

ITEM No ...3.....

REPORT TO: POLICY AND RESOURCES COMMITTEE - 25 OCTOBER 2021
REPORT ON: A NATIONAL CARE SERVICE FOR SCOTLAND - CONSULTATION
REPORT BY: CHIEF EXECUTIVE
REPORT NO: 235-2021

1. PURPOSE OF REPORT

1.1 This report advises members about a Scottish Government consultation on proposals for the future governance, organisation, management, delivery and commissioning of health and social care services. It also sets out a proposed response to be submitted on behalf of Dundee City Council.

2. RECOMMENDATIONS

2.1 It is recommended that members:

- (i) note that the Scottish Government has issued a consultation paper on proposals for a National Care Service (NCS) which is summarised in section 4 and Appendix One; and
- (ii) consider and agree the draft response to the consultation to be submitted by the deadline of 2 November. Section 5 summarises the response and Appendix Two is the draft full response.

3. FINANCIAL IMPLICATIONS

3.1 There are no immediate financial consequences for the Council arising as a result of this report. However, depending on the model adopted for the implementation of a National Care Service, there could be implications for the Council in the future. Section 6

4. SCOTTISH GOVERNMENT CONSULTATION

4.1 The Scottish Government has launched a consultation on proposed changes to health and social care, including the creation of a National Care Service (NCS), which have the potential to be the biggest public sector reform in Scotland for decades. Full details of the consultation are available at <https://www.gov.scot/publications/national-care-service-scotland-consultation/>.

4.2 The proposals follow the report of the Independent Review of Adult Social Care (IRASC) which was published in February 2021. This concluded that Scotland's health and social care system should be re-designed to enable a step change in outcomes for people who receive care. The review's high-level areas of focus were:

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

4.3 The Scottish Government is committed to implementing the recommendations of the IRASC, and in particular to the establishment of a National Care Service. It is also proposed that Integration Joint Boards (IJBs) will be reformed and will become Community Health and Social Care Boards (CHSCBs) and be the local delivery body for the NCS. The Scottish Government sees this as an opportunity to address challenges across health and social care highlighted before and during the pandemic, and to change the way support and services are delivered - to place human rights at the centre of decision making; shift the emphasis to prevention; empower people to engage positively with their own care; embed fair work and ethical commissioning; and strengthen the commitment to integrating social care with community healthcare.

- 4.4 The consultation is focused on exploring the suggestions for significant structural, cultural and system change that would need to be supported by primary legislation concerning governance and accountability. The Scottish Government believes legislation is necessary to implement the scale of change required to refocus the system to one that upholds human rights and promotes the health and wellbeing of people who access and who offer care and support. Moving forward, they say there needs to be a focus on high quality delivery, continuous improvement and consistent access to services regardless of where people live.
- 4.5 The consultation is also being used as an opportunity to consider the scope, remit, inclusivity and delivery mechanisms of the National Care Service in its widest sense, going beyond the recommendations of the Independent Review of Adult Social Care. The assumption is that, as a minimum, the NCS will cover adult social care services. However, the Scottish Government say that if the aspiration is that all people receive services that cluster around them to deliver the best possible outcomes, then they must consider the merits of extending the scope of the National Care Service to oversee all age groups and a wider range of needs including:
- children and young people
 - community justice
 - alcohol and drug services
 - mental health services
 - social work
- 4.6 The proposals set out in the consultation paper will require significant expenditure to deliver them. It also says that health and social care support should be seen as an investment in society, which creates jobs and economic growth, and allows people who access care and support and their carers to fulfil their potential and, in many cases, access employment themselves. As the Scottish Government considers the feedback from this consultation, it says that all proposals will be assessed for value for money, to make sure the maximum impact is achieved from that investment, but in doing so they will look at the overall benefits of improving peoples' experience of care and the outcomes they achieve, as well as the direct costs of providing that care.
- 4.7 The Scottish Government is asking respondents to the consultation to engage, to challenge and to suggest innovative solutions. They say there will be further opportunities for people to shape and design the detail of how the system will operate once they have identified what it will be.
- 4.8 At the end of the consultation process, feedback will be analysed and the conclusions used to shape a Bill which will be introduced in the Scottish Parliament in summer 2022. As the Scottish Government reach conclusions on the National Care Service, they say they will also consider how it will integrate with the National Health Service. They will also carry out a suite of impact assessments before finalising their proposals. The legislation is likely to be complex and take at least a year to be scrutinised by Parliament, after which it will then take time to set up the organisation and put the legislation into effect. The Scottish Government intends the National Care Service to be fully functioning by the end of the current Parliamentary term i.e. by 2026.
- 4.9 The proposals in the consultation document are set out in more detail in Appendix One.
- 4.10 A dedicated webpage with the key documents for this consultation was set up and actively promoted across partnership networks and social media to raise awareness as the Scottish Government wished to hear from a wide range of stakeholders. The webpage also included an easy read version of the consultation document and details of a series of engagement events run by the Scottish Government to allow people to share their views on the National Care Service.

5. PROPOSED RESPONSE

- 5.1 Given the scale and complexity of the proposals set out, and with potentially the significant widening of the scope to include the services listed in paragraph 4.5 above, it is clear that this would represent the biggest change to council responsibilities since local government re-organisation in 1996.

- 5.2 The consultation document includes a questionnaire for respondents, but it is proposed to submit general comments under a number of themes rather than answer all of the questions in the consultation questionnaire, as many of these are aimed at others such as service users.
- 5.3 To ensure that views from a wide range of services, officers and professions within the Council were considered, all services were asked for comments and the feedback received is reflected in the proposed response to the consultation paper which is set out in Appendix Two.
- 5.4 Officers welcomed many of the principles for improving care which underlie the consultation document but also raise a number of questions about the implications of the scale of structural change envisaged and about some specific aspects of the proposals including the widening scope. The response is structured thematically as follows, taking into account the sections within the consultation document.
1. Principles For Improving Care
 2. Valuing The Social Care Workforce
 3. Structure Vs Strengthening
 4. Widening Of Scope Of NCS Beyond The IRASC Recommendations
 5. Uncoupling Local Services
 6. Other Considerations And Areas Requiring More Detail

6. POLICY IMPLICATIONS

- 6.1 This report has been subject to a screening for any impacts on Equality and Diversity, Fairness and Poverty, Environment and Corporate Risk. As the report concerns a response to a consultation document, and will not directly result in any changes to services immediately, an equality impact assessment has not been carried out at this stage.

7. CONSULTATIONS

- 7.1 The Council Management Team was consulted in the preparation of this report.

8. BACKGROUND PAPERS

- 8.1 None.

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DATE: 13 OCTOBER 2021

SCOTTISH GOVERNMENT PROPOSALS IN MORE DETAIL

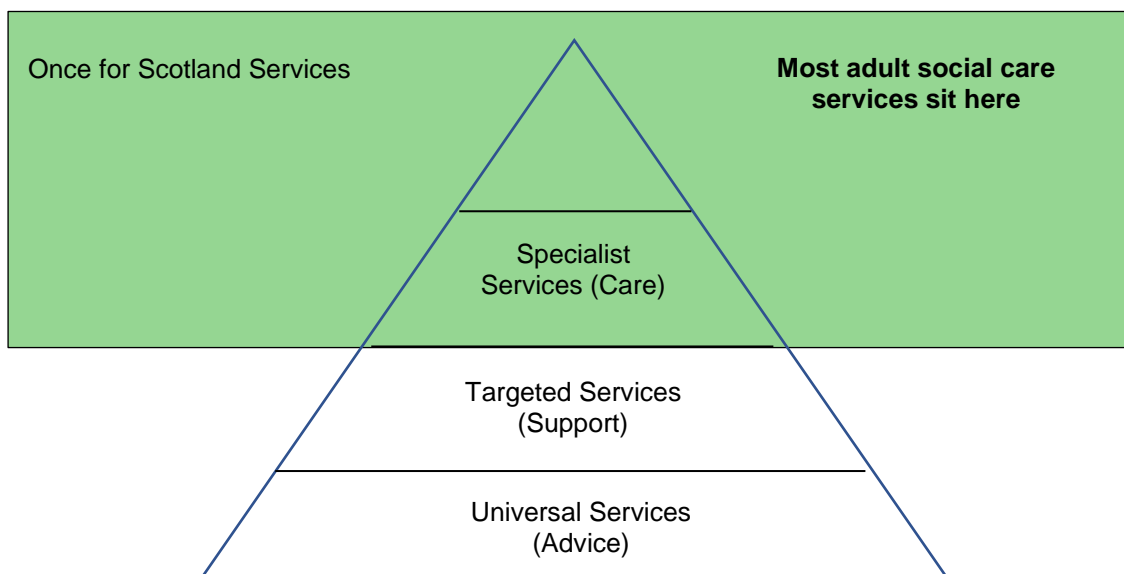
The full consultation document setting out the proposals is 137 pages long and split into 7 key sections as follows:

1. IMPROVING CARE FOR PEOPLE (pages 13 - 48 of full document)

The establishment of a single national body for health and social care, with clear lines of accountability to Ministers at national level to ensure that consistent, high standards of performance are developed and maintained across Scotland. Intelligence gained from inspection and scrutiny of services will be used to identify where improvement is needed, and themes will be fed back into commissioning and procurement.

Access to Care and Support

The removal of eligibility criteria in their current form by moving away from a focus on risk and instead focusing on enabling people to access the care and support that they need through a set of entitlements. Prevention and early intervention would be prioritised, and people should be able to move easily between different types of care and support as their needs change. The Scottish Government highlight a pyramid structure with universal services at the base of the pyramid and specialist services which are only required by a minority of people are at the top. It notes the majority of adult social care currently provided is at the top end (specialist) of the pyramid meaning less availability for people who need targeted, universal early support.



The intention is to focus on the type of support people need, rather than a decision between getting support or getting no support. These would be accessed without a referral or full assessment and be based on an entitlement and underpinned by a Getting it Right for Everyone approach, underpinned by additional investment in social care.

- More support and services addressing early intervention and prevention, for example open access and community-based provision.
- Join up between advice, support, and care services, to enable people to easily move between different types of care and support.
- A single model which eliminates variations in practice, but with flexibility of delivery approach depending on geography and need.

A critical aspect of the new approach is a single adult's plan and a single planning process. This should:

- Be rights based, person centred and based on the relationships that are important to the adult.
- Feature a strengths-based support planning process, which enables the person to manage their own care as far as possible.

- Include options for both light touch and more detailed support planning, depending on the level of complexity and need.
- Provide a No Wrong Door approach to access to care and support.

Right to Breaks from Caring

Introduce a right to breaks from caring as part of a single, outcomes-focused approach to care and support which stretches from prevention and early intervention through to acute and specialist provision. The consultation considers options to achieve this reflecting the principles of fairness, personalisation, transparency and the value of preventative support. The design needs to balance the need for preventative support for a wide group of carers and more intensive support to meet the needs of a smaller group of carers who need it. This could be a right to a standard support package or as a right to personalised support to meet need and the consultation document explores the benefits and disbenefits of each approach. It further considers the arguments for eligibility for a standard or enhanced level of support – noting options around the right being available to all carers or only to those who meet a threshold in terms of hours or intensity of caring. The options look different in terms of outcomes and affordability but either would require substantial resources to deliver on prevention and early intervention. The consultation document notes further concerns about transparency and consistency if care planning is more personalised rather than standardised. Nonetheless every option will require some kind of verification and support planning process involving some engagement with the carer about their caring situation without being intrusive.

Using Data to Support Care

A National Care Service is presented as an opportunity to meet expectations around how information is used to provide and support care, across all care settings and social care decision making at all levels. To ensure that health and care information, where appropriate and at the right time, is available to the people that need to see it, a platform will be developed to draw this together. A nationally-consistent, integrated and accessible electronic social care and health record would be put in place with appropriate permissions and consent. The proposal would consider systems and functionality already in place as well as realising the opportunities that the NCS could provide to create new digital and data infrastructure to ensure the information is available across all settings/ providers. The proposal would seek to ensure people's data and information moves with them from prevention and early intervention through to acute and specialist provision. Additionally, beyond the day-to-day care management, the proposal will help aggregate data that can be used locally and nationally for strategic plans, commissioning, delivery monitoring, and performance reporting.

Complaints and Putting Things Right

The proposals highlight that there should be a national single point of access for information on making a complaint or giving feedback about social care, including how to access advocacy support. Local systems for initial complaints and feedback should be strengthened so there are similar processes across local bodies who commission and deliver services. Consideration to be given to a charter for rights and responsibilities which would provide clarity as to what individuals, their families, and their carers can expect and clearly outline the process for feedback and complaints. Providers will need to demonstrate they have taken on board complaints and feedback when they are inspected to ensure lived experience is central. The Scottish Government also indicate consideration to the appointment of a commissioner for social care to champion the rights of those who receive care and support, their families, and carers.

Residential Care Charges

In line with the IRASC recommendation, the consultation proposes to increase the sums paid for Free Personal and Nursing Care for self-funded care home residents to the levels included in the National Care Home Contract or consider alternatives, such as revising means testing, to assist in ensuring self-funding residents are treated fairly in their financial assessment.

2. NATIONAL CARE SERVICE - CASE FOR CHANGE (pages 49 - 53)

The proposals would make Scottish Ministers accountable for social care as they are for health care. The National Care Service would be established, accountable to Scottish Ministers, with a clear focus on positive outcomes, strategic direction, consistent high-quality standards and “Getting it Right for Everyone”. This would remove the responsibilities for social work and social care services from local authorities.

IJBs will be reformed and will become Community Health and Social Care Boards (CHSCBs) and will be the local delivery body for the NCS. The NCS and CHSCBs will work in concert with the NHS, local authorities, and the third and independent sectors to plan, commission and deliver the support and services that people require. The NCS and CHSCBs will continue to commission and procure services from a range of providers, as IJBs do at present.

The NCS itself will lead on aspects of community health and social care improvement and support that are best managed on a ‘once for Scotland’ basis such as very complex or highly specialist care, and the planning and delivery of care in custodial settings, including prisons.

The NCS will be responsible for national workforce planning and development, data to support planning, commissioning and procurement, research to support improvement, digital enablement, and national and regional service planning.

3. SCOPE OF NATIONAL CARE SERVICE (pages 54 - 88)

The document sets out details of further services that could be included in the NCS and the reasons as follows:

Children’s Services

The Scottish Government proposal goes beyond the IRASC recommendations and indicates that children and families social work and social care services should be located within the NCS. By doing so, it aims to make current arrangements which have been developed to reflect local circumstances consistent across the country. The view in the document is that this will make services cohesive – built around the child, family, or person who needs support – reducing complexity and ensuring improved transitions and support for those who need to access a range of services.

Healthcare

The proposals indicate it is also possible to consider the NCS, and in turn CHSCBs, taking responsibility for the commissioning and procurement of a range of health services, similar to (and potentially wider than) the range of services currently delegated to IJBs. This includes CHSCBs managing GPs’ contractual arrangements and may include a revisiting of the distribution formula to support rural and remote areas. The proposals do not envisage a wholesale change in employment status for people in the NHS, rather that robust commissioning and procurement arrangements are in place taking account of clinical and care governance.

Social Work and Social Care

The Scottish Government propose that duties and responsibilities for social work and adult and children and families’ social care services should be located within the NCS. It will provide the opportunity for services to become more cohesive – built around the child, family, or person who needs support – reducing complexity and ensuring improved transitions and support for those that need to access a range of services. Location within the NCS would also permit a system where access, assessment, funding and accountability is in one body. Including social work within the NCS is intended to mean social work’s legal powers and expertise would remain inextricably linked with the delivery of care, and with the work of a National Social Work Agency.

Nursing

The proposals highlight the need for professional nursing governance and assurance across community health and social care services of a similar standard to that provided for registered nurses in hospitals. The Scottish Government propose to maintain the current Executive Director of Nursing role to provide professional leadership across community health and social care. Executive Directors of Nursing will continue the role they have performed during COVID in relation to care homes, however will be expanded to other care settings and care at home services. The National Care Service could also be responsible for the commissioning of nursing in social care.

Justice Social Work

Including Justice services as part of the NCS is held to have some benefits, including addressing longstanding concerns about the consistency and availability of community justice services, and creating greater links to related public health services. This would again involve transferring the relevant statutory responsibilities and funding from local authorities to the NCS/CHSCBs, however this may be done as a second phase.

Prisons

The proposals include the NCS overseeing social care provision for people in prison and being responsible for the planning and delivery of care in prisons.

Alcohol and Drugs

The Scottish Government expect that CHSCBs will continue to be key partners in ADPs, and will continue to provide the governance, finance and procurement functions for them as currently. Further consideration is being given to whether ADPs should become part of the NCS nationally and part of CHSCBs and whether specialist provision such as residential rehabilitation services or other services should be commissioned on a national basis.

Mental Health Services

The Scottish Government propose that appropriate elements of mental health services should be consistently delegated to the NCS to ensure responsibilities within and between organisations are understood by all.

National Social Work Agency

The Scottish Government proposes establishing a National Social Work Agency, alongside a centre of excellence for applied research for social work to support improvement activity as part of the NCS. The NSWA would have national oversight and leadership over social work qualifications, workforce planning, improvement, training, continuous professional development and pay and grading within a national framework. It would invest in and raise the profile of social workers throughout the NCS and partner organisations, ensuring parity with other professions.

4. REFORM OF INTEGRATION JOINT BOARDS: COMMUNITY HEALTH AND SOCIAL CARE BOARDS (pages 89 - 94)

As noted above, the Scottish Government proposes that IJBs will become Community Health and Social Care Boards (CHSCBs) and will be the local delivery body for the NCS, funded directly by the Scottish Government. The functions of CHSCBs will be consistent across the country.

CHSCBs will be accountable to Ministers and will have members who will represent the local population, including people with lived and living experience, and carers. It is expected that CHSCBs will be aligned with local authority boundaries, unless otherwise agreed at local level. The members will include local elected members to preserve local democratic accountability.

CHSCBs will employ their own chief executives and staff who plan, commission and procure care and support. Consideration will be given to employing other relevant staff to discharge their duties, such as chief finance officers. The chief executive of each CHSCB will report to the chief executive of the NCS. CHSCBs will oversee the delivery of all community health and social care services and support within their local area, monitoring and improving impact, performance and outcomes for people. Their work will be guided by the strategic direction, quality standards and operational framework set out by the NCS.

CHSCBs will have responsibility and authority for planning, commissioning, and procurement of community health and social care and other relevant support, and for the management of GP contractual arrangements. They will be able to commission services from local authorities, the NHS and the third and independent sectors.

CHSCBs will be members of community planning partnerships, taking the place of IJBs on those groups. This will support the wider integration and co-ordination of community health and social care services with other public services such as housing, education and policing to improve local outcomes and reduce inequality.

5. COMMISSIONING OF SERVICES (pages 95 - 105)

The Scottish Government proposes that the NCS will develop and manage a National Commissioning and Procurement Structure of Standards and Processes for ethical commissioning and procuring of social care services and supports. The purpose is to ensure commissioning and procurement delivers a person centred, human rights-based approach that supports the outcomes and needs of the individual, meets minimum quality standards established for social care services, ensures fair work, promotes sustainability and ensures consistent implementation and equitable quality of service throughout Scotland.

The NCS will be responsible for governance and assurance that CHSCBs comply with the Structure of Standards and Processes, through oversight of commissioning and procurement processes at a local level. CHSCBs will report their progress to the NCS national commissioning and procurement team. The NCS will be responsible for the commissioning, procurement and contract management of national contracts and framework agreements for complex and specialist services including:

- care for people whose care needs are particularly complex and specialist
- custodial settings including prison
- residential care homes
- care home contract

The NCS will establish a national commissioning and procurement team to deliver this role.

6. REGULATION AND SCRUTINY (pages 106 - 117)

The Care Inspectorate is the national scrutiny body responsible for the registration and regulation of care services. It scrutinises and inspects services, to ensure they meet high standards. Where the need for improvement is identified, they support services to make positive changes. Improvement notices can be issued and enforcement action taken.

The Scottish Social Services Council (SSSC) is the professional regulator of social service workforce and maintains registers of social workers, social care and early years workers. The SSSC has a statutory role in setting standards for their practice, conduct, training and education and by supporting their professional development and collecting workforce data from across the sector. Where people fall below the standards of practice and conduct they can investigate and take action.

The Scottish Government proposes that scrutiny, inspection, and regulation of care services and the workforce should be undertaken independently of the NCS. These arrangements should ensure consistent and high standards of care and support are delivered and robust and effective action is taken, particularly when there is a risk to the safety and wellbeing of people. The document outlines a set of core principles underpinning the approach to scrutiny and inspection and necessary actions as required to ensure appropriate standards and quality.

There are a number of further areas within the consultation document without specific proposals but seeking views on arrangements, these include:

- Strengthening Regulation and Scrutiny of Care Services
- Market Oversight Function
- Enhanced Powers for Regulating Care Workers and Professional Standards

7. VALUING PEOPLE WHO WORK IN SOCIAL CARE (pages 119 - 132)

Scotland's dedicated primary/community health and social care workforce provide critical support to people across Scotland every day. Training and development, pay, terms and conditions and a better understanding of the plan for the future skills the sector will need should be the focus of national work moving forward.

Fair Work

The document highlights the work of the Fair Work Implementation Group to ensure the workforce is recognised as a central pillar to the high-quality outcomes expected. The NCS could take the lead in the development, administration, and assessment of national workforce quality standards that support the practical delivery of Fair Work principles including rates of pay, security of employment contracts, and training and development within the sector. This could take the form of a "Fair Work Accreditation Scheme", which would enable providers, staff, clients, and funders to easily identify where Fair Work practice is embedded within an organisation as it is not possible to compel employers to meet these principles. Commissioning and procurement will however be a driving force to ensure the workforce, including personal assistants, is appropriately valued. The NCS could oversee the creation of a National Job Evaluation framework/scheme which providers can opt into, to ensure they are able to confidently assess and reward staff on the basis of recognised job families (which align to long term workforce planning needs). The NCS could provide the opportunity to implement a national pay-band structure similar to that within the NHS.

Workforce Planning

The document seeks views on the development of a consistent approach to integrated workforce planning with health, supported by a national tools/framework and an agreed data set to ensure a longer-term strategic approach to meeting social care workforce requirements across the public, private and third sector social care providers.

Training and Development

To ensure there is appropriate and relevant training and development, the NCS will set training and development requirements that support both entry to the workforce and continuous professional development.

Personal Assistants

In order to understand the extent of personal assistants operating across Scotland and improve and ensure appropriate support across the workforce, the Scottish Government propose that processes will be put in place to require personal assistants in to register centrally. In addition, there has been consideration of national minimum employment standards for personal assistants to ensure parity and fairness across Scotland. Consideration of provision of further administrative, recruitment or employment support may encourage further adoption of the full range of Self-Directed Support options.

NATIONAL CARE SERVICE CONSULTATION RESPONSE FROM DUNDEE CITY COUNCIL

Comments on the consultation document were sought from Dundee City Council services and the range of views received along with comments about areas where further clarity or detail is required are reflected in this response document and is grouped under 6 key themes as set out below:

1. PRINCIPLES FOR IMPROVING CARE

1.1 There is widespread agreement to many of the principles to improve social care in Scotland which underpin the consultation document, in particular the strong emphasis to ensuring that care is person-centred, human rights based, reflects the lived experience of those who rely on services, and is seen as an investment in society. The shift in focus is an opportunity to reconsider the approach to both the assessment of individuals and the models of delivery, which recognise prevention, early support and quality of life. It is acknowledged that current financial constraints do not always support this approach.

1.2 Comments on specific areas are:

Access to Care

1.3 A focus on enabling people to access the care and support that they need, through a set of entitlements, is welcome, as is the commitment to prioritise prevention and early intervention and allow people to move easily between different types of care and support as their needs change.

1.4 Detailed modelling of the resources required to deliver an entitlements-based model would need to be carried out to fully understand the scale of additional investment required for social care before proposals for any new or reformed model are made.

Breaks for Carers

1.5 Likewise, the introduction of a right to breaks from caring is welcome. On balance, a more personalised approach based on assessment of need appears preferable to a standard support package. Either would require substantial resources to deliver the desired outcomes in relation to prevention and early intervention.

Use of Data

1.6 A National Care Service is presented as an opportunity to meet expectations around how data is used to provide and support care, with proposals for a nationally-consistent, integrated and accessible electronic social care and health record to be put in place.

1.7 The creation of an integrated health and social care record is welcomed. Across Scotland there is a plethora of different health and different social care systems and previous attempts at developing a single system have failed for a variety of reasons

1.8 Improved data sharing agreements, focused on the effective sharing of outcomes-focused data and minimisation of duplication, would be welcomed regardless of whatever changes are made to the governance of care. In the first instance, additional expertise to support embedding data sharing agreements could bring improvements without the need for legislative change.

1.9 As part of the Dundee CORRA Project (substance use and mental health) we will be testing a joint data system between NHS Tayside, the Dundee HSCP and Dundee City Council. This work may help to inform and/or test the how an integrated social care and health record would work.

Complaints / Regulation

1.10 The proposals suggest a national single point of access for information on making a complaint or giving feedback about social care, including how to access advocacy support, with local systems for initial complaints and feedback strengthened so there are similar processes across

local bodies which commission and deliver services. Good complaint handling is clearly essential, and needs to form part of an overall performance improvement culture.

- 1.11 It is important that there is local examination and resolution of complaints within an organisational culture of openness, transparency and reflection. Systems are already in place - including escalation procedures both internally and to external bodies such as the Scottish Public Services Ombudsman (SPSO). Understanding current systems and best practice is suggested to consider how these fit and/or adapt to support the needs of complainants. This may mean there is no need for additional processes or bodies like a commissioner for community health and care.
- 1.12 It is difficult to see how a single centralised procedure would improve the responsiveness of complaints handling. Nonetheless, the development and communication of a Charter would help communicate rights and entitlements.
- 1.13 More emphasis should be given to improvements in issue/ conflict resolution to seek to address issues more timeously at a local level. This may be supported by proposed investment in advocacy support which may help towards resolution and mediation and assist service users/ carers assert their rights and understand decisions that affect them.

Charges

- 1.14 In line with the recommendations of the Independent Review of Adult Social Care, the consultation proposes to increase the sums paid for Free Personal and Nursing Care for self-funded care home residents to the levels included in the National Care Home Contract or consider alternatives, such as revising means testing, to assist in ensuring self-funding residents are treated fairly in their financial assessment.
- 1.15 We would agree that many of the accommodation costs noted in the consultation document are faced by most people regardless of the setting they reside in and as such it is appropriate that there is a contribution to meet these costs. That contribution is required to make this a sustainable model and ensure that available resources can be targeted to meeting personal care needs. Some of these costs would however be optional (e.g. leisure and entertainment) and there should be some personalisation in terms of charges to reflect usage rather than automatic standardisation. This approach is welcomed and would need to be appropriately resourced.

2. VALUING THE SOCIAL CARE WORKFORCE

- 2.1 There will be widespread agreement to any tangible demonstration that the care sector workforce is valued. The consultation document contains a number of proposals aimed at strengthening the position of the workforce:

Fair Work

- 2.2 The consultation highlights the work of the Fair Work Implementation Group to ensure the workforce is recognised as being central to the high-quality outcomes expected. It is suggested the National Care Service could take the lead in the development, administration, and assessment of national workforce quality standards that support the practical delivery of Fair Work principles including rates of pay, security of employment contracts, and training and development within the sector e.g. through a "Fair Work Accreditation Scheme". Proposals relating to Fair Work are welcome, and resonate well with Dundee City Council's commitment to fairness and its status as a Living Wage City.
- 2.3 From an equality perspective, fair work is vitally important given that a large proportion of the workforce are female and are more likely to experience poverty due to poor pay, especially for those who work part time to cover care commitments for children. Care has not had the status it should have and this needs to change and be valued.

- 2.4 Similarly, careful consideration will need to be given to the effect of revaluing care as the component tasks may have equivalencies in terms of equal pay or equal value comparators. The potential legal and financial impact of revaluing one role within a job evaluation framework will need to be carefully considered and equality proofed.

Training

- 2.5 It is suggested that the National Care Service will set training and development requirements that support both entry to the workforce and continuous professional development. More consistency regarding professional development and training could have positive outcomes and there is no argument with the consultation document's emphasis on the importance of sharing learning effectively.
- 2.6 At the moment there are already a number of networks that exist to share learning at both a national and local level, including:
- Thematic Inspections
 - National Forums
 - Significant Case Reviews
 - Practice Forums
 - Mental Welfare Commission's range of national learning that is implemented locally
- 2.7 All of these lead to improvements, so further discussions and understanding of how these could develop or adapt within the National Care Service would be welcomed. It may be that improving on these existing mechanisms could avoid additional effort and/or duplication.
- 2.8 Understanding the practices and evidence of effective sharing of learning across Scotland within the NHS (as nearest comparator) should also be reviewed to help shape this.

3. STRUCTURE VS STRENGTHENING

- 3.1 The consultation is likely to generate many views as it is seeking responses from a wide range of stakeholders, from carers and services users to service providers, as well as professionals from a range of disciplines and organisations likely to be impacted. With such significant structural change proposed, there is likely to continue to be a debate about whether that is essential or whether improvements could be delivered as effectively by strengthening existing structures and partnership working, so there may not be consensus on this.
- 3.2 As an illustration of this debate, question 6 in the consultation questionnaire talks about the "Getting It Right for Everyone" National Practice Model using the same language across all services and professionals to describe and assess people's strengths and needs, and asks respondents if they agree or disagree with this approach. While many would agree, there is already a precedent for such an approach in the GIRFEC framework covering children's services. There must be much to be learned from the GIRFEC approach in delivering such consistency, all of which was achieved without the need for a national body.
- 3.3 Similarly, question 8 asks if a National Practice Model would improve outcomes. It could be argued that the model itself is not what improves outcomes. There will be widespread agreement that health and social care services for children, young people, adults, people in the justice system and older people will continue to face complex challenges. The key question remains whether sufficient evidence has been presented to suggest these are likely to be addressed by structural change. Achieving effective outcomes requires the collaborative development between all partners of a shared vision, strategy, planning, governance, funding, commissioning, delivery, performance management and workforce and community engagement arrangements, in ways which are sensitive to local culture and context. Alternatives to structural change - or issues which will need to be addressed in the context of whatever change is implemented following this consultation - include:
- Joint leadership, workforce development and culture focused on collaboration, engagement and improvement.
 - Development of a public health informed community planning vision and strategy.
 - Focus on prevention in respect of existing resources and reinvestment.
 - Focus on transitions including positive destinations for school leavers and health needs.

- Longer-term local partnership funding to promote co-design and flexibility.
- Unifying delivery model for all partners which builds on and strengthens GIRFEC.
- Alliance models of commissioning which focus both resources and funding on priorities.
- New national and local performance framework within and between partners.

3.4 There is a case to be considered for the National Care Service comprising not of the local commissioning and operational elements currently provided by local government but rather of those parts of the system where a national approach could most add value. The functions and services listed below are areas we believe significant improvements could be derived from the oversight, integration, consistency and national reach of the NCS.

- Standards/ Assurance/ Performance Reporting and Scrutiny
- Workforce Planning/ Fair Work/ Terms and Conditions/ Training and Development
- Ethical Commissioning and Procurement
- Complex and Specialist Care Commissioning
- Improvement and Innovation
- Development of the Single Health and Social Care Record and System Integrators
- Use of Aggregate Data for System Level Planning and Policy Development

3.5 The time and energy which will be required for significant change or to set up a new structure will be considerable. Care needs to be taken that a focus on structural changes over the coming years does not distract from a focus on improving services and outcomes now and in the medium term, particularly given the added impacts from COVID that have been felt by those needing and giving care.

3.6 Complexities and boundary issues exists within current multi-agency governance and strategic planning arrangements, however Dundee manages these well through a commitment to partnership working and through a wider community planning approach, which would continue to provide a strong foundation in any new arrangements. The changes being proposed could arguably reduce the complexities and challenges in some areas and create new ones in other areas - a fuller assessment is required regarding the detail of the benefits as well as the risks of the proposed changes.

4. WIDENING OF SCOPE OF NCS BEYOND THE IRASC RECOMMENDATIONS

4.1 Extending structural change beyond the recommendations of the Independent Review of Adult Social Care, and therefore removing responsibilities for services including children and families, community justice, alcohol and drug services and social work from local government - would represent the biggest change to Councils since re-organisation in 1996, and clearly represents the most contentious part of the proposals on which a wide range of views will be held. COSLA has criticised the lack of discussion with Local Government about the increased scope of the consultation, along with the absence of costings relating to the development of the National Care Service and how it would be funded, and what it has described as limited evidence to demonstrate that the centralisation of decision-making for these services will lead to better outcomes or explain the implications for the people who use these services. COSLA argues this represents an attack on localism and on the rights of people to make, and benefit from, decisions taken locally. We note COSLA's concern that the proposals appear to stand contrary to the outcomes of the Local Governance Review, the four pillars set out by the Christie Commission and the recent legislation on the European Charter of Local Self Government, and COSLA's commitment to reform that ensures services are designed and delivered as locally as possible.

4.2 The consultation document asks if a range of other social work services should be located within the National Care Service and Community Health and Social Care Boards. By doing so, it aims to make current arrangements, which vary between areas as they have been developed to reflect local circumstances, consistent across the country. The view in the document is that this will make services cohesive - built around the child, family, or person who needs support, and potentially strengthening a whole families' approach, reducing complexity and ensuring improved transitions and support for those that need to access a range of services.

4.3 Views of what additional services should be integrated within a new model will vary, as will professional opinions, depending on experiences of how health and social care integration works currently in each local authority area.

Health and Social Care Integration in Dundee

- 4.4 When establishing the integration arrangements in Dundee, the set of local authority services to be included within the Health and Social Care Partnership was developed based upon local pathways analysis, and it was agreed that both Children's Social Work and Community Justice services would not be included. The rationale for integrating Children's Social Work and Community Justice services with Education services at the time of establishing the local IJB was to:
- Promote a focus on GIRFEC compliant joint support to vulnerable infants, children and young people - this included work on Team Around the Child arrangements, work on Child Protection, work to support care experienced children and workforce development
 - Maintain multi-disciplinary co-located Community Justice services including work with all partners on wider family supports - this included work with statutory and voluntary partners, including with Children's Social Work and schools where people are parents/carers
 - Work across organisational boundaries with the new HSCP - this included work on targeted support to parents/carers particularly in relation to substance misuse and mental health
- 4.5 Like Dundee, the majority of local authorities did not delegate Children's Social Work and Justice Social Work Services to the Integration Joint Boards (IJBs). We are not aware of any significant systemic failings being reported in areas where the HSCP delivers adult social care and the council delivers children's social care

Children's Social Work Services

- 4.6 The case for retaining Children's Social Work services within local government, or at least allowing local circumstances to determine where best these services should lie in each area, comes from a number of reports and research papers over recent years which looked at effective integration and improving outcomes, and concluded that the solutions go beyond new structures. For example, the Christie Commission made a distinction between integrated structures and integrated practice, and its principles have since formed the basis of public sector reform including the Children and Young People (Scotland) Act 2014 which placed statutory duties on partners to develop integrated Children's Service Plans compliant with the Getting it Right for Every Child (GIRFEC) practice framework, and the Public Bodies (Joint Working) (Scotland) Act 2014 which required the implementation of Integrated Joint Boards (IJBs) to coordinate health and social care services for adults.
- 4.7 Research on the enablers and challenges to integrated service delivery has generally concluded that structural change is not the key determinant of effectiveness and that local arrangements are essential. For example, a report by the CfBT Education Trust in 2010 noted that "to be effective, integration of services needs to be culturally and contextually sensitive. This includes being sensitive to existing working practices between services and to the communities which they serve. Crucially, this means local variation in integration practices". A more recent review of Integrated Children's Services in Scotland in 2018, carried out jointly by Social Work Scotland, Health Improvement Scotland and the Care Inspectorate, explored the impact of integrated health and social care on children's services. It concluded that GIRFEC, rather than structures, has provided a unifying practice framework and that a period of stability was required regardless of what arrangements pertained in different local authority areas. As in earlier reports, collaborative and adaptive leadership, including the capacity to work across multiple organisational boundaries and engage both the workforce and local communities, was seen as the key factor in developing integrated service delivery in ways most likely to improve outcomes for service users. This report also voiced concerns about plans to legislate for separate education governance because it risked fracturing schools from the GIRFEC practice framework and local community planning partnerships.
- 4.8 Implementing the proposals to move additional social work services to the NCS and CHSCBs would involve uncoupling these functions from other services with which Dundee City Council has been seeking to integrate them over recent years. In particular, our Children and Families Service has made considerable progress in outcomes focused, preventative work due to the integration of schools with children and families social work services, and the proposals would change those relationships. The Independent Care Review commented critically on the overly

complex policy, legislative, organisational and service delivery environment. As one of the 5 foundations of The Promise, it recommended under Scaffolding that the Scottish Government and national and local partners review arrangements to support vulnerable families to simplify services and make them more understandable and accessible. By incorporating Children's Social Work services in a new National Care Service this could focus leaders on structural change and add a further organisation to an already cluttered landscape, creating new complexities and organisational boundary issues, especially in relation to Protecting People and GIRFEC.

- 4.9 Proposals to remove children and families social work from local government is likely to create greater complexity than it would resolve given the much more significant relationship between the universal education services and children with social work supervision or care support than there is with healthcare.

Criminal Justice Services (CJS)

- 4.10 We would wholly agree with the view expressed in the consultation document in respect of CJS that *"transferring the relevant statutory responsibilities and revising highly complex funding and delivery arrangements whilst ensuring partnership working and service provision is not disrupted.....would require significant time and resources"*.
- 4.11 The most recent Community Justice Scotland Annual Report 2019-2020 did not recommend further structural change but instead proposed a range of measures for national and local partners to work together to improve existing arrangements. These included strengthening links between Community Justice and local Protecting People services, and jointly developing a recovery plan as partners emerge from the pandemic. In relation to Justice Social Work, there has been a long-term national trend of reduced crime and reduced re-conviction rates, the key purpose of the criminal justice system. Conversely, Scotland still has one of the highest rates of imprisonment in Europe and the problematic rise in custody (which is costlier than community penalties with re-offending rates much higher) is more closely associated with sentencing practice. Despite a range of community-based alternatives implemented over the last 20 years, including the Presumption Against Short-Term Sentences, there have been increases in the use of remands, increases in the use of custody for less serious offences, increases in the sentence length for less serious offences, increases in recalls to custody and reductions in the Scottish Prison Service use of Home Detention Curfews. This suggests the need for a front-to-end review of penal policy as opposed to the incorporation of community justice in a new national organisation
- 4.11 Justice Services along with other partner contributions has led to the significant improvements in crime and re-offending rates in Scotland – these need to be built upon with further improvements in tackling disadvantage and poverty that most often accompany involvement in the justice system. This focus does need to be adequately resourced however it does not require the transfer of legal accountability for justice services from local authority control.
- 4.12 As a related point, we would highlight there are very few references to domestic abuse and gender-based violence (GBV) in the consultation, despite research repeatedly showing clear links to being affected by these issues and needing support from alcohol and drug services, community justice services, children's services etc. Moving some of the parts of this system into an NCS risks creating new barriers to current partnership activity and relationships.
- 4.13 An example of existing local arrangements in relation to Children's social work services and Community Justice Services is set out below:

These services currently form part of a Children and Families Service, which incorporates Early Learning and Childcare, Primary Schools and Secondary Schools, working alongside a range of other relevant Council services, such as Housing and Anti-Social Behaviour. They commission a range of services from the Third Sector and work across organisational boundaries with a number of other stakeholders, such as Health and Social Care, Police Scotland, the Children's Reporter, Scottish Prison Service, the Parole Board and the Sheriff Court. As an illustration of the joint approach, if an adult male perpetrator of domestic abuse in unstable accommodation is subject to a Community Payback Order, Community Justice staff work holistically in the context of Dundee's City Plan (or Local Outcome Improvement Plan) with Children's Service Social Workers in relation to Child Protection matters; with Neighbourhood Service colleagues in relation to housing support; with HSCP in respect of

substance misuse; and with the Third Sector in respect of victim support and safety planning for both the female ex-partner and children. The proposal to include Children's and Community Justice Services in the new NCS does not evidence how this would enhance these already 'integrated' arrangements. They are also providing opportunities to make progress in relation to a joint response to the Independent Care Review from early years to early adulthood and a public health informed approach to justice, including reducing custody and supporting the families of prisoners.

Drug and Alcohol Services

- 4.14 People with alcohol or drug issues most often face a range of complex and interlinked issues that span a broader spectrum than health and social care. The arguments set out in the consultation document reflect a far too narrow presentation of the issues and supporting service users and their families through an acute treatment phase and onto often a lifelong recovery journey requires a multi disciplinary approach that is constructed around the individual and their specific needs. Very often this involves housing/ homelessness services; employability services; education; debt advice; justice services; and many more that predominantly sit within local authorities and the third sector.
- 4.15 The business case for the transfer of Alcohol and Drug Partnerships into a NCS is unclear and the source or basis for the assertions made is unattributed. This proposal merits further and detailed consideration through an independent review in its own right.

Mental Health Services

- 4.16 The consultation also proposes bringing some elements of mental health service provision into the NCS and is seeking feedback on which should be considered. SOLACE and COSLA officers have been engaging with mental health stakeholders including ADES, Third Sector providers, The Royal College of Psychiatrists, CAHMS, IJBS, Police Scotland as well as those delivering mental health services within local authorities. There is a broad concern that the consultation is too vague to provide a well-informed response, but early indications are that organisations have identified a risk that the needs of children will not be a priority and that there is a lack of appetite for the scale of structural reform to mental health services the consultation outlines. There is a recognition that there are issues to be addressed but that these would potentially be better dealt with through frameworks and relational approaches rather than structural reform which is a common theme within this wider response. There is also an interest in shared Standards of Care in relation to adult secondary mental health care services subject to the ongoing engagement of local government in their development.
- 4.17 We would recommend further detailed engagement on the inclusion of mental health services and related implications should proposals be formalised for their inclusion within an NCS.
- 4.18 Regardless of outcomes and final scope of services included in a NCS, it will bring with it other potential 'separations' between organisations, being clear about working relationships between agencies, accountabilities and responsibilities will be crucial in continuing with a community partnership approach to make best use of all local resources. Dundee City Council is clear about the importance of maintaining a cohesive approach to supporting individuals.

5. UNCOUPLING LOCAL SERVICES

- 5.1 While all Social Work services would be 'integrated' under one umbrella under the NCS proposal, they would require to collaborate with 32 Councils amongst other community planning partners to deliver on Local Outcome Improvement Plans. Understanding of impacts on existing linkages with a range of key local services would have to be fully considered where the changes could impact on the ability to deliver very specific or targeted local initiatives and/or a local joined-up approach.

Housing

- 5.2 For a number of years, Dundee City Council's Housing and Communities service has operated in close partnership with the Health and Social Care Partnership, particularly around homelessness. While new and positive partnerships could be developed within any new structure, there would need to be a consideration of the alignment of the homelessness budget between the NCS/CHSCB and Housing.
- 5.3 The Homeless Strategic Partnership Group welcomes the increased focus on prevention and early intervention but recognises that this aligns with the current vision in Dundee of the existing partnership and goes beyond Homeless Services. It is recognised that if the proposals result in a single recording/data system, this will be a welcomed achievement with significant benefits for partners involved. In addition, National Standards if applied to homelessness could expand beyond the Unsuited Accommodation Order and provide national consistency specifically for accommodation standards in temporary accommodation.
- 5.4 Housing can be an issue or a solution for those in receipt of health and social care services but this is not recognised within the paper. There needs to be a proper and full assessment of implications of change for Housing Services including Homeless and Housing Options Teams.
- 5.5 Dundee City Council, Dundee Health and Social Care Partnership and 3rd sector partners have a fantastic relationship in Dundee to tackling and responding to homelessness and rough sleeping. This has taken time to develop and nurture and so the partnership recognises the culture shift that will be required to bring such a wide range of services and organisations together and thinks this should be further detailed within the paper.
- 5.6 3rd sector partners within the Homeless Partnership raised concerns about the commissioning of services which currently sits under Dundee Health and Social Care Partnership and the impact on funding if this were to change. In addition, any changes to terms and conditions for staff and the variation in these continue to be an issue across 3rd sector Housing Support services. Full integration will require this to be front and centre, as will the relationship between service planners and registering bodies
- 5.7 We have seen the impact Covid-19 had in Dundee in respect of the demand for Temporary Accommodation and it demonstrated the differences across Local Authorities in Scotland. Therefore, there needs to be a balance in terms of local connection and to ensure autonomy is not lost to make decisions specifically suited to Dundee.

Employability

- 5.8 Councils across Scotland have made a primary focus on improving positive destinations for young people. In Dundee we have made progress in recent years through the integration of education and children's social work services, an inter-agency collaboration approach as part of our employability partnership. The removal of children's social work services from Local Authority control could diminish the integrated approach currently taken, which is a local authority level partnership involving education, children's social work services, housing, and communities, community learning and working partnership with Skills Development Scotland.
- 5.9 A key component of ensuring positive destinations for all young people is the drive to enhance youth employability services. Over the past year this has seen several key initiatives devolved from the Scottish Government e.g. overall funding from the Scottish Government has included the Young Persons Guarantee etc. The integrated approach to employability is taken by a dedicated group focussed on this and led by the local authority. Key social work and family services clients including care experienced young people are specifically supported by employability interventions.
- 5.10 Most local authorities have teams working in employability covering youth, adult, health, and disability employability services. From an employer's perspective, an integrated approach with a single point of contact with the employer community is preferred.

Support Services

- 5.11 Dundee City Council currently provides a number of services that support and enable the Dundee Health and Social Care Partnership to operate effectively. These include Business supports (clerical, secretarial and admin support), Health and Safety (risk assessment, accident investigation, infection control, safe systems of work), Procurement, Finance (including insurance and claims and appointeeships), Legal and Democratic services (legal advice and support for committees), Information Technology support, Property (management and facilities), Transportation and Fleet Management and Communications (internal and external). Additionally, Tayside Contracts also provides facilities services (mainly catering and cleaning).
- 5.12 There is also a significant range of human resources and organisational development supports provided as follows: recruitment, PVG checking, conduct/performance/grievance/attendance management, trade union consultation and negotiation, conditions of services, job evaluation, payroll, staffing changes, learning and OD/transformation/ improvement, health and well-being, digital support, newly qualified social workers/registration, workforce planning, youth employability, staff benefits, occupational health/counselling/physiotherapy.
- 5.13 The consultation document does not set out how this type of support would be delivered in the new model. Would local authorities be asked to continue to support or would the new organisations take these functions over? It is also unclear if employees would transfer over and what implications this may have for existing Council services. If Local Authorities continue to provide some support services to the new Community Health and Social Care Boards, then the assumption is we would charge them the cost of doing so.
- 5.14 Depending on what model was adopted, if this involves transferring staff to the new agency, any implications on pensions would need to be considered. Terms and conditions might also be contentious, unlike with the IJBs which effectively only directly employ a small number of people in senior posts.
- 5.15 A range of assets (buildings, fleet, ICT, etc) owned by Dundee City Council are also used by Dundee Health & Social Care Partnership in the delivery of their services to citizens. The consultation does not touch upon how the expectations or requirements for such assets, which are used but not owned by H&SCPs, would be dealt with within a National Care Service model i.e. would they be purchased or leased and how any debt be serviced in respect of those assets.

Place and Localism

- 5.16 Scotland in empowering communities and giving effect to local priorities through locality plans and the raft of place-based approaches being developed in every partnership area. The value of this work has been illustrated clearly during the period of response to the pandemic. The enormous vitality and local mobilisation of efforts, channelled through and enabled by local agencies led by local authorities, is recognised by the latest Audit Scotland Local Government Overview report 2021: *“Throughout 2020 and beyond, the ways in which councils and communities have worked together to deliver services and support the most vulnerable has been incredible. Many communities and individuals continue to step in to provide crucial local services, empowered to do so by councils. Those local areas where partnership working was already strong and embedded were able to respond and react more quickly to the developing needs caused by Covid-19. This brought into focus the value and importance of partnership working and empowering communities to deliver services that meet very local needs.”*
- 5.17 It is essential to recognise that local government is central to the shaping of place. More than any other public body, councils have responsibilities which touch every aspect of life within a local area, from the maintenance of roads, provision of education services, collection of household waste and recycling, through to leisure services and responsibility for the public realm and green space. As noted by the King's Fund in recent research on place-based partnerships: *“Most of the heavy lifting involved in integrating care and improving population health will happen...in the places where people live, work and access services, meaning place-based partnerships...will play a key role in driving forward change.”* and *“It will not be possible to deliver the ambitions of integration and population health without the full involvement of local authorities in these efforts.... Whatever the outcome, it will be more critical than ever for work at place level to support genuine equal partnerships, with local government not just involved but jointly driving the agenda”.*

6. OTHER CONSIDERATIONS AND AREAS REQUIRING MORE DETAIL

- 6.1 The consultation document is at a high level and significant detail is still required on how the high level proposals will work in practice. Looked at positively, this leaves space for discussion and collaboration to develop appropriate processes at a later stage, although some key areas which require clarification and/or more detail are set out below:

Employees Matters

- 6.2 The proposals potentially have significant implications for large parts of the Local Government workforce and the consultation document is not explicit regarding the future employer status of staff working in the service areas covered. There is a lack of clarity on the scope and detailed arrangements for CHSCBs - particularly the issue of commissioning vs delivery - and the role of CHSCBs as employers of staff is unclear. Although the consultation document is not explicit regarding the transfer of employment to the NCS / CHSCBs it is assumed that this would be necessary and that TUPE and related protections would apply.
- 6.3 Workforce planning requires a whole systems approach that incorporates IT, Business Admin, Strategy Development and Performance Improvement, with approaches to recruitment that take account of local labour market needs and challenges. More details are required on how the NCS will incorporate this local context, how national job evaluation would this work against existing employer pay scale, and how the already complicated mix of terms and conditions, pay and other HR issues will transition to the new model.
- 6.4 In relation to training and development, many academic bodies are only just getting to grips with curriculum change required for professional training relating to health and social care integration as it is now. The consultation document takes little cognisance of the benefits of shared experiences in learning, the benefit of development of key products and learning tools that are applicable in a range of settings - bringing economy of scale - building on Community Planning and other key service planning or local outcome ambition/strategies. It appears the focus is on structure rather than a culture of supporting/leading change.
- 6.5 Further clarity is required to avoid any uncertainty about the extent of change at a time when the workforce is just emerging from the worst crisis in living memory. The potential impact on wellbeing of these employees due to such a significant change should be acknowledged.

Financial

- 6.6 The Scottish Government has previously committed to increase investment in adult social care by 25%. The IRASC report suggested an indicative £0.66bn requirement per annum but is acknowledged as not covering all elements of the 53 recommendations and is based on a rudimentary uprating of historic service volume data as a proxy for the costs of unmet need. COSLA has suggested a figure well in excess of £1.2bn per annum albeit with a clear acknowledgment that considerable detailed work will be needed to confirm the adequacy of this sum and what level of entitlements would be needed. The potential investment is not only a game changer but a necessity, the Fraser of Allander Institute recently commented "an underfunded national care service is unlikely to be any better than the system it seeks to replace".
- 6.7 There is no financial information contained in the consultation document about the cost of the National Care Service or how it would be funded, which makes it difficult to gauge the scale of proposed investment or assess the adequacy of the investment to deliver the proposed outcomes. Centralising services does not in itself provide a solution to the underlying funding issues. Without addressing the cost of reform and the scale of future funding, there is a risk of building expectations which are difficult to deliver in practice.

- 6.8 Discussions to provide greater clarity and detail on how funding arrangements for the new services would be agreed relative to current local authority expenditure would be welcomed. There could be service areas under consideration where (based on local decisions) Councils currently spend at a level greater than that for which the Scottish Government provide funding support, so if any transfer of responsibilities was determined at an actual rather than funded level this could have direct ramifications for the remaining Council Budget and services. It is difficult to assess the extent of any gap, as some of the grant aided expenditure indicators that funding is assessed on are not explicit enough to do a like for like comparison, although Community Justice Services should not be an issue as their funding is largely ring-fenced.
- 6.9 By way of context in 2021/22 the Council will invest some 14% more in the Dundee Health and Social Care Partnership than the funding it receives for the services it provides (a direct budget of £83m, together with support services of £5m). This reflects a combination of local decisions and national guidance. The integrated nature of the Council's Children and families service makes a similar comparison for Children's services more complex but the 2021/22 Children's services budget of £35m is around two and a half -times more than the direct funding received.
- 6.10 There are few other financial considerations that we highlight as needing considered and/or clarified in the new model as follows:
- In terms of VAT, the status of any new organisation needs to ensure that it is tax efficient. There is no reference to the VAT status of the new CHSCBs or indications of discussions with HMRC that would give comfort on this issue. This is of particular significance given the indicated commissioning role for CHSCBs. No-one would wish to see a new model created that increases the VAT burden or ability to reclaim VAT reduced.
 - What would be the proposed financial arrangements for the NCS relating to borrowing; ability to hold reserves; audit; financial regulations; etc.
 - How contractual obligations currently held by local authorities be dealt with?

Governance and Accountability

- 6.11 The proposals outlined in the consultation signal significant change for local government and local democratic accountability. They would see a whole range of current Council services shift and come under the direct accountability of Ministers. This impacts on local accountability and the role of democratically elected representatives' oversight on vital local services, as well as changes to their role and decision making on reformed IJBs.
- 6.12 Existing legislation means that there is the requirement for bodies like a local Adult Support and Protection Committee to have a scrutiny, leadership and learning function. Ministers also previously set out how key agencies, bodies and Chief Officers within each local authority area should work together to protect children, including a model for how these responsibilities is discharged through local Child Protection Committees (CPCs). It is not clear how the NCS model would dovetail with these roles and requirements? There is also need for more clarity about the relationship between NCS, Health Boards and Councils to overcome the fear that this may lead to more duplication and bureaucracy rather than less.
- 6.13 Fuller understanding is needed of how the proposals relate to the principles that underpin existing Health and Social Care integration e.g. work in localities and links to local community planning, other existing representative structures, community empowerment and co-production in relation to improvements needed locally, etc.
- 6.14 The Social Work (Scotland) Act 1968 requires local authorities to appoint a single Chief Social Work Officer (CSWO) for the purposes of listed social work functions. There is little mention of this statutory role within the consultation, this is a significant omission with regards to any proposed changes to governance arrangements. Where or what is the role of the Chief Social Work Officer in the proposals for change?
- 6.15 How does learning and past experience (e.g. of reforms to Public Transport, Colleges of Education, Local Government Reorganisation in 1996, Water and Sewerage, Police, Fire, Community Justice, Health and Social Care Reform) feed in to ensure this significant structural change to vital services guarantees delivery of better outcomes locally? In particular, while governance is important, so are accountability and scrutiny in ensuring better outcomes.

Strengthening Regulation and Scrutiny

- 6.16 The consultation set out the roles of the two key bodies, the Care Inspectorate and the Scottish Social Services Council (SSSC), responsible for the scrutiny and regulation of the sector. Both the Care Inspectorate and the SSSC are established in statute, by the Public Services Reform (Scotland) Act 2010 and the Regulation of Care (Scotland) Act 2001, respectively. They are independent bodies which report directly to the Scottish Ministers.
- 6.17 The consultation suggests that these bodies should remain independent from the NCS. It also proposes that, given the issues highlighted during the COVID pandemic and the fact that they were established prior to the current integration of health and social care, a review of their powers and roles be carried out.
- 6.18 Much of what is suggested as the core principles for regulation and scrutiny, outlined in this section, is already happening, as is the process re fitness to practice, duty of candour, professional accountability already within the regulatory framework of social work and social care. So Ensuring improvements are built upon existing learning, best practice and partnerships will be key to actually making things better. Current legislation and regulatory functions already allow for this and we would not wish to see the value of local approaches diluted, if change is required to regulatory bodies.
- 6.19 Any steps to improve the speed at which action can be taken against poor performing services is welcome. A system that focusses on supporting sustained improvement in service provision would be beneficial to service users, commissioners and service providers. This needs to be achieved by enabling service improvement not through introducing more rules and guidelines to be adhered to.
- 6.20 The development of a market oversight capability by the regulator would be a welcome addition to existing arrangements in place at a local level. It is important however that the regulator works closely with local social care commissioning and contracting teams to share intelligence about care providers. Clarity is required on how the care home sector would be more actively managed under this arrangement

Role of a National Social Work Agency (NSWA)

- 6.21 The consultation document is unclear in relation to the relationship between its perceived role of a National Social Work Agency (NSWA) and the current role of the registration body for social workers and social care professionals (SSSC).
- 6.22 The drivers for a NSWA appear to be “professional oversight and professional development/ education” and workforce planning. Individual practitioner performance is a matter for the respective employers however potential breaches of registration standards are referred to SSSC for consideration and, if founded, sanctioned.
- 6.23 There is also no reference to the role of the professional representative body – Social Work Scotland (SWS). Like similar professional bodies in the NHS like the Royal College of Nursing as distinct from the Nursing and Midwifery Council as the registering body, SWS will represent the profession however the registration of practitioners is separate from the SSSC. SWS is not a public body either directed or funded by central or local government – it is a membership led organisation.
- 6.24 It would appear that the majority of functions proposed for the NSWA are already being undertaken and led by national bodies and partnerships and each of the options have their own implications for partnerships and relationships at national and local level.
- 6.25 In relation to terms and conditions, disparity already exists across statutory and third sector employing bodies. How would this be rationalised and funded? Would there be a 2 tier system? Will the third sector stop employing social workers and instead employ support workers?
- 6.26 There is already experience of inflexibility re workforce planning at a local vs national level - how would a national body reconcile this? Will this be siloed due to the complexity of partnership working e.g. Housing, Substance Use Services?

Procurement and Commissioning

- 6.27 The IRASC report noted that budget constraints and a focus on price has often led to more attention upon price than quality or standards, encouraging 'competition not collaboration'. This past approach to commissioning and procurement reflecting the focus on price has had the effect on terms and conditions and fair work principles outlined in the IRASC. With a different financial envelope that supports standardised terms and conditions and protections, this will enable procurement bodies to rebalance tendering practices to give effect to the desired outcomes. The current practices are therefore a reflection of the financial context not a wilful disregard for ethical commissioning as local authorities have had to seek best value in procurement during a sustained period of financial constraints.
- 6.28 The proposals suggest the creation of a new team within the NCS to undertake national commissioning activity covering complex care and residential services including the National Care Home Contract. This would result in the NCS taking over as lead in the establishment and management of these arrangements currently undertaken by Scotland Excel.
- 6.29 The consultation document makes a brief reference to the role currently played by Scotland Excel in care commissioning and procurement, but Scotland Excel has considerable expertise in this field and its ongoing role and relationship with the proposed National Care Service needs to be further clarified.
- 6.30 Scotland Excel has been undertaking the lead role in establishing and managing national social care contracts for over 10 years. With a dedicated social care section and drawing upon extensive experience in commissioning at a national level, Scotland Excel has both the skills and knowledge to offer expert stakeholder engagement and collaboration across a complex stakeholder group. Utilising this existing skill and experience will drive a better result in relation to improvement work in the sector than if this function is recreated in another organisation without this direct experience. Full consideration should be given to Scotland Excel continuing in this role and possibly using these skills to undertake national exercises in the other areas if required.
- 6.31 Scotland Excel and the Care Inspectorate should consider the key elements of market oversight, market research and market analysis to agree clear roles and responsibilities at the national level. This would include areas identified as overlapping in terms of market oversight and market research & analysis e.g. financial monitoring.
- 6.32 The consultation proposes that the NCS will be responsible 'for the commissioning, procurement and contract management of national contracts and framework agreements for complex and specialist services.' There is no detail provided on the balance between local and national commissioning and what 'overseeing' local commissioning would mean in practice. There is little doubt that if the balance is too focussed towards national commissioning, there would be undesirable implications for local flexibility in procuring services, with impacts upon local employability and third sector local provision. One of the key levers available to local authorities as anchor organisations is to influence and support local economies through targeted procurement spend, so caution is needed in this area.

CONCLUSION

Once the strategic direction is clear, Dundee City Council would welcome the opportunity to contribute local expertise to further develop and refine any new arrangements. Dundee City Council will continue to engage constructively with the Scottish Government on the proposals set out in the consultation to support the best outcomes for the people of Dundee who rely on the services covered.

