



A National Care Service for Scotland - Consultation

RESPONDENT INFORMATION FORM

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Are you responding as an individual or an organisation?

- Individual
 Organisation

Full name or organisation's name

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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

Any guidance on improvement work in health and care must take account of the need for solutions to deal with the priorities in each locality. One size does not fit all in health and care, particularly taking into account factors such as deprivation, rurality, age and pattern of disease.

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

There is a risk that local priorities, identified in collaboration with partners such as local authorities, the third sector, community planning partnerships and community engagement groups, are overlooked to give priority to national, political objectives. National Care Service responsibility for improvement should not be the power to direct local activity, rather it should be a co-ordination, analysis and guidance role, with the accountability for deciding local priorities for improvement activity resting with NHS Boards and CHSCBs.

Access to Care and Support **NO RESPONSE Q3 -5**

Accessing care and support

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

Speaking to my GP or another health professional.

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

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

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

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

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

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

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

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

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

Contacting my local authority by email or through their website.

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

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

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

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

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

Other – Please explain what option you would add.

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

- Have a lead professional to coordinate care and support for each individual. The lead professional would co-ordinate all the professionals involved in the adult's care and support.
- Have a professional as a clear single point of contact for adults accessing care and support services. The single point of contact would be responsible for communicating with the adult receiving care and support on behalf of all the professionals involved in their care, but would not have as significant a role in coordinating their care and support.
- Have community or voluntary sector organisations, based locally, which act as a single point of contact. These organisations would advocate on behalf of the adult accessing care and support and communicate with the professionals involved in their care on their behalf when needed.

Support planning

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

a. How you tell people about your support needs

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

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

If I want to, I should be able to get support from a voluntary sector organisation or an organisation in my community, to help me set out what I want as part of my support planning.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

b. What a support plan should focus on:

Decisions about the support I get should be based on the judgement of the professional working with me, taking into account my views.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

Decisions about the support I get should be focused on the tasks I need to carry out each day to be able to take care of myself and live a full life.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

Decisions about the support I get should be focused on the outcomes I want to achieve to live a full life.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

c. Whether the support planning process should be different, depending on the level of support you need:

I should get a light-touch conversation if I need a little bit of support; or a more detailed conversation with a qualified social worker if my support needs are more complex.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

If I need a little bit of support, a light-touch conversation could be done by someone in the community such as a support worker or someone from a voluntary sector organisation.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

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

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

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

Q6. The Getting It Right For Everyone National Practice model would use the same language across all services and professionals to describe and assess your strengths and needs. Do you agree or disagree with this approach?

Agree

Disagree

Please say why.

NHS Grampian endeavours to communicate in plain English with patients, families and carers but the different terminology used across services has been identified previously as a barrier to clear communication and service delivery. We support action to promote use of agreed terminology across services and providers – improved data sharing is also important in this respect.

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:.

NHS Grampian agrees with the ambition to introduce a single integrated social care and health record, but significant investment in IT infrastructure and a workforce to support the IT is necessary to make the ambition a reality. The benefits of an integrated social care and health record will not be realised if the IT systems prevent quick and timely sharing of that record.

Q7. Do you agree or disagree that a National Practice Model for adults would improve outcomes?

Agree

Disagree

Please say why.

NHS Grampian would support a National Practice Model in order to realise the benefits of an integrated health and social care record which can be shared across the country, because it will remove variance in terminology and also eligibility criteria. The National Practice Model must be co-produced with frontline staff and patients and carers, and should be introduced at the same time as improved information sharing infrastructure, with appropriate funding and workforce resources to ensure continuous improvement of the model.

Right to breaks from caring **NO RESPONSE Q8 - 9**

Q8. 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 type="checkbox"/> Personalised support to meet need	<input type="checkbox"/> Standardised levels of support	<input type="checkbox"/> No preference
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A right for all carers versus thresholds for accessing support

<input type="checkbox"/> Universal right for all carers	<input type="checkbox"/> Right only for those who meet qualifying thresholds	<input type="checkbox"/> No preference
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Transparency and certainty versus responsiveness and flexibility

<input type="checkbox"/> Certainty about entitlement	<input type="checkbox"/> Flexibility and responsiveness	<input type="checkbox"/> No preference
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Preventative support versus acute need

<input type="checkbox"/> Provides preventative support	<input type="checkbox"/> Meeting acute need	<input type="checkbox"/> No preference
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Q9. Of the three groups, which would be your preferred approach? (Please select one option.)

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

Please say why.

Using data to support care

Q10. 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				

Q11. 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 be completed

Q12. 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?

To be completed

Complaints and putting things right

Q13. 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:

Q14. Should a model of complaints handling be underpinned by a commissioner for community health and care?

- Yes
- No

Please say why.

Q15. Should a National Care Service use a measure of experience of those receiving care and support, their families and carers as a key outcome measure?

Yes

No

Please say why.

In order to improve public satisfaction with services and to re-align them to be properly person-centred, it is important to understand the service user, carer and family experience. That could be a genuine outcomes-focussed assessment metric provided it dealt with qualitative issues, rather than quantitative measures about times to obtain services, number of contacts within the system etc. Service users and carers should be involved in designing the measures.

Residential Care Charges NO RESPONSE Q16 - 18

Q16. Most people have to pay for the costs of where they live such as mortgage payments or rent, property maintenance, food and utility bills. To ensure fairness between those who live in residential care and those who do not, should self-funding care home residents have to contribute towards accommodation-based costs such as (please tick all that apply):

- Rent
- Maintenance
- Furnishings
- Utilities
- Food costs
- Food preparation
- Equipment
- Leisure and entertainment
- Transport
- Laundry
- Cleaning
- Other – what would that be

Q17. Free personal and nursing care payment for self-funders are paid directly to the care provider on their behalf. What would be the impact of increasing personal and nursing care payments to National Care Home Contract rates on:

Self-funders

Care home operators

Local authorities

Other

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

Yes

No

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

National Care Service

Q19. Do you agree that Scottish Ministers should be accountable for the delivery of social care, through a National Care Service?

- Yes
- No, current arrangements should stay in place
- No, another approach should be taken (please give details)

The Adult Review of Social Care emphasised the importance of taking a human rights focussed, person-centred approach to social care, the need to improve the training, ongoing development, pay and terms and conditions of the social care workforce and improve equity of access to social care services. NHS Grampian agrees with all of these priorities.

Clarity about who is accountable for a service does not automatically lead to improvements in the quality, safety or equal provision of that service. The pandemic highlighted long standing issues about workforce, training and education, access to services and the importance of having a well trained and supported social care workforce. Ministerial accountability for a centralised service on its own will not achieve these objectives – it is investment, strategic planning which takes account of local priorities and needs, and effective local relationships to deliver services which are relevant to local population needs.

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

No

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

There are lessons to be learned from other large scale Scottish Public Service reforms, including the introduction of Police Scotland. Providing clarity on governance structures and accountability, and sufficient funding to achieve the ambitions of the new body, are critical. Both of these priorities will be easier to achieve with a smaller remit for the National Care Service and are less risky when setting out the measurement for success of the new body in its key early years.

It's also necessary to plan to minimise unintended consequences and disruption to existing services during the legislative, set up and introductory phases. The scale of the challenge to improve social care in Scotland is daunting and requires focus, and therefore NHS Grampian is of the view that the priorities identified in the Adult Review of Social Care are more likely to be achieved by

including fewer, rather than more, services within the scope of the National Care Service, at least in the initial phases. The Adult Review of Social Care emphasised adult social care, and there is general acceptance that there must be increased attention and resources given to that.

NHS Grampian understands opportunities a new national agency would provide to improve governance and transparency on alcohol and drug services and prison social care and improve the regulation and inspection of social care and community services.

A determined focus on long term workforce planning for the social care workforce and improving both the standards and consistency of terms and conditions and pay of that workforce would be easier through one national agency that has enforcement powers over multiple employers in the sector.

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Scope of the National Care Service NO RESPONSE Q22 - 24

Children's services

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

Yes

No

Please say why.

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

For children with disabilities,

Yes

No

Please say why.

For transitions to adulthood

Yes

No

Please say why.

For children with family members needing support

Yes

No

Please say why.

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

Yes

No

Please say why.

NHS Grampian's portfolio management system integrates strategic decision-making and high level tactical responses across both acute and community sectors and relies on good relationships and trust. It is designed to allow better integration of services for children and families. None of the Grampian IJBs at the moment have included Children's Services in their integration schemes, although Moray IJB and Council are consulting on this.

We do not see the current structure as a barrier to improving NHS links and integration with social work, early years and education, so we cannot, on the basis of the detail provided in the consultation document, say with certainty that locating Children's Services within the National Care Service will improve alignment. As stated elsewhere in this response, NHS Grampian would like more detail of how the relationship between the NCS and the NHS is envisaged to work, and what degree of strategic input NHS Boards will have to local integrated services, before we assess whether alignment will be improved.

[Example: Aberdeen City Family Wellbeing Hubs]

There is no mention of maternity services in the consultation, and child health and protection starts with the mother when pregnant.

NHS Grampian is concerned about the potential disruption caused by the introduction of the National Care Service to relationships and systems of working which are being implemented just now with the objective of improving alignment of health and care services for children and families across the whole system. Wrap around services for vulnerable woman and families are provided

now by multi-disciplinary teams working across professional boundaries. The relationships and trust between the team members, and with the woman and family, are essential to provide high quality services. These relationships are built and maintained locally and introducing wholly new structures, with accountability sitting centrally rather than with accessible and visible local leaders, could jeopardise the good work already done to integrate children and family services across the whole system. There may be unintended consequences if Children's Social Work services are included in the National Care Service and if the strategic priorities for those services are decided at a national level rather than locally.

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

Yes

No

If yes, please give examples

There are risks to existing relationships and cross-system working – see response to Q24 above. There is likely to be significant disruption during the transition period if social work services are transferred out of local authorities, with workforce uncertainly not helping recruitment and retention in a sector with significant vacancy challenges.

Leadership time during the transition will necessarily be spent implementing the new structures, and there is a risk that maintaining close and trusting working relationships with the NHS, the third sector and communities could suffer.

Standardisation and centralisation of services does not mean that equity of access to services will improve automatically; local knowledge and prioritisation is essential to ensure equity of access for disadvantaged and seldom heard people. These risks are particularly important in the context of children and family services, where inequalities and lifelong disadvantage are embedded at the pre-natal stage.

Housing, education services and particularly early years provision and childcare, family income maximisation and community supports are as important to children's health and well-being as health and social work services. The connections between the National Care Service and those services will need to be carefully designed to avoid fracturing well-functioning local systems, and to ensure that local priorities are met.

Healthcare

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

Yes

No

Please say why.

NHS Grampian and the IJBs have worked hard since the IJB shadow year to improve the integration of community health and care services in Grampian and we are content to continue with that model, but recognise that integration has not happened at the same pace in other parts of Scotland and there is a desire to improve the pace and scale of change. NHS Grampian does not want to lose the progress that has been made, however.

Example: The NHS Grampian portfolio model of system management is the only example of its kind in Scotland and integrated planning and delivery, determined at a local level, are essential for that model to work.

NHS Grampian has integrated strategy and tactical operational delivery for acute and community services across Moray and across unscheduled care, and those portfolios are now working hard on improvement plans to tackle long standing issues of capacity and demand. The portfolio approach allows NHS Grampian and the IJBs to implement pathways across the whole health and care system and we have concerns that the necessarily long process to introduce the National Care Service may render this work redundant, or cause a hiatus which will adversely affect improvements in service. We do not want to stop implementing portfolios and whole system pathways over the next few years while a National Care Service is considered from a legislative perspective and ask that our system development needs are taken into account when the detail of how the National Care Service will interface with local systems is worked up.

In respect of the strategic planning and integrated operational delivery of the health care services delegated to IJBs, it is not clear from the consultation that a centralised approach to this through the National Care Service will improve patient and carer experience of those services. It is critical to maintain public confidence in the health and care system that local issues are addressed, and those issues vary across the Health Boards and IJBs across Scotland.

Public engagement and involvement in the design of services is essential, particularly social care and community services. The role of CHSCBs as an interface with local communities and local community planning partnerships must be clarified and should take account of good practice already adopted by some IJBs.

The strong local links and co-ordination should not be disrupted by the introduction of the National Care Service.

Example: Aberdeen City IJB re-aligned its localities to match the Aberdeen Community Planning Partnership localities and both the IJB and CPP use Locality Engagement Groups (LEGs) to find out what matters to communities and get their views on improvements needed. NHS Grampian has used the LEGs as key engagement partners for the development of its new clinical strategy, due in March 2022.

[Aberdeenshire and Moray localities details]

It will be important to guard against a tendency to view 'one size fits all' as an inevitable consequence of standardisation; NHS Grampian experience of implementing HomeFirst initiatives across Aberdeen City, Aberdeenshire and Moray is that there can be common aspirations and standards of service with local discretion on how these are achieved to take into account locality circumstances.

Q27. If the National Care Service and Community Health and Social Care Boards take responsibility for planning, commissioning and procurement of community health services, how could they support better integration with hospital-based care services?

NHS Grampian's experience of integration since shadow IJBs were introduced in 2016 is very positive and there are examples of good practice that we believe should be shared when designing the interfaces between the National Care Service and the NHS.

Our experience is that it is not structures which lead to success, but leadership and hard work to build relationships and trust, and agreement on shared local strategic priorities for the whole health and care system.

We recognise that capacity within hospital settings depends on high quality, planned community services, particularly social care either at home or in care homes, to avoid hospital admissions wherever possible and enable rapid discharge for patients who are admitted. Equally, the majority of healthcare is delivered in community settings, not hospitals, and the services and staff based in the community deserve equal attention and esteem within the health and care system.

Example: There was good integrated decision-making to provide more capacity for the whole system by NHS Grampian, Aberdeen City IJB and a local social care provider, Bon Accord Care, over the last year to establish a new integrated intermediate care facility in Rosewell House, Aberdeen.

There is a reduced bed base in acute frailty settings due to infection prevention and control measures and additional beds were required to help with delayed

discharge and provide a step down facility, as well as step up beds for people in the community who needed additional care but not the acute care provided in hospital.

There have been many challenges to address in establishing the new model for Rosewell House, including staffing across all disciplines, agreeing referral pathways and clinical and care governance assurance and regulatory oversight of a multi-disciplinary team. However, a multi-disciplinary team with leadership from all three organisations has worked together to create the new model and are adjusting and improving it in light of experience.

Moray – discharge to assess details

Aberdeenshire - example

In Grampian budgets have always been agreed in a timely fashion, IJB strategic plans have been agreed collaboratively and there are now joint Chief Officer/Portfolio lead posts within the NHS Grampian Executive management structure. All three IJB Chief Officers are members of the Chief Executive's leadership team, there is a portfolio lead for both hospital and community based services in Moray who is the Moray IJB Chief Officer too and an IJB Chief Officer is the portfolio executive lead for Unscheduled Care across NHS Grampian. The portfolio structure is purposefully designed to achieve more integrated services between hospital and community settings and depends on strong relationships across the whole health and care system at all levels of the partner organisations.

It is critical that the National Care Service has an operational structure that does not disrupt the excellent working relationships that have been built over many years and more detail on how the National Care Service will interface with NHS Boards, councils, the third sector and other partners in health and care locally is required before decisions can be made.

There must be clarity about the responsibilities of both the NHS and the National Care Service for planning hospital services that are currently delegated to IJBs so that pathways of care across the whole health and care system continue to develop and improve. Partnership working and shared strategic outcomes will be essential to improve the patient-centred delivery emergency services, frailty pathways, rehabilitation and mental health services, embedding Home First principles.

Q28. What would be the benefits of Community Health and Social Care Boards managing GPs' contractual arrangements? (Please tick all that apply)

Better integration of health and social care

- Better outcomes for people using health and care services
- Clearer leadership and accountability arrangements
- Improved multidisciplinary team working
- Improved professional and clinical care governance arrangements
- Other (please explain below)

Primary care governance and accountability lacks clarity at the moment. The public perception is that NHS Boards are accountable and can direct primary care services, but that is not the case at the moment. NHS Boards have responsibility for fitness to practice issues for primary care practitioners but the contractual arrangements with independent providers are determined nationally, and IJBs are responsible for overseeing the implementation of primary care improvement plans and strategically planning provision of services in their localities. There is a lack of comprehensive national data about primary care services which could help improve understanding of accountability and performance, and this issue needs to be addressed, in addition to determining whether accountability for contractual arrangements and performance should sit in one place.

Putting responsibility for all aspects of governance and accountability for primary care in one place has the potential to remove confusion in the current system, but there should also be greater transparency of data about performance and outcomes in primary care. The work on SPIRE should continue, and hopefully be implemented, without waiting for the National Care Service legislative process to conclude.

Q29. What would be the risks of Community Health and Social Care Boards managing GPs' contractual arrangements? (Please tick all that apply)

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

It is not clear from the consultation whether the CHSCBs will have an operational or a strategic role, not what their professional advisory structures will be. What will the relationship of the LMCs to the National Care Service, CHSCBs and the NHS Boards be in future? As stated above, the National Care Service is an opportunity to streamline the governance and assurance of primary care services, but if CHSCBs don't provide that single location then the issues that

exist at the moment will continue, and may be made worse if there is another body in an already crowded landscape.

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

NHS Grampian has committed to the integration agenda since the 2014 Act was proposed, and has worked hard on the partnerships necessary to make integration work. As a Board, we will continue to improve our integrated services while decisions are made about the scope of the National Care Service.

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Social Work and Social Care NO RESPONSE Q31 - 32

Q31. What do you see as the main benefits in having social work planning, assessment, commissioning and accountability located within the National Care Service? (Please tick all that apply.)

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

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

Nursing

Q33. Should Executive Directors of Nursing have a leadership role for assuring that the safety and quality of care provided in social care is consistent and to the appropriate standard? Please select one.

- Yes
- No
- Yes, but only in care homes
- Yes, in adult care homes and care homes

Please say why

NHS Grampian's experience of providing support to care homes during Covid is that a multi-disciplinary approach is best. Executive Nurse Directors and Chief Social Work Officers collaborated in the care home assurance group to provide guidance and support, with experienced social work and social care managers. This approach provided support and assurance across the spectrum of issues care homes were coping with, and also provided support for the Executive Nurse Director.

The CSWO is a key post in the health and social care system and it is surprising that there was no mention of it in the consultation. The CSWO provides a rounded perspective on standards and quality in care settings; their perspective reduces the tendency to over-medicalise regulation and governance of care in homely settings, and also guards against a paternalistic approach, which would be contrary to the stated values of the National Care Service being humans rights focussed and person centred.

Safety and quality of care in residential care homes is much wider than the clinical safety and quality standards in medical settings, and there are different ethical considerations when, for example, considering whether visitors should be permitted or the degree of choice and control of residents over their daily activities. Input from senior professionals from the whole system of health and care is needed to promote high quality, person-centred care in community and homely settings.

NHS Grampian has significant concerns about the capacity of Executive Nurse Directors to take on full accountability and oversight of nursing in care homes in addition to their range of current responsibilities.

Q34. Should the National Care Service be responsible for overseeing and ensuring consistency of access to education and professional development of social care nursing staff, standards of care and governance of nursing? Please select one.

Yes

No, it should be the responsibility of the NHS

No, it should be the responsibility of the care provider

Please say why

Improving the status of nursing in care and residential settings is essential to improve recruitment and retention of essential nursing and care staff in those settings. Improved training and having consistent standards for ongoing professional development and supervision will help promote parity of esteem of nursing in those settings compared to other parts of the health and care system.

At the moment, training and professional development are not consistent in the care sector because the only mechanisms for overseeing those issues are a reactive inspection and regulation regime and individual employees' professional registration bodies. Therefore, making the National Care Service accountable for modern standards of education and professional development for social care nursing staff would be an improvement. However, the availability of consistent, high quality training and development is only part of the story; staff must be able to take up the training opportunities and that requires sufficient staffing levels and funding for supplementary staffing to cover time out of the workplace for ongoing training.

Q35. If Community Health and Social Care Boards are created to include community health care, should Executive Nurse Directors have a role within the Community Health and Social Care Boards with accountability to the National Care Service for health and social care nursing?

Yes

No

If no, please suggest alternatives

If CHSCBs are to have a strategic role (and this is not clear from the information provided in the consultation) the Executive Nurse Director should be an advisor to that Board. We have stated our reservations about the NHS Executive Nurse Director having sole accountability and responsibility for nursing in care homes and social care to the National Care Service in Q33 above. Both the

CSWO and the Executive Nurse Director should be advisors to CHSCBs in respect of issues about standards and quality in the care sector.

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Justice Social Work NO RESPONSE Q36 -41

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

- Yes
- No

Please say why.

Q37. If yes, should this happen at the same time as all other social work services or should justice social work be incorporated into the National Care Service at a later stage?

- At the same time
- At a later stage

Please say why.

Q38. What opportunities and benefits do you think could come from justice social work being part of the National Care Service? (Tick all that apply)

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

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

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

Q40. Do you think any of the following alternative reforms should be explored to improve the delivery of community justice services in Scotland? (Tick all that apply)

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

Q41. Should community justice partnerships be aligned under Community Health and Social Care Boards (as reformed by the National Care Service) on a consistent basis?

Yes

No

Please say why.

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Prisons

Q42. Do you think that giving the National Care Service responsibility for social care services in prisons would improve outcomes for people in custody and those being released?

Yes

No

Please say why.

Workforce recruitment and retention for health and care services in prisons is very challenging and impacts on performance standards.

Q43. Do you think that access to care and support in prisons should focus on an outcomes-based model as we propose for people in the community, while taking account of the complexities of providing support in prison?

Yes

No

Please say why.

The principles of a human-rights, person-centred approach must apply wherever care is provided, and it wouldn't be consistent with that to have a different model applying in prisons.

Alcohol and Drug Services

Q44. What are the benefits of planning services through Alcohol and Drug Partnerships? (Tick all that apply)

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

Q45. What are the drawbacks of Alcohol and Drug Partnerships? (Tick all that apply)

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

ADPs are not statutory and have no legal rights to require information or obtain assurance on services and their purpose has not been clearly defined. They were established prior to IJBs and their status with the introduction of IJBs feels like unfinished business.

Q46. Should the responsibilities of Alcohol and Drug Partnerships be integrated into the work of Community Health and Social Care Boards?

- Yes
- No

Please say why.

There is no consistency across Scotland about Alcohol & Drug Partnerships and there is confusion about their governance and accountability as the work cuts across many boundaries. The National Care Service could re-set the assurance and strategic frameworks for these essential services and provide

clarity to both health and care professionals and the public on what standards will be delivered, how services can be accessed equitably and who is accountable for them.

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

Services should be planned and managed on pathways with multi-disciplinary teams taking into account the social in addition to the medical and care needs of service users and their families. It would be possible to do this within the current model of integration but the National Care Service could provide a new emphasis on alcohol and drugs services and ensure equity of access to services across Scotland. There should be clear lines of accountability across acute inpatient services through to community supports from both professionals and peers, and an emphasis on early intervention and prevention with 'no wrong door' to access services.

Q47. Could residential rehabilitation services be better delivered through national commissioning?

Yes

No

Please say why.

National commissioning for very specialist rehabilitation and recovery services may help even out access to these services across the country and ensure the sustainability of providers, as well as providing a mechanism to monitor quality, safety and outcomes more effectively.

Q48. What other specialist alcohol and drug services should/could be delivered through national commissioning?

Peer and recovery support should continue to be provided through local partnerships.

Q49. 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?

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Mental Health Services

Q50. 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

Effective integration of planning and delivery is crucial for mental health services, and in Grampian there is now evidence that increased investment and focus on community-based services is having a positive impact, particularly in CAMHs and in providing new, community-based peer and recovery services in areas of multiple deprivation. Services are still quite fragile due to workforce issues and the big increase in demand following the pandemic, so there are concerns about introducing large scale change.

Clinical governance and assurance of mental health in integrated services is still evolving.

There should be additional consultation specifically about the inclusion of mental health services before any decision is taken, involving mental health professionals from both NHS, third and independent sectors and patients, carers and families.

Q51. 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?

It has proved to be complicated to establish new interfaces between mental health clinicians based in an acute setting and community based services, often provided by the voluntary and independent sector as commissioned services. Adding the National Care Service in to the picture will need careful planning.

There should be additional consultation specifically about the inclusion of mental health services before any decision is taken, involving mental health professionals from both NHS, third and independent sectors and patients, carers and families.

National Social Work Agency **NO RESPONSE Q 53 -56**

Q52. 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

Q53. Do you think there would be any risks in establishing a National Social Work Agency?

Q54. Do you think a National Social Work Agency should be part of the National Care Service?

- Yes
- No

Please say why

Q55. 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

DRAFT

Reformed Integration Joint Boards: Community Health and Social Care Boards

Governance model

Q56. “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.

NHS Grampian’s view is that the governance structures adopted are a less critical factor for success than the relationships and culture adopted within the structure.

It is, of course, very important that the public have clarity on who is accountable for decisions made, for the quality of services and for obtaining assurance on quality, safety and use of public funds, but we are not persuaded that implementing a single model across Scotland is sufficient on its own to provide that clarity. Indeed, introducing a new national agency into an already complex landscape could lead to greater confusion over responsibility for certain health services. Whichever model is adopted, there must continue to be engagement with local communities, and the strategic priorities for each locality should continue to be set with local input.

The consultation is not clear on whether the CHSCBs will replace IJBS and local Health and Social Care Partnerships, as it discusses CHSCBs being the local delivery arm of the National Care Service. In the current integration model, the IJBS set the strategic direction and direct, through the HSCPs, the partners to deliver services to achieve the strategic direction agreed. Will CHSCBs have any local strategic powers, like IJBS, or are they purely a mechanism for delivering services for a strategy that is set centrally by the National Care Service? CHSCBs could consult and agree a local strategic plan, within a framework of high level objectives determined by the National Care Service; this would retain local control and accountability which is a critical success factor in integrated health and social care.

Q57. 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

Q58. What (if any) alternative alignments could improve things for service users?

Q59. Would the change to Community Health and Social Care Boards have any impact on the work of Adult Protection Committees?

The inter-relationships between CHSCBs and Adult Protection Committees must be properly defined at the outset to minimise disruption in the transitional phase of new structures. Adult Protection Committees should remain independently chaired, and provide an annual report to CHSCBs, as they currently do to IJBs, to retain local links.

Membership of Community Health and Social Care Boards

Q60. 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?

In Grampian it has been very helpful to have NHS non executive and executive Board members on our three partner IJBs; this has improved understanding of the social care system and community services by NHS Board members and senior staff and has helped improve joined-up decision-making. It has been particularly helpful when developing NHS and IJB strategic plans, to ensure there are common themes.

There is also a better understanding of the decision-making processes within local authority partners, and an appreciation of the pressures and priorities in local government. NHS Grampian would like to retain the direct link between NHS and local health and social care boards through joint membership of the NHS Board and appointment to a CHSCB.

Q61. “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

Q62. 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?

The third and independent sector are critical to the provision of health and care services in the community, particularly social care and early intervention and prevention services that are designed and provided in local communities. Representatives from the third and independent sector should be members of CHSCBs with full voting rights, although there will need to be clear guidance and support for those representatives to avoid conflicts of interest when services they provide are being considered by the board.

The lived experience board members should be paid for their work on CHSCB, in the same way as NHS Board members receive an allowance for their work as NHS Board and IJB members. Lack of remuneration is a barrier to participation for many people because the time commitment means that often people have to forgo work commitments.

There should also be funding for carer expenses incurred in attending CHSCB meetings and events and for preparation time for meetings eg for replacement care to allow the representative to fulfil their Board member obligations.

Community Health and Social Care Boards as employers

Q63. Should Community Health and Social Care Boards employ Chief Officers and their strategic planning staff directly?

Yes

No

Q64. Are there any other staff the Community Health and Social Care Boards should employ directly? Please explain your reasons.

In Grampian, joint accountability of Chief Officers to the local authority and the NHS has been important to develop the relationships and trust necessary between all the partners and develop whole system awareness. Removing accountability for senior posts from local delivery partners could introduce new tensions into the system.

Large organisational changes involving transfer of staff are very disruptive and unsettling and should be avoided by the National Care Service. They could lead to even greater recruitment and retention issues for the social care sector.

Commissioning of services NO RESPONSE Q66 - 69

Structure of Standards and Processes

Q65. 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

Q66. Do you think this Structure of Standards and Processes will help to provide services that support people to meet their individual outcomes?

- Yes
- No

Q67. Do you think this Structure of Standards and Processes will contribute to better outcomes for social care staff?

- Yes
- No

Q68. Would you remove or include anything else in the Structure of Standards and Processes?

Market research and analysis

Q69. 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

National commissioning and procurement services

Q70. 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 NO RESPONSE Q72 - 85

Core principles for regulation and scrutiny

Q71. Is there anything you would add to the proposed core principles for regulation and scrutiny?

Q72. Are there any principles you would remove?

Q73. Are there any other changes you would make to these principles?

Strengthening regulation and scrutiny of care services

Q74. 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.

Q75. Are there any additional enforcement powers that the regulator requires to effectively enforce standards in social care?

Market oversight function

Q76. Do you agree that the regulator should develop a market oversight function?

- Yes
- No

Q77. Should a market oversight function apply only to large providers of care, or to all?

- Large providers only
- All providers

Q78. Should social care service providers have a legal duty to provide certain information to the regulator to support the market oversight function?

- Yes
- No

Q79. If the regulator were to have a market oversight function, should it have formal enforcement powers associated with this?

- Yes
- No

Q80. 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

Enhanced powers for regulating care workers and professional standards

Q81. 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?

Q82. Do you agree that stakeholders should legally be required to provide information to the regulator to support their fitness to practise investigations?

Q83. How could regulatory bodies work better together to share information and work jointly to raise standards in services and the workforce?

Q84. 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

Q85. Do you think a 'Fair Work Accreditation Scheme' would encourage providers to improve social care workforce terms and conditions?

Yes

No

Please say why.

It is vital that there is parity of esteem and status for NHS workers and people who work in social work and social care, as all groups are essential to provide high quality care. Fair Work accreditation is a good starting point to improve pay and terms and conditions for the social care workforce.

Q86. 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...) NO RESPONSE

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

	Consistent job roles and expectations
	Progression linked to training and development
	Better access to information about matters that affect the workforce or people who access support
	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

All of the issues detailed above need to be addressed to improve the status of social care workers and improve perceptions of the sector as a desirable, rewarding career. Prioritisation of those issues should be considered carefully as part of the first Strategic Plan for the National Care Service, taking into account the workforce issues current at that time.

Work should continue to improve the position of the social care workforce in the period from this consultation to whenever the National Care Service is established; the NHS needs a properly resourced and well regarded social care sector now, to ensure whole system flow and that the right care is provided in the right place at the right time.

Q87. How could additional responsibility at senior/managerial levels be better recognised? (Please rank the following in order of importance, e.g. 1, 2, 3...):

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

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

See answer to Q87 above

Q88. 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

The NHS has well-established, and well-resourced, national negotiation, bargaining and consultation structures that provide a level playing field for NHS employers across Scotland and maintain good employee relations and high standards. As part of improving the status of the social care workforce and working towards parity of esteem across the health and care sector, arrangements of equivalent status should be implemented for that workforce too.

Workforce planning

Q89. 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)

Training and Development

Q90. Do you agree that the National Care Service should set training and development requirements for the social care workforce?

Yes

No

Please say why

Similar to the issues of training and development for the nursing workforce in residential care settings, improved training and having consistent standards for ongoing professional development and supervision of social care staff will help promote parity of esteem of social care to other parts of the health and care system.

At the moment, training and professional development are not consistent in the care sector because the only mechanisms for overseeing those issues are a reactive inspection and regulation regime and individual employees' professional registration bodies. Therefore, making the National Care Service accountable for modern standards of education and professional development for social care staff would be an improvement. However, the availability of consistent, high quality training and development is only part of the story; staff must be able to take up the training opportunities and that requires sufficient staffing levels and funding for supplementary staffing to cover time out of the workplace for ongoing training.

Q91. Do you agree that the National Care Service should be able to provide and or secure the provision of training and development for the social care workforce?

Yes

No

Personal Assistants NO RESPONSE Q 93 - 95

Q92. Do you agree that all personal assistants should be required to register centrally moving forward?

- Yes
- No

Please say why.

Q93. 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)

Q94. Should personal assistants be able to access a range of training and development opportunities of which a minimum level would be mandatory?

- Yes
- No