



A National Care Service for Scotland Consultation

**Senior Leadership Team
5th November 2021**

Feedback collected and reported by



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A National Care Service for Scotland - Consultation

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Yes

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Organisations – your role

Please indicate what role your organisation plays in social care

Providing care or support services, private sector

Providing care or support services, third sector

Independent healthcare contractor

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

Representing or supporting carers

Representing or supporting members of the workforce

Local authority

Health Board

Integration authority

Other public sector body

Other

Fife Health & Social Care Partnership

Senior Leadership Team (SLT)

National Care Service Consultation Response

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Introduction

The Fife Health & Social Care Partnership (Fife H&SCP) aims to work closely with communities across Fife and to provide support to deliver better health and wellbeing outcomes for the people of Fife.

As a network of senior leaders in the Fife H&SCP we represent:

- Director of the Fife Health & Social Care Partnership
- Heads of Services
- Chief Finance Officer
- Head of Strategic Planning, Performance and Commissioning
- Associate Medical Director
- Associate Director of Nursing
- We have also engaged with the wider Extended Leadership Team of Fife HSCP

Fife Health & Social Care Partnership's vision is a to enable Fife to have health and social care services delivered in a sustainable and integrated way and for people receive the treatment, care and support they need at the right time and in the right setting, with a focus on community based and preventative approaches.

1. Section One - General comments

General comments on the proposals within 'A National Care Service for Scotland – Consultation'- August 2021, document.

Fife Health & Social Care Partnership's SLT welcome this opportunity to comment on the document 'A National Care Service for Scotland – Consultation', August 2021. The general comments below relate to any or all sections of the document and highlight the views of all SLT members who attended the online workshop held on Friday 5th November 2021.

In general, the principles laid out in the Independent Review of Adult Social Care were welcomed by the SLT. The recommendations were further reaching than expected based on the reading of the Feely report and are areas that will require further exploration and more specific consultation to explore the service implications for individuals receiving services and also the staff providing the service.

There was agreement that on which were seen as benefit key points which were raised throughout the discussion included;

- The bureaucracy that exists with current arrangements between partners is not optimal and makes it difficult to plan
- The idea of a Minister accountable for social care is right just as we do for health care
- There needs to be more information and further clarity over some of the proposals
- There is a lack of clarity on the specific implications and what this will mean for ways of working across social work and social care throughout the paper

Whilst the SLT recognise that some aspects of the NCS proposals would be beneficial in addressing some of the current challenges in health and social care services, it was felt that before anything can be implemented, more clarification is needed and further consultation is absolutely crucial to recognise opportunities which could aid in better delivery and better outcomes for the people who use social care and the support available to their families and carers.

2. Section Two - Section specific comments

Where there are comments relating more specifically to the various sections of the consultation document, these are included below. These are in addition to the general comments that relate to any or all of the various sections of the consultation document.

2a Chapter 1 - Improving Care for People

2a(i) Improvement

During the discussion of the creation of a NCS it was recognised that definitions of services revolve around needs, helping and providing. It will be important to ensure that the local responsiveness of delivery remains recognising the diversity of Scotland's geography and population. The review is far reaching and an implementation plan that outlines a direction of travel and prioritises groups of services early intervention and prevention, GIRFEC, Children's services together

alongside Social Care and Social Work and Criminal justice) could be more beneficial than trying to do it all in one go.

SLT support a strong focus on prioritising prevention and early intervention, and this can commence as it has done ahead of any formal implementation of a NCS.

It was agreed that Getting it Right for Every Adult (GIRFA) could work if it was implemented similarly to Getting it Right for Every Child (GIRFEC) and this could be a fantastic opportunity. GIRFEC has been implemented without a national service, therefore there will be learning from this process that can support the cultural change and pace towards common purpose that will be important to bring through. There is no doubt however that having adult services fully integrated together will bring value and this focus on integration must remain integral to any future service plan.

Taking a single planning process into consideration it was recognised that accessing two separate financial systems as it stands (NHS and LA) causes challenge in relation to supporting operational delivery and planning. Integrating this would make a huge difference and would enable to create better reports and data analysis.

2a(ii) Access to Care and Support

It was identified that there is a clear gap in eligibility criteria in its current form and moving from risk to enabling should be done and is important but will be an expensive option. It was recognised by the majority of SLT members that in Fife the eligibility criteria means there is a challenge in expanding service provision beyond critical. This will however require investment into care at home and support services.

2a(iii) Right to breaks from Caring

Discussion around this topic supported the idea that breaks for carers must be more flexible and carers must be made aware of what is available to them and any support they are entitled to. It was agreed this is crucial as it is the right thing to do and reflects the Carers Act.

However, it was noted that building personalised support packages is a great idea it is very hard to imagine having this in place at the moment and would require even further investment. This was supported furthermore with comments around the fundamental values of supporting people's outcomes which are needs led, by what people want and need, and personalised support packages could be a good way to aim for the best possible outcomes. Further consideration will be needed in order to identify the best way to implement this.

2a(iv) Using Data to Support Care

SLT members discussed improving information sharing will require legislative changes but continue to have robust regulation to support data protection, promote public assurance and confidence and also sharing data across agencies more openly. There will be systems requirements needed will help ensure that data systems e.g primary and secondary care and health and social care records can join with robust process for access and sharing.

A really good IT infrastructure will have to be in place and members are not sure this is currently in place to support. We need to be realistic about the costs (infrastructure) and timescales of getting this in place and these implications must be identified early on.

SLT members generally agreed with this proposal however the practicality of how it would be implemented required greater clarity.

2a(v) Complaints and putting things right

In general, most members agreed that we need a solid infrastructure for this to work, so we are responding consistently nationally and locally. The opportunity the NSC offers is to have a standardised system and process and champion a consistent culture in relations to feedback, complaints and learning. Getting this right at a local level requires local leadership and ownership and the ability to scale up and standardise learning.

2a(vi) Residential Care Charges

SLT recognised the impacts particularly in relation to cost if Scotland was ever to reach this point. It was noted that a lot of care home rely on people who self fund and there will be impact on if everyone is on a level playing field and pay the same rate then sustainability of care homes would be a challenge and may impact on sustainability of the sector. This proposal would be a huge task in itself.

2b Chapter 2 - Making Ministers Accountable for Care

Fundamentally this is one of the biggest changes. This is something that could have many opportunities however there is a need to meet local innovation. We should raise the profile of social care and make it something that's highly regarded and respected.

In line with the legislation that supports integration through the public bodies act we need to ensure that the focus continues to be on localities and local innovation but a system would have to be designed to enable this to happen. Local accountability and decision making must be factored into the model that's looking to be developed.

Members felt that having a NSC will remove a lot of bureaucracy for the H&SCP. We have a Scottish minister accountable for health, so why wouldn't we have a minister accountable for Health and Social Care? It was felt that as it stands a lot of the decisions are made politically and that will be removed and having a minister and NSC will remove all of those uncertainties.

Members felt that whatever the eventual model, structures at the centre need to be more integrated and we cannot lose the focus on Integration as it is through integration that we will achieve the National Health and Wellbeing Outcomes including the delivery of seamless care for the people of Scotland.

2c Chapter 3 - Scope of the National Care Service

The breadth of services proposed to be within the scope of the NCS was recognised as significant whilst further clarity within this proposal is required and further evidence is needed to support this.

2c(i) *Children's services*

Members agreed children's services should be included with the caveat and there would need to be strong links with education services.

In Fife children's social work services are aligned with education services but there are gaps and a clear lack of alignment with children's health services. Given the complexity of child protection issues the child protection teams and family nurse partnership including health visitors work closely together. This would be an opportunity to fulfil the concept of the cradle to grave concept and journey through life - having things managed through one structure is an opportunity to work closer on the early intervention model if we were joined up.

It was recognised that there are going to be challenges to do this and it will make the service huge. However thinking about it from the public point of view it will be easier for the people and it will be a positive shift for them and will make a huge difference for the transition from children becoming adults.

Members also mentioned that there is already a bit of a hybrid already in some Children's services in Fife so it makes sense for Children's social work to be part of the NCS.

2c(ii) Healthcare

There was uncertainty about what is being proposed around Primary Care and how this would work effectively and efficiently. This will require clarity regarding professional accountabilities and how this will connect to Medical Directors or what this means for Independent Contractors if a different approach is being proposed. The value however of having primary care connected as part of an Integrated Community Care Service is vital. Through the MOU2 services supporting primary care will be within scope and GP's are critical members of the Multi-disciplinary Team along side social workers, social carers and the healthcare team. There will be risk if primary care is not well aligned the community care as all people cared for in the community are cared for by a GP and therefore are integral to the community care. We also need to ensure that there is connection between primary, secondary and tertiary care services.

It is however recognised that this is a complex area and further clarity is needed to support this so that any changes add value and don't just add to further complexity.

2c(iii) Social Work and Social Care

Members recognised that legislation nationally would require to be changed. There is benefit of inclusion including the recognition of the services and so it was agreed that it would be more beneficial to keep them in than exclude them.

2c(iv) Nursing

Members felt this was an interesting topic yet complex and although it suggests governance and assurance it does raise more questions than answers. Clear definitions, roles and responsibilities would shift the functionality of current executive nurses and questions were raised over how many would be required at a national level – if more than one is required this poses concern over doubling senior roles which may not be the right thing to do.

Further clarity may be needed regarding the role of a Senior Nurse withing the Community Health and Social Care Board and a need to clear accountability and clarification regarding how this connects to the Executive Nurse Director. There will need to be senior Clinical Advice to the Community Health and Social Care Board and to the Chief Officer and would not want to lose the value of having an Associate Director of Nursing which is a hugely valued role. There is excellent examples of how this has worked through the care home hub work and further discussion is needed regarding any expansion of role including Independent care homes and care at home providers. Would also welcome further clarification on the connection to and in support of the Chief Social Work Officer role.

Overall, whilst this may appear technically straight forward however the delivery of this in practice would be very complicated.

2c(v) *Justice Social Work*

In general, members felt they do not have enough knowledge of justice services however it was agreed that it does sit awkwardly in children and family services in social work. They are currently functioning services because they are prescriptive, however they couldn't sit in a Council not attached to any other part of SW so it would make sense for them to go to NCS.

One member fully agreed that Justice SW needs to sit within the NCS as justice covers all services. Given the nature of their set up and what they do, and if you are going to have children and adult services as part of the NCS, you need to have this aspect attached as well.

2c(vi) *Prisons*

Overall SLT members agreed that Prison social care should be included in the NCS – we already include health care for people in prison so why would social care be excluded.

2c(vii) *Alcohol and Drug Services*

SLT members generally support the inclusion of Alcohol and Drugs Services being included in the NCS. They link in well with health and social work. Currently we are trying to strengthen the ADP role within the IJB and Partnership and the MAT standards are clear about ADPs reporting in to IJBs. Members agreed that this is something they see we should build on.

2c(viii) *Mental Health Services*

Fife have found real value in having Mental Health services as part of Health and Social Care and if we are bringing all social care services together then they should also be included giving opportunity for whole systems working and multi-agency pathways of care. Concerns were raised in relation to a local and national variation oversight however the overall importance of including this in a NCS outweighs this.

2c(ix) *National Social Work Agency*

SLT members discussed that this seems a reasonable and appropriate thing to do which will promote social work as a profession and that if it brings a level of national profile to the profession that that would be beneficial.

However other members discussed why it needs to sit in NCS, and that it needs to be independent body that oversees the professional quality of the workforce.

Overall members did agree that more clarity is needed around what this will mean and more detail is needed around how this will work in terms of a national profile and terms and conditions etc.

2d Chapter 4 - Reformed Integration Joint Boards: Community Health and Social Care Boards

In agreement to this proposal, SLT members highlighted one of the things that's been a challenge is that only elected members or members of the health board have currently have a vote on the IJB and this is wrong. As it stands there are carers reps and public reps who don't get to vote - people who come onto the board should be equal and have an equal say, voice and power and have some authority. The Community Health and Social Care Boards have enhanced authority which would help to remove constraints but must keep a strong focus on Integration and Integrated Services Building on the work that has started strongly in IJB's there is a need, which is recognised in the MSG indicators for improvement which relates to culture and the need to get to a point where people on the board there is a clear remit for them and it's not about bringing your views from your partner agencies or political party. If all members can vote we will need to ensure that all members are well supported and undertake induction and training to support them with what may be challenging decisions regarding funding and service change to support a balanced budget and evidence based strategic planning.

2e Chapter 5 - Commissioning of Services

If we get this right it will be key unlocking the key for service delivery and right person right place right time.

However, concerns over the establishment of a national procurement team were raised as they must be aware of local framework and local services, local position, and local responsibilities which could be lost. It was also noted that standards and processes are key across the sector, there is already a good mix of commissioning processes in place in Fife and need to ensure that this is not lost through a national structure. General agreement between members was that this needs to happen, but we need to ensure its not restrictive and that quality standards are adhered to i.e., not just using the cheapest, looking at the quality of services provided. There is an opportunity to strengthen what we have in place in fife by having a national standard.

Furthermore, members also discussed that there is no definition of complex or specialist services in terms of having national contracts and frameworks - it would be interesting to know where that starts and stops. It was noted that health care already has Scotland Excel in place, and in terms of complex and specialist services it would therefore not be necessary. As this has already been developed in national service specifications for such complex services.

2f Chapter 6 - Regulation

Overall SLT members agreed that the proposals within this chapter are fair - if you have a service and the way its structured and proposed you need to have a scrutiny and structure. How it works and how it pans out is different, but overall agreement for having this in place.

2g Chapter 7 - Valuing People who work in Social Care

2g(i) Fair Work

Members agreed that it should be fair work no matter what service you work in but it is a necessity to ensure all services are aligned to fair work principle - there will be challenges around how providers do this.

The national job evaluation framework could be significant in that you are employed and if you were to have a NCS where you are employing the staff directly, then you have a lot of people on different pay bands - the pay band structure could be something that will be crucial. As it stands there is a big difference between pay across NHS and council. Furthermore, there will be challenges faced if you increase the cost of care in terms of raising pay, but there is a real positive here for social work and social care. There is a need to ensure that there's sufficient funding to embark on this as there is likely to significant costs associated with these proposals. Final remarks suggested there is something in there particularly when the NCS is unclear of how fair work will be addressed and what will the barometer be of that particularly if we are aiming to have integration within this space.

2g(ii) Workforce Planning

Members recognised the opportunity around promoting careers, a place where someone wishes to work there. However, questions were raised over how you promote carers, what is the career progression and the opportunities on offer, and

members discussed that it is about the numbers and the data on how we can do that. Furthermore, members discussed how this can be done on a strategic level and highlighted that you don't see many adverts for the care sector. We need to not underestimate the value of identity and sense of belonging show that the work is valued and important and also support public messaging and recognition Examples of includes national uniforms etc. Members agreed that if this proposal is taken forward, the recruitment, the retention and the moral should improve.

It was also recognised that although the above ideas and proposals would need national support, the concern over how we grow the sector without taking it completely from the independent sector was also raised, i.e., the “robbing Peter to pay Paul” syndrome. We need to ensure that is not the case.

2g(iii) Training and Development

During this topic, members identified that there is already a lot of things in place for entry requirements, all those things that we need to be aware of it. Anything that brings more focus, resources, raising the profile will be beneficial and these things will start creating the work force we need and to raise profile and investment.

It was importantly by some members why the requirement for a brand-new service was required when we already have the SSSC and NESS doing this. A focus on Organisational Development Support will be required to champion the cultural change needed.

2g(iv) Personal Assistants

SLT Members agreed that this proposal is essential and has been a long time coming. It was recognised that there is a lot of care going on that is currently not regulated and people are employing their own Personal Assistants (PAs). The focus has to be around adult protection and ensuring the safety of the vulnerable people we have but not forgetting the safety of PAs. It's not about taking away the people's choice, it's about ensuring they are supported the right way to make their decision and the service they get is the right one for them.

3 Section Three – Concluding Remarks

There are many opportunities that have been identified and that would be welcomed within these proposals and a lot of these would bring benefits to services and service users. Equally however there are various challenges, risks and threats that were identified which questioned the requirement of a NCS.

Members highlighted that the priority of any proposal should keep the service users and carers at the fore front of any decisions, and decisions should be made based on the needs of people and improving the services and support they receive. It was argued this could prove difficult from a national level given the varied localities across Scotland.

Although the SLT members of the Fife H&SCP cannot provide a complete agreement, or disagreement on certain questions this response provides a majority view.

4 Section 4 - Appendix

4.1 Appendix 1 – Extended Leadership Team (ELT) Response

The Extended Leadership Team were asked to submit any comments and feedback:

Opportunities:

- Move to an independent Board would be an improvement in relation to governance and scrutiny
- Minister for Care
- Clinical expertise that is wider than NHS Fife for sharing of ideas and practice
- Increased accountability for social care e.g., care homes, care at home
- Increased focus on early intervention and prevention
- Avoid postcode lottery regarding quality and availability of service
- Principles of GIRFEC into adult services (concerns and positives for the inclusion of children's services; good to have included but the concern is losing close ties with Education)
- Lead to a consistent approach and systems
- Common language and success indicators
- Consistent governance
- Resources to integrate systems
- Clear roles and responsibilities
- Can learn from the experience of Police and Fire Services being Nationalised
- Focus on the person at the centre and their experience

Concerns:

- National vs Locality – will this lose the innovation and creativity to meet local needs and cause tension?
- What level of autonomy will there still be?
- Comparison being made with nationalising (Police and level of success and/or challenges)
- NCS will be so large and could end up being a clunky service
- Still a lack of detail

- Level of bureaucracy
- How do external partners fit into this
- Political challenges
- How will the budget work
- What is the impact for staff working terms and conditions