

National Care Service

Statement of Benefits



National Care Service: Statement of Benefits

Ministerial Foreword

The establishment of a National Care Service will be one of the most ambitious reforms of public services since the creation of the National Health Service. It is necessary to deliver the consistency and quality of care and support across Scotland that people deserve and reinforces our commitment to Scotland's people to take long term action to change our society and make it a fairer and more equal place to live.

From the end of this Parliament, the National Care Service will be directly accountable to Scottish Ministers for care and support. It will promote local responsibility for the design and responsiveness of care and support to the needs of our communities. It will champion quality and embrace improvement across all aspects of the system. It will embed a human rights-based approach to everything it does. A change of this scale will take time. The sooner we start, the sooner we will be able to deliver better support for everyone.

Care and support are an investment; they must work to remove barriers, tackle inequalities and allow people to flourish and live their lives as they want to. Let us ensure that people can thrive rather than simply survive. People are vital to creating thriving communities and a thriving economy across Scotland. Community health and social care support is there to help people do that. We have heard repeatedly from people with lived experience that the system must change so that we can tackle the postcode lottery of care and drive up quality.

Whilst there are existing good examples of where support provided is simply life-changing, there is clear evidence of a need for improvement in how social care, social work and community health work for people. People want and need services delivered at a time and by a method that best suits their needs and that builds on their strengths. The National Care Service must be responsive to that.

We want to build on previous work to integrate our health and care systems by:

- Delivering a system that is genuinely accountable to people
- Promoting best value across care and support by driving up quality
- Embedding a human rights-based approach
- Recognising the breadth of value in the workforce
- Developing preventative strategies and avoiding crisis interventions
- Smoothing artificial transitions
- Building strong and resilient communities
- Supporting localism and partnership

Community health and social care must deliver as one for people, drawing in other services that make a difference in people's lives, education, transport, and housing in support of outcomes. It shouldn't matter where you live – in the Highlands or island communities, the central belt, or the Borders. Everyone should have access to consistent quality care and support, whatever their age and wherever they live with

localism at the heart of our approach. That care and support should provide what people need to live a full life.

To achieve that, we need to ensure that the social care and social work workforce are valued along with the healthcare workforce, who through the provision of community healthcare provide a substantial role in people's support and care. This value can be progressed through the principle of Fair Work, where pay, terms and conditions, skills development and career pathways are delivered ambitiously across all providers and employers. Unpaid carers, including young carers must also be recognised for the essential contribution they make to the lives of others and also the economy. It is vital that unpaid carers, including young carers can easily access the information and support they need to maintain their health and wellbeing.

Throughout the National Care Service development, we will work together with people with experience in accessing and providing community health and social care support and those who deliver social work and community healthcare and unpaid carers, including young carers.

Establishing a National Care Service is a huge undertaking, and we must get it right. Working together, we can bring about the significant improvements we all want to see.

Humza Yousaf MSP
Cabinet Secretary for Health and Social Care

Kevin Stewart MSP
Minister for Mental Wellbeing and Social Care

Background

The establishment of a National Care Service (NCS), and associated changes to the broader system, represent one of the most significant pieces of public service reform to be proposed by the Scottish Government. This offers an opportunity to address the challenges that have been evidenced by many across health and social care. These challenges are not new. They have been highlighted by people before, during and in the early stages of recovery from the pandemic.

The Scottish Government welcomed the recommendations made by the Independent Review of Adult Social Care (IRASC) and consulted on proposals to achieve changes to the system of community health and social care in Scotland in the autumn of 2021. Whilst the IRASC focused on adult social care support, many integration authorities have delegated responsibility for a broader remit. In many areas that remit includes children and families and justice social work delivery. The limitations of the integration structures, therefore, have much broader relevance. Our consultation proposals considered widening the NCS scope to include community health functions, children's social work and social care, justice social work, addiction and rehabilitation and related services.

The proposals sought to ensure:

- consistent delivery of quality social care support to every single person who needs it across Scotland, including better support for unpaid carers; and
- those care workers are respected and valued.

The NCS consultation responses supported a change in the way we deliver care and support across Scotland. There was strong agreement that placing human rights at the centre of our decision making was fundamental to ensuring equality, non-discrimination and the dignity of individuals.

People described accessing care and support in the community as 'notoriously difficult', 'over-complicated' and 'bureaucratic'. There was a recurring theme of frustration about having to repeat the same personal information across the health and social care system. In addition, there were references to 'fighting for' and 'justifying' their right to support. Accessing social care support specifically was described as being difficult from the start, with an inadequate referral process and not enough information about support available, including peer support.

A complete summary of the NCS consultation responses is set out in the [independent consultation analysis](#), which is published on the Scottish Government website, together with accessible versions. We have carefully considered the views expressed in almost 1,300 written responses and over 100 public engagements.

Through the consultation process, people have confirmed that they want a NCS, accountable to Scottish Ministers, with services designed and delivered locally.

It is now time to co-design a change programme, working with partners, stakeholders and people with lived experience of receiving and providing care and support (and people who are impacted by related services), to deliver this. This document sets out

the benefits which can be realised through forthcoming legislation and co-design, as well as highlighting where further evidence gathering and consideration may be required to inform future decisions around the NCS (including children's services and justice social work).

Why care and support matters

Currently social care services cover the wide range of support that enables people to lead a full life and achieve the outcomes that are important to them. People may need support for many reasons, for example, as a result of illness, physical disability or frailty, learning disabilities or mental health conditions, addiction or experience of homelessness. Social care and support services also support unpaid carers, including young carers in their caring role. They provide help for children and families who may need additional support, or where children are unable to live with their own families, and work with people to address offending and its causes.

Social care support is an umbrella term for adult, children's and justice services which directly support people to meet their personal outcomes. Social work is a statutory role which involves assessing need, managing risk and promoting and protecting the wellbeing of individuals and communities.

The population receiving social care and social work support is diverse, with wide-ranging needs and circumstances.

The data shows us that the relationships between health and social care issues are many, varied and often very complex. Many people need to access and transition between services – and often multiple services at the same time – from across the health and social care spectrum. This serves to highlight the need for people to be able to access social care, healthcare or an integration of health and social care services when they need them, in the place they need them and at the time that they need them. This will empower people to make the choices that are right for them.

In January - March 2020 there were 5330 new people aged 65 and above who received a new community care assessment (for the 22 local authorities (LAs) that submitted data). Over the same time period there were 1489 new people aged 18-64 who received a new community care assessment (for the 22 LAs that submitted data).

In January - March 2021 there were 5391 new people aged 65 and above who received a new community care assessment (for the 23 LAs that submitted data). Over the same time period there were 1366 new people aged 18-64 who received a new community care assessment (for the 23 LAs that submitted data).¹

It is worth noting that the data is not complete for all local authorities and therefore should be considered as indicative rather than comprehensive.

¹ [Social Care Eligibility Criteria And Waiting Times, Scotland, 2020-21 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/social-care-eligibility-criteria-and-waiting-times-scotland-2020-21/pages/10.aspx) For details of which local authorities responded please refer to data completeness tables

The latest data (2020/21)² for the population receiving social care and social work support tells us that:

- around 232,000 (1 in 25) people receive social care support in Scotland;
- 1 in 5 (20%) were under the age of 65;
- around 77,000 people receiving social care, social work and local authority occupational therapy support have a physical or sensory disability, while approximately 21,000 have a learning disability;
- over 14,000 people are receiving social care support due to mental health issues;
- an estimated 68,000 people in Scotland received home care on 31 March 2021;
- people residing in a care home tend to be in older age categories, with around 90% of residents aged 65+ and nearly 50% aged 85+;
- people can be receiving support for more than one reason, for example, substance use, neurological conditions, dementia, palliative care, autism or other vulnerabilities;
- in addition to formal social care support, the results from the 2020 Scottish Health Survey telephone survey suggest around 839,000 people aged 18 and over are providing unpaid care and support to people across Scotland. Approximately 3% of these unpaid carers are estimated to be receiving carer support from the system.

While forecasting demand for social care is extremely challenging, several projections made by National Records of Scotland³ are of relevance here. The country's population is expected to age considerably across the coming decades, with a substantial increase in the proportion of those over 65. The trend towards an increasing number of one adult households is also set to continue.

The latest available data (2020/21⁴) for the child population receiving social work/care support tells us that:

- 2,104 children were on the Child Protection Register (rate of 2.3 per 1,000 of population aged 0-15 years) – the largest proportion of children on the Register were under 4 years or not yet born (52%);
- 13,255 children were looked after (1.3% of Scotland's population aged 0-18 years) – the highest proportion were aged 5-11 years (36%) and 12-15 years (30%);

² [Insights in social care: statistics for Scotland - Support provided or funded by health and social care partnerships in Scotland 2019/20 - 2020/21 - Insights in social care: statistics for Scotland - Publications - Public Health Scotland](#)

³ <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-projections/population-projections-scotland/2020-based>

⁴ [Children's Social Work Statistics Scotland 2020-21](#)

- 90% of looked after children were placed in the community (e.g. at home with parents, with family and friends, foster care, adoption) and 10% were placed in residential accommodation.

In the justice system, social workers support numerous aspects of a person's journey through the system. The main data collected involving the work of social workers is on the preparation of criminal justice social work reports, court services, home leave reports, bail information and home detention curfew assessments. Social workers may also provide a supervision element for individuals on bail, community payback orders, drug treatment and testing orders and statutory and voluntary throughcare.

The data from 2020/21 was directly impacted by the national lockdowns and other measures put in place to limit social contact during the Coronavirus pandemic. This has had a substantial impact on social work activity since March 2020. Therefore while the main data provided is for the most up to date year of 2020/21, some are also provided for 2019/20, where there is a marked difference:

- Around 15,100 full criminal justice social work reports were submitted to courts covering approximately 12,400 different people. This was a drop of 10,700 reports (7,900 people) from 2019/20 pre-pandemic figures.
- 85% of criminal justice social work reports submitted were for males.
- Over half of all criminal justice social work reports submitted were for people aged over 30
- Same day reports for court services decreased to 1,500 (3,500 in 2019/20) and post sentence interviews to 4,100 (15,300 in 2019/20) due to impact of lockdown restrictions.
- Of the 8,200 community payback orders imposed in 2020/21, 73% had a supervision requirement. This was substantially higher than the proportion in 2019/20 (62%). This was heavily influenced by the reduction in unpaid work or other activity requirements issued across 2020/21 due to face-to-face delivery of unpaid work having to be suspended for periods during 2020/21.
- 3,400 requests for bail information from courts (5,700 in 2019/20)
- 240 individual people given bail supervision (460 in 2019/20)
- 830 people had a home detention curfew assessment given
- At end March 2021 there were 5,800 statutory throughcare cases in force
- In 2020/21, there were 1,400 voluntary throughcare cases commenced with 1,300 people receiving assistance

Our vision and ambition

Our vision is of a Scotland where people enjoy a high quality of life. Scotland's community health and social care services support everyone, when they need it, to lead a fulfilling life, making Scotland the best place in the world to thrive.

To achieve this we must further develop the approaches to safe, effective, integrated and person-centred health and social care support. The Scottish Government's ambition is for a NCS that ensures people of all ages can access the support they need to live a full life by improving consistency and quality of provision.

- We will transform people's experience of social care support and related services, strengthen prevention and community-based support and reform access.
- We will continue integrating community health and social care and strengthen partnerships working with other services and agencies.
- We will ensure that individuals can participate in their care design.
- We will ensure people's needs are met holistically and driven by the outcomes that are important to them and their communities.
- We will strengthen prevention, early intervention and end of life care.

Everyone should be supported to live as independently as possible and drive the decisions about their health and wellbeing and the support they need, with their human rights respected and their dignity protected. People who have lived experience of social care and community health services, whether they are people accessing services, their families and carers, or community health and care workers and providers – and the wider public – are all key partners in realising a bold ambition to create a NCS for everyone.

If we get the delivery of social care support right, we can help people to live the kind of life they want to live: remaining in their communities for longer, being with their own family, going to college or undertaking training, getting a job or following their interests. People's lives can be transformed.

We are beginning a journey to improve social care and social work support in Scotland. We know that we do not have all the answers yet. We recognise that change is needed. We have a significant opportunity to ensure that people are placed at the centre of shaping the NCS.

This statement sets out the broad benefits we can realise through creating the NCS but much detail is still to be considered. We are committed to ensuring that the people who will access and deliver its services are at the centre of developing that detail. We will only get this right with your support.

What will the NCS do?

The NCS will be responsible for social work and social care support, including support for carers. It will also be responsible for planning and commissioning primary care and community health services. To ensure services are joined up, from a community healthcare context GPs, Nurse Directors and other clinical and healthcare leaders will engage in the development of local plans.

Our commitment is that the NCS will:

- enable people of all ages to access timely, consistent, equitable and fair, quality health and social care support across Scotland;
- provide services that are co-designed with people who access and deliver care and support, respecting, protecting and fulfilling their human rights;
- provide support for unpaid carers, recognising the value of what they do and supporting them to look after their health and wellbeing so they can continue caring, if they so wish, and have a life beyond caring;

- support and value the workforce;
- ensure that health, social work and social care support is integrated with other services, prioritising dignity and respect, and taking account of individual circumstances to improve outcomes for individuals and communities;
- ensure there is an emphasis on continuous improvement at the centre of everything we do;
- provide opportunities for training and development, including the creation of a National Social Work Agency providing national leadership, oversight and support;
- recognise the value of the investment in social care support, contribute to the wellbeing economy, make the best use of public funds, and remove unnecessary duplication.

Delivering a system that is genuinely accountable to people

Scottish Ministers will become accountable for social care and social work support delivered through the NCS. We know that people expect Scottish Ministers to be accountable for these services. Creating the NCS will enable them to make the improvements people want to see consistently across the country.

This would see the NCS at a national level setting the overall framework and standards for how community health, social care and social work are delivered. It will monitor performance of local delivery bodies for the services they plan, commission and procure. National bodies responsible for monitoring standards and performance in the provision of health and social care will play a role where appropriate. This would be similar to the powers that Ministers currently have in relation to NHS Boards.

This will ensure people across Scotland have access to consistent services and standards of care. Importantly this approach also allows for the local flexibility to meet the individual needs of the broad range of people and communities across Scotland, including our island communities.

Promoting best value across care and support by driving up quality

The NCS will drive quality and consistency for people through the development of standards, guidance and supporting policies for care and support, linking to healthcare standards as appropriate. These will be used to support the planning, design, delivery and monitoring of care and support developed in response to local need and circumstance.

The assessment of the quality of services will be driven by multiple factors. These will include the outcomes for individuals alongside the traditional performance management, oversight, regulation and inspection processes.

A quality management framework will also be introduced to ensure that continuous improvement becomes the norm and that we have a learning system that supports practice improvement, learning from best practice across Scotland and further afield.

The NCS will deliver value by ensuring quality and consistency for social care and support services across the country, tackling poor quality head on and ensuring that people have clear and accessible routes to raise concerns.

Embedding human rights, dignity and respect

The NCS will be governed by a set of principles that will clarify that social care and community health services are essential for the realisation of fundamental human rights and that the NCS has equality, non-discrimination and the dignity of the individual at its heart.

To deliver on this commitment, we will:

- embed and mainstream human rights throughout the development of the NCS;
- co-design community health and social care services with people with lived experience;
- develop a NCS Charter of Rights and Responsibilities;
- reform and strengthen complaints and redress processes to provide effective accountability and recourse;
- develop and promote inclusive and accessible communications and independent advocacy to empower people who access support; and
- enshrine additional specific rights and protections for people who access community health and social care support and their families and carers, in areas such as breaks from caring and care home visiting.
- **change** how people access care and support in Scotland as part of the development of the NCS.
- **reform** the current process of eligibility criteria. Prevention will be prioritised to make sure that people can move smoothly between different types of care and support as their needs change.

As noted below, some aspects may require further examination or expansion of additional services such as justice social work are included to ensure their relevance in different contexts, and that any public protection and safeguarding elements are recognised.

On care home visiting, the COVID-19 pandemic led to periods where care home residents were unable to receive visitors during lockdowns and outbreaks. Meaningful social contact was severely curtailed and this caused anguish for many residents, families and friends.

Families and friends play an essential role in the health and wellbeing of people who live in adult care homes, in terms of both practical and emotional support. For many residents, family members or friends also play a vital role in their care, complementing the support provided by care home staff.

The development of Anne's Law as part of the NCS Bill is considered to be rooted in human rights. Anne's Law will ensure that people who live in adult care homes will be able to have direct contact with people who are important to them in

order to support their health and wellbeing, regardless of circumstances, whether there is a national or local lockdown due to a pandemic or other reasons.

Current Scottish Government guidance and the strengthened Health and Social Care Standards has promoted and encouraged care homes to increase opportunities for meaningful contact both in and away from the care home with the adoption of protective measures. The NCS Bill will go further and allow Scottish Ministers to exercise a new power to require care home service providers to comply with Directions issued by the Ministers. This will help ensure that the rights of residents and friends and family are restricted only where justified as necessary and in a way that is proportionate and non-discriminatory and in accordance with human rights law.

Recognising the breadth of value of the workforce and unpaid carers

Community health and social care support reaches into all our lives – many of us, or many of our family members or friends, will already use social care, and many of us will do so in future. An estimated 231,925 people in Scotland were reported as receiving social care support and services at some point during 2020/21, and an estimated 839,000 people were caring for a relative or friend.

Most health and social care challenges are solved in the community by professionals and agencies working together to find a person-centred approach that maintains an individual's choice and independence. It is the delivery within the community, close to or within an individual's home, which makes it distinct to care and support offered by our hospitals.

Community health and social care supports people of any age who need or are provided with assistance for day-to-day living. The breadth of care and support offered is extensive and will relate to health issues, illness, physical disability, learning disabilities, neurodevelopmental conditions, mental health conditions, or issues relating to older age frailty, dementia, end of life care and more. It is equally essential for unpaid carers as it is the same services that help them look after their own health and wellbeing.

We must do more to improve the understanding of the breadth of services offered and the range and age of people who are supported. Community health, social care and social work, support people with or who are recovering from alcohol or drug addictions, those within our justice system and those who are or have been homeless or are at risk of becoming homeless. Children's social work and social care services help children and families who may need additional support or where children are unable to live with their own families. Justice social work supports individuals to address their offending behaviour while assessing risk and ensuring robust measures are in place to deliver community sentences and to protect the public.

Vital to achieving our ambitions is ensuring that our community health, social care and social work workforce feel happy, respected and fulfilled in their role. By rewarding, respecting and valuing our workforce, we recruit and retain great staff. This means ensuring Fair Work is central to a NCS. Work to improve pay, conditions

and opportunity for the workforce will help us do that, showing that a career in care is valued as much as it is valuable.

We know that people who work in social care and social work services can often feel overworked and undervalued. To attract people into the social care profession and make it a rewarding career people want to continue in, we will ensure that the terms and conditions and pay are based on Fair Work principles. National pay bargaining that looks at terms and conditions and the Fair Work agenda⁵, will be central to building a workforce that is fit for the future to deliver the best possible service for the people of Scotland.

We will also ensure that people working in social care and social work services can be heard, whether that is through unions, as individuals or through other employee representative groups. Ensuring workers have an effective voice will be a key aspect of ensuring we are building a service which responds to the needs, ambitions and ideas of the people who work within it.

The NCS will ensure, where possible, that no matter if someone is working for a third or private sector organisation, a local authority or in an NHS Board, or directly for the NCS, everyone will experience Fair Work in their employment.

The NCS will have national oversight of workforce planning for the social work (through the National Social Work Agency) and social care workforce. Currently, workforce planning is fragmented across a wide range of providers. The NCS will provide an opportunity to improve national, integrated workforce planning and modelling for the whole social services sector – linking this to identifying skills and training gaps so that we have an appropriately skilled and professional workforce for those who require care and support. Training and skills development will be viewed as an integral and essential part of service delivery which will be supported within workforce planning considerations.

The National Social Work Agency will support and invest in the social work profession by providing national leadership, overseeing and supporting social work education, improvement (by establishing a Centre of Excellence), social work workforce planning, training and development, terms and conditions, improving consistency and the scaling up of good practice. It will enable social workers to work with people to transform their lives and implement rights-based practice as part of the overall objectives of the NCS.

As the plans for the NCS develop, while national and local NCS structures will have the ability to employ staff, we do not anticipate that people who work in the services commissioned by the NCS will change their employer. For those involved in healthcare provision we do not expect the responsibility for clinical governance in the NHS to change or to be duplicated in the new arrangements.

In line with our commitment to public protection, we will ensure that new groups of currently unregistered workers can be added to the Scottish Social Services Council (SSSC) Register, where it is in the public interest to do so. We will improve

⁵ [Fair Work: action plan - gov.scot \(www.gov.scot\)](https://www.gov.scot/action-plan)

information sharing to inform misconduct cases and streamline the Register to improve movement between sectors and reduce bureaucracy for the registered workforce.

The Scottish Government is aware of the sensitivities around the full registration of Personal Assistants (PAs). It recognises the unique relationship between the PA employer and the PA. Before taking any decision regarding the full registration of PAs, the Scottish Government will consider the effect of changes to the PVG scheme, as well as NCS consultation responses and also broader sensitivities and considerations.

It's vital that we have genuinely integrated teams working to resolve problems when they arise and to anticipate needs. To ensure further integration we are keen for services to reach out to and from the hospital and provide more agile and responsive services in the community. We want to support existing teams to reduce the perceived barriers between services that many people experience.

It is also crucial that unpaid carers, including young carers are supported to continue to access education and activities that are important to them alongside caring and that they can sustain and improve their health and wellbeing. They must be involved in the decisions that affect them and those they care for.

We know that unpaid carers provide vital support to the people they care for and are fundamental to the sustainability of the whole health and social care system. However, we know that they can often feel invisible, undervalued and unable to take rest or breaks.

To support people to protect their wellbeing, sustain caring relationships and recognise and value the immense contribution of unpaid carers, we will ensure that all carers have rights to rest and breaks. To ensure that carers are recognised and involved as equal partners in care, we will also ensure that carers are fully engaged at all levels in shaping and operating the NCS and individual-level decisions that affect them. We will continue to focus on ensuring people's existing rights to support under the Carers Act 2016 are understood and delivered.

Developing preventative strategies and avoiding crisis interventions

Community health and social care support should not be seen as a service of crisis intervention but as one to help and support people at the earliest stage, preventing deterioration and people getting into crisis situations. There are opportunities through the creation of the NCS to enhance our focus on the health and wellbeing of our whole population, with a positive impact on life expectancy and on quality of life. To achieve this, our health and social care systems must work together to support everyone to live as independently as possible, whatever their needs and no matter where they live. This will require different behaviours and culture, working practices and delivery models across the whole system of care and support, building on the success of self-directed support options which empower individuals to plan for their own care needs.

People should be supported in their homes, within their communities and among their family and friends. This support should enable people to achieve the things that are important to them, with input and direction over the support they receive.

People, those with care needs and unpaid carers, must be central to the decision making around their community health and social care support. They must be able to say what matters most to them and have this acted on. These wishes should be recorded and shared with relevant health and social care professionals to support this. Where people rights and liberties are restricted due to incapacity or justice, their rights must be maintained as far as is possible. This will enable people to receive their care, treatment and support according to their needs and preferences. It will ensure that everyone involved can act together to support shared outcomes.

Self-directed support options empower individuals to plan for their own care needs. It will be easier for people to ask for support by having a direct route to access support and making sure they only have to tell their story once. We will improve the process for considering people's needs and deciding what support is needed, putting people at the heart of decisions about their care and building on their strengths. We will transform the delivery of social care support, moving away from a focus on risk and instead enabling people to access the social care support they need in their communities to live a full life. This approach will contribute to realistic medicine, where people are given consistent information to enable them to be a full partner in their support and care plans. The planning and provision of community healthcare will be an important aspect of this process.

The development of a National Care Record will enhance these ambitions. It will ensure that people's necessary data and information moves with them across sectors, in line with data protection laws, from prevention and early intervention to acute and specialist provision.

Prevention, early intervention and rehabilitation when issues first emerge are critical in delivering improved outcomes for people. It requires truly integrated health and care support at an individual level. When successful, this focus on early investment avoids the need for more costly action at a later stage. For example, social care occupational therapists have specialist expertise which is invaluable in contributing to finding the best solutions to support people in their own homes. Timely installation of an adaptation or a piece of equipment prevents or delays the development of more acute health and social care needs.

The social care, social work and community healthcare systems currently are often driven by acute and crisis support rather than prevention and early intervention. The focus must be to change the way community health, social care support and social work services are designed and cooperate with each other. Prevention, early intervention and rehabilitation must be prioritised. People will move seamlessly between different types of care and support as their needs change.

The third sector plays a multi-faceted role in community health and social care and must continue to do so for these reforms to succeed. The pandemic showed that community groups and third sector organisations of all sizes are central to ensuring that people who need care have the assistance with day to day living they need.

That care and support very often goes beyond regulated care provision to ensure a better quality of life-based on wellbeing and human rights. As well as extensive experience in quality regulated care provision, the third sector provides a comprehensive range of wellbeing services. These include befriending, community activities, community transport, networks of lived experience or home from hospital services.

Improving social care support, particularly increasing early intervention and prevention and supporting unpaid carers, including young carers to protect their health and wellbeing, reduces costs which would otherwise fall on other parts of the public sector. This may include unplanned hospital admissions, additional residential care needs, family breakdowns and more. It is difficult to fully estimate the size of these efficiencies and benefits, but they are expected to be considerable.

Smoothing artificial transitions and further consideration around the integration of services

People's lives do not fit neatly into categories. Different services – for example, social care, social work, and healthcare – need to work together to effectively support people and families. The transition from children's to adult social care and social work services can be a complex process for young people and their families, which could be improved by better coordination, planning and communication.

The integration, review, and transition between services for adults can also be traumatic and challenging. As a result many individuals fail to get the care and support needed across the system at a time that enables them to achieve outcomes and live well.

Young carers are one such example as they navigate the gap between adult and children's services, and their support also requires coordination with education.

People who are engaged with social work and social services who regularly require healthcare are often engaged in complex – often overly complex – relationships and experiences, whereby having to navigate them adds to the challenges and difficulties that they experience.

The NCS will aim to minimise the perceived divides and transitions across and between the different types of care and support. Placing people at the centre of discussions about care and support at both a local area and individual level.

The IRASC found evidence that Integration Joint Boards where children's social care and social work services and justice social work had been delegated to them had performed well in relation to those services. However, we recognise that children's social care and social work services and justice social work were not examined in detail by the Review. The primary objective for children's social care and social work services is to deliver The Promise, with work already underway. Consideration is also being given to how the future model for justice social work may be evaluated and explored on a collaborative basis.

The Independent Care Review, which led to The Promise, identified the need for change in order to improve the lives and outcomes for our children, young people and families who are care experienced. In Keeping The Promise, we must ensure services, working together, provide what our children and young people need to thrive and in so doing improve the level of support from birth through to adulthood to significantly reduce the number of children, young people and families coming into the care system.

Through work with partners, stakeholders and those with lived experience, an evidence base will be developed to understand the best governance, financial arrangements and models of care to deliver services for children and those within the justice system, whether within the NCS or outside it.

The NCS will be designed to facilitate inclusion of both children's and justice social work services, subject to evidence that shows whether it is more likely to be the best approach for each.

For children's services, this will involve assessing the current different models of integration, given that establishment of the NCS will bring change to existing structures. This assessment will inform a decision as to whether children's social services should be included within the NCS. Central to this work will be consideration of which service model will enable the Promise to be delivered most effectively, with clear consideration of the impact on children's transitions to adult services. A decision on whether to include children's services in the NCS will be taken following this evidence building exercise. The Scottish Government commits to further public consultation as part of that decision-making process and to the involvement of those with lived experience, including children and young people accessing services, and those who work across the sector.

Similarly, in relation to justice social work services, the Scottish Government intends to work closely with stakeholders to examine in detail the benefits and risks of inclusion and to co-design a possible new delivery model, to inform a final decision around the transfer of these services. As in relation to children's services, a public consultation will be held as part of this work, and the transfer itself will be subject to parliamentary scrutiny and approval.

It should be noted that while many of the core elements and underlying principles of the NCS will span all potential services – such as the importance of early intervention and a holistic approach to meeting people's needs – other aspects may require further examination if and when additional services are added to ensure their relevance in different contexts.

Building Strong Communities

How we identify needs and then commission community health and social care services will look and feel different in the future. The process to determine the level of need and demand across communities, our capacity to respond, how we will provide support to individuals and the continuity of our approach to ethical commissioning will lead to better consistency of quality social care support across Scotland.

We propose that the NCS develop and manage National Commissioning and Procurement Guidance for ethical commissioning and procurement of social care, social work, community health and other care and support.

This will ensure commissioning and procurement supports a person-centred, human rights-based approach to community health and social care support, involving people with lived experience in the process, ensuring fair work, promoting sustainability and being based on shared accountability. It will ensure that services provided under the National Structure meet the minimum quality standards we will set. The Structure of Standards will ensure a consistent and ethical approach to Commissioning and procurement, affecting the quality of service throughout Scotland.

The contribution that the third sector makes needs to be better reflected and connected to the planning and provision of community health and social care to improve whole system effectiveness. As part of changes to ethical commissioning and procurement, the third sector alongside the public and independent sectors must be a co-producer of community health and social care, central to planning and provision of services and the wealth of support that makes life better for those receiving care.

We will continue to support the network of Third Sector Interfaces to be a conduit and enabler of the third sector's role in community health and social care at the local level. At the national level, we will work with national third sector providers to ensure their expertise and experiences are central to realising the potential of these reforms.

Where people live really matters to them. The local response to Covid has shone a light on the power of our communities and how they can come together and make change happen to shape their own futures.

Community wealth building is a people-centred approach to local economic development, which redirects wealth back into the local economy and places control and benefits into the hands of local people. The commissioning of community health and care support, facilitated by progressive procurement, can play an increasing role in supporting local employment, supporting and growing business models that generate more wealth for the local economy and are better for local people.

Building community capacity includes shaping more inclusive and person-centred public services focused on those in greatest need, and creating local infrastructures that enable people to live well locally. It also involves Scottish Government taking the lead in promoting a joined up approach to the delivery of public services locally. The NCS will complement the Empowering Communities Programme through its commissioning and procurement processes. In doing so it enables communities to take more control and make a difference in tackling inequalities on their own terms, shaping their own futures.

Supporting Localism and Partnership

The NCS will not be a single large organisation. Localism will be fundamental to the development of the NCS, delivered through local delivery bodies and planning at a

local level. Scottish Ministers will provide funding directly to these local bodies and they will be accountable to Scottish Ministers. However, the local bodies will be governed by local people who have experience and expert knowledge of the issues that need to be addressed within local board areas. Planning at a local level will play an important part in ensuring that support and services meet the needs of people in their own communities. Combining national accountability with local expertise will ensure that the right balance can be struck in ensuring consistent and fair quality of service provision across Scotland.

We are also very much aware of maintaining robust interfaces with NHS Boards and other services such as housing, homelessness, education, the justice system, Scottish Prison Service and others. The NCS and its local delivery bodies will participate in existing shared planning arrangements such as with Health Boards and Community Planning Partnerships, and will also be responsible for co-designing and putting in place social care provision. The NCS will support and enable a multi-agency approach to public protection, which will be delivered at a partnership level. We want to ensure the NCS has effective collaborative relationships with a wide range of other organisations, including local authorities, health boards, Police Scotland and those who provide services, focusing on meeting people's needs.

In the future, social care support services may also be planned and commissioned at the national level on a 'Once for Scotland' basis. IRASC suggested that this might be the case for health and social care services in prisons and support for people with specialist or complex needs, including the national commissioning of residential rehabilitation for alcohol and drugs and support for people with multiple and complex needs.

What happens next

This statement is just the beginning of the conversation. The Scottish Government is committed to establishing a functioning NCS by the end of the current parliamentary term in 2026, and we pledged to bring forward the legislation to enable its creation by the end of June 2022.

We have introduced the NCS Bill to Parliament, which sets out a framework for the changes we want to make and give Scottish Ministers powers to gradually work through the detail. We will not rush this process as we want to create and co-design the detail through our continued engagement with people both with experience of accessing support and providing that support.

Taking this approach to a Bill allows us to engage with people at every stage and communicate and collaborate to get the delivery right for people. It also means that as the NCS grows and develops new ways of doing things, it can respond to those changes quickly.

The Scottish Government will lead and co-ordinate the change programme. The closer we get towards 2026 the more the transition activity will move to our partner organisations.

To support the transition across our health and social care system, people are already working together and collaborating with communities and those who use our services to improve people's experience of our system. While the NCS is being developed, new and ongoing national improvement approaches – including senior systems leadership programmes, induction training sessions for integration authorities and the lead agency, regular individual and collective leadership support, and a framework to enable improvements to local services and person-centred care – are all supporting the successful delivery of integrated services. We remain committed to continuous improvement and strive to realise the potential in the system right now.

We look forward to working with you all over the coming years to develop a NCS for everyone and provide the quality of community health and social care support we all deserve.

Annex

How social care currently works

Social care support is delivered by a wide range of partners. This includes organisations in public, private and third sectors. Social care is provided in people's homes, including through remote care and technology-enabled care, in residential accommodation and care homes or the wider community, and involves much advice and support services.

Currently, local authorities are responsible for social work and social care support, and local health boards are responsible for health services. They work together as integration authorities to assess the needs of their area and plan and commission local community-based health and social care services, using funding contributed by the local authority and health board. These are complex arrangements and mean it can be unclear for people to know where to go when they need support. The services people receive can also vary across the country.

Health and social care partnerships (HSCPs) in each local area are responsible for delivering local community-based health and social care services on behalf of the integration authority, including adult social work and adult social care support, primary care and community health services for adults. Some local areas also have responsibility for children's health, children and families social work and social care, justice social work, and homelessness and housing support.

The IRASC identified problems with this. As a joint organisation between the local authority and the health board, HSCPs do not employ staff. Their budgets are agreed upon and allocated by the NHS Board and the local authority rather than through direct funding. The Chief Officer is accountable to both bodies. These complex arrangements have not always resulted in the quality and well-integrated service that was intended, although it is recognised that success rates vary across Scotland.

For example, the implementation of the duties of the Social Care (Self-directed Support) (Scotland) Act 2013, which came into force in 2014, shows variation across Scotland. The Act places a duty on local authorities to offer people how much control they want over their support and the budget. Since the Act came in, there have been several reviews of Self Directed Support (SDS), including by Audit Scotland and the Care Inspectorate, which have highlighted inconsistencies in SDS implementation across Scotland. These include:

- **Inconsistency of Interpretation and Implementation** – Variation in the level of use of the four different options across the country. Variation too in usage across other service user groups.
- **Information and Advice** – There is an inconsistency of advice and information, leading to a lack of understanding and confidence for service users.
- **Workforce** – The workforce can feel conflicted between focusing on outcome-based assessment and care planning based on what matters to the individual and the existing eligibility criteria.



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This publication is available at www.gov.scot

Any enquiries regarding this publication should be sent to us at

The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

ISBN: 978-1-80435-360-8 (web only)

Published by The Scottish Government, June 2022

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS1075223 (06/22)

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