

A National Care Service for Scotland Consultation

H&SCP Locality Planning Stakeholders

Workshop feedback

Feedback collected and reported by



on behalf of the Scottish Government



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Introduction & Methodology

The Fife Health & Social Care Partnership (H&SCP) have completed the collection of feedback and responses through engagement with key partners and public representatives via our Locality Planning wider stakeholder representatives to the Scottish Governments consultation 'A National Care Service for Scotland'. The Scottish Government launched the public consultation on 18th August 2021 with the consultation concluding on 2nd November 2021.

In 2020 the Scottish Government commissioned an independent review of adult social care to identify ways of consistently delivering high quality services for everyone who needs them. This review recommended the creation of a new National Care Service, with Scottish Ministers being made accountable for adult social care support. The Scottish Government wish to go further than that and have opened a consultation to start discussion and debate about what changes should be made to achieve better outcomes across services and with a focus on the people including service users and the workforce. Their ambition is to create a comprehensive community health and social care service that supports all.

The Public Engagement Team have facilitated numerous online sessions with various groups of key stakeholders to seek their views and provide a representation of the views across Fife and its seven localities. The online sessions followed the structure of the Scottish Government consultation and feedback was collected through the use of live straw polls on Teams during the workshops (to give a collective view rather than cast an official vote), the opportunity for participants to engage in open discussion, use of the chat back function on Teams, as well as a Microsoft Forms survey being circulated to each attendee for additional feedback. Feedback included within this report has been collected through each of these methods. Participants were also encouraged to complete the official consultation via the Scottish Government.



Full Scope

Chapter 1 – Improving Care for People

Introduction

The findings in this Chapter are based on three online sessions. The initial session focussed solely on Chapter 1 of the Scottish Government consultation, with the subsequent sessions covering the full scope of the consultation. Feedback from these sessions have been collated and are represented in this chapter.

Attendees of these workshops represented Fife Carers Centre, Third Sector Organisations, Fife Council (Community Planning), Adult & Older Peoples Social Work, Fife Health & Social Care Partnership, Elected Members, Private Care Sector, Enable Scotland, and local GPs.

General feedback

- Overall agreement to what has been said in the IRASC
- You look at the proposal and you think “yes” but it will depend how all of those are executed
- This could create a hugely complex and unnecessary landscape - adding too many things at once and too quickly
- Things should be taken forward to make things easier across health and social care services
- Concerns over implementation of NCS could create barriers and bureaucracy and more hassle for service users
- Lots of layers of management would lose a lot of local knowledge
- This may become big and unwieldy - what may fit and suit one part of Scotland may not fit the needs and requirements of another area even in urban and rural areas
- This could result in a single point of failure across Scotland
- This proposal has lots of layers of management and if you wish to bring the standard up (as expected) this will have very big consequences especially on GPs and it will need to be thought through thoroughly
- Will the creating of a NSC mean that the standards will be higher for all those professionals that will be incorporated in this new organisation?
- Integrating all care services will mean you have one single body of accountability

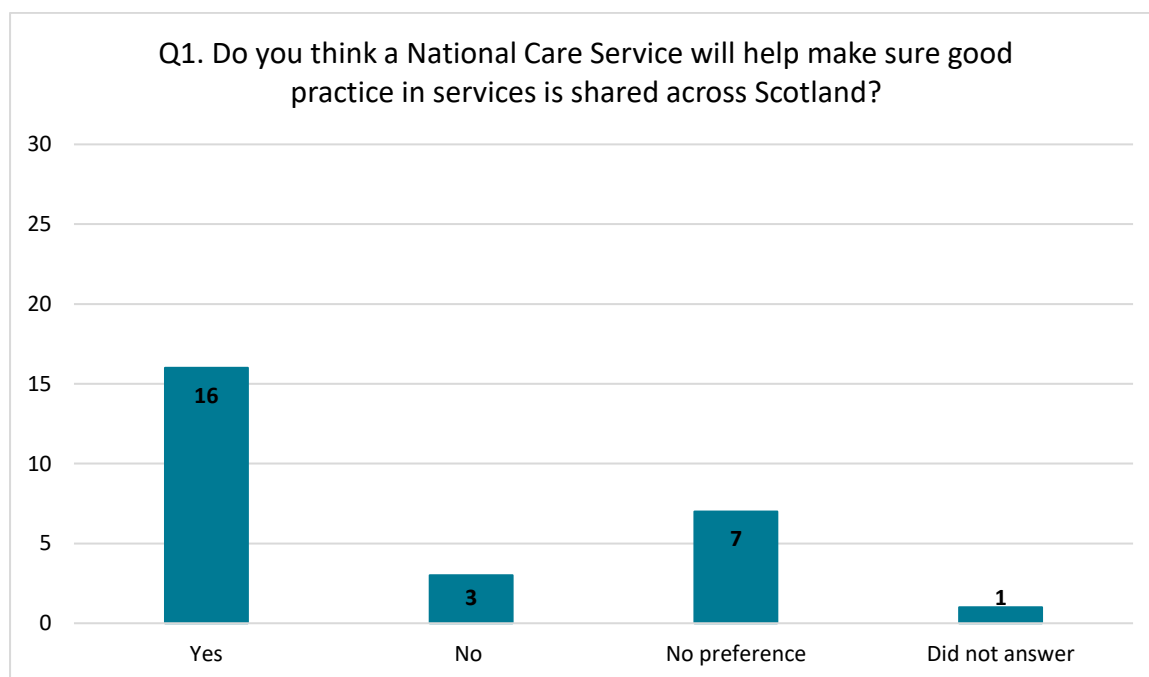


Suggestions

“ **Services must be designed with flexibility for staff and enable the ability to deliver person-centred services.** ”

“ **Independent and external monitors and auditors would be required to ensure standards are kept across all regions. Additional changes in the law would be required** ”

Theme: Improvement

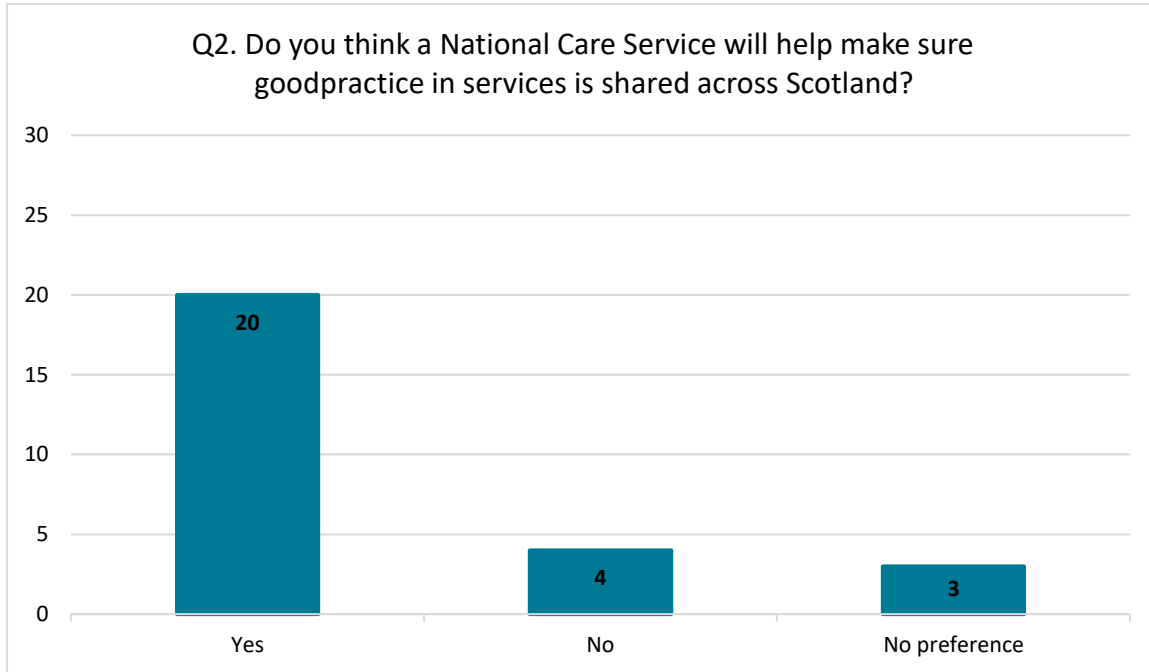


Additional feedback:

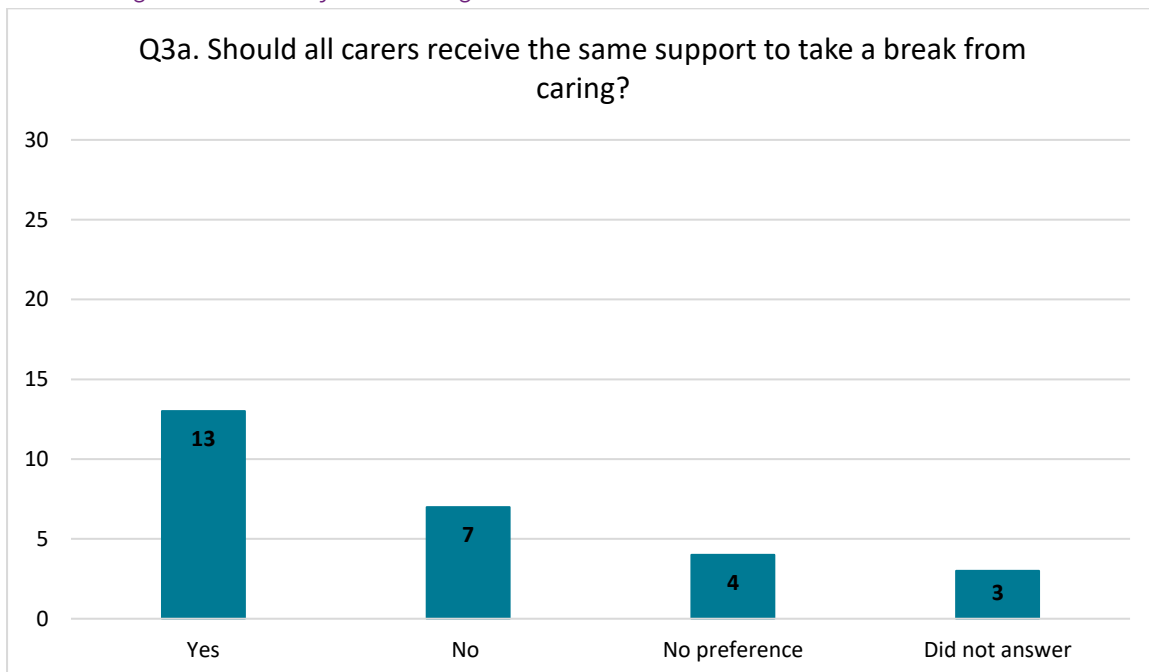
- Concerns whether good practice would be shared as envisaged? Note chief officers do share what is going on already and there are vast differences
- Creation of NCS will not necessarily mean good practice
- Good practice is variable depending on who wants what and where
- Good practice should be shared amongst all local authorities
- Making something a NCS needs to mean that everything good is brought to the front and used as a good practice across the board
 - Unfortunately, in the past when things like this have been done, this hasn't been the case, so this requires a lot of thinking and proper planning.

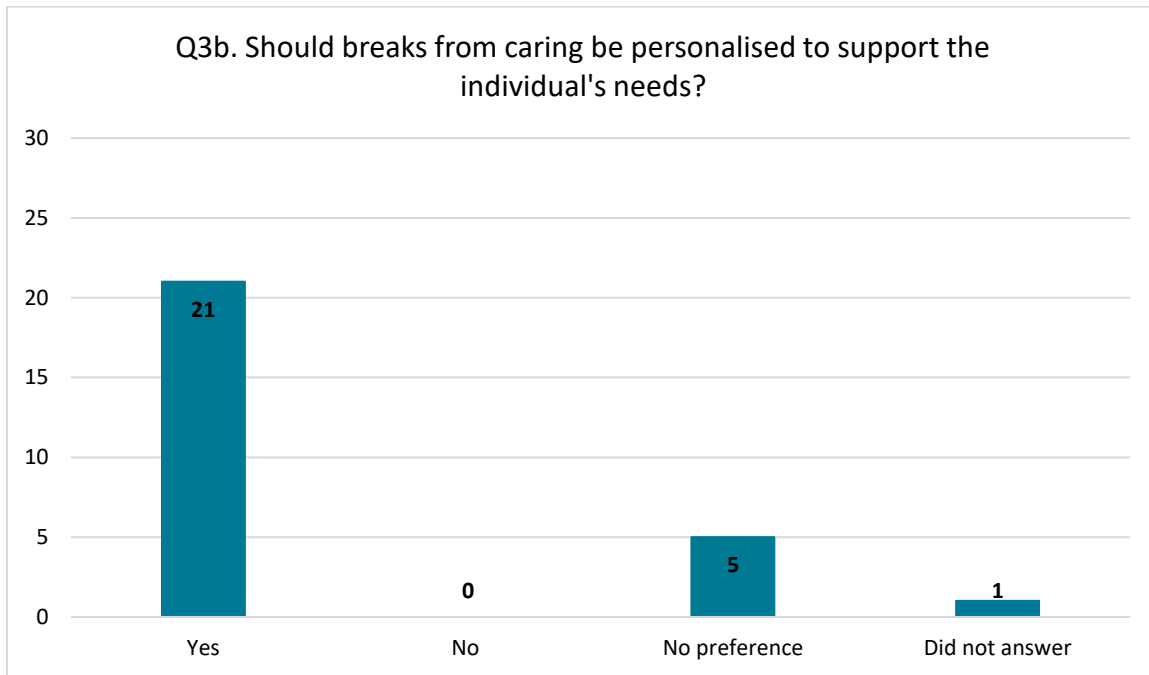


Theme: Access to Care and Support

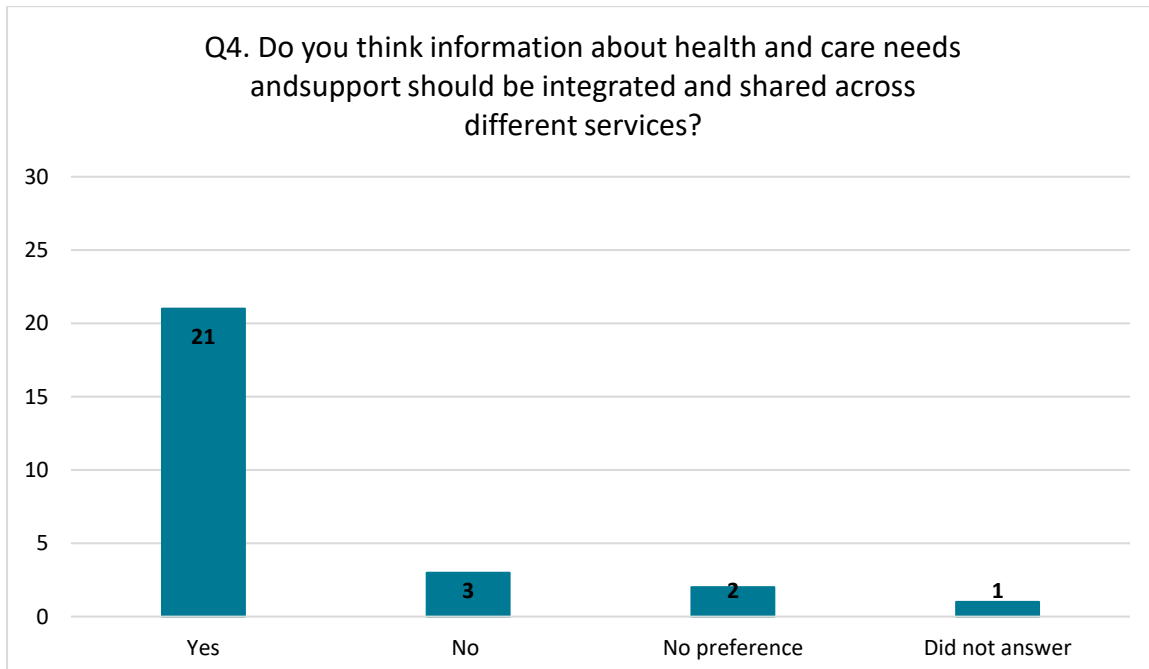


Theme: Rights to Breaks from Caring



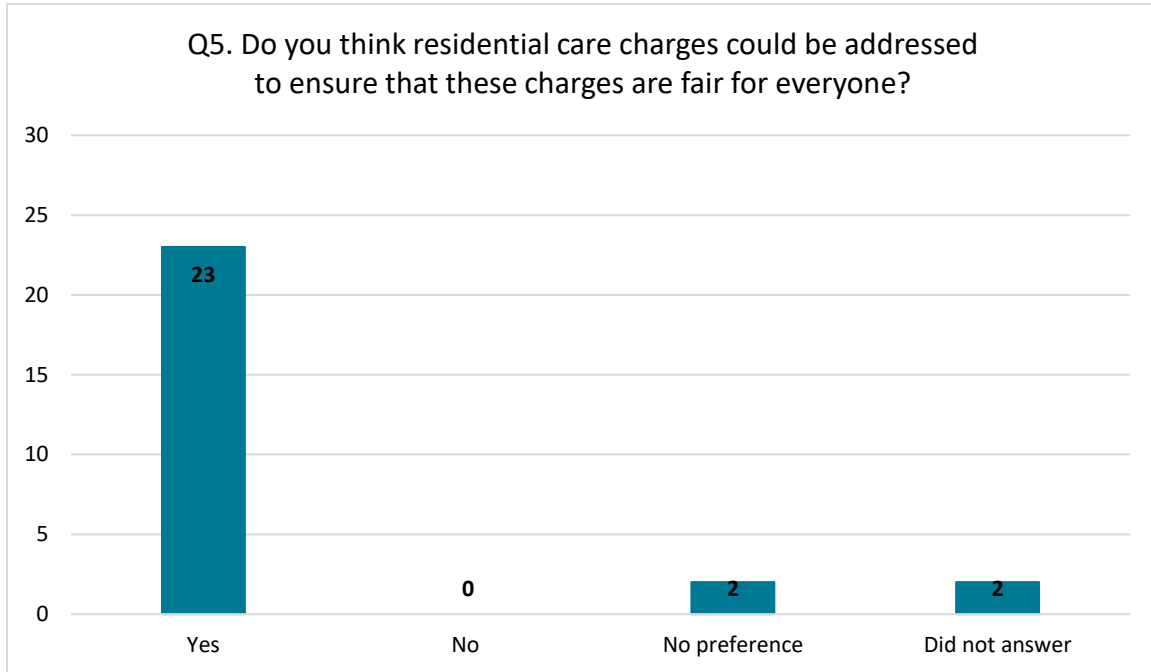


Theme: Using Data to Support Caring





Theme: Residential Care Charges





Chapter 2 – Making Ministers Accountable for Care

Introduction

The findings in this Chapter are based on three online sessions. The initial session focussed solely on Chapter 2 of the Scottish Government consultation, with the subsequent sessions covering the full scope of the consultation. Feedback from these sessions have been collated and are represented in this chapter.

Attendees of these workshops represented Fife GP Cluster Group, Primary Care representatives, Fife Council (Community Planning), Fife H&SCP (Carers, Social Workers, Mental Health Services), Private Care Sector, GP medical practice, Enable Scotland, Elected Members and representatives from the IJB.

General feedback

Scottish Ministers have not shown themselves to be competent to take charge of such a huge organisation - there is a lack of confidence in and them and this leave us unsure what the added value will be if ministers are accountable for care

Local accountability and democracy is very important and is critical - this will be removed if ministers are made accountable

Goes against the joint act; currently IJBs are moving on a journey for their own areas but are progressing and are accountable based on their own needs

Nationalising this and moving to a Government level of accountability will not be beneficial - how can one minister run such a huge organisation?

Main issues lie in the recruiting process - there aren't enough people in the sector to recruit, the public sector cannot afford private care organisations, and where the budget comes from will not make a difference to this

Social work will suffer and struggle even more if care moves away from the local authority accountability

Seems like a power grab by the Scottish ministers taking over what might be working well locally

Feedback needs to be brought to the SG regularly to be monitored and based on the local needs

Local plans and provisions will work far better than global planning could do; centralising it will take away the clear picture of what is happening on ground level

Social care and Health Care are dynamic and very different than NHS, the administrative accountability is too various and different to work together

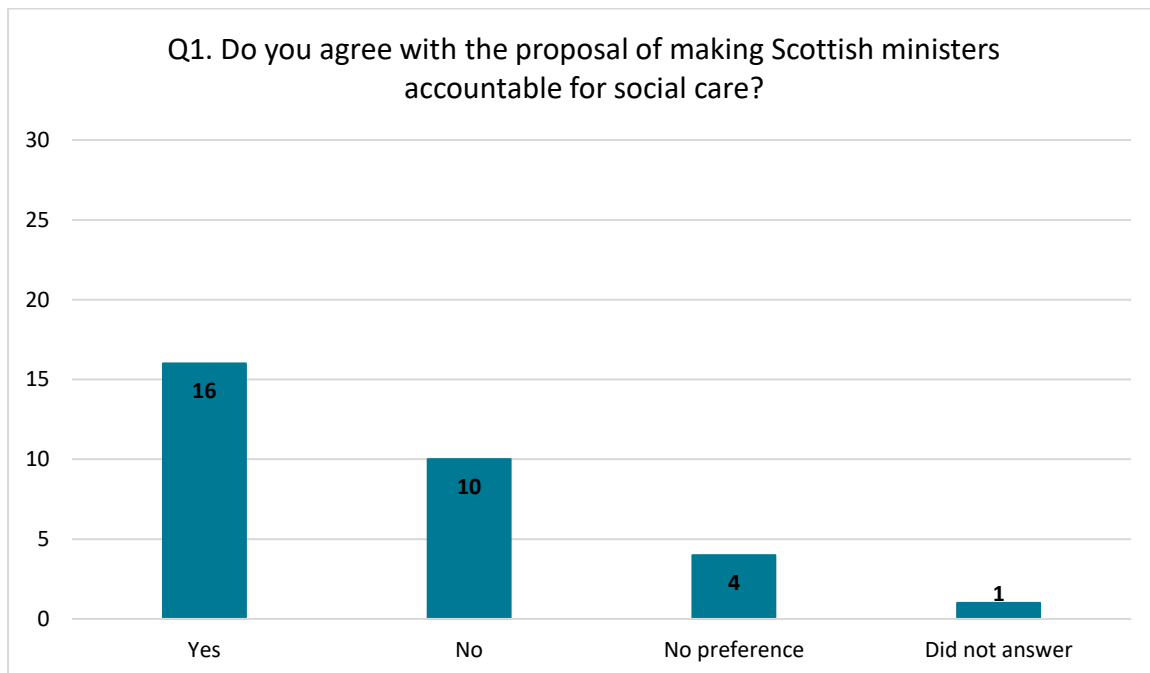


Suggestions

“ **Current IJB issues should be addressed rather than moving accountability. For example all IJB members should have a vote, and there is not enough public engagement and involvement with IJBs as it is.** ”

“ **Regional monitors could be implemented locally to gather information of what works well and what doesn't work.** ”

Theme: Making Ministers Accountable





Chapter 3 – Scope of the National Care Service

Introduction

The findings in this Chapter are based on three online sessions. The initial session focussed solely on Chapter 3 of the Scottish Government consultation, with the subsequent sessions covering the full scope of the consultation. Feedback from these sessions have been collated and are represented in this chapter.

Attendees of these workshops represented Fife H&SCP (Social Workers, Older People’s Services, Adult Services, Mental Health Services), Fife Council (Community Planning), Fife Carers Centre, Enable Scotland, Private Care Sector, Elected Members and GP Medical Practices.

General feedback

- Overall pleased with IRASC and what came out of the Feely report
- Concerns raised that the NCS seems to hugely widen the scope that came out of the report
- Concerns that disparate groups have not worked nationally together before
- Principles around transparency. The public must have a clear understanding of; what real challenges are, how decisions are made, and what it is going to take in order to move things forward
- Questions being asked as part of the NCS Consultation are making over-arching assumptions without sufficient evidence being produced to support them
- SG are assuming consistency is a good thing - some areas of service and patients would not improve with consistency and sometimes you do have to think outside the box
- It's just an idea for headlines and not for the people
- NCS idea has been brought upon us suddenly - integrating everything under one banner without asking if this is the best way to do things
- People value local accountability
- Is the consistency to raise standards or to go with the lowest possible functioning services? This begs the question again that everything will be good across all areas
- Questions are too leading and high level

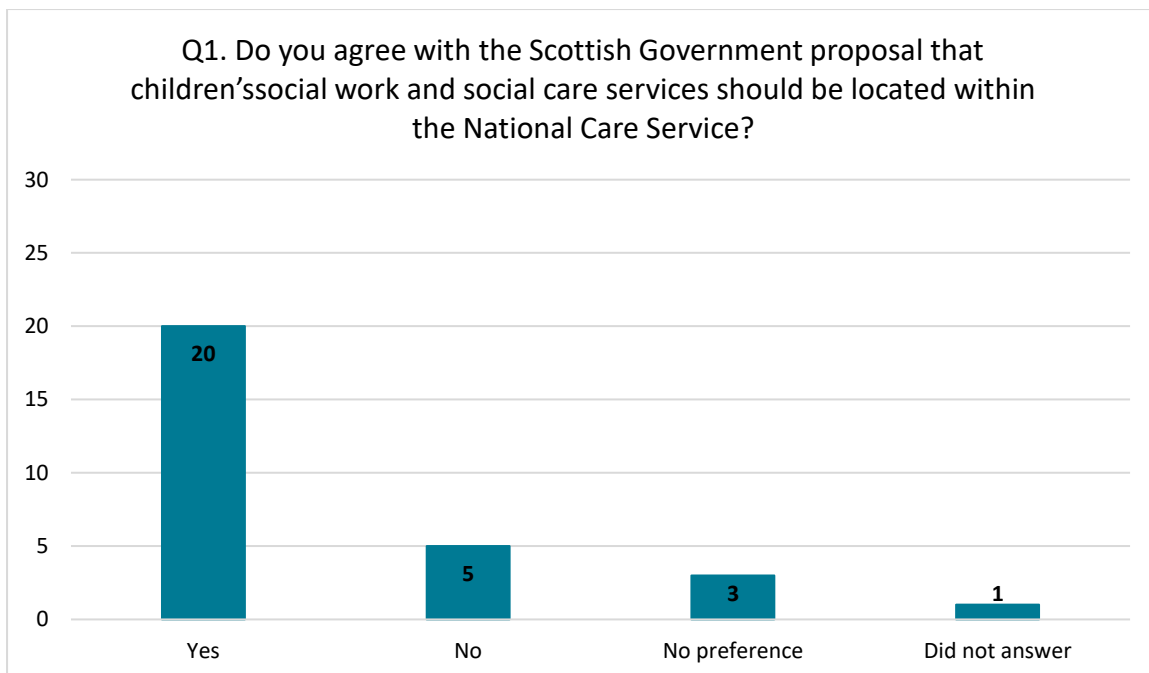


Suggestions

“ **Childrens Services, Health Care, Social Work and Social Care, and Nursing could be implemented initially into the NCS and once established the other services could gradually be introduced.** ”

“ **It's almost like we are choosing which social workers should in in NCS or somewhere else - social workers should be able to move between jobs** ”

Theme: Children's Services

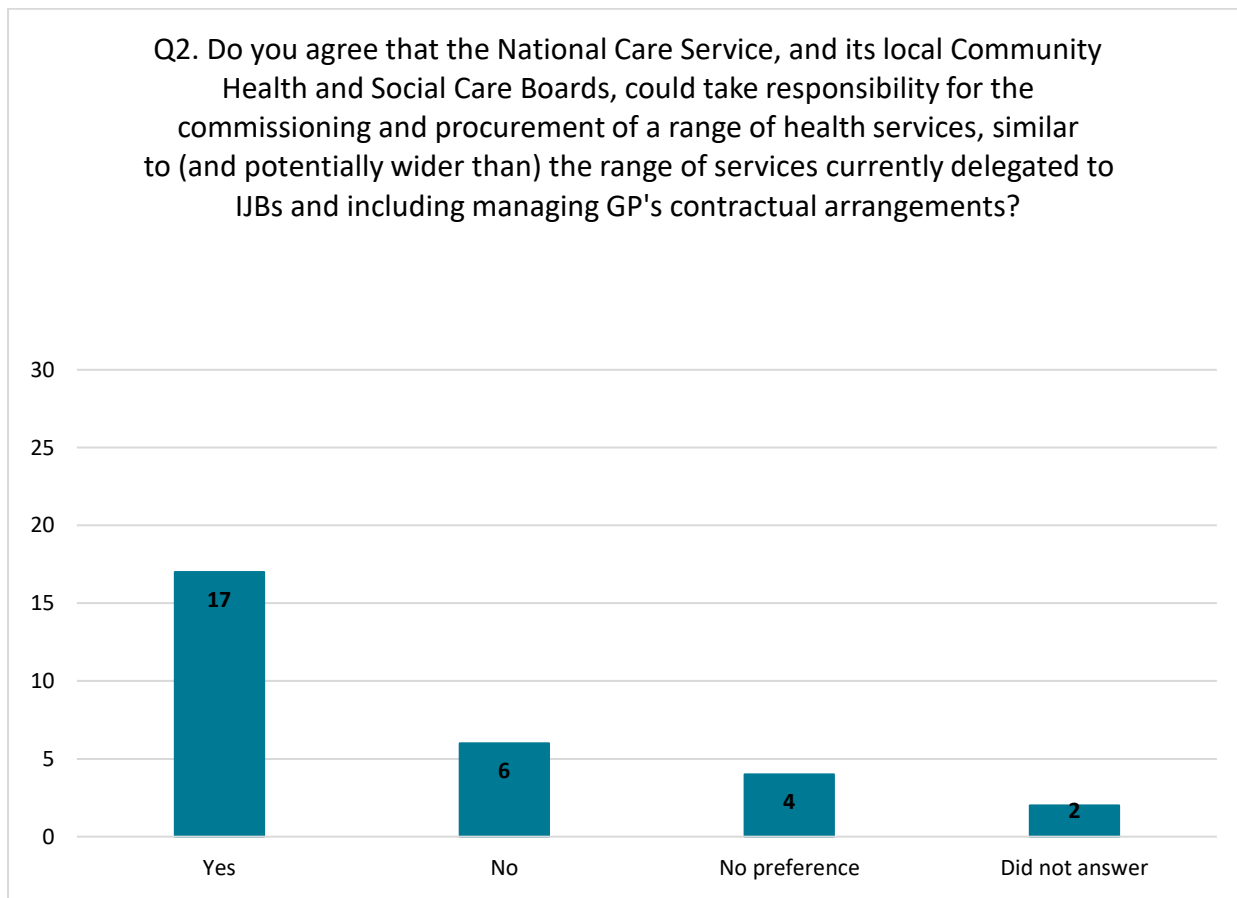


Additional feedback:

- A key service given the transition period becoming more fractured and current services tend to work in different silos
- Consistency in working together in services is a key factor



Theme: Healthcare

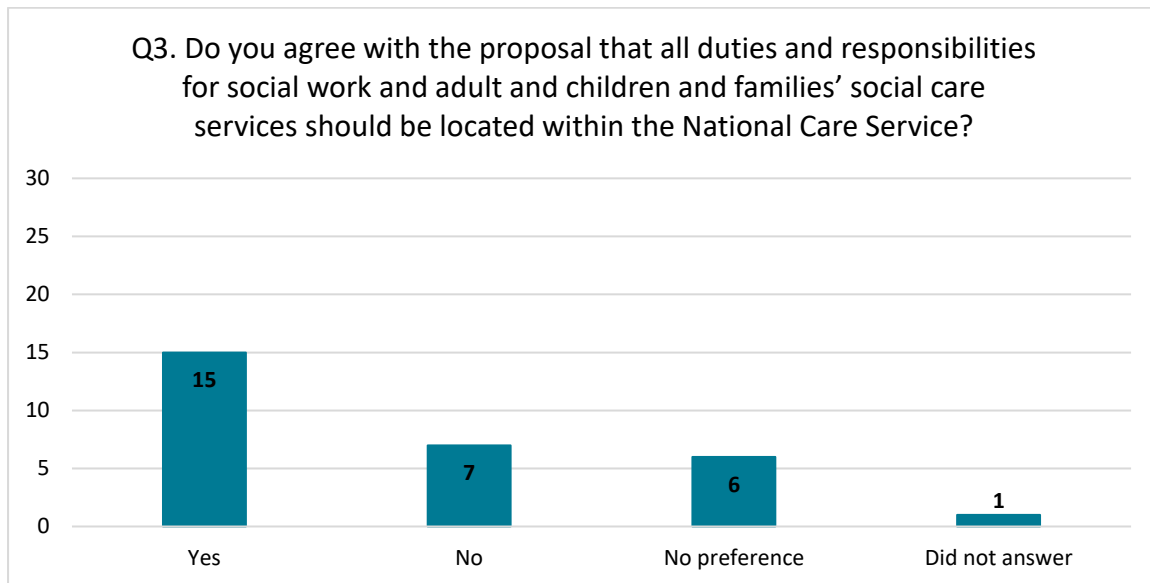


Additional feedback:

- Difficult question to answer and feedback on it is not clear if a national commissioning service or strategy is the desired outcome
- This would prevent us dealing with local populations which raises huge concerns
- GP concerns;
 - The national format hasn't been the best to date, and this has potential to become worse
 - There's a huge threat to general practice and how these services will be funded and delivered
 - Funding is already a huge issue and more cuts could lead to significant failure and could be our demise



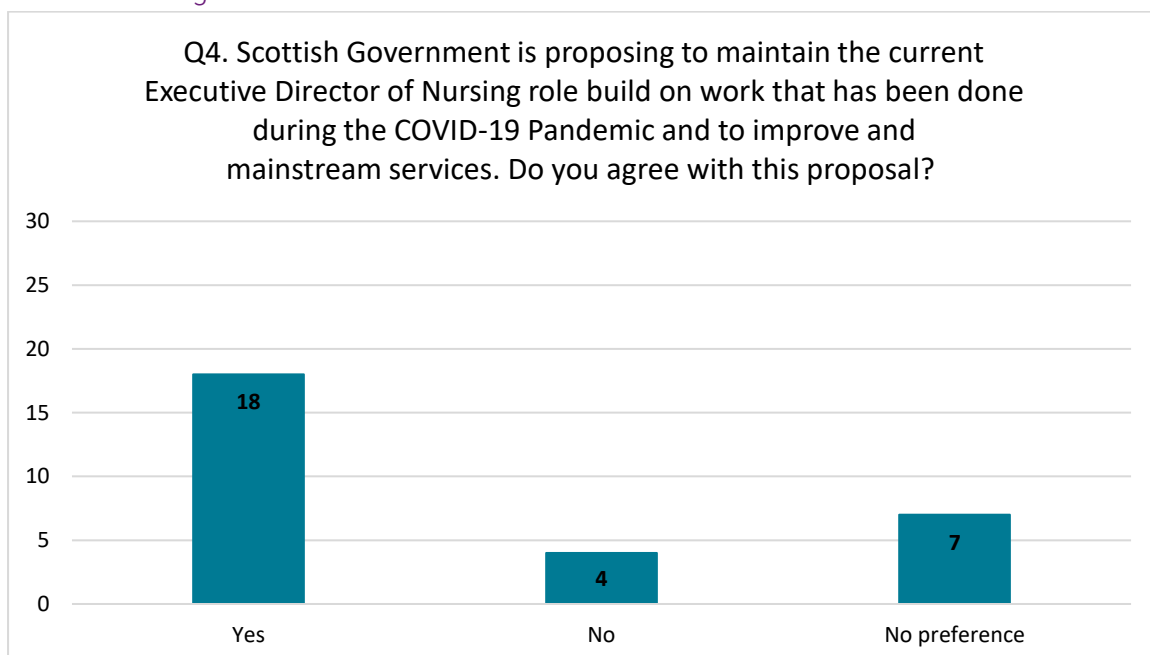
Theme: Social Work and Social Care



Additional feedback:

- How would this work alongside SSSC?
- How does this look with professional registration and how would it look with professional identity?

Theme: Nursing

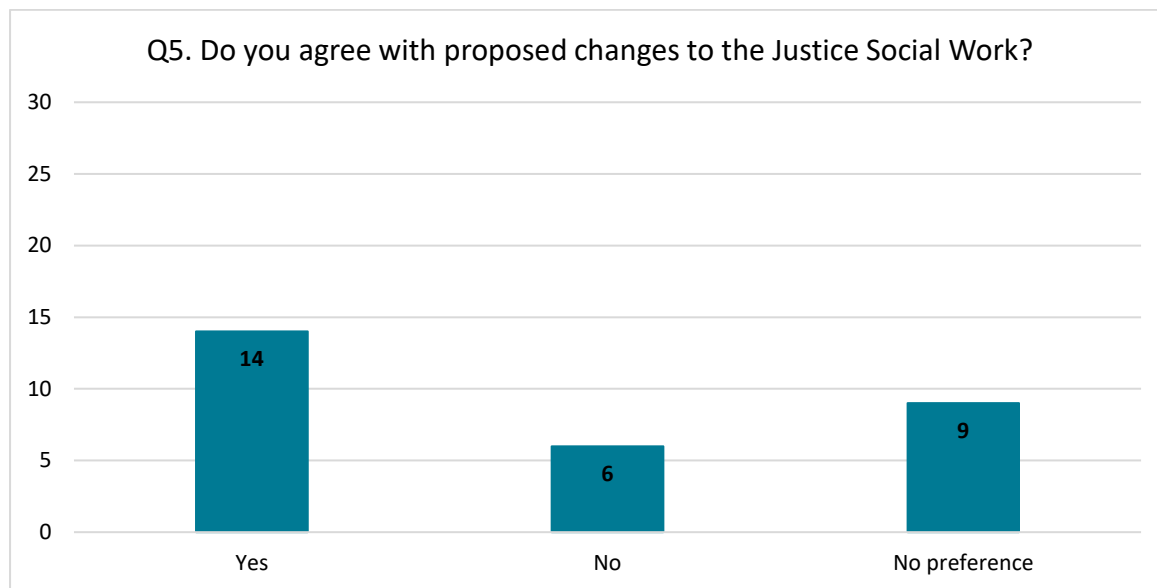




Additional feedback:

- This is a question that falls out of this for social work colleagues and their professional lines of accountability and to the Chief social work Officer
 - There is a lack of understanding around the dynamics of this proposal

Theme: Justice Social Work

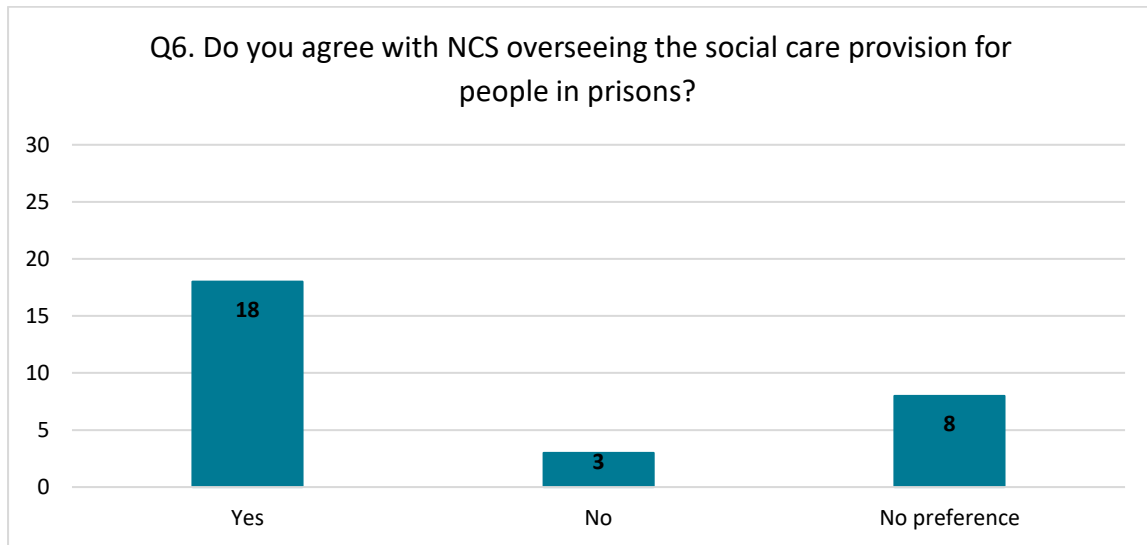


Additional feedback:

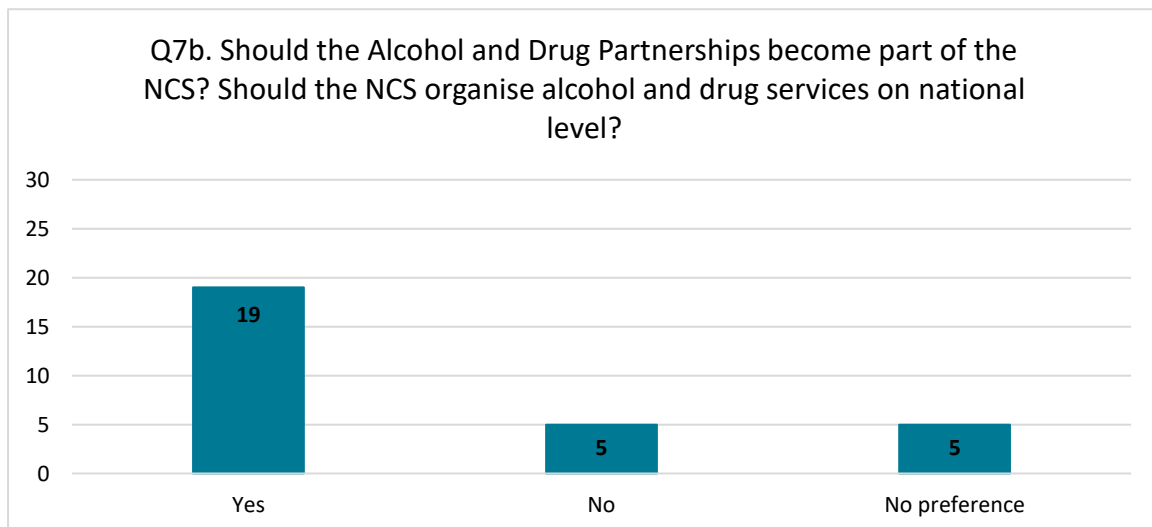
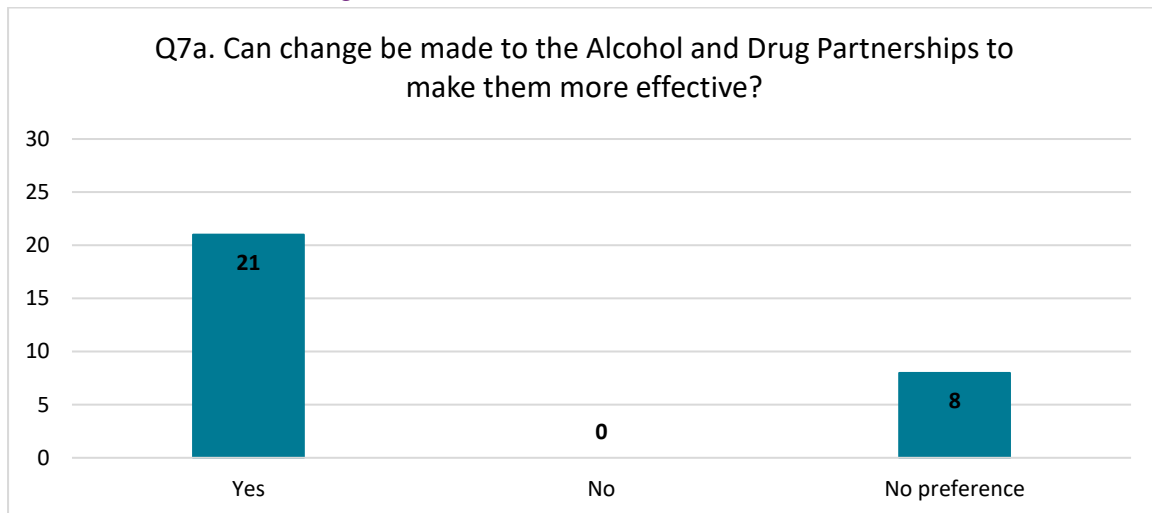
- Aspects of this have connectivity with health and it has made a real progress particularly in recent years
 - Concerns over where this will sit.
 - Where is the synergy between SPS and Health Care World?
- GPs could be a better and more beneficial source for this
 - Potential for a shift in thinking
- If there is little consistency in the JSW department then making them part of a bigger organisation will not benefit them – could be detrimental if anything



Theme: Prisons



Theme: Alcohol and Drugs Services

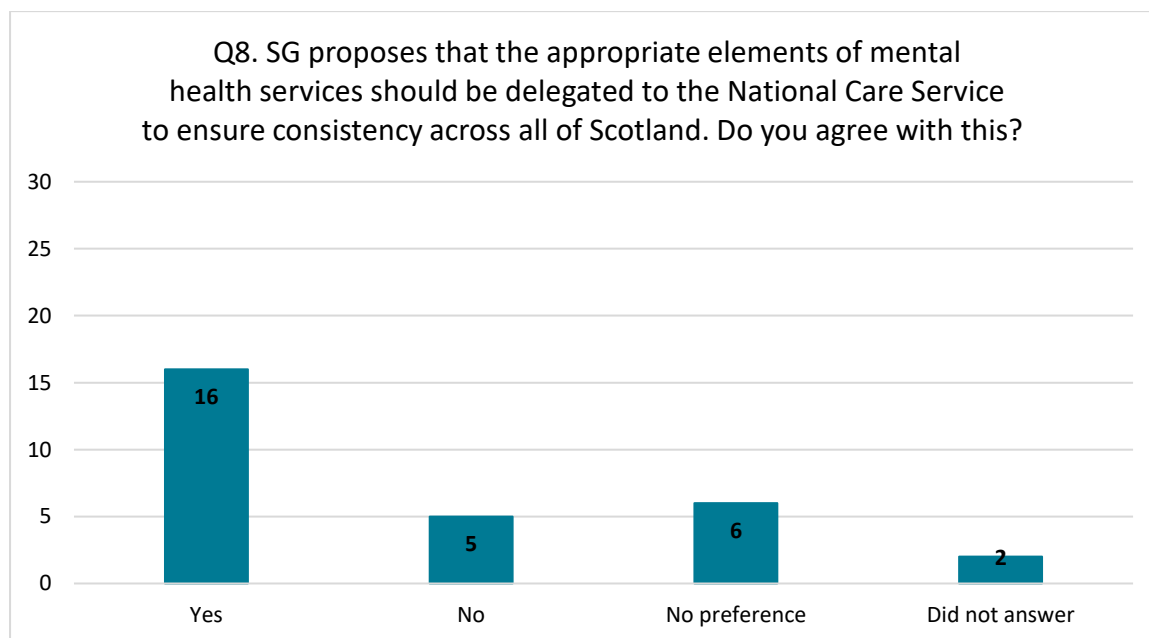




Additional feedback:

- These proposals are radical - how do we get to a place in society to do this?
- Could become lost in such a large organisation
- More synergy is required with health services around the management of alcohol and drug use
 - Recognition of the complexities and related health issues associated with this is key
- Generally, don't see how this could improve being put under the larger umbrella of the NCS
 - What evidence is there to support this?

Theme: Mental Health Services

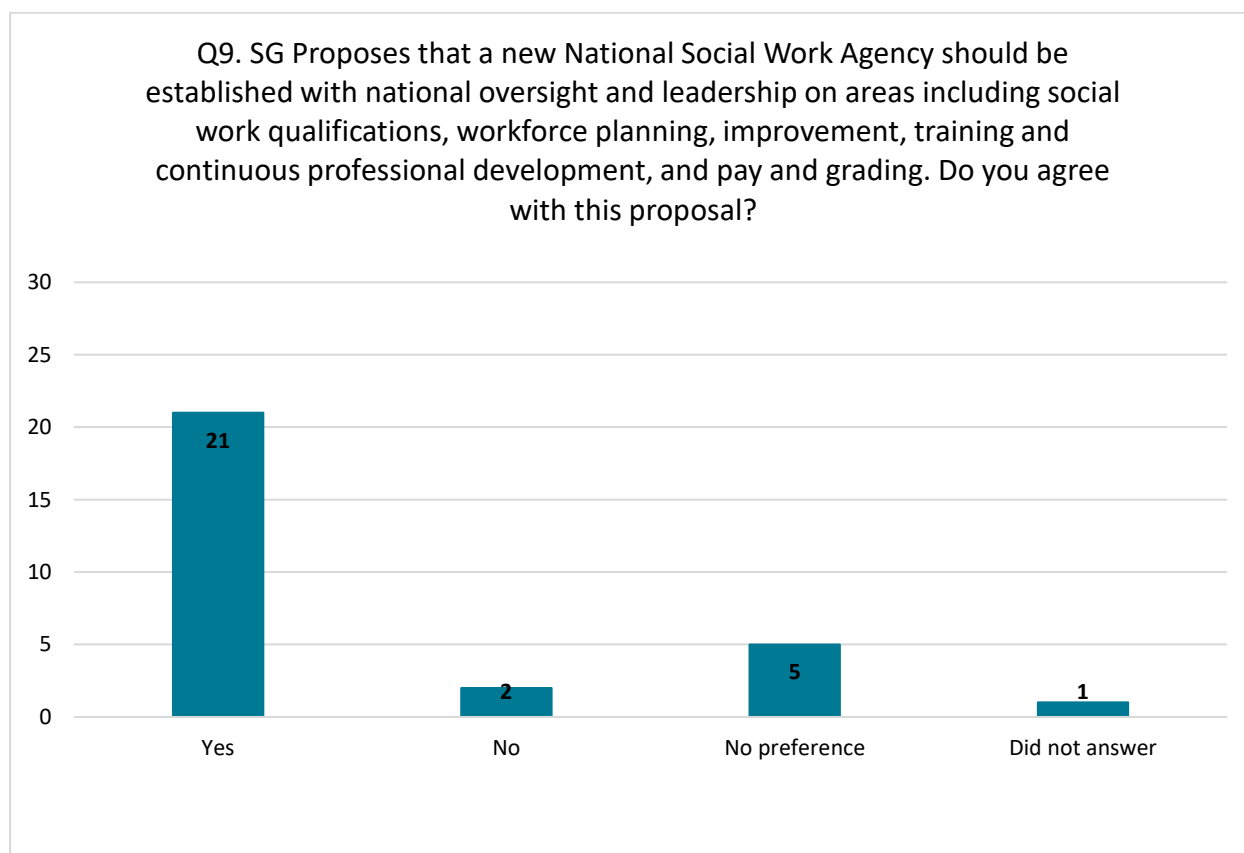


Additional feedback:

- There is concern that mental health services already don't reach their targets that are set out by the Scottish Government
 - How is making them part of a bigger organisation going to help this?
 - This could be a backwards step for these services
- Huge assumption that consistency is a good thing in Mental Health Services – this is not always the case



Theme: National Social Work Agency



Additional feedback:

- Why does the Scottish Government feel this is necessary and what is wrong with the SSSC process?
- It's important to recognise that different areas have different challenges and that localism in social work is important.
 - We have local meetings, local psychology, local communities, and good links with secondary care which has improved the flow and works well
 - Different areas have very different challenges to face
 - The ability of Councillors to see different challenges and act on these is key
- There are different pay grades across different areas which will make this difficult to be equal
- Given Scotland's diversity it really is a difficult question to answer
- Concerns that it looks like SW are getting trained to work in all areas and aspects of social work.
 - what is happening here is deciding which SWs are getting to include in the NSC and which ones aren't, and all SWs should be able to move between all those jobs
 - This will create issues with the training of the SWs



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

The findings in this Chapter are based on three online sessions. The initial session focussed solely on Chapter 4 of the Scottish Government consultation, with the subsequent sessions covering the full scope of the consultation. Feedback from these sessions have been collated and are represented in this chapter.

Attendees of these workshops represented Fife H&SCP (Immunisation Programme, Adult Services, Social Work, Carers), Fife Council (Community Planning), Fife Carers Centre, Enable Scotland, Private Care Sector, Circles Network, GP Medical Practices, GP Cluster Group, IJB Members, Elected Members and the Scottish Government.

General feedback

This new proposal will be really challenging to put in place as it is significantly bigger and much wider than what Feely recommended

Greater clarity and governance required on adult protection and associated work; will new arrangements evolve from where we currently stand? Or will we start from square one and have a clean slate?

Assurance from committee required to CHSCB and how adult protection is looked at and scrutinised - why is adult protection being singled out?

New way of working must provide real change and it is vital everyone's voices are heard and from the bottom up

The demographics of Fife do create challenges in different areas. This will be similar in other areas of Scotland and must be considered

IJBs don't allow room for discussion as the majority of the decisions coming to the IJB are already made

Public reps and third sector carers should be represented on sub committees and should have a vote

This will have a huge impact - unsure in what direction this impact will go however

Questions are again very leading

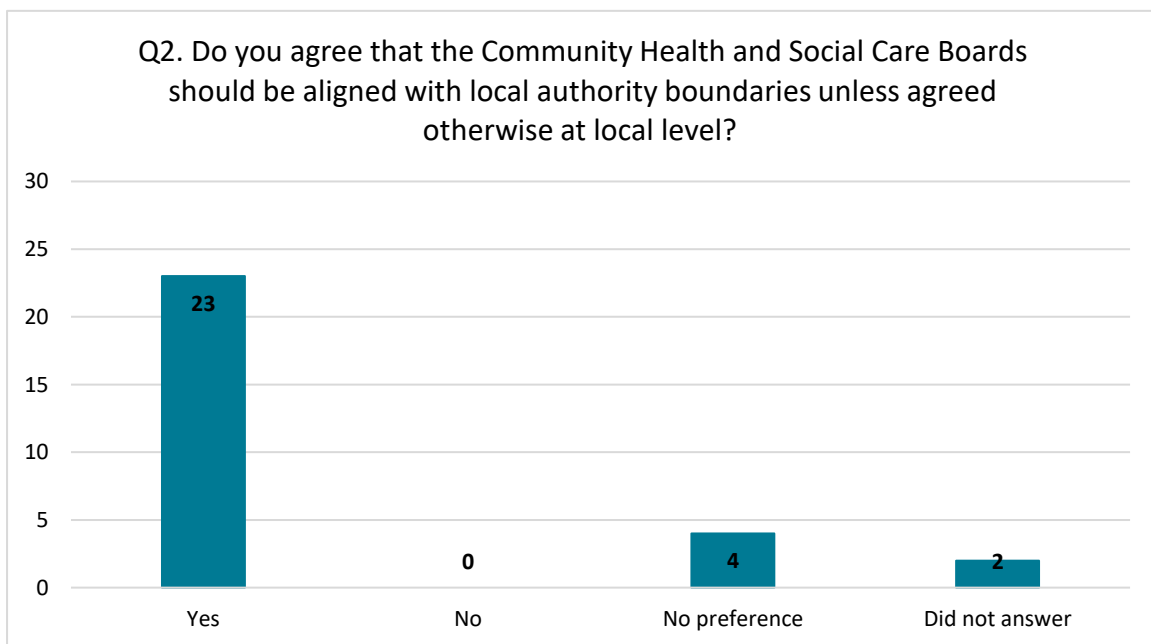
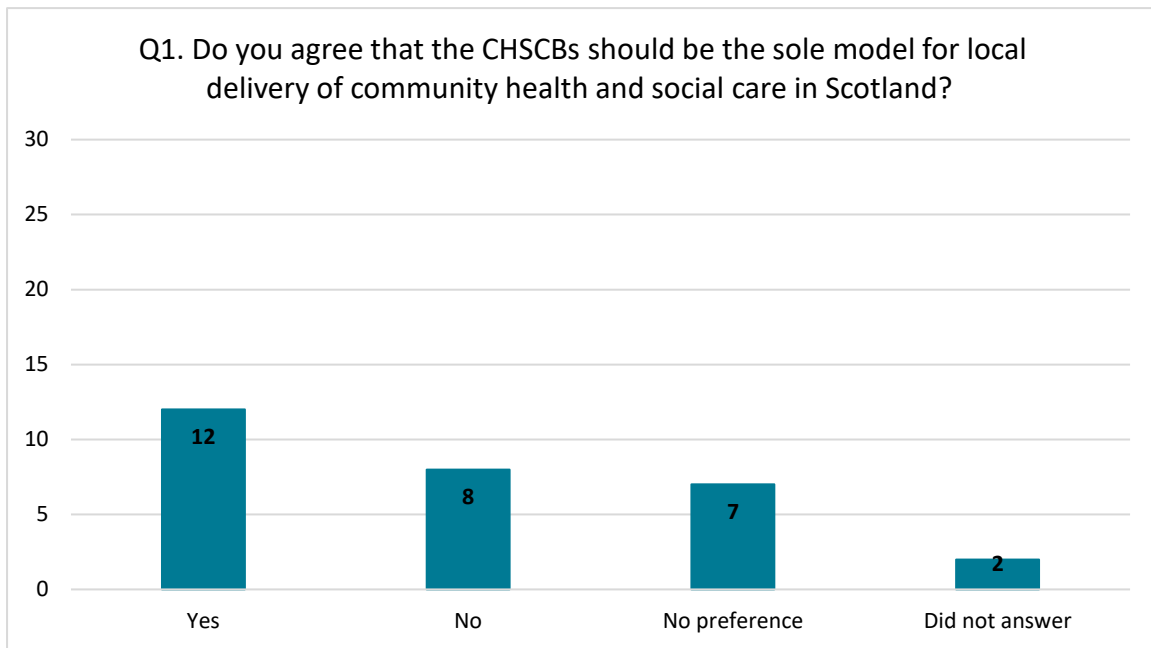
I don't understand why changing the name changes the way how it works at local level – it hasn't been explained why is it changed without any feedback on how and why?



Suggestions

“ **Before we start making changes we need to identify what worked well and what hasn't and whether keeping the current structure would be more beneficial.** ”

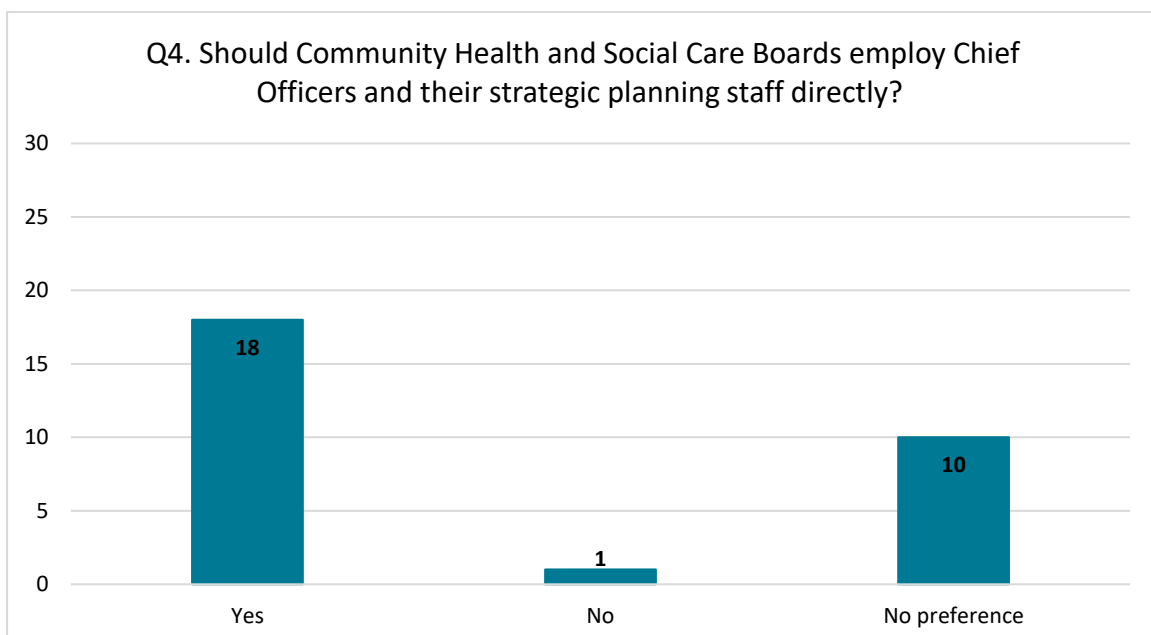
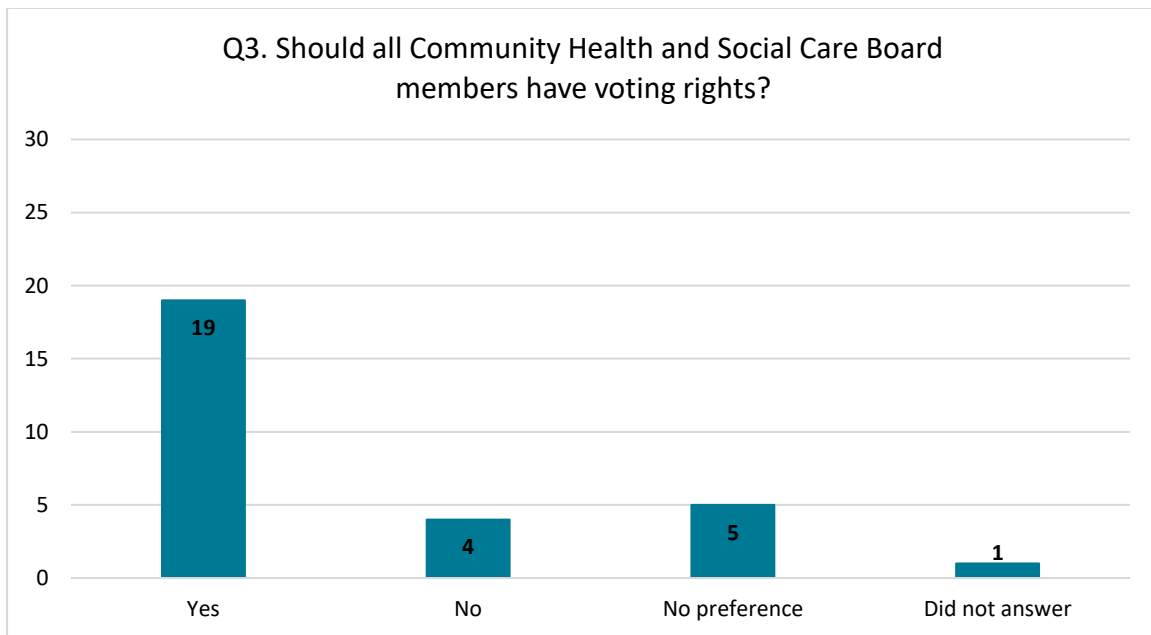
Theme: Community Health and Social Care Boards (CHSCBs)





Additional Feedback:

- Does this include patients/service users/clients?
- Local people should include service users and patients, i.e. people with lived experience
- It doesn't make sense why someone can sit on the IJB and bring up discussion points but cannot vote
 - Everyone should have voting rights and it should have been like this from the start of the IJB





Chapter 5 – Commissioning of Services

The findings in this Chapter are based from three online sessions. The initial session focussed solely on Chapter 5 of the Scottish Government consultation, with the subsequent sessions covering the full scope of the consultation. Feedback from these sessions have been collated and are represented in this chapter.

Attendees of these workshops represented Fife H&SCP (Adult Services, Social Work, Older People's Services, Carers, Fife Macmillan), Fife Council (Community Planning), Enable Scotland, Private Care Sector, GP Medical Practices, GP Cluster Group, IJB Members, Elected Members and the Scottish Government.

General feedback

The principle of the NCS and the commissioning of services is good and right and what should be included

There's a difference between accountability and responsibility for commissioning which should be recognised and acknowledged for delivering services

Concerns over local knowledge being lost if IJB accountability is taken away – contradicts the Public Joint Bodies Act

It must be clear what and who is involved in the NCS from the very start

Services are not necessarily in the area of need and from a commissioning perspective how can a national body provide that?

Funding should follow and be in line with responsibility and if that doesn't happen it could be hard to get things right

Concern over accountability going to central Government with IJBs being responsible but IJB funding gets cut

Economies of scale at a national level and some cross border exchanges could have many advantages but disadvantages could also occur

We get what we pay for – staff are underpaid and are working long hours and in often in difficult scenarios (e.g. aggressive behaviour)

There are many opportunities to improve things but there are threats and risks which could make the current situation worse

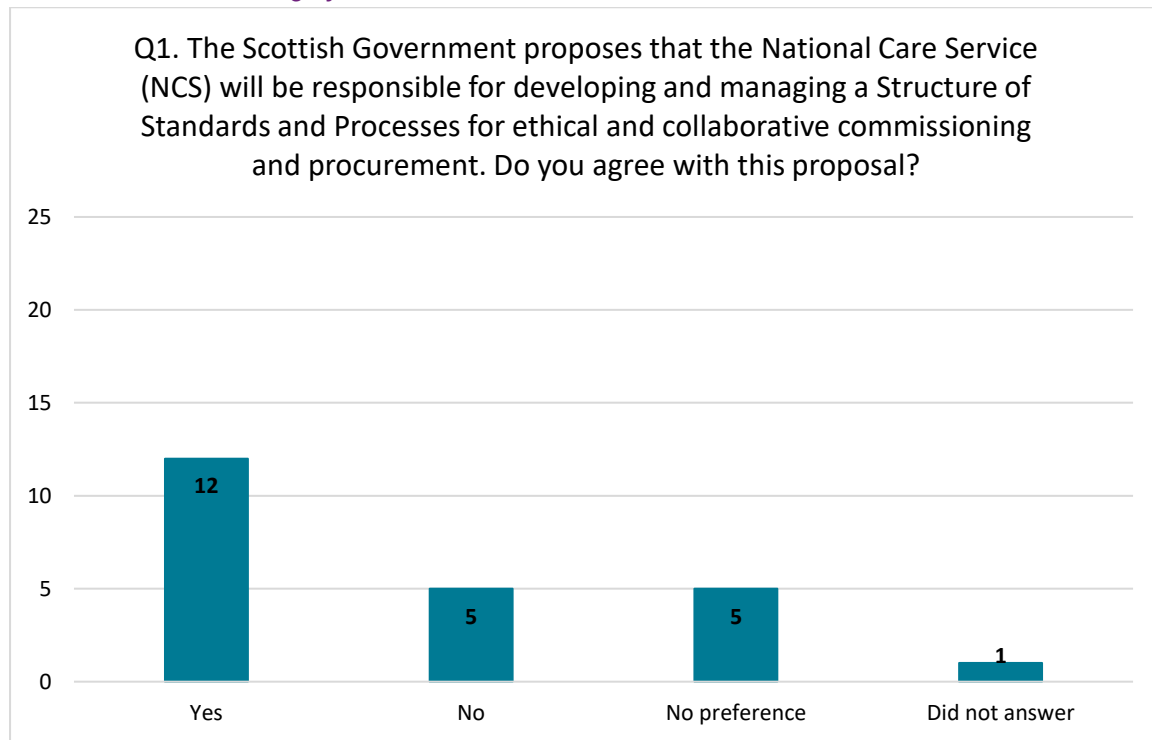
This is again national vs local that can create conflict, for both points there needs to be more emphasis on local as well as rurality and urban

Issues have already arisen in Fife wide GP services through the new contract which has led to extra management and a worse off situation



Suggestions

Theme: Commissioning of Services





Chapter 6 – Regulation

The findings in this Chapter are based on three online sessions. The initial session focused solely on Chapter 6 of the Scottish Government consultation, with the subsequent sessions covering the full scope of the consultation. Feedback from these sessions have been collated and are represented in this chapter.

Attendees of these workshops represented, Fife H&SCP (Social Workers, Carers), Fife Council (Community Planning), Enable Scotland, Private Care Sector, GP Medical Practices, GP Cluster Group, IJB Members, Elected Members and the Scottish Government.

General feedback

The proposals gives good purpose across the system with less policing and more support for staff and an improvement of education and learning and development programs

Accountability is a key concern, There's a physical and emotional distance from national to local level, and how would issues be resolved at a local level?

Ongoing regulation and monitoring are essential

There's not enough information on regulation that would be introduced to answer the questions in the consultation as it stands

There should be a line of progressions so people can progress through a social care career

The monetary side is a serious point

In terms of professional protection for both employees and the care service as a whole, and for anybody who is employed in the social care sector, there should be a form of registration and regulation

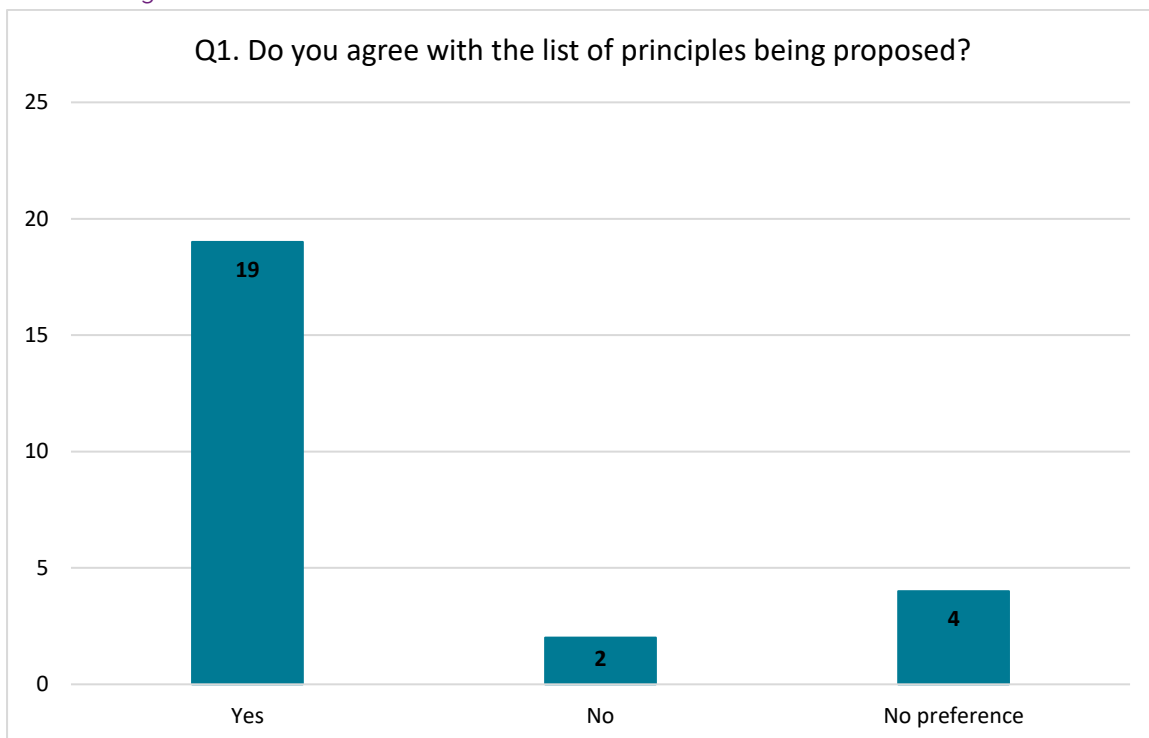


Suggestions

“ Have an independent group to include regional managers which would monitor what's going on and to provide feedback to the Scottish Government . This could also be used as a platform to share good practice. ”

“ This process should be viewed as a journey and to take into consideration learning improvements as to what works well and what doesn't work ”

Theme: Regulations

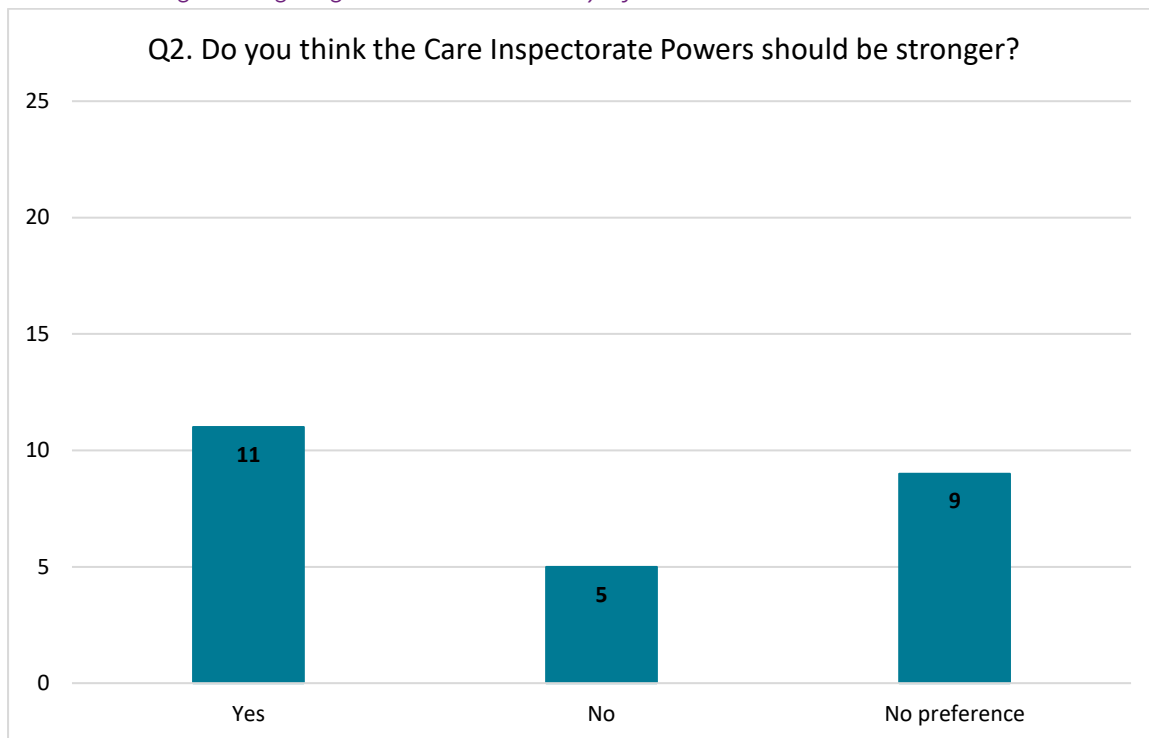


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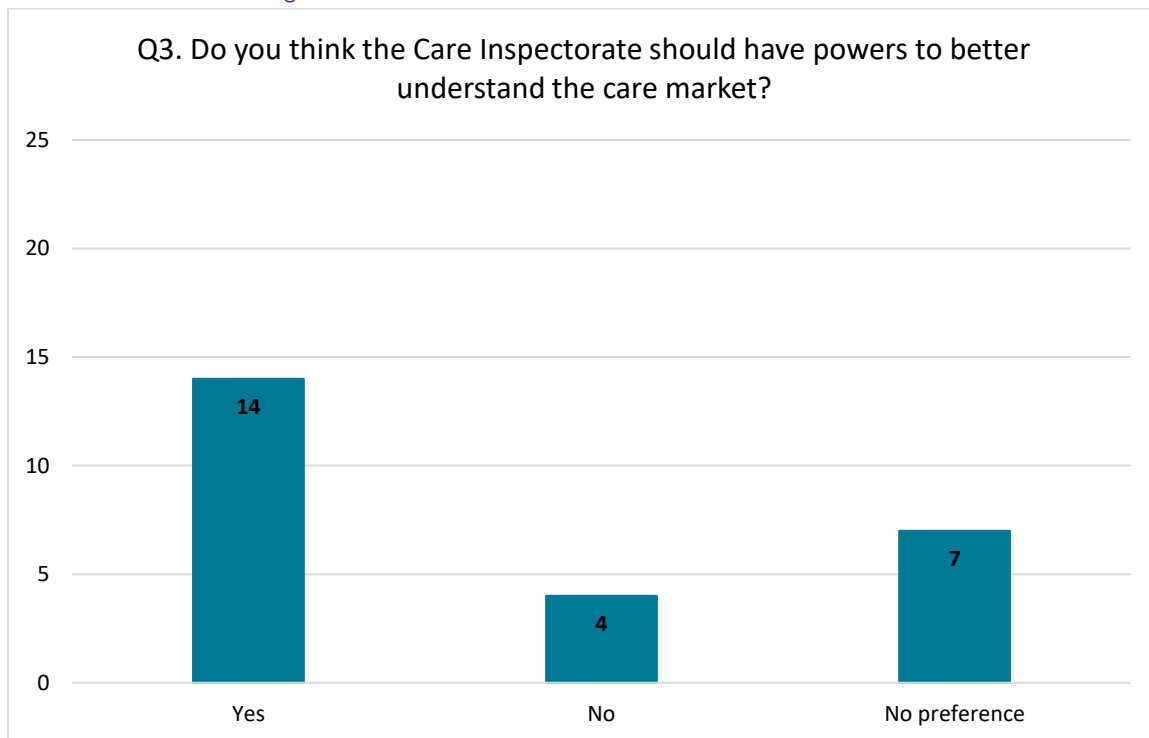
- There should be a question for each principle, not all piled into one



Theme: Strengthening Regulation and Scrutiny of Care Services



Theme: Understanding the Care Market



Additional feedback:

- How would having more powers help to understand this?



Chapter 7 - Fair Work and Valuing the Workforce

The findings in this Chapter are based on three online sessions. The initial session focused solely on Chapter 7 of the Scottish Government consultation, with the subsequent sessions covering the full scope of the consultation. Feedback from these sessions have been collated and are represented in this chapter.

Attendees of these workshops represented Fife H&SCP (Health Visitors, Fife Macmillan, Social Workers), Fife Council (Community Planning), Enable Scotland, Private Care Sector, GP Medical Practices, GP Cluster Group, IJB Members, Elected Members, Coventry & Warwickshire H&SCP and the Scottish Government.

General feedback

Recruitment in Fife is so challenging that people aren't getting the support they need

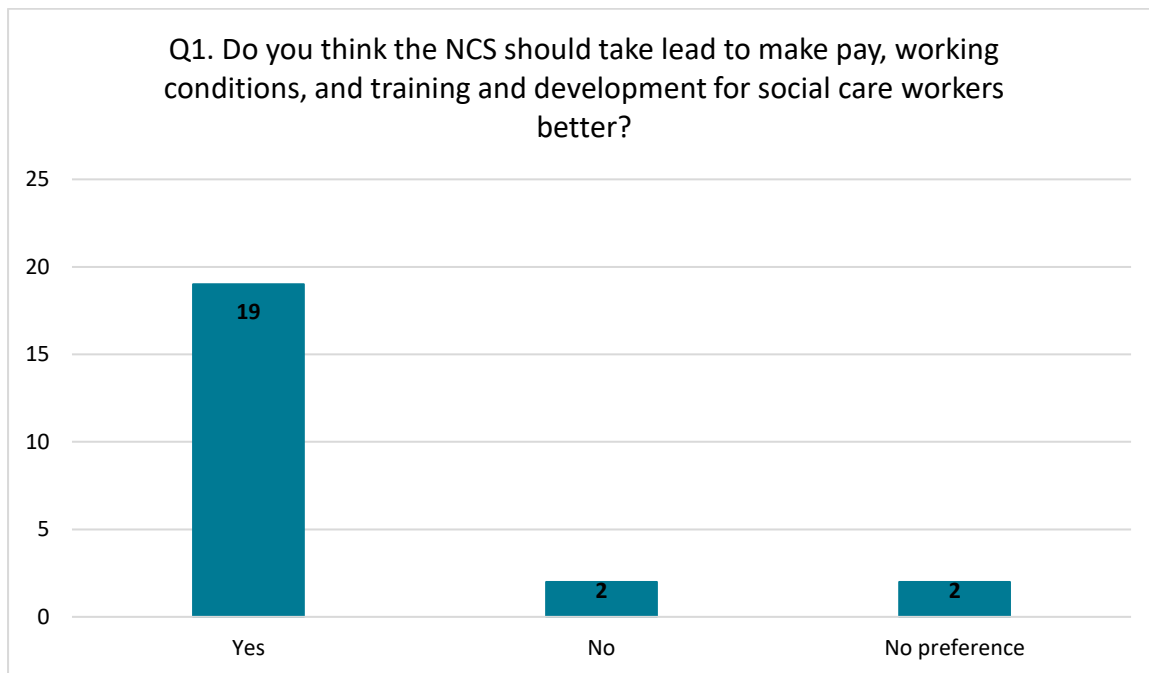
During the pandemic it was very difficult to get people the front line support and that's one of the things that came through. - if PAs are all registered in one place, we could have used that to fill the gaps where it was needed for people who were critical and needed that support

This is the one bit of the document that to me makes sense. We need a valued trained sector, with reasonable pay and good working conditions

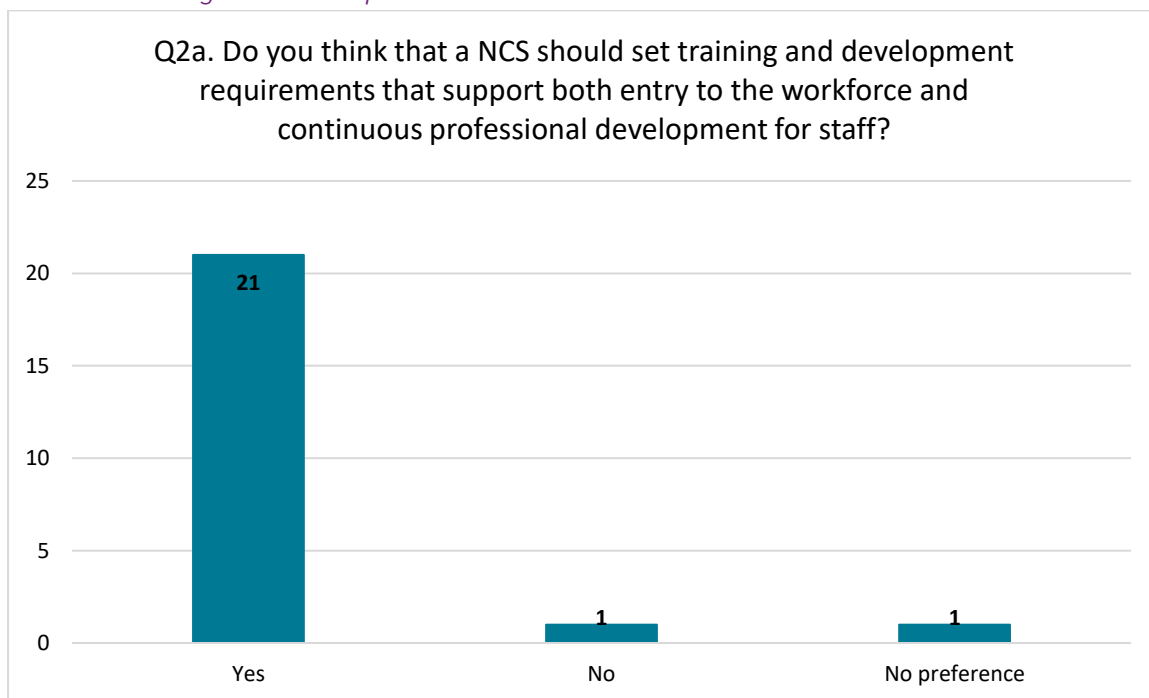
Any process for the workforce should not create barriers or red flags making it difficult

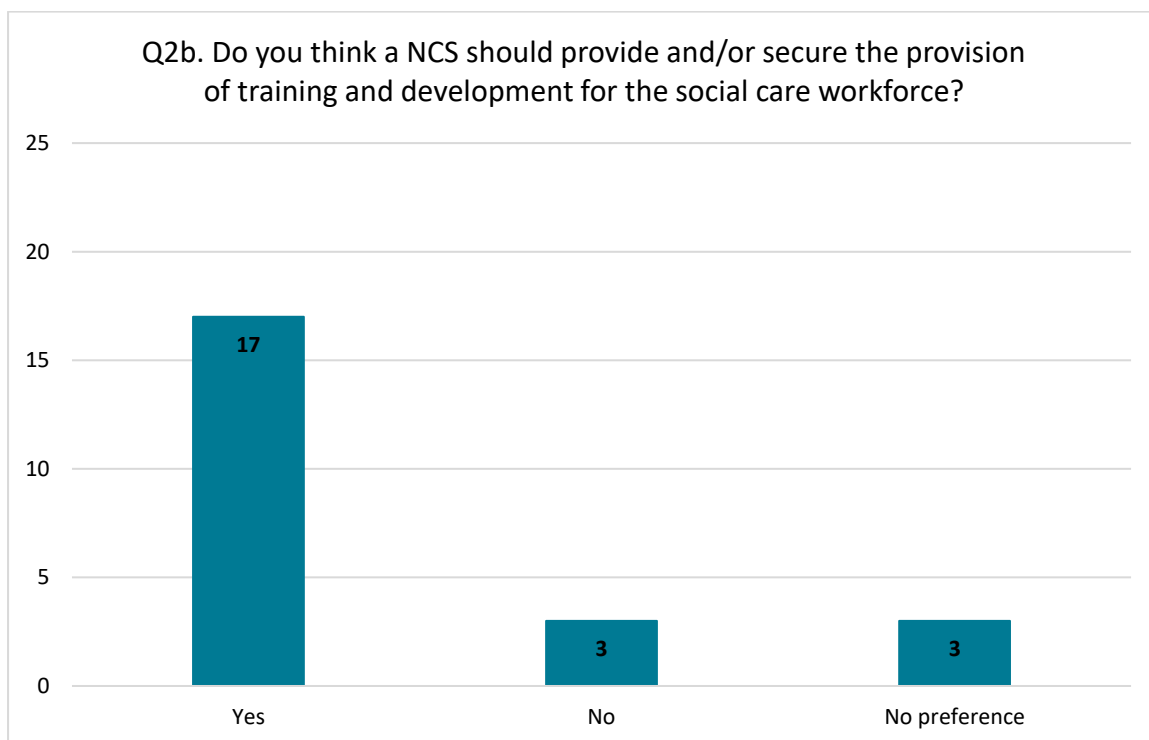


Theme: Fair Work



Theme: Training and Development



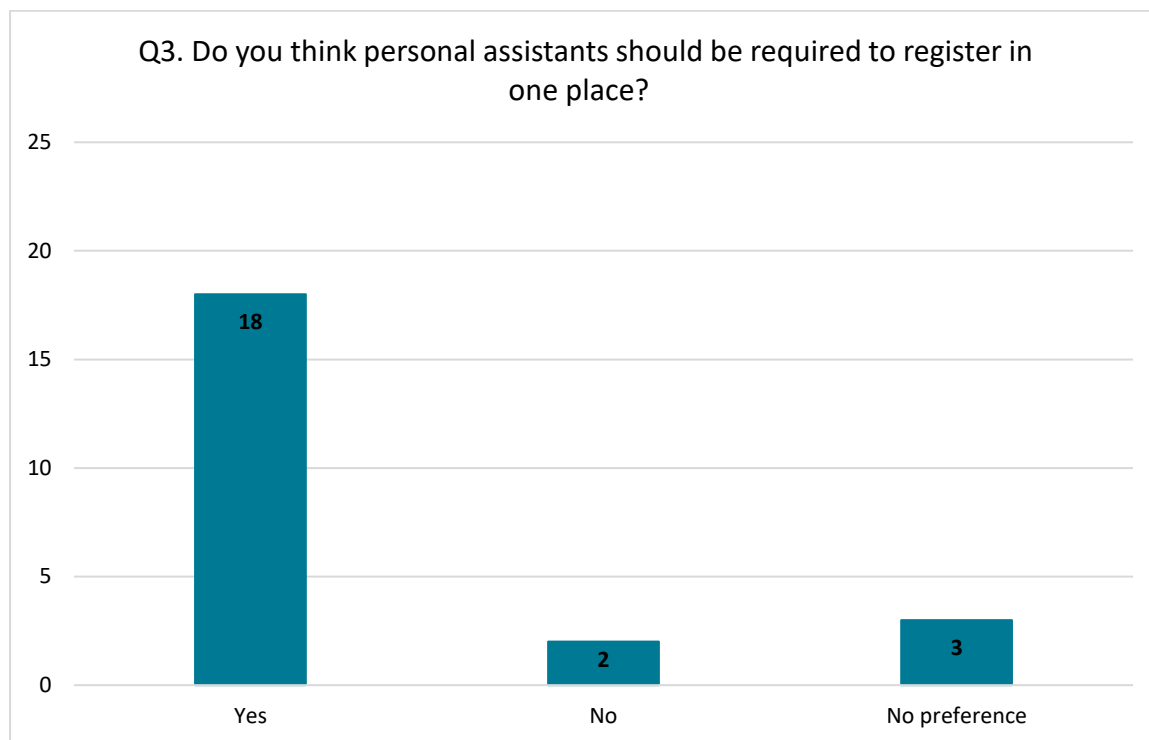


Additional feedback:

- One of the major issues we have in getting properly funded care workforces is that you can get more money stacking shelves in a supermarket than you can working in a care home
- If that group of the work force is professionalised by having a basic qualification and a right to a professional training and development, you will have a better chance of getting a proper workforce that will stay at work
- Training should be set as a base line and then we can model it to Fife and what is needed to Fife rather than a full training from the SG to everyone!
- It is important that NCS should train the workforce – but the training is different everywhere so I would be worried.



Theme: Personal Assistants



Additional feedback:

- During the pandemic it was difficult to get people the front-line support they needed and especially personal assistants
 - If PAs were all registered there would have been a bank of staff that could have been employed elsewhere
 - One of the biggest challenges was getting people support
 - There is something about having a bank of support that creates a bit more stability
- PAs should be supported and registered in one place;
 - it should be something that will support them rather than creating barriers
 - it should be seen more as a proper job rather than a few hours here and there
 - this will create a more permanent post and potentially see less staff turnover



BSL Workshop

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 and adapted to provide an opportunity to BSL users to provide feedback. A total of 6 attendees participated in the session which included members representing Fife Council Councillors, Adult Services, the Third Sector and the General Public. The session covered the full scope of the consultation.

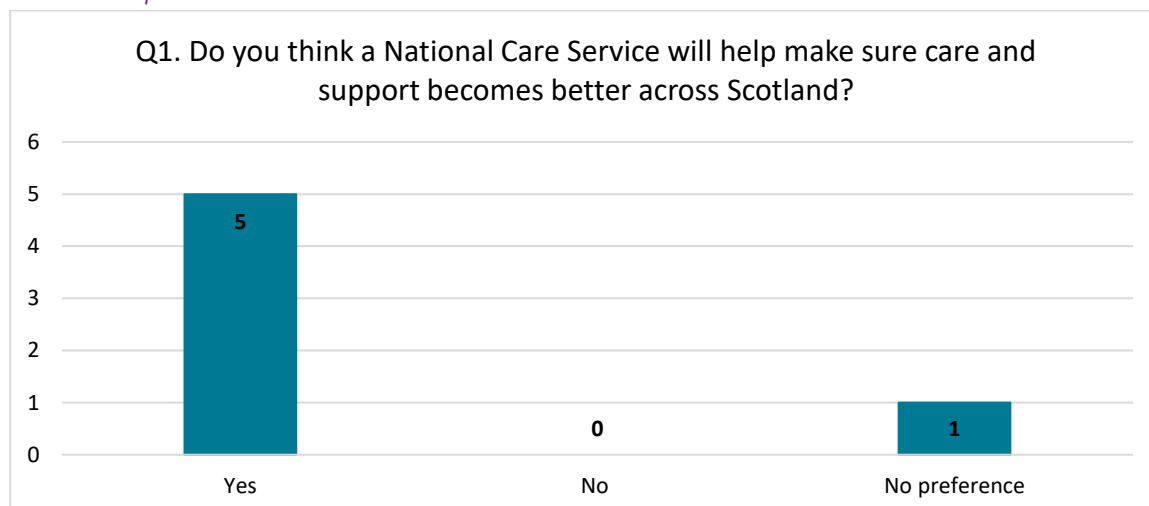
Feedback from this stakeholder group was collected through various methods including optional straw polls during the online session, the opportunity for open discussion, use of the Teams chat box function to record any further comments, and all attendees were sent a link to an MS Form for written feedback.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

Chapter 1 – Improving Care for People

General Feedback

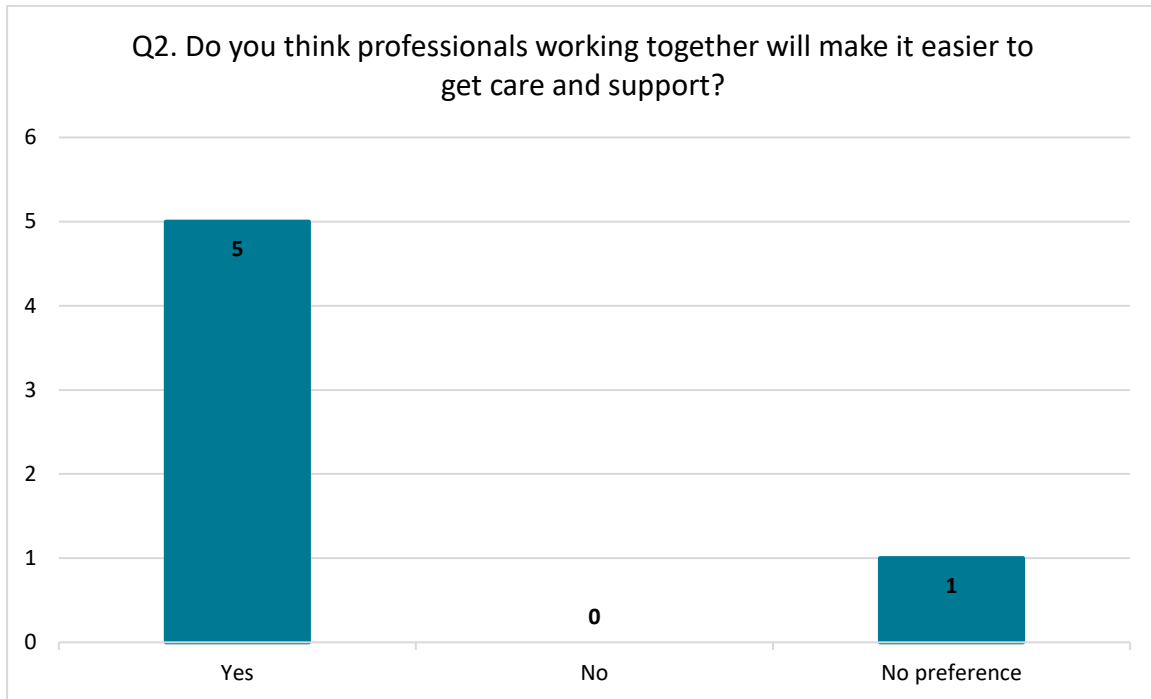
- Services are currently a postcode lottery
- There are many concerns with current services and the proposals require more clarification
- Services in Scotland should be aligned but more clarification is needed before doing so
- Paying conditions should be looked at if we are moving onto national care
 - It should be a mandatory discussion and consideration not just “looked at”
 - Unpaid carers often do a job as well and are as important as clinical specialists in hospitals
 - Unpaid carers and carers in the community should be paid in parity with NHS workers

Theme: Improvement

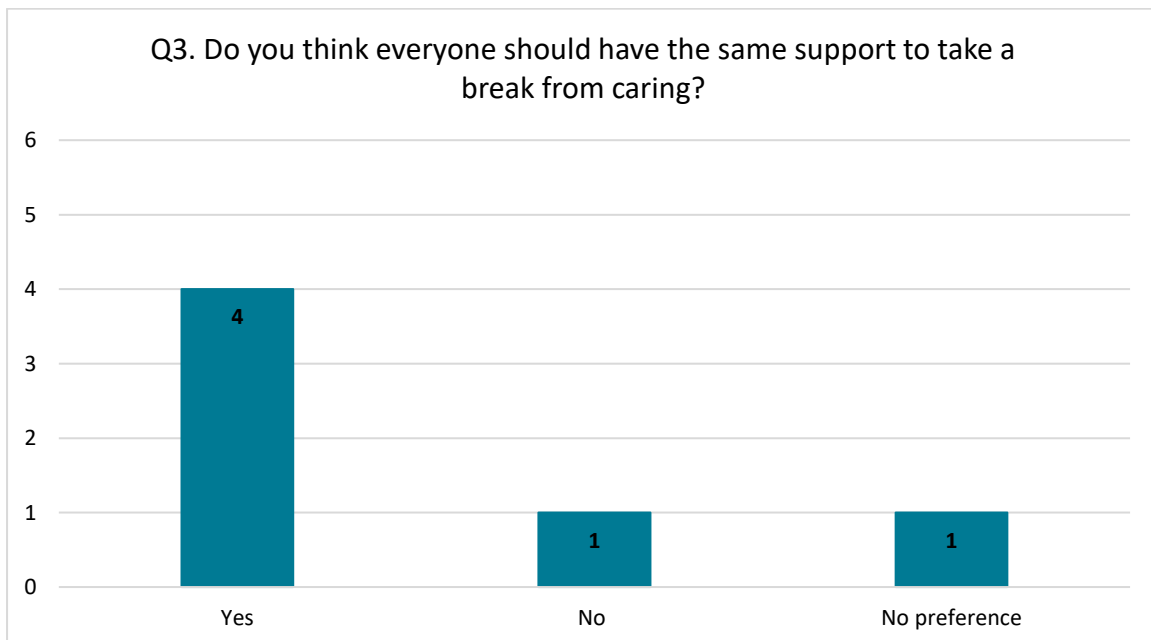




Theme: Access to Care and Support

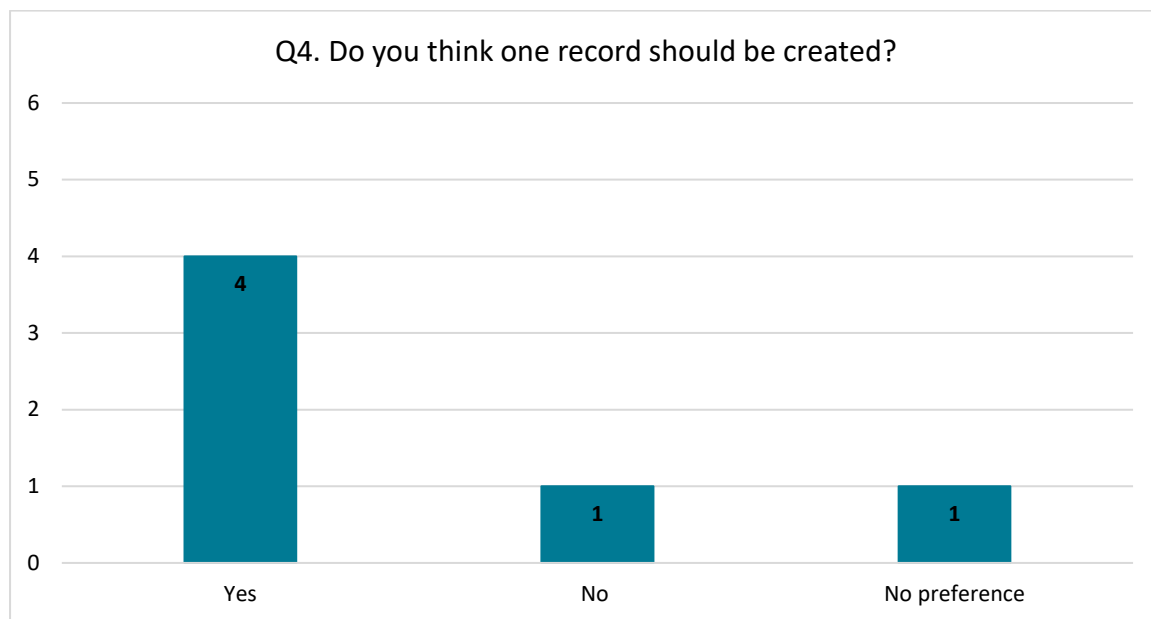


Theme: Rights to breaks from caring

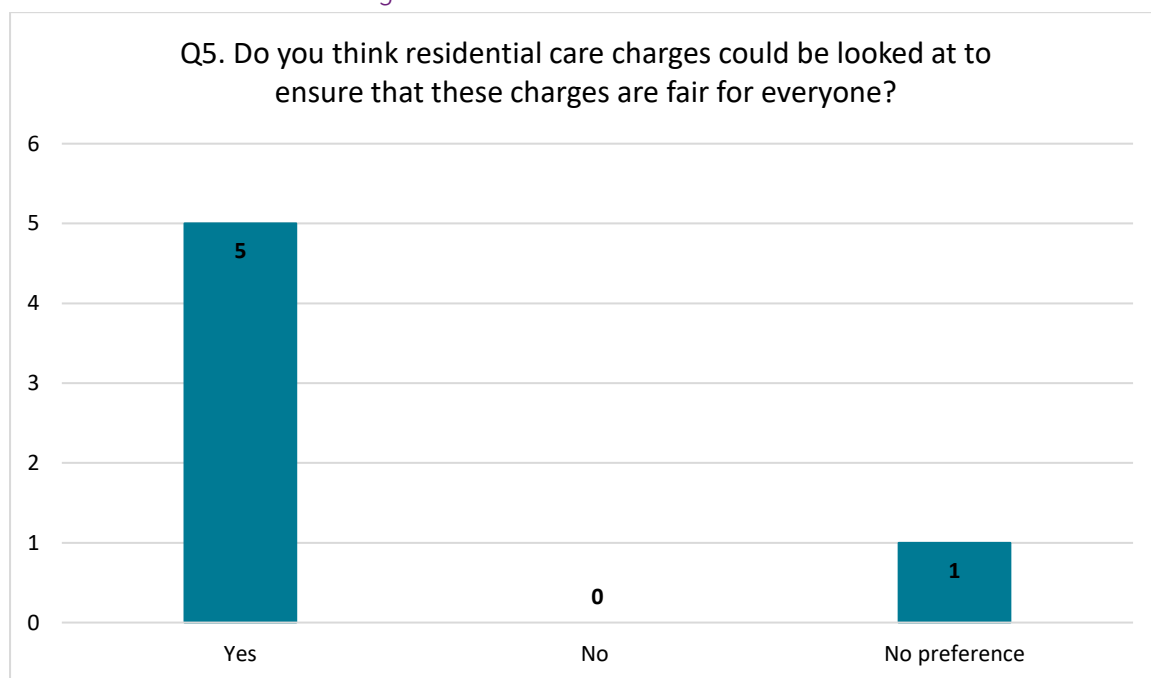




Theme: Using data to support caring



Theme: Residential care charges



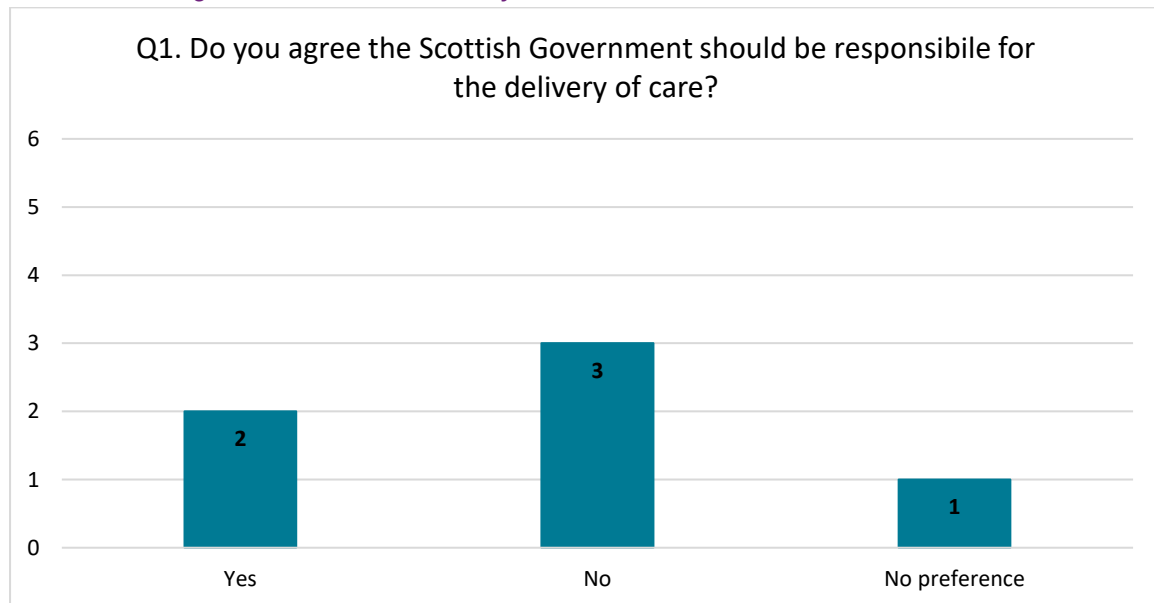


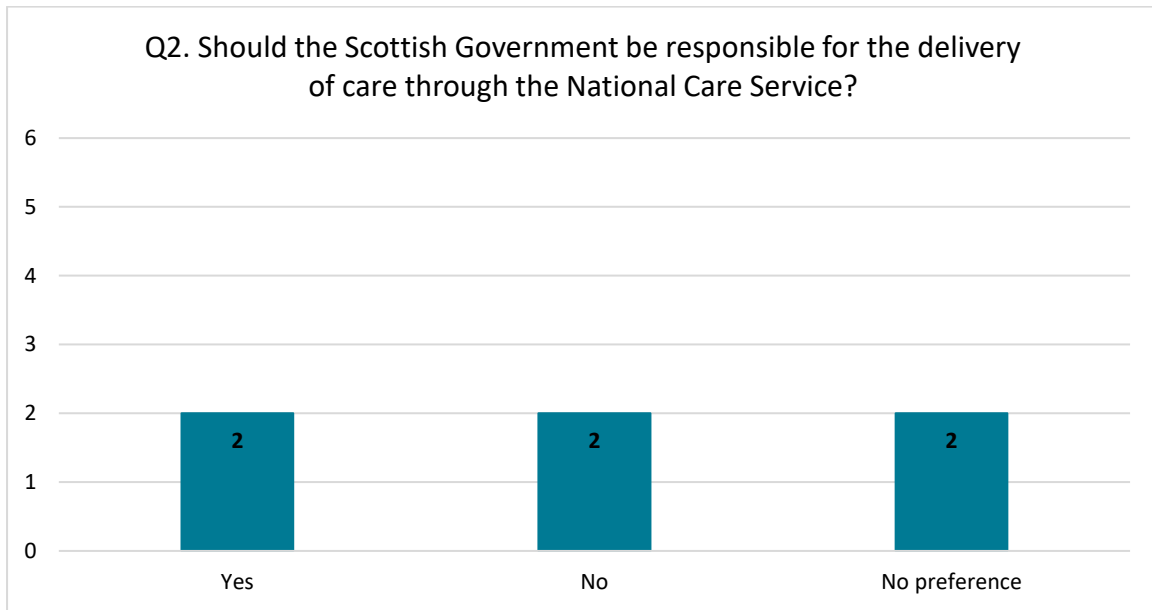
Chapter 2 – Making Ministers Accountable for Care

General Feedback:

- There are people who already believe that the Scottish Government is already responsible for social care
 - Bringing the proposals forward will bring more clarity to the people of Scotland
- This would not be an issue for the citizens of Scotland
- There needs to be a conversation around joined up working becoming the norm
- There needs to be clear routes to obtain funding
- NCS would have to recognise the contribution of the third sector
 - In the past the third sector is usually an add on and not seen as an equal partner
 - Third sector needs to be a fundamental part of the services

Theme: Making ministers accountable for care

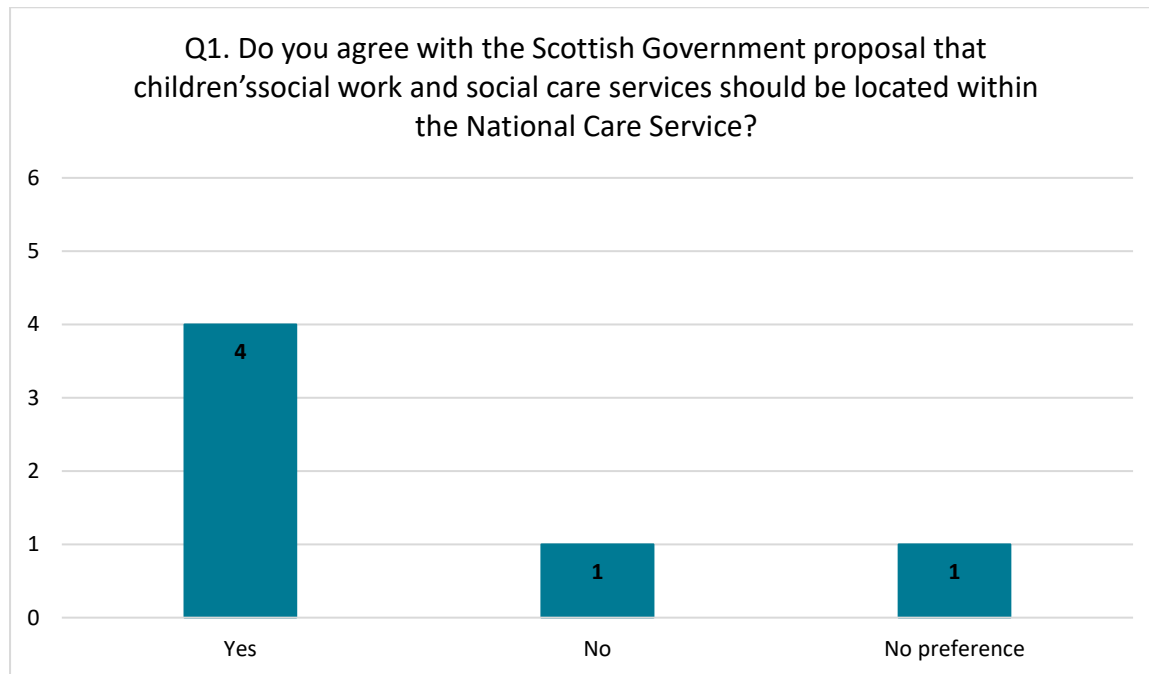






Chapter 3 – Scope of the NCS

Theme: Children's Services

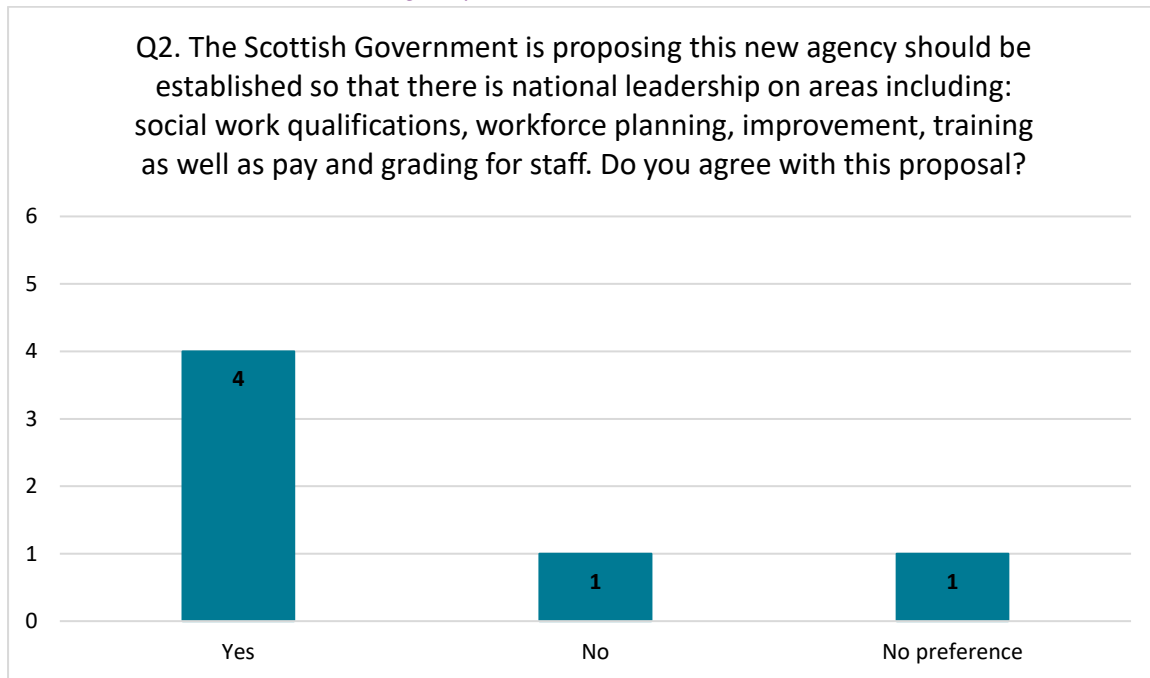


Additional feedback:

- It is essential for children and families to be involved from the onset with all the work around transitions – it makes sense
- It will also put gravitas on what Social Work employment is and what a Social Care career is
 - Sadly it is often looked at as the “Cinderella” of health care
 - It is vital we look at social work qualifications and that workforce, improvement planning and training and paygrades are looked in to
 - This will improve the image



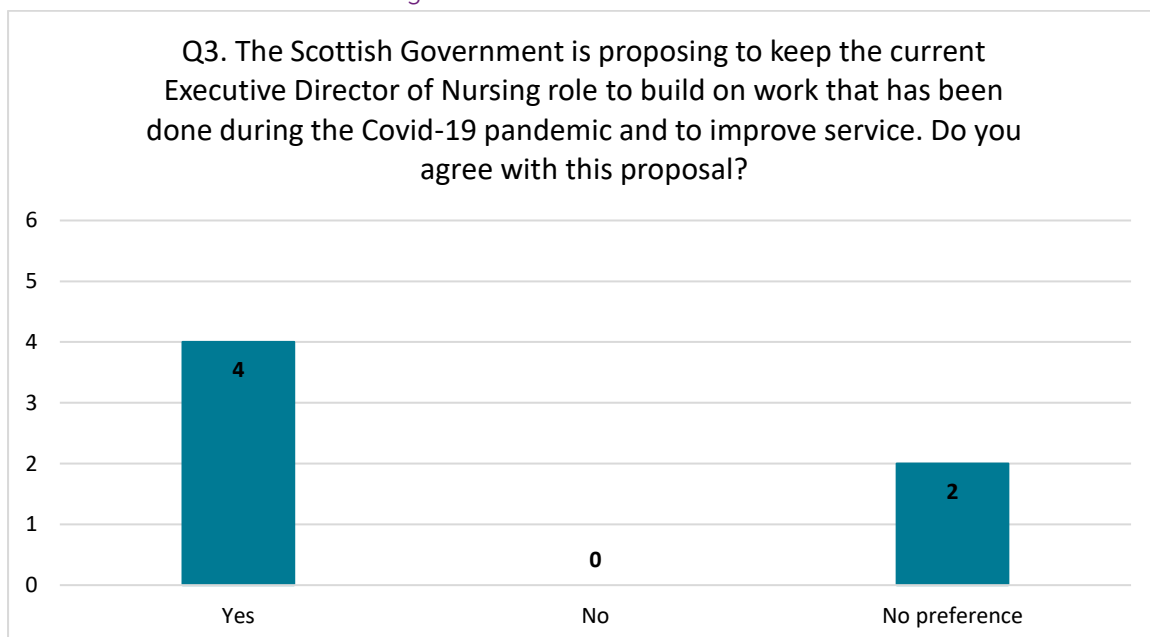
Theme: National Social Work Agency



Additional feedback:

- We have come in a full circle – the previous Ex Directors were previously responsible for registration and inspecting care homes before the role was taken away from Councils/Local Authorities
 - This was effective in making sure standards of care and quality of nursing was of a good level with the care homes – it should be beneficial

Theme: Health Care and Nursing

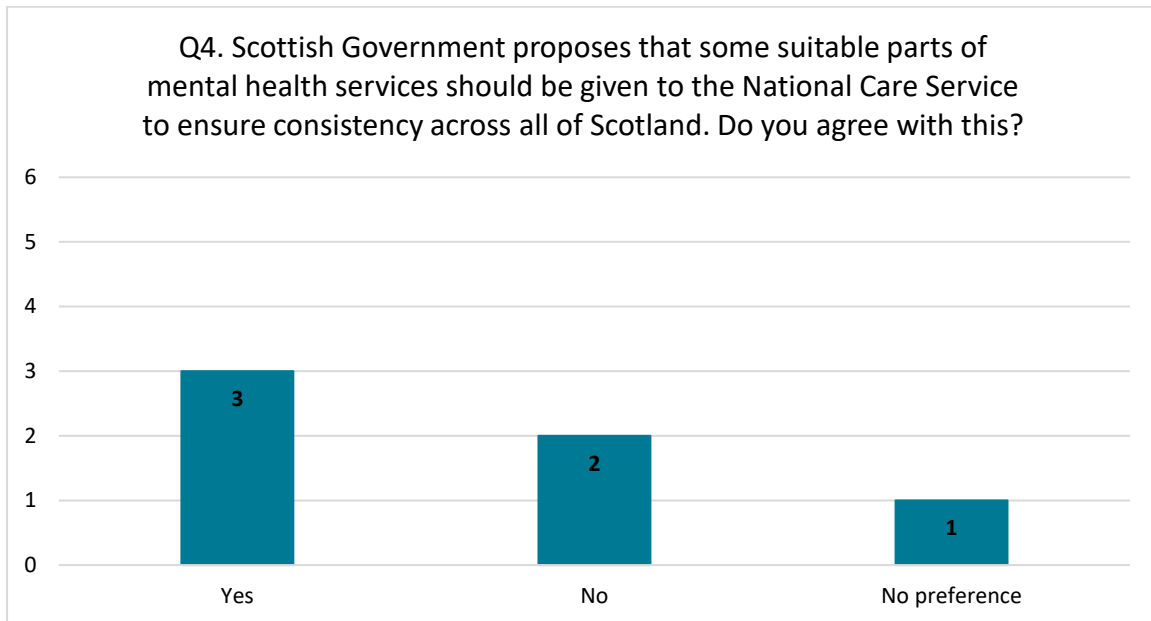




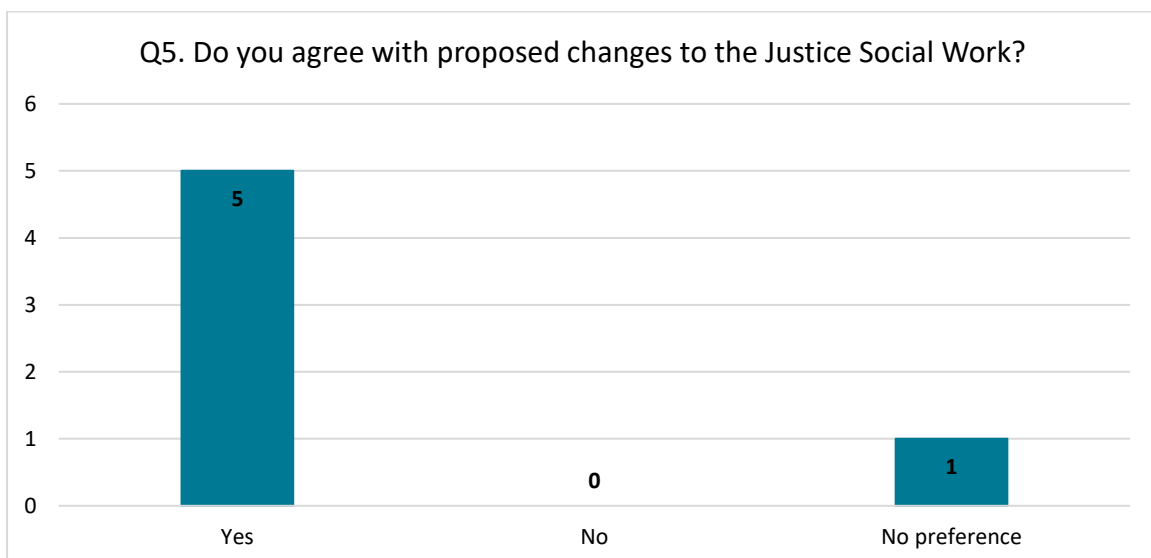
Additional feedback:

- In terms of Nursing Homes then fair enough but across the board the NHS/NCS needs to be separate
 - There is a big divide between the NHS and what goes on in the care sector
- Concerns over it being once big service as the third sector would become lost

Theme: Mental Health Services

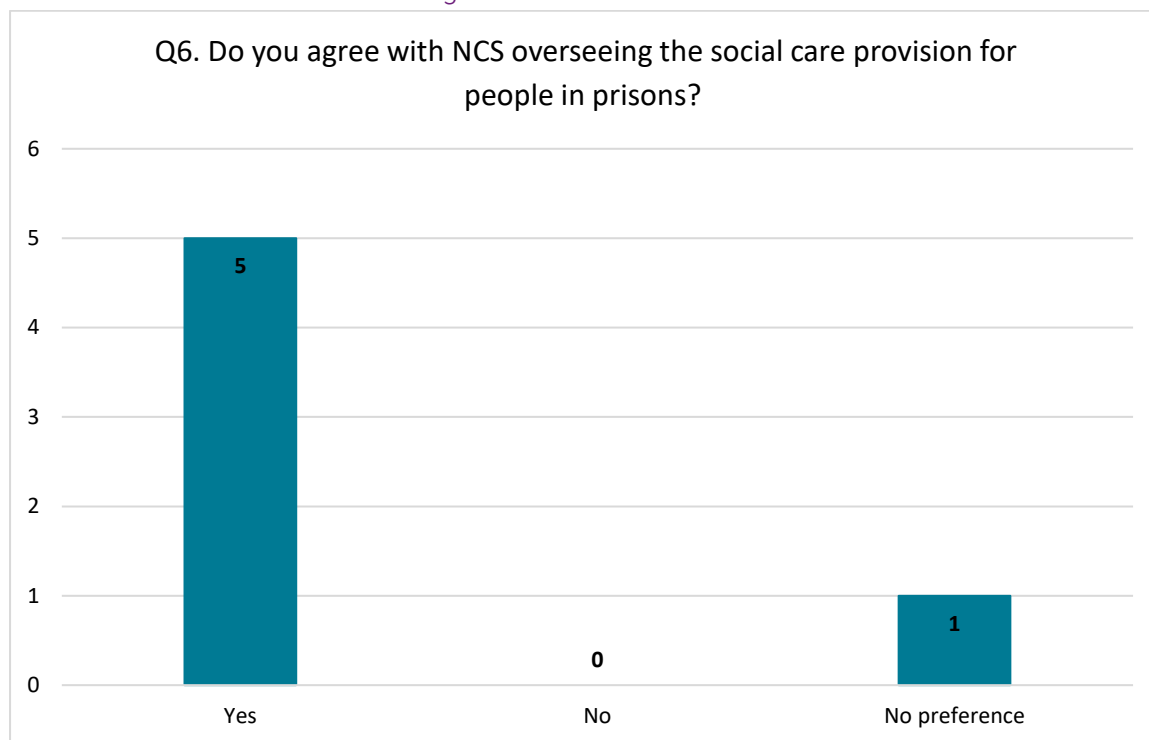


Theme: Justice Social Work





Theme: Prisons and Alcohol & Drugs



Additional feedback:

- It is vital Prisons and ADP are in the NCS
 - We would be doing greater work if it was under a NCS umbrella
- Alcohol and Drug addictions must be recognised under the banner of illness similarly to anyone coming out of prevention/recovery and moving back into the community
- Turning A&D addiction into a health issue is key
 - Reduces the stigma and enables people to be more open and engage better with services – more doors would open with greater opportunities

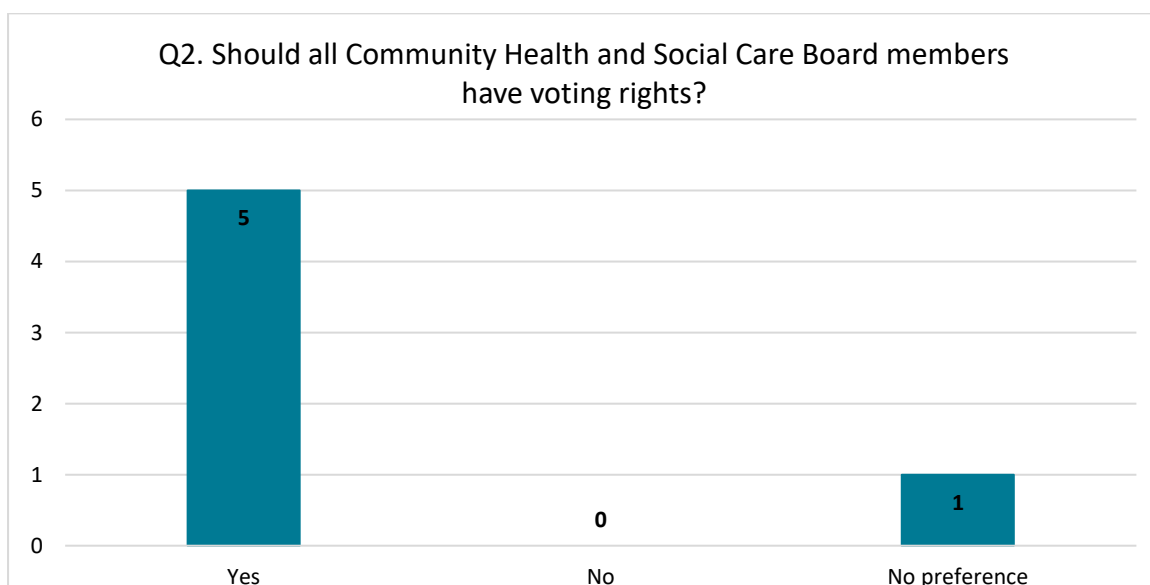
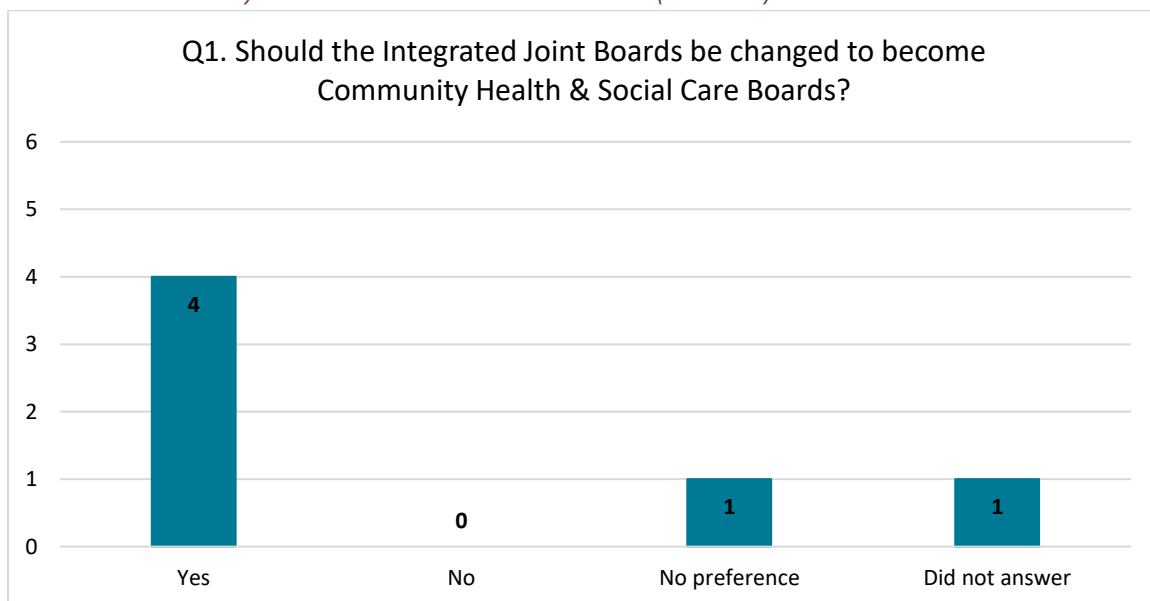


Chapter 4 – Reformed IJBs (CHSCBs)

Overall Feedback

- This should be a no brainer if people are going to be on the boards and they are in the community with people and have valuable information to contribute
 - Why on earth don't they have a vote?!
- Within H&SC in Fife we do have representation from our carers – we've had that for a number of years – their contribution is exemplary and vital
- As we know this is one of things that Feely had adopted immediately and has brought forward into the NCS proposal

Theme: Community Health and Social Care Boards (CHSCBs)

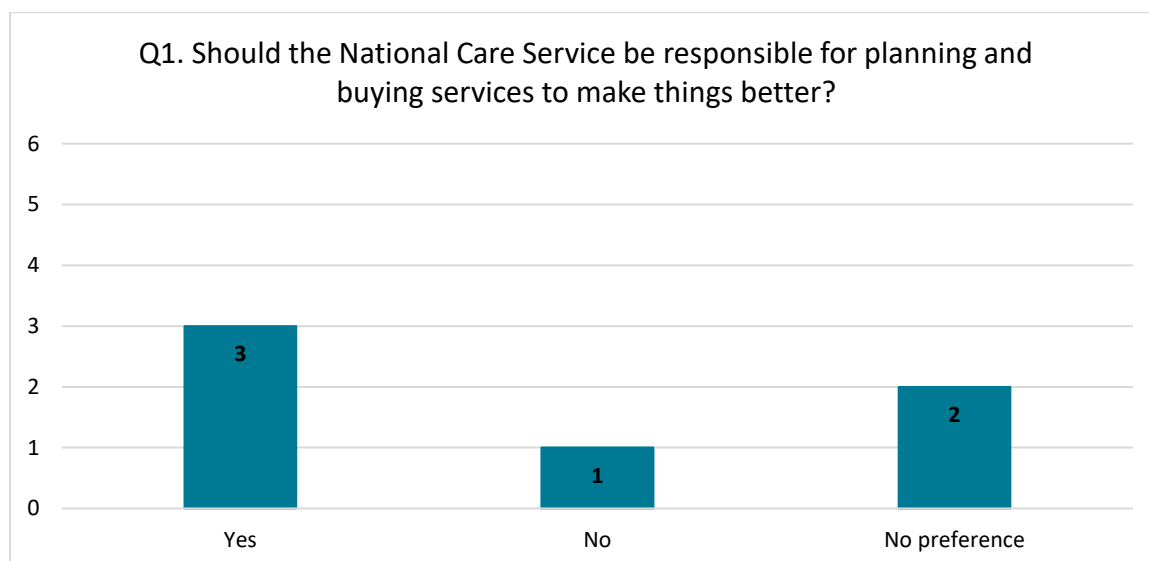




Chapter 5 - Commissioning

Overall Feedback

- We are aware of postcode lottery procurement and funding exists
 - If the NCS can begin to focus on best locality practice, work and procurement and is shared across the piece, surely this has to be the best way forward
- If there is a national care service looking across the piece they have got to be able to look to say “oh look the “borders” are carrying out some incredible work using “this” service then surely we can buy into this and have cross regional procurement and that way the postcode lottery that we talk about will go.
 - The way to go is sharing best practice across the board
- A lot of third sector organisations are very person centred and they are right there, they know what the people’s issues are and then if we go to bigger organisations that have funds to buy this in will the services they deliver become diluted and turn away from being person-focussed and will everything be focussed around money?
- It’s a huge concern – it must and has to come down to best practice – our NCS should not take on anything unless it’s tried/tested and approved – person centred delivery has to be absolutely safe guarded in what we do.
- A national standard will enable drawing the best practice from each area but are we losing the awareness of local knowledge and expertise in funding?
 - Will certain things be imposed in areas because it works well somewhere else?
 - Better understanding of how the mechanics of the NCS will work is needed
- Further consultation must be had



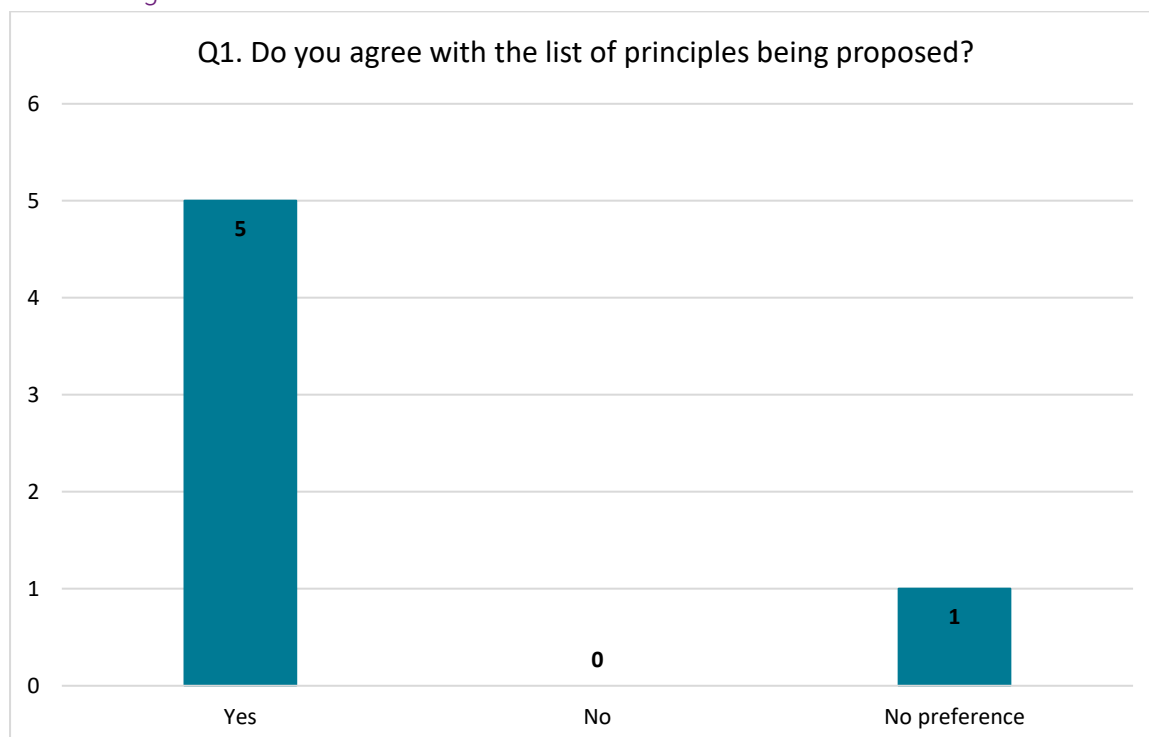


Chapter 6 – Regulation

Overall Feedback

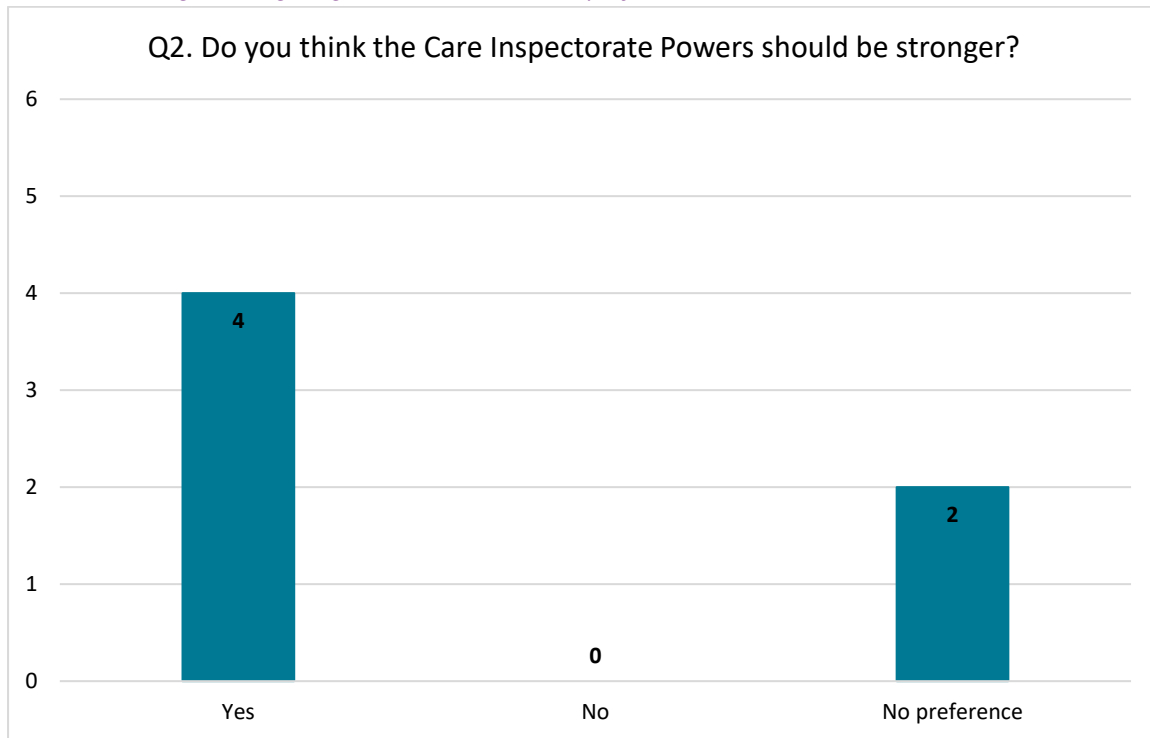
- Lack of care homes currently registered to support dementia patients is a real concern
- Concerns about how the inspectorate do their checks and who they are informing when they carry out these checks?
- There is no collaboration – the care inspectorate seems to be a body high on a hill and doesn't deliver value for money
- All care workers should be registered with SSSC
- It's a concern if care workers didn't want to be registered with SSSC
- SSSC should focus on employers as well as workers – workers can only do as much as they have been shown to do

Theme: Regulations

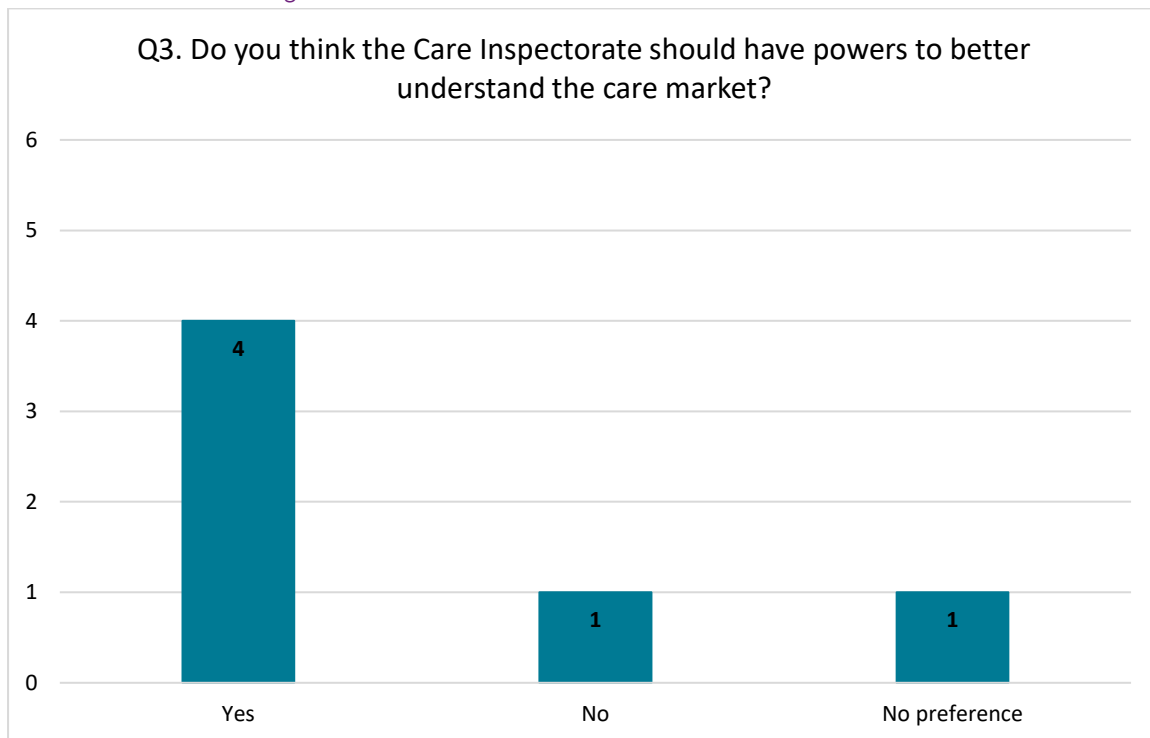




Theme: Strengthening Regulation and Scrutiny of Care Services



Theme: Understanding the Care Market

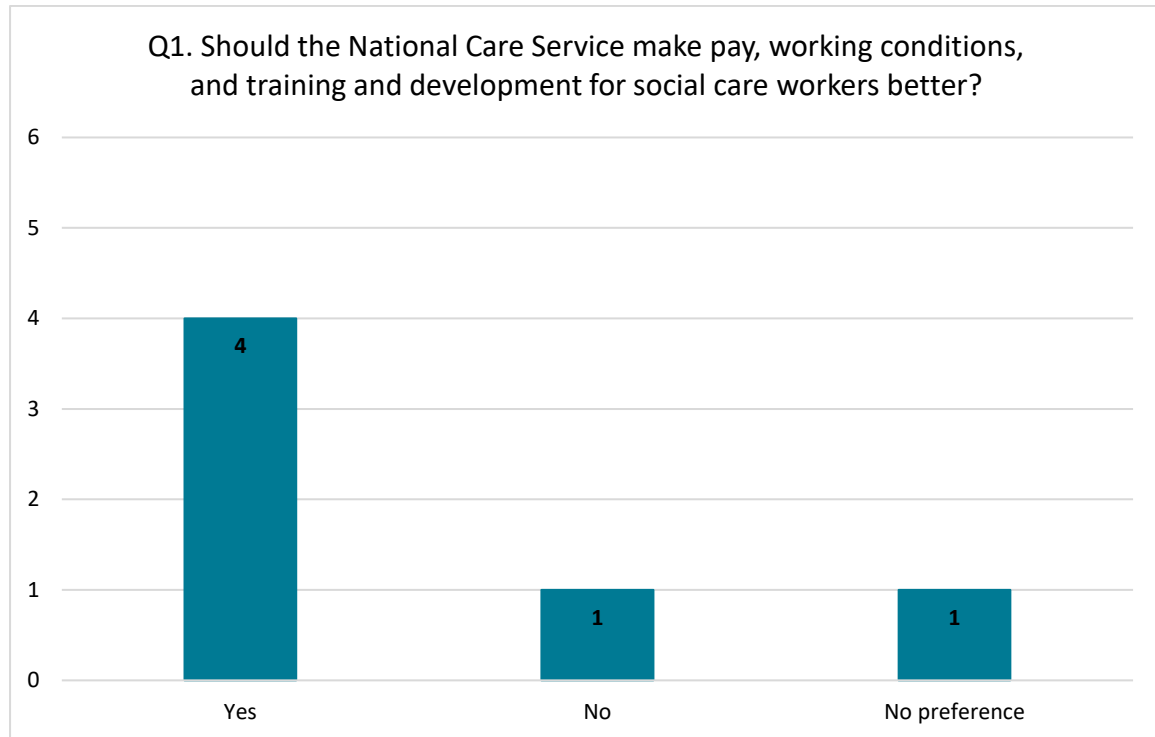




Chapter 7 – Fair Work and Valuing the Workforce

Overall Feedback

Theme: Valuing People Who Work in Social Care





Conclusion

In summary the common theme throughout this session was that although parts of the proposal make sense there needs to be more clarification across the board before things start to be implemented. The concern around losing local knowledge and expertise by centralising services was also raised throughout the workshops.

There was a lot of discussion around the theme of Chapter 5 and recognising that each area of Scotland will have different needs and requirements and “one size fits all” may not necessarily be the best approach. Good practice should also be shared and lessons learned are key where person-delivered services must be safe guarded. There is real worry around the focus shifting from the value of service being beneficial to the person to being money focussed and corners being cut.

Another key point raised was recognising that people with Alcohol and Drug addictions often have more complex illnesses than simply just addiction and this should be recognised and services should reflect this when being delivered.

Further comments recognised social care as being the “Cinderella” of health care when it really is a very complex and challenging job and staff should feel supported in training and development to pursue this as a career.

Overall it can be concluded that more information is required before being able to answer these types of question in detail and to support the proposals which have been made. One size fits all may not be the case and services should still be adapted across different areas but sharing good practice will help with this identifying what could work well and what could be implemented. Concerns over the focus of service delivery becoming money focussed rather than staying as being people focussed were also raised. Training and development concerns were also raised and taking the idea of social care not being a career driven role and putting emphasis on the challenges faced by social workers, and how with the right training and support, career progression could be beneficial to both workers and the sector overall.



Social Work Contracts

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 6 attendees participated in this session. The session covered Chapters 4, 5, 6 & 7 from the full Scottish Government consultation as these topics were identified as focal discussion points to these stakeholders. Attendees of this group represented Fife Council Commissioning Group.

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.

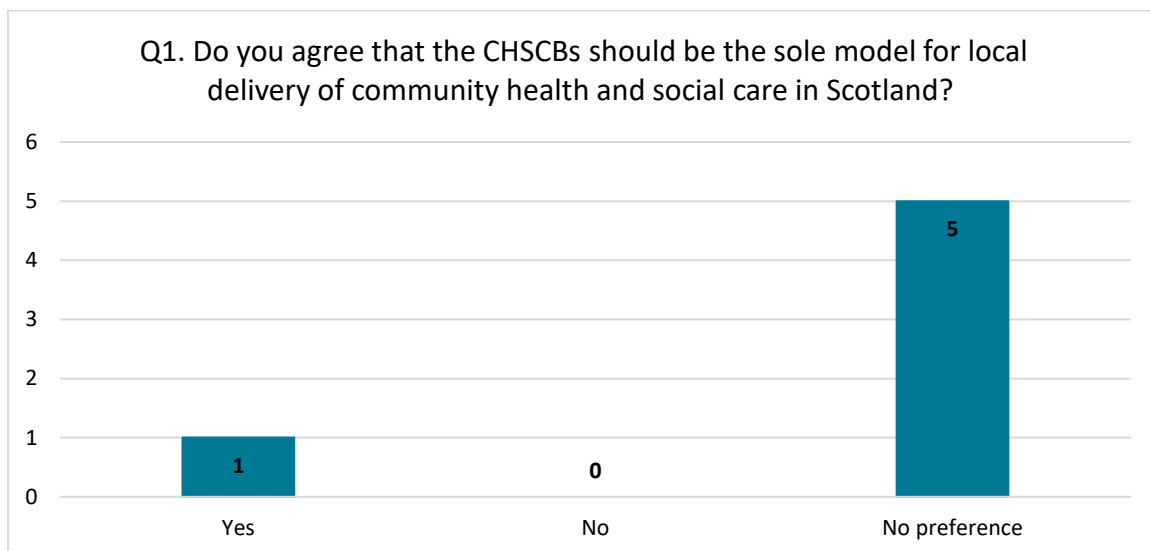


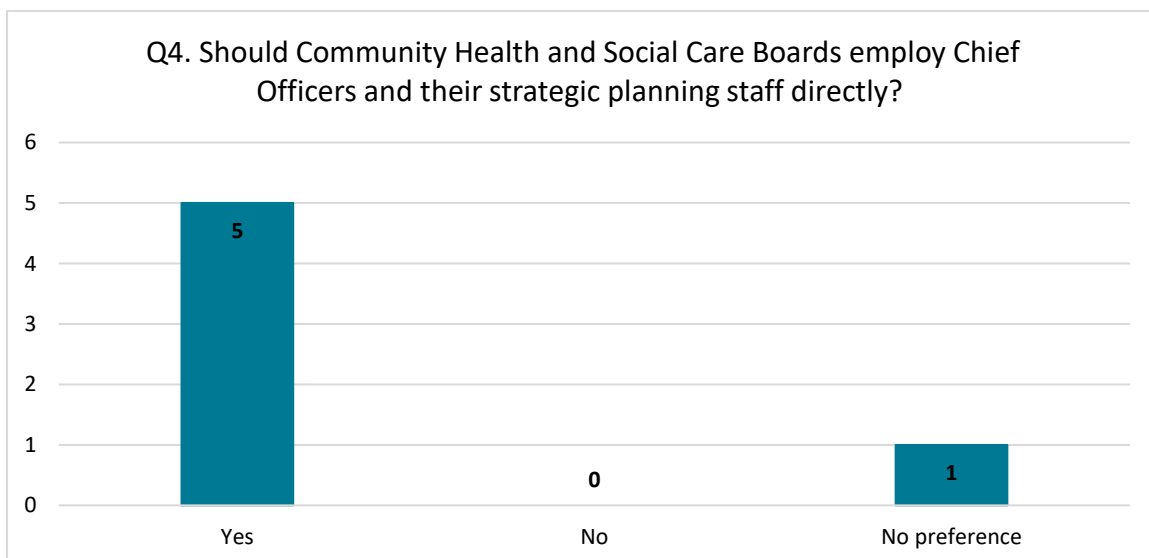
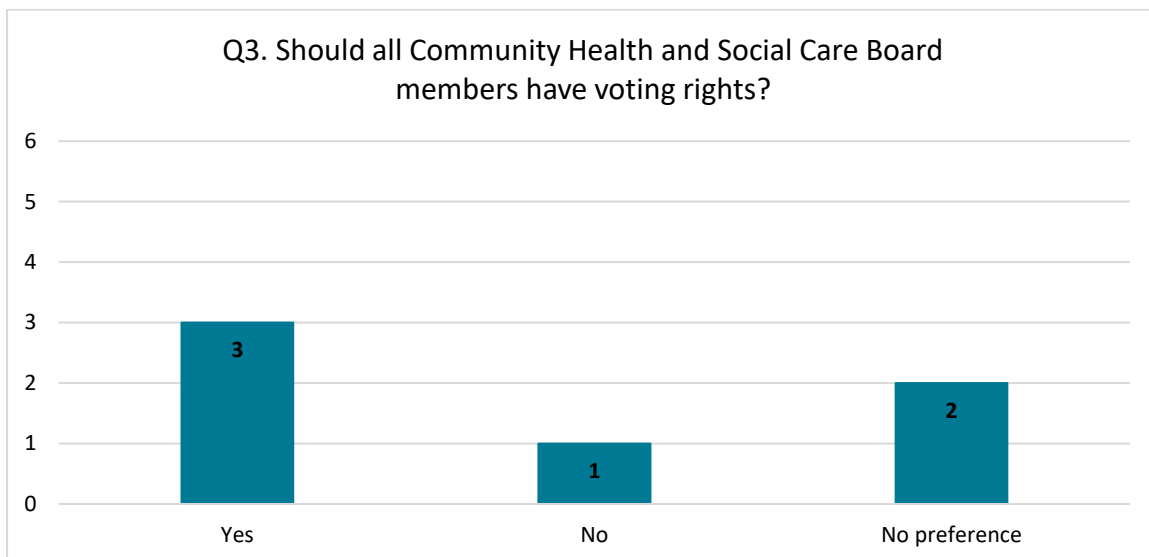
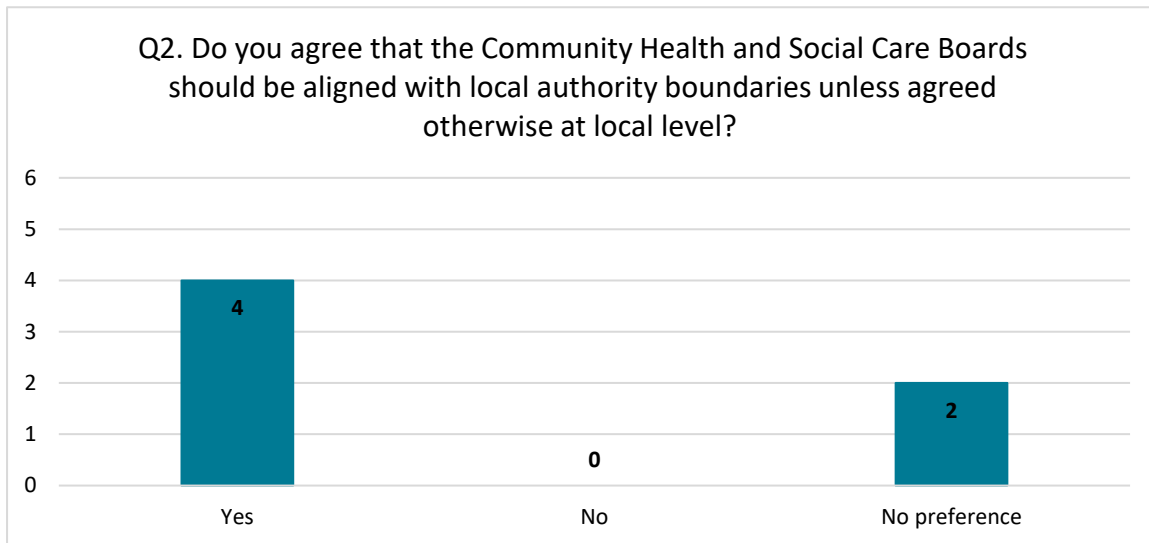
Chapter 4 – Reformed Integrated Joint Boards: Community Health & Social Care Boards

Overall Feedback:

- Fife is very different to other areas as we have our own NHS Fife and our own local authority which makes Fife easier to manage in itself
- If you are going to have representation around the table, it is important that they all take ownership of what they are discussing and voting – when it comes to decision making its left to only a few
 - Bringing all those parties together may not be the right decision but everybody who is involved must take ownership about the decision they are making if they are going to try and make things better for people
- Adult Protection Committee are key members and how they are linked in is key

Theme: Community Health and Social Care Boards (CHSCBs)



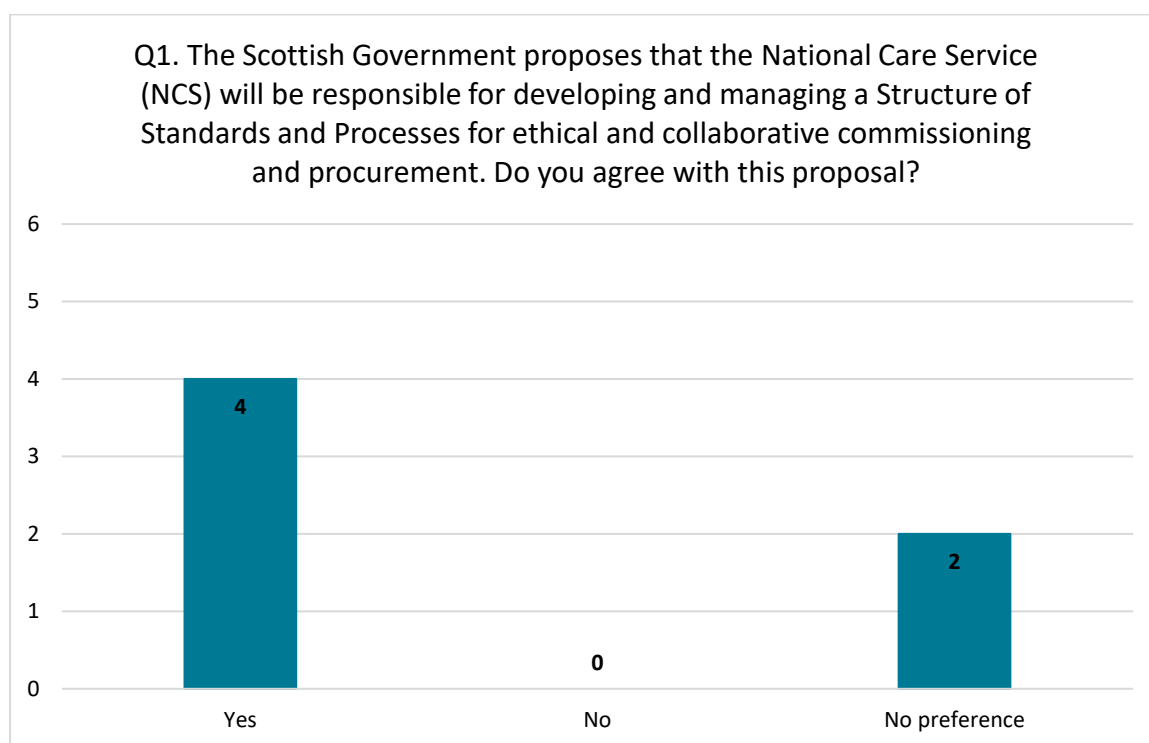




Chapter 5 - Commissioning

Overall Feedback

- Concerns over how far removed will that be from people who do the work
 - If there is an overall decision-making body, they need to be in touch with what is happening amongst staff as well as the individuals we are all here to support
 - It is about making sure they know what is going on in the ground and not making decisions in a far-removed place
- What is happening locally or in other parts of Scotland will differ – are the SG aware there will be local variation?
 - Local differences will be based on reality, population, demographics so it will become a challenge as it already is
- Some bits could be argued as good and it would bring some form of consistency
 - However some specialist services are really good because they are very localised and deliver an excellent service – this may be removed if it was to be delivered nationally
- This could be answered with good arguments for both sides



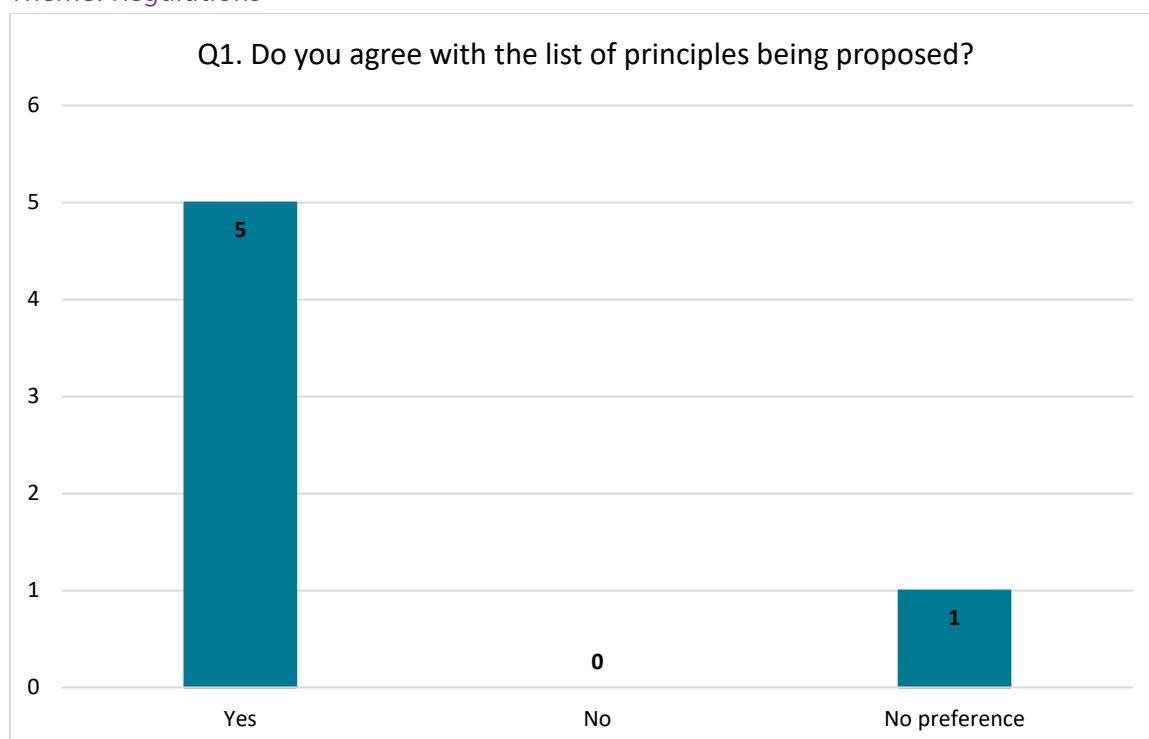


Chapter 6 – Regulation

Overall Feedback

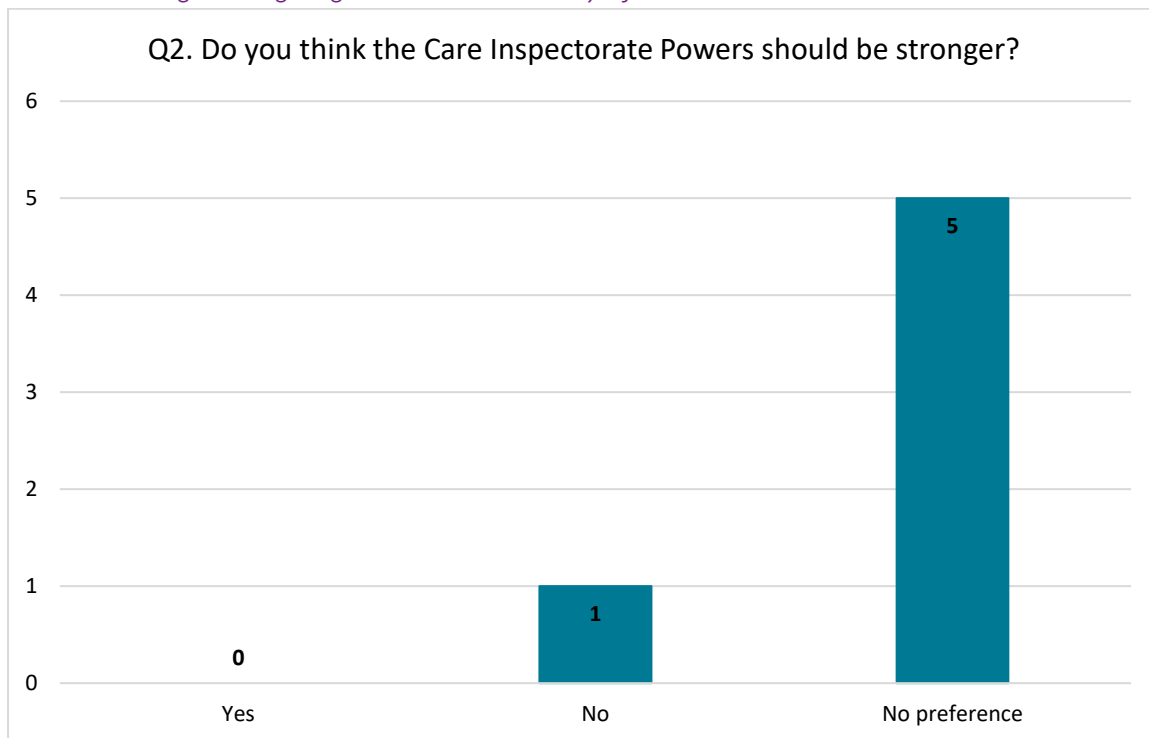
- What more power can the care inspectorate be given? We need more clarification.
- All care workers should be registered with SSSC. Home care workers should be registered.
- Personal assistants should be absolutely registered with SSSC
- It is essential that we have a consistency
- We need be careful when we are increasing powers for both SSSC and the care inspectorate
 - Why not merge them and make them as one?
 - Do they become one or stay separately?
 - What about disclosure Scotland?
 - Shouldn't all 3 be merged into one scrutiny and regulation body?
-

Theme: Regulations

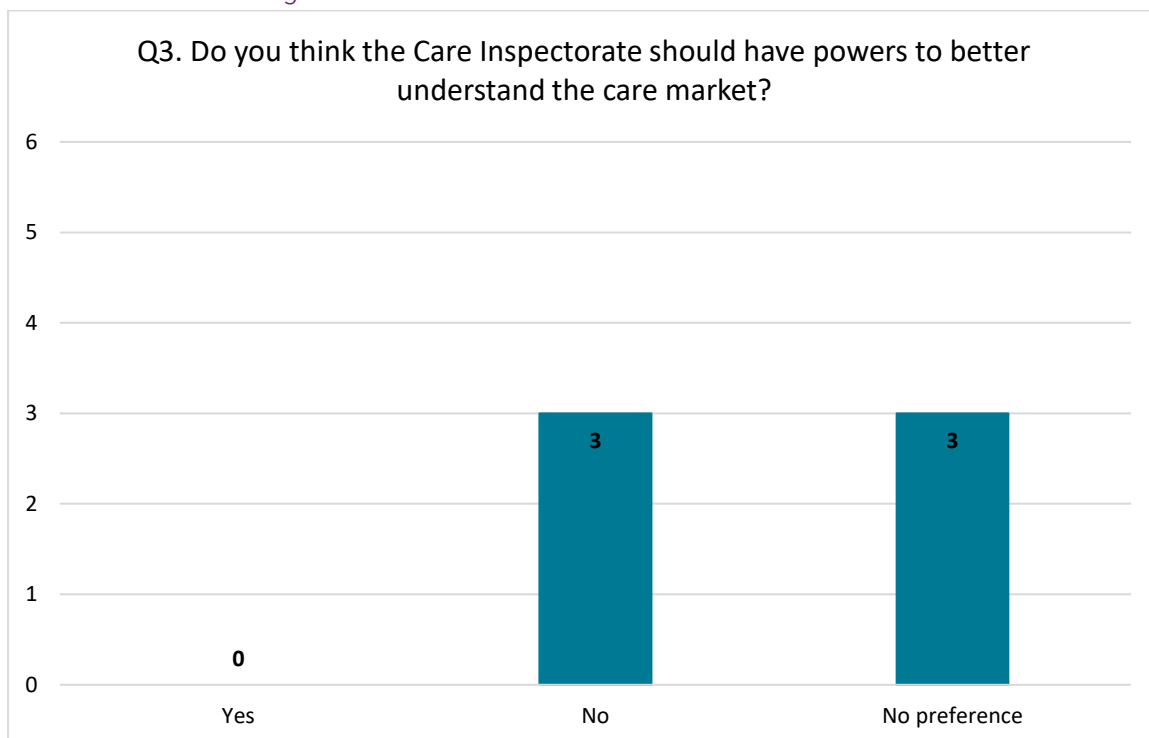




Theme: Strengthening Regulation and Scrutiny of Care Services



Theme: Understanding the Care Market



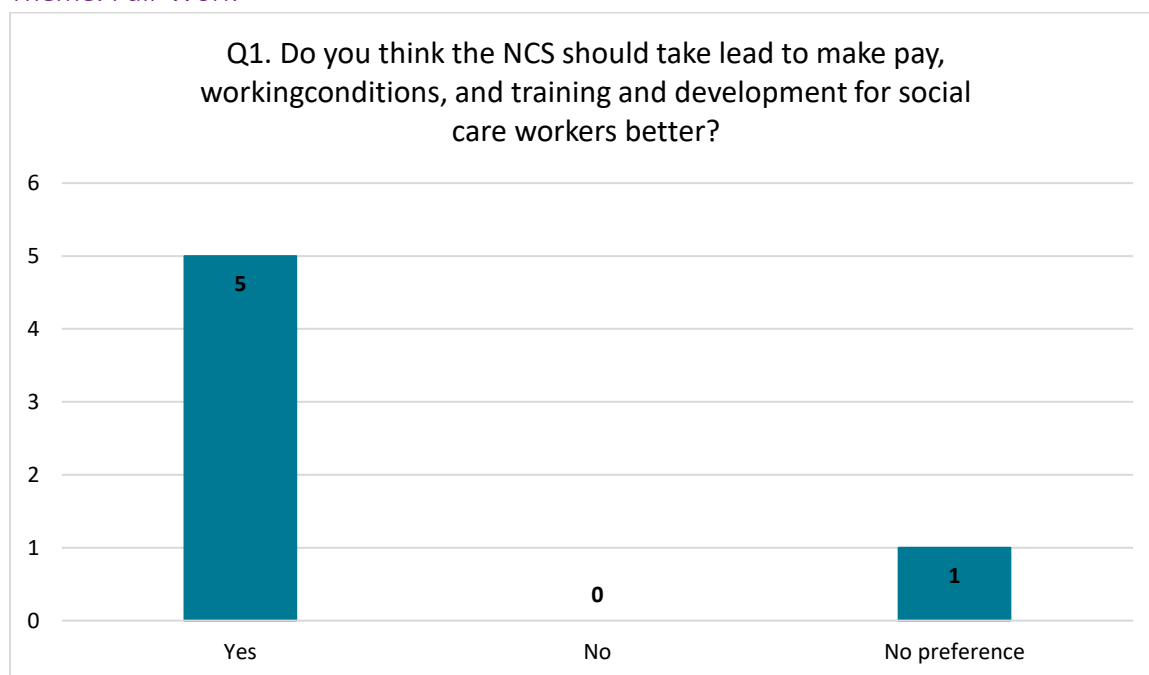


Chapter 7 – Valuing People Who Work in Social Care

Overall Feedback

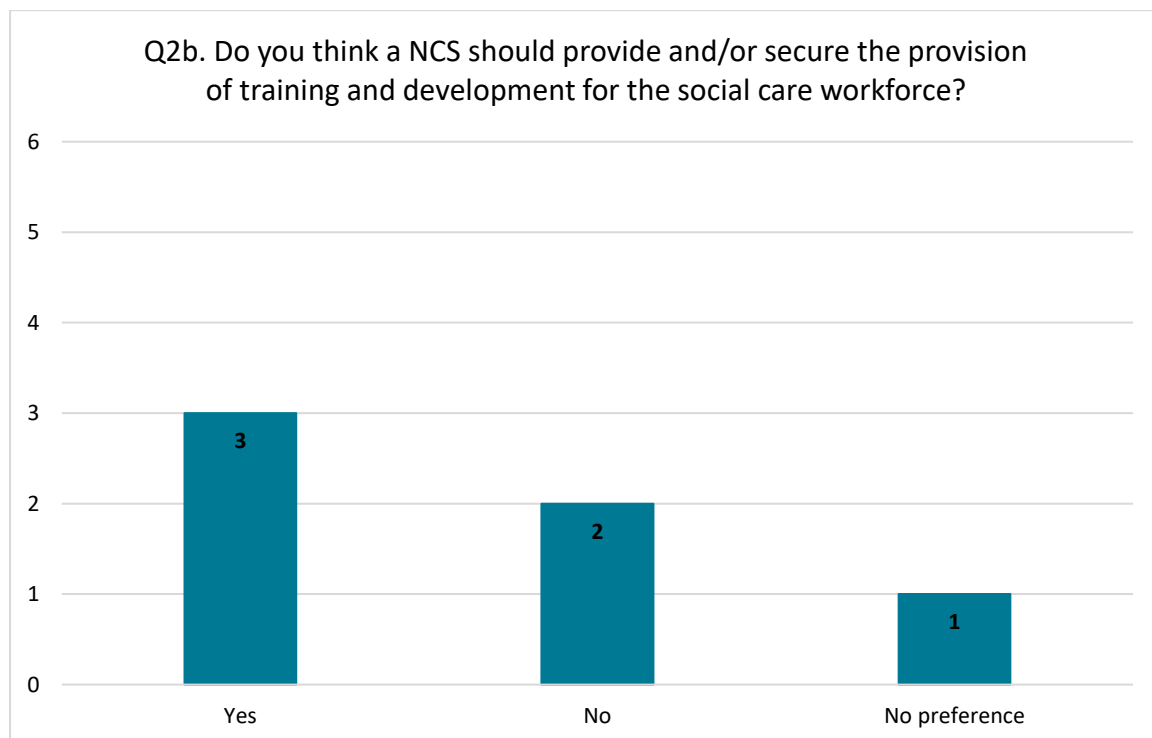
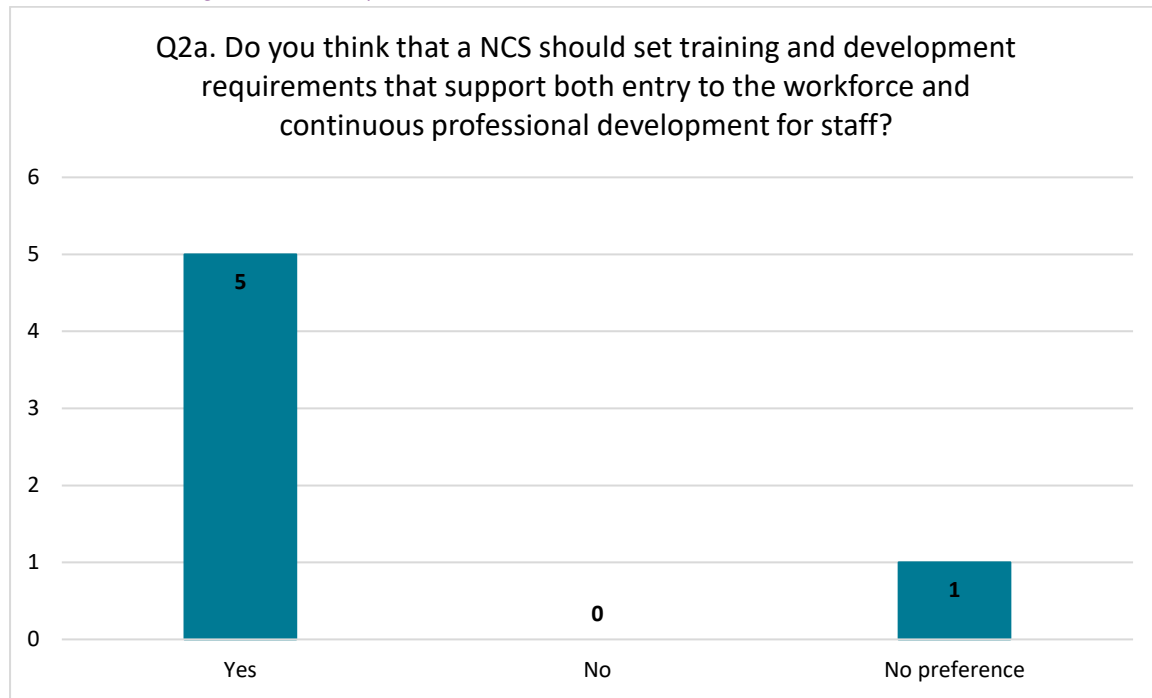
- Normally the employer is responsible for pay, how can the NCS decide the pay if they are not the employer for staff?
- If pay is standardised would that mean employers would be restricted of what they paid and the conditions they offer to staff
- The standard wage may not benefit everyone
 - With the hope being to remove low pay how do you manage this and how do you make sure that everyone gets paid?
- SSSC already set out the training and rules for people to follow - why are we reinventing the wheel?
- What's new about the proposals? The training and development of staff?

Theme: Fair Work



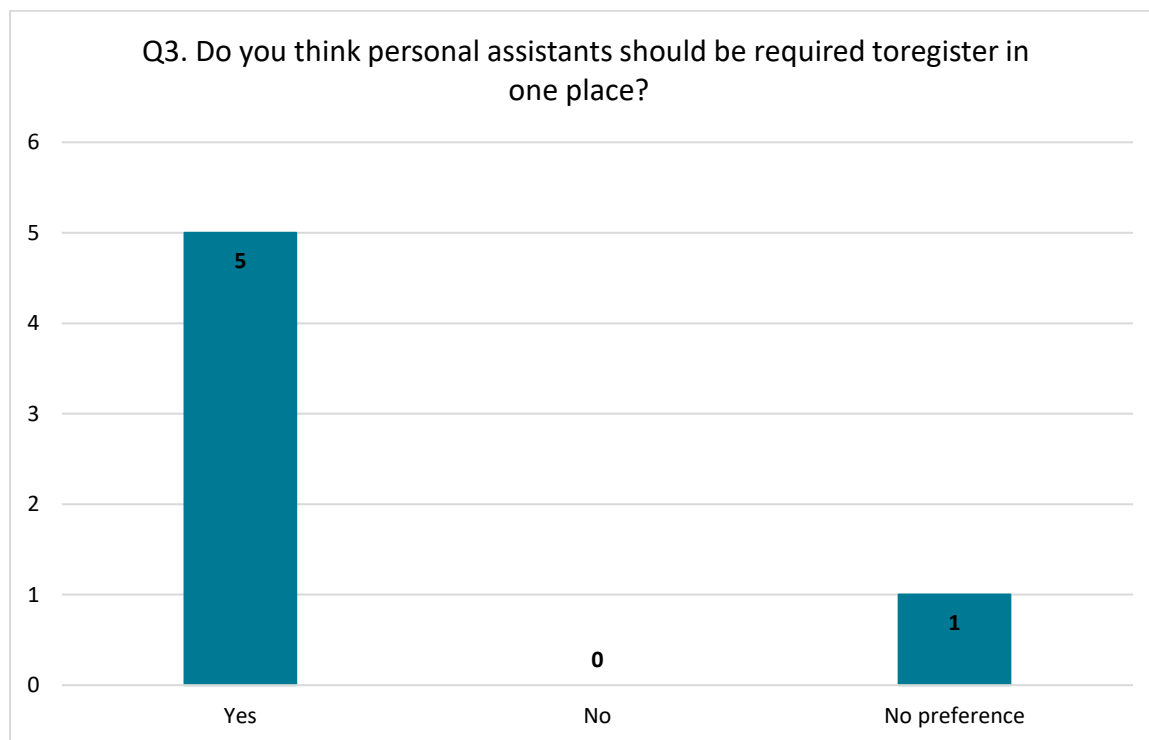


Theme: Training and Development





Theme: Personal Assistants



Additional feedback:

- Personal assistants: registration might be a good thing, but it also might put people out of a job
- In terms of support it would be good if PAs get the support and qualifications
 - PAs tend to be forgotten about when it comes to training
 - How do we make sure that PAs are trained and aren't putting people at risk.



Conclusions

In summary the common theme throughout this session was concerns over losing local based knowledge and specialist services if health and social care is nationalised. It is felt that this would see more disbenefits than benefits to both people who work in the sector and to those who receive the services delivered.

The monitoring of pay was also raised as a concern and how this would possibly restrict employers as to what they pay their employees and what conditions are offered. It was also felt that the SG are trying to reinvent the wheel as some workforce regulations are already implemented through the SSSC.

An important discussion point was Personal Assistants and how having to register in one place may cause issues and put people out of a job. Furthermore, PAs tend to be forgotten when it comes to training and development and so further regulation on this would be good to ensure people receiving their services are not put at risk with adequate training being received.

Overall it can be concluded there is real concern over losing locally delivered specialist services and in some cases some of the proposals seem to be a repeat of what is already available. Although some of the proposals could be good there is a lot that may not benefit everyone and may not work across all areas of Scotland. Fife is recognised as being very different to other areas of Scotland as it has its own NHS Fife and its own Local Authority.



Additional Feedback from MS Forms

At the end of each of the online workshops we offered participants the opportunity to submit results through a Microsoft Forms questionnaire. This was to allow our stakeholders to have more time and a chance to think about feedback they want to submit. From this we received 2 responses through Forms and have provided a summary for feedback in each chapter.

The general feeling is that the proposal of a National Care Service has been poorly formulated and lacks any depth with comparisons being made to other services that have been centralised with no real benefit to local communities and those who access services. It is felt that the consultation is leading in many ways and that by indicating a “no preference/or more information required” may be taken as an approval to the proposal which is not the case.

Chapter 1

Summary of feedback:

- It is felt that improvements can be made to existing partnership working particularly in relation to planning for care packages to reduce pressure on hospital wards.
- There is a concern that sharing good practice runs a risk of a one size fits all service and will become prescriptive care and support rather than personalised services.
- It is felt that a single e record could be a positive improvement if correctly planned and delivered.
- There are concerns regarding the understanding of “fair care charges” and what this actually means. Questions are raised regarding the cost of a NCS and if there were monies to be gained are they only available to the new service and not existing partnerships.

Chapter 2

Summary of feedback:

- Having a minister accountable for care raises concerns that local knowledge will not be considered and that this will impact on services at a local level.

Chapter 3

Summary of feedback:

- The general feeling is that information is too vague and there is no clarity on proposals. There are concerns that bringing services into the NCS will dilute the services thereby shifting priorities which will not result in better outcomes for people. There is a risk of losing established links between education and children’s services if they are moved into the NCS at the expense of creating a link with Adult Services.



Chapter 4

Summary of feedback:

- There is a feeling that if voting rights were given to all board members then there is a risk of board members decision-making being swayed by others who are in favour of a particular interest thereby reducing democratic accountability.

Chapter 5

Summary of feedback:

- There are concerns that quality of services may become second to cost and that those receiving services will have less say in decision making regarding the services they receive. The general idea may be good but not if local commissioning is lost.

Chapter 6

Summary of feedback:

- The general feeling is that further information is required with regards to understanding and clarity of what powers are currently held. It was stated that regulations would need to be realistic taking into account admissions to care homes.

Chapter 7

Summary of feedback:

It is known that pay and conditions for health and care workers is an on-going issue with a feeling that this is in line with other low paid jobs. Concerns have been raised that workers may be driven out of the workforce if a one size fits all approach is taken. It was felt that central registration of personal assistants would not improve on the current situation and that people should be able to choose who their personal assistant should be.