☒ Development and introduction of specific workforce planning capacity

☐ Workforce planning skills development for relevant staff in social care

☐ Something else (please explain below)

National approach would demonstrate that social care is valued as much as healthcare and would put importance of roles on an equal footing. Need to also focus the workforce planning approach on Health services, existing workforce planning not used well for some parts of health workforce and each professional group has a different approach (eg nursing works well). Workforce planning for specialist areas tends to focus on benchmarking against other areas re capacity and any increase in service is usually an incremental approach following funding for new service developments. Safe staffing tools are not used for community services leading to local variation.

Training and Development

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

☒ Yes

☐ No

Please say why

Distinction is required between social care and social work workforce, with the preference that the NSWA is responsible for Social Workers. there will also be core and mandatory training which will be required and could be delivered nationally, eg Child Protection and Adult Support and Protection. However, there are concerns that a national approach to all training may not be the most appropriate route. For example for training needs identified at a local level as a result of a Significant Case Review which may not necessarily apply to other areas, therefore there has to be some local delivery in line with priorities.

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

☒ Yes

☐ No

In line with feedback above, there is core/essential training that could be provided nationally to ensure consistency, however at times bespoke local training may be required to compliment this.

Personal Assistants

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

☐ Yes

☒ No

Please say why.

Whilst a central register for PA's may be useful in order to identify, engage with and support the Scottish PA workforce equally this should be voluntary not mandatory.

Personal Assistants are employed by individuals often with very different criteria within their contract that will have been personalised to the employer's individual needs. Often the employers do not want any further paperwork to complete and this could act as a disincentive to opting for a direct payment. PAs may not want to register as they are happy doing the job they are doing very well without needing to meet criteria to be registered.

Mandatory registration could add to the problems of recruitment within the personal assistant sector.

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

☒ National minimum employment standards for the personal assistant employer

☒ Promotion of the profession of social care personal assistants

☐ Regional Networks of banks matching personal assistants and available work

☐ Career progression pathway for personal assistants

☒ Recognition of the personal assistant profession as part of the social care workforce and for their voice to be part of any eventual national forum to advise the National Care Service on workforce priorities

☒ A free national self-directed support advice helpline

☒ The provision of resilient payroll services to support the personal assistant's employer as part of their Self-directed Support Option 1 package

☒ Other (please explain)

Personal assistants would benefit from an independent organisation that they can go to for assistance with employment issues, as often the support organisations that are in place are there to assist the employer not the employee. Consideration of a Scotland wide central provision of values-based training and practice for Personal Assistants.

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

☒ Yes

☐ No

National Care Service Consultation

North Ayrshire Locality Sessions

September/October 2021.



Executive Summary

North Ayrshire HSCP have arranged consultation sessions on the Scottish Government's proposals for the National Care Service for Scotland. A total of six engagement sessions have been arranged across the localities in North Ayrshire, either in person or virtually, to enable people to come together and give their views.

The information included in this report includes responses from the sessions in Irvine, 3 Towns and North Coast & Cumbrae localities. Feedback from the other localities will be added once they have taken place.

The sessions mainly focused on the sections on 'Improving Care for People' and 'Workforce'.

General Comments

Many delegates felt that the consultation was inaccessible, particularly to the elderly who are less likely to be digitally connected. In addition, people commented on the short timescales for consultation as well as the efforts to make people aware of the proposals. In general, people felt more time should have been committed to engaging with people given the potential impact these proposals could have.

Improving Care for People

Improvement

People felt that the National Care Service implementing, and National Improvement Programme for Social Care could help to provide greater consistency and equality across the country.

"There should be less differences in how local authorities implement policy"

"There has to be improvement made in some way, Social Work needs a shake"

"We trained to be proactive and preventative, however we continually work in intervening in crisis. It's crisis management at the moment, not prevention"

"Will the NCS just add another layer of bureaucracy"

Some felt that there was a risk in losing some of the benefits from a **localised approach**. It was also noted that everyone is accountable to different bodies. **Would the National Care Service bring about more cohesion? What happens to the Care Inspectorate, SSSC etc?**

One delegate did note that she is fearful of it being more about ministerial responsibility and less about local government – *"I've no confidence that will make things better in our area"*

Access to Care and Support

“People being bandied around the systems, rather than being supported – ‘No wrong Door’ approach would be much better”.

Delegates felt that the National Care Service could potentially **help with providing greater equality in accessing services**. However, there was recognition that there is differing experiences across the country at the moment and the National Care Service could potentially help implement a more **streamlined approach that is easier for people to navigate**. This could potentially have a positive impact on our island communities and their access to services.

Discussions touched on the need for the National Care Services to provide greater clarity on pathways to support. One delegate noted that there are people who really need support but do not have the confidence or the knowledge to advocate for themselves.

“There is still a stigma around accessing help and support”.

“We have an ageing population, and we can’t provide the support we need to”

“We have the money to fund support but it’s getting services to deliver them that can be the issue”

“All services need to engage in the National Care Service and the process for it to work”

“Current eligibility criteria are ‘pigeon holing’ people”.

“The choice that people used to have isn’t there anymore”

Respondents across the sessions made reference to the need for more multi-disciplinary working. It was recognised that we do some partnership working, but services are still working too much in isolation. People felt that this approach is beneficial for everyone and could contribute to be able to intervene at an early stage and do more preventative work.

“We need to be more preventative, not leave people to struggle on into a crisis situation”.

When talking about eligibility for support a delegate in Largs said, “Do people continue to struggle or ask for help even when they know its not available. What happens when people don’t, *“fit in the box?”*”

“It should just be about helping people who need it”

Getting it Right for Everyone

The idea of ‘Getting it Right for Everyone’ was well accepted by people across the sessions. It was recognised as being a good framework, when used properly it can be very effective.

“Holistic approach and a framework that can be applicable to everyone”.

“Wellbeing indicators across the lifespan. Perhaps the National Care Service providing a more unified and cohesive approach would be there is less chance of people reaching a ‘cliff edge’ at certain stages i.e transition from Children to Adult Services”.

“Need to keep things as simple as possible. How do people know where to go? Getting care right is priority. Don’t want more bureaucracy”.

“For older people it would be good to go back to the home help model, focusing on building relationships with people”

“Moving between local authority are to live, would an NCS mean packages transfer? Why doesn’t this apply to children? They have to have revised assessment”

Planning

“Planning doesn’t focus on the strengths of the individual, it’s more about what they can’t do instead of celebrating what they can do”.

“We can’t keep categorising people, it needs to be more a more person centred, outcome focused approach – not service led! National Care Service could bring greater consistency in planning throughout services”.

“We need to make sure people are accessing the right support, utilising other resources in the community. It’s not just always about health and social care”.

“Support is more service led than person centred”.

Self-Directed Support (SDS)

The ethos around self-directed support was identified as being positive. However, the issues with it mainly focused on its implementation across Scotland. There were also suggestions that people do not know enough about SDS and need to be given the right information by professionals; suggesting that service need to support and make it easier for people to take control or have influence over their care. Staff also need support to understand the system too.

When referring to Children’s Services, **a more holistic approach is needed when working with families**, implying that SDS could potentially help with that.

“SDS is amazing when it is done well”.

“People are waiting too long on support and budgets being approved, by the time it get’s approved their needs can have changed”.

“We need to be sharing the right information with people in order to help manage their expectations”.

The Role of Housing Services

Homelessness Services, Housing Support and Housing Services work closely together. **How would this work within the National Care Service? How do we ensure protection? How will Child/Adult Protection and MAPPA work within National Care Service?**

Rights to breaks from caring

The proposals around breaks from caring were welcomed. However, questions were raised on how this would be paid for given that a lot of carers do not receive any support with respite and there is a lack of resources available for provision.

It was noted that the Carer's Act is looking to address some of the issues around this but more needed to be done to enable people to be more creative when it comes to respite and short breaks.

Gaps and issues identified in each session included:

- No access if there is not a high level of need, but people still require respite support
- Issues with different policies and different local authorities
- Huge gaps in the system for people who work – “the system doesn't encourage you to work”
- Complexity with families who have multiple issues/needs
- There is an effect on the wider family and young carers too
- Carers are not coping and need support before reaching crisis point
- Greater access to respite could save money in the longer term if people can carry out their caring role for longer but feel supported in doing so.

Using Data to Support Care

All groups identified the current issues around access to information across services and those outlined in the Feeley review. Despite positive comments about there being one place to access information, people did raise concerns around the practicalities of making it happen.

The potential benefits of this included as part of the NCS is that it could mean sharing information is more effective if it is implemented properly.

Questions raised included:

- What about GDPR?
- What will be included?
- Who will have access?
- Do people get a say on what is included in their record?

Complaints

Having a central body to make complaints to was recognised as a positive, instead of having to explore different avenues to get responses i.e., MP, MSP, elected member, service etc.

However, some delegates argued that this should be could potentially add another step or layer and potentially should only be used to escalate complaints further.

Workforce

Conversation Themes:

- *Rates of pay and conditions for social care workers*
- *National Care Services needs to address the issues around staffing in social care*
- *Giving people the right opportunity for training and career progression*
- *How do we make Social Care more attractive to young people?*
- *The role of colleges in developing the social care work force*
- *Looking after the wellbeing of the workforce we have*
- *How do we encourage more males to take up caring roles?*
- *Focusing on values and building relationships with people*