
To: Renfrewshire Integration Joint Board

On: 28 October 2021

Report by: Interim Chief Officer

Heading: National Care Service Consultation

Direction Required to Health Board, Council or Both	Direction to:	
	1. No Direction Required	X
	2. NHS Greater Glasgow & Clyde	
	3. Renfrewshire Council	
	4. NHS Greater Glasgow & Clyde and Renfrewshire Council	

1. Summary

- 1.1. On 9 August 2021 the Scottish Government published 'A National Care Service for Scotland: consultation' setting out its proposals for improving the delivery of social care following the recommendations of the Independent Review of Adult Social Care.
 - 1.2. The IJB undertook a facilitated workshop with officers on 8 October 2021 to enable IJB members to review the key elements of the consultation's proposals.
 - 1.3. The views raised in this session were collated by officers and summarised within the IJB's proposed consultation, which can be found in Appendix 1 of this report.
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2. Recommendations

It is recommended that the IJB:

- Approve their consultation response to the National Care Service Consultation (Appendix 1) for submission to the Scottish Government prior to the consultation deadline of 2 November 2021.
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3. Background

- 3.1. On 9 August 2021, the Scottish Government launched a consultation on "A National Care Service for Scotland" to seek the public's views ahead of the creation of a National Care Service.
- 3.2. This follows on from the Independent Review of Adult Social Care (IRASC) report, which was commissioned to recommend improvements to adult social

care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care.

- 3.3. The review took a human-rights based approach and the final report was published in February 2021. It concluded that whilst there were strengths of Scotland's social care system, it needed revision and redesign to enable a step change in the outcomes for the people in receipt of care.
- 3.4. The consultation is focused on exploring the suggestions for significant structural and system change that will need to be supported by primary legislation and new laws to ensure the governance and accountability across the system to deliver successfully for people.
- 3.5. The consultation document has now extended the scope of the Review to other service areas including children and families, community justice, alcohol and drug services and social work.
- 3.6. Professional organisations and groups such as the Royal College of Nursing, SOLACE, SOLAR, CIPFA, Chief Officer, Chief Finance Officers and Chief Social Work Officers are each providing their technical views on the changes being proposed.
- 3.7. Our partner organisations, Renfrewshire Council and NHS Greater Glasgow & Clyde (NHSGGC), are also submitting their responses to the consultation and have included the Chief Officer in these discussions. NHSGGC is also collating a nursing specific response capturing Board Nurse Director/Deputy Nurse Director and Chief Nurse views across both Acute and HSCP settings, given the size of the nursing workforce across GGC.
- 3.8. The consultation closes on 2 November 2021 and at the end of the consultation process, all feedback will be analysed, and conclusions will be used to shape and develop new legislation. A Bill is expected to be introduced in the Scottish Parliament in summer 2022. The legislation is likely to be extensive and complex and is likely to take at least a year to be scrutinised by Parliament. The Scottish Government intend the National Care Service to be fully functioning by the end of the parliamentary term in 2026.

Implications of the Report

1. **Financial** – No implications from this report.
2. **HR & Organisational Development** – No implications from this report.
3. **Community Planning** – No implications from this report.
4. **Property/Assets** – No implications from this report.
5. **Information Technology** – No implications from this report.
6. **Equality and Human Rights** – No implications from this report.
7. **Health & Safety** – No implications from this report.
8. **Procurement** – No implications from this report.
9. **Risk** – No implications from this report.
10. **Privacy Impact** – No implications from this report.

List of Background Papers:

- A National Care Service for Scotland Consultation, Scottish Government (August 2021)
- Review of Adult Social Care (IRASC) report, Feeley (February 2021)

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Renfrewshire Integration Joint Board

Response to the National Care Service Consultation – October 2021

Renfrewshire Integration Joint Board (IJB) welcomes the opportunity to respond to the National Care Service (NCS) consultation. The proposals outlined within the consultation document are complex and significant for people living across Renfrewshire, and therefore the IJB feel it is necessary to submit a response which covers a range of key issues and points raised through its discussions in further detail, rather than responding using the template provided.

Key points from Renfrewshire IJB's response to the NCS Consultation:

Renfrewshire IJB welcome a number of the aspects of the consultation's proposals, which are intended to address recognised pressures and weaknesses in the current system. However, members do not believe it provides a compelling case for the scale of structural change proposed.

Recognising the consultation goes beyond the original recommendations within the Feeley report, more detail and consultation would be required with key partners in order to fully understand the evidence base and rationale for this scale of change and how these arrangements would work in practice. It is important that once further detail is provided there is an opportunity for stakeholders to further test and assess proposals prior to decisions being made.

Members fully support the core principles set out in the consultation. However, they believe that the majority of these principles are not new. In the main, they have underpinned Renfrewshire IJB's direction and decision-making to date.

National co-ordination of particular aspects such as pay and grading and national standards are welcomed. These could help deliver greater consistency of access across Scotland however it is the view of members that such changes could be delivered with minimal changes to the existing integrated structures in place.

The additional funding in social care is widely welcomed and viewed as necessary. Resource pressures have acted as a primary limiter on the ambitions of Renfrewshire IJB to date. In this context, members believe that the level of investment indicated could achieve significant improvements for people who use health and social care services very quickly through existing structures and partnership working.

Renfrewshire IJB is committed to partnership working and has a strong track record of delivering with our partners. This experience and relationships were central to the partnership's response to the COVID-19 pandemic, and over the last 20 months this local ethos of collaboration and partnership has been further strengthened. The integration of services locally has also been enhanced as all partners in Renfrewshire have worked innovatively and differently to support our local communities.

The implementation of the ambitious and far-reaching structural changes set out in the consultation will require significant national and local capacity to fully scope, shape and implement. There is a risk this could detract from the critical need to rebuild and recover from the pandemic, with a focus on tackling widening inequalities and levels of harm across communities. It is also likely that the implementation of the level of complex change required would require the redirection of staff away from frontline services to a focus on structural change.

Our health and social care staff have shown tremendous commitment and worked relentlessly for the last 18 months in unprecedented circumstances. The impact of this level of sustained emergency response on staff health and wellbeing, alongside the

recognised staffing pressures across the health and social care system must be taken into account when evaluating the sector's current readiness for wide scale change. In addition, any supporting narrative must be clearly and carefully defined to ensure that staff do not feel that the proposals for such wide-ranging change are a commentary on their commitment and contribution before and throughout the pandemic.

Since its establishment, Renfrewshire IJB has been committed to developing meaningful and effective partnership working across our communities. Any reorganisation must ensure that the excellent work being done at a local level is not diluted or lost.

Principles

A number of the core principles within the consultation, detailed below, are already at the core of Renfrewshire IJB's direction and decision making.

- A human rights-based approach should be at the heart of community health and social care
- Strengthen the focus on preventative approaches
- Empower people to engage positively with their own care – improving the experience of SDS to put peoples' needs, rights and preferences at the heart of decision making
- Embed fair work, value and develop the workforce
- Focus on high quality delivery, continuous improvement, and supporting the sharing of learning
- Carers will have a right to a break from caring

Taking this into consideration, members believe that additional investment in the current structure, rather than the wide scale change proposed, would provide the IJB with the additional resources to expand on current prevention approaches; accelerate service improvement programmes and increase capacity to address demand pressures.

The need to provide greater consistency across Scotland is recognised. Partnerships across Scotland are at different stages and have different levels of success in terms of integration and partnership working. However, the consultation does not highlight the many examples of good practice and advanced integrated working led by IJBs, such as Renfrewshire, which members view as having effective structures already in place with the scope and ambition for growth and improvement.

The proposed expansion of national coordination across several areas, such as staff terms and conditions and setting national standards and eligibility to services is welcomed. However, members believe this could be achieved without the need for the large-scale structural changes proposed.

Whilst members recognise the recommendation to remove eligibility criteria would be welcomed by many service users and their families / carers, the affordability of this in practice was questioned. To date, the need for eligibility criteria has been as a direct result of funding constraints. There is insufficient detail within the consultation to fully understand whether this would deliver on the expectation set regarding the removal of all costs / budget discussions when agreeing care packages.

Members also felt the need for further clarity on how NCS will balance its proposal for a "single model of care and support services...", alongside the "flexibility of delivery based on place/need", taking account of the IJB's focus to improve:

- the embedding of key principles of Self-Directed Support promoting independence, control and choice
- how we effectively design services with and for people and communities - not delivered 'top down'

Scope of National Care Service

Recognising the consultation goes beyond the original recommendations within the Feeley report, there are a range of questions about the proposed scope of the NCS that are not sufficiently set out in the consultation. IJB members feel the consultation timeline is too tight to fully understand its implications.

While there are a range of views on the merits of different services sitting within the NCS, members agree further detail is required to understand the evidence base for each and whether the level of structural change proposed is required to deliver improvement. Until such time as this is available, it is not possible for the IJB or similar consultees to comment on the appropriateness of many elements of the proposals.

There were a range of specific views from individual members on the proposed scope including:

- Risks in including Children's Services given its intrinsic links with education with Local Authorities, and the potential that integration could weaken these links. Although not currently integrated in Renfrewshire, the HSCP and Renfrewshire Council have strong partnership arrangements in place to support children.
- Some members of the IJB noted that the proposals do not currently include bringing the care home sector into the public sector. Concerns were raised about the impact of private ownership and profit-making within the Care Home sector with a number of members consequently of the view that the care home sector should form part of the NCS and that all care homes should be run on a 'not for profit' basis.
- Primary Care colleagues expressed the view that the current balance of responsibility for the delivery of primary care between NHS Greater Glasgow and Clyde and the six HSCPs within the Board area is appropriate and works well. The rationale for change through increasingly localised arrangements is currently unclear as this could lead to duplication and/or resource constraints in local areas.

There is a recognised risk that the scale and complexity of these services coming under one Minister could be unmanageable and dilute the necessary focus on key services.

Reformed IJBs

There is a real concern that the move from the IJB to a CHSCB could work against a lot of the 'best practice' aspects of local integration, which have developed over the last few years. The risk is that some of the very good work that has been done by IJBs such as Renfrewshire, could be weakened by these proposals.

The scale of proposed Community Health and Social Care Board's (CHSCB) membership is not clear. The Feeley Report (IRASC) suggested this could be existing SPGs, which in Renfrewshire would be viewed as an unmanageable size, with added complexities associated with decision making. Whilst broader representation would be welcomed by IJB members, the view was also expressed that consideration needs to be given to ongoing training and support to enable members to effectively represent their communities of interest.

The expansion of voting rights is welcomed as this would enhance the strong contribution non-voting members such as unpaid carers already make to the Renfrewshire IJB.

The extent of staff to be employed by the CHSCB is currently unclear but would need to be sufficient to cover the key responsibilities proposed. A key current challenge with integrated working is the use of two sets of terms and conditions for staff working within HSCPs. This can lead to a duplication of effort in recruiting to integrated posts where two processes must be followed. It is not clear whether the proposals would address this challenge.

It was noted that overall, the consultation is largely silent on the 'health' aspects of the proposed Community **Health** and Social Care Board. The relationship between the NHS GGC Health Board and Renfrewshire IJB has evolved and strengthened as local integration arrangements have matured. There is real concern that the consultation often solely focuses on the care aspect. The relationship between the proposed CHSCBs and the Health Board is not clear within the consultation and the potential for weakening current links was flagged by the IJB's health board members and more widely as a risk.

There is a recognised risk that the local voice of service users and carers could be lost through the centralisation of services, reducing the ability for local intervention and resolution. One member noted the use of the word 'community' in CHSCBs may therefore be questioned.

Commissioning of Services

The consultation notes that a shift in commissioning and procurement practice is required across Scotland with a focus on collaboration rather than competition, and on a quality and human rights approach, rather than cost.

Members are supportive of the ethical commissioning approach set out, which could build upon the progress made nationally and locally in recent years to place greater focus on the quality of care and outcomes-based commissioning. Quality already features prominently in existing commissioning, typically with a 70 to 80% weighting. Some members therefore questioned what is intended by the inclusion of the term 'ethical' beyond the mechanisms already in place (these can include community benefit clauses for example). More details on the financial impact of further reducing the cost element of commissioning will be necessary to enable further consideration of its affordability in practice.

New guidance on ethical commissioning would be needed to ensure we openly and fairly identify organisations to collaborate with, to ensure that collaborative practices do not inadvertently exclude new organisations who do not currently deliver locally but could bring added benefit to local provision. The potential legal implications around transparency and equity, which has often driven current commissioning practice, is also flagged as a consideration for how ethical commissioning would work in practice.

Our 3rd Sector Representative noted their support for an ethical commissioning model but highlighted their expectation that there would be a prioritisation of local partnership working.

The role of Scotland Excel going forward is not clear in the consultation. Scotland Excel are a national body currently responsible for the commissioning, procurement and contract management for the most complex services. There is a risk that the knowledge and experience developed could be lost through a new approach to commissioning services on a national basis. Further clarity is therefore required on the role of Scotland Excel and how it will operate with the National Care Service and the CHSCBs.

Regulation

The consultation's proposal that regulation and scrutiny functions operate independently from NCS is considered appropriate and critical to improving service delivery. Members believe the proposed enhancements to regulatory powers and improvements to processes could also bring value. However, some members also raised the point that it is not possible to fully assess regulatory implications and proposals until the scope of a National Care Service is fully defined. This would require revisiting and reassessment of proposals at an appropriate later date.

The core principles proposed are considered comprehensive except for “The NCS should generally seek to review, update, and improve standards and practices as an organisation and across the care sector on a regular and ongoing basis (this is a separate role and process from any improvements which those who have responsibility for delivering social care services (or overseeing those) may be required to make arising from enforcement or other action by the regulator).” Further clarification is required on this point. It is not clear on the role of the National Care Service as opposed to the independent regulatory bodies.

The diverse nature of health and social care services was highlighted, including the diversity of existing regulatory bodies. Some members noted the importance of considering each area of service provision in its own right, to ensure regulation is proportionate and at the right level.

Areas which require further clarification

As outlined previously, further detail is required to understand the evidence base for the scale of structural change proposed. Some examples are provided below on specific areas that are either not mentioned within the consultation, or there is not sufficient detail to allow members to fully understand how these would work as part of the NCS. Whilst these are noted briefly, a number of the points below are particularly complex and would require deep consideration to ensure possible issues could be effectively resolved.

If progressed, further discussions would be required to understand how this reorganisation would take place to ensure all these aspects of the current complex system are considered and that the significant progress made locally to date is not lost.

- There is no mention of the Chief Social Work Officer (CSWO) group and only rare references to the NHS
- How CHSCBs will interact and work with the NHS
- NCS is focused on social care provision but is unclear about the difference between social work and social care. Also, significant areas in relation to social work are not referenced including Adult Support and Protection, Mental Health detention, CSWO, recognition of the role of social work, the Children’s Hearing System, links to delivering The Promise, and adoption and fostering.
- The steering group has no one with lived experience of working in these systems
- The voice of experienced professionals was not apparent in the consultation
- There is little mention of arrangements for clinical care and professional governance and practice oversight
- Buildings and other assets currently sit with the partner organisations, and the consultation does not consider the associated implications for these in creating the NCS.
- How the NCS and the breadth of its ambition will be funded and what it will cost
- There is no detail yet about the elements of Mental Health provision which could be included under the NCS
- Where unscheduled care will be positioned and who will have responsibility
- How integrated IT systems will be delivered
- The overall impact of proposals on local authorities
- The possible impact on recovery and innovation within service delivery as the NCS is created, given the national and local capacity that will be required to deliver this structural change.
- There is no reference within the consultation to the Christie Commission, which still feels very relevant.