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**Item No: 14**

**Meeting Date: Wednesday 28<sup>th</sup> September 2022**

## **Glasgow City Integration Joint Board**

**Report By: Allison Eccles, Head of Business Development**

**Contact: Craig Cowan, Business Development Manager**

**Phone: 07876 815864**

### **National Care Service (Scotland) Bill: Call for Views**

<b>Purpose of Report:</b>	The purpose of the report is to update the Integration Joint Board on the submission of feedback on behalf of Glasgow City IJB to the call for views on the National Care Service (Scotland) Bill.
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<b>Background/Engagement:</b>	<p>The report and recommendation on the Independent Review of Adult Social Care (IRASC) was published in February 2021. The Scottish Government subsequently commenced a national consultation on proposals arising from the initial IRASC in August 2021.</p> <p>A response to the consultation was submitted by the IJB in November 2021. There followed the publication of the <a href="#">National Care Service (Scotland) Bill</a> in June 2022 and a Call for Views to invite feedback on the Bill.</p> <p>The Call for Views was accompanied by a range of supporting documents that sought to provide additional information on the Bill. This included a policy memorandum, financial memorandum, explanatory notes and a selected of impact assessments.</p> <p>Glasgow City IJB Members were invited to provide views on the Bill through a response template issued by the Business Development Team and at an IJB Development Session held on 17<sup>th</sup> August.</p>
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<b>Governance Route:</b>	The matters contained within this paper have been previously considered by the following group(s) as part of its development.
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	HSCP Senior Management Team <input type="checkbox"/> Council Corporate Management Team <input type="checkbox"/> Health Board Corporate Management Team <input type="checkbox"/> Council Committee <input type="checkbox"/> Update requested by IJB <input type="checkbox"/> Other <input checked="" type="checkbox"/> GCIJB Chair and Vice Chair Not Applicable <input type="checkbox"/>
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<b>Recommendations:</b>	The Integration Joint Board is asked to:  a) note the contents of the report and attached submission to the Scottish Parliament's Health and Sport Committee Call for Views on the National Care Service (Scotland) Bill.
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**Relevance to Integration Joint Board Strategic Plan:**

None
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**Implications for Health and Social Care Partnership:**

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	None
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<b>Personnel:</b>	None
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<b>Carers:</b>	None
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<b>Provider Organisations:</b>	None
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<b>Equalities:</b>	None
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<b>Fairer Scotland Compliance:</b>	None
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<b>Financial:</b>	None
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<b>Legal:</b>	None
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<b>Economic Impact:</b>	None
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<b>Sustainability:</b>	None
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<b>Sustainable Procurement and Article 19:</b>	None
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<b>Risk Implications:</b>	None
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<b>Implications for Glasgow City Council:</b>	None
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	None
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<b>Direction Required to Council, Health Board or Both</b>	
<b>Direction to:</b>	
1. No Direction Required	<input checked="" type="checkbox"/>
2. Glasgow City Council	<input type="checkbox"/>
3. NHS Greater Glasgow & Clyde	<input type="checkbox"/>
4. Glasgow City Council and NHS Greater Glasgow & Clyde	<input type="checkbox"/>

## **1. Purpose**

- 1.1. The purpose of this report is to enable the Integration Joint Board to note the submission of the response to the Scottish Parliament's Call for Views on the National Care Service (Scotland) Bill.

## **2. Background**

- 2.1. The report and recommendations from the [Independent Review of Adult Social Care \(IRASC\)](#) was published in February 2021. The Scottish Government subsequently commenced a [national consultation](#) on proposals arising from the initial IRASC in August 2021.
- 2.2. Following submission of the IJB's response to the consultation in November 2022, the [National Bill \(NCS Bill\)](#) was published in June 2022 by the Cabinet Secretary for Health and Social Care. The Call for Views was accompanied by a range of [supporting documents](#) that sought to provide additional information on the Bill. This included a policy memorandum, financial memorandum, explanatory notes and a selected of impact assessments.
- 2.3. The NCS Bill was scheduled to be complemented by a programme of co-design activity, which was originally intended to take place during the Summer of 2022 and would provide an opportunity to discuss and debate what the new NCS will look like, and develop information identified as missing from the Bill itself. Details of the co-design activity has yet to be released by the Scottish Government.
- 2.4. Responses submitted to the Call for Views from individuals and organisations from across the country are available to view now on the Scottish Parliament's [Citizen's Portal](#).

## **3. Approach to the call for views**

- 3.1 As was the case with the response to the original consultation in 2021, from the outset the IJB made the decision that its response would be robust yet wherever possible constructive. Many of the reservations/issues raised by

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Members during the initial consultation continue to be of concern and were included in the Call for Views submission.

- 3.2 IJB Members were issued with a response template to submit comments on the Bill to Business Development to be considered for the draft submission being developed.
- 3.3 Members were also invited to attend an IJB Development Session scheduled specifically to enable discussion of the Bill, with the discussion structured on specific areas considered of greatest relevant to the Board. The areas that the IJB Development Session focused on were as follows:
  - Care Boards
  - Accountability to Scottish Ministers
  - Strategic planning & commissioning
  - Ministers powers to intervene
  - Transfer of functions
  - Regulation of social care services.
- 3.4 The feedback from both the development session and responses template, as well as the content of the previous consultation submission (where relevant) were used to draft a response. The draft response was shared with the IJB Chair and Vice Chair to support development of a final draft which was submitted on Friday 2<sup>nd</sup> September (see Appendix 1).
- 3.5 The IJB response again made clear its support for many of the key principles and aspirations laid out in the original Independent Review of Adult Social Care, and the key principles of the NCS as laid out in the Bill, due to the ongoing resonance with the overall strategic priorities of the IJB and HSCP in Glasgow City.
- 3.6 However, in the Call for Views response the IJB highlighted that much of the information that was not provided during the consultation, and which prohibited Members from having sufficient information to take an informed and supportive view of the NCS proposals, continues to be missing from the Bill and supporting documents. The point was made throughout the response that there is insufficient information for Members to take a positive position on the NCS as proposed in the Bill.
- 3.7 The IJB again submitted details of the Evidence Log provided during the first consultation, which provides examples of positive integrated working arrangements and service transformation activity that members believe constitute an alternative approach to that proposed though the Bill. It is hoped that the Committee will be open to working with Glasgow City IJB to consider these examples as alternatives to a National Care Service as proposed in the Bill.
- 3.8 The IJB response highlighted the acknowledgement of Members that the Scottish Government has a mandate, outlined in the SNP manifesto, to implement a NCS based on the recommendations of the Feeley review. The response has suggested that one alternative model to consider for a NCS

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would be one more closely aligned to the scope of the original Feeley recommendations, rather than the increased scope serviced by the published Bill.

- 3.9 Another key element of the Call for Views response was the use of a framework Bill (that is a Bill that secures consent to make changes, without the detailed information on what and how the changes will be implemented) is not commensurate with the complexity and scale of the change being proposed and represents a degree of risk in terms of the transfer of powers to Ministers. The IJB response made clear its preference to delay the Bill whilst detailed co-design activity could be completed to ensure a revised Bill with many of the information gaps filled is a preferred way to progress discussions on the NCS.
- 3.10 Overall the IJB response to the Call for Views sought to reflect the fact that the weight of opinion among Members is that insufficient consideration has been given to addressing the concerns of Members from the first consultation in the published Bill. The response reflects the fact that the IJB does not support a national care service as outlined in the Bill but is supportive of continuing to try to work constructively to influence any change in the health and social care delivery landscape in the future and support work to ensure any iteration of a national care service will reflect and address the concerns of the Board and have the greatest possible chance of success.

## **4. Recommendations**

- 4.1. The Integration Joint Board is asked to:
- a) note the contents of the report and attached submission to the Scottish Parliament's Health and Sport Committee Call for Views on the National Care Service (Scotland) Bill.

**Health, Social Care and Sport Committee**

**National Care Service (Scotland) Bill Call for Views Questions**

**Glasgow City IJB**

**02/09/22**

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### General questions

1. The [Policy Memorandum](#) accompanying the Bill describes its purpose as being “to improve the quality and consistency of social work and social care services in Scotland”.

**Will the Bill, as introduced, be successful in achieving this purpose? If not, why not?**

Glasgow City Integration Joint Board (GCIJB) again welcomes the opportunity to contribute to the ongoing engagement process in relation to the creation of a National Care Service. Members are keen to engage positively in the outcomes of the consultation process and have a genuine desire to ensure that any NCS is designed on the basis of meaningful and timely involvement with a view to creating a successful NCS that meets the aspirations of the Feeley report and the those of the people of Scotland. Ultimately GCIJB wish to ensure the NCS is designed as to be as effective and successful as it can be.

GCIJB acknowledges and accepts the mandate the Scottish Government has to progress the plans for a NCS as set out in its manifesto and would reiterate our desire to support the Scottish Government to deliver this. In doing so however GCIJB is concerned that the proposals for the NCS, particularly in relation to the relationship between the NCS and local government, represents a significant extension to that proposed in the Feeley report, and that this extension may create as many challenges for the new service as they do to deliver its core ambitions.

**“...we will take forward the recommendations of the independent Feeley review and establish a National Care Service in the next parliamentary term”.**

We would greatly like to be involved in designing the NCS but think the starting position would be to return to the scope outlined by Feeley, as a more proportionate, manageable and realistic step to resolve the issues identified by Feeley and a more direct reflection of the mandate.

The views expressed within the response are the output from a range of previous and recent discussions with IJB members and reflect the very healthy position that we enjoy in Glasgow City whereby Members can discuss, debate and disagree in good spirit. This response represents the views of the IJB as a collective and includes areas on which there was not agreement between Members.

As reflected in the response to the NCS consultation GCIJB is supportive of a range of the principles and aspirations laid out in the original Feeley recommendations following the independent review of adult social care, many of which resonate with the overall strategic priorities of the IJB and HSCP in

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Glasgow City, and wider strategic priorities within Glasgow City Council and Community Planning Partnership. The following are areas GCIJB supports and would commit to working with the Scottish Government to plan and progress:

- Focus on prevention and early intervention
- Commitment to person centred care
- A rights based approach
- Empowering people
- Valuing the workforce
- Focus on equalities and human rights
- Focus on consistency of service provision
- National standards.

It has been acknowledged that the Bill takes the form of 'framework' legislation, and as such necessarily omits much of the detail that might otherwise be expected in primary legislation. By its very nature GCIJB considers a framework Bill inadequate and it therefore makes reaching an informed conclusion about what the Bill can achieve almost impossible.

GCIJB does not believe the Bill as laid out will improve the quality and consistency of social work and social care services and is concerned that it could lead to a deterioration in service provision as resources are directed to structural change rather than delivering services. By virtue of creating new structures outwith local government the GCIJB believes the new NCS structure as it is envisaged in the Bill will not provide the best environment for meeting the needs and the goals of Glasgow City.

GCIJB understands and welcomes that the missing information will be provided subject to the design activity referred to in the Bill and supporting information, and eagerly awaits details as to how it can become meaningfully involved in that process. GCIJB Members would request that the process of collecting the missing detail from the Bill is done in a transparent, inclusive and constructive manner and with the involvement of citizens in a meaningful way.

However, it is felt that this Bill would have been greatly improved had it been informed by that design activity taking place prior to its publication and should not have been presented prior to that design activity taking place. As a result and on balance, the IJB does not feel able to support the contention that the Bill will achieve the purposes stated.

Notwithstanding the future opportunities to influence the detail currently missing from the Bill and the enthusiasm GCIJB has for participating meaningfully and constructively in that important process, GCIJB would prefer to see an informed assessment of the success and/or failures of existing integration models and making use of those lessons, and the embedding of successful integration models before apparently disbanding integration with a solution for all which



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resolves the issues of only some. The building blocks for successful integration are already in place in Glasgow City and the IJB considers the provisions of the Bill could put the progress achieved so far at risk.

In general GCIJB continues to struggle to understand the problems that the NCS Bill seeks to resolve and what in essence the provisions within the Bill are designed to achieve. This makes it particularly difficult to conclude that this re-structuring is the best means of achieving the stated aims, or better than improving and building on the current integration arrangements.

The Feeley Report's recommendations in terms of the purpose and role of the NCS focussed on national oversight, on setting and ensuring standards and on delivering national outcomes. It will be important to avoid the risk of assuming that simply creating a large structure to work opposite the NHS will resolve the challenges within the sector. The information provided continues to omit evidence that the "grand state" approach has worked elsewhere. A concern is that where power is moved from one very overcentralized institution to another (NCS), it could have the effect of reducing professions' ability to advocate and tailor care for individuals and local communities.

Given what we firmly believe is a successful integration model within Glasgow GCIJB would hope that our experience and example could better inform policy makers as they look to new or revised delivery structures.

Leadership and culture won't be influenced simply by changing the name or structure. The [Evidence Log \(EL2 to EL16, EL41 to EL46, EL47 to EL50\) submitted as part of the response to the initial consultation](#) contains examples of where local solutions to local issues have been progressed through partnership working that might not have been successful if taken forward on a national basis.

## **2. Is the Bill the best way to improve the quality and consistency of social work and social care services? If not, what alternative approach should be taken?**

Again, this is a challenging issue given the lack of a detailed assessment of the performance of the existing framework. There is insufficient detail within the Bill and supporting documents for such a position to be supported. GCIJB highlighted during the last consultation exercise that proposals around a NCS could be considered an indication that the Scottish Government are of the view that integration has failed/is failing. The provisions within the Bill which constitute a move away from integration as we currently know it do not address the concerns voiced previously.

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This is particularly an issue when we consider the extent to which the current position represents a departure, not just from current arrangements, but more particularly from the model that Feeley *appeared* to propose. There is a significant difference, as already noted, between national oversight and national control and delivery. The tensions between these two models were already apparent in Feeley but the current Bill appears to fall further onto the side of centralised control and delivery given the extent to which funding, functions and staffing are assumed to move to bodies directly answerable to Ministers.

GCIJB would reiterate the position expressed during the previous consultation that if the **NCS is designed to address the failure of integration thus far GCIJB would suggest that this fails to acknowledge that the relatively short time that integrated arrangements have been in place** has been characterised by the initial period required for bedding in the new governance structures/arrangements and a two-year pandemic. Our position remains that it is unfair to judge integration a success or failure either way in that period. It is also important to emphasise that the current system can, and in Glasgow does, operate to a high standard. GCIJB believes it is necessary to consider how local work like this could be upscaled or replicated, instead of simply defaulting to structural change.

GCIJB would suggest that this also seems to bypass what may be a more simple solution to the perceived failure of integration, particularly in areas where fewer functions are delegated. An alternative, more proportionate and less disruptive approach for the Scottish Government and the Ministers with accountability for health and social care would be to **utilise the levers available** to them already within the Public Bodies (Joint Working) (Scotland) Act (The Act). These powers could be used, for example, to encourage if not mandate integration authorities to increase delegation of functions within their Partnerships to acknowledge, as the consultation does, that the more successful integration authorities (IAs) are those with greater delegation of functions.

If the starting point is a perception of failure, then GCIJB would suggest that rather than a costly restructuring exercise that will disrupt our ongoing recovery from the pandemic and potentially critically disrupt the attempts to manage the current cost of living crisis, the **Scottish Government should be exploring where IAs are failing** and placing more emphasis on getting those under-performing IAs up to scratch rather than dismantling the current integration arrangements at the (disputed) costs outlined in the financial memorandum.

The original Feeley report states that: *“The changes we propose here would likely not be necessary if more progress had been made by the Scottish Government, Health Boards, Local Authorities and Integration Joint Boards with integrating health and social care” (p47).* This supports the point made by GCIJB that **integration, if fully and successfully implemented, can address the service improvements required** and would avoid the necessity and expense of

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structural reorganisation, which Feeley acknowledges (p47) “involves effort, and money, which some people will argue would be better used in supporting people”.

GCIJB would further suggest that during the relatively short period of integration so far, the Scottish Government has had the opportunity, through scrutiny of the Strategic Commissioning Plans and Integration Schemes, to highlight areas within IAs where improvements could be made to improve integration. This opportunity has not been taken thus far and would represent a constructive way to identify issues and solutions before undertaking significant structural reform.

**To reiterate from earlier, while many on the IJB are fundamentally opposed to the creation of an NCS, the IJB acknowledges that the Government has a mandate for its creation.** Feeley has set out the arguments in favour of this, which in our reading, involve better co-ordination of the work of reformed IJB's to ensure the public have confidence that services across the country operate to the right standards. GCIJB is open to discussion and keen to engage in debate on reform of existing systems but at present cannot support the move to the centralised structure as proposed, on the basis of the limited amount of information contained within the Bill.

As above, Members appreciate that further information will be forthcoming and that they will be part of the design process, but supporting the entirety of the proposal on the strength of the basic content provided within a framework Bill does not have the support of a majority of our Members. There is no evidence that centralising services and reducing local accountability leads to improvements. This is a particular concern in regards to social work where the central purpose of the service is to support people and families in communities.

The alternative approach we would seek would be; a national care service construct that facilitates retention for **delivery responsibility within local government**; begin a process of moving to a not-for-profit social care model, including in-sourcing key and core services to council direct provision; increasing not diminishing local democratic oversight and control of community based social care and; social work services with increased levels of funding for councils to deliver and support services.

A significant issue in what is being proposed is the **removal of responsibility for strategy to Scottish ministers and a national structure**. This could impact on our ability to design and develop innovative solutions and in the case of integration in Glasgow City, we would need to emphasise that integration has worked and these proposals represent the possible removal of the ability to plan at a local level. GCIJB has a number of examples of joint working and collaboration with partner IAs across the Greater Glasgow and Clyde area and feels that the potential to continue to work collaboratively in this way would be undermined by a central NCS with strategic responsibility. Examples of this work can be found within the [Evidence Log](#).

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The decisions made in Glasgow City at the commencement of integration about the scale and scope of integration were made on the basis of enabling our IJB. We believe **integration works in Glasgow City because of the close relationship with Glasgow City Council and the Health Board**. GCIJB struggles to see how Glasgow would be further enabled by the NCS which is structured as outlined in the Bill. To the contrary our concern is that wholesale restructuring at this point in time may significantly undermine existing transformation programmes in the city, which amount to years of joint work, in pursuit of the kind of values, principles and practice which the Feeley review sought to outline.

An NCS set up as outlined within the Bill would have **significant implications for the general principles of local democratic accountability**. Indeed the Bill is singularly lacking in detail about the structure of Care Boards, beyond that they will be appointed directly by Ministers. This will be understandably concerning to many. The obvious parallel in this is the structure of Health Boards and if Care Boards are indeed going to be analogous to them then it would greatly simplify matters if the Government were to make this clear. At least at that point all concerned would understand what the issues are.

Local Government has long supported involving people who use services and their families in the planning and delivery of those services. Local democratic accountability is essential to achieving this ambition, giving people the means to directly influence and shape service delivery at as local a level as possible. Under the structure enabled by the Bill, if a person wished to engage politically to support or change a local social care service, they would have to appeal to a Scottish Government Minister rather than to their locally elected Councillor.

GCIJB would suggest that **the issue which should be addressed is not a structural issue, but relational change**. The Bill does not resolve this and does not provide insight into what relational change would look like. There is little reference to the role of Community Planning Partnerships, or whether the aim is more integration or less. This relates to a question of whether the proposals are ambitious enough. Consideration should be given, for example, to whether breaking up local health and social care integration as we know it and placing control in the hands of Ministers and a central NCS represent the total of the ambition required. GCIJB would be happy to work with integration authorities across the country to consider and propose changes to existing structures which would deliver a NCS within the aspirations of Feeley and the mandate to deliver it but with less disruption to existing service delivery.

GCIJB has significant reservations that the introduction of a NCS as set out in the Bill is a necessary solution to the issues faced within the health and social care system, but appreciates that there is an appetite for change and would be keen to contribute to discussions on what that new structure should look like. GCIJB are

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supportive of what the Feeley recommendations and NCS proposals seek to achieve but the scale of change proposed through the NCS as outlined in the Bill is, we suggest, disproportionate and unnecessary. Many of the elements of the NCS exist in structures already in place (care standards, regulation, inspection etc) and the focus should be on understanding the limits of these structures and how they could be improved and better integrated. Again GCIJB would urge the Committee to consider whether all approaches have been considered fully prior to the scale of change required within the Bill.

In the view of GCIJB a NCS might represent the pulling together of structures already in place, working under revised national standards and frameworks, but falling short of requiring that structure to assume the levels of responsibility and accountability proposed.

### 3. Are there any specific aspects of the Bill which you disagree with or that you would like to see amended?

GCIJB is opposed to the fundamental concept outlined within the Bill of moving strategic responsibility from local authorities and health boards to the NCS, and ultimately Ministers. Central control does not necessarily deliver consistency or the highest standards of service. Members within GCIJB continue to be **concerned about local democracy**. Strengthening local representation that we have, building trust and understanding, and engagement with communities through local planning approaches is a more effective way forward. Local democracy and community empowerment needs to be strengthened. Centralisation is not the answer and would contradict work ongoing within Glasgow City to promote and further embed the Community Empowerment Act as a means to improve local and public involvement in service planning and decision making.

GCIJB would question whether the proposals within the consultation are driven by the recommendations within the Christie report. **The Christie recommendations** are as relevant now as they were 10 years ago, but arguably the ambitions have not been fully realised. GCIJB would highlight that significant progress has been made in the city in relation to the aspirations within Christie. Examples would be in relation to recent and ongoing work on maximising independence and in transforming children's services (See [Evidence Log](#): EL41 to EL43). GCIJB would be happy to provide further detail on these examples on request to the Scottish Government.

Decisions impacting communities and individuals should be taken at the closest level possible to those affected, and **communities should be empowered** to this effect. The importance of this approach was clearly articulated in the recommendations emanating from the Christie Commission and GCIJB is encouraged to see that involvement in designing the NCS is a core component of

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the work to be completed during Summer 2022. Services should be designed and delivered as close as possible to the people that use them for the purpose of ensuring that resources are targeted in the most flexible and effective way to meet the needs of local people. The delivery of place-based responses was central to the response to the pandemic and is indicative of the continued key role of Local Authorities as the anchor in our communities.

GCIJB would suggest that structural change on this level might risk damaging the **connections to local communities** where the work of the HSCP on prevention and early intervention takes place. It takes place where people live in communities and neighbourhoods and is not necessarily about statutory services. There are a lot of initiatives underway such as 20-minute neighbourhoods that would benefit from participation by social care. There is a risk if you have a huge structural change you may put up barriers to IAs achieving the very objectives Christie was designed to enable.

The reference within the Bill to **TUPE** transfer of staff in the NCS from local authorities is welcome in terms of its relative clarity of intention. However GCIJB would highlight that this in itself will create significant anxiety and quite possibly lead to further departures in a sector already struggling with recruitment and retention issues. The job evaluation process in Glasgow to address historic gender discrimination is not yet complete and would create potential liability issues for any new employer.

GCIJB notes that the provisions within the Bill are a significant departure from the recommendations within the Feeley review and in many respects from the original consultation exercise. The original plans to have a NCS that is a “body” in itself, rather than a collection of care Boards represent a significant shift from what was initially presented and which more closely reflects the mandate the Scottish Government have in relation to setting up a NCS.

GCIJB are concerned that the absence of this “body” (the NCS) leaves the question of what the structure is to which the transfer essentially takes place. Is it the Civil Service? The thrust of Feeley was that the NCS would mirror the NHS. The absence of an identified ‘body’ called an NCS would suggest that central authority will rest directly with Ministers, on the advice of civil servants. This seems far from the picture presented by Feeley and we would suggest this central arrangement is reconsidered.

**GCIJB also consider the timing of the Bill to be highly problematic.** The Bill requires significant focus on planning for and understanding the impact of huge structural change of enormous complexity and at great cost at the same time as the national administrations and HSCPs working locally are trying to manage significant issues affecting the demand and delivery of services (including Covid recovery and the cost of living crisis caused in part by inflation and the rise in energy costs for everyone). To understand, plan for and subsequently implement

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such change will necessarily require the redirection of resources from frontline service delivery and it is difficult to justify this redirection of resources at this time. GCIJB would ask the Committee to consider this and whether a delay would enable the required resources to be deployed to ensure the NCS is designed to give it the greatest opportunity to succeed, influenced by all of the stakeholders with a part to play in that.

GCIJB consider there to be too many gaps in the information available to enable it to be supportive of the Bill as it stands and that the **Committee should consider the option of delaying the Bill** to fully consider the risks, benefits, costs and missing detail. Through a meaningful process of consultation with key stakeholders (staff, service users, community groups, councils, trade unions) this would greatly benefit the sector as a whole and enhance both the likelihood of a successful NCS but also the ability of integration authorities to back the Bill.

A delay to progressing the Bill would also give exhausted staff the space to recover from the pandemic. GCIJB would urge the Committee to consider viewing the creation of the NCS through an implementation context and ask whether the workforce and the system generally has the capacity at present to achieve this. It is the view of GCIJB that it does not.

#### **4. Is there anything additional you would like to see included in the Bill and is anything missing?**

**A full and detailed response to this question was not considered by Glasgow City IJB but the response as it relates to Glasgow City can be found within the response submitted by Glasgow City HSCP**

#### **5. The Scottish Government proposes that the details of many aspects of the proposed National Care Service will be outlined in future secondary legislation rather than being included in the Bill itself.**

**Do you have any comments on this approach? Are there any aspects of the Bill where you would like to have seen more detail in the Bill itself?**

GCIJB express concern that the legislative vehicle for the NCS is a framework Bill with a commitment to provide additional detail through secondary legislation. It is the view of GCIJB that a framework Bill, lacking in detail as to the way the NCS will be implemented, is **not commensurate with the size, scale and complexity of the undertaking**.

Whilst GCIJB is greatly encouraged by the co-design approach proposed for planning the NCS it is equally concerned that there is so little information available as to how and when this work will develop, and what will be in scope for discussion. The scale and complexity of the issues that require to be addressed,

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with a combination of members of the public and professionals with more detailed and technical knowledge as to how to plan such a change, requires a very clear and structured approach. Furthermore this is not a process that can be achieved through large scale online engagement events but requires a full and detailed structure to enable inclusive and meaningful engagement, debate and decision making.

**It is further considered the Bill would have been better served by carrying out the work to fill in the gaps in information, via the co-design process outlined by the Bill, prior to it being presented for comment.** GCIJB wholeheartedly support the principle of involving people with lived experience to shape the design of the NCS but are concerned at the lack of detail on how the experience and expertise of professionals with decades of service in this area will be harnessed.

6. The Bill proposes to give Scottish Ministers powers to transfer a broad range of social care, social work and community health functions to the National Care Service using future secondary legislation.

Do you have any views about the services that may or may not be included in the National Care Service, either now or in the future?

**A full and detailed response to this question was not considered by Glasgow City IJB but the response as it relates to Glasgow City can be found within the response submitted by Glasgow City HSCP**

7. Do you have any general comments on financial implications of the Bill and the proposed creation of a National Care Service for the long-term funding of social care, social work and community healthcare?

**A full and detailed response to this question was not considered by Glasgow City IJB but the response as it relates to Glasgow City can be found within the response submitted by Glasgow City HSCP**

8. The Bill is accompanied by the following [impact assessments](#):
  - Equality impact assessment
  - Business and regulatory impact assessment
  - Child rights and wellbeing impact assessment
  - Data protection impact assessment

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- Fairer Scotland duty assessment

Do you have any comments on the contents and conclusions of these impact assessments or about the potential impact of the Bill on specific groups or sectors?

GCIJB is not fully assured by the conclusions drawn from the **equality impact assessment**. The conclusion that there is no negative equity impact is based on responses to a draft Bill that lacks significant detail and is in effect an 'idea' at this stage. The significant limitations of the data used to inform the assessment and use of the 2011 census is also problematic.

To support the changes, there needs to be a better evidence-base and much more targeted consultation with all of the protected characteristic groups is required, especially service users themselves. It is the assessment of GCIJB that the stated commitment to 'co-design' should include carrying out this activity in order to inform the Bill presented, not subsequent to its approval.

### Financial memorandum questions

The following questions are for respondents with a specific interest in the financial memorandum accompanying the Bill. Respondents are free to choose to respond to all, some or none of these questions.

1. Did you take part in any consultation exercise preceding the Bill and, if so, did you comment on the financial assumptions made?
2. If applicable, do you believe your comments on the financial assumptions have been accurately reflected in the financial memorandum (FM)?
3. Did you have sufficient time to contribute to the consultation exercise?
4. If the Bill has any financial implications for you or your organisation, do you believe that they have been accurately reflected in the FM? If not, please provide details.
5. Do you consider that the estimated costs and savings set out in the FM are reasonable and accurate?
6. If applicable, are you content that your organisation can meet any financial costs that it might incur as a result of the Bill? If not, how do you think these costs should be met?
7. Does the FM accurately reflect the margins of uncertainty associated with the Bill's estimated costs and with the timescales over which they would be expected to arise?

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### Specific provisions

**NB: Please consider your responses in relation to the content of; the [Bill](#); the [explanatory notes](#) and; the [GCHSCP Briefing document](#).**

This section of the call for evidence invites comments on individual sections of the Bill. There is no obligation to complete this section of the call for evidence and respondents can choose to restrict their comments to certain sections of the Bill.

### **Section 1: National Care Service principles**

Section 1 defines the National Care Service principles.

In providing comments on this section of the Bill, please consider:

- Whether you agree with these principles as drafted?
- Whether there is anything in the principles you would disagree with or wish to amend?
- Whether there is anything important missing from these principles?
- Whether an alternative approach would be preferable?

**A full and detailed response to this question was not considered by Glasgow City IJB but the response as it relates to Glasgow City can be found within the response submitted by Glasgow City HSCP**

### **Sections 2 and 3: Accountability to Scottish Ministers**

Sections 2 and 3 establish Scottish Ministers' overarching responsibilities for the National Care Service, namely to "promote in Scotland a care service designed to secure improvement in the wellbeing of the people of Scotland" and to monitor and improve the quality of services provided by the National Care Service. These provisions have the effect that the National Care Service will be directly accountable to Scottish Ministers.

In providing comments on these sections of the Bill, please consider:

- Whether you agree with Scottish Ministers being given these overarching responsibilities?
- Whether there is anything important missing from these sections of the Bill?
- Whether there is anything you would disagree with or there are amendments you would wish to propose to these sections of the Bill?
- Whether an alternative approach would be preferable?

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No GCIJB does not believe there is sufficient evidence to support giving Ministers these powers. There is no **evidence put forward to suggest that centralising services and reducing local accountability will lead to improvements**. This is particularly a concern in regard to social work where the central purpose of the service is to support people and families in communities. The removal of responsibility and accountability to Scottish ministers and a national structure could impact on our ability to design and develop innovative solutions. Local services should be delivered and administered within local democratic organisations. GCIJB believe that **responsibility at national level and accountability at local level** is the preferred model.

GCIJB would rather see the Scottish Government and the Ministers with accountability for health and social care make better use of the levers available to them already within the Public Bodies (Joint Working) (Scotland) Act (The Act).

The original Feeley report states that: “The changes we propose here would likely not be necessary if more progress had been made by the Scottish Government, Health Boards, Local Authorities and Integration Joint Boards with integrating health and social care” (p47). This supports the point made by GCIJB that integration, if fully and successfully implemented, can address the service improvements Feeley proposes and would avoid the requirement for structural reorganisation, which Feeley acknowledges (p47) “involves effort, and money, which some people will argue would be better used in supporting people”.

GCIJB believes that we should retain responsibility within local government and not risk diminishing local democratic oversight and control of community based social care and social work services. Local democratic accountability is essential to giving people the means to directly influence and shape service delivery at as local a level as possible.

GCIJB would further point out that the Bill and its provisions have been put forward without the completion or publication of a **comprehensive Business Case** to inform the discussion. And explore how the current powers could have been used before resorting to structural changes.

### **Sections 4 and 5 / Schedules 1 and 2: Establishment and abolition of care boards**

Sections 4 and 5 make provision for the establishment and abolition of care boards and for financial assistance for boards. As set out in the [Policy Memorandum](#), the [Bill](#) “makes provision for the Scottish Ministers to establish and fund these boards, called “care boards” in the Bill, to plan and deliver NCS service locally, replacing current Integration Authorities”. The Policy Memorandum continues: “There is also provision for “special care boards” to deliver national functions if needed”.

Connected to Section 4 and annexed to the Bill, Schedule 1 sets out detailed provisions related to the constitution and operation of care boards while Schedule 2 makes consequential amendments to public authorities legislation.

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In providing comments on these sections of the Bill, please consider:

- Whether you support the establishment of care boards as set out in these sections of the Bill and provisions on financial assistance for boards?
- Whether there is anything important missing from these sections of the Bill?
- Whether there is anything you would disagree with or there are amendments you would wish to propose to these sections of the Bill?
- Whether an alternative approach would be preferable?

GCIJB requests further clarity on provisions within the Bill in relation to **financial assistance** for care boards. The understanding is that it refers to grants or loans for specific purposes such as research and training but that there is a potentially broad range of other activities that this could cover.

GCIJB notes that the authority to grant loans is not a power that is currently conferred on Local Authorities and the fact that there are a range of rules set by the Financial Conduct Authority that would require to be complied with. The Bill and documents do not provide clarity on this and do not make it obvious that this has been considered.

GCIJB does not fully understand the conditions or criteria under which **special boards** would be created and would request that this is an area where further discussion could be held. GCIJB is keen to understand whether there would be scope for or an intention to create a local care board for Glasgow city with specialist board status for certain themes of care (such as health improvement or public health).

It is noted by Members of GCIJB that the experience of special boards within the NHS have not been universally successful or popular and would urge caution in relation to the setting up of special boards linked to the NCS.

With regards to the proposals relating to care boards GCIJB notes the lack of further detail, as highlighted during the initial consultation, in relation to **equal voting rights** among members. This is an area of further detail that we look forward to having a chance to input to and influence as the design process progresses. GCIJB fully agree that Boards need to hear the perspectives of those within the city that are affected by health and social care services, and that those voices should represent communities as widely as possible.

GCIJB does not have a unanimous position on the subject of voting, with some Members expressing reservations on how this would improve representation of the communities across the city and whether it is a necessary and desirable change in the dynamic of how the Board operates. Some Members feel that that the current system (i.e. combination of voting and non-voting members) should be retained.

The view of other Members, particularly those stakeholder Members that have been selected to sit on the Board to represent specific sectors or communities, is that additional voting rights should be considered. It is felt by the 3rd and independent

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sector representatives that they should have a vote to acknowledge the breadth of their representation. A similar view was expressed by patient and social care service user representatives and their substitutes who feel that Board Members, irrespective of which groups they are there to provide the perspective of, should have equal voting rights. Staff representatives on the Board also believe that voting rights should be extended to all Members and that consideration should be given to additional staff representation for those employed in the wider health and social care workforce (i.e. external to the Council or Health Service).

GCIJB is keen to understand how Members representing large, varied and possibly complex networks or communities could manage a singular voice and vote on the Board. Greater understanding is needed about the **infrastructure that would be required to support and facilitate meaningful representation** and ensure all Members are sufficiently briefed and prepared in the event a vote should be called on any given subject such as approval of budgets or other matters where a vote might not have been planned.

Another issue of concern in relation to widening voting rights is the risk that where Boards may currently run on the basis of discussion, debate and consensus (as with GCIJB), it may lead to greater polarisation as an increased number of Members with a vote seek to exercise that right. There is a concern that the culture within the Board will suffer as a result. GCIJB would contend that we have worked very hard at the relational context within Glasgow to get us to a place where we have effective joint consensual working and do not require to use voting rights to reach decisions. Some Board members therefore feel strongly that a wholesale structural change would cause unnecessary and significant disruption to that.

During the first 6 years of integration GCIJB has only required to call a vote on one element of one decision. This was in the very early days of the IJB's establishment. Subsequently chairs have worked to ensure a consensual approach and, where significant concerns have been raised, papers have been remitted back for reconsideration or amended to address the concerns raised. On at least one occasion this has led to a proposal being fundamentally changed as a result of concerns raised by a minority of members. We consider that even if a minority of members raise concerns these need to be fully addressed irrespective of whether the majority supports a proposal. Voting is a blunt instrument in this respect and not particularly useful.

GCIJB fully supports the principle that people with lived and living experience need to have a greater voice in IJBs, and that there should be greater (or better) representation from members of the public on the Boards. How this could be achieved requires discussion and clarification, with stakeholder Members previously of the view that it should involve community members being involved in the process of identifying how community representation should be achieved. Community membership on Boards (whether with a vote or not) is simply one element of community engagement. It is arguably more important to reflect the principles and standards of engagement more widely in all of the work we do (See [Evidence Log: EL37](#)).

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The Bill doesn't offer any further detail of proposals in relation to how greater representation would be achieved in a manner which would achieve representative Boards without them being too large to be effective. Whilst there is no disagreement in the principle of better representation and the inclusion of those with lived and living experience it is simplistic to suggest this could happen without running the risk that Boards become too large and unwieldy to perform their roles efficiently and effectively. GCIJB note the additional powers Ministers have to remove Members or alter the functions conferred on Boards in the event of failure and would wish to ensure we do not create a situation where the requirement to use that power becomes more likely.

The Bill is similarly **insufficiently detailed on the officer membership** on Boards, with no detail on the requirement for section 95 officers to be Members. Given the consideration to directly fund Boards from central government this seems to have been omitted from the plans and Boards would need someone with financial accountability and responsibility. It would be essential that Section 95 Officers remain members on governance structures.

There continues to be an absence of clarity regarding which **staff are considered to be in scope for direct employment** by the Care Boards. Which staff are considered to be part of the Chief Officer's planning team? Does this include commissioning staff, given the focus on Boards becoming responsible for commissioning and procurement at local level? To what level/grade of staff would you extend that scope? Would it be just the senior staff or would it be the operational staff as well?

### **Chapter 2: Strategic planning and ethical commissioning**

This Chapter of the Bill requires care boards to have a strategic plan setting out their vision, objectives and budgets for their care board area and incorporating an ethical commissioning strategy. Scottish Ministers must also have a strategic plan and an ethical commissioning strategy for any services provided at the national level. The Policy Memorandum states that ethical commissioning strategies should set out "arrangements for providing services and how those arrangements have been designed to ensure they best reflect the NCS principles".

In providing comments on this chapter of the Bill, please consider:

- Whether you agree with these provisions?
- Whether there is anything important missing from this chapter of the Bill?
- Whether there is anything you would disagree with or there are amendments you would wish to propose to this chapter of the Bill?
- Whether an alternative approach would be preferable?

GCIJB does not feel able at this stage to support the provisions in the Bill that facilitate a shift from a regional approach to commissioning to a more centralised and national approach, with unclear levels of responsibility at local Board level.

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GCIJB does not believe the provisions within the Bill have followed through on the recommendations of the Feeley review in relation to how to improve the overall commissioning and procurement processes. There is a focus on ethical commissioning but still a lack of detail on exactly what that means.

It remains unclear why we require a NCS to improve the approach to commissioning and how the market functions, and a feeling that the infrastructure is already in place to do this but is not being used effectively enough. For example, we already have national contracts and frameworks and a light touch regime which is poorly understood or used.

A major issue in relation to commissioning, which the Bill does not address is the need for a **more fundamental change in commissioning/procurement rules**. Some of the current issues relating to commissioning and procurement practice can be addressed by empowering more commissioners to utilise the full flexibility provided by the procurement legislation, enabling more activity to be undertaken in innovative and collaborative ways. Without more fundamental change to the options for how to do things, practice is not going to change to the extent required. If the intention is to more fully involve people with lived experience (as with the Alliance approach) it is difficult to see how you fit that into a competitive tender approach. It won't be possible to include those with lived experience in the process unless there is a different process. What is being proposed is a different way of doing the same thing, not changing the options that are available to commission/procure services.

GCIJB has examples of doing things differently at a local level through the Alliance to End Homelessness (See [Evidence Log](#): EL38-EL40). We should be learning from this and other regional examples across the country rather than moving away from local solutions to national approaches and strategies. This includes commissioners learning from previous experiences (and often mistakes) to ensure better collaboration with the markets they seek to commission from, at the right times. This learning and sharing of experience is best done locally, and arguably cannot be done nationally with the same success.

GCIJB would further argue that in setting up the Alliance approach to ending homelessness in the city the HSCP and partners required to review and reconsider every aspect of what we know about commissioning and procurement in what was a whole system shift in current practice. The hurdles that were faced in the 3 years it took to finalise this arrangement were overcome specifically because of the local approach and local expertise and knowledge. GCIJB do not believe this would have been possible if done via a national/centralised approach. Again, GCIJB would be happy to share information on its experience during the Alliance work to provide evidence of this.

The Bill does not address some of the fundamental issues raised within the Feeley report and NCS consultation in relation to companies delivering health and social care profiting from the care sector. Indeed there is significant concern that this Bill will actually embolden the tendering of services from the market, a practice well established in the care sector in the wider UK. The concerns of Members of GCIJB

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in relation to the move to the open market include the possible driving down of standards in a bid to be “competitive”.

The unintended consequences of care boards commissioning services is that under certain conditions local authorities might be in the position of having to compete in open tendering. There are concerns about whether local authorities would be able to compete in open tendering given the current differentiation in salaries and conditions compared to third sector. This is linked in with the consequences of historical approaches to commissioning which have driven down prices and the need to ensure a wider commitment to Fair Work practices for people working in social care. Commissioning should support not undermine that.

GCIJB considers that a national approach to commissioning would undermine the locality planning activity which is central to the development of Strategic Plans and set out in the guidance for strategic planning as crucial. This is also potentially at odds with the Christie recommendations in relation to bottom up planning and devolution of responsibility.

In relation to strategic planning the Bill does not give an indication as to what Care Boards will be planning for and what outcomes they expect.

There are further **concerns regarding the mandatory 3-year strategic planning cycle**, which is more prescriptive than the current requirement to review only every 3 years with the option on whether to replace the current strategic plan. 3 years is considered a short planning cycle and GCIJB would like the Committee to understand that care boards may wish to engage in longer cycles.

### **Sections 11 and 12: National Care Service Charter**

Sections 11 and 12 of the Bill make provision for the Scottish Ministers to prepare and publish a National Care Service charter, to be co-designed with those with lived or living experience and reviewed on a five-yearly basis. According to the Policy Memorandum, the Charter “will set out what people can expect from the NCS and provide a clear pathway to recourse should the rights in the Charter not be met”. The first and subsequent versions of the charter must be subject to public consultation and a copy must be laid before the Scottish Parliament

In providing comments on these sections of the Bill, please consider:

- Whether you agree with provisions to create a National Care Service charter?
- Whether there is anything important missing from these provisions?
- Whether there is anything you would disagree with or there are amendments you would wish to propose to this chapter of the Bill?
- Whether an alternative approach would be preferable?

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### **Section 13: Independent advocacy**

Section 13 of the Bill gives Scottish Ministers powers to make provision via secondary legislation for independent advocacy services in connection with services provided by the National Care Service. The Policy Memorandum highlights the emphasis placed by the Independent Review of Adult Social Care on the importance of access to independent advocacy and brokerage services, including peer services, “in empowering people accessing support and unpaid carers” and ensuring “that their voices are heard”. It goes on to state the Scottish Government’s intention to “develop and implement a coherent, consolidated and consistent approach to independent advocacy services across the range of NCS services” and to do this through co-design with people with lived or living experience of accessing services.

In providing comments on this section of the Bill, please consider:

- Whether you agree with these provisions?
- Whether there is anything important missing from this section of the Bill?
- Whether there is anything you would disagree with or there are amendments you would wish to propose to this section of the Bill?
- Whether an alternative approach would be preferable?

**A full and detailed response to this question was not considered by Glasgow City IJB but the response as it relates to Glasgow City can be found within the response submitted by Glasgow City HSCP**

### **Sections 14 and 15: Complaints**

Sections 14 and 15 of the Bill make provision for a complaints service and for the handling of complaints. To underpin these complaints and redress processes, the Policy Memorandum indicates that Scottish Ministers intend, separate from the Bill, to develop a model for the role of National Care Service Commissioner through co-design with people with lived and living experience of accessing health and social care services.

In providing comments on these sections of the Bill, please consider:

- Whether you agree with these provisions?
- Whether there is anything important missing from these sections of the Bill?
- Whether there is anything you would disagree with or there are amendments you would wish to propose to these sections of the Bill?
- Whether an alternative approach would be preferable?

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### **Chapter 4: Ministers' powers to intervene**

Sections 16 to 22 of the Bill establish powers for Ministers to intervene with respect to care boards and contractors, for instance in case of an emergency or of service failure.

In providing comments on this chapter of the Bill, please consider:

- Whether you agree with these provisions?
- Whether there is anything important missing from this chapter of the Bill?
- Whether there is anything you would disagree with or there are amendments you would wish to propose to this chapter of the Bill?
- Whether an alternative approach would be preferable?

GCIJB would highlight that existing legislation carries ministerial powers of intervention. The part that is new in the Bill is ministerial intervention in contracted services, which cuts across the existing role of the care inspectorate and the contract management function within local authorities.

GCIJB does not fully understand whether it is appropriate for **Ministers with new accountability for services to also be responsible for being the ultimate custodian of standards for those services**. The current care inspectorate sits outside the delivery mechanism for those services and the mechanism for inspection should be entirely separate from government and from whoever is delivering services. GCIJB would like to see this addressed, and responded to, by Ministers.

It is not clear from the Bill what the powers to intervene means from the perspective of the service user and when action would be taken? Similarly from the provider perspective what does this mean in relation to when it would be used? Would it be a measure of last resort only once all other avenues had been exhausted or would it enable Ministers to bypass existing and established due process?

GCIJB would like clarity on the process of intervention in terms of interaction with local complaints processes and decision-making, and seek assurances that intervention will also be motivated by necessity and a desire to improve, informed by accurate information and not simply political convenience.

GCIJB would also like to understand how the powers to intervene sit in the current context of the cost of living crisis, with great concerns across the country about existing third (and private) sector providers of social care (and health) services going out of business, either because their costs increase or because they can't recruit staff to deliver the work.

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### **Chapter 5: Connected functions (research, training, other activities and compulsory purchase)**

Chapter 5 of the Bill establishes certain functions connected to the provision of care, including enabling Scottish Ministers and care boards to:

- conduct, assist in conducting or give financial assistance in relation to
- research;
- to provide training or to provide financial support to undertake training;
- to provide financial assistance to undertake other activities connected to the services provided to individuals by the National Care Service;
- and to compulsorily purchase land required to exercise a relevant function.

In providing comments on this chapter of the Bill, please consider:

- Whether you agree with these provisions?
- Whether there is anything important missing from these sections of the Bill?
- Whether there is anything you would disagree with or there are amendments you would wish to propose to these sections of the Bill?
- Whether an alternative approach would be preferable?

**A full and detailed response to this question was not considered by Glasgow City IJB but the response as it relates to Glasgow City can be found within the response submitted by Glasgow City HSCP**

### **Chapter 6 and Schedule 3: Transfer of functions, including scope of services**

Chapter 6 confers powers on Scottish Ministers to transfer functions between institutions as part of the National Care Service. These powers include the power to transfer functions from local authorities, to bring aspects of healthcare into the National Care Service, to re-organise the National Care Service and to transfer staff, property and liabilities.

Items of legislation conferring specific functions on a local authority which may be transferred into the National Care Service are listed in Schedule 3, annexed to the Bill.

In providing comments on these sections of the Bill, please consider:

- Whether you agree with Scottish Ministers being given these powers?
- Whether there is anything important missing from these sections of the Bill?
- Whether there is anything you would disagree with or there are amendments you would wish to propose to these sections of the Bill?
- Whether an alternative approach would be preferable?

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### Staff transfer

GCIJB is concerned at the possible impact on the dynamic between staff if only social work staff transfer into the NCS. Lots of hard work to integrate, and make staff feel integrated, will be at risk if they feel like they are assuming a different status under the NCS.

There are also wider concerns about the ongoing viability of the local authorities when the functions, staff and budgets are removed from them into the NCS. The Committee is asked to carefully consider the impacts on local government and make use of research done recently by the Institute of Fiscal Studies looking at this impact (<https://ifs.org.uk/publications/16147>).

More detail is required in relation to the transfer of staff and whether the provisions outlined in the Bill are legally competent.

The TUPE implications for staff within scope to transfer are significant but the lack of detail is unsettling for staff.

Clarification is required for example on the extent of protections offered to staff subject to TUPE and whether there will require to be a job evaluation process.

### Homelessness

In relation to the omission of homelessness services into the NCS it is noted that there are still details to be provided. It is the assumption of GCIJB that whilst the statutory function would remain with local authorities as part of the housing service, support services delivered within adult social care would be in the transfer. Given that Glasgow city has no housing stock and there is a consequent relationship with registered social landlords the Bill provisions create a situation where **homelessness would be fragmented into 3 different organisations** with one potentially managed nationally.

GCIJB does not believe this model would be the best for delivery of homelessness services within a holistic approach to managing complex needs. Indeed it is due to the nature of the integration of these services within the wider health and social care system that the worse impacts of the pandemic were successfully managed within the city and by fragmenting these services the ability to respond as effectively will be greatly diminished.

### Public Health

Public health is identified as not being clearly within the scope for the NCS despite the fact that almost all of the public health functions sit under the auspices of the current HSCPs. GCIJB would highlight that one of the potential unintended consequences of this is that it further impoverishes the city in a variety of ways.

### Mental Health

GCIJB suggests further clarity is required on where mental health will sit within the NCS. We find it difficult to reconcile that it appears that community MH is involved in the NCS but in-patient MH is not.

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GCIJB would question why there has been no additional consultation on the inclusion of MH in the way there will be for Children's services and Justice services.

### Community health services

The Bill is clear in that it provides the authority for this transfer to occur but is not sufficiently detailed in relation to exactly which services that would affect. Specifically in relation to the transfer of community health services there is insufficient detail about what this means and the extent to which it will mirror the currently delegated functions, or not. Again, this lack of detail significantly hinders informed judgement.

### Primary Care

The details of the relationship with and the impact on Primary Care needs to be better set out. The initial NCS proposals included care boards managing GPs' contractual arrangements. GCHSCP is unclear what the Bill provisions will mean for GP contracts and their relationship with Health Boards and Care Boards.

Similarly, the impacts on district nursing and other services developed under the PCIP programme that are practice-aligned needs to be more clearly set out.

### Health Improvement

GCIJB again refers to the lack of reference to health improvement within the Bill and supporting documents. The IJB does not see health improvement as being part of the scope of the new NCS and would appreciate clarity on the expectations around public health and health improvement, given the importance of these areas in the wider health and social care system.

## **Section 30: Inclusion of children's services and justice services**

Chapter 6 also makes provision for the future inclusion of children's services and justice services within the scope of the National Care Service, subject to a public consultation on the proposed inclusion of these services. It is proposed that the future inclusion of these services within the scope of the National Care Service would be achieved via secondary legislation.

In providing comments on this section of the Bill, please consider:

- Whether you agree with proposals to include children's services and justice services within the scope of the National Care Service, either now or in the future?
- Whether there is anything important missing from this section of the Bill?
- Whether there is anything you would disagree with or there are amendments you would wish to propose to this section of the Bill?
- Whether an alternative approach would be preferable?

GCIJB welcomes the analysis in terms of children's services that will take place (mooted Autumn 2024) but expresses great concern regarding the timeline and the

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fact that planning for the NCS will be advanced by that stage and what are the implications for the possible late arrival into the final scope of children's services.

### **Chapter 7 and Schedule 4: Consequential modifications / Interpretation of Part 1**

Chapter 7 makes consequential modifications to the following legislation to reflect proposals set out in this part of the Bill (set out in Schedule 4, annexed to the Bill):

- Acquisition of Land (Authorisation Procedure) (Scotland) Act 1947
- Local Government (Scotland) Act 1973
- Public Services Reform (Scotland) Act 2010

For the purposes of interpreting Part 1 of the Bill, Chapter 7 defines the National Care Service as comprising "care boards" and "the Scottish Ministers insofar as they are exercising a function" conferred on them by virtue of Part 1 of the Bill or an aspect of healthcare that has been "designated as a National Care Service function".

In providing comments on this chapter of the Bill, please consider:

- Whether you agree with these provisions?
- Whether there is anything important missing from this chapter of the Bill?
- Whether there is anything you would disagree with or there are amendments you would wish to propose to this chapter of the Bill?
- Whether an alternative approach would be preferable?

**A full and detailed response to this question was not considered by Glasgow City IJB but the response as it relates to Glasgow City can be found within the response submitted by Glasgow City HSCP**

### **Part 2: Health and social care information**

Part 2 of the Bill gives the Scottish Ministers powers to establish a scheme for care records to be shared between the proposed National Care Service and the National Health Service. It also makes provision for Scottish Ministers to produce an information standard which will set out how certain information is to be processed.

In providing comments on this part of the Bill, please consider:

- Whether you agree with these provisions?
- Whether there is anything important missing from this part of the Bill?
- Whether there is anything you would disagree with or there are amendments you would wish to propose to this part of the Bill?
- Whether an alternative approach would be preferable?

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### **Sections 38 and 39: Right to breaks for carers**

Sections 36 and 37 of the Bill propose amendments to the Carers (Scotland) Act 2016 and consequent changes to the Social Care (Self-directed Support) (Scotland) Act 2013, principally with a view to establishing a right to breaks for carers.

In providing comments on these sections of the Bill, please consider:

- Whether you agree with the proposed amendments to the Carers (Scotland) Act 2016?
- Whether there is anything important missing from these sections of the Bill?
- Whether there is anything you would disagree with or there are amendments you would wish to propose to these sections of the Bill?
- Whether an alternative approach would be preferable?

**A full and detailed response to this question was not considered by Glasgow City IJB but the response as it relates to Glasgow City can be found within the response submitted by Glasgow City HSCP**

### **Section 40: Implementation of Anne's Law**

Section 40 of the Bill proposes amendments to the Public Services Reform (Scotland) Act 2010 with a view to supporting implementation of "Anne's Law" related to visits to or by care home residents.

In providing comments on this section of the Bill, please consider:

- Whether you agree with the proposed amendments to the Public Services Reform (Scotland) Act 2010?
- Whether there is anything important missing from this section of the Bill?
- Whether there is anything you would disagree with or there are amendments you would wish to propose to this section of the Bill?
- Whether an alternative approach would be preferable?

**A full and detailed response to this question was not considered by Glasgow City IJB but the response as it relates to Glasgow City can be found within the response submitted by Glasgow City HSCP.**

### **Section 41: Reserved right to participate in certain contracts**

Section 41 of the Bill proposes amendments to the Public Contracts (Scotland) Regulations 2015 to allow the right to bid for contracts for certain services to be reserved to certain types of organisation.

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In providing comments on this section of the Bill, please consider:

- Whether you agree with the proposed amendments to the Public Contracts (Scotland) Regulations 2015?
- Whether there is anything important missing from this section of the Bill?
- Whether there is anything you would disagree with or there are amendments you would wish to propose to this section of the Bill?
- Whether an alternative approach would be preferable?

**A full and detailed response to this question was not considered by Glasgow City IJB but the response as it relates to Glasgow City can be found within the response submitted by Glasgow City HSCP**

### **Sections 42 and 43: Regulation of social services**

Sections 42 and 43 of the Bill propose amendments to the Public Services Reform (Scotland) 2010 Act to stipulate additional circumstances in which registration of a care service may be cancelled and to authorise Healthcare Improvement Scotland to assist the Care Inspectorate in carrying out investigations of care services.

In providing comments on these sections of the Bill, please consider:

- Whether you agree with the proposed amendments to the Public Services Reform (Scotland) Act 2010?
- Whether there is anything important missing from these sections of the Bill?
- Whether there is anything you would disagree with or there are amendments you would wish to propose to these sections of the Bill?
- Whether an alternative approach would be preferable?

GCIJB feels that the Bill and supporting information still does not fully explain how the regulatory framework under an NCS will operate in practise and how the existing arrangements will be impacted.

The lack of reference to the role of the Chief Social Work Officer is of great concern to GCIJB and it would request that clarification is provided on where that interface sits in the new structures.

The original consultation did not pose the question of whether or not the Care Inspectorate was fit for purpose and therefore the provisions within the Bill perhaps do not go far enough in outlining any other options which were considered such as replacing the structures currently in place.

GCIJB would be concerned if the provisions within the Bill in relation to regulation would result in increased levels of audit and scrutiny, or if they overlapped or undermined the current clinical and governance structures in place and working well within the HSCP.

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### **Part 4: Final provisions**

As well as defining what is meant by “health board” and “special health board” for the purposes of interpreting the contents of the Bill, setting out ancillary provisions, defining the date of commencement of the legislation and setting out its short title, Part 4 of the Bill sets out regulation-making powers to be conferred on Scottish Ministers via secondary legislation.

In providing comments on this part of the Bill, please consider:

- Whether you agree with regulation-making powers conferred on Scottish Ministers by section 46 of the Bill?
- Whether there is anything important missing from this part of the Bill?
- Whether there is anything you would disagree with or there are amendments you would wish to propose to this part of the Bill?
- Whether an alternative approach would be preferable?

**A full and detailed response to this question was not considered by Glasgow City IJB but the response as it relates to Glasgow City can be found within the response submitted by Glasgow City HSCP**