

# A National Care Service for Scotland Consultation

**Fife H&SCP Children's Health Services**  
**28<sup>th</sup> October 2021**

Feedback collected and reported by



on behalf of the Scottish Government



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### Introduction

The findings in this chapter are based on one online session which was chaired by the Public Engagement Team of the Fife Health & Social Care Partnership. A total of 16 attendees participated in this session. The session covered Chapters 2, 3, 4 & 5 from the full Scottish Government consultation as these topics were identified as focal discussion points to these stakeholders. Attendees of this group represented Fife H&SCP Children's Health Services.

Feedback from this stakeholder group was collected through various methods including optional polls during the online session, the opportunity for open verbal discussion, use of the Teams chat box function to record any further comments, and all attendees were sent a link to an MS Form for written feedback. The feedback in this chapter brings together each of these methods.

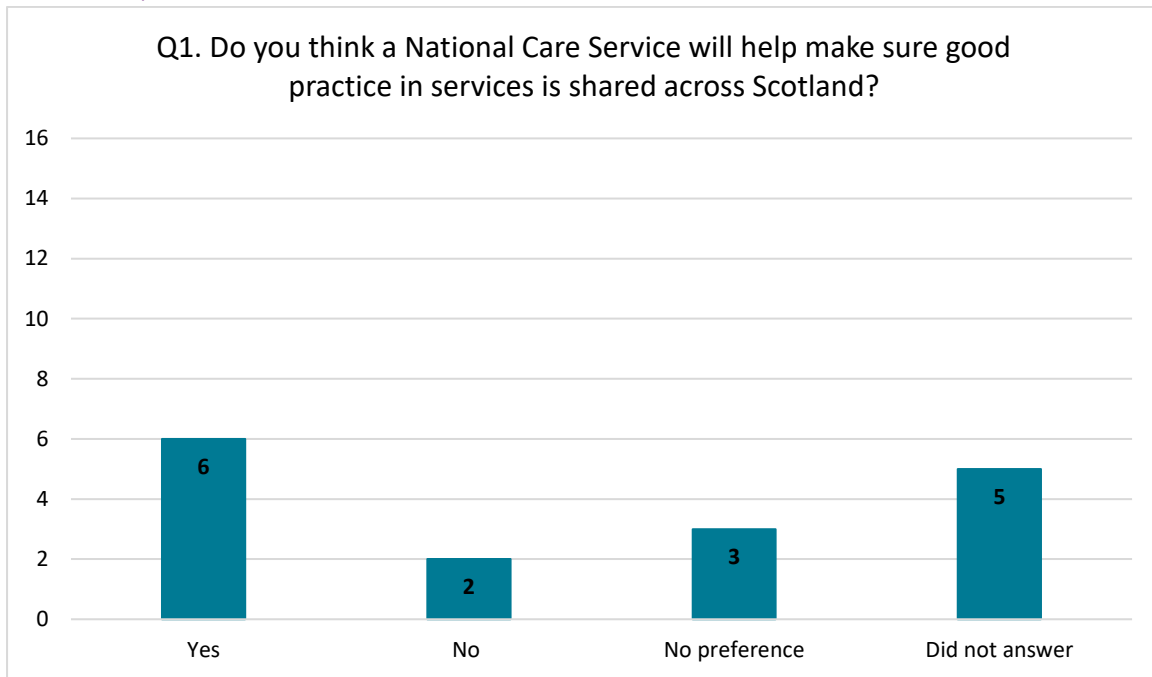


Chapter 1 – Improving Care for People  
*General Feedback*

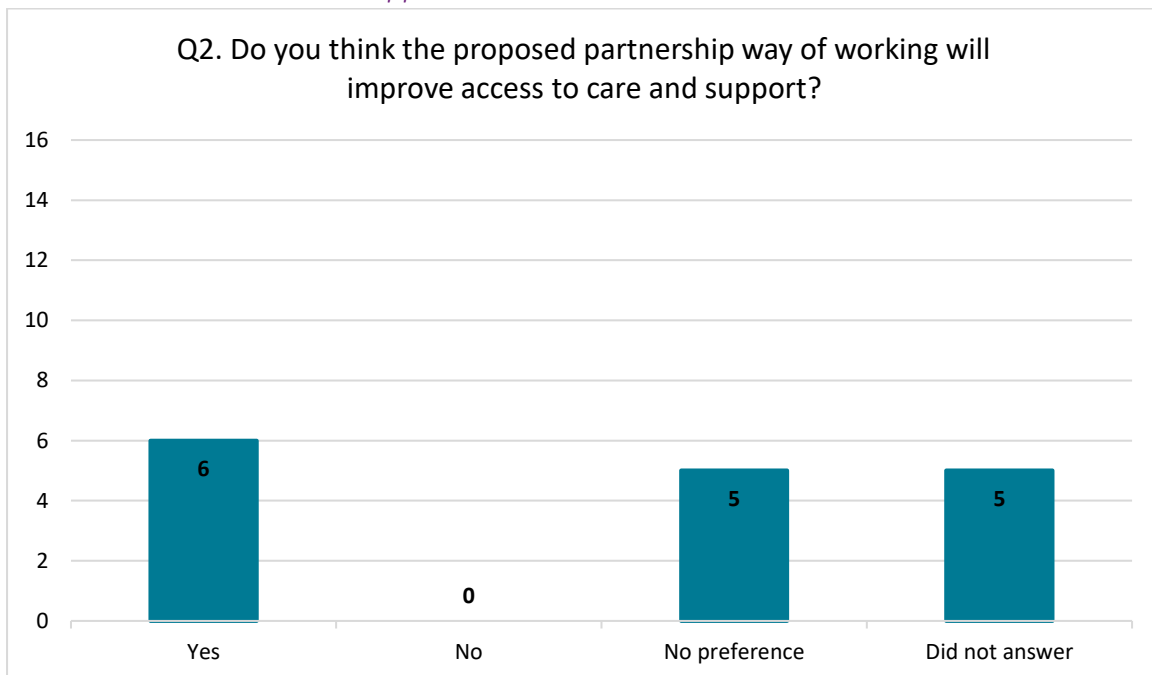
- Like a lot of these questions, we might have an answer but with a caveat
  - We want good practice to be shared more but the risk is that what is good could become less good
  - There are lots of opportunities
  - It's about keeping hold of the importance of serving the population and families better
  - It's about mitigating the risk with the ambition to do a lot better
  - It's that risk of in the midst of service change of things being static for a while
- Concerns about the document as a whole that there is an assumption there is a casual link between what is being suggested and what the outcomes will be
  - We can't assume a NCS will achieve anything it sets out to
  - Simply making it a NCS won't make a difference, it is about how it works and how it functions
- There are significant concerns around sharing good practice
  - Something might not be as good as what is already happening
  - It seems we are going to lose local community led improvement
  - We might lose real opportunities to change things for our localities
- Some relief in seeing that we are moving away from critical/substantial/moderate, and this is something that has needed to be changed for a while and it's worrying that we are currently living in a world where we are dealing with critical only
- It's about principles and supporting the workforce
  - It really needs to be outcome focussed
  - It means an accessible and inclusive community, but we are a long way from that
  - The Scottish Government have a consultation around equipment and adaptations which links to that but our current budget focusses on critical – these need joined up



*Theme: Improvement*

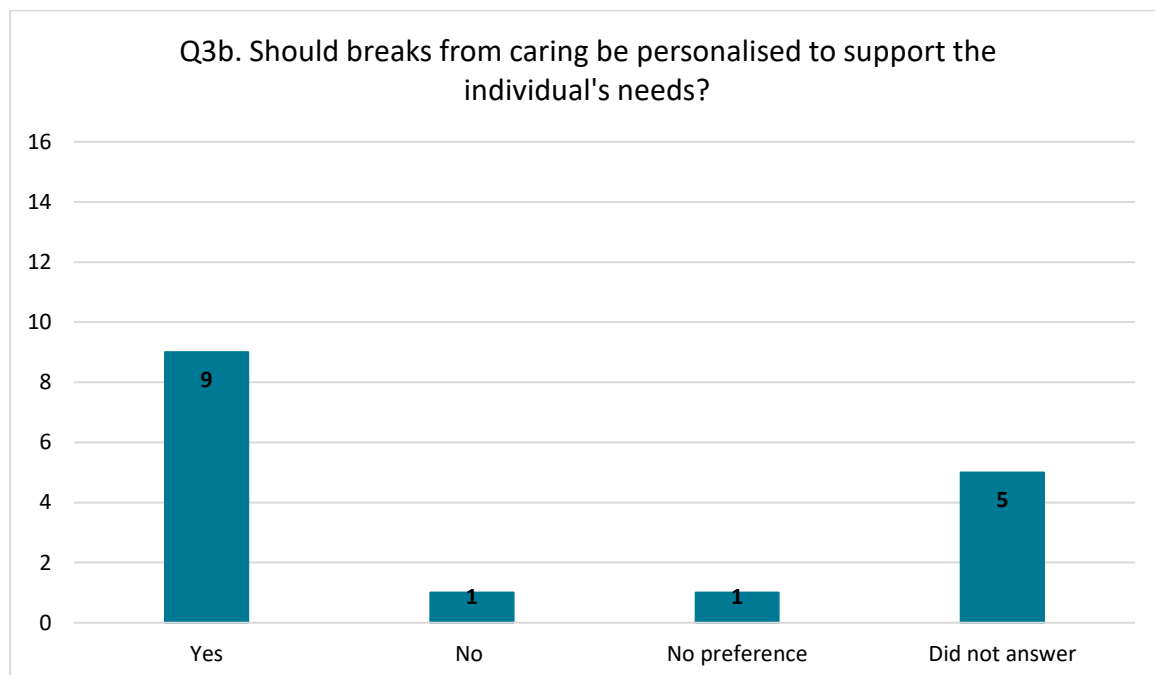
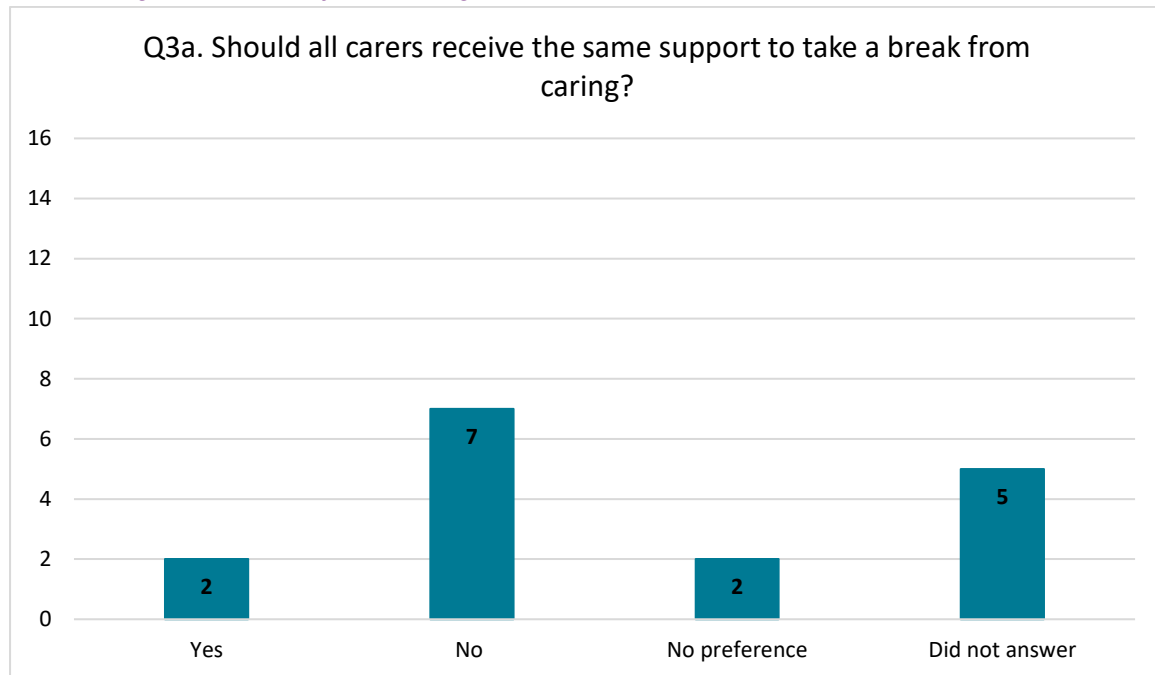


*Theme: Access to Care and Support*



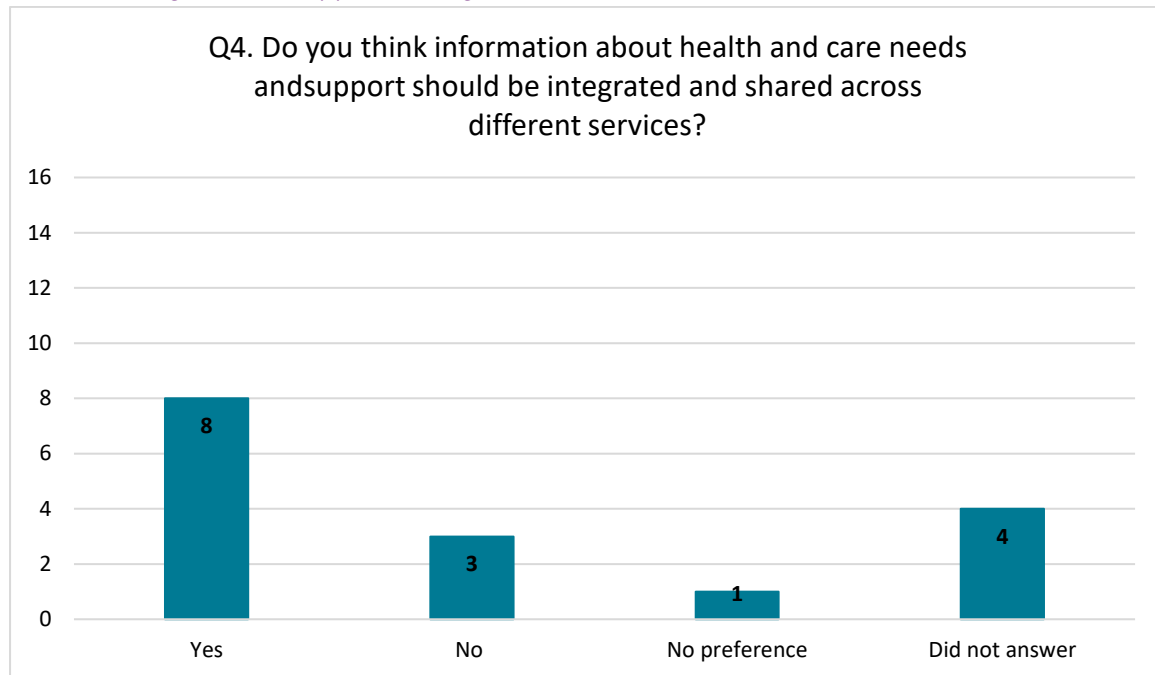


*Theme: Rights to breaks from caring*

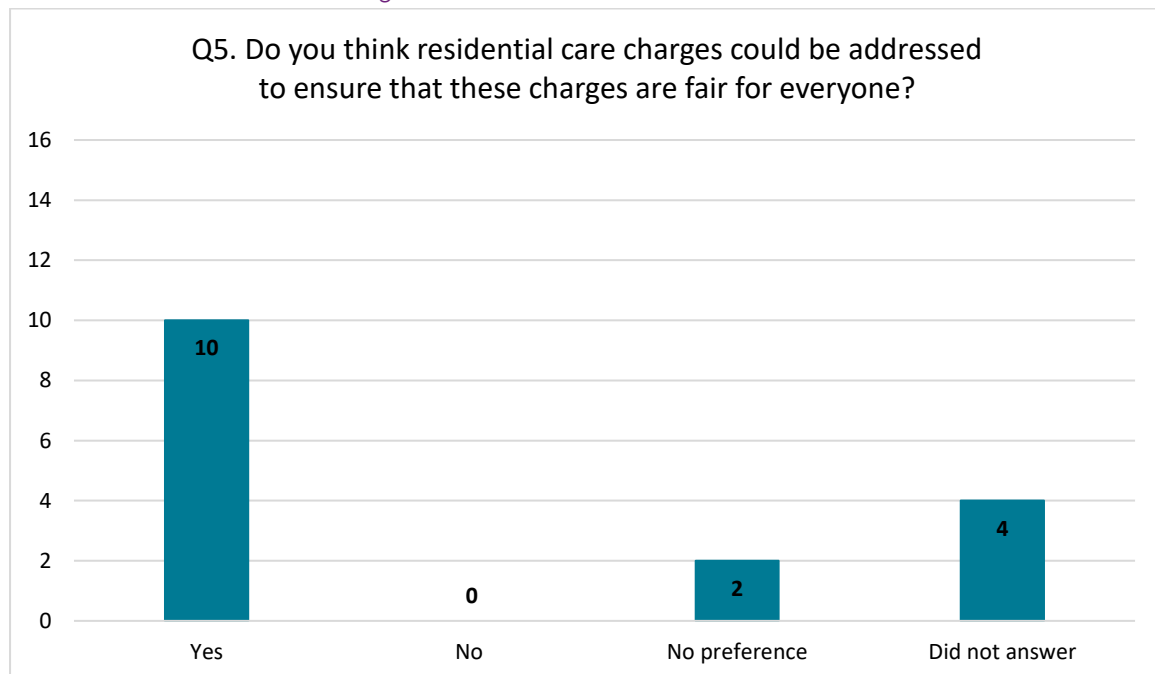




*Theme: Using data to support caring*



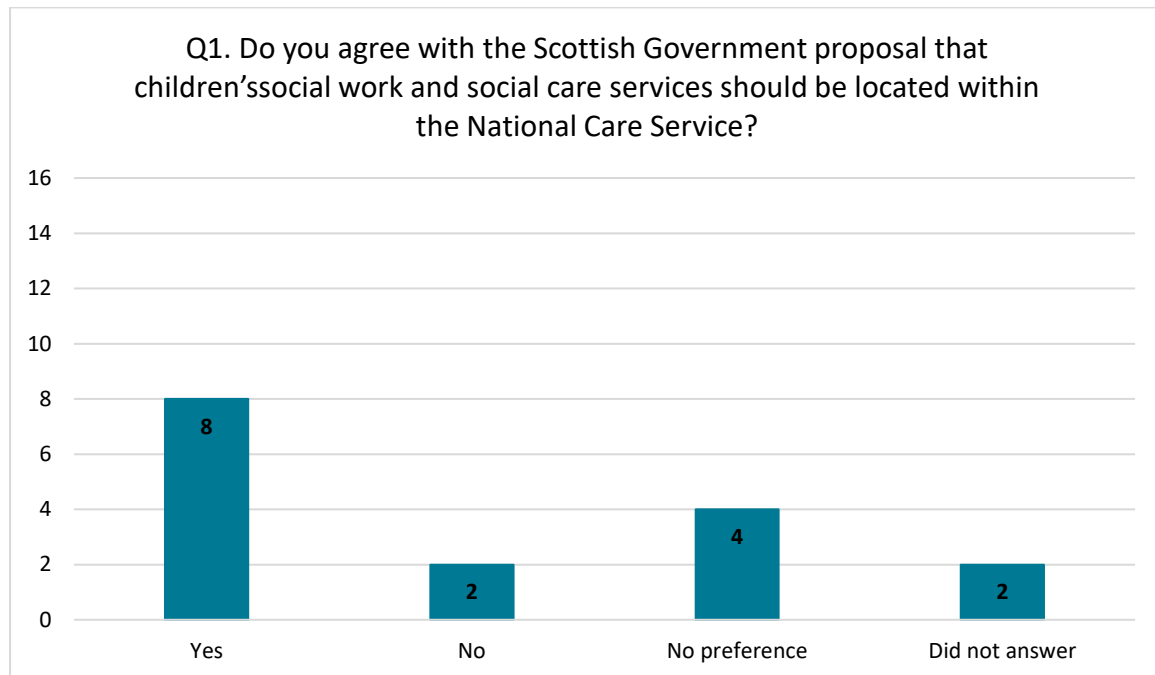
*Theme: Residential care charges*





Chapter 3 – Scope of the NCS

Theme: Children's Services

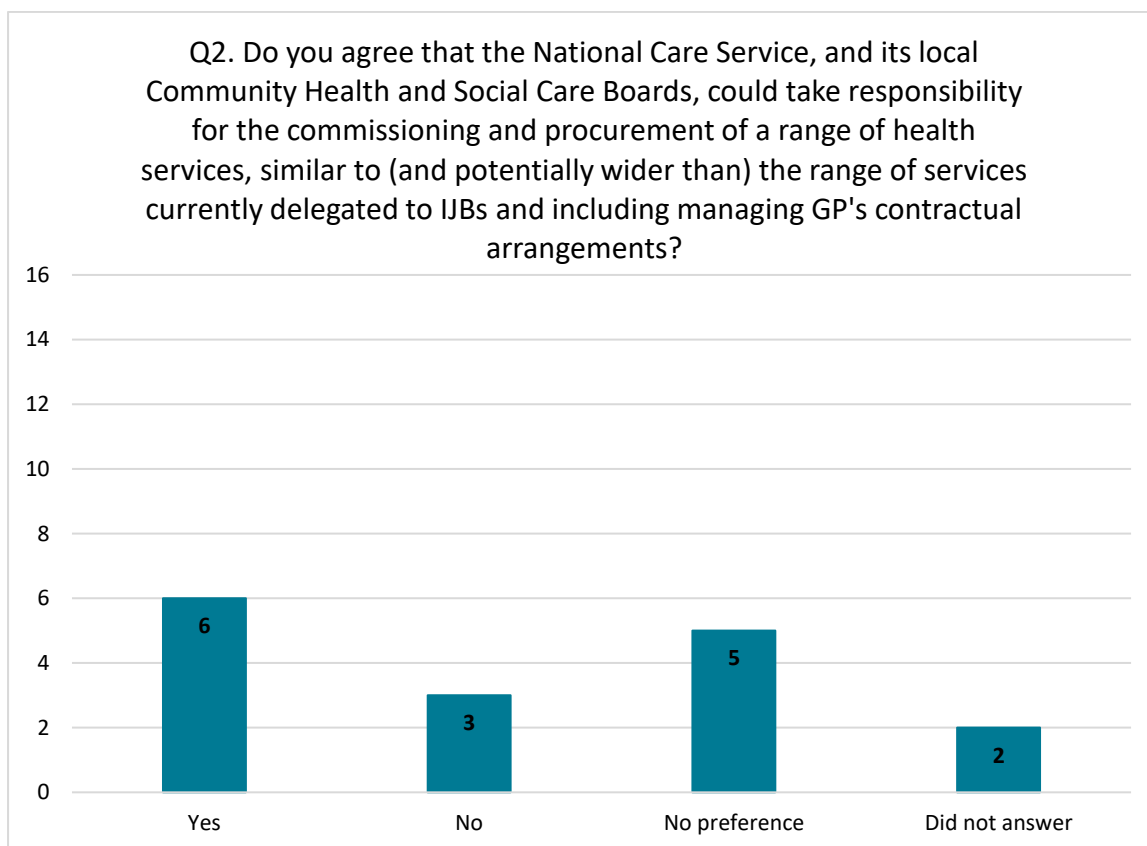


- The Feely report didn't look at children's service at all
  - It's just sometimes children get added in to policies as an afterthought
  - There are pros and cons but it's hard to see
  - Most areas in Scotland aren't in the position Fife is in
  - There has to be strong children's services planning at a local level – it's about the importance of children
- This may depend on funding availability and value given to care service
- Many care clients are not politically aware or powerful and currently performance driven by selective measurements – need to focus on outcomes in a different way

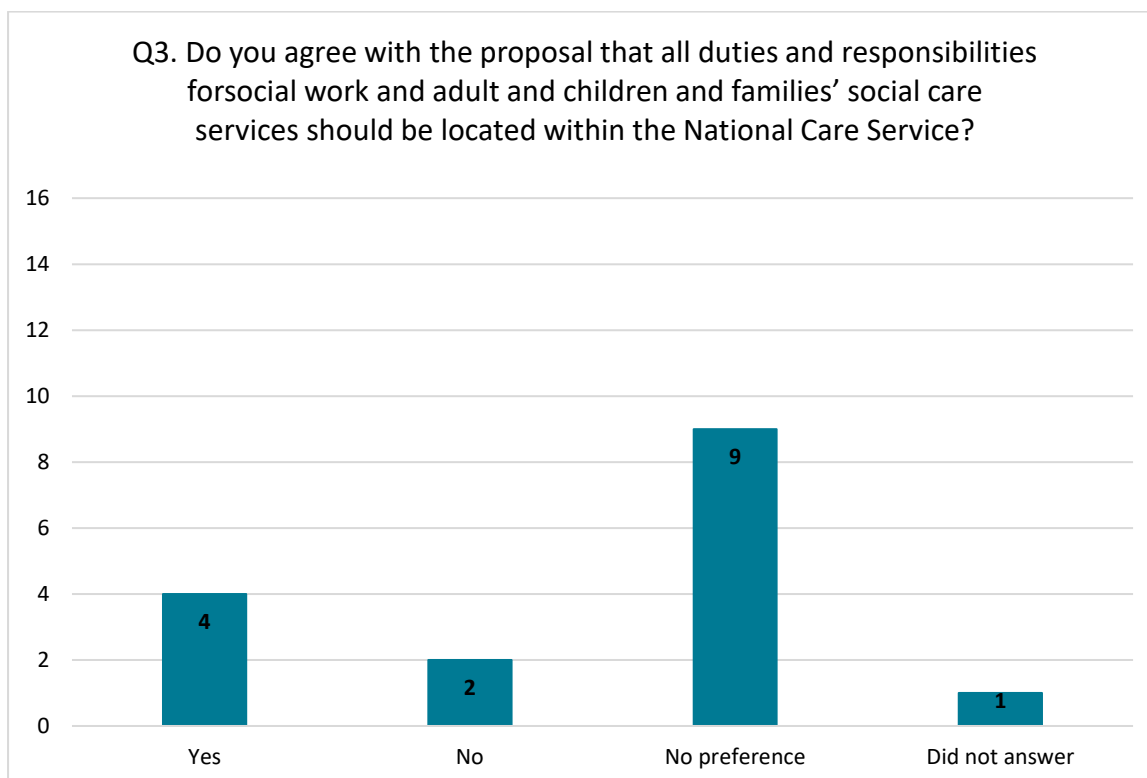




*Theme: Healthcare*

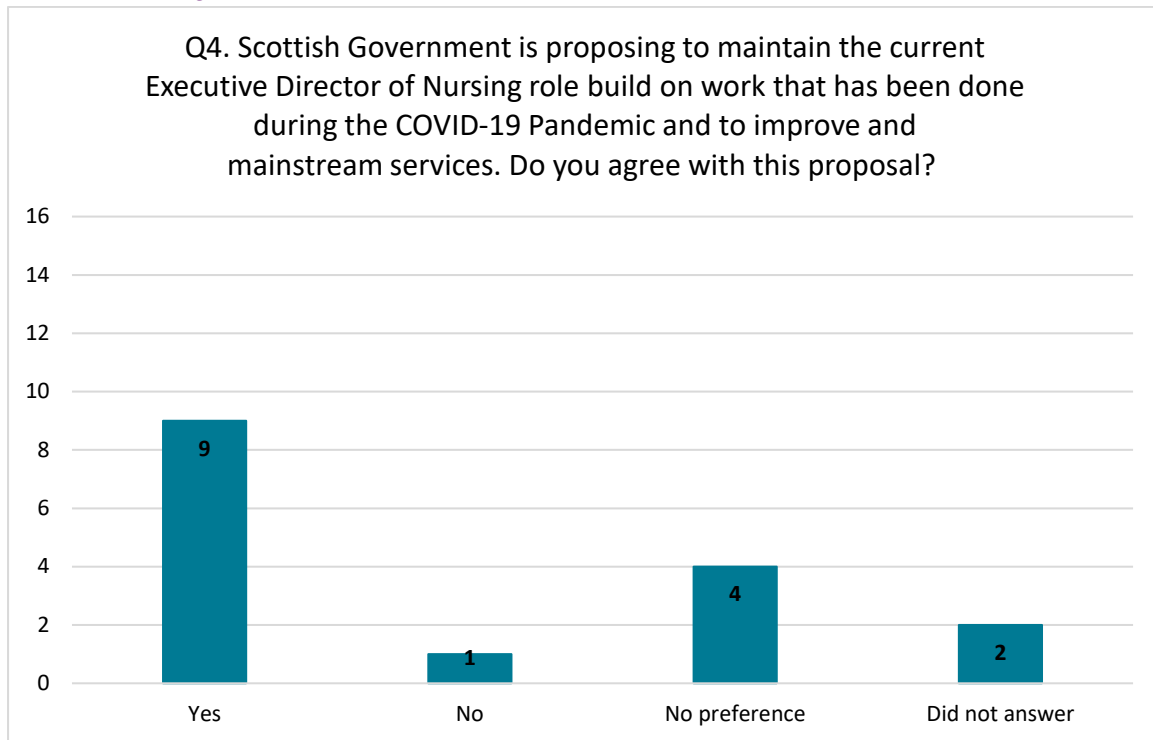


*Theme: Social Work and Social Care*





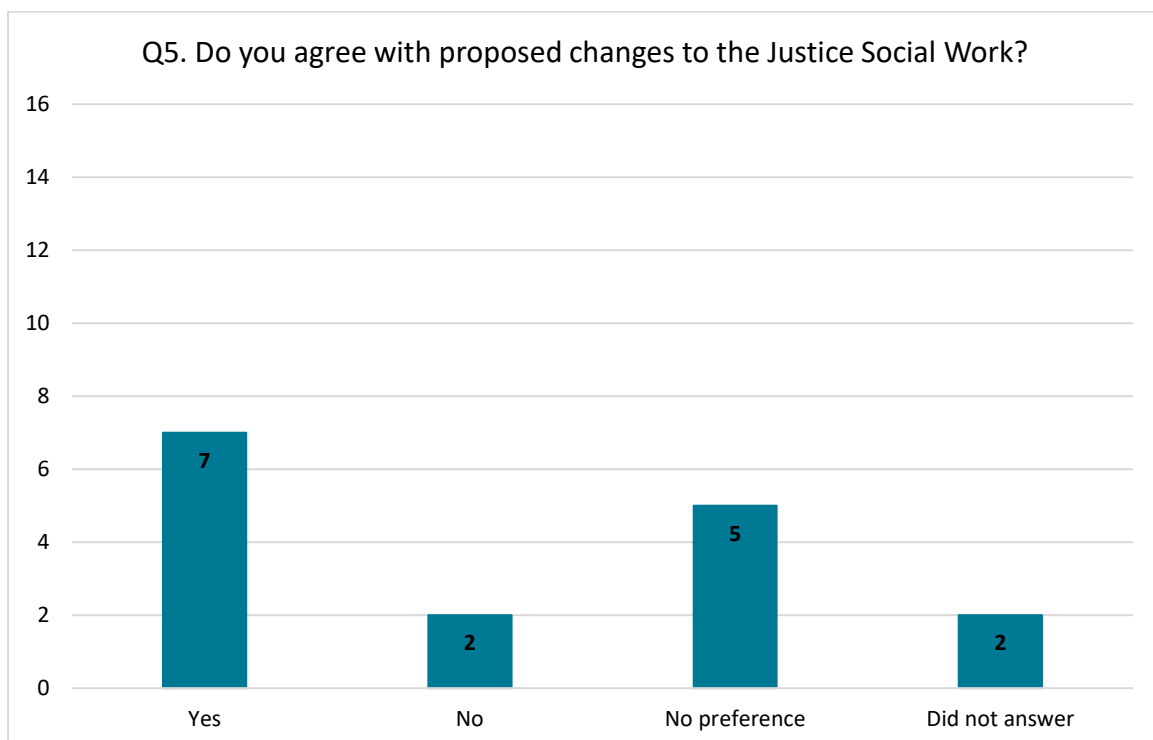
*Theme: Nursing*



Additional feedback:

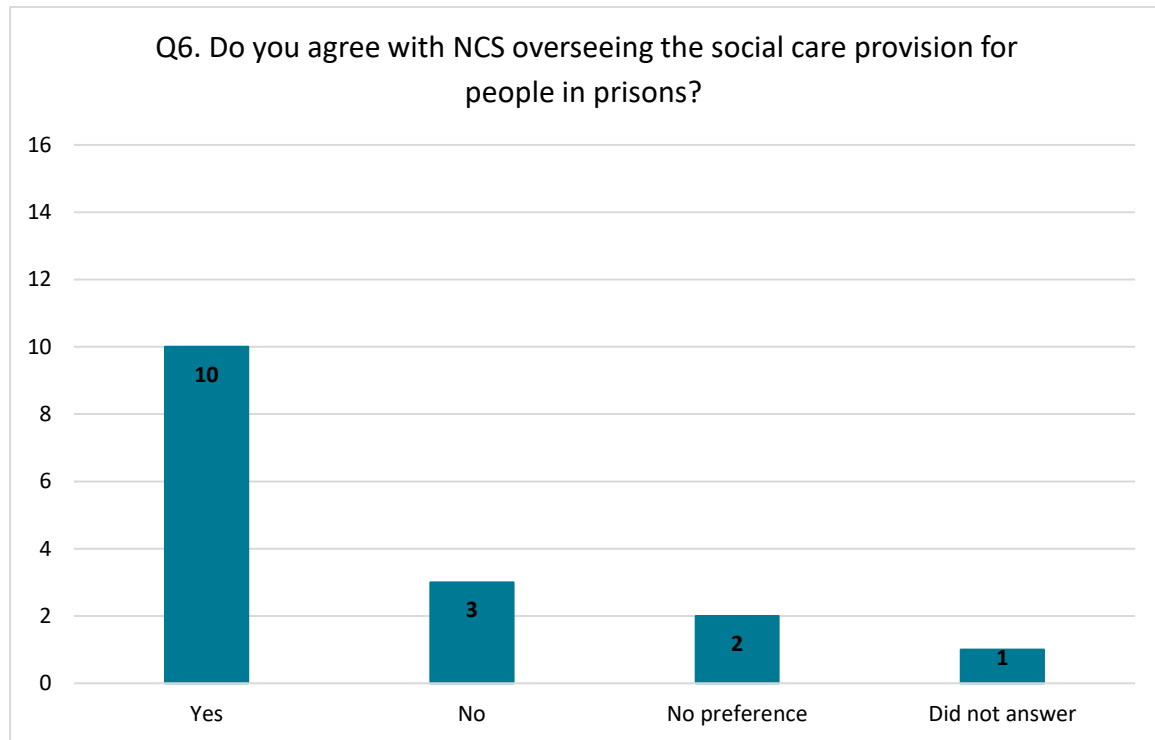
- It's such a shame that this section is called nursing when it is the same issue for Allied Health Professionals as well but it's not addressed

*Theme: Justice Social Work*

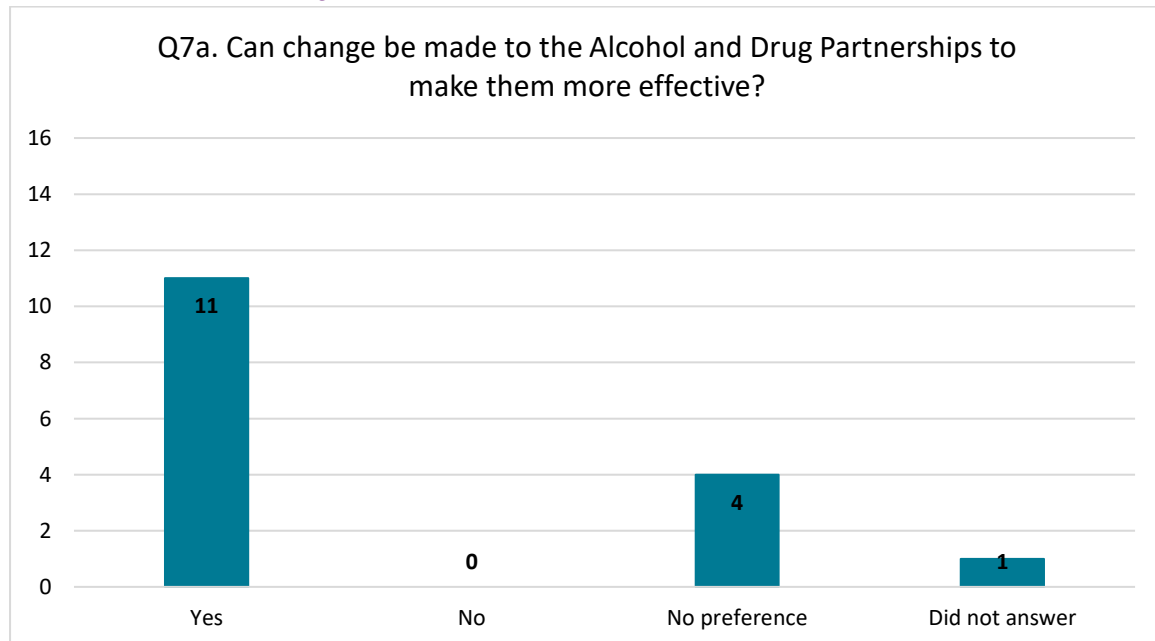


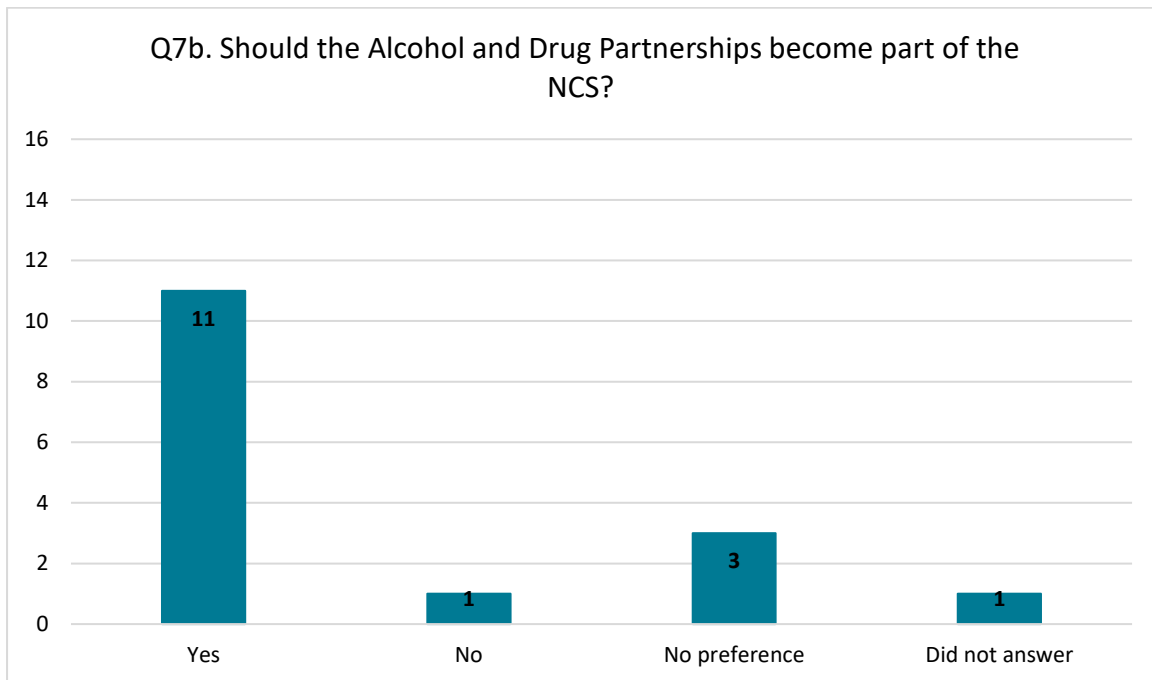


*Theme: Prisons*

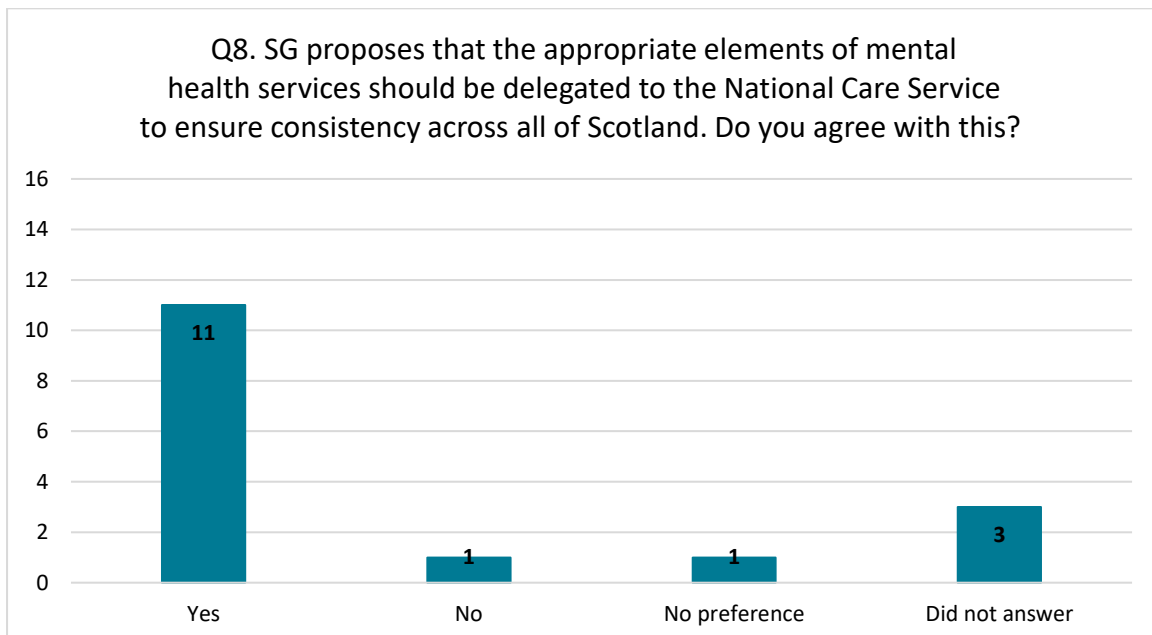


*Theme: Alcohol and Drugs Services*



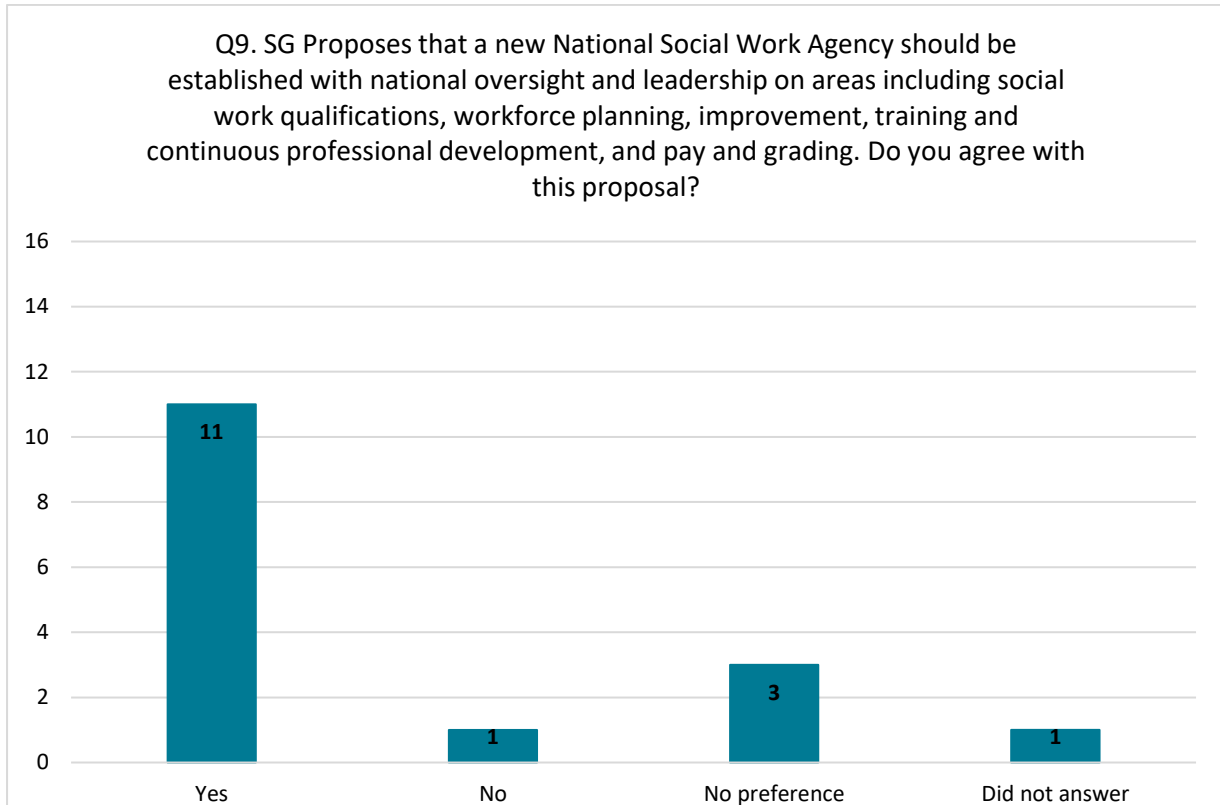


*Theme: Mental Health Services*





*Theme: National Social Work Agency*



**Additional feedback:**

- Isn't that the role of the SSSC?

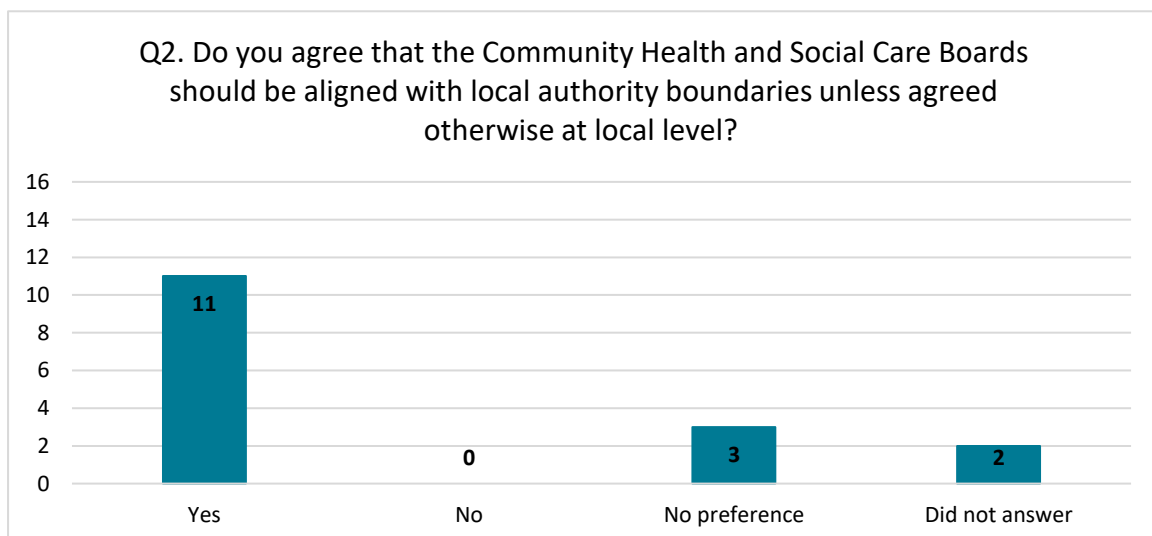
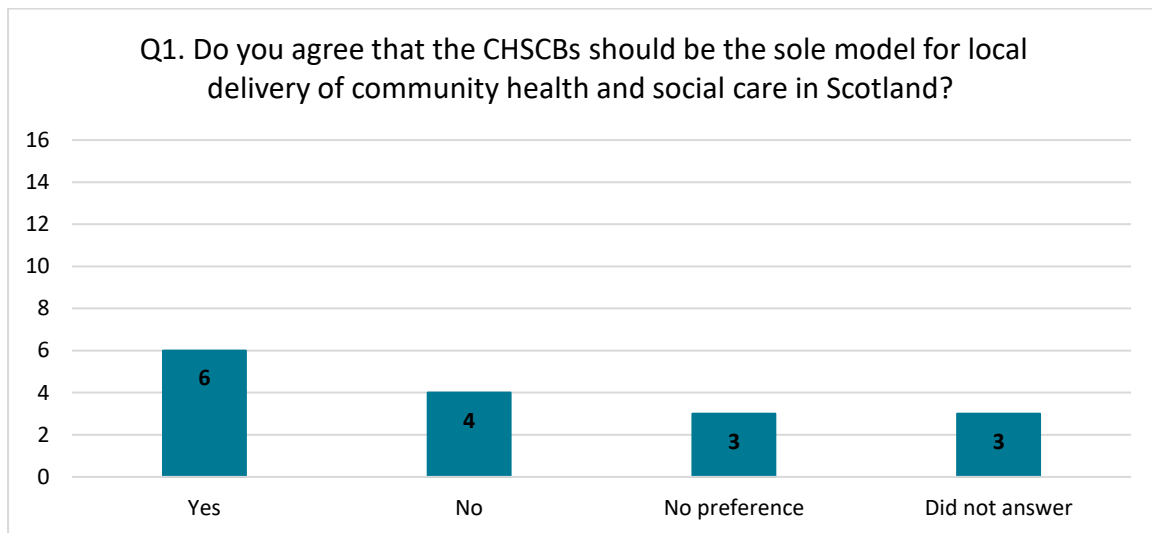


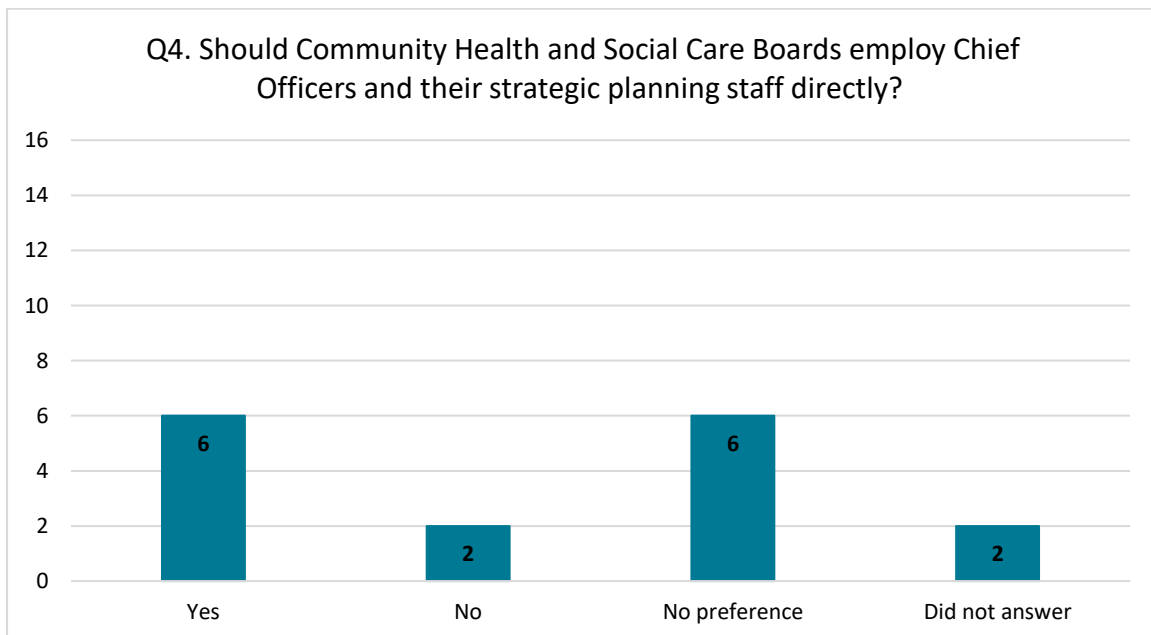
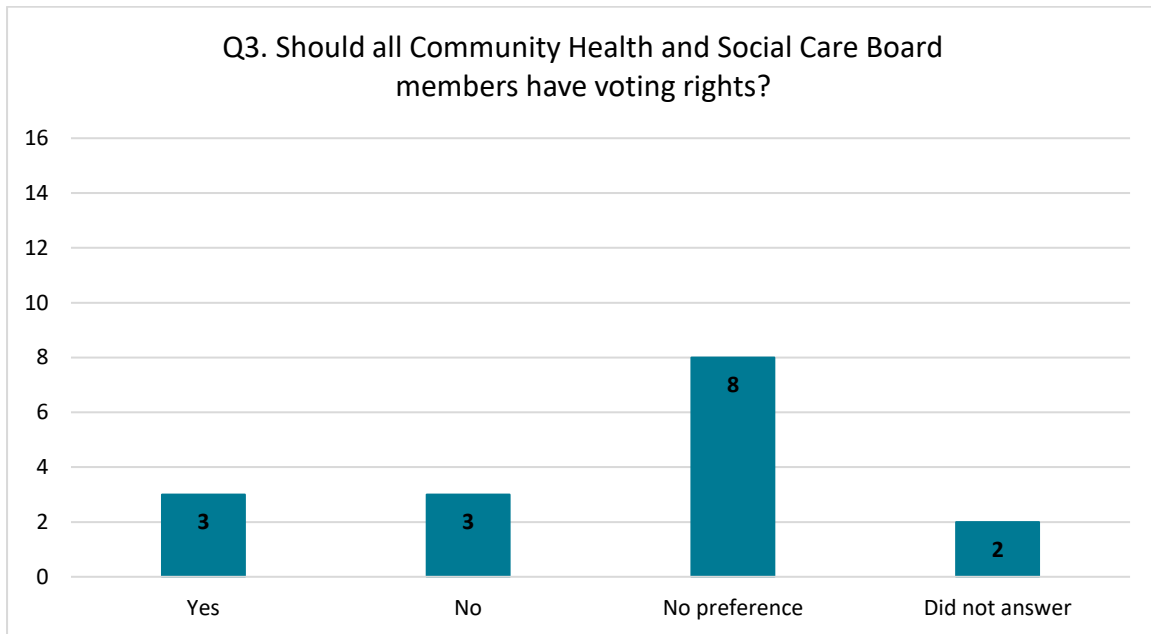
## Chapter 4 – Reformed Integrated Joint Boards: Community Health & Social Care Boards

### Overall Feedback:

- There has already been a restructure and it feels like this would be done again just for the sake of it
- We are redesigning something rather than focussing on what's not gone well and what needs to be improved
- Will there be a Children's services representative on the board?
  - Other agencies such as violence against women, etc must also be included in this

### Theme: Community Health and Social Care Boards (CHSCBs)



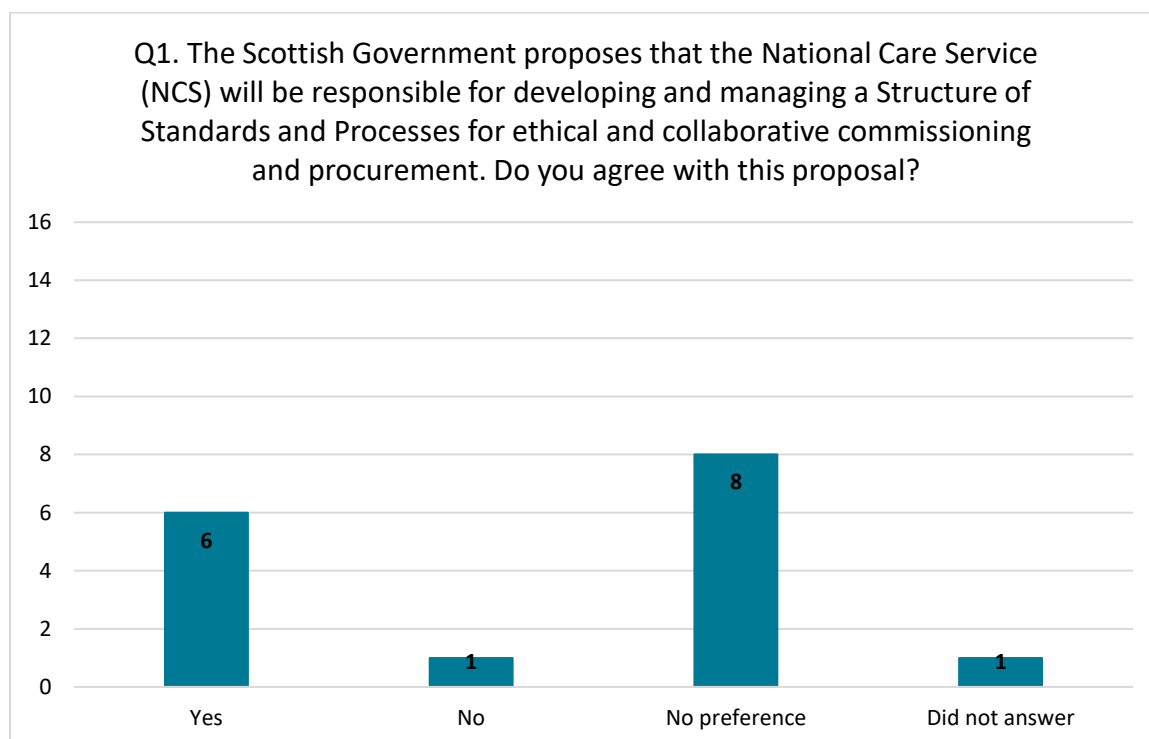




## Chapter 5 - Commissioning

### Overall Feedback

- The document isn't weighted enough to personalise outcomes as it stands
- How this would be implemented in a NCS has too many unknowns and uncertainties as it currently stands



### Further Group Feedback

- Care should be given based on the person's needs not what they can get or are entitled to
- Putting people in the centre is fundamental, especially children and families
- If it is made National it must work across all areas of Scotland
- A minimum service standard should be set, and remember that small changes will make a huge difference
- There are some interesting proposals from this and some of which have already been implemented in some areas in England
  - Learn from good practice and lessons learned should be done
  - Some proposals have been a waste of time and money in England so why would we try to reinvent the wheel on this?





## Conclusions

In summary the common theme throughout this session was concerns over losing the focus of putting people in the centre and making decisions based on this. It was also identified that children and families must be put first and centred.

There is a lot of concern that Children's services has not been included in the membership of CHSCBs and it was also noted that Feely's report appeared to mention Children's services almost as an afterthought even though it is equally, if not more, important than other services. The idea of CHSCBs comes across as a restructure which has already happened with IJBs previously so questions as to why this is necessary were raised. The focus should be on improving services rather than changing the name of the board. However, the group agreed that it is key for a member to be on the board who represents Children's services but also other services should be included such as Violence Against Women and other groups.

This group also felt the importance of losing local knowledge and recognising how important this is for service delivery.

Overall, it can be concluded that Children's Services needs much more thought around how this would fit into a NCS rather than being an afterthought. It was also felt that rather than reinventing the wheel with the NCS we should be looking at what has worked well and what hasn't and focusing that money and knowledge on improving these services.