



Item No: 24

Meeting Date: Wednesday 1 December 2021

Glasgow City Integration Joint Board

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National Care Service Consultation

Purpose of Report:	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 consultation on the National Care Service.
Background/Engagement:	<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>The consultation focussed on the development of a National Care Service (NCS) for Scotland and included a programme of national consultation events exploring different elements of the consultation proposals, led by the Scottish Government and attended by a wide range of members of the public, community organisations, service providers and public sector staff.</p> <p>Glasgow City IJB put in place a programme of consultation to enable Members to provide their own feedback to the consultation, which was used to develop an IJB submission that was sent to the Scottish Government for consideration.</p>

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Recommendations:	The Integration Joint Board is asked to: a) note the contents of the report and attached submission to the Scottish Government on the National Care Service consultation.
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Relevance to Integration Joint Board Strategic Plan:

None

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	None
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Personnel:	None
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Carers:	None
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Provider Organisations:	None
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Equalities:	None
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Fairer Scotland Compliance:	None
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Financial:	None
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Legal:	None
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Economic Impact:	None
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Sustainability:	None
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Sustainable Procurement and Article 19:	None
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Risk Implications:	None
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Implications for Glasgow City Council:	None
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Implications for NHS Greater Glasgow & Clyde:	None
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Direction Required to Council, Health Board or Both	
Direction to:	
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 the report is to update the Integration Joint Board on the submission of feedback on behalf of Glasgow City IJB to the consultation on the National Care Service.
- 1.2. The report will highlight the approach taken by Glasgow City IJB to engage with Members to consider the consultation proposals and develop feedback to submit to the Scottish Government.

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. The consultation focussed on the development of a National Care Service (NCS) for Scotland and included a programme of national consultation events exploring different elements of the consultation proposals, led by the Scottish Government and attended by a wide range of members of the public, community organisations, service providers and public sector representatives.
- 2.3. Glasgow City IJB put in place a programme of consultation to enable Members to provide their own feedback to the consultation, which was used to develop an IJB submission that was sent to the Scottish Government for consideration.

3. Approach to the consultation

- 3.1 From the outset the IJB made the decision that, irrespective of the individual and collective views of Members, the IJB would develop feedback which aimed to be positive and constructive in its approach. Whilst there may have been opposition to the general approach of the Scottish Government in meeting the aspirations of the Independent Review, the IJB sought to put across constructive suggestions and examples of alternative ways of achieving improvements to how health and social care is delivered in Scotland.

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- 3.2 The IJB response made clear its support for many of the key principles and aspirations laid out in the original IRASC, many of which resonate with the overall strategic priorities of the IJB and HSCP in Glasgow City, and wider strategic priorities within Glasgow City Council and Community Planning Partnership. The IJB also made a commitment and willingness to work with the Scottish Government and partners to progress these principles, which include:
- 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.
- 3.3 The IJB response indicated that whilst it is unconvinced of the requirement or benefits of a NCS as described in the consultation proposals, there is an acknowledgment that a National Care Service might emerge as the preferred option following the consultation and Glasgow City IJB is keen to work with the Scottish Government to consider alternative models for an NCS.
- 3.4 The process agreed for developing the IJB submission reflected the limited time permitted for the consultation and the limited capacity of Board Members and officers. However there was commitment from all to ensure a comprehensive exploration of the consultation and consideration of the response.
- 3.5 Two full IJB Development sessions were convened where the agenda was entirely set aside for discussion on the consultation. The first development session in September was an initial opportunity for Members to consider key elements of the consultation. The IJB agreed it was not feasible to consider all aspects or sections of the consultation document within the consultation period, nor would it attempt to respond to the individual questions. The focus was therefore on discussing the proposals in general, with reference to the text of the questions, in order to understand general perceptions, benefits and risks, and suggestions for alternatives to highlight to the Scottish Government.
- 3.6 The sections of the consultation that were considered most relevant to the IJB to priorities its time on were:
- National Care Service (principle and scope)
 - Reformed IJBs
 - Commissioning of Services
 - Regulation

Time was also allotted to enable Members and officers to raise issues or make suggestions in relation to any other areas of the consultation not covered.

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- 3.7 A supplementary session was held with stakeholder representatives and their substitutes on the IJB who were unable to attend the main Development Session to ensure their views were considered and their feedback would inform the second Development Session.
- 3.8 Following the first session a Benefits, Risks and Ideas template was circulated to Members to enable development of points made at the first session and to facilitate comments from those who were unable to attend that session. The feedback from those templates was incorporated into the final response.
- 3.9 The second development session was held in October where Members were able to reflect on the points raised at the first session and further consider and develop their views. This enabled Members to bring to the second session any perspectives which had emerged in the course of other discussions they had been involved in to create a richer and more considered response.
- 3.10 The IJB Chair and Vice Chair also attended meetings with the Minister for Wellbeing and Social Care, Kevin Stewart, to discuss the proposals and contribute to understanding them.
- 3.11 The response which was submitted (see Appendix 1) was therefore a representation of feedback gathered during scheduled sessions and written submissions received by Board Members and represents significant effort and commitment of the Board and its professional advisors to contribute meaningfully and constructively to the consultation and to offer genuine and constructive feedback.
- 3.12 Alongside the main feedback collected the IJB submitted an Evidence Log (see Appendix 2). The Evidence Log provides tangible examples of the type of innovative, transformative and collaborative areas of work that the IJB suggests could act as alternative solutions to the issues within the health and social care sector highlighted in the IRASC. It is hoped that the Scottish Government will accept the invitation of Glasgow City IJB to consider these examples as alternatives to a National Care Service as proposed in the consultation and to work with this IJB to develop and implement these alternatives in the future.
- 3.13 The response noted the effectiveness of the collective effort to discuss and consider a response on behalf of the IJB, and the constructive and mature nature of the discussions held as an example of an effective Integration Joint Board.

4. Recommendations

- 4.1. The Integration Joint Board is asked to:
 - a) note the contents of the report and attached submission to the Scottish Government on the National Care Service consultation.

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Glasgow City Integration Joint Board: National Care Service consultation response

Introductory comments

Glasgow City Integration Joint Board (GCIJB) welcomes the opportunity to contribute to this consultation and seeks to engage positively in the outcomes of the consultation process. The view of GCIJB is that many of the improvements recommended and sought in the independent review of adult social care, and the creation of national standards ensuring consistent, high quality services across Scotland, can be delivered without major and disruptive structural reconfiguration.

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 Glasgow City, and wider strategic priorities within Glasgow City Council and Community Planning Partnership. The following areas of the recommendations are areas where GCIJB would support in principle and would commit to working with the Scottish Government to seek a plan to 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.

GCIJB very much welcomes the ambition to strengthen social care provision in Scotland, driven from a human rights perspective, and to strengthen a respected and equipped social care workforce to deliver this.

The position of GCIJB is that health and social care services such as those outlined in this consultation as being within the scope of the National Care Service are most effective when located within the localities in which such services are provided.

There are a number of proposals within the consultation document that GCIJB suggest could be progressed through building on existing structures and would highlight activity taking place within Glasgow City, but also across the Health Board area and wider country, that demonstrates current ways of working that are well placed to achieve the aspirations set out in this consultation document (see Evidence Log attached).

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Notes on development of the response

GCIJB are committed to providing as comprehensive a response as possible to the consultation document, taking account of the detailed submission being submitted by Glasgow City HSCP.

A process for developing this response was put in place seeking to make the most of the limited time available during the consultation period and acknowledging the time restraints of Board Members and officers.

Two IJB Development sessions were convened where the agenda was entirely set aside for discussion on the consultation. The first development session in September was an initial opportunity for Members to consider key elements of the consultation. GCIJB did not seek to consider all aspects or sections of the consultation document, which would have been unfeasible within the timeframe permitted. The focus was instead on a limited number of areas which were of most relevance and interest to the IJB.

A supplementary session was held with stakeholder representatives and their substitutes on the IJB who were unable to attend the main Development Session to ensure their views were considered as well.

Following that first session a Benefits, Risks and Ideas template was circulated to Members to enable development of points made at the first session and to facilitate comments from those who were unable to attend that session. The feedback from those templates has been incorporated into this response.

The second development session was held in October where Members were able to reflect on the points raised at the first session and further consider and develop their views. This enabled Members to bring to the second session any perspectives which had emerged in the course of other discussions they had been involved in to create a richer and more considered response.

The IJB Chair and Vice Chair also attended meetings with the Minister for Health and Social Care, Kevin Stewart, to discuss the proposals and contribute to understanding them.

The response which follows is a representation of feedback gathered during scheduled sessions and written submissions received by Board Members, wherever possible in their own words.

The views and points reflected in the response therefore reflect significant effort and commitment of the Board and its professional advisors to contribute meaningfully and constructively to the consultation and to offer genuine and constructive feedback.

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1. National Care Service (Principle and scope)

In principle GCIJB does not approve of or support the setting up of a National Care Service of the scope and carrying the extent of control and responsibility envisaged in these proposals.

NB: See Evidence Log attached for evidence related to aspects of the consultation relevant to the National Care Service principle and scope section of the consultation.

1.1 The scope of the National Care Service (NCS) does not extend the delegated functions already in place in Glasgow City but it does suggest changes to the way some are managed. For example, although primary care services are already within our scope the move to make the Integration Authorities responsible for GP contractual arrangements is new.

1.2 The proposal for a NCS and a move away from integration as we know it currently could be considered to be an indication that the Scottish Government are of the view that integration has failed/is failing.

If so GCIJB would suggest that this approach 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 and arrangements and a two-year pandemic. It seems therefore 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.

1.3 The consultation is confused in the statements contained around the status of community health services within the NCS. The NCS will be independent of the NHS but community health services will be contained, with accountability through the Chief Officer to NCS. This suggests no accountability to respective NHS Boards. The potential for public harm of such an action is considerable. COVID19 has demonstrated more than ever the need for community health staff and acute services to work together. IJB's have managed this through their relationship and accountabilities between NHS Boards and IJB's. Putting in place a new structure which makes health care decision making more convoluted will undermine local management of other health responses.

1.4 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. Would it not be more proportionate and less disruptive for the Scottish Government and the Ministers with accountability for health and social care to utilise the levers available to them already within the Public Bodies (Joint Working) (Scotland) Act (The Act). These powers could be used 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 recovery from the pandemic, 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.

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1.5 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.

1.6 Generally speaking, GCIJB does not believe there is clarity on the problem that the NCS proposals are seeking to solve and what in essence these proposals are designed to achieve. GCIJB would suggest that the issue which should be addressed is not a structural issue, but relational change. These proposals do not achieve this and do 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 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.

It is unclear that the creation of a large structure to work opposite the NHS will resolve the challenges within the sector and the consultation does not provide evidence that the “grand state” approach has worked elsewhere. A concern is that where power is moved from one very overcentralized institution (NHS) to another (NCS), it could have the effect of reducing professions’ ability to advocate and tailor care for individuals and local communities.

Leadership and culture won’t be influenced simply by changing the name or structure. See attached Evidence Log (EL2 to EL16, EL41 to EL46, EL47 to EL50) for 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.

Change is effected by people working differently with each other and with communities and individuals, with processes for identifying potential improvements. Perhaps the NCS could be reconceived as a framework and principles, with ministers and senior civil servants being responsible for this and Scotland-wide performance, and accountability for delivery and local performance being local?

1.7 Whilst GCIJB are supportive of what the Feeley recommendations and NCS proposals seek to achieve, as outlined above, the scale of responsibilities proposed for the NCS are 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.

GCIJB do not think the introduction of a NCS as set out in the consultation 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. 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.

1.8 GCIJB does not believe that a NCS structure as it is envisaged in the consultation proposals will provide the best environment for meeting the needs and the goals of Glasgow City. GCIJB would prefer to see embedding of successful integration models before essentially disbanding integration with a solution for all which resolves the issues of only

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some. The building blocks for successful integration are already in place in Glasgow City and the IJB considers these proposals put the progress achieved so far at risk.

1.9 GCIJB consider that structural change on this level, which may in part be a response to flaws and challenges exposed during the response to the pandemic (for example within the care home market), are being put forward too soon and should be informed by the Inquiry into the pandemic once concluded.

The move to a centralised structure, on the basis proposed, is not supported by GCIJB. A significant issue in what is being proposed is the removal of responsibility for strategy from the local boards to Scottish ministers and a national board. 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 attached.**

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 do not see how Glasgow would be further enabled by the NCS which is structured as outlined in the proposals. To the contrary our concern is that wholesale restructuring at this point in time will significantly undermine our 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.

1.10 The removal of strategic responsibility from local authorities and health boards to the NCS, in a top down centralised approach, is considered by GCIJB as hugely detrimental to local and accountable decision-making. Central control does not necessarily deliver consistency or the highest standards of service. Members within GCIJB are concerned about local democracy at this present time. 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.

The NCS proposals in their current format would have significant implications for the general principles of local democratic accountability. 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. As it is set out in the proposals, 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.

1.11 Retaining local democratic accountability is an important element of empowering citizens and communities in the planning and delivery of social care, which is vital to ensure services are developed in a way that works for the people using them. GCIJB considers that a centralised structure on this scale could have a negative impact on involvement in local democracy, acting to disincentivise people to get involved in local government and local

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service delivery. If this becomes less attractive due to greater centralisation and perceived or actual reduction in power to influence and change, there is the corresponding risk that the Boards themselves feel disempowered.

1.12 The Scottish Government has not provided a clear evidence base for the extent of the reforms suggested, which could be very costly. There is a body of evidence which suggests that centralisation can have the opposite impact to the aspirations contained within the Feeley report (see Evidence Log: EL34 & EL35).

1.13 The potential risk of focussing on structure and structural change is the shift of focus towards the new structure and away from continuing to work towards developing innovative service solutions around prevention and early intervention. The time and complexity that would emerge during planning and implementation of a new structure would almost inevitably impact on that work with likely significant consequences for transformational change activity and the associated outcomes, and recovery/renewal from the pandemic.

Furthermore, implementation of the new structure could be hugely costly in terms of service provision. The consultation document does not provide evidence of any detailed financial modelling in this respect to enable better understanding of the scale of the financial impact. GCIJB notes evidence that demonstrates the loss of focus that can come with significant organisational change and can have a destructive and possibly dangerous impact on levels of service delivery (see Evidence Log: EL34 & EL35). It is our firm belief that we will affect change much more rapidly by continuing to build on current work and that the Scottish Government intervention required can be achieved through utilising the powers it already has in the Act.

1.13 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.**

It is acknowledged that GCIJB is on a journey in relation to meeting the aims of Christie, particularly in relation to locality planning, but would suggest that rather than structural reform to achieve progress which may be lacking in other Partnerships, more time and the appropriate resources should be made available to continue the journey and build on the progress made so far.

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. 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 would 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

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neighbourhoods and is not necessarily about statutory services. There are a lot of initiatives going on 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.

A recent review of progress made on the Christie recommendations highlighted a range of excellent work and progress made in Glasgow City (See Evidence Log: EL36). The approach set out in the consultation document presents a risk to the core principle of localism and represents an unnecessary and unevidenced removal of local responsibility and decision making for the services covered by the proposed NCS.

1.14 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”.

1.15 GCIJB does consider that some form of benefits may be accrued in relation to transferability of assessments across LA boundaries and cultural change to more person-centred approaches if the principles of the reforms are taken forward but suggests this and other benefits may be better achieved through additional funding and cultural reforms.

1.16 GCIJB notes the consultation document does not make reference to the role of housing providers and housing generally in terms of meeting the national health and wellbeing outcomes. We consider this to be a considerable oversight given the partnership working taking place between GCIJB and housing partners in Glasgow City, and the fundamental and strategic importance housing and housing providers play in meeting these outcomes, as demonstrated in Strategic Plans and via the Housing Contribution statement. The importance of the connection with housing is highlighted in the guidance for the completion of Strategic Commissioning Plans and it is therefore noteworthy that the consultation does not include it.

2. Reformed IJBs

It is the position of GCIJB that reform of the IJBs to the level proposed in the consultation is not required to achieve the aims of the Feeley review and does not take into account the success of some IJBs on working towards precisely the outcomes Feeley seeks to achieve.

Voting and membership

2.1 With regards to the proposal to have reformed Community Health and Social Care Boards (CHSCBs) with equal voting rights among members, we 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.

2.2 GCIJB does not have a unanimous position on the subject, 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.

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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 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 current 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).

A potential area of consideration might be to look at the non-voting Members and consider whether voting rights should be considered for those on the Board whose role is to represent a specific community or communities to whom or which they are essentially accountable. In essence, to consider whether there should be an extension of voting rights that falls short of full voting across the Board.

2.3 One of the areas of discussion for GCIJB was 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 (which might not be expected).

2.4 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 the IJB 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 current stakeholder Members 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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2.5 The proposals as they are, contain little information on **how** greater representation would be achieved in a manner which would achieve a representative Board 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.

2.6 The proposals similarly are 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.

Role of the CHSCBs

2.7 The proposals lack detail for an informed judgement to be made. There continues to be confusion regarding service delivery arrangements and whether Boards simply become commissioning bodies on behalf of the NCS.

2.8 The suggestion that the new Boards would be accountable to ministers gives an impression that HSCPs and IJBs aren't accountable at the moment, which they are.

2.9 The current IJBs have more responsibilities than the scope of the new NCS/CHSCBs would suggest. The consultation makes no reference to Health Improvement or poverty reduction in its scope. Where Health Improvement would therefore sit is not stated in the consultation. The omission of this is entirely at odds with the tone of the Feeley recommendations and with the strategic priorities of GCIJB.

2.10 GCIJB is further disappointed in the lack of detail on how the NCS will approach equalities. For a city of the size, scale and diversity of Glasgow the failure to include reference to equalities in the scope of the NCS or the role of the CHSCBs risks undermining the activity currently underway in Glasgow City to mainstream equalities and ensure the voices of all citizens and specifically those with protected characteristics is heard, listened to and acted upon.

Employment of staff

2.11 There continues to be considerable lack of clarity regarding which staff are considered to be in scope for direct employment by the reformed 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?

2.12 There are concerns around accountability and where staff would sit, as well as the impact on the relationship between council and Health staff. A key question is whether CHSCB employees would be accountable to central ministerial standards whilst Council and Health service employees would be accountable to their current structures.

2.13 There are legal implications that need to be looked at regarding whether staff carrying out statutory duties require to be employed by the Council or can be part of the NCS. If you remove the responsibility for statutory responsibilities from the local authorities it is

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questionable that you can still employ the staff carrying out those duties. The proposals as they currently stand create more confusion in what is already a complex staffing situation.

2.14 If some staff come into the NCS for certain functions but others remain within the Council/HB (subject to decisions about the scope of functions delegated), there is a question of how you manage a situation where some staff are still employed by the Council and others are employed by the NCS and have national pay bargaining and terms and conditions.

2.15 GCIJB would point out that in relation to the proposal around employment status, staff do not understand the intentions or the implications, and indeed already struggle to understand the current structure. When employment status or employer changes are raised this is when people start to listen. A change in employer will be a significant concern for some staff at a time when staff are exhausted from their efforts during the pandemic. It is highly questionable whether such a structural reform is in the best interests of these staff at this time. This does not give the signal that staff and their mental and physical health and wellbeing are being considered and valued.

The statement in the consultation about not envisaging a change of employer is not strong enough and not enough to alleviate the concerns staff will have.

2.16 There is a lack of clarity regarding the implications for NHS Staff currently working in HSCPs, who it is proposed would continue to work in CHSCB and remain in the employment of the NHS Health board. GCIJB is unclear how these staff would be linked into NHS structures. Even if these staff do continue to link with NHS structures, as these structures would have no role in the management or direction of the proposed CHSCBs, this would lead to divergence of conditions and ways of working for these staff in comparison to other staff in the employing Health Board (e.g. staff in the acute sector). This would, in effect, create a situation where the Chief Executive of their employing Health Board and their Director of HR would have no ability to influence their working environment.

2.17 In terms of the aspiration to move to national terms and conditions there is again the issue that the current procurement legislation does not allow for this to happen. The legal framework does not exist.

3. Commissioning of Services

GCIJB does not support the shift from a regional approach to commissioning to a more centralised and national approach, with unclear levels of responsibility at local Board level.

NB: See Evidence Log attached for evidence related to aspects of the consultation relevant to the Commissioning section of the consultation.

3.1 GCIJB do not believe the proposals within the consultation 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 and insufficient detail on how to incentivise collaboration in commissioning activity.

3.2 It is 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.

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3.3 A major issue in relation to commissioning, which the proposals do 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. You won't be able 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.

3.4 There is further confusion with the proposals regarding the role of Scotland Excel, which is an example of how the infrastructure for national approaches and completion of larger and more complex commissioning activity is already there. The response submitted by Scotland Excel highlights that the consultation proposals involve the creation of a new team within the NCS which essentially replicates the role of the Scotland Excel social care teams. Consideration should be given to reviewing, building on and improving existing structures and models. The Scottish Government should be open to engaging in dialogue with partners across the sector to consider this in more detail to maximise the effectiveness of current structures before creating new ones.

3.5 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. This would not 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.**

3.6 GCIJB fully supports the notion of involving those with lived and living experience in commissioning but is frustrated at the subsequent lack of detail in the consultation document as to how to make those voices better heard.

3.7 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.

3.8 The proposals on commissioning suggest a lack of genuine understanding of the nature of the commissioning/procurement activity in health and social care. It seems better suited to the procurement of "things", where uniform approaches can be applied and economies of scale easier to request and achieve, than the commissioning of person centred and outcomes focussed services. It is considered that these national approaches are designed

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and well-suited to achieve **equality** (for example in relation to costs), but do not deliver the **equity** that is sought and achieved within a local approach.

4. Regulation

4.1 GCIJB feels that the proposals generally lack detail and therefore prevent understanding on how they are going to work in practice, as well as a lack of understanding of how this will affect the current arrangements with the Care Inspectorate (for example).

4.2 The consultation does not pose the question of whether or not the Care Inspectorate continues to be fit for purpose and whether there is any intention or appetite to replace what we have at present.

4.3 Consideration could be given to breaking down the role of the regulator to refer to specific services. For example an independent regulator/ombudsman of care homes, specifically tasked with responsibility for that area with staff whose specific area of expertise is care homes, rather than a one size fits all central structure where the skills of those employed would not necessarily best equip them to carry out that role effectively and safely.

It should be considered that this ombudsman model is distinct from the current recognised regulatory bodies.

4.4 GCIJB does not consider it appropriate that the regulator has responsibility for market oversight, considering the potential for a conflict of interest in this respect.

5. Other reflections / suggestions

Members were not clear on the value of having **registration** for some of the currently un-registered social care providers. This was specifically in relation to informal carers delivering lower level community-based care. It was felt that requesting or mandating them to register, either through a central informal register or a more formal registration with the Care Inspectorate, would potentially have the effect of de-motivating them to deliver care because of the bureaucracy that may follow or because they do not see themselves as carers

There may be some benefits to **Personal Assistants** being registered if it results in driving up standards, however this was considered more likely to be of benefit for PAs who are recruited through third party providers, rather than by people with an SDS budget.

There was qualified support for a **National Social Work Agency** but questions regarding how autonomous it would be and who would be part of it. It is perceivable that the agency might bring benefits such as improving the CSWO interface across local authorities. However the consultation document gives little information or clarity on the interface and statutory role of Chief Social Work Officer.

As mentioned before it may be a positive move to have an overarching agency to look at training and development of social work staff and a national framework for pay grading. However there is concern regarding an agency that may potentially be seen to split qualified social workers from their unqualified colleagues in delivering social care.

6. Summary

6.1 It is important to acknowledge the Greater Glasgow and Clyde approach is working and has got stronger during the pandemic. This is reflected in the very grounded and mature discussions held by Members in the production of this response.

6.2 The discussion of GCIJB genuinely sought not just to make negative comments on certain elements of the proposals but sought to accept the need for a shift in the thinking on how we deliver health and social care. There is an acceptance that the structure could be considered in terms of the offer we make to the city but that we should be looking to accentuate a regional variation of the national solution presented. **There is no requirement to abandon the journey which has barely started and the structures which are still bedding in in favour of new structures for which there is no evidence of greater success.**

6.3 GCIJB does not support the development of a NCS on the terms outlined in the consultation and does not consider there is an evidence base for having a national body. However GCIJB acknowledges that such a structure may be the preferred option at the end of the consultation process and would therefore like to work with the Scottish Government to more fully consider what that structure would look like, along the terms of the feedback provided above where the scope and span of control may be less than suggested in the consultation.

6.4 If it is to achieve the benefits sought, any NCS, should focus on:

- National care standards which reflect the important approaches to and outcomes for care that we have endorsed above
- An effective inspection regime which reflects user and carer perspectives and which helps drive change
- Achieving, through care standards and inspection, consistent services across geography but not uniformity in mode of delivery
- An Improvement Service to strengthen the existing exchange of good practice
- Understanding and addressing the impact of poverty and inequalities through greater focus on early intervention and prevention
- Ensuring that, through the local government settlement and allocations to Health boards, local partners are able to allocate sufficient funding to community health and social care services to meet the aspirations set out in the consultation.

6.5 Local authorities are well placed to understand the needs of their communities and democratic accountability and localism are one of the keys to the success of these services. The lack of consideration of community planning partnerships and other partnerships/initiatives is a gap within this consultation. The formation of the NCS in the manner outlined would have significant implications for the general principles of local democratic accountability. 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, providing the means through which people can directly influence and shape service delivery at as local a level as possible. As it is set out in the proposals, 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.

6.6 GCIJB feel that it is possible to find an alternative way to have a national framework and accentuate what there is within the consultation to be positive about. In doing so GCIJB

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would like to raise awareness of the positive work already underway/undertaken and put it to the centre of the discussion on what a new approach would look like.

6.7 GCIJB members have serious concerns that, far from assisting with recovery and strengthening health and social care integration, the proposals could make this more difficult. Integration has delivered a way of working in partnership across the Health Board, Council and HSCP and with the third sector and local communities which has been further strengthened during the pandemic. Many members are worried that the disruption of a restructuring on the scale proposed risks undermining relationships which have become crucial and could reduce the effectiveness of each constituent part as well as the whole. We feel strongly that this is not in the interests of the citizens of Glasgow.

6.8 The key for GCIJB is with the centralising approach, and the level of control ceded to this central body. It is the view of this IJB that the ambition should be consistency rather than uniformity. There is much evidence of the success of this regional approach from Glasgow and across the country. This evidence should be the starting point for improving health and social care rather than structural change at this moment. GCIJB consider that this can be achieved within an overall model of a national approach, but that doesn't require a NCS as envisaged at its head.

6.9 GCIJB further suggests that the evidence base is lacking for the scope of the proposed new structure, as well as for the structure itself, with insufficient evidence for the extension in scope between Feeley's report and the consultation.

6.10 GCIJB are concerned about the removal of responsibility from localities to a nationally driven agenda and associated concern regarding the ability within such arrangements to respond effectively to local need.

6.11 GCIJB would prefer to engage meaningfully with the Scottish Government and partners across the sector to co-develop a "new" approach rather than responding to what comes across as an implementation plan.

7. Comments related to the consultation exercise/document

7.1 The consultation is very broad with lots of positive statements and laudable aspirations, which GCIJB is supportive of. However, it lacks sufficient context, analysis, evidence and detail around the future proposals and the selection of 'yes'/'no' answers undermines the complexity of the system.

7.2 In some cases, if yes is selected, but with caveats, it may look like strong support for NCS when there are significant concerns about the proposal. This is relevant to questions such as on the scope of the NCS, responding to which gives the impression of general support for the general concept of a NCS.

7.3 Too much focus, in too short a time, has been put into this one consultation. A better approach would have been to focus on the desired outcomes and then look at the structural elements.

7.4 Presenting binary or limited response options for some of these questions, and not always offering space for contextual or explanatory comments is at times equivalent to 'Hobson's choice', limiting the scope of consultation and possibly depriving respondents of the opportunity to give full and frank responses.

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7.5 Some areas of the consultation appear quite leading. For example where suggested benefits are listed for questions more frequently than risks, requiring respondents to work harder to offer a balanced view than to offer a view in support of the proposals put forward.

7.6 Given cross party-political support on the publication of the Feeley report and recommendations, and the inclusion of NCS in the Programme for Government, respondents from within GCIJB and external partners have expressed reservations regarding how much consultation responses will influence decision-making. GCIJB would welcome further opportunities to discuss areas of its response and the consultation findings generally prior to the drafting of a Bill.

7.7 The context of the questions generally are framed as how to implement a NCS rather than exploration of whether a NCS should be put forward as the proposal.

7.8 The document generally appears to be based on a traditional (medical model) of professionals giving families what they need, as opposed to working alongside families to meet their needs and seeing families as experts in their own lives. This is in stark contrast to the philosophy of the Promise in relation to Children's Services and the strategic direction of HSCPs across the country.

7.9 GCHSCP feels that the role of social work is lost throughout the document and appears to be secondary in comparison to the role and strength of acute services and repeated references to social care. This may be demoralising for a workforce already under-recognised for work during the course of the pandemic.

7.10 The document does not pay due attention to the impact of anti-poverty and inequalities work with too much emphasis on health and social care and too little focus on early intervention and prevention. This doesn't reflect experience/ families' lives and is a departure from the thread running through the Feeley report.

7.11 The consultation does not adequately recognise the impact of the pandemic, with parts of the NHS hit particularly hard and service delivery impacted severely. It further requires decisions on how a NCS should look whilst the learning from the pandemic is still being collected.

For further information from GCIJB or clarification on any of the points within this response please contact glasgowcityjib@glasgow.gov.uk


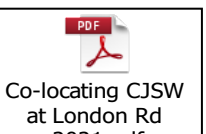

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**Glasgow City HSCP/IJB response to the National Care Service consultation
Evidence Log**

NB: The examples within the Evidence Log of transformation activity that demonstrates the success of integration so far are not exhaustive and represent examples available at the time of writing. Additional and more recent examples may be available at the time of review. These will be available on the HSCP website. For additional information or for clarifications please contact glasgowcityijb@glasgow.gov.uk

Ref'	Evidence	Relevant section	Source (e.g. Website, Committee paper, newsletter)	Link	Description	Comment	
EL1	Demographic profile	NCS scope	Report	https://glasgowcity.hscp.scot/sites/default/files/publications/Demographics_Report_0.pdf	Glasgow City HSCP Demographics Profile - June 2021	Demonstrates the unique challenges of the local demographics and the benefits of applying a local/regional approach to meeting need	
EL2	Intermediate care	NCS scope	Newsletter	https://glasgowcity.hscp.scot/sites/default/files/newsletter/HSCI_Special_Edition_Intermediate_Care.pdf	HSCP Newsletter - Integrated Care for Older People - Intermediate Care from planning to prizewinner at Council Flourish Awards - July 2016	Provides examples of joint working and collaboration across HSCPs to demonstrate the success and merits of a local vs national approach, particularly for cross-boundary and/or complex areas of service provision	
EL3	Housing First	NCS scope	GCC website	https://www.glasgow.gov.uk/article/25872/Skys-the-Limit-for-Former-Homeless-Man-Michael	News Article - Success of Housing First - April 2020		
EL4			HSCP Website	https://glasgowcity.hscp.scot/news/glasgow-city-health-and-social-care-partnership-shortlisted-local-government-chronicle-awards	Local Government Chronicle Awards 2019 - shortlist for the redesign of Homelessness Services to a Housing First approach.		
EL5	Glasgow Recovery Communities	NCS scope	Independent Review of Glasgow Recovery Communities	https://www.glasgow.gov.uk/CHttpHandler.ashx?id=46671&p=0	Independent Review report Report by Andrew Rome (May 2019)		
EL6			HSCP Website	https://glasgowcity.hscp.scot/news/national-recognition-glasgows-recovery-communities	News Article - Scottish Health Awards National Recognition for Glasgow's Recovery Communities (December 2020)		
EL7	Sexual Health Services	NCS scope	Website	https://www.sandyford.scot/	Sandyford Website		
EL8			HSCP Website	https://glasgowcity.hscp.scot/sites/default/files/publications/ITEM%20No%2007%20-%20Transformational%20Change%20Programme%20-%20Sexual%20Health%20Services%20Implementation%20Plan_0.pdf	IJB - 20/11/19 - Transformational Change Programme - Sexual Health Services Implementation Plan		
EL9	Unscheduled Care Commissioning Plan	Commissioning	HSCP Website	https://glasgowcity.hscp.scot/sites/default/files/publications/ITEM%20No%2012%20-%20Draft%20Unscheduled%20Care%20commissioning%20Plan.pdf	Rpeort to IJB - 25/03/20		Central commissioning is less adept at picking up and responding to issues in a way which meet local needs and requirements. The current Unscheduled Care commissioning plan provides evidence of the importance of a Glasgow approach to a regional matter that would arguably not be possible if progressed nationally
EL10				https://glasgowcity.hscp.scot/sites/default/files/publications/ITEM%20No%2017%20-%20Unscheduled%20Care%20Commissioning%20Plan%20Update_0.pdf	Report to IJB - 22/09/21		


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EL11	Housing Options	Access to care and support	HSCP Website	https://glasgowcity.hscp.scot/news/phab-new-project-launched	News Article (July 2021) - PHHaB New Project Launched - Barlinnie-based PHHaB Project (Pathfinder to Housing, Health and Benefits). This ground-breaking project brings together a range of partners to support individuals in prison to prepare for release and support them when they return to the community, with the aim of reducing rates of reoffending across Glasgow.	Provides evidence of services planned and delivered locally that have addressed issues related to pathways into services. Learning from and implementation of the principles of these services would address the issue better than large-scale structural reform
EL12	Tomorrow's Women	Access to care and support	HSCP Website, youtube	https://glasgowcity.hscp.scot/news/success-cosla-excellence-awards https://www.youtube.com/watch?v=EOa1xTtn1PQ	2019 COSLA Excellence Awards - Tomorrow's Women Glasgow won Category 2: Achieving Better Outcomes in Partnership.	Provides evidence of services planned and delivered locally that have addressed issues related to pathways into services. Learning from and implementation of the principles of these services would address the issue better than large-scale structural reform
EL13	Out of Hours	Access to care and support	HSCP Website	https://glasgowcity.hscp.scot/sites/default/files/publications/ITEM%20No%2013%20-%20GGC%20Health%20and%20Social%20Care%20OOHS_0.pdf	IJB Report - 25/03/20 - GG&C OOH Services – Planning for Change and Implementation of the Urgent Care Resource Hub Model	Provides evidence of services planned and delivered locally that have addressed issues related to pathways into services. Learning from and implementation of the principles of these services would address the issue better than large-scale structural reform
EL14			HSCP Website	https://glasgowcity.hscp.scot/sites/default/files/publications/ITEM%20No%2010%20-%20Development%20of%20City%20Centre%20Hub%20and%20Redesign%20of%20Out%20of%20Hours%20Services.pdf	IJB Report - 20/06/18 - Development of City Centre Hub and Redesign of Out of Hours Services	Provides evidence of services planned and delivered locally that have addressed issues related to pathways into services. Learning from and implementation of the principles of these services would address the issue better than large-scale structural reform
EL15			HSCP Website	https://glasgowcity.hscp.scot/news/new-advice-and-support-centre-homeless-people	News Article - New Advice and Support Centre for Homeless People (October 2020)	Provides evidence of services planned and delivered locally that have addressed issues related to pathways into services. Learning from and implementation of the principles of these services would address the issue better than large-scale structural reform
EL16			Website	https://www.simonscotland.org/news/design-at-heart-of-well-being-ethos-of-new-advice-and-support-centre-for-homeless-people/	Simon Community Website	Provides evidence of services planned and delivered locally that have addressed issues related to pathways into services. Learning from and implementation of the principles of these services would address the issue better than large-scale structural reform
EL17	Justice Social Work	Scope: Justice Social Work	Report		Positive Outcomes Project Annual Report	Evidence of a successfully functioning Justice SW service operating within an integrated system. Contributes to the case that Justice SW should not be omitted from any NCS, but also that there is a risk of removing services from the current integration arrangements to a new structure detached from local authorities and HBs. Risks the gains made so far.
EL18		Scope: Justice Social Work	Report		Co-locating CJSW at London Road	
EL19		Scope: Justice Social Work	Report		Glasgow Sheriff Court Youth Court	
EL20		Scope: Justice Social Work	Website	http://2021.cjg-annualreport.co.uk/	Community Justice Glasgow Annual Report 2020-21	
EL21				https://socialworkscotland.org/projects/health-social-care-prisons/	Social Work Scotland report	Demonstrates the work already done to identify the direction of

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EL22	Report/work by Alison Bavidge	Scope: Prisons	Website	https://www.gov.scot/publications/understanding-social-care-support-needs-scotlands-prison-population/	Scottish Government report	Demonstrates the work already done to identify the direction of travel for prison health care and the need to implement these models rather than delivery via a NCS	
EL23	Enhanced Drug Treatment Service (Heroin Assisted Treatment)	Scope: ADPs	HSCP website	https://glasgowcity.hscp.scot/news/support-enhanced-drug-treatment-service-chief-medical-officer	News Article - Support for Enhanced Drug Treatment Service by Chief Medical Officer (January 2020)	Evidence of innovative and collaborative work undertaken by ADPs in collaboration with IJBs to highlight the current model working in an integrated manner and the risk of disrupting a successful model due to perceived failures in other Integration Authorities.	
EL24	Crisis Outreach service (out of hours non-fatal overdose response)			https://glasgowcity.hscp.scot/sites/default/files/publications/ITEM%20No%2011%20-%20Glasgow%20City%20Alcohol%20and%20Drug%20Partnership%20Strategy%202020-2023_0.pdf	IJB Report - 25/11/20 - Glasgow City Alcohol and Drug Partnership Strategy 2020-23	Evidence of innovative and collaborative work undertaken by ADPs in collaboration with IJBs to highlight the current model working in an integrated manner and the risk of disrupting a successful model due to perceived failures in other Integration Authorities.	
EL25	WAND initiative (engaging People who inject drugs in wound care, assessment of injecting risk, naloxone, DBS testing)			https://glasgowcity.hscp.scot/sites/default/files/publications/ITEM%20No%2008%20-%20Alcohol%20and%20Drug%20Partnership%20Investment%20Plan%20Update_0.pdf	IJB Report - 23/09/20 - ADP Investment Plan Update	Evidence of innovative and collaborative work undertaken by ADPs in collaboration with IJBs to highlight the current model working in an integrated manner and the risk of disrupting a successful model due to perceived failures in other Integration Authorities.	
EL26	Multi-agency data intelligence hub						
EL27	Prison Healthcare Harm Reduction Team						
EL28	Integrated MH services (Assessment units, bed/ward closure exercises etc??)	Scope: Mental Health	HSCP website	https://glasgowcity.hscp.scot/sites/default/files/publications/ITEM%20No%2014%20-%20Mental%20Health%20Assessment%20Units.pdf	IJB Report - 27/01/21 - Mental Health Assessment Units	Evidence of successful integrated MH services, designed and delivered in collaboration with partners to highlight the current model working in an integrated manner and the risk of disrupting a successful model due to perceived failures in other Integration Authorities.	
EL29				https://glasgowcity.hscp.scot/sites/default/files/publications/ITEM%20No%2012%20-%20Mental%20Health%20Strategy%20-%20Programme%20Update.pdf	IJB Report - 24/03/21 - Mental Health Strategy - Programme Update		
EL30				https://glasgowcity.hscp.scot/news/successful-first-year-compassionate-distress-response-service	HSCP News Article - The Compassionate Distress Response Service (CDRS) celebrated the first anniversary of its Out of Hours service on 25 May 2021.		
EL31	Mainstreaming Equalities report	Role of CHSCBs	HSCP Website	https://glasgowcity.hscp.scot/equalities-mainstreaming-and-outcomes-plan	Equalities Mainstreaming and Outcomes Plan	Evidence of the importance of the equalities agenda to the strategic priorities of GCHSCP, highlighting the lack of reference to equalities in the scope of the NCS and the role of the reformed IJBs	
EL32				https://www.yoursupportglasgow.org/carers	Your Support Your Way Glasgow - Carers page	Evidence of the types of structures in GCHSCP to support carers already; evidence of the types of level of support on offer to carers to act as a model of good practice in relation to discussions on how to support Personal Assistants	

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EL33	Carers Centres	Support for carers; Personal Assistants	HSCP Website	https://glasgowcity.hscp.scot/locality-engagement-forums	Additional Info: The Carer Reference Group is the official group that gives carers a voice. The Local Engagement Forums work closely with the CRG to ensure they include the voices of carers. The Carer Advice and Information Team use social media to promote any consultations. Locality Engagement Forums involve service users, patients and carers and link with established local forums, groups, networks and organisations including the third and independent sectors to shape health and social care services and ensure they reflect the priorities and needs of local	Evidence of the types of structures in GCHSCP to support carers already; evidence of the types of level of support on offer to carers to act as a model of good practice in relation to discussions on how to support Personal Assistants
EL34	Vale of Leven Hospital Enquiry	NCS	Website	https://hub.careinspectorate.com/media/1415/vale-of-leven-hospital-inquiry-report.pdf	The Vale of Leven Hospital Inquiry Report (Nov 2014)	To demonstrate evidence of the possible detrimental impact of large scale organisational and structural reform on standards of care.
EL35	C-Difficile report	NCS	Website	https://www.rqia.org.uk/RQIA/files/28/280e638c-bb3c-4511-9e68-71d8515ec710.pdf	Review of the Outbreak of Clostridium difficile in the Northern Health and Social Care Trust (August 2008)	
EL36	Christie 10-year report	NCS			Christie Commission – Glasgow City Health and Social Care Partnership (HSCP) - 10 year anniversary	To demonstrate the progress made within Glasgow City on the Christie recommendations and to make the case that continuation of this journey is a more constructive option than wholesale change.
EL37	Participation and Engagement	IJB Membership	Website	https://glasgowcity.hscp.scot/participation-and-engagement-strategy	Consultation and Engagement Good Practice Guidelines April 2021 and Participation and Engagement Strategy	Provides evidence of the local approach to involving citizens in the planning of services and how GCHSCP/IJB ensure high levels of practice in relation to consultation and engagement.
EL38	Glasgow Alliance to End Homelessness	Commissioning	Website	https://glasgowcity.hscp.scot/sites/default/files/publications/ITEM%20No%2016%20-%20Glasgow%20Alliance%20to%20End%20Homelessness_0.pdf	Report to IJB 29/01/20 - Update on progress to date in developing an Alliance to End Homelessness in the city and the outcome of the Tender completed by the Council under direction from the IJB to identify Alliance partners to work collaboratively with GCHSCP to deliver a significant change agenda to improve homelessness services in Glasgow.	Provides evidence of a successful and innovative approach to commissioning differently, in partnership with key partners, as an example of it is not necessarily new structures and teams that are required to change current practice. Provides examples of how the learning from such an exercise, led locally and dealing with local issues, successfully overcame a range of challenges. This learning and sharing of experience is best done locally, and arguably cannot be done nationally with the same success. pproach and local expertise and knowledge.
EL39			Website	https://www.glasgow.gov.uk/councillorsandcommittees/viewSelectedDocument.asp?c=P62AFQDN0GUTDNZLZ3	Report to Contracts & Property Committee 06/02/20 - Homelessness Transformational Change Agenda - Glasgow Alliance to End Homelessness	
EL40			News Article	https://glasgowcity.hscp.scot/news/director-appointed-glasgow-alliance-end-homelessness	HSCP News Article - April 2021 - Alliance Director appointed	
EL41	Maximising	NCS	Website	https://glasgowcity.hscp.scot/maximising-independence-0	HSCP Website - MI -October 2021 Update	Examples of high profile and currnet transofrmational change activity within Glasgow City that could be isoperndiced by a switch in

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EL42	Independence	NCS	Website	https://glasgowcity.hscp.scot/maximising-independence-update-october-2021	HSCP Website - MI	within Glasgow City that could be jeopardised by a switch in approach from local to national.
EL43	Children's Transformation	Scope: Children's Services	Website	https://glasgowcity.hscp.scot/sites/default/files/publications/ITEM%20No%2006%20-%20Transformational%20Change%20Programme%20-%20Childrens%20Services%202018-21.pdf	IJB report - 08/11/17 - Transformational Change Programme - Children's Services 2018-21	Provides evidence of work undertaken locally to consider the views of relevant stakeholders in the development of services that affect them, and demonstrates the potential for disruption if new national structures negatively impact on current partnership working at local level.
EL44	Children's Services Plan			https://glasgowcity.hscp.scot/sites/default/files/publications/Childrens_Services_Plan_final.pdf	Glasgow City Integrated Children's Services Plan 2020- 2023	
EL45	Equipu	NCS	Website	https://glasgowcity.hscp.scot/news/successful-outcomes-equipu-service-users	News Article	Provides examples of joint working and collaboration across HSCPs to demonstrate the success and merits of a local vs national approach, particularly for cross-boundary and/or complex areas of service provision. Also demonstrates examples of work undertaken to improve pathways for service users.
EL46	Chief Social Work Officer Annual Report	NCS	HSCP Website (to follow)		Report to IJB	Provides examples of a range of work progressed locally, within GCHSCP and with partners across the Greater Glasgow and Clyde area that demonstrates both the success of integration with the Health Board area and the collaborative approach to local issues that may be negatively impacted by a shift to a national approach.
EL47	Housing First	NCS scope	Website	https://www.scottishhousingnews.com/article/housing-first-pathfinder-passes-500-tenancies	News Article	Provides examples of joint working and collaboration across HSCPs to demonstrate the success and merits of a local vs national approach, particularly for cross-boundary and/or complex areas of service provision
EL48				https://www.scottishhousingnews.com/article/opinion-scotland-s-housing-first-pathfinder-evaluation-interim-report-published	News Article	
EL49				https://pure.hw.ac.uk/ws/portalfiles/portal/50929630/Housing_First_Pathfinder_Interim_Report_full_report_.pdf	Report	
EL50	Sexual Health Services	NCS scope	Website	https://onlinelibrary.wiley.com/doi/10.1111/hiv.13181	Online journal article	Provides example of the success and merits of a local vs national approach to transformative service delivery, particularly for complex areas of service provision.