

NCS Call for Views – Stage 2 Scrutiny

If you are commenting on individual Scottish Government draft amendments in your response, please identify the amendment or amendments either:

- By reference to the provisions [in the marked-up Bill](#) that they would either add or remove – e.g. “the new section 1A of the Bill” or “the removal of sections 2 and 3 of the Bill”; OR
- By reference to where they arise [in the marked-up Bill](#), indicating the numbering of the provisions and the colour used (blue, red or both) – e.g. “the amendments shown in red and blue in section 1, subsection (1)(c)”; OR
- By reference to the [numbered list of Scottish Government draft amendments](#) – e.g. “draft amendments PCO82, PCO95 and PCO83”.

1. What is your view of the proposed National Care Service strategy (see proposed new sections 1A to 1E)?

We are generally in agreement with the provisions to review the NCS principles and regarding the NCS Strategy (including its periodic review). However it is important to note that the strategy must recognise the need to provide locally tailored solutions and should therefore be designed in a manner that has regard to the specific needs of different areas, such as rural authorities like Argyll and Bute.

We would also suggest that local authorities and health boards are added to the list at Section 1A(2)(b) (those whom the Scottish Ministers must elicit the views of in reviewing the NCS principles).

It would be helpful to obtain clarity on whether the NCS will be facilitating the implementation of the principles outlined, for example via additional funding.

2. 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 (see in particular new Chapter 1B of Part 1, and new schedule 2C)?

The purpose of a new NCS Board to monitor progress, ensure standards and improvement at a national level is a welcome addition to the Bill, in order to further the aim in ensuring consistency of care across Scotland. In meeting this aim, there needs to be recognition of local flexibility to set standards and to determine local solutions that reflect local circumstances.

As an authority we do question why the approach has been taken to establish this body via the proposed NCS Framework, as opposed to adding it into the existing 2014 Act framework that exists for integrated authorities?

Further, there are concerns around the proposed power for Scottish Ministers to directly fund local Integration Authorities. Currently, funding for Integration Authorities is routed via the local authority and NHS Board. There remains significant concerns over the potential implications such a power could have.

Having regard to the proposed membership of the NCS Board, in terms of Paragraph 17(8)(b) to the new Schedule 2C, we note that (as a minimum) there would be only one individual appointed to the Board to represent local authorities. In reality, the needs and circumstances of all local authorities across Scotland are very diverse. The challenges faced by, for example, a rural and/or island authority differ significantly from those faced by a central belt urban authority. Therefore, we would suggest that the local authority representatives on the Board should be more than one, in order to reflect the diversity of local authority areas and circumstances across the country.

It is further noted, in terms of Paragraph 17(8)(c) to the new Schedule 2C, that there would be at least one individual appointed to the NCS National Board to represent health boards. This raises the question of reciprocity in membership of the relevant organisations. There is no local government representation on the NHS Scotland Board despite the current heavy focus on delayed discharge, when community care has greater pressures.

3. What is your view of the proposal to establish National Care Service local boards and to remove other integration models (see in particular Chapter 1A of Part 1, and new schedules 2A and 2B)?

The proposal to remove other integration models, with the purpose of ensuring consistency across the country, is noted. However, we would question why this is being done as part of the creation of a brand new (NCS) framework. That end could have been achieved by amending the 2014 Act (as proposed) alone as that would have exactly the same effect on the existing HSCPs. In our view, that would be a far more proportionate change to make to the existing arrangements, and to build on the progress that has been made thus far in terms of integration. This reflects the views we expressed whilst this Bill was at Stage 1.

4. What is your view of the proposed new provisions on monitoring and improvement (see new sections 12K and 12L) and on commissioning (see new section 12M)?

*Sections 12K and 12L clearly set out how the NCS Board would monitor improvement in care across the country in our view. We would stress that an important part in effecting any improvement is working collaboratively and supportively **with** the local authorities and/or health boards who carry out the integrated functions in question.*

In relation to Section 12M (Commissioning) – no real issues with the wording of the draft section, however there are concerns about what is commissioned and how it is specified. National approaches do not tend to work for rural

areas and there should be safeguards in place to avoid solutions that are not fit for purpose.

Separately, the Council have responded to the request issued to Heads of Procurement seeking views on the amendments related to procurement, and specifically the third sector.

5. 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 (see new section 26A)?

The role of a new National Chief Social Work Adviser, and the National Social Work Agency, is outlined with the new Section 26A of the Bill. However, we would suggest that further consideration/detail is required about how the National Chief Social Work Officer would interact with Chief Social Work Officers of local authorities – who are existing statutory officers with a range of legislative duties and functions.

In addition, and in line with previous comments provided as part of earlier consultations on NCS, further clarity is required on the role of the NSW to avoid duplication of roles with existing care regulators – such as the SSSC and the Care Inspectorate. For example, concerns have been raised about the suggestion that NSW should have a lead role in setting a national approach to terms and conditions, including pay, which could lead to equal pay issues.

In respect of workforce planning, we feel that local planning should continue to reflect local needs, but the proposed NSW does have the potential to fill a gap in creating nationally available and equitable access to learning and development for trainee social workers. It could also enhance and strengthen professional standards and provide a national pool of advisers/mentors/supervisors and consistency of practice for all social workers. This would remove the inequities currently occurring in HSCPs/smaller councils where budgets are constrained, learning and development is restricted and trainee places are limited purely due to budget. A national agency would be able to assess national workforce requirements and skills gaps and liaise with national providers – FE/HE and funding bodies - to ensure that there are sufficient and affordable training places for social workers. They would also be able to continue to influence government spending plans for the Apprenticeship Levy, where spending currently does not reflect the needs of the public sector, particularly in this area of national workforce need.

At a national level, there is a lot of work underway between SPDS, the Improvement Service and SOLACE on workforce planning in councils, with a report due to be published at the SOLACE conference in September. There is clear data/evidence showing significant shortages in Social Work and Social Care, as well as lack of consistent and clear learning pathways, and a lack of funding to support practice teachers in SW and degree students. Therefore a national approach, which could come from an NSW, can be viewed as a positive move.

6. Amendments to the Public Bodies (Joint Working) (Scotland) Act 2014

The Minister's covering letter states:

"We intend to improve local delivery through reform of integration authorities. Integration authorities are existing bodies established under the Public Bodies (Joint Working) (Scotland) Act 2014. Local reform will require some new provisions in this Bill amending the 2014 Act, as well as the exercise of existing powers under that Act."

Q - 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 mentioned above, it is our view that many of the outcomes sought could be achieved by amending/reviewing the 2014 Act alone, or by reviewing the current provision of services, as opposed to the creation of a new National Care Service. There are a number of improvements that can be achieved without structural change and funding for the NCS would be better directed to those service areas.

In order to promote consistency across the country, the Stage 2 amendments propose to remove the alternative (lead agency) integration model. Another means by which to promote consistency could have been to review what functions may and must be delegated under the 2014 Act regime. As per our previous response whilst the Bill was at Stage 1, we feel that the desired outcomes could be achieved more proportionately by review of the 2014 Act alone, as opposed to the creation of a brand new statutory scheme.

7. Areas of further work

The Minister's covering letter states:

"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

"The intention of this approach is to free up COSLA and local government colleagues from further negotiation on these issues and allow them to focus specifically on the mission to reduce Delayed Discharges in the coming weeks and months."

Q - What is your view of the Scottish Government's proposed approach to addressing the areas of further work outlined in the Minister's covering letter?

The areas of further work are material considerations under this Bill which could have significant impacts on local authorities, health boards, service-users and other relevant parties. As the further work is undertaken, we would suggest that clear communication and information sharing from the Scottish Government to those partners is key. We note that this has been lacking up until now despite the efforts of COSLA to engage with the Scottish Government on behalf of local authorities.

COSLA have undertaken extensive discussions and negotiations with the Scottish Government concerning a number of ongoing challenges and risks in respect of the NCS. There is growing disappointment from COSLA that these negotiations have not resulted in positive outcomes, with a number of matters remaining unresolved, including fundamental disagreement on the areas detailed above (with the exception of Anne's Law) .

8. Draft National Care Service Charter

As part of the package shared with the Committee, the Scottish Government has provided an [update on co-design of the NCS Charter](#) and an [initial draft of the National Care Service Charter](#).

Q - What is your view of the initial draft of the National Care Service Charter?

The current draft of the Charter appears to be an easy to read/use document for service users and all other relevant parties, which clearly sets out their rights; and the duties/roles of those who provide social work, social care, and support. It is noted that the draft is to be further developed with important details to be added.

In line with comments made at stage 1, the creation of such a charter does not require wholesale structural upheaval and could be established under the existing operational arrangements.

9. Do you have any other comments on the Scottish Government's proposed draft Stage 2 amendments to the National Care Service Bill?

Argyll and Bute Council is the second largest local authority area in Scotland, with the highest number of inhabited islands (23) and 43% of the population living in remote and rural areas (NOMIS).

Argyll and Bute Integrated Joint Board/Health and Social Care Partnership manages the full range of delegated services – Adult Social Work and Social Care; Children, Family and Justice Services; Acute NHS services and Hospitals; Primary Care and Community Health Services. Whilst the HSCP has NHS Highland as one of its partner bodies, all care pathways are to Greater Glasgow and Clyde.

This gives Argyll and Bute a particular and unique set of challenges in delivering care, which is currently delivered by a fully integrated workforce, and a strategic leadership with links into both the Council and NHS

Highland. In Argyll and Bute, integration is enabling community based, locality designed partnership approaches to delivering care.

We are proud of our staff and our track record of managing care services across our complex area, particularly in our partnership response to Covid-19, where our staff and colleagues went the extra mile to keep our communities safe.

We recognise the ambition in the NCS Bill to improve care services in Scotland and fully support that principle. However, we do not see the clear, evidence based argument that major structural change will result in that improvement. Investment in the current system of care, with locally based design and additional powers, such as IJBs becoming employers, could deliver those improvements, whilst retaining local accountability, locally based solutions, and building upon the local successes (as outlined above).

Furthermore we remain concerned about the cost of services, the loss of local democracy, and running counter to the Verity House Agreement.

In regard to funding and future service costs, both in terms of new investment in social care services, these have fallen behind the levels of need in terms of demography and care complexity in Argyll and Bute, and there are potential impacts on other Council services. These issues are particularly acute in Argyll and Bute given:

- a) the complications of delivering care and support services across such a diverse range of small urban, rural and island communities; and*
- b) the demography of Argyll and Bute, where we are experiencing a significant increase in demand for services from an aging population whilst seeing a significant reduction in the working age population available to work in the sector and support the expanding older generation of service users. Both of these factors are driving up costs and the need for additional funding. They also require significant local flexibility to design and tailor services to meet local needs within the local workforce and financial context – this would seem to be at odds with the underlying tone of the legislation and the push to a more centrally controlled “consistent” national model.*

With regard to the impact on other Council services, there is both an element of joint service provision funding which could be lost (eg Children and Families and Education co-fund specialist care placements for young people from the area) and the SW GAE’s contribution to the overall funding of the Council (eg support services are funded and optimised to meet the needs of the Council as a whole from all GAE sources) at stake.