

## REPORT TO SPECIAL FULL COUNCIL – 6 OCTOBER 2021

### CONSULTATION RESPONSE: SCOTTISH GOVERNMENT CONSULTATION ON A NATIONAL CARE SERVICE

#### 1 Reason for Report / Summary

- 1.1 Full Council is requested to consider and comment on the Aberdeenshire Council response to the Scottish Government Consultation on a National Care Service, following the recommendations of the Independent Review of Adult Social Care.

#### 2 Recommendation

**Full Council is recommended to:**

- 2.1 Consider and comment on the Council response to the Scottish Government Consultation on a National Care Service attached as Appendix 2 to this Report;**
- 2.2 Note that the response deadline is 2 November 2021; and**
- 2.3 Agree to delegate authority to the Chief Executive to submit the response following consultation with the Leader, Depute Leader, Policy Chairs and Opposition Leader in terms of the Scheme of Governance.**

#### 3 Purpose and Decision Making Route

- 3.1 The [Independent Review into Adult Social Care](#) (IRASC) was published in 2020 as part of the Scottish Government Programme for Government. The aim of the review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care. The review took a human-rights based approach.
- 3.2 One of the [recommendations](#) of IRASC was the concept of a National Care Service, the founding principles being the need to create a system that is controlled nationally, delivers locally, has the person at the centre and that is affordable.
- 3.3 On 9 August 2021 the Scottish Government published its consultation on a National Care Service, following the recommendations of IRASC.
- 3.4 Officers have reviewed the Government proposals and provided technical responses to inform the Council response (Appendix 2). Workshops were undertaken with Members on 17 and 22 September and feedback from the sessions has been collated to develop an Executive Summary (Appendix 1) setting out the strategic position of the Council and the impact of the proposals on Aberdeenshire residents and communities.

## 4 Discussion

- 4.1 The consultation goes far beyond the recommendations of the IRASC, which dealt solely with Adult Social Care. The consultation proposes the inclusion of a number of other sector areas within the National Care Service which will have a significant impact across Aberdeenshire.
- 4.2 The breadth of the proposals currently being consulted on have raised considerable concern amongst public sector bodies and COSLA and, if implemented, would represent the biggest reform of public services in Scotland that has ever happened.
- 4.3 Fundamentally, the Council position is that no evidence or basis has been provided for extending the consultation beyond adult social care. Greater clarity is required in terms of demonstrating the benefits to our communities and residents and more detail around some of the proposals, and consequences of those, such as governance and regulation and the splitting of children's services from education. Much of what is suggested is contrary to the recommendations of the Christie Commission and the Local Governance Review.
- 4.4 An executive summary has been developed taking account of feedback from the Elected Member workshops and is attached as Appendix 1 to this report.

## 5 Council Priorities, Implications and Risk

- 5.1 This report helps deliver all six of the Council's Strategic Priorities

<b><i>Pillar</i></b>	<b><i>Priority</i></b>
<i>Our People</i>	<i>Education Health &amp; Wellbeing</i>
<i>Our Environment</i>	<i>Infrastructure Resilient Communities</i>
<i>Our Economy</i>	<i>Economy &amp; Enterprise Estate Modernisation</i>

- 5.2 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed.

<b>Subject</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Financial			<b>x</b>
Staffing			<b>x</b>
Equalities and Fairer Duty Scotland			x
Children and Young People's Rights and Wellbeing			x

Subject	Yes	No	N/A
Climate Change and Sustainability			x
Health and Wellbeing			x
Town Centre First			x

5.3 An integrated impact assessment is not required because the report is to present the Council response to the Scottish Government Consultation on a National Care Strategy to Full Council and there will be no differential impact as a result of the report on people with protected characteristics as a result of the report.

5.4 The following [Corporate Risks](#) have been identified as relevant to this matter on a Corporate Level:

- ACORP004 – business and organisation change (including ensuring governance structures support change; managing the pace of change)
- ACORP006 – reputation management including social media

## 6 Scheme of Governance

6.1 The Head of Finance and Monitoring Officer within Business Services have been consulted in the preparation of this report and their comments are incorporated within the report and are satisfied that the report complies with the [Scheme of Governance](#) and relevant legislation.

6.2 The Council is able to consider and take a decision on this item in terms of the general provisions conferred by the [List of Committee Powers in Part 2A](#) of the Scheme of Governance as the consultation has cross-Council implications and approval of the response is not therefore delegated to any Council committee.

### Ritchie Johnson, Director of Business Services

Report prepared by Fiona McCallum, Business Strategy Manager  
Date 21 September 2021

### List of Appendices

- Appendix 1 NCS Consultation – Aberdeenshire Council Executive Summary  
Appendix 2 Aberdeenshire Council response

**SCOTTISH GOVERNMENT CONSULTATION: A NATIONAL CARE SERVICE****ABERDEENSHIRE COUNCIL EXECUTIVE SUMMARY****1 INTRODUCTION**

- 1.1 This executive summary accompanies the consultation response submitted on behalf of Aberdeenshire Council in relation to the Scottish Government consultation on a National Care Service (NCS) and should be read in conjunction with our response. The Council is grateful for the opportunity to respond to the consultation and to provide our views to the Scottish Government on its proposals.
- 1.2 The Council would wish to highlight that it is being asked to comment on something with which it fundamentally disagrees and is disappointed to see a consultation containing questions which assume the creation of a National Care Service, without the full consideration of cost, impact on the workforce and, in some areas, even a clear idea of what improvement is required or the rationale for inclusion of certain services.
- 1.3 The Council notes the inclusion of the founding principles in the consultation such as how social care is understood and valued by individuals and our society, how it is funded and paid for into the future, the need for a person-centred approach to care and support in Scotland, and how Fair Work is achieved for all the social care workforce. We appreciate the need to recognise and respect the role of the care workforce, so it is seen at the same level as the NHS. We do not dispute that change is necessary to improve the consistency, quality and equity of care in Scotland however we do not agree that a national body is the correct vehicle to progress improvements and would welcome exploration of other models.
- 1.4 The Council has significant concerns about the distraction of restructuring, during a time when services are under tremendous pressure responding and recovering from the pandemic. Improvements that could be implemented more immediately should be the priority. The cost of change is also an area of concern and when that cost is articulated, consideration should be given to what improvements could be made within the existing arrangements without the need for uncertainty and challenge across the workforce.
- 1.5 The Council seeks clarity on the purpose and aims of the inclusion of Children's Services within the scope of the NCS and what specifically needs to improve. Children's Services are deeply embedded in the existing local arrangements, in particular with education services. Any move away from this could seriously impact on existing and strong working relationships with a risk to the way services are delivered. Government needs to set out the rationale for this last-minute addition to the scope and how the NCS would benefit children and young people. The Council is progressing well in terms of its

commitments to deliver The Promise. Imposing a restructure will impact progress significantly and place already stretched resources under considerable strain.

- 1.6 There are a number of questions with Yes or No answers. The Council is unable without further details to provide firm answers to all these questions and would request clarification as detailed in our response.
- 1.7 Aberdeenshire Council considers that reform of care and the scope of the NCS covers two fundamentally different areas: the governance of how services are managed and how improvements should be delivered.

## **2 GOVERNANCE AROUND MANAGING SERVICES**

### **2.1 Recommendation**

- 2.1.1 The Scottish Government is proposing that under the National Care Service Scottish Ministers will be made accountable for social care in Scotland. The NCS will be accountable to Scottish Ministers and have a clear focus on positive outcomes for people and Getting it Right for Everyone. The NCS will work in parallel and in partnership with the NHS but independent of the NHS.
- 2.1.2 The premise for this recommendation is that local discretion and decision making needs to be improved. There needs to be a focus on people who need support and care. Services must be designed based on need, produced together with the people who need the services and with those who support them, whether paid or unpaid. National standards should be clear and consistent with robust performance monitoring of local systems through regulation and a commitment to continuous improvement. New local structures would be funded by and accountable to the National Care Service and Scottish Ministers.

### **2.2 Aberdeenshire response**

- 2.2.1 Throughout the pandemic local government has been at the forefront of the response supporting people and communities. It is the anchor in our communities and has worked tirelessly to support our most vulnerable people; children, young people and families; the elderly; and local businesses. It has provided the services that improve our physical and emotional wellbeing and the environment. Using the experience of the previous 18 months demonstrates that, when given proper funding reflective of local need and demand and when empowered to act, local discretion and decision making will deliver significant improvements and drive a fairer and more equal Scotland.
- 2.2.2 There is a risk in the removal of local decision-making in that the ability for locally democratically elected representatives to influence, and input to, improvements to community health and care services in their area on behalf of constituents and with the local knowledge that comes with that will be significantly reduced, along with the accountability at a local level. Local

decision making and placemaking must be central in any national care model. Many IJBs have successfully achieved putting local people and their needs at the heart of everything that they do. The Aberdeenshire IJB works well, and the Health and Social Care Partnership brings together staff from the Council and NHS to focus on outcomes for the local public as noted in the Aberdeenshire Integration Joint Board Annual Audit Report 2019/20 published by Audit Scotland. The Annual Audit Report states that the IJB has a clear vision that is shared by partners and reflects the views of local people who engaged with the plan's development.

- 2.2.3 Local decision making is critical so that decisions are made closest to the people receiving the services. Additionally, consideration should be given to the role for local democracy – and the value this can bring: local accountability, intervening when things go wrong, and a very strong understanding of the needs of local communities. In Aberdeenshire, our local Councillors are part of their communities and are key to engagement with communities and individuals on health and social care services. There would be more value in the spheres of government working together to broaden the diversity of those stepping up to be the democratic voice of their communities, so that there is a greater variety of lived experience at the decision-making table. A local forum that is not democratic would not be able to represent or advocate effectively for communities, which is the main gap in terms of localism.
- 2.2.4 In relation to the inclusion of children's services within the NCS, whilst the ambition of cradle to grave ethos is recognised there are concerns around the approach and how this would work in practice. One of the critical concerns is the delivery of a model that reflects local need. Aberdeenshire's Children's Services Social Work has a good reputation nationally and is recognised for their commitment to improvement activity that is strongly linked to lived experience and improving outcomes. There is a risk that this could be lost in a centralised service. By their very nature, actions to address breaking down barriers will create new barriers.

### **3 HOW IMPROVEMENTS SHOULD BE DELIVERED**

#### **3.1 Recommendation**

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

#### **3.2 Aberdeenshire response**

- 3.2.1 The Council supports the principle that improvement should be a key focus of the delivery of care services across Scotland and would highlight that the

focus of improvement has to be person-centred care. Additionally, improvements must recognise and respect the role of the care workforce so it is seen on the same level as the NHS. The Council would like to see further consideration given to the possibility of Scottish Government intervention being targeted and focussed on the areas or services where it is needed, such as in workforce planning and setting minimum standards. The Council would request details of how the NCS would help to fix the significant problems around recruitment and retention of staff.

- 3.2.2 The Council would suggest that the key issue is resourcing existing local services properly. Local services should be tasked to make improvements in line with standards set by NCS but at a local level, taking account of local needs. The requirements of communities across rural Aberdeenshire will be very different to those in cities such as Glasgow and Edinburgh. There is a concern that a one size fits all approach would lead to inequity and exacerbate current issues around lack of availability of local resources and support. Local decision making ensures that funding is directed to the right places.
- 3.2.3 The Council would welcome greater clarity around the financial cost of the wholesale reforms proposed and consequential restructuring exercises. The Council would be interested to learn more around claimed but undefined benefits to local people (service users and carers and their families) relative to cost. More detail is required around on how the National Care Service would improve outcomes for our local communities and residents in Aberdeenshire.
- 3.2.4 The Council would welcome clarity around where the NCS sits with existing commitments, such as The Promise and Getting It Right For Every Child. Aberdeenshire Council is making good progress with delivering The Promise, however this is extremely challenging within existing resources and progress will likely be hampered if a restructuring is imposed.
- 3.2.5 Aberdeenshire is currently developing Place Plans building on the [Place Principle](#) and a joined-up view of local services is critical in providing a clear view and planning for place, which encourages and enables local flexibility to individuals and circumstances in different places. Given this is a joint commitment by Scottish Government and COSLA, a clear commitment would need to be provided on how the NCS would feed into this important work.
- 3.2.6 The voice of local communities is growing all the time; health and social care is a critical part of our conversation, and existing networks and relationships across our communities, represented by local elected members, is critical to ensure those voices are heard and responded to.

## **4 CONCLUSION**

- 4.1 The Council acknowledges that there are problems inherent in the current system but is far from convinced that a National Care Service is an appropriate mechanism to drive improvement in areas such as workforce development and improvement programmes to raise standards of care and

support, improvements in conditions of employment, and placing a greater value and recognition on those providing care, both paid and unpaid.

- 4.2 However, it is the view of this Council that the value of local democratic accountability enshrined in the current model should be retained. The loss of this element of local involvement, particularly when done in tandem with nationalising standards of care and approaches to commissioning and procurement, dilutes local planning and service delivery thereby increasing the risk of compounding the perception of a system that causes unnecessary hardship and suffering.
- 4.3 Any reorganisation or restructuring is expensive and it must be made clear what these proposals will cost and where they will be funded from. Consideration must be given to how funding can be spent better on existing arrangements, with a focus on those areas where improvements are most needed.
- 4.4 The proposals as they currently stand do not articulate what the changes will mean to local people. If the proposals will not deliver clear improvements and direct benefits for our residents and communities, then it is imperative that we consider different approaches that will. We have an opportunity to refine current approaches to make right some inequity and frustration that exists. We have a duty to ensure that the solution is timely, cost-effective and that it meets the needs of our communities.

**Ritchie Johnson**

**Director of Business Services**

Report prepared by Fiona McCallum, Business Strategy Manager, 21 September 2021



## 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

**Aberdeenshire Council**

Phone number

Address

Postcode

Email

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

*The recognition given to the importance of embedding and driving improvement across care services to improve outcomes for people who access these services is welcome. All of the above benefits would be supported, and potentially could be driven by one national organisation co-ordinating this. We would suggest a key consideration is how the key features of a continuously improving and learning organisation can be supported and enabled across health and social care services at all levels. This includes ensuring there is the right improvement expertise and capacity locally, supported by existing national training programmes and initiatives which allow all health and social care professionals to build their improvement knowledge and skills and to become part of networks that have the potential to share and drive improvements nationally. This reflects what we would consider to be a fundamentally important philosophy that we need to grow improvement expertise across organisations, to support staff to understand and have ownership of continuous improvement in their respective areas and to develop capability and capacity at both strategic and local operational levels.*

*There would be benefits in terms of upscaling learning from regulatory work – however there must be a recognition of local circumstances.*

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

*Improvement is currently the responsibility of IJBs and, in Aberdeenshire, integration is working well. There is a risk that the good work and practice already in place in some IJBs is lost under this proposal. IJBs are still in their infancy and need time to achieve their full potential – structural change at this stage will distract from the very critical services being delivered and has the potential to delay from the very improvements which require to be made.*

*Measuring improvement particularly in terms of outcomes for people is complex not least when attempting to benchmark performance or ‘scale up’ improvement across complex organisations where significant local variation can exist.*

*It would be considered important to ensure the knowledge and expertise provided by existing regulatory bodies responsible for inspection and monitoring of standards across health and care services is not diluted.*

*There is a potential risk in the removal of local decision making in that the ability for local government to influence, and input to, improvements to community health and care services in their area on behalf of constituents and with the local knowledge that comes with that will be significantly reduced, along with the accountability at a local level. There must still be a central role for local decision making in any national care model. There could be a place for a national framework in which IJB’s can operate. Many IJB’s have worked tirelessly since they came into being to put local people and their needs at the heart of everything that they do. The Aberdeenshire IJB works well, and the Health and Social Care Partnership brings together staff from the Council and NHS to focus on outcomes for the local public.*

*There is no mention of the Health and Social Care Partnership in the document, what are the plans for their futures? They are the current delivery arm of the IJB, is this envisaged for the CHSB? Would legislation put HSCPs on a footing where they can directly employ staff? The uncertainty around this is damaging to our workforce.*





























































































