



# The Church of Scotland

## Official Response

**Subject:** A National Care Service for Scotland - Consultation  
**Requested by:** The Scottish Government  
**Date:** 2 November 2021  
**Prepared on behalf of:** The Faith Impact Forum and CrossReach

### 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

Thank you for the opportunity to respond to this consultation.

In preparing our response, we have asked the opinion of people who use CrossReach services and their families. We asked CrossReach staff and management about the section on Fair Work.

The percentages given in red represent the proportion of respondents who expressed this view.

The written answers reflect or summarise the views of service users or staff who responded.

We approach the proposed reforms with five areas of focus, which we believe have the greatest potential for making a positive difference to vulnerable people across Scotland:

### **Adopt a human rights and equalities approach to planning and delivering social care support, which upholds the rights of those being cared for and of unpaid carers**

The Church believes that everyone in Scotland has the right to flourish and live as fulfilling a life as possible, and that this can be facilitated by the adoption of a human rights approach to social care. A human rights approach affirms that the purpose of social care is to support individuals and enable them to meet their needs, choices and aspirations for a good quality of life and to fulfil their potential as far as possible. It also affirms the rights of unpaid carers to be listened to, informed and empowered in decision making.

### **Better support and recognition for the distinct and valuable work of community-based volunteer-led social services**

Church congregations are involved in many such services, and we believe that these groups have valuable experience in keeping communities connected and resilient. We welcome 'A Connected Scotland,' the strategy for tackling isolation and loneliness, and urge the government to engage meaningfully with the voluntary sector and local faith groups as they implement the strategy.

To cover their expenses, many groups rely on precarious, short-term funding streams which impose heavy administrative burdens, such as writing multiple reports or making new applications. This takes up valuable time of key staff and volunteers which could be spent on developing and delivering services.

Experience shows that these services can work best when the following factors are in place:

- Support and co-operation from the local authority and health and social care partnership, with recognition for the services' distinct identity, rooted in the community
- Training and involvement in health and social care networking and planning
- More secure, longer-term funding for key roles such as volunteer co-ordinators. This would make a huge difference to the sustainability of services and unlock more staff and volunteer time and energy.

### **A more valued national workforce for the social care sector, with improved and consistent pay, conditions, training and professional development**

Scotland's care sector needs to attract people with the right skills and values so that those who need support can rely on those supporting them.

A report by the Fair Work Commission in 2019 highlights the inequities between staff working in social care and the NHS. Some care workers are employed directly by local authorities, and others by private or voluntary sector providers that must bid competitively to

win contracts from local authorities. This commissioning process drives down costs and can lead to poorer terms and conditions for care workers employed by the private and voluntary sectors.

We have been concerned that the role out of Living Wage has only been applied to staff who work in regulated services (Adult Care) or are registered with SSSC. The Social Care workforce work across many different areas of care, and many, employed by the voluntary sector, including CrossReach, have not been recognised in the Living Wage provision because they do not meet the current criteria. These staff are particularly disadvantaged when it comes to Fair Working practices and we believe that the National Care Service needs to address this current inequality.

Many of the inequalities are driven because the social care workforce is diverse and does not have a strong unified voice. Improving opportunities for the workforce to have effective voice in order to influence the way they are heard, rewarded and remunerated must be a priority for the future.

A National Care Service could ensure consistency in rates of pay, terms and conditions, training and progression to develop a fairly paid, properly valued and professional workforce, with a strong voice and good career paths. Given that the workforce is predominantly female, these improvements could contribute to the wider national objectives of gender equity and equal pay.

### **A more ethical and collaborative approach to commissioning care services**

The current system of commissioning has failed to take good account of the legislation which already exists under the Social Care (Self-directed Support) (Scotland) Act 2013 which, if properly implemented, would meet the aspiration stated in the Independent Review of Adult Social Care of putting those who use services in the driving seat. In our view it is imperative that any new National Care Service makes self-directed support the first option open to those who have support needs, rather than the last.

Where implementation of self-directed support is not possible we believe that the current system needs an overhaul. Good commissioning in social care should be about creating a partnership of purchasers, providers and service users to work out future demand and use resources in the best way to provide high-quality, sustainable support. Rather than forcing care providers to compete with one another to reduce costs, the commissioning process should become much more collaborative. Such collaboration must encompass:

- Delivering the best possible outcomes for those who use services
- Requiring all providers to embed Fair Working practices
- Ensuring price is not the main consideration when support is being designed
- Ensuring that the individual being cared for plays a meaningful part in designing their care.

Commissioning currently takes place at local authority level, and we recognise that local accountability and responsiveness to local conditions are important. However, we hope that a National Care Service may be better suited to tackle the inequalities within the current system, placing social care services on an equal footing with the services provided by NHS, and better able to standardise the workforce terms and conditions, training and succession opportunities.

### **Reforming the care home sector**

The COVID-19 pandemic exposed the pre-existing fragility in the care home sector and highlighted the way in which we undervalue our older people and the workforce (paid or unpaid) who support them. The sector is funded by a mixed economy of privately funded places, places funded by a Local Authority under a National Care Home Contract, and some charitable funding.

The National Care Home contract is insufficient to meet the full costs of care, leaving providers to bridge the financial gap in other ways.

The Voluntary Sector provision is small, but important. On the whole their care homes are smaller (under 40 people) or are broken into small homely units. They are very much seen as the person's home and there is a strong ethos not to move people on wherever possible. They exist in parts of the country where there is no market for larger care homes which can run on a more economically advantageous basis (The NCHC only starts to make any economic viability possible for care homes above 50 people)

The Voluntary Sector are highly dependent on the National Care Home Contract as they hold large numbers of spaces for those who cannot afford to pay privately and over the past five years the inequality in the system, which sees local authorities recognising the true costs of care in their own provision, but passing only half of that on to their independent care home provider partners has seen a large proportion of voluntary care homes close as they are unable to pass the uncovered costs on to a large private funded client group.

Where there are private funded clients the voluntary sector does try to keep fees at a reasonable level, recognising that while the current system does recognise people's ability to pay for their own care those privately funding should not also be asked to supplement the costs of those paid for by the state under an insufficiently funded National Care Home Contract.

The choice left to them is to plough in reserves or charitable funding or to close.

The staff, who are highly specialised in working with physical frailty and in many cases advanced dementia, are currently not recognised for their expertise and are treated as unskilled staff. They are highly valued by their employers in the voluntary sector but given the inequalities already in the system where charitable funding is being used to supplement care they continue to be low paid.

The Church of Scotland urges the Scottish Government to urgently review the National Care Home Contract and the provision made for the voluntary sector where the level of charitable funding needed to continue to run residential care homes for older people is simply not sustainable. We would very much welcome the introduction of policies and spending priorities in line with proposals for a Just and Green This includes protecting marginalised people and those on low incomes by redistributing wealth and providing adequate incomes for all. We also support setting a minimum level of reinvestment in services as well as nationwide standards of pay and conditions for workers.

## Questions

### Improving care for people

**Q1.** What would be the benefits of the National Care Service taking responsibility for improvement across community health and care services? (Please tick all that apply)

**100%**  Better co-ordination of work across different improvement organisations

- 75%  Effective sharing of learning across Scotland
- 75%  Intelligence from regulatory work fed back into a cycle of continuous improvement
- 75%  More consistent outcomes for people accessing care and support across Scotland
- 33%  Other – please explain below

To have a central place that drives information and standards to providers and services, can only benefit the people on the receiving end of those services. It would allow for a more consistent message and approach, which in turn would drive improvement and change.

The removal of eligibility criteria is critical in benefitting people who only need a small amount of support. The removal of eligibility criteria would support the proactive and preventative model that is outlined in the recommendations. It will allow for a less complex system for people to navigate and ensure consistency of approach regardless of where you are in the country.

The benefit of a National Care service would mean that once ‘in the system’, people would not have to repeat their story over and over, which in itself would be an improvement for people. There would be a more joined up approach and their story and support would transition with them.

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

It’s important to ensure that a care service does not simply adopt a medical model of working. People who access social care services have very different needs and experiences and their individual circumstances and preferences about how they get support delivered mean a much more flexible approach is needed.

There is a need to rebalance the clinical standards which were necessarily introduced to manage Covid-19 and allow care settings to ensure that they can deliver high quality, individually tailored support which does not see the individual seeking support as a patient, but as a person who will thrive when facilitated to build strong supportive relationships, take appropriate risk, and live life their life to the fullest possible.

There needs to be parity of approach across the country as well as accessibility, regardless of the area in which you lived. The focus needs to be on creating environments which are supportive and non-judgemental. In taking responsibility across the sectors, it would be easy to miss out or not see the smaller but significant needs and supports people require so it would be imperative that they still have a local focus that feeds into a national programme.

It’s also important to ensure that in having everything in one place and a single approach that this approach does not become stagnant and that it seeks to constantly improve and reenergise the work on an ongoing basis to ensure continuous improvement of services.

It’s important that the NCS will work in partnership with the many informal, volunteer-led services which provide support to people facing challenges in their communities. These services are distinct from, but can work effectively in partnership with statutory services, to provide preventative, informal care that enhances people’s lives and strengthens community resilience. It’s important that the value

of these services is recognised and supported in planning for the NCS, and that long-term funding is available to them.

## Access to Care and Support

### Accessing care and support

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

Speaking to my GP or another health professional.

| Not at all likely | Unlikely | Neither likely nor unlikely | Likely | Very likely |
|-------------------|----------|-----------------------------|--------|-------------|
|                   |          |                             | 75%    | 25%         |

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

| Not at all likely | Unlikely | Neither likely nor unlikely | Likely | Very likely |
|-------------------|----------|-----------------------------|--------|-------------|
|                   |          |                             | 75%    | 25%         |

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

| Not at all likely | Unlikely | Neither likely nor unlikely | Likely | Very likely |
|-------------------|----------|-----------------------------|--------|-------------|
|                   | 25%      |                             | 75%    |             |

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

| Not at all likely | Unlikely | Neither likely nor unlikely | Likely | Very likely |
|-------------------|----------|-----------------------------|--------|-------------|
|                   | 33%      |                             | 33%    | 33%         |

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

| Not at all likely | Unlikely | Neither likely nor unlikely | Likely | Very likely |
|-------------------|----------|-----------------------------|--------|-------------|
|                   | 75%      |                             |        | 25%         |

Contacting my local authority by email or through their website.

| Not at all likely | Unlikely | Neither likely nor unlikely | Likely | Very likely |
|-------------------|----------|-----------------------------|--------|-------------|
|                   | 33%      |                             | 33%    | 33%         |

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

|                   |          |                             |        |             |
|-------------------|----------|-----------------------------|--------|-------------|
| Not at all likely | Unlikely | Neither likely nor unlikely | Likely | Very likely |
|                   | 25%      |                             | 75%    |             |

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

|                   |          |                             |        |             |
|-------------------|----------|-----------------------------|--------|-------------|
| Not at all likely | Unlikely | Neither likely nor unlikely | Likely | Very likely |
|                   | 33%      |                             | 33%    | 33%         |

Other – Please explain what option you would add.

It can often be difficult to navigate your way round the care and support system and so in some cases approaching a local MSP for support is the chosen way to access support if all other routes have failed.

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

- 75%**  Have a lead professional to coordinate care and support for each individual. The lead professional would co-ordinate all the professionals involved in the adult's care and support.
- 75%**  Have a professional as a clear single point of contact for adults accessing care and support services. The single point of contact would be responsible for communicating with the adult receiving care and support on behalf of all the professionals involved in their care but would not have as significant a role in coordinating their care and support.
- 25%**  Have community or voluntary sector organisations, based locally, which act as a single point of contact. These organisations would advocate on behalf of the adult accessing care and support and communicate with the professionals involved in their care on their behalf when needed.

## Support planning

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

**a. How you tell people about your support needs**

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

| Strongly Agree | Agree | Neither Agree/Disagree | Disagree | Strongly Disagree |
|----------------|-------|------------------------|----------|-------------------|
| 75%            |       |                        |          |                   |

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

| Strongly Agree | Agree | Neither Agree/Disagree | Disagree | Strongly Disagree |
|----------------|-------|------------------------|----------|-------------------|
| 50%            | 50%   |                        |          |                   |

**b. What a support plan should focus on:**

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

| Strongly Agree | Agree | Neither Agree/Disagree | Disagree | Strongly Disagree |
|----------------|-------|------------------------|----------|-------------------|
| 25%            | 75%   |                        |          |                   |

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

| Strongly Agree | Agree | Neither Agree/Disagree | Disagree | Strongly Disagree |
|----------------|-------|------------------------|----------|-------------------|
| 33%            | 33%   |                        | 33%      |                   |

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

| Strongly Agree | Agree | Neither Agree/Disagree | Disagree | Strongly Disagree |
|----------------|-------|------------------------|----------|-------------------|
| 75%            | 25%   |                        |          |                   |

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

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

| Strongly Agree | Agree | Neither Agree/Disagree | Disagree | Strongly Disagree |
|----------------|-------|------------------------|----------|-------------------|
|                | 25%   |                        | 75%      |                   |



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

|                |       |                        |          |                   |
|----------------|-------|------------------------|----------|-------------------|
| Strongly Agree | Agree | Neither Agree/Disagree | Disagree | Strongly Disagree |
|                | 25%   |                        | 75%      |                   |

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

|                |       |                        |          |                   |
|----------------|-------|------------------------|----------|-------------------|
| Strongly Agree | Agree | Neither Agree/Disagree | Disagree | Strongly Disagree |
| 33%            | 33%   |                        | 33%      |                   |

While it is important that every person receiving a service is treated as an individual with individual outcomes and requirements, it's important that the approach is consistent regardless of how much or how little support you require. There is not a one size fits all in terms of the level of support an individual will need, even when they face the same circumstances. Some might prefer a more light-touch option for support and others may feel they need very significant support. The key here would always be that the choice is there to make, as the deciding factor should be what matters most to people on the receiving end of support aligned with their needs and preferences.

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

Agree 100%

Disagree

Please say why.

If it is to be nationalised, a common language would be better and more consistent and would help in the understanding for everyone using services. No matter what support you might use over time, it would mean the language would be the same regardless and would allow for less confusion and misunderstanding of terminology across different areas of practice, i.e., mental health and substance use or older people's services. It would support transitions and reduce confusion and ambiguity.

**Q7.** The Getting It Right for Everyone National Practice model would be a single planning process involving everyone who is involved with your care and support, with a single plan that involves me in agreeing the support I require. This would be supported by an integrated social care and health record, so that my information moves through care and support services with me. Do you agree or disagree with this approach?

Agree 100%

Disagree

Please say why.

As information passes from department to department, some information can be lost or misunderstood, so to have a central place that holds all information, regardless of where or what

support is required, would be of great benefit to individuals. To have everyone involved in support feeding into a central place would allow for better record keeping, less misunderstandings, less confusion and would support better care and support, as more information in one place can only be a good thing.

It would be better though if it was called a health and social care record so that the people supporting individuals had access to it as well. Often it is the frontline workers who have the least information, and they are the ones who need it most in order to support people to achieve their chosen outcomes, so it would be imperative that everyone has access and not just health staff. Having what matters to the individual at the heart of planning, and where the person getting support is in control and their human rights respected, would be a huge benefit to continuous and ongoing support throughout an individual's life.

**Q8.** Do you agree or disagree that a National Practice Model for adults would improve outcomes?

Agree 100%

Disagree

Please say why.

An outcomes approach needs to be embedded in any new system, with solution- focused conversations rather than needs-led assessments.

Some people feel that this may be a good idea because it would ensure consistency of approach, however there are others who would say that outcomes are personal and what suits one individual may not suit another. A suite of options may be a better way forward so that people could choose the option that best suits them, and which they might want to be aware of in case their needs change in the future. People using services would need to be made aware of what their options are and what models the service uses before they could agree to anything.

The eligibility criteria used to access support differs across the country and is set at a high threshold for statutory support. Using a different method to help people access support would begin to address and improve outcomes. It would allow for a focus on what support is required and allow room for more early and preventative support rather than wait for people to hit a crisis. All people who require support would get it and so would be given an equal opportunity to work on and improve outcomes.

**Right to breaks from caring**

**Q9.** For each of the below, please choose which factor you consider is more important in establishing a right to breaks from caring. (Please select one option from each part. Where you see both factors as equally important, please select ‘no preference’.)

Standardised support packages versus personalised support

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Personalised support to meet need <b>33%</b> | <input type="checkbox"/> Standardised levels of support <b>33%</b> | <input type="checkbox"/> No preference <b>33%</b> |
|---|--|---|

A right for all carers versus thresholds for accessing support

|   |  |  |
|---|--|--|
| <input type="checkbox"/> Universal right for all carers <b>100%</b> | <input type="checkbox"/> Right only for those who meet qualifying thresholds | <input type="checkbox"/> No preference |
|---|--|--|

Transparency and certainty versus responsiveness and flexibility

|  |   |  |
|--|---|--|
| <input type="checkbox"/> Certainty about entitlement | <input type="checkbox"/> Flexibility and responsiveness <b>100%</b> | <input type="checkbox"/> No preference |
|--|---|--|

Preventative support versus acute need

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Provides preventative support <b>75%</b> | <input type="checkbox"/> Meeting acute need | <input type="checkbox"/> No preference <b>25%</b> |
|---|---|---|

**Q10.** Of the three groups, which would be your preferred approach? (Please select one option.)

- Group A – Standard entitlements
- 75%**  Group B – Personalised entitlements
- 25%**  Group C – Hybrid approaches

Please say why.

The people surveyed responded with a mix of responses. Ultimately it appears that a hybrid approach might be better. This is because some people feel it is important to have standard entitlements but at the same time have an individualised approach. That is to say that while the same entitlements are there for everyone, this would be approached in a person-centred way and would fit the need of each person, which would ultimately differ from other people needing similar support. Every carer has a different set of circumstances and although the entitlement to support may be the same, the approach should not be. It should be more centred on the individual and their circumstances. Carers save the local government a lot of money by caring for people at home rather than in establishments and while some care for people with minor needs, there are others who deal with multiple and complex needs. While both have the same title as carer, for some the role is more demanding, and preventative measures should be put in place to avoid crisis. That might mean a carer with a more complex role may need access to

more breaks than someone who has a less complex carer role but this might also depend on what other family support is available to them.

Using data to support care

~~Q11. To what extent do you agree or disagree with the following statements?~~

~~There should be a nationally consistent, integrated and accessible electronic social care and health record.~~

| <del>Strongly Agree</del> | <del>Agree</del> | <del>Neither Agree/Disagree</del> | <del>Disagree</del> | <del>Strongly Disagree</del> |
|---------------------------|------------------|-----------------------------------|---------------------|------------------------------|
|                           |                  |                                   |                     |                              |

~~Information about your health and care needs should be shared across the services that support you.~~

| <del>Strongly Agree</del> | <del>Agree</del> | <del>Neither Agree/Disagree</del> | <del>Disagree</del> | <del>Strongly Disagree</del> |
|---------------------------|------------------|-----------------------------------|---------------------|------------------------------|
|                           |                  |                                   |                     |                              |

~~Q12. Should legislation be used to require all care services and other relevant parties to provide data as specified by a National Care Service, and include the requirement to meet common data standards and definitions for that data collection?~~

~~Yes~~

~~No~~

~~Please say why.~~

~~Q13. Are there alternative approaches that would address current gaps in social care data and information, and ensure a consistent approach for the flow of data and information across the National Care Service?~~

## Complaints and putting things right

**Q14.** What elements would be most important in a new system for complaints about social care services? (Please select 3 options)

- 66%  Charter of rights and responsibilities, so people know what they can expect
- Single point of access for feedback and complaints about all parts of the system
- 100%  Clear information about advocacy services and the right to a voice
- 75%  Consistent model for handling complaints for all bodies
- Addressing complaints initially with the body the complaint is about
- Clear information about next steps if a complainant is not happy with the initial response
- Other – please explain:

**Q15.** Should a model of complaints handling be underpinned by a commissioner for community health and care?

- 75%  Yes
- 25%  No

Please say why.

To have one person who is responsible for overseeing complaints and understanding patterns and trends would help, in that they could identify what needs to be changed across the board, and be proactive in making system changes. They could also identify training needs and opportunities not only across the system but also at a local level. This in turn would impact people using services and hopefully ensure the same complaints do not arise time and again.

To know that a commissioner is acting on behalf of and supporting people using the services and their families/carers would enable people to ensure their rights and outcomes are central to improving care and support services. A Commissioner would need to ensure that any and all feedback was used to improve services and ultimately outcomes for people in receipt of services.

**Q16.** Should a National Care Service use a measure of experience of those receiving care and support, their families and carers as a key outcome measure?

Yes 75%

No 25%

Please say why.

Change must focus on the person who is supported, their environment, including networks of support, their rights, capabilities, and strengths. All of these measures would support the experience of the person using services. People who have lived experience are able to tell services, Commissioners and providers what it is like on the receiving end of the support provided, and as such, have invaluable experience that can help mould and shape social care and national and local outcomes. The experience and voice of people is very powerful and should be considered always.

### **Residential Care Charges**

**Q17.** Most people have to pay for the costs of where they live such as mortgage payments or rent, property maintenance, food and utility bills. To ensure fairness between those who live in residential care and those who do not, should self-funding care home residents have to contribute towards accommodation-based costs such as (please tick all that apply):

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

We'd tick all of the options as all of these costs do need to be covered. We would however like to reiterate that self-funding clients should not be asked to subsidise the costs above for residents paid for through the National Care Home Contract which should also take proper account of all costs.

**Q18.** Free personal and nursing care payment for self-funders are paid directly to the care provider on their behalf. What would be the impact of increasing personal and nursing care payments to National Care Home Contract rates on:

Self-funders

We believe there would be a benefit to self-funders.

Care home operators

This would be a neutral move for Care Home Operators. There would just be a difference in how the costs of care were apportioned for self-funding clients.

Local authorities

Other

**Q19.** Should we consider revising the current means testing arrangements?

Yes

No

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

There should be a more proportionate application of any future formula for assessing whether anyone can pay the cost of their care as the current system is a blunt instrument and families can just tick the box to say there is enough to cover the cost of care (usually including the sale of a house) without being guided properly through this at the point of financial assessment. Families indicate they would welcome a raise in the current threshold before they can be eligible for maximum support as they feel it is too low currently. It is disproportionately weighted against those who need residential care in later life as opposed to those cared for in a hospital or their own home, and those with a diagnosis of dementia who tend to enter care at an earlier age are particularly affected.





## National Care Service

**Q20.** Do you agree that Scottish Ministers should be accountable for the delivery of social care, through a National Care Service?

- Yes 75%
- No, current arrangements should stay in place
- No, another approach should be taken (please give details)

**Q21.** Are there any other services or functions the National Care Service should be responsible for, in addition to those set out in the chapter?

No

**Q22.** Are there any services or functions listed in the chapter that the National Care Service should not be responsible for?

No

**Scope of the National Care Service**

Children's services

~~Q23. Should the National Care Service include both adults and children's social work and social care services?~~

~~Yes~~

~~No~~

~~Please say why.~~

~~Q24. Do you think that locating children's social work and social care services within the National Care Service will reduce complexity for children and their families in accessing services?~~

~~For children with disabilities,~~

~~Yes~~

~~No~~

~~Please say why.~~

~~For transitions to adulthood~~

~~Yes~~

~~No~~

~~Please say why.~~

~~For children with family members needing support~~

~~Yes~~

~~No~~

Please say why.

~~Q25. Do you think that locating children's social work services within the National Care Service will improve alignment with community child health services including primary care, and paediatric health services?~~

~~Yes~~

~~No~~

~~Please say why.~~

~~Q26. Do you think there are any risks in including children's services in the National Care Service?~~

~~Yes~~

~~No~~

~~If yes, please give examples~~

Healthcare

~~Q27. Do you agree that the National Care Service and at a local level, Community Health and Social Care Boards should commission, procure and manage community health care services which are currently delegated to Integration Joint Boards and provided through Health Boards?~~

~~Yes~~

~~No~~

~~Please say why.~~

~~Q28. If the National Care Service and Community Health and Social Care Boards take responsibility for planning, commissioning and procurement of community health services, how could they support better integration with hospital-based care services?~~

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

~~Better integration of health and social care~~

~~Better outcomes for people using health and care services~~

~~Clearer leadership and accountability arrangements~~

~~Improved multidisciplinary team working~~

~~Improved professional and clinical care governance arrangements~~

~~Other (please explain below)~~

~~Q30. What would be the risks of Community Health and Social Care Boards managing GPs' contractual arrangements? (Please tick all that apply)~~

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

~~Q31. Are there any other ways of managing community health services that would provide better integration with social care?~~

## Social Work and Social Care

**Q32.** What do you see as the main benefits in having social work planning, assessment, commissioning and accountability located within the National Care Service? (Please tick all that apply.)

100%  Better outcomes for service users and their families.

100%  More consistent delivery of services.

Stronger leadership.

75 %  More effective use of resources to carry out statutory duties.

75%  More effective use of resources to carry out therapeutic interventions and preventative services.

Access to learning and development and career progression.

Other benefits or opportunities, please explain below:

To have a more cohesive approach that leads from children's services to older people's services can only benefit the people on the receiving end of the support offered. It will allow for easier transitions from children to adult services then adult to older people's services.

Once again, having everything in one place, led by people who are aware of the entire family structures and journey and to have a consistent approach from one service to another will only serve the people better. At the moment, each discipline doesn't appear to talk to the other and still work in silos. By having everything under one label and approach will hopefully remove some of the silo working and thinking, to improve outcomes for people with complex needs that cross boundaries.

**Q33.** Do you see any risks in having social work planning, assessment, commissioning and accountability located within the National Care Service?

The current system uses a deficit model to assess people rather than an outcome focused model. Although delivery of social care is often outcome focused it is set against assessed need rather than assessed outcomes. This is confusing and undermining. Budgets are often driven by need as opposed to outcomes. We need to move from the current systems and see radical change which embraces risk and outcomes, if we are to negate risks in a National Care Service. More of the same won't do.

A further risk might be along the lines of putting all eggs in one basket. If one part of the systems fails, then the knock-on effect would cascade its way down the system potentially affecting all departments.

## Nursing

**Q34.** ~~Should Executive Directors of Nursing have a leadership role for assuring that the safety and quality of care provided in social care is consistent and to the appropriate standard? Please select one.~~

Yes

No

Yes, but only in care homes

Yes, in adult care homes and care at home

Please say why

**Q35.** ~~Should the National Care Service be responsible for overseeing and ensuring consistency of access to education and professional development of social care nursing staff, standards of care and governance of nursing? Please select one.~~

Yes

No, it should be the responsibility of the NHS

No, it should be the responsibility of the care provider

Please say why

~~Q36. If Community Health and Social Care Boards are created to include community health care, should Executive Nurse Directors have a role within the Community Health and Social Care Boards with accountability to the National Care Service for health and social care nursing?~~

~~Yes~~

~~No~~

~~If no, please suggest alternatives~~



Justice Social Work

~~Q37. Do you think justice social work services should become part of the National Care Service (along with social work more broadly)?~~

~~Yes~~

~~No~~

~~Please say why.~~

~~Q38. If yes, should this happen at the same time as all other social work services or should justice social work be incorporated into the National Care Service at a later stage?~~

~~At the same time~~

~~At a later stage~~

~~Please say why.~~

~~Q39. What opportunities and benefits do you think could come from justice social work being part of the National Care Service? (Tick all that apply)~~

~~More consistent delivery of justice social work services~~

~~Stronger leadership of justice social work~~

~~Better outcomes for service users~~

~~More efficient use of resources~~

~~Other opportunities or benefits – please explain~~

~~Q40. What risks or challenges do you think could come from justice social work being part of the National Care Service? (Tick all that apply)~~

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

~~Q41. Do you think any of the following alternative reforms should be explored to improve the delivery of community justice services in Scotland? (Tick all that apply)~~

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

~~Q42. Should community justice partnerships be aligned under Community Health and Social Care Boards (as reformed by the National Care Service) on a consistent basis?~~

~~Yes~~

~~No~~

~~Please say why.~~

Prisons

~~Q43. Do you think that giving the National Care Service responsibility for social care services in prisons would improve outcomes for people in custody and those being released?~~

~~Yes~~

~~No~~

~~Please say why.~~

~~Q44. Do you think that access to care and support in prisons should focus on an outcomes based model as we propose for people in the community, while taking account of the complexities of providing support in prison?~~

~~Yes~~

~~No~~

~~Please say why.~~

Alcohol and Drug Services

~~Q45. What are the benefits of planning services through Alcohol and Drug Partnerships? (Tick all that apply)~~

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

~~Q46. What are the drawbacks of Alcohol and Drug Partnerships? (Tick all that apply)~~

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

~~Q47. Should the responsibilities of Alcohol and Drug Partnerships be integrated into the work of Community Health and Social Care Boards?~~

- ~~Yes~~
- ~~No~~

~~Please say why.~~

~~Q48. Are there other ways that Alcohol and Drug services could be managed to provide better outcomes for people?~~

~~Q49. Could residential rehabilitation services be better delivered through national commissioning?~~

~~Yes~~

~~No~~

~~Please say why.~~

~~Q50. What other specialist alcohol and drug services should/could be delivered through national commissioning?~~

~~Q51. Are there other ways that alcohol and drug services could be planned and delivered to ensure that the rights of people with problematic substance use (alcohol or drugs) to access treatment, care and support are effectively implemented in services?~~

Mental Health Services

~~Q52. What elements of mental health care should be delivered from within a National Care Service?  
(Tick all that apply)~~

- ~~Primary mental health services~~
- ~~Child and Adolescent Mental Health Services~~
- ~~Community mental health teams~~
- ~~Crisis services~~
- ~~Mental health officers~~
- ~~Mental health link workers~~
- ~~Other please explain~~

~~Q53. How should we ensure that whatever mental health care elements are in a National Care Service link effectively to other services e.g. NHS services?~~

National Social Work Agency

~~Q54. What benefits do you think there would be in establishing a National Social Work Agency?  
(Tick all that apply)~~

- ~~Raising the status of social work~~
- ~~Improving training and continuous professional development~~
- ~~Supporting workforce planning~~
- ~~Other please explain~~

~~Q55. Do you think there would be any risks in establishing a National Social Work Agency?~~

~~Q56. Do you think a National Social Work Agency should be part of the National Care Service?~~

- ~~Yes~~
- ~~No~~

~~Please say why~~



~~Q57. Which of the following do you think that a National Social Work Agency should have a role in leading on? (Tick all that apply)~~

- ~~Social work education, including practice learning~~
- ~~National framework for learning and professional development, including advanced practice~~
- ~~Setting a national approach to terms and conditions, including pay~~
- ~~Workforce planning~~
- ~~Social work improvement~~
- ~~A centre of excellence for applied research for social work~~
- ~~Other please explain~~

**~~Reformed Integration Joint Boards: Community Health and Social Care Boards~~**

**~~Governance model~~**

**~~Q58.~~** “One model of integration... should be used throughout the country.” (Independent Review of Adult Social Care, p43). Do you agree that the Community Health and Social Care Boards should be the sole model for local delivery of community health and social care in Scotland?

~~Yes~~

~~No~~

~~Please say why.~~

**~~Q59.~~** Do you agree that the Community Health and Social Care Boards should be aligned with local authority boundaries unless agreed otherwise at local level?

~~Yes~~

~~No~~

**~~Q60.~~** What (if any) alternative alignments could improve things for service users?

**~~Q61.~~** Would the change to Community Health and Social Care Boards have any impact on the work of Adult Protection Committees?

### **Membership of Community Health and Social Care Boards**

~~Q62. The Community Health and Social Care Boards will have members that will represent the local population, including people with lived and living experience and carers, and will include professional group representatives as well as local elected members. Who else should be represented on the Community Health and Social Care Boards?~~

~~Q63. “Every member of the Integration Joint Board should have a vote” (Independent Review of Adult Social Care, p52). Should all Community Health and Social Care Boards members have voting rights?~~

~~Yes~~

~~No~~

~~Q64. Are there other changes that should be made to the membership of Community Health and Social Care Boards to improve the experience of service users?~~

### **Community Health and Social Care Boards as employers**

~~Q65. Should Community Health and Social Care Boards employ Chief Officers and their strategic planning staff directly?~~

~~Yes~~

~~No~~

~~Q66. Are there any other staff the Community Health and Social Care Boards should employ directly? Please explain your reasons.~~

## **Commissioning of services**

### **Structure of Standards and Processes**

**Q67.** Do you agree that the National Care Service should be responsible for the development of a Structure of Standards and Processes

Yes

No

If no, who should be responsible for this?

Community Health and Social Care Boards

Scotland Excel

Scottish Government Procurement

NHS National Procurement

A framework of standards and processes is not needed

**Q68.** Do you think this Structure of Standards and Processes will help to provide services that support people to meet their individual outcomes?

Yes

No

**Q69.** Do you think this Structure of Standards and Processes will contribute to better outcomes for social care staff?

Yes

No

**Q70.** Would you remove or include anything else in the Structure of Standards and Processes?

### **Market research and analysis**

**Q71.** Do you agree that the National Care Service should be responsible for market research and analysis?

Yes

No

If no, who should be responsible for this?

Community Health and Social Care Boards

Care Inspectorate

Scottish Social Services Council

NHS National Procurement

Scotland Excel

No one

Other please comment

### **National commissioning and procurement services**

**Q72.** Do you agree that there will be direct benefits for people in moving the complex and specialist services as set out to national contracts managed by the National Care Service?

Yes

No

If no, who should be responsible for this?

Community Health and Social Care Boards

NHS National Procurement

Scotland Excel

## **Regulation**

Core principles for regulation and scrutiny

~~Q73. Is there anything you would add to the proposed core principles for regulation and scrutiny?~~

~~Q74. Are there any principles you would remove?~~

~~Q75. Are there any other changes you would make to these principles?~~

~~Strengthening regulation and scrutiny of care services~~

~~Q76. Do you agree with the proposals outlined for additional powers for the regulator in respect of condition notices, improvement notices and cancellation of social care services?~~

~~Yes~~

~~No~~

~~Please say why.~~

~~Q77. Are there any additional enforcement powers that the regulator requires to effectively enforce standards in social care?~~

Market oversight function

~~Q78. Do you agree that the regulator should develop a market oversight function?~~

~~Yes~~

~~No~~

~~Q79. Should a market oversight function apply only to large providers of care, or to all?~~

~~Large providers only~~

~~All providers~~

~~Q80. Should social care service providers have a legal duty to provide certain information to the regulator to support the market oversight function?~~

~~Yes~~

~~No~~

~~Q81. If the regulator were to have a market oversight function, should it have formal enforcement powers associated with this?~~

~~Yes~~

~~No~~

~~Q82. Should the regulator be empowered to inspect providers of social care as a whole, as well as specific social care services?~~

~~Yes~~

~~No~~

~~Please say why~~



~~Enhanced powers for regulating care workers and professional standards~~

~~Q83. Would the regulator's role be improved by strengthening the codes of practice to compel employers to adhere to the codes of practice, and to implement sanctions resulting from fitness to practise hearings?~~

~~Q84. Do you agree that stakeholders should legally be required to provide information to the regulator to support their fitness to practise investigations?~~

~~Q85. How could regulatory bodies work better together to share information and work jointly to raise standards in services and the workforce?~~

~~Q86. What other groups of care worker should be considered to register with the regulator to widen the public protection of vulnerable groups?~~

## Valuing people who work in social care

### Fair Work

The questions on Fair Work were answered by CrossReach staff and management.

People who use CrossReach services have also provided some responses in the comment boxes, and this is indicated in the boxes.

**Q87.** Do you think a ‘Fair Work Accreditation Scheme’ would encourage providers to improve social care workforce terms and conditions?

Yes

No

Please say why.

People who use CrossReach services and their families had the following to say on this question:

As part of an accreditation scheme, voluntary sector providers should be treated equally to counterparts in private sector and local authority sector. To achieve equity, all providers should have access to the same funding to support improvements to fair work, pay, conditions, and training. The idea of an accreditation scheme is good as long as all providers are given the same opportunities and funding to do this, otherwise it would be unfair to ask voluntary sector providers to provide the same terms and conditions as well as pay while being given lower levels of funding than, say, local authorities. The staff often do great work and go above and beyond in their roles. To be paid well for a good job is only fair and it will also mean that staff stay in their jobs rather than going off somewhere else because they can't afford to stay in the caring role.

Staff members had the following comments on the Fair Work Accreditation Scheme:

- It would hold employers accountable
- It would provide a national pay structure and Social Care workers would be able to recognise the going rate for sector levels. It would introduce holiday entitlements and balance work and well being
- Focusing a light on staff pay would be very appreciated

**Q88.** What do you think would make social care workers feel more valued in their role? (Please rank as many as you want of the following in order of importance, e.g. 1, 2, 3...)

|   |  |
|---|--|
| 1 | Improved pay   |
| 2 | Improved terms and conditions, including issues such as improvements to sick pay, annual leave, maternity/paternity pay, pensions, and development/learning time |
| 4 | Removal of zero-hour contracts where these are not desired   |

|   |   |
|---|---|
| 5 | More publicity/visibility about the value social care workers add to society                      |
| 7 | Effective voice/collective bargaining   |
| 4 | Better access to training and development opportunities   |
| 6 | Increased awareness of, and opportunity to, complete formal accreditation and qualifications      |
|   | Clearer information on options for career progression   |
|   | Consistent job roles and expectations   |
|   | Progression linked to training and development  |
| 3 | Better access to information about matters that affect the workforce or people who access support |
|   | Minimum entry level qualifications  |
|   | Registration of the personal assistant workforce  |
| 8 | Other (please say below what these could be)  |

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

Staff members made the following comments:

- Sometimes just someone saying thank you for what you are doing
  - People will feel more valued if their pay actually reflects the important and valuable job that they do
- Enhancements for working antisocial hours, Christmas day and other public holidays. We get none.  
Senior management are also 'on call' without any recognition or payment.

**Q89.** How could additional responsibility at senior/managerial levels be better recognised? (Please rank the following in order of importance, e.g. 1, 2, 3...):

|   |   |
|---|---|
| 1 | Improved pay  |
| 2 | Improved terms and conditions   |
| 3 | Improving access to training and development opportunities to support people in this role (for example time, to complete these) |

|   |   |
|---|---|
| 4 | Increasing awareness of, and opportunity to complete formal accreditation and qualifications to support people in this role |
| 5 | Other (please explain)  |

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

Comments from staff members:

- By giving senior staff the opportunity to develop and learn so that they can progress to a management role, with an increase in pay, so that they too feel valued in what they do
- Protected time to study and be proactive rather than fire-fighting all the time. Payments for overtime, public holidays and on call.

**Q90.** Should the National Care Service establish a national forum with workforce representation, employers, Community Health and Social Care Boards to advise it on workforce priorities, terms and conditions and collective bargaining?

Yes 93%

No

Please say why or offer alternative suggestions

Staff members made the following responses:

- If a National Care Service is to work, staff on the ground have to be listened to as they are ones at the frontline
- only by having the workforce on such boards can people who make decisions have a true view of what the problems are, what the barriers are, and what the workforce think can be done to improve things. Often it is the workforce that gets forgotten about when things get decided that actually directly affect them.

People who use CrossReach services and their families also made a response:

While the answer to this is ultimately yes, it is also felt that people using services should also be part of this forum. As they are on the receiving end of the workforce on the front line, then they are well placed to offer advice about improvements that might be necessary. Being able to say what is a priority for the individuals receiving support, would help shape the priorities for the workforce. At times there may be a clash which such negotiation could resolve.

Workforce planning

**Q91.** What would make it easier to plan for workforce across the social care sector? (Please tick all that apply.) These responses were provided by a sample of CrossReach staff and management.

50%  A national approach to workforce planning

71%  Consistent use of an agreed workforce planning methodology

7%  An agreed national data set

21%  National workforce planning tool(s)

49%  A national workforce planning framework

28%  Development and introduction of specific workforce planning capacity

64%  Workforce planning skills development for relevant staff in social care

Something else (please explain below)

Staff members comments include:

In order to attract staff to this sector, as well as pay and conditions we need indemnity on a par with the NHS should we ever be in this situation again with losses in the Homes. The situation caused through Covid-19 where care homes have been under particular scrutiny and insurers have withdrawn Covid-19 cover has made for an extremely hostile environment while still in the midst of the crisis

### Training and Development

**Q92.** Do you agree that the National Care Service should set training and development requirements for the social care workforce?

Yes 73%

No

Please say why

Comments from staff members:

-So that anyone working in care is trained to the same standard which makes it more equal.

-Then you could move to different areas to work and still have the correct requirements.

-As long as the social care sector is able to influence what is presented and how.

- but this should be for the basic knowledge people require and should not be overwhelming in its nature or time to do. The individual care provider will know best the individual training needs pertinent to their service and staff team and this should be respected.

**Q93.** Do you agree that the National Care Service should be able to provide and or secure the provision of training and development for the social care workforce?

Yes 87%

No

Personal Assistants

~~Q94. Do you agree that all personal assistants should be required to register centrally moving forward?~~

~~Yes~~

~~No~~

~~Please say why.~~

~~Q95. What types of additional support might be helpful to personal assistants and people considering employing personal assistants? (Please tick all that apply)~~

~~National minimum employment standards for the personal assistant employer~~

~~Promotion of the profession of social care personal assistants~~

~~Regional Networks of banks matching personal assistants and available work~~

~~Career progression pathway for personal assistants~~

~~Recognition of the personal assistant profession as part of the social care workforce and for their voice to be part of any eventual national forum to advise the National Care Service on workforce priorities~~

~~A free national self directed support advice helpline~~

~~The provision of resilient payroll services to support the personal assistant's employer as part of their Self directed Support Option 1 package~~

~~Other (please explain)~~

~~Q96. Should personal assistants be able to access a range of training and development opportunities of which a minimum level would be mandatory?~~

~~Yes~~

~~No~~