

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 Do not publish response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If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.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

After you have completed the questions, please email or post your answers to us.

You can email us at: NCsconsultation@gov.scot

You can post your response to:

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

Argyll and Bute Integration Joint Board

Response to the National Care Service Consultation – October 2021

Introduction

Argyll and Bute Integration Joint Board (IJB) is pleased to respond to the National Care Service (NCS) consultation.

The proposals outlined within the consultation are far reaching and complex proposing this once in a generation opportunity to shape the future of health and social care improving well-being outcomes for Scotland's people. The vision of an integrated health and social care service absolutely shapes and captures what our communities need and have clearly articulated and what we must provide as a "Community Health and Social Care Board".

The IJB however, feels that the survey template is not best suited to capture the key issues it wishes to reflect to achieve this vision, it therefore provides the following response:

Argyll and Bute IJB's response to the NCS Consultation:

Argyll and Bute IJB welcomes a number of aspect and elements of the proposals, which are informed by the experiences of people as captured in the Feeley report.

Members fully support the core principles set out in the consultation and agree strengthening and simplifying integration within a human rights based approach is the best way forward to achieve the outcomes in care and health for patients, clients, and carer's and staff.

National co-ordination of particular aspects such as pay and grading and national standards and equity of access to specialist services on a once for Scotland basis are welcomed. These would remove the post code lottery which is a significant issue for our communities in remote, rural and Island Argyll.

The additional funding in social care is widely welcomed and viewed as necessary. Resource pressures and complexity in employer arrangements and corporate support service provision have acted as a primary limiter on our progress within Argyll and Bute to date.

Argyll and Bute IJB is committed to partnership working and has a strong track record of delivering with our partners, none more so when responding to the Covid19 pandemic, keeping our communities safe and supporting our staff and partners in responding to and meeting critical health and care needs.

The implementation of the ambitious and far-reaching structural changes set out in the consultation will require significant national and local capacity resource enhancement to fully scope, shape and implement.

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 implementing this scale of change

The IJB would therefore wish to point out this will require to be separately funded and resourced with a pragmatic implementation programme which has a realistic timescale to successfully manage the scale of cultural and organisational change required. This will ensure front line staff are not distracted from remobilisation or experience unnecessary anxiety and stress which could compromise the stability of the front line work force.

Specific areas of response to the consultation.

Principles

As referenced above a number of the core principles within the consultation are areas the IJB has attempted to ensure are progressed within its strategic planning, decision making and operational delivery within a remote rural and island “lens”, notably:

- A human rights-based approach should be at the heart of community health and social care in our remote
- Strengthen the focus on preventative approaches and reablement and well-being.
- 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
- Strengthen and develop our Children’s Services and justice system through GIRFEC and the Promise
- Address fair work, value and develop the workforce
- Carers will have a right to a break from caring
- Primary care development and resilience within the national framework
- Local access to emergency and diagnostic services with rapid access to definitive and elective care in NHS GG&C for our rural and island communities in Argyll
- How we effectively design services with and for people and communities - not delivered 'top down'
- Integrated community health and care services as the delivery model

The proposed expansion of national coordination across several areas, such as setting national standards and eligibility to services and national staff terms and conditions is welcomed.

The IJB recognise that establishment of national pay terms and condition is a critically significant area of work requiring intensive focus over the next few years. We are committed to working with the government, our staff and trade union partners to assist in this as well as ensure the remote rural and island dimensions are incorporated.

Scope of National Care Service

Argyll and Bute IJB since its establishment has been committed to developing effective partnership working across our communities in social care, the independent sectors, and 3rd sector and with Acute health care colleagues in NHS Greater Glasgow and Clyde (GG&C) and the Scottish Ambulance Service (SAS)

Recognising the consultation goes beyond the original recommendations within the Feeley report, there are a range of issues and clarifications about the proposed scope of the NCS that are not sufficiently set out in the consultations to fully understand its implications.

The Argyll and Bute IJB currently has the 'maximum' delegation of services to it including acute hospital care and would recommend that to advance integration and achieve the goals proposed that this be replicated so it is consistent across Scotland.

However, there are a number of areas in the consultation the IJB would request clarification and further information/evidence required to inform the final menu:

- Primary Care contract administration/management to cover all primary care services i.e. GP, Pharmacy, Optometry, and Dental will transfer to CHSCB. However, National negotiation etc. would remain unchanged?
- Status of Acute care, especially in rural and island areas i.e. Rural General hospital and our community hospital model. Also the unscheduled care and diagnostic and elective resource management currently an SLA with NHS GG&C. The IJB believe these should remain within the new CHSCB remit.
- Regional and national specialist services should also incorporate needs assessment for mental health for Scotland i.e. eating disorder, IPCU, elderly dementia inpatient assessment and CAMHS.
- Children's services and criminal and justice have key relationships with education etc. Optimum service delivery will always require working across the boundaries with partner organisations. The absence of any considered consultation on their inclusion /exclusion is a significant risk and we would suggest some further focused work is required to ensure these links are not compromised.

Reformed IJBs

The IJB believe its current membership would be a good starting point as it has representation from all partners, professionals, trade unions and officers, together with carer and public representation. It would however, propose the addition of a young person onto the board.

The expansion of voting rights is welcomed as this would enhance the critical contribution such as non-voting members such as unpaid carers already make to the IJB strengthening its consensus ethos. We would also suggest having remunerated board members recruited through a formal process with emphasis on groups including unpaid carers, young people, and those with lived experience and disabilities. This would ensure attendance and commitment to CHSCB and minimise the risk of their being disparate representative compromising the consensus decision making of the board.

The extent of staff to be employed by the CHSCB is not clear in the proposals. The IJB experience to date has shown that trying to operate with two sets of terms and conditions has compromised integrated working within the HSCP.

The problems with this are well documented, duplication of effort, restrictions in recruiting to integrated posts, facilitating integrated and whole system working etc. The IJB would recommend the CHSCB become the single employer with single national T&Cs if the full advantages of empowering the workforce to meet future health and care need are to be realised.

The IJB recognise this has significant staff implications and would recommend that a comprehensive national staff consultation and engagement process is undertaken to progress this critical area under a once for Scotland focus.

Strong and visible professional leadership within CHSCB covering all professions is recognised as essential and to this end the IJB reflect that this responsibility should be transferred to the new CHSCB and cover, Chief Social Work, Medical, Nursing etc.

Coterminosity with Argyll and Bute council boundary remains essential.

The establishment of the National Care Service, indicates the need to balance the necessary centralisation to address equity, standards etc. yet recognise the important of local flexibility for service delivery. This is particularly relevant for our remote and isolated rural and island communities. The Argyll and Bute IJB with its partners would wish to work with the implementation team in the Scottish Government to ensure this risk was identified and addressed in the areas of commissioning, service specification, regulation and inspection.

Valuing people who work in social care

The IJB welcomes the focus on the social care workforce and the Fair Work First criteria (pay, travel time cost reimbursement) must be an aim of any NCS. It is vital that steps are taken to make “working in care” a meaningful career path. Recognition of the importance and value of the profession and care workers; career advancement, self-development are as important as the level of pay.

National pay and conditions are welcomed if they also incorporate contract flexibility to suit working patterns e.g. older workforce capacity and capability, alongside appropriate rural weighting e.g. extending the islands allowance etc. as well as addressing core issues of sick pay, annual leave, maternity/paternity pay, pensions, and development/learning time .

However, equally important is infrastructure such as affordable housing, access to training etc. particularly within the remote rural and island context. It is this combination of factors which will aid recruitment, retention (particularly with regard to competing with the hospitality and retail sector) as well as address the demographic and post pandemic turnover of our care workforce.

The proposals for workforce planning are welcomed and the 7 suggested areas in the consultation highlighted and additional support and guidance in relation to workforce methodology, data sets, and planning tools would be useful.

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 an equality and human rights approach, rather than cost.

The IJB 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.

Enhancing and developing local resource and expertise for commissioning within a national or regional delivery network is recognised as essential for Argyll and Bute rural and island geography. This would assist in addressing the challenges in sustainability and resilience we have seen in our partnership and strengthen our partnership commissioning work with our independent and 3rd sector providers.

Framing the partnership requirement will be key to ensure equitable access to specialist service for the whole of Scotland. Unless there is strong and well-resourced local commissioning expertise which can understand, communicate with and facilitate local, regional and national commissioning we will exacerbate inequity and undermine partnership delivery models with poorer outcomes for clients/users.

The CCPS “Big Idea” 2020, provides helpful direction as to the framework which could be enacted to mitigate some of these risks within the commissioning procurement process [BIG Ideas \(squarespace.com\)](https://www.bigideas.squarespace.com)

Retaining the role/experience and resource of Scotland Excel is deemed very important for the commissioning, procurement and contract management for the most complex care services. Further clarity is requested 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, 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.

Using data to support care

Argyll and Bute IJB since its inception receives annual feedback from its front line staff and patients/clients that there continues to be problems in easily accessing information.

We have captured this in the form of our Digital Outcomes we wish to achieve and these are being incorporated into the HSCP digital strategy and our 3 year Strategic plan

Table 1 – Digital Outcomes

Digital Outcome	Purpose
 Universal care record	Health and care professionals have immediate access to all relevant information about a patient’s care, treatment, diagnostics and previous history, for all patients across Argyll and Bute;
 Universal clinical and care access	Health and care professionals can operate in the same way independent of their geographic location.
 Universal transactional services	Health and care professionals can access a common directory of services and make arrangements for the appropriate referral to the next stage of the care pathway
 Shared health analytics	Health and care professionals have the analytical information they require to run an efficient and effective service for patients e.g. anticipatory care and patient risk profiles. This can be collated and used to inform population health management
 Online and single points of access for patient and care services	Patients can access their medical and social care records online and use other online services e.g. book a GP or hospital appointment or ask a clinician or social worker a question or have a single point of access.
 Expert systems	Health and care professions and patients have access to knowledge bases to support the care processes
 Personal digital healthcare	Patients or clients receiving care can use Technology Enabled Care including personal technology to support their health and care e.g. a device can automatically send data to alert their GP or care agency or access and connect and share information their network of friends and family.

Although we work closely with Argyll and Bute Council and NHS Highland who host/provide the systems and we have improved the ability for NHS and Council employees to access

systems. It remains a “chore/effort/burden of work” on staff to operate 2 or more IT systems and this directly adversely impacts on the speed and quality of care.

We are in reality not an “integrated organisation” where data and information sharing is concerned. Essential health and care information remains difficult to access/unavailable due to different IT systems, firewalls and absence of common cyber security standards, complex data governance requiring myriad data sharing agreements, different priorities to host bodies and limited direct budgets to instigate change. Further our host bodies have different IT priorities which restricts resource allocation to address HSCP priorities and limits investment.

Consequently our staff and patient/clients continue to experience delays in accessing information.

“Why do I have to repeat the information I have already given to the social worker/care assistant when I see the nurse”.....

A CHSCB responsible for health and care which is resourced to provide its IT system facilitating a single digital care and health record will vastly increase productivity of staff. We will increase the rate of our digital modernisation, reduce their burden of work and critically increase productivity to meet rising demand.

More importantly this will provide clients and patients with confidence that their individual “holistic health and care history” is available (with appropriate security access) to all health and care professionals/ staff. Thereby improving their care, treatment and outcomes from birth to end of life care.

The IJB therefore welcome the proposals but would reflect the outcomes and ambitions detailed above be resourced and incorporated into the early implementation of the CHSCB.

Finance

The IJB welcome the proposal to directly fund Community Health and Social Care Boards.

It is essential Boards have adequate financial accountability and responsibility for all allocated funding. As such it is essential Section 95 officers remain and should be directly employed by the Board.

While direct allocations will empower Boards and remove the identified issues and delays associated with allocation via partner organisations it is important consideration is given to existing and future assets. Assets currently controlled by partner bodies should be transferred to the Community and Social Care Boards.

There is a risk that the current challenges relating to finance could be exacerbated in the transitional period prior to the full implementation of the CHSCB.

It is therefore essential steps are taken to maintain financial stability for IJBs in the transitional as well as adequately resourcing the change process as referenced earlier, mitigating any impact on front line service delivery.

1st November 2021