

Perth and Kinross Council

Summary response to the Scottish Government consultation on proposals to establish a National Care Service

1. Local Government Context

- 1.1 Perth and Kinross Council's response to the Scottish Government consultation on proposals to establish a National Care Service (NCS) is made having regard to the policy and legislative framework for local government in Scotland.
- 1.2 Any proposals for reform of social work and social care, and the role of local government in delivery of those services, will need to take account of and deliver on the principles and spirit of:
- the recommendations of the Christie Commission.
 - the Local Governance Review 2019; and
 - the European Charter for Local Self Government (Parliament passed the European Charter for Local Self Government (Scotland) Bill during the last Parliamentary session. This is currently awaiting a decision on compatibility by the Supreme Court, but Parliament's intention is that this becomes law)

All of the above support delivery of locally based services, with local accountability.

- 1.3 Any proposals for a NCS should be compatible with the European Charter given the terms of the Bill which require that Scottish Ministers act compatibly with the Charter when exercising their functions. Separately, the Charter protects and promotes the role of local government in Scotland, with key articles including:
- the right and the ability of local authorities to regulate and manage a substantial share of public affairs under their own responsibility and in the interests of the local population
 - public responsibilities to be generally exercised by those authorities which are closest to the citizen.
 - where powers are delegated to them by a central authority, local authorities are to be allowed, insofar as possible, discretion in adapting the exercise of those powers to local conditions.

2. Perth and Kinross Context

- 2.1 The Perth and Kinross Council response draws attention to the extent to which our Council has fulfilled its statutory duties consistently for services and functions which are within the proposed scope of the NCS. The Council's commitment to high quality of service delivery, strong performance nationally, and continuous improvement within social work and social care services over many years is referenced. Evidence of Council investment in transformation, service redesign and transformation to achieve high performance and outstanding outcomes in the context of prevention and earlier intervention is also described.

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- 2.2 The timeline associated with the consultation has presented a challenge in that the consultation was launched on 9 August and there has been a short timescale to assimilate the proposals and consider the implications across a very large number of questions. Perth and Kinross staff have been informed about the consultation and advised about how to get involved in discussion opportunities nationally. There has not been widespread staff engagement locally due to the timeframe and out of recognition that the staff groups most affected by the proposals are engaged in the delivery of essential frontline services (and have been working throughout the pandemic to support the most vulnerable and at risks citizens). The Council has chosen not to engage staff in this consultation as the potential impact on the Council and its workforce is not clear enough at this stage.
- 2.2.1 An initial analysis of the implications in terms of resource transfer, should the NCS be established, indicates that this is in the region of £90Million and 23-25% of the Council's current Revenue Management Budget. It is also estimated that 20% of the Council's workforce may be affected to some degree.
- 2.2.2 The Scottish Government has previously committed to increase investment in social care by 25%. There are no costings set out in the consultation relating to the development of the proposed NCS, its infrastructure costs, or how it would be funded. There is no reference to proposals for the contracting for support services currently provided by local authorities including facilities services (catering, cleaning, building maintenance, etc); fleet services (staff vehicles; service user transport, etc); ICT (telephony; infrastructure; systems maintenance and development; desktop services, etc); legal services; Procurement (Council/ Scotland Excel contracts); HR and payroll; Health and Safety; Corporate Training; Finance and Creditors; Internal Audit; etc. Whether these services are to be competitively tendered or delivered directly by CHSCBs rather than commissioned from councils directly are material questions that determine levels of risk to the Council and the scope for TUPE arrangements to apply. There is no detail on the financial arrangements for the above services which constitute around one third of the Council's central services budgets.
- 2.3 Associated with this will be significant implications for Council services and its workforce including:
- Loss of direct control of some activities
 - Workers and assets may transfer out
 - Remaining infrastructure will require to transform and change
 - Potential Fair Work implications -If staff do not transfer to new employer there may be implications arising around integrity of pay and grading
 - Risk for the retention and recruitment of staffing and resources across a wider sphere of services including support functions

PART 1: Summary of proposals within the consultation

3. Summary of proposals within the consultation

3.1 The following is a summary of the proposals grouped around six main headings:

1. Establishment of a National Care Service
2. Scope of a National Care Service
3. Formation of Community Health and Social Care Boards
4. Access, eligibility, and support
5. Regulation, scrutiny, and improvement
6. Formation of a National Social Work Agency

3.2 1. Establishment of a National Care Service

A new National Care Service is to be established which will be directly accountable to Scottish Ministers. Scottish Ministers will be accountable for social care as they are for health care.

- The NCS will work alongside but operate independently of the NHS.
- The NCS will set the strategic direction, quality standards and framework for person-centred operational delivery of community health and social care for everyone across Scotland.
- The NCS will be responsible for national and regional planning including workforce; data; commissioning and procurement; research; improvement, and digital enablement.
- The NCS will lead community health and social care improvement. A central tenet of the NCS will be the involvement of people in the design, development, and delivery of social care.
- The NCS will lead on 'Once for Scotland' services, deliver provision for people whose needs are very complex or highly specialist, and care in prisons.
- Integrated Joint Boards (IJB) will be reformed and become Community Health and Social Care Boards (CHSCB) which "will work in concert" with local authorities, independent and third sectors. While some services may be provided directly by the NCS, CHSCBs will continue to commission and procure services from a range of providers.

3.3 2. Scope of a National Care Service

The NCS, as proposed, would bring a whole range of Council services under the direct accountability of Ministers. This will include social work and social care for all age groups, including children. Should responsibilities for these services be removed from local government, it would represent the biggest change to the role of the Council since local government re-organisation in 1996.

The consultation considers the scope of the NCS and seeks views on the inclusion of:

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- all **adult social work and social care services** directly provided by the Council ranging from Adult Social Work Teams providing statutory social work support and care management, to social care services such as reablement and day opportunities, as well as the commissioning and contracting functions by which the Council sources a range of services from the independent sector.
- **children's services** (defined as any service for children provided or commissioned by a local authority or health board for the benefit of children). The proposal is to address different structural arrangements for children's services nationally and achieve greater cohesion, reduce complexity, improve transitions and consistency of support for the most vulnerable children and families.
- the **statutory duties and responsibilities of all social work services**. The proposal is that including social work within the NCS would mean the legal duties, powers and expertise held by social work services would remain inextricably linked to the delivery of care and enable the consistent scaling up of good practice.
- **justice social work services**. It is proposed that this could address longstanding concerns about the consistency and availability of community justice services, generate more community interventions and create greater links to related public health services. These services would transfer at a later phase.
- elements of **mental health services** with responsibilities within and between organisations applied consistently across Scotland.
- oversight of **social care for people in prison** and responsibility for planning and delivering care in prisons covering preventative services, early intervention through to acute and specialist provision.
- **CHSCBs will manage the contractual arrangements for GPs** and be responsible for appropriate clinical and professional governance.
- the role and remit of **Alcohol and Drug Partnerships** to the NCS nationally and local delivery the responsibility of CHSCBs.

3.4 **3. Formation of Community Health and Social Care Boards**

It is proposed that IJBs will be reformed and CHSCBs will be the local delivery body for the National Care Service.

- NCS and CHSCBs will work in partnership with NHS, local authorities and third and independent sectors to plan, commission and deliver services.
- CHSCBs will be directly funded from Scottish Government. CHSCBs will be the only model in operation across Scotland, and the expectation is that they will align with local authority boundaries.
- CHSCBs will be accountable to Scottish Ministers and have representatives from supported people and carers. The membership and voting rights of members of the CHSCB is to be determined.
- CHSCBs will be responsible for planning, ethical commissioning and procurement of community health and social care, and other relevant services, and responsible for GP contracts.
- CHSCBs will be members of Community Planning Partnerships and other relevant strategic groups at local authority level.

- CHSCBs will directly employ Chief Executives and staff to plan and commission services. The consultation seeks views on whether a wider range of staff groups should be directly employed by the CHSCBs.

3.5 **4. Access, eligibility, and support**

Questions in the consultation relating to access, eligibility criteria and support arise mainly from the recommendations of the Independent Review of Adult Social Care and relate primarily to adult social care.

A Getting It Right For Everyone National Practice model is envisaged, and it is proposed that eligibility criteria will be removed in current forms by moving away from a focus on risk to enabling people to access the care and support that they need to lead a full life. This will mean significantly changing the way care and support services are designed, so that prevention and early intervention is prioritised, and people can move easily between different types of care and support as their needs change.

It is also proposed that the number of care and support services which focus on prevention and early intervention, including community-based services which can be accessed without a referral or full assessment will be increased. This will be set out in legislation with the aims of ending a postcode lottery for care and to support the portability of care.

3.6 **5. Regulation, scrutiny, and improvement**

The proposal is that scrutiny, inspection and regulation of care services and the workforce should be undertaken independently of the NCS. The powers of the Scottish Social Services Council will be enhanced to enable enforcement of codes of practice for social services workers and employers.

Groups of staff that are currently unregulated such as healthcare, family support, social work assistants and personal assistants will become regulated. Scottish Ministers will be accountable for a national approach to improvement and standards.

3.7 **6. The formation of a National Social Work Agency**

A National Social Work Agency (NSWA) as part of the NCS infrastructure is proposed alongside a centre of excellence for applied research in social work. The aim is to support improvement activity and have national oversight and leadership over social work qualifications, workforce planning, improvement, training, continuous professional development, pay and grading within a national framework.

PART 2 Recommended response from Perth and Kinross Council

4. Recommended response from Perth and Kinross Council

- 4.1 There are 95 questions set out in the consultation. These questions cover a broad range of subjects with some questions relating to high level structural change and others relating to the details of an individual's support plan. It is recommended that the Council's response will be most effective by focusing on the six main areas/headings outlined above.

1. Establishment of a National Care Service

- 4.2 The principles and drivers for the NCS fail to consider the considerable efforts made within Local Authorities over the last 10 years, to implement the aims of the Christie Commission and ensure services are designed and delivered locally, with local accountability. There is criticism that there is inequitable access to and a lack of consistency in the quality of care and support nationally and that this is down to a lack of collaborative leadership in some areas.
- 4.3 In response to the criticism outlined above, Perth and Kinross Council wishes to place on record the extent to which the Council and its partners have rigorously pursued better outcomes for the citizens of Perth and Kinross. Perth and Kinross Council has based its major transformation programmes on Christie principles and has a strong track record of successful implementation. Independent scrutiny has praised leadership of improvement and change across partners and evaluated this as excellent. *"A compelling vision alongside an embedded culture of highly aspirational partnership working contributed to a relentless determination to deliver quality services and improved outcomes for children, young people, families and communities"* (Joint Inspection of Services for Children and Young People 2018).
- 4.4 We can provide substantial evidence of success across Council services and in social work and social care in particular. These transformations have all involved people who use services as central to improving outcomes and have benefited from significant financial investment over the last decade. They include:
- the development of **locality based integrated framework** for supporting older people and people with long term conditions in their communities
 - availability of all **Self-Directed Support** options and introduction of a **Reablement Service** across Perth and Kinross focussing on personalised supports that help people maximise their independence
 - a **Recovery Oriented System of Care** to provide a range of personalised supports for people with problematic substance use including development of a grass roots Recovery Community across Perth and Kinross
 - an integrated 'pipeline' of supports in their local communities for people with mental ill-health issues provided by a range of organisations from statutory, third and independent sectors and local communities
 - a range of supports provided by statutory and third sector organisations for unpaid carers including development of a Carers' Hub

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- **‘Communities First’** transformation project in which statutory and third sector organisations worked with local communities to build community capacity, including implementation of Social Prescribers to support people to access community-based supports
- Transformation of **support for people with a Learning Disability and/or Autism** to enable them to live fulfilling lives in their own community development of a Transitions Pathway providing integrated support from Children and Adults’ services for young people with autism and/or a learning disability as they move into adulthood
- 79% of our Social Care budget is allocated to **Commissioned services** who represent a rich and varied level of provision essential to achieving the Health and Social Care Partnerships objectives. Commissioned services are instrumental at stepping in at an early stage and intervening prior to a person reaching crisis stage. They are often successful in preventing people from requiring statutory services. We have established strong and trusting relationships with the sector and created a rich and diverse market comprised of both local and national providers and who are vital partners in meeting the health and social care needs of our communities.
- **A building transitions in the community** programme, which supported young people with complex health and care needs to remain within their families and communities through outreach support and reduced the need for residential care into adulthood
- **Evidence2Success** implemented a programme of evidence-based approaches to strengthen parenting and address family needs following a large-scale engagement across all families in Perth and Kinross in partnership with Dartington in 2014/5. This is now mainstreamed after significant financial investment by the Council.
- **Home First** seeks to ensure that wherever possible, homeless households move directly into settled accommodation avoiding the stigma and uncertainty of temporary accommodation and homelessness. The Home First approach continues to achieve positive outcomes with an increased proportion of households moving directly into settled accommodation avoiding the impact, cost, experience and duration of homelessness. Since Home First was introduced in 2017, we have seen a 33% reduction in homelessness compared with a 5% reduction nationally. Through Home First we are also can resolve homelessness within an average of 85 days compared to 248 days for the whole of Scotland.
- **Independent Living Panel** – is a multi-agency group that reviews, analyses and, if appropriate, authorises allocation of specialist housing provision for individuals with independent living needs and supports effective transitions. Both the pathway and a single assessment have provided a streamlined process for people, carers, families and practitioners to follow in accessing suitable accommodation and support. The Panel has allowed an excellent platform for cases to be discussed fairly and proactively, and for accommodation to be allocated effectively.
- **The Housing Contribution Statement** sets out how the Local Housing Strategy can support the delivery of the Health and Social Care Partnership aims, ensuring people have access to suitable housing and support to enable them to live as independently as possible. This includes working with housing developers to build sustainable housing which can be easily adapted to meet changing household needs and ensuring suitable housing and housing support is available to prevent admissions and prolonged stays in hospital through early engagement with partners.

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- **Services for Young People** commended in 2019 for delivering high quality outcomes through an integrated approach to meeting the needs of young people. Statutory responsibilities for young people leaving care, community learning and development and youth justice are met by a truly integrated team of social workers and youth workers.
- **REACH**, a service provided to young people and their families where there is a risk of the young person becoming accommodated. Local residential care provision was removed in 2017 and significant financial resources (£1.7m) allocated to support the development of a 24/7 intensive family support service to meet the needs of families in the local community. This has resulted in a 48% reduction in the use of residential care and has avoided costly long-term placements reducing annual financial pressures of £1.5M. The outcomes for the young people, their family and the local community have been extremely positive, and this has helped ensure that Perth and Kinross is consistently achieving the highest balance of care in Scotland with 96% of children and young people in community placements. The cost avoidance has allowed funding to be diverted to preventative work.
- **Expansion of family-based care** - to meet demand for foster carers and supported lodging providers through local media campaigns and community engagement and enhancing the experience of people expressing an interest in care.
- **Strategic Commissioning Strategy** for children, young people and families 2018-2021 - to generate new ways of commissioning services to meet evidenced need across services for children, young people and families towards tackling inequalities: strengthening families and building resilient communities; and meeting the needs of our most vulnerable children and young people in the community.
- **Child Poverty** – in response to the Child Poverty (Scotland) Act a Child Poverty working group has been formed from a cross section of council services, NHS Tayside, and other partners. The aim of the group is to deliver our contribution to the national targets to reduce child poverty by 2040. Key focus areas are Cost of Living (including cost of the school day), Income from Social Security and Benefits in Kind, and Income from Employment
- recent investment in **values-based leadership for frontline leaders in children's services, housing, Police Scotland, and NHS Tayside** (in partnership with Scottish Government, the Hunter Foundation and Columba 1400)
- currently experimenting with co-production and the testing out of new forms of **holistic family support** in line with Scotland's Promise for children and families (funded by budget motion monies of £180k over 2 years approved by Council in February 2021)
- very prompt establishment of a **Youth Engagement Team** using Council COVID funds to deliver a pro-active and multi-agency response during the latter stages of the pandemic restrictions. This was in response to newly identified risks to public safety and anti-social behaviour associated with young people gathering in public places. The outcomes include increased safety and meaningful engagement of young people in youth activities from April – October 2021.

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- 4.5 Looking to the future, the **Perth and Kinross Offer** is an ambitious plan for Perth & Kinross which has been developed through consultation and engagement with our communities, individual citizens, partners, and businesses. It sets out our “Offer” to everyone and the actions that we can all take to help our communities to realise their ambitions – it is a mutual agreement between us all, the Council, our community planning partners, people within our local communities and builds on and strengthens our duties under the Communities Empowerment Act. To get there we have set out an ambitious commitment in the Perth and Kinross Offer to:
- generate greater involvement in decision making – people, partners, businesses, staff
 - reduce inequalities and the gap in wellbeing outcomes for people and the places they live
 - adapt to diverse and complex needs and the changing expectations on public services
 - challenge existing modes of service delivery through re-design to be more sustainable and more effective in tackling poverty and health inequalities
 - build on our experience of successful transformation and do more to shift from reactive strategy/funding towards more preventative and asset-based community driven approaches
- 4.6 Officers have recently engaged in work with the Wellbeing Economy Alliance to test a new global design guide. By focusing on UNCRC and engaging children and families within a selected local community we will take a wider approach to understanding wellbeing and focus more closely on strengths and assets within people, whole families, schools, local place, and community. The ultimate aim is to place children and their whole families at the centre of our local budgeting and decision-making processes.
- 4.7 The need for local integration, local knowledge, local reach, and local relationships all point to the retention of social work and social care services within local authority and Integration Joint Board control. There is a risk that the proposed transfer of services into the NCS would fundamentally undermine the ethos of whole system, place-based, person-centred working. It would move away from the key principle that local systems, services, and workforces are best placed to identify the specific needs of people and communities in their local authority area and to ensure that workforces have the knowledge, skills, and resources to respond to these needs.
- 4.8 It is the position of the Council that it has, along with Community Planning Partners, endeavoured determinedly to improve outcomes for all our citizens with a high degree of success. The Council remains committed to this within its current plans. It is the Council’s view that it is strong and determined leadership that drives continuous improvement and is most closely associated with excellent outcomes for citizens and that this is not simply achieved through different structural arrangements. The Council asserts that achieving better outcomes is linked to a deep understanding of local people and local needs. The consultation emphasises the need for consistency and does not focus sufficiently on the importance of planning strategically in a holistic way to meet diverse community needs. This is fundamental to the delivery of services in rural communities where the challenges of geography, weather and distribution of services require creativity and innovative approaches to achieve equity rather than consistency in models of delivery.

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- 4.9 The creation of a NCS risks fragmentation of strategic planning across the whole system of support that currently exists, and which needs to be supported and enhanced at community level. Furthermore, there is a high risk to the Council, and its citizens, that the inevitable intensive, expensive, and strenuous efforts associated with the structural changes to establish the NCS will divert from our partnerships, current transformation plans, staff morale and will draw down standards as a result. It is not clear what mitigations are proposed to ensure that current high standards are not hindered as a result of the changes proposed.
- 4.10 The evidence base for the establishment of the NCS is drawn mainly from the Independent Review of Adult Social Care (IRASC) and the recommendations in this report (the Feeley Report) published in February 2020. The Feeley report is concerned primarily with “adult social care”. Social care is a term that describes all forms of personal care and other practical assistance for people who need that extra support for daily living, maintaining independence and social interaction. The consultation document expresses a desire to avoid fragmentation of social work and social care.
- 4.11 The consultation document does not adequately distinguish or recognise the differences of health care, personal care, social care and social work. These terms are used interchangeably, and this suggests that the unique roles are conflated. It should be pointed out that provision of social care for adults, children and families is quite different to the statutory social work responsibilities held by the Council. The problems that social workers deal with are often rooted in social or emotional disadvantage, discrimination, poverty, or trauma. Social workers often work with social networks, families, and communities as well as individuals through supportive relationships. The important role of statutory social work in public protection such as taking the necessary steps to intervene in individuals and families lives by using legal measures to protect the safety and welfare of children, or effecting compulsory treatment or conditions imposed by legal orders or licences or intervening to support adults with incapacity and vulnerable adults in need of protection has not been fully explained or understood within the consultation document. Without fully understanding the statutory nature of social work functions there is a danger that the social worker role is aligned most closely with “social care” when this is not always, and most often is not the case.
- 4.12 The Association for Public Service Excellence (APSE) Local Government Commission 2030 report found that a decade of austerity where multiple crises around housing, care for older people and slow economic growth, followed by COVID-19 have impacted on opportunity and quality of life, coupled with an uneven distribution of resources and life chances across the country. It asserts that local government at its best can play an integral role in lifting those life chances for people from all communities in an even handed and fair way. At each stage of exploring the really pressing issues facing local councils and their communities, the Commission found that an empowered role for local government holds the key to better local resolutions in tackling issues like inequality, climate and societal change. The role of elected members in the proposed new structural arrangements is insufficient to preserve local democratic accountability.

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- 4.13 The proposals run counter to the body of evidence provided by Christie Commission, Local Government Review and the European Charter of Local Self Government and the APSE report in 2021. These strongly indicate that the best outcomes are achieved through local services and that local government provides the best vehicle for realising them. The proposals in the consultation if implemented, will weaken, and potentially erode local democracy and local accountability. This will impact negatively on the significant contribution of local communities and third sector partners in delivering services to meet local need. Little added value can be derived from the radical changes being proposed and our focus should always be on improving service delivery. Consequently, we would propose that any investment made in revising the framework and context for delivery of vital Social Work and social care services is redirected to existing structures.
- 4.14 The consultation does not address the role of the Chief Social Work Officer. The Social Work (Scotland) Act 1968 requires every local authority to appoint a single Chief Social Work Officer. Scottish Ministers published statutory guidance in 2016 on the role of the CSWO for local authorities and integration bodies which have certain social work functions delegated to them. The CSWO role was established to ensure the provision of appropriate professional advice in the discharge of the full range of the local authority's statutory functions and the updated guidance sets out the importance of the CSWO role within Integration Joint Boards. It is for the CSWO to use their authority to challenge and intervene when proposals may have a detrimental impact on vulnerable citizens or to the workforce on whom they depend. In leading the social care and social work profession, the CSWO provides professional independent advice to the Chief Executive and elected members in relation to the discharge of the local authority's statutory functions as outlined in the Social Work (Scotland) Act 1968 and support for performance management and the management of corporate risk. It is a concern that this important function is not acknowledged or mentioned within a consultation that seeks fundamental changes to the delivery of social work and social care.

2. Scope of a National Care Service

- 4.15 The evidence base for the establishment of the NCS is drawn mainly from the Independent Review of Adult Social Care (IRASC) and the recommendations in this report (the Feeley Report) published in February 2020. The Feeley report is concerned primarily with "social care" for adults. The consultation document conflates and confuses terms which describe health care, social care and social work. It could be argued that for many of the issues identified by the IRASC, the NCS is neither a necessary nor proportionate response. The Council strongly believes that many of the improvements required could be achieved through alternative means, without the disruption that the creation of the NCS would cause. Moreover, improvements in many areas could be delivered more quickly, more effectively, and ultimately at lower cost through the proper resourcing and effective utilisation of existing structures. There is no compelling case to remove adult services structurally or statutorily from local government or Integration Joint Boards.

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- 4.16 The consultation does not set out the evidence-base to support the inclusion of services other than adult social care. It is therefore difficult for the Council to comment confidently and with certainty on the scope of the NCS at this stage. There is a need to consider the justification for including wider adult social work services, children's services and child protection, criminal justice services, Mental Health Officer services, Alcohol and Drugs Partnerships – all services where there may be scope for a conflict of interest in being part of a national 'care service' and where it may be beneficial to have a degree of separation to ensure the provision of appropriate professional challenge. There is lack of proper consideration of any anticipated benefits or disbenefits from this expansion or how the proposals would impact on other public services such as housing and homelessness; education and early years; advice services; and many others.
- 4.17 There is no clear evidence in the consultation that the views of children, young people and their families, people receiving support from adult social work services, people in the justice system, people who receive support from mental health services and addictions services have been sought or considered in relation to the inclusion of a wider range of services beyond adult social care. This is fundamental before any proposals can be fully considered, particularly given the importance of human rights, UNCRC and our commitment as corporate parents and to the principles of the Promise. There is little reference to the impact on the delivery of the Promise by 2030 arising from the proposed incorporation into an NCS.
- 4.18 The consultation document does not define what is meant by children's services and which services currently delivered by local authorities would be in "in scope". It indicates that *"By children's services we mean any service provided to or for the benefit of children either by a local authority, Health Board, Third Sector, or commissioned provider including those who are leaving care, children with complex health conditions, young people involved in offending behaviour or those with additional support needs"*. This is a very broad definition and could extend to a wide range of services provided by or commissioned by the Council such as all of Services for Children, Young People and Families (child protection and children's social work, adoption, fostering, kinship care, universal youth work), along with other services such as parenting and family learning, family support and services for children with additional support needs. It is therefore difficult to comment on the appropriateness or otherwise of its inclusion in a National Care Service at this stage. There is already significant work underway in children's services following the publication of the Independent Care Review in 2020 with local authorities working hard to reevaluate and redesign services to ensure that all we 'keep the Promise' by 2030. The resources, time and focus required to incorporate children's services into a National Care Service risk derailing the work to meet our corporate parenting duties and our progress towards ensuring The Promise and achieving the aspirations of the Care Review.

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- 4.19 It is not clear what the intention is in relation to the range of statutory responsibilities and functions which are currently required of local authorities or are delegated to the IJB. This needs careful consideration. The consultation indicates that responsibilities will be removed from local authorities and placed in the NCS. It is not clear what the impact of that would be on the delivery of those services by local government. For example, it is not clear what the proposals will mean for the delivery of public protection powers and duties. Because it is not clear where the social work workforce would be situated, it is also not clear who will deliver those key public protection functions, many of which may involve an element of compulsion, and how they would ensure there is a firm legal basis for staff exercising these functions. There is a lack of clarity around the rationale for the transfer of legal accountabilities. There is no detailed consideration of the impact of the proposals on the integrated public protection agenda and governance.
- 4.20 There are a number of public protection functions which are held by individuals rather than local authorities (for example Mental Health Officers and Council Officers under Adult Support and Protection legislation) and it is unclear what the intention is in relation to these critical functions. It is important that Mental Health Officers maintain a separation from health services given their role.
- 4.21 There is a risk for Perth and Kinross Council that the positive position in relation to the fulfilment of statutory duties locally is adversely affected if these functions become the responsibility of the National Care Service. For example, the Council has invested in the training and development of staff to take up the role of Mental Health Officers and we benefit from a healthy pool of suitable officers and statutory functions are met reliably e.g., there are no waiting lists for assessments. This is not the case for the rest of Scotland and there is a risk to the current level of service for Perth and Kinross citizens if that resource is managed differently and used to target other geographical areas which are more
- 4.22 The Council is not clear about the underlying evidence or rationale behind the statement about the complexity of the current statutory framework. It is the case that there are numerous pieces of legislation which relate to social work, but it is not clear how the proposals would address this, and why structural change is needed to do so.
- 4.23 The consultation focuses on the need for a joined-up approach across social care and highlights the importance of transitions for children who will need social care into adulthood. It makes very little reference to public protection and the crucial role that statutory social work services provide. The most recent Joint Inspection of Services for Children and Young People in Perth and Kinross commented on a *“well-established and high performing chief officers’ group and child protection committee ably demonstrated continuous and sustained improvement in the fulfilment of their key functions in the protection of children and young people”*.
- 4.24 As a result of the pandemic, Perth and Kinross has further strengthened its public protection arrangements and recognises the importance of strategic collaborative leadership and local operational partnership working. The role of the Chief Social Work Officer is pivotal across the public protection agenda and to professional social work leadership and that key role is not acknowledged within the consultation.

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There is therefore a risk to local leadership and execution of public protection if key functions for statutory social work become the responsibility of the NCS and/or CHSCB. It is not clear what mitigations are proposed to ensure that public protection arrangements are not diminished.

- 4.25 Adult social work and social care works closely with other council departments including Education and Children's Services and Housing and Environment Services to provide coordinated, support for vulnerable people from a range of client groups. Integral to this is local responsibility and accountability provided through council policies and procedures. There is a risk to these continued positive outcomes should the current structural arrangements change significantly.
- 4.26 For children's services the GIRFEC approach underpins multi-agency support for all children and families. GIRFEC principles provide a strong foundation for child and family-centred planning. This alongside an extensive range of early help and support for families in Perth and Kinross is making a significant impact on family wellbeing. A culture of collaborative working across organisations including adult services enables staff across services to effectively target services to those who need them most and thereby maximising early intervention and prevention. Any proposals for change must recognise the complexity of personal circumstances that are supported and the wide range of risks and needs that require to be managed for individuals. Proposals to remove children and families social work from local government are likely to create greater complexity than they would resolve given the much more significant relationship between the universal education services and children with social work or care support than there is with healthcare.
- 4.27 The consequences of removing a large part of children's services to a NCS will introduce fragmentation with key universal services such as early education for 2-18 years, housing and communities services. There is a risk that this will have the consequence of fracturing current integrated working with other services provided by the Council and interrupt our aims towards a whole family approach. For example, the desire to ensure a joined-up approach to social care for children who will go on to require support in adulthood within a national health and social care service may have unintended consequences. This will separate children and families services from education and housing which are fundamental to delivering holistic outcomes, enhancing protective factors for children and improving wellbeing. It will also serve to separate services for children with complex needs and disabilities from those which are responsible for creating inclusive communities in which people with care needs and disabilities can thrive.
- 4.28 There is a high risk associated with the dismantling of an already integrated Education and Children's Services in Perth and Kinross Council as the current arrangements are enabling multi-disciplinary working and integrated approaches which ensure that services are able to wrap around children and families to meet their needs.

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- 4.29 Community Justice partners are in the early steps of revising and renewing existing Justice and Community Justice Strategies. As such, the proposals in the consultation have the potential to impact on this process, constrain future service development and have implications for the workforce over the period of change. Placing criminal justice social work services within a NCS will have implications for joint working to support rehabilitation and reduce reoffending as there is a need for strong partnership working with housing, employability and education services, community safety and public protection. There is no mention of social work services provided via a service level agreement to the Scottish Prison Service. Justice Social Work Services are a key element of our public protection arrangements and are integrated within a wider range of partnerships beyond health and social work/care. A key example would be demonstrated in the highly effective local and regional MAPPA arrangements reporting to the Chief Officers Public Protection Group.
- 4.30 There is a risk that by moving criminal justice social work functions into a NCS, this will have the consequence of fracturing current integrated working with other services such as housing and communities, Police Scotland and community safety. This could have an adverse effect on public protection and the development of appropriate community-based options for people in the justice system.
- 4.31 While it is acknowledged that many people in the justice system would benefit from improved support for mental health and substance misuse, key partners in housing, police and community safety are essential to providing effective justice services and public protection. For example, Perth and Kinross Council's criminal justice social work services are co-located with Police Scotland and community safety officers strengthening the sharing of intelligence and effective public protection. It is not clear that this is recognised within the consultation document.
- 4.32 The Alcohol and Drug Partnerships (ADPs), when operating as intended, provide a robust means of responding to critical need. The composition of the ADP must include senior managers, as representatives from all statutory and third sector services, including Police Scotland, the Scottish Fire and Rescue Service and the Scottish Prison Service with the ability to make independent decisions on the delivery of local services. This must sit separately from any organisational control to ensure independence and autonomy. The meaningful representation of those who have a drug and/or alcohol problem and their carers is also essential to ensure local service delivery meets need. ADPs are already co-ordinated nationally but their local composition and their independence from organisations provides a sound basis to achieve positive outcomes. There is already an improved focus on addressing the needs of whole families and coordinating a single plan to deliver the range of services required. Work in Perth and Kinross has already made great strides towards more preventative, trauma-informed and recovery-oriented support services that are targeted towards whole families.

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- 4.33 People with alcohol or drug issues most often face a range of complex and interlinked issues that span a broader spectrum than health and social care. The arguments set out in the consultation document reflect a far too narrow representation of the issues. Supporting service users and their families through an acute treatment phase and onto often a lifelong recovery journey requires a multi-disciplinary approach that is constructed around the individual, their specific needs and the support networks that exist in their local neighbourhood. Very often this involves housing/ homelessness services, employability services, education, welfare rights, justice services and the third sector.
- 4.34 The consultation also proposes bringing some elements of mental health service provision into the NCS and is seeking feedback on which should be considered. There is a lack of detail within the consultation to support a well-informed response. Given the complexity of existing governance and structures for mental health services across Tayside, and the potential for major structural change to introduce further delay in meeting the recommendations of the Independent Inquiry led by David Strang, the Council would suggest that the unique local risks are such that this needs to be the subject of intensive and careful consideration by Scottish Government. There also needs to be recognition of the Council's commitment to lower level, preventative support around emotional health and wellbeing, community capacity and resilience and the Council's lead role in Community Planning. The recommendations may weaken the links between these services and functions and more formal statutory mental health services. The Council would recommend further detailed engagement on the inclusion of mental health services and related implications should proposals be formalised for their inclusion within an NCS.
- 4.35 There is very little mention of the role, input and interface of housing, homelessness or housing support within the consultation. The only reference in the document appears to be making the CHSCB a statutory consultee for *“strategic planning on various issues such as housing, education, and policing. The CHSCBs will also be involved in joined up planning to tackle homelessness and will be subject to the shared prevention duty which is currently being progressed through the Ending Homelessness Together Action Plan”*. Since the integration of health and social care, the contribution that housing plays in achieving better health and social care outcomes has become more widely understood. Health, housing and social care need to be equally visible and valued: good housing produces better health and social care outcomes for people. This can be illustrated through Ending Homelessness Together Action Plan; the Housing 2040 vision and route map which was launched in March 2021 and provides a good means to align social care and housing policy for the decades ahead; and as evidenced throughout the pandemic response, the contribution that housing can make to the lives of people who face disadvantage, including those with social care needs.

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- 4.36 The Council's Housing Service is a key contributor to the development and implementation of the priorities set out within the Health and Social Care Strategic Commissioning Plan. Key examples include Rapid Rehousing Plan; Home First; Housing Support including prevention and tenancy sustainment; Housing Support for Older People; Independent Living Pathways; dedicated housing OT service; Aids and Adaptations including Care and Repair; and the Housing Contribution Statement which sets out the strategy to support the delivery of health and social care priorities. The Council's Housing Service has strong partnerships with services working with people who are at risk of homelessness such as adult social work and social care, children's services, police, and criminal justice social work. This is evident by the steady reduction in homeless presentations locally and positive outcomes achieved through Home First. There is a risk to these continued positive outcomes should the current structural arrangements change significantly.

3. Formation of Community Health and Social Care Boards

- 4.37 The proposals around the creation of Community Health and Social Care Boards (CHSCBs) do not set out clear intentions. The lack of clarity makes it difficult to evaluate or respond to the proposals as they stand. The consultation however appears to be critical of different local authority areas adopting different integration arrangements even though this is the framework set out in legislation.
- 4.38 The consultation is not clear in relation to the relationship between Boards and local authorities. The emphasis on services being commissioned from local government indicates an erosion of the ability of local government to deliver local services to meet the needs of the local population. It may mark a significant move towards centralisation of services.
- 4.39 The role of elected members in the proposed new structural arrangements does not seem to be sufficient to preserve local democratic accountability. For example, if elected members become voting members of a CHCSB, they will be duty bound to act in interests of that Board and not the Council.
- 4.40 The proposals have significant impact for large parts of the Council's workforce (see section 2.3 of this appendix). The consultation appears to be unclear on future employer status and whether the aim is to have a single employer or whether staff will remain in the employment of local authorities, from whom services will be "commissioned". Any change of employer would require to be financially resourced to underwrite all contingent liabilities and to create a level playing field for terms and conditions which would in reality mean levelling up not down.
- 4.41 It is proposed that the NCS will set the commissioning framework for social work and social care support. This will include staff pay and conditions, outcomes for people using services and financial transparency on the part of care providers. It is proposed that the NCS will produce a set of Commissioning Standards and Processes to support this work. Local commissioning of social work and social care services will be undertaken by a network of CHSBCs which will collaborate across boundaries. CHSCBs will be accountable to the Scottish Ministers; will employ their own chief executives and staff to plan, commission, and procure care and support.

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- 4.42 It is unclear whether CHSCBs would only commission services or be responsible for direct service provision. Further clarity is needed on the ownership of current council assets associated with the provision of a wide range of social care and social work services. This could serve to undermine one of the key levers available to the Council to influence and support local economies through targeted procurement spend which is a crucial consideration in as rural and diverse an area as Perth and Kinross. The NCS proposals for Commissioning suggest a more centralised approach to how commissioning activity and market analysis are undertaken. There is a risk that centralisation of decision-making will see a move away significantly from Self Directed Support values and principles and community-based approaches.
- 4.43 Complex and specialist services will be commissioned, procured and contracts & framework agreements managed nationally. This will include social care in prisons, residential care homes, the National Care Home Contract, and care for people whose care needs are particularly complex and specialist. The consultation asks for views on which services would benefit from being commissioned at a national level. Moving the commissioning arrangements to a national body will not on its own resolve the issues in commissioning complex and specialist services. This is an issue which pertains to the whole of Scotland, it is not clear what the national commissioning and procurement service is proposing or how it would change or manage the issues which exist. Scotland Excel has been undertaking the lead role in establishing and managing national social care contracts for over 10 years. With a dedicated social care section and drawing upon extensive experience in commissioning at a national level, Scotland Excel has both the skills and knowledge to offer expert stakeholder engagement and collaboration across a complex stakeholder group. Utilising this existing skill and experience will drive a better result in relation to improvement work in the sector than if this function is recreated in another organisation without this direct experience.

4. Access, eligibility and support

- 4.44 The proposals in this section of the consultation document are only concerned with adult social care, people within scope of self-directed support legislation, and unpaid carers. The consultation proposes the removal of eligibility criteria in their current form and prioritising prevention and early intervention. The Scottish Government highlights a pyramid structure with universal services at the base of the pyramid and specialist adult social care services which are only required by a minority of people at the top. It notes the majority of adult social care services currently provided are at the top end (specialist). The purpose of eligibility criteria is not to assist in making decisions about which social needs can be met by social care as opposed to some other service, but to enable the distribution of finite resources to ensure that these meet the most acute needs, reduce risks, and enable as many people as possible, within these resources, to live fuller and more independent lives

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- 4.45 The Council would refer to the evidence base of what works to provide early help through community support which is responsive to local needs, changing circumstances, and which can address need when it arises and reduce the need for crisis intervention. Investment in community-based models (such as described in para 4.4 of this appendix) would provide early help and support, as well as deliver a new front door to support which does not require eligibility criteria to be applied.
- 4.46 The proposals to implement a Getting it Right for Everyone national practice model is advocated as providing a single approach to care and support services covering all types of care and support from early intervention to specialist intervention and a pathway through support and services from young adulthood to end of life care. The Council would view this as a positive approach with a good evidence base within services for children and young people and their families, through GIRFEC. GIRFEC has had an opportunity to be well tested over many years and has benefited from careful implementation. There is no reason why this would not be equally appropriate for adults and should be welcomed. This could be achieved through policy direction along with practice guidance and improvement methodologies. This does not require the major structural change of the formation of the NCS and CHSCBs to implement successfully.

5. Regulation, Scrutiny, and Improvement

- 4.47 The proposal to regulate care services and the workforce independently of the NCS, or any other structure responsible for the provision of social work and social care, is welcomed. The enhancement of the powers of the Scottish Social Services Council to enforce nationally agreed codes of practice for social services workers and employers is a positive step in the protection of vulnerable people who receive services.
- 4.48 The proposed expanded regulation of the workforce to include roles which are not subject to regulation presently is also welcomed. The Council will support and facilitate the process of ensuring that groups of staff such as social work assistants, social care officers and personal assistants are registered and to comply with the Codes of Practice and nationally agreed standards.
- 4.49 The Council would support the fair work principles for the Social Work and Social Care workforce and the importance of valuing people who work in these fields. We acknowledge that pay and conditions across all sectors and service provision need to be addressed. The outstanding contribution of our social workers and social care staff throughout the pandemic has been commended by the Council and the dependence on these staff to provide essential services under extreme conditions has highlighted the need to address fair work for social care staff in particular. From an equalities perspective, fair work is vitally important given that a large proportion of the workforce is female and more likely to experience poverty due to poor pay, especially for those who work part time to cover care commitments for children. Care has not had the status it should have had and this needs to change and be valued. It is the Council's view that a national framework for pay and conditions for the social care workforce is overdue and that this can be implemented without the establishment of a NCS.

- 4.50 The Council would suggest that there is merit in bringing together a wide range of organisations that have a scrutiny and improvement function in relation to social work and social care.

6. Formation of a National Social Work Agency

- 4.51 The regulatory body for the Social Work and Social Care workforce is the Scottish Social Services Council. This body is responsible for the development and implementation of national codes of practice, professional registration, fitness to practice, learning and development, workforce and development and quality assurance. The consultation proposes that a National Social Work Agency would lead nationally on training, development and workforce planning and data. This development is welcomed, and Perth and Kinross Council would be in support of a national approach to workforce planning, recruitment and retention across the social work workforce linked to improved terms, conditions and career pathways.