NATIONAL CARE SERVICE CONSULTATION PAPER: SUMMARIES OF SECTIONS

What this consultation is about

This consultation sets out our proposals to improve the way we deliver social care in Scotland.

The importance of our social care services has never been clearer than during the pandemic. In future, we want to make sure that our social care system will consistently deliver high quality services to everyone that needs them, throughout Scotland. Social care is an investment in our communities and our economy. We want to change the system from one that supports people to survive to one that empowers them to thrive, with human rights at the heart of it.

Social care includes support for people with physical disability, learning disabilities or mental health conditions, older people and those with dementia, people with or recovering from alcohol or drug addictions, those who have been or are at risk of being homeless, children and families who may need additional support, or children who are unable to live with their own families.

The Independent Review of Adult Social Care (IRASC) recommended the creation of a National Care Service, with Scottish Ministers being accountable for adult social care and support. However, the Scottish Government's ambition is to go beyond that. This consultation therefore seeks views on creating a comprehensive community health and social care service that supports people of all ages.

We propose that the National Care Service will define the strategic direction and quality standards for community health and social care in Scotland. It will have local delivery boards which work with the NHS, local authorities, and the third and independent sectors to plan, commission and deliver the support and services that the people of Scotland need.

Our proposals will also take forward recommendations of the around:

- ensuring that care is person-centred and human rights based
- providing greater recognition and support for unpaid carers
- improving conditions for the workforce
- commissioning for public good, and
- more effective approaches to scrutiny and improvement of social care services.

Why we are consulting

This consultation focuses on exploring the proposals for significant cultural and system change that will need to be supported by primary legislation. The Independent Review of Adult Social Care made clear that changes to systems are needed to deliver improvements in the quality of social care and support.

The priority in considering these proposals must be improving outcomes for the people who access care and support.

We want to hear views from as many people as possible to shape a better future – including people who access care and support, carers, members of the workforce and those who may access care and support in the future - which includes everyone. We want everyone who may be affected by these changes to have an opportunity to comment on them.

Responding to this consultation

You don't need to read all of this paper, or answer all the questions, unless you want to. We know that different people will be interested in different issues. We have set out individual parts of our proposals in separate sections in this consultation. You can use the menu or contents page to skip to the areas you are interested in, and just answer the questions on those sections.

We are inviting responses to this consultation by 18 October 2021.

Please respond to this consultation using the Scottish Government's consultation hub, Citizen Space (http://consult.gov.scot). Access and respond to this consultation online at https://consult.gov.scot/health-and-social-care/a-national-care-service-for-scotland. You can save and return to your responses while the consultation is still open. Please ensure that consultation responses are submitted before the closing date of 18 October 2021

If you are unable to respond using our consultation hub, please send your response, including the completed Respondent Information Form to NCSconsultation@gov.scot or by post to:

National Care Service Team
Scottish Government
Area GE-15
St Andrew's House
Regent Road
EDINBURGH,
EH1 3DG

Handling your response

If you respond using the consultation hub, you will be directed to the About You page before submitting your response. Please indicate how you wish your response to be handled and, in particular, whether you are content for your response to published. If you ask for your response not to be published, we will regard it as confidential, and we will treat it accordingly.

All respondents should be aware that the Scottish Government is subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

If you are unable to respond via Citizen Space, please complete and return the Respondent Information Form included in this document.

To find out how we handle your personal data, please see our privacy policy: https://www.gov.scot/privacy/

Next steps in the process
Where respondents have given permission for their response to be made public, and after we have checked that they contain no potentially defamatory material, responses will be made available to the public at http://consult.gov.scot. If you use the consultation hub to respond, you will receive a copy of your response via email.

Following the closing date, all responses will be analysed and considered along with any other available evidence to help us. Responses will be published where we have been given permission to do so. An analysis report will also be made available.

Comments and complaints
If you have any comments about how this consultation exercise has been conducted, please send them to the contact address above or at NCSconsultation@gov.scot.

Scottish Government consultation process
Consultation is an essential part of the policymaking process. It gives us the opportunity to consider your opinion and expertise on a proposed area of work.

You can find all our consultations online: http://consult.gov.scot. Each consultation details the issues under consideration, as well as a way for you to give us your views, either online, by email or by post.

Responses will be analysed and used as part of the decision making process, along with a range of other available information and evidence. We will publish a report of this analysis for every consultation. Depending on the nature of the consultation exercise the responses received may:

- indicate the need for policy development or review
- inform the development of a particular policy
- help decisions to be made between alternative policy proposals
- be used to finalise legislation before it is implemented

While details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation exercises cannot address individual concerns and comments, which should be directed to the relevant public body.

Introduction (summarises Ministerial Foreword and Introduction)

The Scottish Government wants the way that social care is delivered in Scotland to be better for people that access care and support, for all those that work across the system and for unpaid carers. We want social care to be delivered in a way that means that people accessing care and support can live a happy and fulfilled life. We want care workers to feel happy, respected, fulfilled and valued. We want unpaid carers to have a life alongside caring, and that they are able to sustain and improve their own health and wellbeing.

Moving forward we must focus on people not systems. Social care should be a springboard, from which people can reach their potential, and not a safety net that prevents them from falling further. Social care should be there to help and support people at the earliest stage when they need it to prevent people getting into crises. An improved system will reap benefits, not only for those directly involved, but it is also a vital investment in people and the whole economy.

Social care is there for people of any age who need help with day-to-day living because of illness, physical disability, learning disabilities or mental health conditions, or because of older age, frailty or dementia. Social care also supports people with or recovering from alcohol or drug addictions, and those who are or have been homeless or are at risk of becoming homeless. Children's social care services also provide help for children and families who may need additional support, or where children are unable to live with their own families.

Social care may be provided in people's own homes, including through remote care and technology enabled care, in residential accommodation and care homes or in the wider community, including many advice and support services. The population receiving social care and support is diverse, with wide ranging needs and circumstances

The pandemic has shown us how important social care is. We believe that social care, like health care, should be available to everyone who needs it and that everyone across Scotland who needs to access care and support should experience the same high quality social care wherever they are.

We asked for an Independent Review of Adult Social Care during the pandemic, because it was clear we needed to do things better in future. We thank everyone who contributed their ideas and experiences to that review. We want to make sure that the recommendations of the review are delivered. Work that we did with partners before the pandemic on addressing issues in social care will inform the work to deliver the recommendations of the Review.

The Independent Review recommended the creation of a National Care Service, with Scottish Ministers being responsible for adult social care support. We want to go further than this and create a comprehensive community health and social care service that supports people of all ages. This would mean that care wraps around families and takes account of individual circumstances, the communities people live in and their wishes.

As we create a National Care Service, we will make sure there is no unnecessary duplication of activities. It will cost extra public money to set up the new service and we will aim to increase investment in social care by 25%. Public money is limited and we will make sure the maximum impact is achieved from that investment. But in doing so we will look at the overall benefits of improving people's experience of care and the outcomes they achieve, as well as the direct costs or savings of providing that care. Taking a preventative approach to social care avoids the need for more costly action at a later stage. Above all, we will make sure that the new service is designed around the needs of those who access services and supports the needs of care workers and unpaid carers.

We will not wait for the National Care Service or new legislation to continue work to improve social care. At the same time as designing the new system we will work to change the way that services are delivered now so that people experience consistent and fair services across the country and that services are designed around the needs of individuals. This will create the basis for the National Care Service and make sure that disruption to services for people is minimised as services are developed.

We want to give a strong voice to those who rely on social care, unpaid carers and the workforce, listening to their needs and acting on what they tell us. Improving the social care system will require partners to work together and place the interests of those who use and deliver social care firmly at the heart of decision making.

We established a social covenant steering group, including those who access care and support, to ensure the new service is designed around their needs of care users and supports the needs of care workers.

We want this consultation to start discussions about the changes that need to be made to achieve better outcomes for people accessing care and support, care workers and unpaid carers. We will seek the views of as many people as possible to make sure everyone has their say. At the end of this consultation, we will use all views and ideas for change to develop new legislation, which will be introduced to the Scottish Parliament in Summer 2022. We will consider the impact of our proposals on equality groups and others, including businesses and island communities. We will also keep thinking about how the National Care Service will integrate with the National Health Service and what it means for the NHS.

It will take time to develop the National Care Service. The legislation is likely to be complicated and is likely to take at least a year to be scrutinised by the Parliament. After that, we need to set up the organisation and put the legislation into effect. We intend the National Care Service to be fully functioning by the end of the Parliamentary term.

There will be more opportunities for people to contribute views and ideas as we develop the National Care Service.

Chapter One: Improving Care for People

We need to improve community health and social care support for those who rely on it, including unpaid carers, and those who work in it. Scotland has a growing population of older people, and more of us each year are needing or seeking to access community health and social care support, or are helping others who need access. These services are core to supporting the health and wellbeing of the population, to enable everyone in Scotland to thrive. They must be a springboard not a safety net. Developing a system that delivers consistent and fair access to services and support across the country and improves outcomes for people is a priority. Making Scottish Ministers accountable for social care will help to achieve that consistency and drive forward improvement.

Creating this improved system, one that works for people, will require every one of us to work together, placing the interests of the person at the centre of our decision making.

This chapter covers proposals that look to strengthen the system, put a human rights based approach at its heart and strengthen the focus on preventative approaches across community health and social care services.

1a: Improvement

There are several national organisations that advise on improvement methodology and implementation science in Scotland. But we have not been able to consistently scale up good practice across the country. This is partly due to the complex arrangements for providing and regulating community health and social care.

The Independent Review of Adult Social Care recommended there should be a National Improvement Programme for social care. This should aim to improve people's experience of self-directed support, the safety and quality of care in care homes, and the process of commissioning and procuring social care to raise quality and enhance conditions for the workforce.

We propose that improvement must be a key focus of the National Care Service for social care and social work. The establishment of a single national body, with clear lines of accountability to Ministers at a national level, gives us the opportunity to ensure that consistent, high standards of performance are developed and maintained across Scotland. That national view will also ensure that learning can be shared and implemented across the country. Intelligence gained from inspection and scrutiny of services will be used to identify where improvement is needed, and themes will be fed back into commissioning and procurement.

1b: Access to Care and Support

People told the Independent Review of Adult Social Care that access to social care at the moment is too complicated and difficult. There are many different professionals and organisations to deal with, and people have to tell their story over and over again. Assessment is based on eligibility criteria, and many people can only access support if their needs are critical. There is also a lack of consistency

across the country and if people move from one area to another they may not be able to get the same support.

We want to change care and support services to focus on giving people the support they need to enable them to lead a full life. There should be more services that prioritise early intervention and prevention, which people can access in the community. There will be a single approach to support planning, making it easy for someone to move between different types of care and support as their needs change, and across different areas. This will be built around a Getting It Right For Everyone (GIRFE) approach. It would make sure that everyone involved in providing community health and social care uses the same language and approach, and that the person needing support, and their family, are at the centre of decision-making.

1c: Right to breaks from caring

Breaks from caring are a vital element of support for carers (people who provide unpaid care for another person). There were 700,000 – 800,000 unpaid carers before the pandemic, and potentially over 1 million during the pandemic. Caring roles vary in nature and intensity so, while all carers need to be able to take a break, they may not all need the same support to achieve that. Breaks can vary from a few hours of care at home or the cared-for person visiting a day service, to a week or more of the cared-for person staying in a residential setting, or a holiday break for both parties.

The Carers Act requires the need for a 'break from caring' to be considered as part of carers' wider rights to support to meet their eligible needs. However, only around 3% of carers receive statutory support for breaks from caring.

We propose to create a right to breaks from caring, which will function as a part of the wider social care support system. We want it to be one element of plans to create a single, outcomes-focused approach to care and support which stretches from prevention and early intervention through to acute and specialist provision.

The further details section below sets out several important factors to consider in designing this right. We have also set out three groups of options:

Group A – rights to standard short break packages. This could be a flat rate for all carers (in terms of number of hours/weeks or in financial terms) or graded depending on the hours or intensity of the caring role.

Group B – a right to personalised support whenever the need for a break from caring is identified as part of the carer's adult carer support plan or young carer statement. This would be a personalised entitlement to meet the carer's specific needs as identified in their individual plan under the Carers Act, possibly based on a new expectation that every carer is entitled to have sufficient regular breaks.

Group C – hybrid approaches, that would provide a smaller, flat-rate entitlement which is easier to access for those in less intensive caring roles, alongside a more personalised entitlement, based on identified needs, for those in more intensive caring roles.

1d: Using data to support care

At present, there is a wealth of data available about individuals in receipt of care and support, but it is not always easily available – including to service users and their carers – or used for maximum benefit.

Data about an individual is often held in multiple different places. This makes it difficult for people providing support across health and social care to access the most relevant, up-to-date information, and for different services to provide a continuity of care across different service providers and across time. People are frustrated at having to repeat their story to different parts of the health and care system, because their information is not shared. The many different ways of recording and storing information also make it difficult to understand current provision or use data to plan and improve services.

We propose to create a nationally consistent, integrated and accessible electronic social care and health record that, with appropriate permissions and consent in place, can be used and seen by all those who provide health and care support, and by the individual themselves.

To achieve this we will look to introduce legislation to require all primary and community health care and social care services to provide data to the NCS, using common data standards and definitions. Services will also be required to provide data to support local and national decision making.

1e: Complaints and putting things right

It is important that, where things do not go well within and across social care services, people know how to complain and that there are effective systems to make sure things are resolved effectively. We know that people find the present systems for making complaints not clear, and they are not always aware of the advocacy services that are available. Systems for handling complaints are not consistent across different areas. In addition, complaints do not always feed back in to improving services. There is also not effective information about people's experience of social care support, to direct where improvements should be made.

We propose that there should be a single national point of access for information on making a complaint or giving feedback about social care, and there should be similar processes for all local bodies. We will consider developing a charter for rights and responsibilities, and whether it is appropriate to appoint a commissioner for social care, to champion the rights of those who receive care and support, their families, and carers. We would have to consider how this would fit with the responsibilities of other commissioners.

We also propose that feedback and complaints should be used with other data to understand the quality and safety of services, address any issues, and influence improvement. Care providers will be required to demonstrate they have taken feedback and complaints on board when they are inspected. And we will carry out a review of how to understand people's experience of social care.

1f: Residential Care Charges

Currently, when someone requires or chooses to have residential care, the local authority will carry out a financial assessment to determine how much they are expected to contribute towards their care home costs. Those who are required to pay their costs in full are referred to as “self-funders”. For those who are not required to pay, the care home costs may be paid by the local authority under the National Care Home Contract.

The National Care Home Contract covers both accommodation costs and Free Personal and Nursing Care. For self-funders, the local authority pays the care home provider an amount towards Free Personal and Nursing Care. However, in recent years this payment has not kept pace with the costs, and some care homes may have increased their charges to self-funders to cover the additional cost. We are considering potential options, such as increasing the sums paid by local authorities for Free Personal and Nursing Care for self-funded care home residents, or whether to take an alternative approach such as revising means testing, to assist in ensuring self-funding residents are treated fairly in their financial assessment.

Chapter Two: National Care Service

At present, local authorities have statutory responsibility for providing social care support and Scottish Ministers, through local Health Boards, have responsibility for health care. They both delegate certain functions (and budgets) to local integration authorities, which plan what community health and social care is needed in their respective areas and direct (and provide funding to) the Health Board and the local authority to deliver it. The further details section, below, lists the functions that must, or may, be delegated.

The Independent Review of Adult Social Care (IRASC) noted some successes in the current model of health and social care integration. But it also identified some areas for improvement. It noted that a lack of national accountability and leadership for social care support has resulted in inequitable access to community health and social care provision for people, and lack of consistency between areas. While there is good practice in many places, there is no mechanism for making sure this spreads across the country.

We propose to make Scottish Ministers accountable for social care. We will establish a National Care Service (NCS), which will define the strategic direction, quality standards, and the framework for delivery of community health and social care across Scotland. The NCS will be responsible for central functions such as leading improvement, national and regional planning, workforce planning, and management of data to support these functions. It will also deliver community health and social care provision at a national level for people whose needs are very complex or highly specialist, and the planning and delivery of care in custodial settings, including prisons.

Community Health and Social Care Boards (CHSCBs) will be established to be the local delivery body for the NCS. The NCS and CHSCBs will work in concert with the NHS, local authorities, and the third and independent sectors to plan, commission and deliver the support and services that the people of Scotland require.

Chapter Three: Scope of the National Care Service

This Chapter sets out other services that could be included in the National Care Service, in addition to adult social care.

3a: Children's services

By children's services, we mean any service provided to or for the benefit of children by either a local authority, Health Board, third sector, or commissioned provider, including services for those who are in care or have left care, children with complex health conditions, young people involved in offending behaviour, or those with additional support needs. Arrangements for children's services vary; in some areas some of these services are delegated to integration authorities, in others none are delegated.

The provision of children's social work and social care services is inextricably related to the provision of services to adults and it is important to have a whole family view which ensures adults have access to treatment, care & recovery in order to continue caring for their children.

The Care Review for children and young people resulted in the Promise to Scotland's children and young people. The Promise, concluded that "for Scotland to truly be the best place in the world for children to grow up, a fundamental shift is required in how decisions are made about children and families."

We therefore propose that children's social work and social care services should be located within the National Care Service (NCS). This will provide the opportunity for services to wrap around families, reducing complexity and ensuring improved transitions and support for those that need to access a range of services. In doing so we will make sure we retain and strengthen links with Education and Early Learning and Childcare, and also work closely with the implementation of The Promise.

3b: Healthcare

Primary and community health care is generally people's first point of contact with the NHS. These services, provided by professionals such as GPs, dentists, pharmacists, district nurses, physiotherapists and occupational therapists, play a key role in keeping people well and helping people manage their health conditions at home.

Integration authorities are responsible for planning and commissioning almost all primary care and community-based health care, as well as social care services. They also carry out strategic planning for Accident and Emergency services and inpatient hospital services for certain types of medicine. This is intended to help integrate health and social care services to avoid the need for hospital care where it is preventable, for example, where better social care could help a person to manage their health condition at home. All healthcare commissioned by integration authorities is provided or contracted by the Health Board. They also contract with GPs to provide general medical services, based on the nationally-negotiated GP contract.

Primary and community health care teams work alongside social work and social care teams to meet people's needs, but the level of joined up working can vary across Scotland. Integration of health and social care has not worked as well as it should have done, particularly due to a lack of collaborative leadership in some areas.

We therefore propose that the National Care Service, and its local Community Health and Social Care Boards, could take responsibility for the commissioning and procurement of a range of health services, similar to (and potentially wider than) the range of services currently delegated to Integration Joint Boards, and including managing GPs' contractual arrangements. We are seeking your views on what services might be included in this responsibility.

3c: Social Work and Social Care

Social work has a key role in the co-ordination and delivery of social care support for adults, children, and often whole families. Social workers provide direct support, therapeutic intervention, and signposting to people in assessing their need for social care. They also assess and manage risk as part of care planning for an individual's needs and support. The assessed need is then delivered through social care services and wider community support. Subsequently, social workers have a responsibility for monitoring and reviewing care to ensure the individual's needs continue to be met. They also ensure safeguarding through their statutory responsibilities including Adult Support and Protection, Child Protection, Mental Health Care and Treatment, Adults with Incapacity, and Public Protection.

Social work has a complex statutory framework cutting across adults' and children's services and criminal justice services. In general, local authorities are responsible for social work, but in different areas, different elements may be delegated to Integration Joint Boards, leading to fragmentation. There are also a number of social workers who are employed by voluntary sector organisations who carry out statutory functions.

We propose that all duties and responsibilities for social work and adult and children and families' social care services should be located within the National Care Service. This could reduce complexity and ensure improved transitions and family support for those people that need to access a range of services. It would also mean that social work's legal powers and expertise would remain inextricably linked with the delivery of care and with the work of a National Social Work Agency, to enable the consistent scaling up of good practice.

3d: Nursing

Registered nurses have an important role to play in the multi-disciplinary teams that deliver integrated community health and social care services. Nurses, midwives, Allied Health Professionals and clinical health care support workers who work in services provided to the integration authority by the Health Board are professionally accountable to the Health Board's Executive Director of Nursing. Clinical staff employed by other services, such as independent care homes or GP contracted services, are accountable only to their employer. We estimate only around half of

adult and older peoples care homes in Scotland have registered nurses. For others, nursing care is provided by NHS community nursing services.

During the COVID-19 pandemic, the role of Executive Directors of Nursing has been extended to provide additional support to the social care sector, particularly on infection prevention and control in care homes, and care assurance. The value of multi-disciplinary working, including the role of registered nurses, is key to ensuring people's full health and care needs are met. Registered nurses also provide leadership and expertise to the wider social care team, supporting them with education and training, attainment of competencies and understanding a range of care needs.

It is important that the professional governance for community nurses employed by the NHS is equitable for registered nurses employed by social care and independent contractors. We propose to maintain the current Executive Director of Nursing role to provide professional leadership across community health and social care, building on the role they and their teams have taken during the COVID-19 pandemic in care homes. To ensure parity of care and support and early intervention this could be extended to include other social care environments such as care at home services.

The role could also be extended from the current advisory and oversight role to a role of accountability, with the National Care Service overseeing and ensuring consistency of access to education and professional development of social care nursing staff, standards of care, and governance of nursing provided within social care service. The National Care Service could also be responsible for the commissioning of nursing in social care.

3e: Justice Social Work

Justice social work (JSW) services have a vital role in preventing offending and delivering effective interventions to keep communities safe and tackle offending behaviour through a focus on prevention, treatment, and rehabilitation. JSW engages with people with a wide variety of complex needs, taking into account their health needs, substance use, employability, and risk of harm to self and others. It works in collaboration with partners at both the local and national levels, and supports delivery of area based plans developed by Community Justice Partnerships. The model of community justice is supported by Community Justice Scotland and a sustained focus nationally on prevention and community interventions has helped see reconvictions per individual decrease by 23% over the past decade. This approach includes the presumption against short prison sentences, which is designed to shift towards community sentencing over prison sentences to reduce reoffending.

However, Scotland has one of the highest per capita prison populations in Western Europe and ensuring consistency of JSW services across Scotland is a challenge. Better coordination, a set of minimum standards, and the appropriate resources would make community justice services more consistent across the country and would improvement outcomes for individuals, families, and communities.

Including JSW services in the new NCS could bring a number of benefits, particularly around consistency and availability of community justice services across Scotland and greater links to related public health services. However, including JSW in the NCS would involve revising existing highly complex funding and delivery arrangements whilst having to ensure existing effective partnerships and services are not disrupted, which would require significant time and resources. We therefore propose that if JSW is included in the NCS, it is transferred in at a later phase of the process.

3f: Prisons

At present health and social care is not integrated in prisons. Healthcare is the responsibility of the NHS and has been delegated to integration authorities, whilst social care is arranged directly by the Scottish Prison Service.

The Independent Review of Adult Social Care made several recommendations that have direct relevance for people in prison including:

- Recommendation 19: The National Care Service should oversee social care provision at national level for people whose needs are very complex or highly specialist and for services such as prison social care that could be better managed on a once-for-Scotland basis.
- Recommendation 26: The National Care Service should manage provision of care for people whose care needs are particularly complex and specialist, and should be responsible for planning and delivery of care in custodial settings, including prisons.

Our proposal is that the NCS oversees social care provision for people in prisons assisting to create a single, outcomes focused approach to care and support which stretches from prevention and early intervention through to acute and specialist provision.

3g: Alcohol and Drugs Services

Specialist alcohol and drugs services are entirely delegated to integration authorities and involve a mix of clinical services, social work, and social care provision. Each local authority area has an Alcohol and Drugs Partnership (ADP), which is made up of various public services, including the NHS, the local authority, Police Scotland, Scottish Prison Service, Scottish Fire and Rescue Service, and third sector and community representatives. The ADP has responsibility for strategic planning and performance across issues such as education, prevention, early intervention, treatment, support, recovery, and licencing/legislation.

However, people with drug and alcohol issues can tend to have multiple complex needs that overlap with mental health, physical health, children's services, housing, and justice. Ensuring care and support is joined up across complex systems is difficult and there are variations across Scotland over the level of integration, for example if justice and children's services are delegated to the integration authority. Many stakeholders feel the system is more focused towards treatment delivered by the NHS and local authorities over recovery and wider support services that are

delivered by the third sector. People moving between services may also fall through gaps in the system, for example when moving from hospital to the community.

We are considering whether changes can be made to ADPs to make them more effective and whether they should become part of the National Care Service (NCS). We expect that Community Health and Social Care Boards (CHSCBs), which will replace Integration Joint Boards, will continue to be key partners in ADPs and will provide governance, finance, and procurement functions. We are also considering whether it would be more effective for the NCS to organise alcohol and drug services on a national level and commission specialist provision, such as for residential rehabilitation services.

3h: Mental Health Services

Mental health services include a wide range of activities and professionals, including primary mental health services, Child & Adolescent Mental Health Services, community mental health teams, crisis services, mental health officers and mental health link workers.

However, only some services are delegated to Integration Joint Boards (IJBs) and this is not consistent across Scotland. This creates difficulties for consistent allocation of resources, for staff, and for service users.

We propose that the appropriate elements of mental health services should be delegated to the National Care Service to ensure consistency across all of Scotland.

3i: National Social Work Agency

Social work is dynamic and complex, requiring social workers to work alongside people and families during their most challenging times. Most social workers are employed by local authorities.

There is currently no national oversight or support for social workers, which creates a number of challenges including variations in pay and terms and conditions, difficulties in securing student placements due to an absence of national workforce planning, and barriers to sharing best practice. Increasing pressure on social work services also means the workforce has to focus more on people in crisis or with significant needs, leaving less time for preventative work and for social workers to engage in training and continuous professional development.

We propose that a new National Social Work Agency should be established with national oversight and leadership on areas including social work qualifications, workforce planning, improvement, training and continuous professional development, and pay and grading. It would be part of the broader National Care Service (NCS) infrastructure and linked to wider planning and improvement activity in social care.

Chapter 4: Reformed Integration Joint Boards: Community Health and Social Care Board

At present there are 31 integration authorities, which have been delegated functions and budgets on health and social care by Heath Boards and local authorities. The integration authorities then plan what care is needed in their respective areas and direct (and provide funding to) the Health Board and local authority to deliver it. 30 of these integration authorities have adopted the Integration Joint Board (IJB) model. IJBs have a minimum required membership and consist of voting members, who are representatives of the local authority and the Health Board, and non-voting members representing various professional groups, social care providers, people who receive social care support, and unpaid carers.

The Independent Review of Adult Social Care noted some successes in the current model of health and social care integration. But it also identified some areas for improvement. It highlighted a lack of collaborative leadership and strategic planning and a high turnover of integration authority staff to support planning, commissioning, and delivery. Financial planning is not integrated, long-term, or focused on providing the best outcomes for people who need support. Commissioning and procurement through local authorities remains inconsistent.

We propose that IJBs are reformed to become Community Health and Social Care Boards (CHSCBs) and will be the delivery body for the National Care Service. This will be the sole model for delivery of community health and social care and will ensure consistency of services across Scotland. CHSCBs will be accountable to the Scottish Ministers; will employ their own chief executives and staff to plan, commission, and procure care and support; and will have board members consisting of both locally-elected members and representatives from the local population, including people with lived experiences of care. CHSCBs will also work together across Scotland as part of the NCS and will work with the NHS, local authorities, and the community and third sectors to improve support for people at the regional and national level.

Chapter 5: Commissioning of services

Commissioning and procurement of health and social care services are a key part of delivering improved wellbeing outcomes in Scotland (for a definition of these terms, please see the further information box below). For integrated health and social care services, most local authorities and Health Boards delegate commissioning responsibility to the Integration Joint Board (IJB), which plans and agrees a budget for the services it is responsible for. Once agreed, the IJB then directs the local authority and Health Board to deliver those services and provides the funding to do so. These services may be delivered by local authorities and Health Boards directly, or they may pay other companies or organisations to deliver them on their behalf, which is most commonly sourced and managed through procurement processes.

However, differences in commissioning and procurement practices have led to inconsistencies across Scotland and can create barriers to the portability of care if, for example, someone wishes to move outside of their local authority area but wants to keep their current care provider and package. Budget constraints and a focus on price have also led to poor outcomes for people who use services and can lead to poor conditions for the social care workforce, and limitations on the type, amount, quality, and flexibility of the service provided. There is also limited involvement of people with lived and living experience in commissioning and procurement, resulting in support that is focused on costs rather than people.

We propose that the National Care Service (NCS) will be responsible for developing and managing a Structure of Standards and Processes for ethical and collaborative commissioning and procurement. The purpose of this will be to ensure commissioning and procurement delivers a person-centred, human rights based approach to service delivery that supports the outcomes and needs of the individual, meets minimum quality standards, supports fair work, promotes sustainability, and ensures consistent implementation and equitable quality of service throughout Scotland. Further details of the Structure of Standards and Processes are set out in the box below. The NCS will also create a professional development programme for commissioning and procurement professionals, will be responsible for market research and for commissioning and procuring national contracts for complex and specialist services that are better delivered at the national level.

Chapter 6 – Regulation

National regulators will continue to play an important role in ensuring consistent and high standards of social care and support. Through regulation we will continue to scrutinise the quality of care in Scotland to support consistent and high standards. It is important that the role of regulating both services and the workforce remains independent of the National Care Service (NCS). This independence will also allow the regulator to operate and to regulate any services commissioned directly by a NCS.

Once established the NCS will be responsible for setting national care standards, which will provide the framework for regulation moving forward. Future regulation at its heart needs to support better outcomes for people. The views of individuals accessing services and people supporting individuals to access services should be embedded and prioritised within the process.

This chapter sets out what we need from a modern and ambitious regulation process that drives quality, improvement, and the best outcomes for people. It covers arrangements for scrutiny, assurance and inspection of care services provided under the National Care Service (NCS) and for the education and professional development of those working within these sectors. It sets out proposals for how to strengthen and improve enforcement powers when services fail to provide the quality of care people require and to ensure the social care workforce is supported.

The Care Inspectorate, Scottish Social Services Council, and Healthcare Improvement Scotland.

National regulators play a vital role in ensuring consistent and high standards of social care and support. They include the Care Inspectorate, which is responsible for registration and inspection of care services; the Scottish Social Services Council (SSSC), which regulates the social services workforce by setting standards for practice, conduct, training, and education and supports professional development; and Healthcare Improvement Scotland, which is responsible for scrutiny and improvement of all health services.

We have identified improvements that can be made to the regulation and scrutiny of care and support services. As we set up the National Care Service, we will give careful consideration on what measures can improve oversight of the services it is responsible for. Questions on proposed changes are on the next page.

6a Core principles for regulation and scrutiny.

The core principles for regulation and scrutiny are key to ensuring consistent and high standards of care and support. Please see the box below for details of the core principles we are proposing.

6b Strengthening regulation and scrutiny of care services

The enforcement powers of the Care Inspectorate are an important tool for upholding high standards. However, since those enforcement powers were introduced, the

shape of care has changed as more people are supported to live at home and those who live in care homes have increasingly complex needs. The experience of using the enforcement provisions, both before and during the COVID-19 pandemic, has raised issues of whether they are fit for purpose.

We are considering reforming the enforcement powers to ensure high standards are upheld. Please see the box below for further information on these proposals.

6c Market Oversight Function

Strategic understanding and oversight of the care market is vital to ensuring it meets the needs of users of care services and care workers, particularly around contingency planning on service closure and other market failures. Developing an oversight of the care market involves gathering financial information, developing market intelligence, identifying risk, and collaborating with partners across the sector.

We are considering giving the Care Inspectorate market oversight powers to provide this function.

6d Enhanced powers for regulating care workers and professional standards

The Scottish Social Services Council (SSSC) is the regulator of the social services workforce and is responsible for the registration of the vast majority of the workforce. However, some groups, such as health care assistants, day care of adult services staff, and personal assistants, remain unregulated. Further, the SSSC's powers are mostly focused on individual workers rather than on employers, resulting in the SSSC lacking the necessary powers to compel employers to ensure adherence to the code of practice, to ensure staff can access the qualifications they need, and to require employer information on fitness to practice investigations.

We are considering enhancing the powers of the SSSC to address these issues.

Chapter 7: Valuing people who work in social care

Scotland's dedicated primary and community health and social care workforce provide critical support to people across Scotland every day. We need to do more to ensure that there is a greater understanding of the role that they play in the economy, the strength of their skills in responding to the needs of individuals, and the compassion and care they bring every day to the job they do. There is a need to grow the workforce in line with the increasing demand for support and care needs. The workforce need to be valued by all of us and they need to consider their job a career with opportunities to grow and develop. Our current workforce are our best advocates to encourage new entrants and promote working within the sector.

Scotland's ambition to become a Fair Work nation by 2025 is underway, with many industries and sectors making positive steps towards this. Social care is central to this work. Training and development, pay, terms and conditions and a better understanding of the plan for the future skills the sector will need should be the focus of national work moving forward on the social care workforce.

There is already a lot of work underway to meet these ambitions. This section explores the longer term system changes that are needed to support the social care workforce within the wider context of this existing work.

7a: Fair Work

There are thousands of social care providers across adult, children's, and justice services and each provider is responsible for setting their workforce terms and conditions. Currently, there is no ability to set minimum standards for workforce conditions within individual providers and levels of unionisation are generally low, which is exacerbated by many (particularly smaller) providers not recognising trade unions or providing opportunities to engage. This has led to inconsistencies in terms and conditions and low pay across the sector, leaving many workers feeling undervalued and underpaid while still dealing with high workloads and stressful working conditions.

To address these issues, we propose that the National Care Service (NCS) could take the lead in the development, administration, and assessment of national workforce quality standards that support the delivery of Fair Work principles through a "Fair Work Accreditation Scheme". This could include rates of pay, security of employment contracts, and training and development. We also propose that the NCS will develop and manage a Structure of Standards and Processes for national commissioning, which will include a core criteria for the awarding of contracts that supports workforce terms and conditions and financial transparency.

7b: Workforce Planning

The complexity of health and social care, especially the number and variety of employers makes it difficult to plan workforce requirements across the sector as a whole and workforce planning across social care employers varies. A lack of consistent, robust and easy to access data makes workforce planning difficult nationally, regionally and locally. The Independent Review of Adult Social Care

recommended that national oversight of workforce planning for social work and social care should be a priority for a National Care Service.

We propose to develop a consistent approach to workforce planning for social care, integrated with health, supported by national tools or a framework and an agreed data set. Depending in the final scope of responsibility agreed, a National Care Service could ensure a longer-term strategic approach to meeting social care workforce requirements across public, private and third sector social care providers in Scotland.

7c: Training and Development

There is variation in whether social care staff can access training and development in the workplace and the support they have to achieve qualifications and learning. Providers do not have to ensure that social care staff gain the qualifications necessary for their registration or ensure that they access ongoing development. Training and development of staff are not required within contracts. There are a range of other issues around training and development including a potential lack of awareness about the qualifications available, the purpose of the qualifications not always being clear, a lack of clear skills and training pathways and a projected shortfall in the capacity to meet the demand for the qualifications required for social services registration. The five year period to achieve the qualification for social services registration is seen as too long and a disincentive for some employers to invest in training and development. There are concerns about whether social care is prioritised in the allocation of funding for apprenticeship qualifications at higher and further education levels. The end of freedom of movement following the UK's exit from the EU could exacerbate existing staff capacity issues. To backfill a loss of staff, the sector is heavily reliant on agency workers which incurs inflated costs for providers, possibly reducing available funding which could be invested in other areas.

We propose that a National Care Service should set training and development requirements that support both entry to the workforce and continuous professional development for staff. We also propose that a National Care Service will provide and/or secure the provision of training and development for the social care workforce.

7d: Personal Assistants

Personal assistants are individuals directly recruited by people in receipt direct payments of option 1 of Self-directed Support (SDS) and/or Independent Living Fund (ILF) funds. They provide a unique and key role in sustaining individuals who require support that is centred on their independent living. Personal assistant support is not regulated by the Care Inspectorate and personal assistants are not registered through the Scottish Social Services Council. They are employed directly by the person in receipt of SDS or ILF funds and it is that person's (or their guardian/responsible adult's) responsibility to comply with employment legislation.

Due to the nature of the employment of personal assistants, there is no accurate data on how many there are, though there are estimated to be upwards of 6,000 in

Scotland. As personal assistants are not registered, it is difficult to engage with them and to set up systems to support them. There is no clearly binding requirement for personal assistants to receive, from their employers, clear and consistent information, training, or capacity building in supporting and delivering their role. While for those employing personal assistants the administrative burden of securing personal assistant support is significant.

To better understand the extent of personal assistants operating across Scotland and to improve levels of support, we propose a requirement for personal assistants to register centrally. We are also considering what role the National Care Service (NCS) could have in supporting national minimum employment standards and in ensuring personal assistants can access training and development opportunities. We are also considering provision of administrative, recruitment, and employment support that may encourage further adoption of SDS options while ensuring that personal choice about how independent living is delivered is protected and that processes do not become more bureaucratic.