



A National Care Service for Scotland - Consultation

RESPONDENT INFORMATION FORM

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Are you responding as an individual or an organisation?

- Individual
 Organisation

Full name or organisation's name

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The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

- Publish response with name
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Information for organisations:

The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Yes

No

Individuals - Your experience of social care and support

If you are responding as an individual, it would be helpful for us to understand what experience you have of social care and support. Everyone's views are important, and it will be important for us to understand whether different groups have different views, but you do not need to answer this question if you don't want to.

Please tick all that apply

I receive, or have received, social care or support

I am, or have been, an unpaid carer

A friend or family member of mine receives, or has received, social care or support

I am, or have been, a frontline care worker

I am, or have been, a social worker

I work, or have worked, in the management of care services

I do not have any close experience of social care or support.

Organisations – your role

Please indicate what role your organisation plays in social care

Providing care or support services, private sector

Providing care or support services, third sector

Independent healthcare contractor

Representing or supporting people who access care and support and their families

Representing or supporting carers

Representing or supporting members of the workforce

Local authority

Health Board

Integration authority

Other public sector body (*University Research Centre*)

Other

Questions

Improving care for people

Improvement

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

1. More consistent process and experience of care for people accessing care and support across Scotland
2. Consistent data collection across services and across geographical areas. At a minimum, that means knowing who is resident in care homes and who is in receipt of publicly funded care-at-home, but recorded consistently and available in a linkable format to support identification of needs, improvement, planning and research. More ambitiously but in the medium term, consistent data on needs and services.
3. Central (or area-based) support for, and facilitation of improvement (akin to a Scottish Patient Safety Programme in social care).
4. Opportunities for shared learning across healthcare and social care (with much to be learned in both directions).

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

There will always be unintended and potentially adverse consequences of any major organisational change, and it will be important to systematically identify and respond to these. More predictable risks are:

1. Centrally directed improvement focus may squeeze out local innovation to address local problems (which can be mitigated by supporting capacity building in improvement skills and allowing at least some local variation in focus)
2. Based on Scottish Patient Safety Programme experience, it will be important to retire elements of improvement programmes that have run their course or historical data collection can prevent developing new activity.
3. There are always tensions between regulatory and facilitative approaches to improvement, and many providers have experienced a shift from facilitative to more punitive which risks reducing engagement. Being clear on the place of 'data for improvement' and 'data for quality assurance and regulation' will be important.
4. From a provider perspective, a requirement to engage in improvement activity (eg if required by the regulator) without additional resource may worsen care in other ways if it is a competing demand in a resource-constrained system. Effective improvement requires at least some investment, and requires facilitation and support.

Access to Care and Support

Accessing care and support

Q3. If you or someone you know needed to access care and support, how likely would you be to use the following routes if they were available?

Speaking to my GP or another health professional.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Speaking to someone at a voluntary sector organisation, for example my local carer centre, befriending service or another organisation.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Speaking to someone at another public sector organisation, e.g. Social Security Scotland

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Going along to a drop in service in a building in my local community, for example a community centre or cafe, either with or without an appointment.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Through a contact centre run by my local authority, either in person or over the phone.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Contacting my local authority by email or through their website.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Using a website or online form that can be used by anyone in Scotland.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Through a national helpline that I can contact 7 days a week.

Not at all likely	Unlikely	Neither likely nor unlikely	Likely	Very likely

Other – Please explain what option you would add.

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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.

Support planning

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

Light touch and/or more detailed support planning should take place in another way – please say how below

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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.

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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.

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

Agree

Disagree

Please say why.

Right to breaks from caring

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 part. Where you see both factors as equally important, please select 'no preference'.)

Standardised support packages versus personalised support

<input type="checkbox"/> Personalised support to meet need	<input type="checkbox"/> Standardised levels of support	<input type="checkbox"/> No preference
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A right for all carers versus thresholds for accessing support

<input type="checkbox"/> Universal right for all carers	<input type="checkbox"/> Right only for those who meet qualifying thresholds	<input type="checkbox"/> No preference
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Transparency and certainty versus responsiveness and flexibility

<input type="checkbox"/> Certainty about entitlement	<input type="checkbox"/> Flexibility and responsiveness	<input type="checkbox"/> No preference
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Preventative support versus acute need

<input type="checkbox"/> Provides preventative support	<input type="checkbox"/> Meeting acute need	<input type="checkbox"/> No preference
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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.

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Using data to support care

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
X				

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
X				

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

No

Please say why.

Typically, care home residents and those receiving care-at-home are poorly represented in routine data. This reflects the wider marginalisation of the social care sector and the people who need social care. People in receipt of adult social care are among our most vulnerable citizens, but we cannot systematically improve their care without understanding their needs and current patterns of care.

Data is not a panacea, but good data and improved understanding are key building blocks in making social care better, and a necessity for health and social care integration.

We need better social care data that can be linked to health and other data to improve our understanding of the needs of some of our most vulnerable citizens. Better data and understanding are critical, but have to be used effectively to improve the quality, safety and experience of care in later life.

Collecting data from multiple sources can create a comprehensive picture of the needs of each person, illustrating what support (mental, physical, social, adaptations) they need now, or in the future.

There are important issues of consent to be addressed in this data sharing. For people in receipt of public funds, then legislation that allows for the sharing of data without consent (for specified purposes) is more clearly justifiable than it is for care home residents who are self-paying. This will require careful consultation and implementation. As with sharing within the NHS, an assumption of secure and controlled sharing with the right to opt-out under specified circumstances is potentially the most optimal model, in terms of balancing the needs of different stakeholders.

Q13. Are there alternative approaches that would address current gaps in social care data and information, and ensure a consistent approach for the flow of data and information across the National Care Service?

COVID-19 has exposed the inadequacies of social care data. None of the UK countries are able to reliably identify who is in receipt of social care (care home resident or in receipt of publicly funded care-at-home). The data does exist (care services know who they provide care to, Health and Social Care Partnerships (HSCP) will often have such data although it may not be complete or accessible) but it's not accessible or usable. Key gaps are:

1. Who is in receipt of social care (care home resident or in receipt of publicly funded care-at-home or publicly funded support services)? There are several ways that we currently workaround the lack of this data, but they are all incomplete and inadequate. We need datasets akin to Scottish Morbidity Records (SMR) eg "Scottish Care Records" (SCR) where SCR01 is care home residence, SCR02 is receipt of publicly funded care-at-home etc. As with SMR, providers should create Scottish Care Records with central quality assurance.
2. Initially, Scottish Care Records can just be identification of when care episodes start and stop (eg care homes are increasingly used for short stay rehabilitation). This would allow linkage to existing routine datasets to better define the population and understand existing patterns of need and care.
3. Elaboration of Scottish Care Records to include additional data on need which is not recorded elsewhere should be a short to medium term aim. For example, functional status on admission to a service. Potentially, updates of functional status after major events (eg hospital admission) or after defined periods of time if no events.
4. Data collected should have value to multiple stakeholders (eg HSCPs, regional and national planners, researchers) including care providers themselves.
5. We cannot afford not to better understand patterns of need and care for this highly vulnerable group of citizens, but it will be important to minimise the data collection burden on social care providers and/or to ensure that data collection is adequately resourced.

Complaints and putting things right

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

- Charter of rights and responsibilities, so people know what they can expect
- 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
- Consistent model for handling complaints for all bodies
- Addressing complaints initially with the body the complaint is about
- Clear information about next steps if a complainant is not happy with the initial response
- Other – please explain:

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

- Yes
- No

Please say why.

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.

If the system is designed to be person centred, then the experience of those mentioned above is paramount in ensuring the system is actual delivering an improvement in care. However, resourced support for care providers to understand, reflect on, and respond to measures of experience of care will be required to ensure that outcomes are improved.

Residential Care Charges

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

Q18. Free personal and nursing care payment for self-funders are paid directly to the care provider on their behalf. What would be the impact of increasing personal and nursing care payments to National Care Home Contract rates on:

Self-funders

Care home operators

Local authorities

Other

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

Yes

No

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

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?

Q22. Are there any services or functions listed in the chapter that the National Care Service should not be responsible for?

Scope of the National Care Service

Children's services

Q23. Should the National Care Service include both adults and children's social work and social care services?

Yes

No

Please say why.

Q24. Do you think that locating children's social work and social care services within the National Care Service will reduce complexity for children and their families in accessing services?

For children with disabilities,

Yes

No

Please say why.

For transitions to adulthood

Yes

No

Please say why.

For children with family members needing support

Yes

No

Please say why.

Q25. Do you think that locating children’s social work services within the National Care Service will improve alignment with community child health services including primary care, and paediatric health services?

Yes

No

Please say why.

Q26. Do you think there are any risks in including children’s services in the National Care Service?

Yes

No

If yes, please give examples

Healthcare

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

No

Please say why.

Q28. If the National Care Service and Community Health and Social Care Boards take responsibility for planning, commissioning and procurement of community health services, how could they support better integration with hospital-based care services?

Q29. What would be the benefits of Community Health and Social Care Boards managing GPs' contractual arrangements? (Please tick all that apply)

Better integration of health and social care

Better outcomes for people using health and care services

Clearer leadership and accountability arrangements

Improved multidisciplinary team working

Improved professional and clinical care governance arrangements

Other (please explain below)

Q30. What would be the risks of Community Health and Social Care Boards managing GPs' contractual arrangements? (Please tick all that apply)

- Fragmentation of health services
- Poorer outcomes for people using health and care services
- Unclear leadership and accountability arrangements
- Poorer professional and clinical care governance arrangements
- Other (please explain below)

Q31. Are there any other ways of managing community health services that would provide better integration with social care?

Social Work and Social Care

Q32. 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:

Q33. Do you see any risks in having social work planning, assessment, commissioning and accountability located within the National Care Service?

There is a need to ensure that lines of accountability are clear and that local priorities do not get lost in a national service.

Nursing

Q34. Should Executive Directors of Nursing have a leadership role for assuring that the safety and quality of care provided in social care is consistent and to the appropriate standard? Please select one.

- Yes
- No
- Yes, but only in care homes
- Yes, in adult care homes and care at home

Please say why

Q35. Should the National Care Service be responsible for overseeing and ensuring consistency of access to education and professional development of social care nursing staff, standards of care and governance of nursing? Please select one.

- Yes
- No, it should be the responsibility of the NHS
- No, it should be the responsibility of the care provider

Please say why

Q36. If Community Health and Social Care Boards are created to include community health care, should Executive Nurse Directors have a role within the Community Health and Social Care Boards with accountability to the National Care Service for health and social care nursing?

Yes

No

If no, please suggest alternatives

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Justice Social Work

Q37. Do you think justice social work services should become part of the National Care Service (along with social work more broadly)?

- Yes
- No

Please say why.

Q38. If yes, should this happen at the same time as all other social work services or should justice social work be incorporated into the National Care Service at a later stage?

- At the same time
- At a later stage

Please say why.

Q39. What opportunities and benefits do you think could come from justice social work being part of the National Care Service? (Tick all that apply)

- More consistent delivery of justice social work services
- Stronger leadership of justice social work
- Better outcomes for service users
- More efficient use of resources
- Other opportunities or benefits - please explain

Q40. What risks or challenges do you think could come from justice social work being part of the National Care Service? (Tick all that apply)

- Poorer delivery of justice social work services.
- Weaker leadership of justice social work.
- Worse outcomes for service users.
- Less efficient use of resources.
- Other risks or challenges - please explain:

Q41. Do you think any of the following alternative reforms should be explored to improve the delivery of community justice services in Scotland? (Tick all that apply)

- Maintaining the current structure (with local authorities having responsibility for delivery of community justice services) but improving the availability and consistency of services across Scotland.
- Establishing a national justice social work service/agency with responsibility for delivery of community justice services.
- Adopting a hybrid model comprising a national justice social work service with regional/local offices having some delegated responsibility for delivery.
- Retaining local authority responsibility for the delivery of community justice services, but establishing a body under local authority control to ensure consistency of approach and availability across Scotland.
- Establishing a national body that focuses on prevention of offending (including through exploring the adoption of a public health approach).
- No reforms at all.
- Another reform – please explain:

Q42. Should community justice partnerships be aligned under Community Health and Social Care Boards (as reformed by the National Care Service) on a consistent basis?

Yes

No

Please say why.

Prisons

Q43. Do you think that giving the National Care Service responsibility for social care services in prisons would improve outcomes for people in custody and those being released?

Yes

No

Please say why.

Q44. Do you think that access to care and support in prisons should focus on an outcomes-based model as we propose for people in the community, while taking account of the complexities of providing support in prison?

Yes

No

Please say why.

Alcohol and Drug Services

Q45. What are the benefits of planning services through Alcohol and Drug Partnerships? (Tick all that apply)

- Better co-ordination of Alcohol and Drug services
- Stronger leadership of Alcohol and Drug services
- Better outcomes for service users
- More efficient use of resources
- Other opportunities or benefits - please explain

Q46. What are the drawbacks of Alcohol and Drug Partnerships? (Tick all that apply)

- Confused leadership and accountability
- Poor outcomes for service users
- Less efficient use of resources
- Other drawbacks - please explain

Q47. Should the responsibilities of Alcohol and Drug Partnerships be integrated into the work of Community Health and Social Care Boards?

- Yes
- No

Please say why.

Q48. Are there other ways that Alcohol and Drug services could be managed to provide better outcomes for people?

Q49. Could residential rehabilitation services be better delivered through national commissioning?

Yes

No

Please say why.

Q50. What other specialist alcohol and drug services should/could be delivered through national commissioning?

Q51. Are there other ways that alcohol and drug services could be planned and delivered to ensure that the rights of people with problematic substance use (alcohol or drugs) to access treatment, care and support are effectively implemented in services?

Mental Health Services

Q52. What elements of mental health care should be delivered from within a National Care Service? (Tick all that apply)

- Primary mental health services
- Child and Adolescent Mental Health Services
- Community mental health teams
- Crisis services
- Mental health officers
- Mental health link workers
- Other – please explain

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?

National Social Work Agency

Q54. What benefits do you think there would be in establishing a National Social Work Agency? (Tick all that apply)

- Raising the status of social work
- Improving training and continuous professional development
- Supporting workforce planning
- Other – please explain

There is also an opportunity to have a better and stronger approach to initial qualifying training and education for social work, for example, through increased provision of placements for students on social work programmes

Q55. Do you think there would be any risks in establishing a National Social Work Agency?

No

Q56. Do you think a National Social Work Agency should be part of the National Care Service?

- Yes
- No

Please say why

The role of social work complements, but is also distinct from, the aims of the National Care Service. A National Social Work Agency could be aligned with the NCS while also providing for a broader range of needs and service user groups, eg criminal justice.

Q57. Which of the following do you think that a National Social Work Agency should have a role in leading on? (Tick all that apply)

- Social work education, including practice learning
- National framework for learning and professional development, including advanced practice
- Setting a national approach to terms and conditions, including pay
- Workforce planning
- Social work improvement
- A centre of excellence for applied research for social work
- Other – please explain

Reformed Integration Joint Boards: Community Health and Social Care Boards

Governance model

Q58. “One model of integration... should be used throughout the country.”
(Independent Review of Adult Social Care, 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

No

Please say why.

In principle yes, although the scope of this isn't entirely clear and in many community services (in both social and health care), “sole model for local delivery” is complicated by the large number of private sector providers (in social care terms) and “independent contractors” (in health care terms).

Healthcare independent contractors currently work to nationally negotiated contracts and it is unclear if the intention is that such contracts will be locally commissioned (beyond existing small local variations) which would be a very major change. A single commissioner of related services is therefore very attractive in principle, but will be very complicated in practice. For example, care-at-home usually involves social carers, GPs and district nurses who currently have three quite different contractual arrangements (eg commonly would be commissioning of a private or third sector provider for social care, GP working to national contract, district nurses employed by the health board). If that commissioning is replicated, then how will the single commissioner realise synergies and better outcomes, and how will that mesh with national contracts and NHS term and conditions on the healthcare side?

Equally, if the intention is to move towards national contracts for care services (similar to healthcare independent contractor arrangements), then it is unclear what latitude there is for the CHSCB to vary in relation to local need.

Additionally, a key potential advantage of a single commissioner is the ability to target resource to where there is greater need, but it is unclear how (1) Resource might be transferred from hospital healthcare to the community (a longstanding but well recognised issue); or (2) Resource might be transferred from health to social care (or vice versa in principle although healthcare is currently the better resourced). Again, the question is the extent to which the CHSCB has autonomy to make radical change vs is largely constrained by national contracts. There is no ‘correct’ solution to this question, but it will be very important for the balance to be clear before implementation.

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

Q60. What (if any) alternative alignments could improve things for service users?

Flexibility for local variation is important if that variation can be justified (for example, where adjacent local authorities are small and already work together, so that economies of scale are possible).

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

Membership of Community Health and Social Care Boards

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?

Q63. “Every member of the Integration Joint Board should have a vote” (Independent Review of Adult Social Care, p52). Should all Community Health and Social Care Boards members have voting rights?

Yes

No

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?

Community Health and Social Care Boards as employers

Q65. Should Community Health and Social Care Boards employ Chief Officers and their strategic planning staff directly?

Yes

No

Q66. Are there any other staff the Community Health and Social Care Boards should employ directly? Please explain your reasons.

Commissioning of services

Structure of Standards and Processes

Q67. Do you agree that the National Care Service should be responsible for the development of a Structure of Standards and Processes

- Yes
- No

If no, who should be responsible for this?

- Community Health and Social Care Boards
- Scotland Excel
- Scottish Government Procurement
- NHS National Procurement
- A framework of standards and processes is not needed

Q68. Do you think this Structure of Standards and Processes will help to provide services that support people to meet their individual outcomes?

- Yes
- No

Q69. Do you think this Structure of Standards and Processes will contribute to better outcomes for social care staff?

- Yes
- No

Q70. Would you remove or include anything else in the Structure of Standards and Processes?

Market research and analysis

Q71. Do you agree that the National Care Service should be responsible for market research and analysis?

- Yes
- No

If no, who should be responsible for this?

- Community Health and Social Care Boards
- Care Inspectorate
- Scottish Social Services Council
- NHS National Procurement
- Scotland Excel
- No one
- Other- please comment

National commissioning and procurement services

Q72. Do you agree that there will be direct benefits for people in moving the complex and specialist services as set out to national contracts managed by the National Care Service?

- Yes
- No

If no, who should be responsible for this?

- Community Health and Social Care Boards
- NHS National Procurement
- Scotland Excel

Regulation

Core principles for regulation and scrutiny

Q73. Is there anything you would add to the proposed core principles for regulation and scrutiny?

Q74. Are there any principles you would remove?

Q75. Are there any other changes you would make to these principles?

Strengthening regulation and scrutiny of care services

Q76. Do you agree with the proposals outlined for additional powers for the regulator in respect of condition notices, improvement notices and cancellation of social care services?

- Yes
- No
- Please say why.

Q77. Are there any additional enforcement powers that the regulator requires to effectively enforce standards in social care?

Market oversight function

Q78. Do you agree that the regulator should develop a market oversight function?

- Yes
- No

Q79. Should a market oversight function apply only to large providers of care, or to all?

- Large providers only
- All providers

Q80. Should social care service providers have a legal duty to provide certain information to the regulator to support the market oversight function?

- Yes
- No

Q81. If the regulator were to have a market oversight function, should it have formal enforcement powers associated with this?

- Yes
- No

Q82. Should the regulator be empowered to inspect providers of social care as a whole, as well as specific social care services?

- Yes
- No

Please say why

Enhanced powers for regulating care workers and professional standards

Q83. Would the regulator's role be improved by strengthening the codes of practice to compel employers to adhere to the codes of practice, and to implement sanctions resulting from fitness to practise hearings?

Q84. Do you agree that stakeholders should legally be required to provide information to the regulator to support their fitness to practise investigations?

Q85. How could regulatory bodies work better together to share information and work jointly to raise standards in services and the workforce?

Q86. What other groups of care worker should be considered to register with the regulator to widen the public protection of vulnerable groups?

Valuing people who work in social care

Fair Work

Q87. Do you think a ‘Fair Work Accreditation Scheme’ would encourage providers to improve social care workforce terms and conditions?

Yes

No

Please say why.

A useful start to setting standards which will likely lead to improvement in motivated organisations (but probably not at the margins)

Q88. What do you think would make social care workers feel more valued in their role? (Please rank as many as you want of the following in order of importance, e.g. 1, 2, 3...)

1	Improved pay
2	Improved terms and conditions, including issues such as improvements to sick pay, annual leave, maternity/paternity pay, pensions, and development/learning time
7	Removal of zero hour contracts where these are not desired
8	More publicity/visibility about the value social care workers add to society
6	Effective voice/collective bargaining
3	Better access to training and development opportunities
4	Increased awareness of, and opportunity to, complete formal accreditation and qualifications
10	Clearer information on options for career progression
9	Consistent job roles and expectations
5	Progression linked to training and development
10	Better access to information about matters that affect the workforce or people who access support

10	Minimum entry level qualifications
10	Registration of the personal assistant workforce
	Other (please say below what these could be)

Please explain suggestions for the “Other” option in the below box

Q89. How could additional responsibility at senior/managerial levels be better recognised? (Please rank the following in order of importance, e.g. 1, 2, 3...):

1	Improved pay
2	Improved terms and conditions
3	Improving access to training and development opportunities to support people in this role (for example time, to complete these)
4	Increasing awareness of, and opportunity to complete formal accreditation and qualifications to support people in this role
5	Other (please explain)

Please explain suggestions for the “Other” option in the below box

Other – changed recruitment including graduate and external recruitment to more senior posts, or to posts with a clear career path to a senior post

Q90. Should the National Care Service establish a national forum with workforce representation, employers, Community Health and Social Care Boards to advise it on workforce priorities, terms and conditions and collective bargaining?

- Yes
- No

Please say why or offer alternative suggestions

Workforce planning

Q91. What would make it easier to plan for workforce across the social care sector?
(Please tick all that apply.)

- A national approach to workforce planning
- Consistent use of an agreed workforce planning methodology
- An agreed national data set
- National workforce planning tool(s)
- A national workforce planning framework
- Development and introduction of specific workforce planning capacity
- Workforce planning skills development for relevant staff in social care
- Something else (please explain below)

Training and Development

Q92. Do you agree that the National Care Service should set training and development requirements for the social care workforce?

Yes

No

Please say why

Training and workforce development is a crucial way to improve the quality and safety of care, partly by potentially improving staff retention.

Q93. Do you agree that the National Care Service should be able to provide and or secure the provision of training and development for the social care workforce?

Yes

No

Personal Assistants

Q94. Do you agree that all personal assistants should be required to register centrally moving forward?

- Yes
- No

Please say why.

Q95. What types of additional support might be helpful to personal assistants and people considering employing personal assistants? (Please tick all that apply)

- National minimum employment standards for the personal assistant employer
- Promotion of the profession of social care personal assistants
- Regional Networks of banks matching personal assistants and available work
- Career progression pathway for personal assistants
- Recognition of the personal assistant profession as part of the social care workforce and for their voice to be part of any eventual national forum to advise the National Care Service on workforce priorities
- A free national self-directed support advice helpline
- The provision of resilient payroll services to support the personal assistant's employer as part of their Self-directed Support Option 1 package
- Other (please explain)

Q96. Should personal assistants be able to access a range of training and development opportunities of which a minimum level would be mandatory?

- Yes
- No