

Consultation response

National Care Service (stage 2) legislation

Overview

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Consultation about stage 2 of the bill is open until 20 September 2024

This will focus on the amendments and added detail of the proposed legislation.

https://yourviews.parliament.scot/health/national-care-service-stage-2-call-for-views/consult_view/

What is your view of the proposed National Care Service strategy?

Overall we are supportive of the development of a national care service strategy and believe this is a positive move to have a requirement to develop and implement a national strategy.

In addition we feel like having a national overarching strategy will help deliver better services for people, however we feel that there will need to be overarching aims and objectives to support the implementation. We also think that the third sector should be included and consulted on what a national strategy would look like as we have significant experience of both partnership working and delivery of care services alongside public sector services.

From an alcohol and drug service provider perspective, we strongly suggest that any strategy aligns with the existing government policy documents and strategies that impact our sector, including "the National Mission", "Rights, Recovery and Respect" and the "Alcohol Framework".

A national strategy would ensure that all local areas are accountable to national targets and approaches, which should reduce differences and disparities that can occur locally.

Lastly, as an organisation delivering alcohol and drug support services in the community and online, we would like some clarity on what type of work or

services would be classified as social care and what would be included in the national strategy?

What is your view of the proposal to create a National Care Service Board, and the provisions about the role and functions of the Board?

We are broadly supportive of the proposal to create a national care service board and we hope the creation of this board will provide accountability for the social care system.

However we would hope that there is equitable representation from both lived/living experience and the third sector on the board and we would call on those responsible for the creation of the board to be inclusive and not tokenistic when appointing board members.

At the moment it is not clear who is ultimately responsible for the delivery of social services in Scotland. Most of this is managed through integrated joint boards with many commissioned services being managed through their contracts. We hope that the introduction of a board will provide more transparency and accountability and that public services delivered by the third sector are treated like equal partners to the statutory services delivered by the NHS and local councils.

Lastly, we would recommend having themed sub-groups or boards would help manage the wide range of areas the board will oversee. Also we feel this would reduce the risk of certain areas of work (for example alcohol and drug support or mental health) being de-prioritised.

What is your view of the proposal to establish National Care Service local boards and to remove other integration models?

We would welcome further information or detail on what the local National Care Service boards will replace? Would this mean that the integrated joint boards will be replaced by the local National Care Service boards?

We would have some reservations about these proposals, without understanding what is currently not working with the current arrangements or what the new boards will do differently. Although we are supportive of any measure that provides greater transparency and accountability within the system, alongside

an equity between all public services (3rd sector and statutory sector).

We would be supportive of any measure (independent chair) that ensures that there are no conflicts of interest when making decisions about contracts, funding or service delivery.

Our experience of engaging with the current structure (integrated joint boards) is mixed, dependent on the local authority area. However generally speaking as an organisation we have had very little involvement in the decision making or funding decisions of the integrated joint board. The creation of a local National Care Service board would need to consider how social care services are included in decision making and how they can influence planning and funding decisions (based on need or their experience).

Lastly, we would hope that the creation of a local National Care Service board will provide equity between all public services, whether statutory services or commissioned. This should include equity of performance management, contract renewal, funding decisions etc.

What is your view of the proposed new provisions on monitoring and improvement and on commissioning?

We are broadly supportive of the new provisions of the board with regards to monitoring and improvement. However this needs to be equitable across all services responsible for social care (regardless of being statutory or third sector providers).

We also would highlight that any monitoring or improvement work does not duplicate any other governance framework. For example many third sector social care providers will be registered with the Care Inspectorate, Scottish Social Services Council or other frameworks. So it would be helpful if these processes were shared or linked in some way.

We would hope that the introduction of monitoring and improvement will provide greater security for commissioned services. For example if a service is performing well, this is factored in when making decisions about commissioning or allocating new or existing funding.

Any monitoring framework should be the same for all services delivering social care. Having an overarching strategy, framework and shared outcomes will provide a better service for the individual, but also ensure that services are being measured fairly and held to the same standards.

As a drug and alcohol service provider, our experience of commissioning varies

greatly between local authorities, which can make strategic planning for our organisation challenging. We have also seen changes to commissioning plans take place with little or no notice, so we hope that these plans seek to address these types of problems. Lastly, on commissioning, we can experience our sector partners managing our contracts, which can make challenging delivery issues very difficult as we do not want to upset our commissioners.

Finally we would like to raise the challenges faced by our organisation and other third sector social care providers as a result of data protection, information sharing etc. information sharing across the sector is very challenging, even if the person has consented for information to be shared. We hope that this proposal will consider what actions could be taken to improve information sharing.

Commissioning

As an organisation we welcome any proposal to improve the commissioning of social services in Scotland and are broadly supportive of ethical commissioning, however would require further explanation from the Scottish Government on what they mean by this term in relation to the National Care Service?

We were pleased to see the mention of the national board being able to deliver specialist national services, however we would like more information on what would be classified as a specialist service and who can deliver these types of services.

Our commissioning experience varies greatly between local authority areas, where we can see some of our contracts issued on a rolling basis (year to year) or we can face uncertainty when commissioning plans change. So we would like to be consulted and included more on commissioning (both needs assessments and general communication about long term funding plans).

Please find some further experiences and challenges we currently face through commissioning;

- Some contracts are split-up locally, which does not always make sense and can be prohibitive to good collaboration
- The current regulations mean that all our contracts are subject to full tender/ commissioning process (which is open to any services)
 - This has a negative impact on the 3rd sector (statutory services not affected by this)
- Currently contracts can be year to year contracts (under threshold) good

for the local authority but bad for provider (no certainty/ unable to plan or innovate)

- For national organisations looking to secure a commissioned piece of work may lose out to a smaller local organisation who is well connected with local influence
 - should it be the best organisation to deliver rather than who is well connected?
- 3rd sector services can and do deliver work outside (added value) of the contract, yet are not remunerated for this work.

Overall we would like to see more security and longer term funding made available, which allows organisations to be able to deliver better services through innovation and not worry about when and if the funding will continue.

What is your view of the proposed new provisions to designate a National Chief Social Work Adviser and for the creation of a National Social Work Agency?

As an organisation we are not sure about this proposal as it is not clear what function of the National Chief Social Work Advisor or the National Social Care Agency would be. We would welcome more information about these proposals.

What is your view of the proposed amendments to the Public Bodies (Joint Working) (Scotland) Act 2014, as set out in the marked up version of the Act?

As an organisation that mostly delivers commissioned services, we are not clear what the proposed amendments would aim to do and how this will improve joint working across Scotland. We would welcome further information about these amendments and the impact they will have.

There remain a small number of areas where further work is needed to confirm which legislative approach would best deliver the intended changes and strengthen their future practical implementation.

Those areas are: "Direct funding, "Inclusion of children's services, "Inclusion of Justice Social Work

“Anne’s Law

We welcome the idea to explore the issue of direct funding and feel that direct funding awards would be a positive step forward, if all of the above governance arrangements are in place and this does not negatively impact the 3rd sector social care providers in terms of direct awards. For example, direct funding awards do not go straight to statutory services without consultation.