

# Agenda

West Dunbartonshire  
Health & Social Care Partnership

## Special Meeting of West Dunbartonshire Health & Social Care Partnership Board

**Date:** Monday, 1 November 2021

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**Time:** 10:00

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**Venue:** Video Conference

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**Contact:** Lynn Straker, Committee Officer  
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Dear Member

Please attend a Special Meeting of the **West Dunbartonshire Health & Social Care Partnership Board** as detailed above.

The business is shown on the attached agenda.

Yours faithfully

**BETH CULSHAW**

Chief Officer of the  
Health & Social Care Partnership

**Distribution:-**

**Voting Members**

Denis Agnew (Chair)  
Rona Sweeney (Vice Chair)  
Jonathan McColl  
John Mooney  
Lesley Rousellet  
Michelle Wailes

**Non-Voting Members**

Barbara Barnes  
Beth Culshaw  
John Kerr  
Helen Little  
Diana McCrone  
Anne MacDougall  
Kim McNab  
Peter O'Neill  
Saied Pourghazi  
Selina Ross  
Julie Slavin  
Val Tierney

Senior Management Team – Health and Social Care Partnership

Date of issue: 27 October 2021

**WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD**

**MONDAY, 1 NOVEMBER 2021**

**AGENDA**

**1 APOLOGIES**

**2 DECLARATIONS OF INTEREST**

Members are invited to declare if they have an interest in any of the undernoted items of business on this agenda and, if so, state the reasons for such declarations.

**3 A NATIONAL CARE SERVICE (NCS) FOR SCOTLAND: CONSULTATION**

**5 - 15**

Submit report by Head of Strategy and Transformation seeking approval for a formal response to the consultation on a National Care Service (NCS) for Scotland.

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## WEST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BOARD

### Report by Head of Strategy and Transformation

#### Special Meeting of HSCP Board: 1 November 2021

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**Subject: A National Care Service (NCS) For Scotland: Consultation**

#### **1. Purpose**

- 1.1** The purpose of this report is to seek the HSCP Boards approval for a formal response to the consultation on a National Care Service (NCS) for Scotland.

#### **2. Recommendations**

- 2.1** It is recommended that the HSCP Board approve the formal response to the consultation on a National Care Service (NCS) for Scotland as outlined in Appendix I of this report.

#### **3. Background**

- 3.1** On 1 September 2020 the First Minister announced that there would be an Independent Review of Adult Social Care in Scotland as part of the Programme for Government. The Review was chaired by Derek Feeley, a former Scottish Government Director General for Health and Social Care and Chief Executive of NHS Scotland. Mr Feeley was supported by an advisory panel of Scottish and international experts.
- 3.2** The principal 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<sup>i</sup>.
- 3.3** The Independent Review concluded at the end of January 2021 with the final report, containing 53 recommendations, published on 3 February 2021. The review provided a number of high level areas of focus:
- Ensuring that care is person-centred, human rights based, and is seen as an investment in society.
  - Making Scottish Ministers responsible for the delivery of social care support, with the establishment of a National Care Service to deliver and oversee integration, improvement and best practices across health and social care services.
  - Changing local Integration Joint Boards to be the delivery arm of the National Care Service, funded directly from the Scottish Government.

- The nurturing and strengthening of the workforce, and greater recognition and support for unpaid carers.

**3.4** On the 9 August 2021, the Scottish Government published its consultation, setting out proposals for a future National Care Service. The consultation, which closes on 2 November 2021, seeks views on a single national body to oversee social care, with clear lines of accountability to Ministers at a national level. There is an ambition for primary legislation to be in place by summer 2023 and for the National Care Service to be up and running by the end of the parliamentary term in 2026.

**3.5** The aim of proposals within the consultation document is to "develop and design care and support that meets the needs of everyone and to move away from a notion of eligibility that requires a point of crisis before support is available". The consultation asks for views across a number of broad themes and has chapters on:

- Improving care for people
- The scope of the National Care Service
- Community Health and Social Care Boards
- Commissioning of services
- Regulation
- Fair work and valuing the workforce

**3.6** On the 11 October 2021 the Senior Management Team undertook a working session to further consider these themes and the proposals within the consultation document. This was replicated with the HSCP Board on the 18 October 2021, individual Board Members have also been presented with the opportunity to provide written feedback in respect of the consultation proposals. The aim of these work streams being to support the Board to develop a formal response.

## **4. Main Issues**

**4.1** The main issues in respect of the HSCP Boards response to the consultation have been captured in Appendix I of this report.

## **5. Options Appraisal**

**5.1** Not required for this report.

## **6. People Implications**

**6.1** There are no people implications arising from the recommendations within this report.

## **7. Financial and Procurement Implications**

**7.1** There are no financial and procurement implications arising from the recommendations within this report.

## **8. Risk Analysis**

**8.1** There are no risks identified as a result of the recommendations within this report.

## **9. Equalities Impact Assessment (EIA)**

**9.1** An equality impact assessment is not required as the recommendations within this report do not have a differential impact on any of the protected characteristics

## **10. Environmental Sustainability**

**10.1** Not required for this report.

## **11. Consultation**

**11.1** The Chief Financial Officer and Monitoring Officer within Regulatory Services have been consulted in the preparation of this report.

## **12. Strategic Assessment**

**12.1** Not required for this report.

## **13. Directions**

**13.1** Not required for this report.

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**Name:** Margaret-Jane Cardno  
**Designation:** Head of Strategy and Transformation  
**Date:** 19 October 2021

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**Appendices:** Appendix I: West Dunbartonshire HSCP Board  
Response to the Consultation on a National Care Service  
(NCS) for Scotland

**Background Papers:**

Independent Review of Adult Social Care

<https://consult.gov.scot/health-and-social-care/a-national-care-service-for-scotland>



## **West Dunbartonshire HSCP Board Response to the Consultation on a National Care Service (NCS) for Scotland**

### **1. Introduction**

1.1 The West Dunbartonshire Health and Social Care Partnership Board welcomes the opportunity to respond to the Scottish Government's consultation on proposals for the creation of a National Care Service (NCS) for Scotland.

### **2. Theme 1 – Improving Care For People**

2.1 The HSCP Board note the proposal to establish a single national body with clear lines of accountability to Ministers and whilst supportive of many of the ambitions within the consultation document would wish further detail to allow reflection on whether the time and resources required to create an entirely new structure is best value. Given the relative infancy of IJBs further reflection is required in terms of enhancing the current structures and resourcing them adequately in order to meet the post Covid-19 challenges in relation to the delivery of integrated health and social care.

2.2 Further detail is required in respect of the proposed removal of eligibility criteria in their current form. In principle the ambition to move from a risk based/deficit based model to one of personal responsibility, empowerment and enablement is welcome. Given there are finite resources available for the delivery of health and social care services the Board are of the view that some form of eligibility criteria is required, this will further enhance transparency and equity in respect of service delivery. The implementation of eligibility criteria ensures consistency of assessment and is central to fairness, equity and transparency in service delivery, ensuring those with unheard voices receive an equitable standard of service to those who are more vociferous.

2.3 The prioritisation of prevention and early intervention is very welcome. However, it has been a decade since the promotion of these principles by the Christie Commission and the shift to early intervention and prevention remains challenging for many public bodies, not least of all because in order to achieve this within a constrained financial envelope funding must be diverted from other services. This is a significant political challenge in health and social care when service users are used to receiving services in a particular way with significant financial resource supporting these packages of care, however this should not be seen as a reason not to seek to achieve this ambition.

2.4 It is not clear how the creation of a national care service for Scotland will address the challenges in relation to the prioritisation of early intervention and prevention. It is recognised that one of the drivers for the proposed creation of a national care service is that it may reduce duplication within the public sector and therefore create efficiencies which may enable resources to be used in a different

way. Conversely the centralisation of services may become a barrier to implementing the ambitions within this consultation, particularly in relation to empowerment and the potential erosion of localism.

- 2.5 The proposals in relation to the use of data to support care are welcome and the Board feel this is an area of work which could be expedited within the current IJB structures. West Dunbartonshire HSCP can exemplify good practice in terms of systemic improvements promoting the use of appropriate and proportionate data sharing across health and social care services. The concept of an e-social care and health record is welcome and considered to be in the best interests of the service user.
- 2.6 The issues of localism and nationalism are a theme within this response and in relation to “complaints and putting things right”, further information is required in respect of the proposal that there will be a national point of access for information re complaints. The Board and the Clinical and Care Governance Group already receive comprehensive reports in respect of complaint handling ensuring robust local oversight and scrutiny. Reporting on complaints is also a feature of Annual Performance Reports ensuring public transparency and scrutiny at a national level by external auditors. Central and fundamental to existing procedures is that services seek a first stage resolution as close to front line service delivery as possible. This ensures a personalised approach and seeks to resolve issues for service users at an early juncture. It is not clear what the creation of a national point of access is seeking to achieve in terms of improvement and the consultation document provides no evidence based rationale for this proposal.
- 2.7 Other proposals pertaining to a charter for rights and responsibilities; a commissioner for social care and more independent advocacy and brokerage services are welcome.
- 2.8 The principle of reviewing residential care charges is welcomed by the Board, and although uncomfortable with the language of means testing and the associated connotations, the Board do support the focus on the current means testing regime. The consultation document seems confused in relation to the implementation of the Charging for Residential Accommodation Guidance and further work is required to understand the impact of any proposals in respect of service users who currently contribute towards the cost of their residential care. There is a risk that the removal of, or significant reduction in, residential care charges will have a significant impact on demand for residential services and the financial risk of this requires further consideration.

### **3. Theme 2 - The Scope of the National Care Service**

- 3.1 As outlined in paragraph 2.1 of this document the business case and rationale for the creation of a national care service and the evidenced based expected outcomes, remain unclear to the Board.
- 3.2 In relation to the scope, given the cross cutting nature of services and the progress made in terms of integration, should a national care service be

established the Board are supportive of the proposed scope and would suggest that this should be further expanded in respect of other services including, but not exclusively, allied health professionals. The consultation is silent on many areas and further detail is required in terms of how other related services may complement and align to this model, for example the complex environment of mental health services.

3.3 Further detail is required in terms of the “back office” functions currently undertaken by Health Boards and Local Authorities. It is recognised that a centralisation of these functions may result in welcome efficiencies but clarity is required on how for example, legal, HR, asset and facilities management and other administrative supports may be provided to reformed IJBs as part of the national care service arrangements.

#### **4. Theme 3 - Community Health and Social Care Boards**

4.1 The Board assumes that the reference in the consultation document to “local Elected Members” pertains to Councillors and not to individuals at a local level elected via a different mechanism to assume a seat on the CH&SCB.

4.2 Further strengthening of the Board via the inclusion of those with lived experience is welcome. However, further clarity is required in respect of Board composition and the division between voting and non voting members.

4.3 The consultation suggests that the CH&SCB would become the employer of the Chief Officer (to become the Chief Executive) and potentially other strategic staff. The current model of two Partner employers within the integrated system is complex and not without its challenges, therefore the prospect of all integrated staff falling under one employer is in some respects attractive. However, the consultation document is relatively silent in respect of this ambition and further clarity is required as to whether or not the national care service becomes a service provider in its own right delivering for example care at home services or if these services will continue to be delivered within local authorities and essentially commissioned by the CH&SCB. If the ambition is the former not the latter, clarity is required in respect of the impacts on the existing workforce and how the national care service will resource support services currently provided by Partners (reference paragraph 3.3).

#### **5. Theme 4 - Commissioning of Services**

5.1 In broad terms the consultation focuses on services in the third and independent sectors, clarity is required in relation to paragraph 4.3 of this document before the proposals within the section of the consultation can be fully addressed.

5.2 The proposal that the national care service will develop and manage a national procurement structure and standards has the potential to be a welcome development. There is an opportunity to have far greater collaboration at a regional and national level with greater scrutiny placed on large national providers. However, a far greater emphasis needs to be placed on best value

and there is a balance to be achieved in terms of supporting smaller local providers, ensuring the market is broad and vibrant whilst strengthening local scrutiny and accountability within a national framework.

5.3 As echoed in earlier comments a set of centrally driven standards which are too prescriptive may unintentionally erode other core values within health and social care. However done well a more visionary national agreement rooted in the principles of Self-Directed Support has the potential to shift the balance of power to service users at a local level with market facilitation ensuring a sustainable variety of providers, services and support whilst providing service users with increased choice and control.

5.4 Further reflection is required on how a new framework could empower commissioners to adopt relational as opposed to transactional practice, enabling choice and outcomes as opposed to compliance and outputs. Recognising diverse needs at a local level and encouraging innovation to meet local challenges.

5.5 Further clarity is required in respect of the future role of Scotland Excel within this proposed new framework. As reflected in earlier comments although the creation of a national set of standards is viewed as positive it is not clear why a national care service must be established to achieve this.

5.6 The principles of community wealth building should be built into any commissioning framework.

## **6. Theme 5 - Regulation**

6.1 The principle that the regulation and scrutiny functions operate independently from a national care service is welcomed.

6.2 There is a complex landscape of regulatory bodies across the health and social care system, the proposal that regulatory bodies are revisited to ensure they are fit for purpose is welcome in the spirit of improvement but recognised to require significant commitment of resources.

6.3 The Board would wish to stress that standards should be equal across health and social care services and that inspection/regulatory regimes should be aligned and congruent. The complex regulatory nature of health and social care was exemplified during the pandemic with care home interventions coming from multiple routes, resulting in a cluttered landscape of guidance and supportive visits. Any new proposals must have a focus on local intelligence and local relationships must be strong and effective.

6.4 In order to truly achieve quality improvement within any regulatory framework Boards must be supported locally to build greater capacity in both quality assurance and quality improvement approaches.

## **7. Theme 6 - Fair Work and Valuing the Workforce**

7.1 The Board fully support the principle of fair work and improved terms and conditions for employees. The consultation document is silent on local authority and NHS staff and the variation in terms and conditions across the country should be considered as part of this consultation.

7.2 In respect of commissioned services it is essential that there is enough financial resources, regardless of the agreed commissioning process, to allow providers to pay their staff in line with nationally agreed terms and conditions.

7.3 The proposals in relation to workforce planning, staff training and development and welcome and supported by the Board.

## **8. Examples of Good Practice and Areas for Improvement**

8.1 The West Dunbartonshire HSCP Board wish to stress their support for any action which strengthens the positive work already in place in respect of the delivery of integrated health and social care systems and would wish the Scottish Government to further reflect on the significant progress already achieved by IJBs in the duration of their relatively short existence.

8.2 West Dunbartonshire HSCP Board oversee almost £176 million of health and social care resources. Although some initiatives in West Dunbartonshire pre-date the Public Bodies (Joint Working) (Scotland) Act, 2014 (the Act) we can demonstrate that the existing model has enabled joined up and collaborative working which has led to improvements in performance and importantly better outcomes for our citizens, for example:

8.2.1 The establishment of a dedicated Hospital Discharge Team which has enhanced multi disciplinary working and enabled a focused approach to hospital discharge.

8.2.2 Routine frailty scoring across sectors, including acute, has led to the development of integrated pathways helping local clinicians and commissioners to review current service provision and identify gaps. This integrated approach has led to improvements in care for people living with frailty who are at risk of falls and fracture and supports a reduction in unplanned hospital activity.

8.2.3 An integrated approach to supporting Care Homes (across sectors) has led to improvements in caring environments for residents living with frailty, dementia and complex needs, often in the face of funding constraints and recruitment problems. A collaborative approach focusing on joined up care and rehabilitation has enhanced the quality of care and enabled more integrated work to support older people across several sectors.

- 8.2.4 Through collaborative practice embedded before the global pandemic, over the last 18 months, West Dunbartonshire HSCP has been able to maintain more people at home. The Partnership can also report positive outcomes in terms of supporting people to die in their preferred place of care.
- 8.2.5 West Dunbartonshire HSCP Board has gone beyond its basic delegation and has included criminal justice and children's services within its model. This has led to more positive outcomes for young people with children and families practitioners and addictions practitioners working together in a more collaborative way.
- 8.2.6 Integrated teams have strengthened leadership across the HSCP with respect for different professions and a shared understanding of positive outcomes for service users. This can be exemplified by the work across teams such as care at home and district nursing.
- 8.2.7 The focus on locality which is at the heart of the HSCP Boards Strategic Planning approach has enabled the HSCP to adopt an agile approach to service delivery by responding to local needs. This has enabled the HSCP to engage with communities of geography, communities of interest, families and those with lived experience. The positive outcomes of this engagement work can be exemplified through the work of the West Dunbartonshire Champions Board, the Unpaid Carers Development Group and the HSCPs approach to Participatory Budgeting.
- 8.2.8 With respect to regulation, the HSCP Board works well and the balance of voting members has ensured an apolitical approach which is conducive to positive partnership working.

8.3 The HSCP Board does however acknowledge that there are opportunities to further strengthen and improve the existing model of service delivery. Throughout the consultation document there are many areas where the case for change is not entirely clear, however there are some key areas which do require further attention and could be strengthened without major structural reform and the Board have endeavoured to identify these areas in sections 1 – 7 in this response. In addition to these earlier points key improvement areas are:

- 8.3.1 The introduction of compatible and accessible ICT systems, improved information recording and a greater emphasis on appropriate data sharing.
- 8.3.2 A single set of terms and conditions across the health and social care work force ensuring simplification and fairness for all employees, enhanced workforce planning over a longer period of time with a focus on skills development allowing HSCPs to grow their workforce.

- 8.3.3 Additional resources which would support greater public participation ensuring a continuous conversations with our citizens in order to strengthen the strategic planning process and promote an asset based approach to health and wellbeing.

<sup>i</sup> A human rights-based approach (HRBA) is a conceptual framework directed towards promoting and protecting human rights, based on international human rights standards. It puts human rights and corresponding state obligations at the heart of policy and can be used as a tool to empower the most vulnerable people to participate in decision-making processes and hold duty-bearers accountable.