SPPC Response to the Consultation on the National Care Service

Key Messages

1. People approaching the end of life are the biggest single group needing social care support[1]

Providing 'good care' to people whose health is in irreversible decline or whose lives are coming to an inevitable close is a major part of the work of Scotland's health and care system. Around 60,000 people die in Scotland each year. Palliative care is not synonymous with death – it is about life, about the care of someone who is alive, someone who still has hours, days, months, or years remaining in their life, and about optimising wellbeing in those circumstances. Social care plays a vital role in optimising wellbeing for many people towards the end of life:

- In an average week around 60,000 people receive over 700,000 hours of care at home. Well over half of these are frail elderly people[i].
- At 31 March 2017, there were nearly 33,000 older people living in a care home[ii]. The percentage of long stay residents living with dementia (either medically or nonmedically diagnosed) in a care home for older people was 62%[iii].
- The vast majority of people in care homes for older people have palliative care needs. The majority of people living in care homes for older people are in their last year of life [iv]. 20% of deaths in Scotland take place in care homes.

The provision of adequate social care can make it possible for someone living with serious illness to maximise independence and quality of life, even as their health declines. Social care also supports people who are informal/family carers, often making the difference between a role which

[1] *Adult Social Care and Support in Scotland* Scottish Parliament Research Briefing (2020) https://digitalpublications.parliament.scot/ResearchBriefings/Report/2020/12/3/92a1d806-219e-11ea-b692-000d3a23af40#470e6fe8-01a5-11eb-bc29-000d3a23af40.dita

is tough but sustainable and a role which ends in crisis and collapse. Social care staff can also play an important role in anticipatory care conversations and planning. Key social care supports to people approaching the end of life include care homes, care at home, respite care and housing support.

You can read more about the role of social care towards the end of life and practical proposals for improvement across the health and care system, and in communities, in SPPC's recent report *A Road Less Lonely*[2].

2. SPPC Supports the Aims and Intended Outcomes of the Proposals

People approaching the end of life and their families will often need social care support which is person-centred, rapidly available, flexible, readily responsive to changing needs, adequate in quantity, of good quality, and provided by appropriately skilled and support staff and community members. SPPC believes that the proposed reforms are intended to address current failings and to deliver relevant improvements.

3. Structural and Process Reform: necessary but not sufficient

- If real progress is to be made then there is a need to ensure that the well-documented factors which have limited the effectiveness of IJBs are addressed and not simply replicated in the new Community Health and Social Care Boards (CHSCBs). There is a need to consider how to ensure: collaborative leadership; strategic capacity; continuity in senior roles; budgeting and planning which is integrated, long term and focussed on outcomes.

- The adequacy of the announced funding to support social care reform/improvement needs to be kept under review and potentially increased.

- Improving outcomes for people towards the end of life needs to be an explicit focus of the National Care Service and the reformed local planning and commissioning bodies. There is a need for planning and commissioning which takes a population systemwide approach, identifying and working towards delivering better outcomes for this phase of life. Whilst at an early stage *End of Life Care Together Highland* models much of what is needed to operationalise this

[2] *A Road Less Lonely, proposals to improve peoples experiences of living with serious illness, dying and bereavement in Scotland* SPPC September 2021 https://www.palliativecarescotland.org.uk/content/everystorysending/

approach[3]. For this change to take place needs political and policy focus as much as it needs structural and process reform.

4. Adult Voluntary Hospices

Adult voluntary hospices are major providers of specialist palliative care in many (but not all) areas of Scotland. Any new arrangements should take account of this (for example by not assuming that all mainstream healthcare provision is provided by the NHS). New market oversight and commissioning arrangements should ensure the financial sustainability of hospice provision. In the absence of hospice-provided services (which the public helps to fund very significantly through donations) the state would face a big bill to fill the gap. As organisations which provide leadership, innovation, education and advice/support around death, dying and bereavement to the wider health and care system, hospices should be engaged as key partners in strategic commissioning processes. Hospices also bring significant funds into provision through their charitable fundraising.

5. Children and Young People

SPPC supports the consultation response submitted by Children's Hospices Across Scotland (CHAS). Children's palliative care is highly specialised. Any new arrangements should build on the existing effective national relationships and be delivered through CHAS and partners, rather than fragmenting the approach across many local CHSCBs.

6. Porous Institutions: integrate informal and formal care

Most care towards the end of life is provided by family friends and community members. Commissioning processes should be flexible enough to enable and build the capacity of informal community support – not just managed volunteer services but also "active citizens" who need a bit of help.

7. National vs Local

The emphasis on a more systematic national approach to issues such as workforce, improvement infrastructure and consistency of high level outcomes is welcome. The reforms also need to leave space for local priorities and situations to inform and drive local innovation and solutions.

8. Individual Budgets and Self-Directed Support

[3] End of Life Care Together. NHS Highland, Highland Hospice and other partners https://highlandhospice.org/what-we-do/end-of-life-care-together#background

There is potential for more person-centred support via individual budgets. However, there is a need for streamlined access to be consistently available for people approaching the end of life where time (and sometimes energy and capacity) may be limited.

9. There is a need for more clarity and further engagement

There is a need for more clarity and/or engagement on some aspects of the proposals:-

- Is it envisioned that CHSCBs will have responsibility for commissioning adult palliative and end of life care? [SPPC would support this location of the commissioning function in principle].
- How will the apparently dual lines of accountability to Scottish Ministers (for NHS and for National Care Service) work in respect of services which integrate health care and social care?
- How will CHSCBs commission in an effective and integrated way necessary hospital activity (for example 1 in 3 acute hospital beds is being used by people in their last year of life, most will have palliative and end of life care needs, and many are likely to move between acute and community settings and need health and social care support)?

The breadth of reform proposed is vast and complex. It will be very important that there is time and adequate process for further engagement and consultation on detail and emergent issues.

About Scottish Partnership for Palliative Care (SPPC)

SPPC brings together health and social care professionals from hospitals, social care services, primary care, hospices and other charities, to find ways of improving people's experiences of declining health, death, dying and bereavement. SPPC provides a voice for organisations and individuals working in this area, a means of staying informed and connected, and a vehicle for collaboration. SPPC also engages with the public and communities through our Good Life, Good Death, Good Grief alliance.

SPPC was founded over 30 years ago and has grown to be a collaboration of over 100 organisations involved in providing care towards the end of life. SPPC's membership includes all the territorial NHS Boards, IJBs, local authorities, the hospices, Third Sector organisations and a range of professional associations.

SPPC works closely with SG to facilitate engagement with the sector and to inform and support implementation of SG policy.

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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

x☐Organisation

Full name or organisation's name

Scottish Partnership for Palliative Care

Phone number 07733884427

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

x☐ 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

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?

x☐ 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

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

☐ Representing or supporting carers

x☐ Representing or supporting members of the workforce

☐ Local authority

☐ Health Board

☐ Integration authority

☐ Other public sector body

x☐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)

x☐ Better co-ordination of work across different improvement organisations

x☐ Effective sharing of learning across Scotland

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

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

x☐ Other – please explain below

These are potential benefits in the effectiveness of improvement in social care.

Opportunity for national training resources for building skills and confidence around end of life and palliative care needs

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

There is a need for clarity regarding community health services, the existing arrangements for improvement and the proposed new arrangements.

The approach to improvement (methods and structures) needs to be carefully considered – not just a straight lift from NHS approaches.

There is a risk of slow access to support for people with higher level of needs unless the NCS can improve the current situation very significantly.

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
				x

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
				x

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
			x	

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
			x	

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
				x

Contacting my local authority by email or through their website.

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

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
			x	

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

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

Other – Please explain what option you would add.

It depends a lot on what the need for care and support is, and what the urgency is. It is often not clear which route will be best to contact and often people make contacts at multiple points in an attempt to get some sort of adequate response (especially if there is urgency) and especially if previous contacts have not led to people being given a clear route back into the system when the need arises.

ON Q4 (the next question) there is no free text box. The 3 options aren't mutually exclusive e.g. a combination of a single point of contact for communication AND a lead professional to co-ordinate care .

Separate individuals for each person will not work with annual leave/sick leave. Community/voluntary organisations will be unable to give updates on social work issues and will lead to frustration and confusion. Suggest instead having a single point of access hub, not

dependent on any one individual or any one community/voluntary organisation but rather staffed 7 days a week by professionally trained employed staff with access to the social work database who can give updates on progress with care requests, reassurance and sign posting, and who can send messages on to the lead professional for that person's care to raise any queries or concerns. This model is tried and tested and works well in many areas in England where single point of access also refers on to Occupational therapy and physiotherapy, as well as to district nurses and hospital at home.

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

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

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

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

Support planning

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

a. How you tell people about your support needs

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

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
x				

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
x				

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
		x		

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
x				

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
x				

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
	x			

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
		x		

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

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
			x	

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

If the person wants this then conversations should include family and other informal support networks.

A person who is seriously ill (and approaching the end of life) may have extremely complex needs, but not wish for or be able to have a detailed conversation.

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?

x☐Agree

☐ Disagree

Please say why.

Plain accessible language should be used across all services and professionals. A shared system-wide jargon is probably unachievable and utterly pointless.

The model should build on pre-existing carefully developed language when engaging with situations and issues relating to anticipatory care planning, death, dying and bereavement.

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?

x☐Agree

☐ Disagree

Please say why.

Health and care staff need to know people's preferences and history to provide the best care. People don't want to have to repeat this information unnecessarily.

The record needs to be accessible to Third sector organisations too.

The question says *"This would be supported by an integrated social care and health record, so that my information moves through care and support services with me."* Just to be clear the information needs to move through ***health*** services too.

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

x☐Agree

☐ Disagree

Please say why.

At least theoretically a single integrated approach make sense. People approaching the end of life frequently cross organisational boundaries. Whilst a single approach is attractive it will be challenging to operationalise in all relevant settings (spanning home {which might include prison or hostel}, care home, hospice, acute hospital). Broad stakeholder engagement will be needed to develop the model.

There already exist tools and approaches to support planning and delivery of person-centred palliative and end of life care and it will be important not too lose the benefits of these (and to integrate these within the broader national approach proposed).

Strategies and models which emphasise longer healthier lives, independent living, active healthy aging are very welcome (and have achieved a lot) but they are also incomplete. There are limits to preventative approaches. People will always reach the end of life, and we need to include and do that life stage better. In some very real sense there is no such thing as prevention, there is only ever postponement. It is important that both the new national practice model and the planning and commissioning of CHSCPs recognise and reflect this.

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

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

A right for all carers versus thresholds for accessing support

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

Transparency and certainty versus responsiveness and flexibility

☐ Certainty about entitlement	x☐ Flexibility and responsiveness	☐ No preference

Preventative support versus acute need

☐ Provides preventative support	x☐ Meeting acute need	☐ No preference

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

☐ Group A – Standard entitlements

☐ Group B – Personalised entitlements

x☐Group C – Hybrid approaches

Please say why.

Baseline universal entitlement may be easier to promote and may encourage uptake by those not self-identifying as carers (whilst also supporting a focussing of resources in response to higher levels of need). Either approach needs to take into account that people often don't self-identify as carers (or use language around respite) and that needs often fluctuate and change rapidly towards the end of life.

Using data to support care

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

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

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
x				

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

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
x				

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

x☐Yes

☐ No

Please say why.

Legislation should be used only if necessary to achieve the end of securing adequate data.

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?

Legislation may make it more likely that providers will comply – there is a lot of concern and defensive approaches to data sharing relating to existing data protection legislation.

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)

- x☐ 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
- x☐ Clear information about advocacy services and the right to a voice
- ☐ Consistent model for handling complaints for all bodies
- x☐ Addressing complaints initially with the body the complaint is about
- ☐ Clear information about next steps if a complainant is not happy with the initial response
- ☐ Other – please explain:

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

- x☐ Yes
- ☐ No

Please say why.

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

X☐ Yes

☐ No

Please say why.

What people experience is fundamentally important. It is critical to understand this outcome, and for good data on it to sit alongside other metrics such as activity and cost.

For benchmarking, quality assurance and quality improvement

Any new suite of outcomes should include an approach to understanding people's experiences towards the end of life, including those of bereaved carers. These perspectives have been systematically excluded from the Health and Care Experience Survey.

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):

x☐ Rent

x☐ Maintenance

☐ Furnishings

x☐ Utilities

x☐ Food costs

x☐ Food preparation

x☐ Equipment

x☐ Leisure and entertainment

x☐ Transport

x☐ Laundry

x☐ Cleaning

☐ Other – what would that be

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

Self-funders

None

Care home operators

Bigger income

Local authorities

Higher costs

Other

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

☐ Yes

x☐No

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

National Care Service

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

x☐Yes

☐ No, current arrangements should stay in place

☐ No, another approach should be taken (please give details)

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?

The consultation document is not sufficiently clear about the place of community healthcare. The lines of accountability are insufficiently clear, and it is unclear how these services are sit in relation to other elements of the NHS (for example existing NHS improvement systems).

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

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.

Including both has the potential to reduce barriers created between services for a family by adult and children's services. However, there should be more consideration and engagement with stakeholders to inform more detailed proposals.

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.

This will depend to some extent on whether other complexities in the system are allowed to continue and/or new complexities are introduced. The new arrangements should not cut across existing services which fully integrate health and care.

For transitions to adulthood

☐ Yes

☐ No

Please say why.

Locating children's social work and social care services within the NCS won't in itself reduce complexities or improve experiences unless underlying issues are addressed. Young adults and their families

currently face issues such as: lack of access to respite; resource-led rather than person-centred budgets; lack of dedicated, specialised support and lead role responsibility.

For children with family members needing support

☐ Yes

☐ No

Please say why.

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.

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

SPPC supports the consultation response submitted by Children's Hospices Across Scotland (CHAS). Children's palliative care is highly specialised. Any new arrangements should build on the existing effective national relationships and delivered through CHAS and partners, rather than fragmenting the approach across many local CHSCBs.

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.

There is a need for whole-system population-based commissioning. Most palliative care takes place in the community, but a significant amount of care is provided (appropriately) in hospitals. There is a need for the planning and commissioning to reflect this need: the scope of commissioning undertaken by CHSCBs needs to reflect this.

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?

Hospitals are part of and serve communities. People approaching the end of life often have multiple necessary and appropriate unscheduled admissions to hospital. Hospital is the most common setting for end of life care, and this may sometimes be the right place. Hospital management (and clinical teams) need to be part of whole-system planning which focusses on improving outcomes for individual people.

There's a need to ensure that if services cross boundaries (e.g. palliative care which is provided in hospital as well as the community, but would be commissioned via CHSCB) that the inpatient/acute part of the service is not disadvantaged by being commissioned by a body focused on community care. Ideally there should be one overseeing body for the whole locality regardless of setting rather than there being division of responsibility/focus between community and acute hospital.

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)

It would helpful to have more a more detailed case for change within the proposals to which we could respond. We have not managed to reach a view on this issue in the time available, and would welcome further engagement if possible.

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

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

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

Social Work and Social Care

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

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

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

There is a tension in a single organisation having responsibility both for assessing need and commissioning within finite budgets.

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.

x☐Yes

☐ No

☐ Yes, but only in care homes

☐ Yes, in adult care homes and care at home

Please say why

There is a need for clarity on role of Exec Nurse Directors in respect of other community health nursing. Also in relationship to hospices (who employ nurses).

There is a need for clarity about commissioning of nursing within social care. The consultation document says that the NCS "could be responsible" for this. As things stand SPPC would not support this possibility. It is also unclear how this statement sits with the responsibilities of CHSCBs for commissioning health and social care services in their areas.

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

x☐No, it should be the responsibility of the NHS

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

Please say why

NHS is better equipped to deliver this on an equitable basis.

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?

X☐ Yes

☐ No

If no, please suggest alternatives

Justice Social Work

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

- ☐ Yes
- ☐ No

Please say why.

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

- ☐ At the same time
- ☐ At a later stage

Please say why.

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

- ☐ More consistent delivery of justice social work services
- ☐ Stronger leadership of justice social work
- ☐ Better outcomes for service users
- ☐ More efficient use of resources
- ☐ Other opportunities or benefits - please explain

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

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

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.

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?

x☐Yes

☐ No

Please say why.

Having social care services managed by the national care service is likely to lead to the standardisation of services rather than the postcode lottery that currently exists. Furthermore, referral routes to accessing specialist services could also be standardised which could have a huge impact on the provision of palliative care for a group within the population who are well recognised as being 'hard to reach.' Having things centrally managed could also improve access to certain resources and areas of good practice shared from one part of the country to another.

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?

x☐Yes

☐ No

Please say why.

It would be important to identify which 'outcomes' are going to be considered. Measuring outcomes similar to those based in the community is likely to be a good place to start however it is probably worth tailoring these outcomes to this specific group within the population. We know that this group of individuals has difficulty accessing services for example and perhaps this should be incorporated to the patient experience outcome measure. This is likely to be more even more important to this group of individuals when compared to people outwith the prison population who might find it easier to access certain services.

Alcohol and Drug Services

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

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

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

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

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

x☐Yes

☐ No

Please say why.

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

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

☐ Yes

☐ No

Please say why.

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

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

Mental Health Services

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

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

Q53. How should we ensure that whatever mental health care elements are in a National Care Service link effectively to other services e.g. NHS services?

Sharing a clinical records system is likely to be helpful in achieving this along with adoption of existing referral systems used for other services.

National Social Work Agency

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

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

The benefits of establishing national SW Agency are not clear.

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

There is a risk that current CPD, robust regulation, standards etc., already in place are lost in the process of reform. There is already ministerial accountability for social workers,

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

- ☐ Yes
- x☐No

Please say why

Concerns regarding the lost of professional independence.

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

All of these areas should be managed by the profession.

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?

x☐Yes

☐ No

Please say why.

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?

x☐Yes

☐ No

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

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

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?

Third sector should be represented.

Each board should have a member charged with representing experiences of living with serious illness, dying and bereavement.

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?

x☐Yes

☐ No

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

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?

x☐Yes

☐ No

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

The consultation paper identifies key problems with the current IJBs. Staffing arrangements for the new CHSCBs need to address these problems if real change is to happen. Therefore staffing arrangements need to support: collaborative leadership; strategic

capacity; retention of planning and commission staff; financial planning which is long term, integrated and outcome-focussed

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

x☐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?

x☐Yes

☐ No

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

x☐Yes

☐ No

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

Most care towards the end of life is provided by family friends and community members. Commissioning processes should be flexible enough to enable and build the capacity of informal community support – not just managed volunteers but also "active citizens" who

need a bit of help. There is a need to integrate formal and informal care and support.

Market research and analysis

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

x☐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

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?

x☐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?

The need for a process of review of the principles.

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?

x☐Yes

☐ No

☐ Please say why.

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

Market oversight function

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

x☐Yes

☐ No

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

☐ Large providers only

x☐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?

x☐Yes

☐ No

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

x☐Yes

☐ No

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

x☐Yes

☐ No

Please say why

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

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

Yes

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

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

Valuing people who work in social care

Fair Work

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

x☐Yes

☐ No

Please say why.

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
	More publicity/visibility about the value social care workers add to society
	Effective voice/collective bargaining
3	Better access to training and development opportunities
4	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
	Other (please say below what these could be)

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

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

1	Improved pay
2	Improved terms and conditions
2	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?

x☐Yes

☐ No

Please say why or offer alternative suggestions

Workforce planning

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

x☐A national approach to workforce planning

x☐Consistent use of an agreed workforce planning methodology

x☐An agreed national data set

x☐National workforce planning tool(s)

x☐A national workforce planning framework

x☐Development and introduction of specific workforce planning capacity

x☐Workforce planning skills development for relevant staff in social care

☐ Something else (please explain below)

Targeted, co-ordinated recruitment strategies.

Training and Development

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

x☐Yes

☐ No

Please say why

There is a huge need to ensure staff involved in providing social care (and health) are properly equipped and supported with knowledge, skills and confidence to support people towards the end of life. There is corresponding potential to improve the care people receive and the outcomes achieved.

Better equipping staff in such situations will also support their well-being, staff retention and recruitment.

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?

x☐Yes

☐ No

Personal Assistants

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

x☐Yes

☐ No

Please say why.

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

x☐National minimum employment standards for the personal assistant employer

x☐Promotion of the profession of social care personal assistants

x☐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

x☐A free national self-directed support advice helpline

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

☐ Other (please explain)

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

☐ Yes

☐ No

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[i] *Insights into Social Care in Scotland Support provided or funded by health and social care partnerships in Scotland 2017/18*. National Services Scotland. June 2019 https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Publications/2019-06-11/2019-06-11-Social-Care-Report.pdf

[ii] *The future delivery of social care in Scotland*. Health & Sport Committee: Social Care Enquiry – Scottish Care response https://scottishcare.org/wp-content/uploads/2020/08/Social-care-inquiry-SC-response-Feb-2020.pdf

[iii] *Care Home Census for Adults in Scotland Figures for 2007-2017* (as at 31 March). NHS National Services Scotland. Sept 2018 https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Publications/2018-09-11/2018-09-11-CHCensus-Report.pdf

[iv] *Care Home Census for Adults in Scotland Figures for 2007-2017* (as at 31 March). NHS National Services Scotland. Sept 2018 https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Publications/2018-09-11/2018-09-11-CHCensus-Report.pdf