[**A National Care Service for Scotland**](https://www.gov.scot/publications/national-care-service-scotland-consultation/)

Scottish Government

November 2021

**This consultation sets out proposals to improve the way social care is delivered in Scotland, following the recommendations of the Independent Review of Adult Social Care.**

**Below are the responses Age Scotland submitted to selected questions which we had expertise in answering.**

**Chapter 1 - Improving care for people**

**Q1.** What would be the benefits of the National Care Service taking responsibility for improvement across community health and care services? (Please tick all that apply)

* Better co-ordination of work across different improvement organisations
* Effective sharing of learning across Scotland
* Intelligence from regulatory work fed back into a cycle of continuous improvement
* More consistent outcomes for people accessing care and support across Scotland
* Other – please explain below

**Q2. Are there any risks from the National Care Service taking responsibility for improvement across community health and care services?**

It’s important that current improvement agencies such as the Care Inspectorate and Healthcare Improvement Scotland continue to have a role in this across community health and care services. One risk would be increased silo working and replication of the work that already exists. It’s important that the role of these agencies is clear and communication between them is open and transparent to ensure shared learning and reduce the risk of duplication. Local links and networks which are already in existence should be maintained by the improvement agency whom they work through, rather than being lost in the establishment of a National Care Service, and thus needing set up again at some date in the future.

**Q4. How can we better co-ordinate care and support (indicate order of preference)?**

* Have a lead professional to coordinate care and support for each individual. The lead professional would co-ordinate all the professionals involved in the adult's care and support.
* Have a professional as a clear single point of contact for adults accessing care and support services. The single point of contact would be responsible for communicating with the adult receiving care and support on behalf of all the professionals involved in their care, but would not have as significant a role in coordinating their care and support.
* Have community or voluntary sector organisations, based locally, which act as a single point of contact. These organisations would advocate on behalf of the adult accessing care and support and communicate with the professionals involved in their care on their behalf when needed.

**Q5. How should support planning take place in the National Care Service? For each of the elements below, please select to what extent you agree or disagree with each option:**

a. How you tell people about your support needs

Support planning should include the opportunity for me and/or my family and unpaid carers to contribute.

* **Strongly Agree**
* Agree
* Neither Agree/Disagree
* Disagree
* Strongly Disagree

If I want to, I should be able to get support from a voluntary sector organisation or an organisation in my community, to help me set out what I want as part of my support planning.

* **Strongly Agree**
* Agree
* Neither Agree/Disagree
* Disagree
* Strongly Disagree

b. What a support plan should focus on:

Decisions about the support I get should be based on the judgement of the professional working with me, taking into account my views.

* **Strongly Agree**
* Agree
* Neither Agree/Disagree
* Disagree
* Strongly Disagree

Decisions about the support I get should be focused on the tasks I need to carry out each day to be able to take care of myself and live a full life.

* Strongly Agree
* Agree
* **Neither Agree/Disagree**
* Disagree
* Strongly Disagree

Decisions about the support I get should be focused on the outcomes I want to achieve to live a full life.

* **Strongly Agree**
* Agree
* Neither Agree/Disagree
* Disagree
* Strongly Disagree

c. Whether the support planning process should be different, depending on the level of support you need:

I should get a light-touch conversation if I need a little bit of support; or a more detailed conversation with a qualified social worker if my support needs are more complex.

* Strongly Agree
* Agree
* Neither Agree/Disagree
* **Disagree**
* Strongly Disagree

If I need a little bit of support, a light-touch conversation could be done by someone in the community such as a support worker or someone from a voluntary sector organisation.

* Strongly Agree
* Agree
* Neither Agree/Disagree
* **Disagree**
* Strongly Disagree

However much support I need, the conversation should be the same.

* **Strongly Agree**
* Agree
* Neither Agree/Disagree
* Disagree
* Strongly Disagree

**Q6. The Getting It Right For Everyone National Practice model would use the same language across all services and professionals to describe and assess your strengths and needs. Do you agree or disagree with this approach?**

* **Agree**
* Disagree

Please say why.

Whilst we agree with this approach to ensure consistency across the country, it is essential the language used is accessible for everyone. This means that options should be available, for example, for those whose first language is not English. It must also be understandable to people who require support and services using plain English so people can talk about their needs openly. This means these conversations should be accessible to those with communication support needs as well as people living with dementia.

**Q7. The Getting It Right for Everyone National Practice model would be a single planning process involving everyone who is involved with your care and support, with a single plan that involves me in agreeing the support I require. This would be supported by an integrated social care and health record, so that my information moves through care and support services with me. Do you agree or disagree with this approach?**

* **Agree**
* Disagree

Please say why.

Through Age Scotland’s consultation with older people, calls to our freephone helpline which provides information, friendship and advice, as well as our workshops, campaigns, and engagement events we know how difficult older people have found it to navigate the social care system. Therefore, a plan that is made with everyone who is involved in delivering care and support and is known by the different support services would be a significant step in the right direction. The discussion to make this plan must be accessible to everyone, ensuring there are no communication, access, or language barriers in order to be truly person centred and inclusive.

The Age Scotland helpline regularly hears from family members who have struggled to work in partnership with health and social care services about their family’s care needs.

Case Study – please note that the names in this case study have been changed:

Robyn has Power of Attorney for her mother Sharon who is 82. Sharon is frail, registered blind, suffers urine incontinence, and has hearing and balance difficulties. After being discharged from hospital, Sharon was given a care package which was in place for five months until the care contract went to tender. Unfortunately the service provider could no longer provide the assessed level of care within the allocated hours and Sharon’s allowance of five showers per week has been reduced to two.

Robyn was told by Sharon’s social work team that budget issues were a factor in the reduction of the care package as well as the fact that Sharon’s level of incontinence is not high enough to require daily laundering of bed linen.

Understandably Robyn is very concerned for her mother’s wellbeing and it is clear that Sharon’s level of care needs has not reduced since her original assessment. The council did not carry out a reassessment for Sharon, but did conduct a review. Neither Robyn or Sharon were told that a review was taking place and were not involved in the process.

In order to support our consultation response we also conducted a survey which received 152 responses from older people. Throughout this survey, older people raised issues about continuity of care, particularly if they are unpaid carers themselves with one respondent stating ‘I know from experience that trying to contact social services on behalf of a relative is difficult as there is no one person you can speak to every time I phone’.Therefore, we welcome this approach and hope it will address the concerns we have outlined.

**Q8. Do you agree or disagree that a National Practice Model for adults would improve outcomes?**

* Agree
* Disagree

Please say why.

It could in theory, but Age Scotland believes that only with proper evaluation will we know whether the National Practice model for adults has improved outcomes for people.

Unpaid carers and family members must also be part of the conversation for the National Practice Model to demonstrate improved outcomes. We believe this would allow a national framework to be used that still enables personalised support.

**Q9. For each of the below, please choose which factor you consider is more important in establishing a right to breaks from caring. (Please select one option from each line. Where you see both factors as equally important, please select 'no preference'.)**

Standardised support packages versus personalised support

* **Personalised support to meet need**
* Standardised levels of support
* No preference

A right for all carers versus thresholds for accessing support

* **Universal right for all carers**
* Right only for those who meet qualifying thresholds
* No preference

Transparency and certainty versus responsiveness and flexibility

* Certainty about entitlement
* Flexibility and responsiveness
* **No preference**

Preventative support versus acute need

* Provides preventative support
* Meeting acute need
* **No preference**

**Q10. Of the three groups, which would be your preferred approach? (Please select one option.)**

Group A – Standard entitlements

**Group B – Personalised entitlements**

Group C – Hybrid approaches

Please say why.

Age Scotland supports personalised entitlements as this approach will be person centred and human rights led. Through our engagement with older people we consulted with the Scottish Ethnic Minority Older People’s forum (SEMOPF) who shared with us their experiences of social care. By having personalised care it would not only meet people’s care needs but also their cultural, faith, and dietary needs.

We also heard about the impact caring has on unpaid carers who feel they are not adequately supported by the current system.

Case Study – please note the names have been changed:

Carolyn described her experience of caring for her husband Mark without any help as the care offered would have been inappropriate. Mark was initially offered two visits very early in the morning to get up and showered and another visit in the late afternoon to get him into bed despite the fact Mark requires care throughout the day and night. Carolyn and Mark refused this support package as it didn’t meet their needs in terms of the level of support or time it was being offered. This meant there was little time outside of caring for Carolyn to attend to housework or shopping, let alone take a break.

We also support the recommendations of About Dementia, a project hosted by Age Scotland which brings together people affected by dementia to influence policy and practice in Scotland, that Carers should be entitled to personalised, responsive and preventative care breaks. This should recognise both the needs of the person caring, and their loved one.

**Q11.**To what extent do you agree or disagree with the following statements?

There should be a nationally-consistent, integrated and accessible electronic social care and health record.

* **Strongly Agree**
* Agree
* Neither Agree/Disagree
* Disagree
* Strongly Disagree

Information about your health and care needs should be shared across the services that support you.

* **Strongly Agree**
* Agree
* Neither Agree/Disagree
* Disagree
* Strongly Disagree

**Q12. Should legislation be used to require all care services and other relevant parties to provide data as specified by a National Care Service, and include the requirement to meet common data standards and definitions for that data collection?**

* Yes

We would expect the highest consideration of data protection and confidentiality for social care and health records, as well as ensuring the right of the individual to access their record at any time they choose.

**Q14. What elements would be most important in a new system for complaints about social care services? (Please select 3 options)**

* **Single point of access for feedback and complaints about all parts of the system**
* **Clear information about advocacy services and the right to a voice**
* **Clear information about next steps if a complainant is not happy with the initial response**

**Q15.**Should a model of complaints handling be underpinned by a commissioner for community health and care?

* Yes
* **No**

Please say why.

This may be something to consider in the future, however, we believe it is worth exploring how this role would interact with the Patient Safety Commissioner, if there was potential duplication, and whether these combined responsibilities could be taken on by one commissioner.

**Q16.**Should a National Care Service use a measure of experience of those receiving care and support, their families and carers as a key outcome measure?

* **Yes**
* No

Please say why.

We strongly support using the experience of those receiving care and support, their families and carers to measure outcomes. We cannot fully understand how well a service is working if we do not ask the people using it. People who receive care and support are experts in their own lives and care and should be treated as such.

**Q17.**Most people have to pay for the costs of where they live such as mortgage payments or rent, property maintenance, food and utility bills. To ensure fairness between those who live in residential care and those who do not, should self-funding care home residents have to contribute towards accommodation-based costs such as (please tick all that apply):

* **Rent**
* **Maintenance**
* **Furnishings**
* **Utilities**
* **Food costs**
* **Food preparation**
* Equipment
* **Leisure and entertainment**
* Transport
* **Laundry**
* **Cleaning**
* Other – what would that be

There should be more parity between accommodation costs in residential care and for those who live in a private residence to ensure greater fairness. All residential care fees should be transparent and a detailed breakdown of costs made available, as recommended by the Competition and Markets Authority.

**Q19.**Should we consider revising the current means testing arrangements?

* Yes

If yes, what potential alternatives or changes should be considered?

In our survey of older people only 8% of respondents felt that the current means testing arrangement didn’t need to change. We found that 59% of respondents felt that the upper capital limit should be raised, with only 6% thinking it should be lowered. 25% of respondents thought the lower capital limit should be higher than the current level.

It is clear that a review of the current means testing arrangements is overdue with the Independent Review on social care noting that it did not consider this issue. The review recommended that the National Care Service consider whether adjustments to the means testing arrangements would make the system fairer.

From our engagement with older people it is clear that there is dissatisfaction with the current means testing system and we would welcome further consultation and engagement around potential alternatives or changes. We often hear from older people who are discontented that as self-funders they pay more than the local authority rate and our survey found including property as part of the financial assessment was extremely controversial.

Many older people we spoke to felt they shouldn’t have to sell their home to pay for care, especially if there are still family members who live in the family home. One respondent to our survey noted that this issue was of particular concern to ethnic minorities, ‘it is unfair to include property value as capital in this context as other members of the family will be making use of the property like their spouse and children who have informally invested in the property. This is more likely in ethnic minority households…[who are very likely to] own their home and again find themselves then having to sell/pay towards social care or care homes.’

There is no easy answer to this issue and a national conversation in Scotland is required in order to settle how care is paid for in the future. The Scottish Government should consult and research more widely across Scotland to gather further insight as to how as a society we should afford and pay for care.

**Chapter 2: National Care Service**

**Q20.** Do you agree that Scottish Ministers should be accountable for the delivery of social care, through a National Care Service?

* **Yes**
* No, current arrangements should stay in place
* No, another approach should be taken (please give details)

**Q21.**Are there any other services or functions the National Care Service should be responsible for, in addition to those set out in the chapter?

Whilst we don’t propose these services necessarily become the responsibility of the National Care Service we believe it’s important that it works closely with housing, veterans, transport and food services to ensure there is a holistic approach to care. Home safety, especially for those who live alone, was also raised by SEMOPF who felt this went hand in hand with care needs to ensure older people are able to live at home independently. The Scottish Government should, therefore, consider how assistive technology can feature as part of the National Care Service such as smart doorbells, home alarms, and fire and smoke alarms.

**Chapter 3: Scope of the National Care Service**

**Q27.**Do you agree that the National Care Service and at a local level, Community Health and Social Care Boards should commission, procure and manage community health care services which are currently delegated to Integration Joint Boards and provided through Health Boards?

Yes

Please say why.

Whilst the implementation of health and social care integration has not yet been as successful as hoped, Age Scotland still strongly supports the principle of integration. As the Independent Review of Adult social care found, integrated joint boards require reform in order to achieve their aim and objectives. Our survey of older people also found that 72% of respondents supported Integrated Joint Boards being replaced with Community Health and Social Care Boards.

**Q32 (i).**What do you see as the main benefits in having social work planning, assessment, commissioning and accountability located within the National Care Service? (Please tick all that apply)

* Better outcomes for service users and their families
* More consistent delivery of services
* Stronger leadership
* More effective use of resources to carry out statutory duties
* More effective use of resources to carry out therapeutic interventions and preventative services
* Access to learning and development and career progression
* Other benefits or opportunities, please explain below

**Q32(ii).** Do you see any risks in having social work planning, assessment, commissioning and accountability located within the National Care Service?

Older people have raised with us fear about centralisation of services and control which may create the risk of greater bureaucracy and remove the positive impact of local decision-making ability. These risks should be mitigated against in order to reduce their impact on social work planning, assessment, commissioning and accountability.

**Q53.**How should we ensure that whatever mental health care elements are in a National Care Service link effectively to other services e.g. NHS services?

Ultimately whoever provides mental health services will matter less to the person receiving support so long as they are receiving the high quality help they need, in the right place and at the right time. People need and expect to receive high quality help, in the right place and at the right time. This requires multidisciplinary working and close partnership working between different agencies and individuals as well as sufficient resources to deliver services. Our survey found that 78% of older people supported mental health services being delivered from the National Care Service.

**Chapter 4: Reformed Integration Joint Boards – Community Health and Social Care Boards**

**Q58.**"One model of integration… should be used throughout the country." ([Independent Review of Adult Social Care](https://www.gov.scot/publications/independent-review-adult-social-care-scotland/), p43). Do you agree that the Community Health and Social Care Boards should be the sole model for local delivery of community health and social care in Scotland?

* **Yes**

Please say why.

Age Scotland believes that Community Health and Social Care Boards will help to further integrate health and social care services in Scotland. It’s important to recognise the need for consistency nationally while allowing local delivery to have the flexibility to make the right decisions to suit local needs. This is a fine balance and an issue we hope the National Care Service will recognise and address.

For example, our helpline was in communication with a caller in early 2020, before the first lockdown, who was having difficulty trying to relocate her mum from a care home in Scotland to one in England. Despite Charging for Residential Care Guidelines (CRAG) clearing stating ‘As a general rule, responsibility for individuals who are placed in cross-border residential care remains with the first local authority. The first local authority is the local authority which places and funds the individual in a cross-border residential placement.’ The Local Authority in Scotland refused to acknowledge their responsibilities, directly contradicting the guidance within CRAG.

We regularly hear of cases like this, where conflicting information has been provided by Local Authorities which causes confusion and stress at a likely already difficult time when trying to arrange support for care needs. Consistency is key to tackle disparity of services across the country.

**Q59.**Do you agree that the Community Health and Social Care Boards should be aligned with local authority boundaries unless agreed otherwise at local level?

* **Yes**
* No

**Q61.**Would the change to Community Health and Social Care Boards have any impact on the work of Adult Protection Committees?

It’s unclear at this time how Community Health and Social Care Boards will interact with Adult Protection Committees. It is important to ensure there is regular, open and transparent communication in order to ensure that the safeguarding of adults in communities is effective as possible.

**Q62.**The Community Health and Social Care Boards will have members that will represent the local population, including people with lived and living experience and carers, and will include professional group representatives as well as local elected members. Who else should be represented on the Community Health and Social Care Boards?

It is important that the membership of Community Health and Social Care Board is as diverse as possible. This will help to minimise the risk of minority groups being excluded from decision making. Our work with the Scottish Ethnic Minorities Older People’s Forum has found that having a diverse range of people involved in decision making means that different cultural needs are considered and no one group is disproportionately disadvantaged from planning decisions.

Third sector representatives should also be included as members of Community Health and Social Care Boards. The sector is a major provider of social care in Scotland and should be treated as equal partners in decision making.

**Q63.**"Every member of the Integration Joint Board should have a vote" ([Independent Review of Adult Social Care](https://www.gov.scot/publications/independent-review-adult-social-care-scotland/), p52). Should all Community Health and Social Care Boards members have voting rights?

* **Yes**

**Q64.**Are there other changes that should be made to the membership of Community Health and Social Care Boards to improve the experience of service users?

Age Scotland welcomes the fact that people with lived experience and carers will be included in Community Health and Social Care Boards. In order for these members to fully participate in their role it is essential that they are given appropriate support. For example, this means having meeting papers in advance and in different formats if required.

Support must be provided in order to allow meaningful participation by people with lived experience and carers. The Scottish Government should explore how this can be facilitated and what is needed for Community Health and Social Care Boards to be inclusive and truly accessible. This is echoed by About Dementia, who also support the inclusion of people with lived experience, however, note that boards ‘must also consider how they will enable local citizens to carry out this role in a meaningful way, including through financial remuneration, expenses to cover care costs both to attend and prepare for meetings, and providing opportunities for peer support to develop between members.’