

Report To:	Inverclyde Council	Date:	28 October 2021
Report By:	Corporate Director Education, Communities and Organisational Development	Report No:	IC/14/21/AH
Contact Officer:	Andrina Hunter Corporate Policy, Performance and Partnership Manager	Contact No:	01475 712042
Subject:	National Care Service Scotland Consultation- Inverclyde Council Response		

1.0 PURPOSE

- 1.1 The purpose of this report is to consult members on a draft Council response to the consultation on the National Care Service Scotland and seek approval for submission to the Scottish Government.

2.0 SUMMARY

- 2.1 The Scottish Government's consultation on plans to create a National Care Service in Scotland was launched on 9 August 2021 and will close on the 2 November 2021. The consultation follows from an Independent Review of Adult Social Care (known as the Feeley Review) which recommended the setting up of a National Care Service.
- 2.2 Two Elected Member briefing sessions were held on the 25 August and 21 October 2021 to discuss and formulate Inverclyde Council's response to the consultation.
- 2.3 The Scottish Government consultation template has been completed as detailed in Appendix 1, however they recently advised they would accept submissions separate from the template. A written submission to clarify key areas within Inverclyde Council's response has been developed as detailed in Appendix 2.

3.0 RECOMMENDATIONS

- 3.1 To request members approve the consultation response and approve submission to the Scottish Government.

Ruth Binks
Corporate Director Education, Communities and Organisational Development

4.0 IMPLICATIONS

Finance

4.1

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments

Legal

4.2 There are no legal issues within this report.

Human Resources

4.3 There are no Human Resources issues within this report.

Equalities

4.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

x	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
	NO

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
x	NO

4.5 Repopulation

All of the steps undertaken by Officers seek to support the long-term interests of the Inverclyde economy and to provide a secure and safe environment for its workforce.

5.0 CONSULTATION

5.1 Two Elected Member briefing sessions were held on the 25 August and the 21 October 2021.

6.0 LIST OF BACKGROUND PAPERS

National Care Service Consultation

<https://www.gov.scot/publications/national-care-service-scotland-consultation/>



A National Care Service for Scotland - Consultation

RESPONDENT INFORMATION FORM

Please Note this form **must** be completed and returned with your response.

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

Are you responding as an individual or an organisation?

- Individual
 Organisation

Full name or organisation's name

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The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

- Publish response with name
 Publish response only (without name)
 Do not publish response

Information for organisations:

The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Yes

No

Individuals - Your experience of social care and support

If you are responding as an individual, it would be helpful for us to understand what experience you have of social care and support. Everyone's views are important, and it will be important for us to understand whether different groups have different views, but you do not need to answer this question if you don't want to.

Please tick all that apply

I receive, or have received, social care or support

I am, or have been, an unpaid carer

A friend or family member of mine receives, or has received, social care or support

I am, or have been, a frontline care worker

I am, or have been, a social worker

I work, or have worked, in the management of care services

I do not have any close experience of social care or support.

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

Questions

Improving care for people

Improvement

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)

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

A National Care Service if properly funded, including provision of longer term resources and the scaling up of programmes of work that have been found to be effective could be of benefit. However this requires to be seen within the local context as not all small scale effective change is always appropriate to replicate across other geographical areas. The use of improvement science approaches could provide a helpful structure again if properly funded and are proportionate and focused.

At an individual level, a NCS, again if properly funded, could potentially bring equality of access for people who move from one local authority to another. Their care plans and packages would then follow rather than being reassessed

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

Access to Care and Support

Section not completed as not thought to be appropriate to respond to as an organisation.

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

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

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

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

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

Contacting my local authority by email or through their website.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

likely		nor unlikely		

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

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

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Other – Please explain what option you would add.

All of these approaches should be available, however inherent is this is the need to ensure these are available locally and any advice provided is based on local knowledge of pathways to ensure correct and consistent correct advice is given.

We have concerns that national advice providers will not retain the local knowledge and will be unable to build upon the local relationships that help support and deliver local pathways.

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

- 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.
- 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.
- 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

Section not completed as not thought to be appropriate to respond to as an organisation.

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

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

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

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

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

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

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

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

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree

Light touch and/or more detailed support planning should take place in another way – please say how below

The options above in Question 5 are not mutually exclusive and people who require support are individuals. Support planning should be individualised and take into account a wide range of factors which affect overall quality of life and needs, which will vary as people's needs change.

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

Disagree

Please say why.

There is a need for commonality and consistency of language and approach in order to ensure outcomes are able to be met. Common assessments should ensure consistency of approach, however there have still been limitations with the GIRFEC model for children due to consent issues. We are concerned that if these have not been resolved within the GIRFEC model, how does the Scottish Government intend to deliver a GIRFE model?

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

Disagree

Please say why.

Health and Care are so interlinked a single record would ensure consistency of care and support and ensure no relevant information is lost or requires repeating. We believe that this integrated record has been long awaited, however we are concerned that unless the barriers (that are still in place after years of integration), including data sharing legislation and consent, are significantly removed, a single record will never become a reality.

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

Agree

Disagree

Please say why.

Whilst we agree a National Practice Model is important, we consider that focus given to this, rather than other key areas will be detrimental to delivery. As stated earlier the key focus for delivery of services should be to ensure they are properly funded and focussed on equality and equity, based on need and delivered by staff who are fully supported and appropriately trained to deliver their role.

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	<input type="checkbox"/> Standardised levels of support	<input type="checkbox"/> No preference
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A right for all carers versus thresholds for accessing support

<input type="checkbox"/> Universal right for all carers	<input type="checkbox"/> Right only for those who meet qualifying thresholds	<input type="checkbox"/> No preference
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Transparency and certainty versus responsiveness and flexibility

<input type="checkbox"/> Certainty about entitlement	<input type="checkbox"/> Flexibility and responsiveness	<input type="checkbox"/> No preference
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Preventative support versus acute need

<input type="checkbox"/> Provides preventative support	<input type="checkbox"/> Meeting acute need	<input type="checkbox"/> No preference
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Q10. Of the three groups, which would be your preferred approach? (Please select one option.)

- Group A – Standard entitlements
- Group B – Personalised entitlements
- Group C – Hybrid approaches

Please say why.

Within this section we feel the consultation questions are too simplistic in design. We would require much more detailed descriptions of “standardised” and again we require to remember that this is about individual’s needs and their outcomes. Whilst it would be helpful to have consistency of approach across Scotland for some areas of delivery, we require to ensure we are meeting the needs of our local demographic population.

The questions offer an almost either/or approach when in reality until the resource envelope and demand modelling are known, no decisions can be made.

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.

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
x				

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

Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
x				

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.

The case for legislation at this point is unclear and until further clarity on the specifics of a NCS are available it's hard to respond. The legislation requiring Privacy Notices and consent requires to be considered more fully.

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?

Every local authority across Scotland will have their own systems where data is recorded and our view is that from those systems there must already be a core data set that could be extracted.

Inverclyde Council/IJB is currently procuring a new million pound system, which if going to be overtaken by a national system, provided by a National Care Service, will prove costly to us.

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)

- 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
- Clear information about advocacy services and the right to a voice
- 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:

Good practice is that all complaints should try to be resolved as close to the operational level as quickly as possible with escalation as required. The current arrangements for complaints handling ranges from the local stages to the SPSO, involving the Care Inspectorate and SSSC as required.

We are not aware of any systemic concerns regarding the current model therefore cannot see the benefit for changing this.

The proposal for a charter may be helpful to ensure we are fully communicating individual's rights and entitlements.

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

- Yes
- No

Please say why.

We fail to understand the need for a commissioner and question the added value. What would the role be and particularly the relationship with SPSO.

Rather than focus on this, we suggest the focus should be on ensuring there is good availability of quality advocacy services for people to support them through any complaints process.

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

No

Please say why.

We believe it is crucial to understand users/families carer's experiences to ensure services are meeting needs and use this feedback to redesign services.

Coproduction is essential and the focus should be on ensuring this throughout all service design and redesign to ensure every step of the process meets the needs of those using it.

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

Fairness and equality should be the overriding principles of any changes to charging. There should also be a degree of personalisation and individual choice where appropriate for example with leisure and entertainment.

Unless the funding resource available is greatly increased, we fail to understand how any model could be implemented that does not charge.

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

Care home operators

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?

Again fairness and equity are the key principles that require to be applied, and again the personal contribution is required to sustain the system unless large scale additional funding is available.

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

Inverclyde Council believes that while there is some merit in developing a National Care Service, it should perhaps have a specific role in ethical commissioning; assurance; sharing improvement and innovation. Transferring accountability from LA's and the IJBs and introducing Scottish wide services will not result in the improvements sought. Longer term appropriate funding is what will make the improvements.

The proposals for a NCS goes against the current Scottish Government position outlined in the Local Governance Review which is focussed on localism.

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?

We propose if a NCS is developed as set out, homelessness services should be included.

Within Inverclyde Homelessness services sit within the HSCP, which benefits the many individuals who are supported by homelessness services who are vulnerable and are also involved in alcohol and drug; criminal justice and mental health services.

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

We do not agree that services should be in a National Care Service and rather the NCS should focus on the key elements outlined above in our response to Q20.

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.

The initial Independent Review of Adult Social Care did not consider children as part of that remit therefore we were surprised that children's services are now being considered as part of this review.

The focus should be on delivering better outcomes through the Promise rather than structural change. When IJBs were formed it took a couple of years for the system to settle, we cannot afford to delay the national care review and fail our young people. Work is ongoing locally to implement the IPromise and recovery from Covid 19 is paramount. Structural changes at this time will not be helpful as the focus moves to structures rather than delivering the Promise

Inverclyde currently has a fully integrated IJB which includes children's services. Good partnership working exists locally across children's services and other services within the council, and in particular Education. This is not hampered by organisational structures and we believe local needs and ways of working should be paramount. Our last Children's inspection showed that our current ways of working show no concerns in Inverclyde's delivery and support.

Further clarity is required as to the overall role and remit of the NCS which would then help to understand the full impacts for our staff and services.

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.

Our current arrangements for children's services within Inverclyde HSCP have good partnership working and links across primary care; public health and other NHSGGC services

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

Inverclyde Council feels unable to comment competently on this area as the information contained the consultation is too vague. It is still unclear as to the specific roles of a NCS and the new Community Health and Social Care Boards

However if the Scottish Government feel that 31 IJBs and one body corporate have not delivered on integration we would be interested to know why the Scottish Government would replicate this with 32 new Community Health and Social Care Boards.

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.

Inverclyde Council believes our current local integrated partnership approaches work well and we would consider the focus should be on building upon the ongoing strengths. The new CHSCBs, if introduced, would continue the current IJB role and Inverclyde Council does not believe having a National Care Service to oversee these is necessary as the current model works.

The role of the NHS within the new NCS requires to be further explored and clarity provided.

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?

The relationship and funding over the overall health and social care system is complex and due to the ongoing demands in the hospital acute sector, the resources have not shifted upstream to support prevention and anticipatory care, which in the main, are delivered by local authorities. The set aside budget has not moved from Health to Social Care to support delivery therefore Inverclyde Council has continually funded demographic pressures often at the cost of other areas of the Council. As a Council we believe Social Care requires to be seen, and delivered, within the context of our communities.

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)

We are unable to fully comment on either the benefits or risks as the consultation doesn't not fully set out what would be required. We are aware that the Health Boards and Local Medical Committees are currently involved in negotiating and managing GP contracts, therefore we don't have the knowledge to understand the complexities of moving this to CHSCBs.

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.)

- Better outcomes for service users and their families.
- More consistent delivery of services.
- Stronger leadership.
- More effective use of resources to carry out statutory duties.
- 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:

As stated previously, current arrangements through the local Integration Board and delivery by the HSCP works well and is maturing. Local planning and delivery is required for our local population to best meet the needs and secure the right outcomes for people.

We do however support that the NCS could have a role in training development, workforce planning etc. and this is covered later in our response.

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

Local Communities require local responses and we are concerned that moving to a National Care Service would hamper our delivery and excellent relationships we have with our commissioned partners.

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.

Within Inverclyde, Justice Services are part of our IJB and again have excellent relationships across key partners including Police Scotland. We delivered a good inspection which highlighted good practice in relation to addressing health inequalities.

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:

Inverclyde Council would have concerns regarding the delivery of MAPPAs as part of the Public Protection role along with Police Scotland. Local authorities have an important role in significant case reviews. We are unsure how the NCS would be able to deliver this if justice moves to a national organisation. The role of the Chief Officer Group within Public Protection which ensures accountability and governance requires clarity.

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:

Inverclyde Council believes that good work is currently underway and improvements can be seen in the justice arena with excellent collaboration through local Community Justice Partnerships. However it is our belief that rather than structural change at this time, additional funding and time to embed and then review ways of working is required.

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.

Inverclyde Community Justice Partnership reports directly to the Inverclyde Community Planning Partnership and we feel this is the correct approach as it reflects the multi factorial and extensive partnerships required.

Again until clarity is sought as to the unique role of the NCS and the CHSCB's it is difficult to understand what changes are really being proposed.

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.

Inverclyde Council feels unable to comment competently on this area as the information contained the consultation is too vague. It is still unclear as to the specific roles of a NCS and the new Community Health and Social Care Boards.

Currently Inverclyde HSCP delivers prison based social work and has good relationships with both the prison and wider partners within Inverclyde

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.

We believe that all interventions should be focussed on an outcome based model.

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

People affected by drug and alcohol related harm often face complex and interlinked issues that span a broader spectrum of health, social care and other needs, therefore crucial local responses which are able to be planned and resourced are required.

Alcohol and Drug Partnerships require to be resourced adequately with multiyear budgets to deliver and bring about the short and longer term change required.

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

The short term funding doesn't allow effective strategic planning and effective use of resources.

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.

Inverclyde ADP reports directly to the Inverclyde Community Planning Partnership and we feel this is the correct approach. Again until clarity is sought as to the unique role of the NCS and the CHSCB's it is difficult to understand what changes are really being proposed.

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.

A Scotland wide framework for providers through Scotland Excel may be helpful as this would bring quality assurance.

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

The need for Heroin Assisted treatment delivered at local levels requires to be considered and implemented.

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?

Inverclyde Council believes that rather than focussing on structural change, without the evidence to support this, the focus should be on adequately resourcing services to allow them to effectively plan and deliver effectively and efficiently.

The Scottish Government should focus on fiscal changes required that will impact on drug and alcohol related harm.

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

Inverclyde Council feels unable to comment competently on this area as the information contained the consultation is too vague. It is still unclear as to the specific roles of a NCS and the new Community Health and Social Care Boards

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?

Inverclyde Council would welcome long term investment in this area to enable appropriately resourced service and effective strategic planning.

There could be some specific areas that could be taken forward as part of a national framework with local implementation e.g. Trauma informed practice

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

We believe the consultation is unclear in terms of the role and remit of a Social Work Agency and in particular its relationship with SSSC. Will the new SWA replace SSSC as the main registration body? Also there is no mention of Social Work Scotland (SWS) the Professional Representative Body. Further clarity is required.

If such a body had to exist we would presume it would be responsible for procurement of training and development and potentially improvement and professional development which is required across multiple providers. However if a NCS is introduced would this be their role? Work would be required to ensure roles and responsibilities are clear and there is no duplication.

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

There is a risk to separating out social workers from other social care workers in terms of workforce planning and further clarity is required on what the interaction would be between the SWA for social workers and SSSC for other care workers.

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

- Yes
- No

Please say why

We feel unable to fully comment on this as we are unsure as to the plans for SSSC; Care Inspectorate; Social Work Scotland in relation to the National Care Service. It would be helpful to see this mapped out and showing how this links together, before a final view could be provided.

Any new bodies that are developed require to have clear remits and purpose to ensure there is no duplication and best use of public resources.

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

The employment status of social workers within the NCS is required before an answer can be given on where discussions on terms and conditions is best placed.

The role of the National Care Service and interaction with any potential role of the National Social Work Agency needs to be considered in relation to workforce planning to ensure no duplication and ensure best value for our communities

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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.

There is implied criticism that as local authorities all have different models of integration that these all require to be changed. Inverclyde HSCP is a successful partnership, working and delivering closely with both Inverclyde Council and NHSGGC, meeting the needs of the local community. Changing this current model removes the local flexibility which takes into account the local needs and circumstances of areas.

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?

We firmly believe they should be aligned with local authority boundaries.

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

If the move to a National Care Service is created, clarity is required on the accountability and governance for public protection (child, adult and MAPPA)

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?

This depends entirely on the role and function of the CHSCBs and their relationship with the NCS therefore it is difficult to comment. Again Inverclyde IJB works well with current range of members.

The lack of detail regarding number of board members and for example; number of elected members, again makes it difficult to comment further.

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?

We believe that all members should have equity and have voting rights. We require to ensure anyone who is a member of a future CHSCB is supported to fully undertake their role as a member, and be prepared to fully acknowledge and consider their input as relevant.

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.

We do not understand how 31 Chief Officers can report directly to the Chief Executive of the NCS from both a line management or supervision viewpoint, and in turn this raises concerns regarding accountability and leadership from the proposed NCS.

In relation to employment, there is an inherent risk in developing a “3rd” employer and we fail to understand why this would be required. If this does proceed will existing staff be TUPE over to the new CHSCB employer? Will this also be the case from NHS employed staff? If Community Health and Social Care Boards are intended to be small scale employers there are employment law issues.

Consideration of the shared services such as finance and creditors, HR and payroll, legal, procurement, internal audit and corporate training is required. There would be duplication in setting up these services for what may be relatively small organisations who will have to develop their own terms and conditions of employment and pay for back-office functions such as office space. It will also result in a budget gap for the existing shared services.

There are complexities within the current integrated system in relation to the 2 employer model, however moving to a 3 employer would introduce even more complexity, bureaucracy and costs into the system.

It is currently unclear who would employ local government staff in social care and social work if the Boards only employ Chief Officers and their strategic planning staff directly. This lack of clarity is unsettling for workforce and there could be significant employment issues in relation to TUPE transfer and a financial cost. Structural change has an impact on staff and careful change management and staff wellbeing support will be required.

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?

We fail to understand why the Scottish Government would not build upon, and resource appropriately, Scotland Excel who have extensive skills and experience in commissioning at a national and local level.

The discussion here should be about adequate resourcing for ethical commissioning rather than the view that the current commissioning is failing.

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

Whilst we agree market oversight can sit with the NCS, this should be in collaboration with Scotland Excel and both national and local partners.

National oversight will be helpful when large operators are involved and national overview will help identify any issues which may require mitigation.

However again setting this up as part of the NCS whether there are key partners already involved e.g. Care Inspectorate and Scotland Excel, may not be most appropriate use of resources.

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?

The Core principles set out by the Care Inspectorate should be built upon rather than new core principles being developed

Q74. Are there any principles you would remove?

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

The relationship between the National Care Service and the regulators is unclear in the consultation. Regulation is absolutely critical to support staff and people using services and should be resourced adequately. Consideration will need to be given to scrutiny in relation to the new NCS body and the newly reformed community health and social care boards.

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.

The Covid 19 pandemic has taught us that we need to ensure good collaborations locally to ensure flexibility of approach particularly with care home providers. We believe that the current work of the Care Inspectorate should be built upon rather than introducing any other regulatory regimes

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

The additional key Question 7 related to infection control which was introduced for Care Homes during Covid 19 should be .considered for other appropriate settings

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

Covid 19 pandemic has taught us that we require to inspect providers across all aspects and that good oversight is required to understand the full status of the provision.

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?

Compelling employers to implement sanctions applied by the regulator could introduce employment law issues. An employer should already conduct fair processes related to employee behaviour and failure to do so would mean they would lose an employment tribunal case. The regulator should ensure that workers are complying with sanctions. It would be helpful to know what this change is aiming to achieve.

The split in responsibility between the SSSC and Care Inspectorate must be clear to ensure that the worker and employer responsibilities are met as Codes of practice already exist through the SSSC.

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

Employers already have a statutory obligation to provide information to the regulator to support fitness to practise investigations, so it is unclear how the proposed position improves current legal requirements. There can be issues with the timing of hearings, however, it is unclear how the proposed position improves this.

Consideration needs to be given to who the wider stakeholder group would be, compelling people who use services to provide evidence if they are uncomfortable doing so, could be problematic.

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

This could be achieved through the establishment of a national forum with providers, if the purpose of this forum was tailored to accommodate this

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

For local government, the social care workforce is generally registered already for both adult and children's social care, as is a number of other groups.

Alcohol and Drug workers should be considered for registration and also homelessness staff who aren't registered through housing support

Valuing people who work in social care

Fair Work

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.

A Fair work commitment is essential to the current and future delivery of social care and we firmly believe care requires to have a higher value placed upon it. Local government is already considered to be a fair work employer however we are not convinced that bringing in an accreditation scheme, which again will require resourcing, will have the intended effect.

Through ethical commissioning we believe all providers commissioned to deliver should adopt the same principles. However again we need to consider localism as different areas will experience different market forces in which they require to deliver.

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...)

	Improved pay
	Improved terms and conditions, including issues such as improvements to sick pay, annual leave, maternity/paternity pay, pensions, and development/learning time
	Removal of zero hour contracts where these are not desired
	More publicity/visibility about the value social care workers add to society
	Effective voice/collective bargaining
	Better access to training and development opportunities
	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
	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
x	Other (please say below what these could be)

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

All of these areas are important if Fair Work is to be achieved. A greater focus on having the adequate time to undertake their role and being able to provide a better quality of contact with clients would have the greatest impact. This again relates to adequate resourcing of the overall system whether delivered by local authorities or through commissioned services.

In addition a focus on staff wellbeing; access to training and development to support both quality delivery and advancement in a career; support from line manager, and access to flexible working are all important. There requires to be a fundamental shift in how care is perceived and valued.

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...):

	Improved pay
	Improved terms and conditions
	Improving access to training and development opportunities to support people in this role (for example time, to complete these)
	Increasing awareness of, and opportunity to complete formal accreditation and qualifications to support people in this role
x	Other (please explain)

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

Similar to the previous response, managers should have access to appropriate training and development pathways to support advancement in their career. Valuing staff as they are our biggest asset.

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

No

Please say why or offer alternative suggestions

We believe a national forum with a clear purpose to discuss some workforce issues would be helpful particularly to increase the voice and profile of social work and social care and should include a wide range of partners and could share best practice, cross sector working etc. Consideration requires to be given as to how this will fit with any other current forums and also how it will link across to NHS as the interface particularly around workforce planning integration is crucial.

However we feel in terms of terms and conditions and collective bargaining this would not be an appropriate role for the forum and cannot see how operationally with a large number of employers this would work. National collective bargaining cuts across the role of local government and again the need for local approaches for a local areas is paramount.

Locally we have excellent relationships with our union colleagues and staff representatives and work well in partnership. We would be concerned that any national approach to this could be detrimental to this.

Workforce planning

Q91. What would make it easier to plan for workforce across the social care sector? (Please tick all that apply.)

A national approach to workforce planning

Consistent use of an agreed workforce planning methodology

An agreed national data set

National workforce planning tool(s)

A national workforce planning framework

Development and introduction of specific workforce planning capacity

- Workforce planning skills development for relevant staff in social care
- Something else (please explain below)

National workforce planning is a key area of focus we believe for a new National Care Service.

The need for this to be linked to higher and further education to ensure there is a clear pathway and supply of qualified staff to meet service demand.

The need for this to be closely linked to the NHS and having an integrated workforce plan would be helpful.

Again, adequate resourcing to support quality workforce planning at both national and local level is required. Clarity is required on what data sets would be required and what additional capacity would be required, and resourced, locally to provide this.

Training and Development

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

Yes

No

Please say why

We believe that having nationally set training and development requirements would be helpful and a clear role for the NCS, with the aim to set a consistent standard across the social care workforce. We believe this should flow from the workforce planning role for the NCS as previously mentioned.

Again the linkages to local training and development will be crucial.

Clarity would be required as to the role of SSSC and also the proposed Social Work Agency as to the differing roles and remits to ensure there is no duplication or confusion of roles.

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

No

Personal Assistants

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

Yes

No

Please say why.

We believe that in order to ensure appropriate standards of care, Personal Assistants should be treated equally to other social care staff. However consideration would require to be given to how this is rolled out to avoid any gaps in capacity from PA's who may not wish to become registered.

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)

Registration would benefit PA's with training and development opportunities and support networks as the role can be isolating at times. Self Directed Support is perhaps not as advanced in Inverclyde and there is a need to make this a more attractive and easier option. The HR and pay issues related to employment need to be reviewed as these can be seen as barriers.

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

Submission to accompany the NCS response from Inverclyde Council

Inverclyde Council welcomes the opportunity to respond to the Scottish Government's National Care Service (NCS) consultation, although we wish to express our disappointment at both the timing of the consultation in the middle of a pandemic, and the limited time to respond.

In relation to the format of the consultation template, there is a lack of information on the proposals and the questions are limited and simplistic, which made completion difficult. Our view is that the consultation directed us to choose between the current structure outlined, and all the negative associated with it, or the positive outcomes that potentially would be delivered through a significant investment in social work/ social care, by choosing a national care service.

Unfortunately there is no real opportunity within the consultation to describe a different model which promotes positive outcomes; supports investment; and focusses on people rather than significant structural change.

There are significant parts of the consultation where Inverclyde Council are unable to answer as we are unclear as the level of detail in the proposal was not available to make an informed answer, we have highlighted these areas within the template response.

Where possible we have completed the template however wish this additional submission to be read in conjunction which will help clarify the Council's response.

The Case for Change

Inverclyde Council acknowledges that there is a need for some changes. As a Council we do not believe that a move to a National Care Service, and reconfiguring of new national and local structures to accommodate this, will automatically transfer into improved outcomes for the people of Inverclyde.

This focus on structural change and proposals for change, without the supporting evidence, has the potential to overshadow the good work that is already ongoing. Inverclyde Council plays a key role in social care and integration and has invested significantly over the last decade. Successful inspections across children's; justice and adult protection services have indicated that there are strong partnership and relationships across Inverclyde.

Inverclyde Council believe the current model of delivery requires time to embed and most importantly be fully resourced with the required multiyear funding and staffing to deliver.

The Council does agree that a National Care Service with a clear role and purpose for areas such as those listed below may be advantageous:

Standards; Assurance; and Scrutiny

Planning and Policy Development and Performance Management

Workforce Planning and Training and Development

Sharing Improvement and Innovation

Ethical Commissioning and Procurement utilising existing frameworks through Scotland Excel

The Adult Social Care review had a strong focus on human rights, equality and equity and Inverclyde Council believe the Scottish Government should legislate change to support and promote this approach.

Localism

The development of a National Care service runs counterproductive to the Scottish Government's localism agenda, supported by the Local Empowerment Act (2015) which support local decision making and empowered communities. Local authorities are at the heart of their local community and are therefore best placed to have responsibilities for services that cover every aspect of local life. The Council therefore feel the need for local planning, using local knowledge; evidence and local relationships, working in an integrated way with partners, is paramount to delivering services for communities. The Council question how a national care service will be able to be flexible and responsive to meet the needs of small communities.

Inverclyde Council has a real concern as to the future accountability for public protection which currently sits with local partnerships and is often chaired by the Chief Executive of the Council. This lack of detail about the complex issue of public protection within the consultation is concerning.

Employment

Inverclyde Council firmly believe that all council staff should remain within the council. Now is not the time to be changing terms and conditions, all staff have worked tirelessly throughout the pandemic, however we welcome the additional investment in the social care workforce.

Funding

The overriding issue is that whatever system the Council continue to operate in, or develop as new, requires it to be adequately resourced with long term funding to enable proper strategic planning. The Council are concerned that there is nowhere within the consultation that fully explores the financial framework of both how the new National Care Service will be funded and the impact of this on local government.

The social care sector has been chronically underfunded for more than a decade, however Inverclyde Council has continued to prioritise funding into this area, sometimes at the detriment to other council services, to ensure the most vulnerable residents are protected.

The current funding of social work and social care is complex and the "extraction" of funding from council to a National Care service will indeed be problematic. In addition there are large implications for local authorities if a range of services are moved out and into a centralised national body.

Whilst there are implications for social care, the wider implications in terms of "support services" with the local authority require to also be considered including staff within procurement, HR, finance etc. who currently support the HSCP in delivery. Alongside this there may be wider issues related to building assets; transport etc.

A system of social care which focuses on people rights; is well-resourced; is local, however has standards set nationally; could achieve a better, more holistic social care service for all. Inverclyde Council asks that the Scottish Government concentrate on delivering better outcomes for people rather than structures.

Inverclyde Council has welcomed the opportunity to submit our comments and views to this National Care Service consultation. We would be happy to have further engagement with the Scottish Government to share our extensive integrated learning and ways of working, and in addition, be involved of the next stages in the development of a National Care Service model.

22/10/21