



National Care Service Consultation – QNIS Response

1. Introduction

The Scottish Government is seeking views on the development of a National Care Service (NCS). In their consultation document they state a commitment to implementing the recommendations of the Independent Review of Adult Social Care (2021). However, this consultation goes further than the recommendations within the Review and the proposed reforms are said to be the largest public sector reform in Scotland for many years.

In framing the consultation, Scottish Government state their ambition of creating a 'comprehensive community health and social care service' that supports all ages. The accompanying legislation is 'likely to be extensive and complex' and will take at least a year to be taken through Parliamentary process.

It is the view of community nurses who have come together to shape the response to this consultation that whilst there are significant challenges still to be overcome before people receive the joined up individualised care we all wish to see, that now is not the moment for wholesale change in the way we deliver care.

We are concerned that there is little mention in this consultation of prioritising prevention, which must be central to any reform if health and care services are to be sustainable into the future. The reforms introduced in the Public Bodies (Joint Working) (Scotland) Act 2014 sought to deliver on these principles. The scale of the proposed change is vast, and we believe it is too early to introduce further radical (and disruptive) reform, particularly at this point of pandemic when the entire workforce is stretched and exhausted.

We need to invest in staff, in the development of transformational leaders across health and social care, in systems that support integration and most importantly to empower individuals and communities receiving public services by involving them in the design and delivery of the services they use. This will not be achieved by legislative change. This is about transforming culture and making it easy for leaders to do the right thing for individuals, families, and communities.

2. Context

The content of the consultation document is comprehensive with 96 questions asked, which range in scope from those aimed at people who currently access social care services to asking about governance at a national level. It is clear that no one individual or organisation is expected to respond to all questions. Each question has been reviewed and those where QNIS have greatest influence have been selected for a response. QNIS has a unique contribution, serving community nursing across Social Care, NHS and the Third Sector.

We do not agree with the proposed reforms and yet we have answered specific questions about their implementation recognising that if they do go ahead there are things that we would wish to see in place. It is for this reason that some of our answers might appear contradictory.

3. Method

The consultation responses have been brought together after holding individual conversations with senior nurse leaders in health, third sector and social care, and a Focus Group which was convened from invitations to community nurses and midwives within our networks. After collating the thoughtful contributions shared, these have been analysed and synthesised to form the response below.

The consultation document is divided into six chapters. Each response is aligned with the question within the document, identifying the selected multiple-choice response when relevant, as well as accompanying narrative.

4. QNIS Response to National Care Service Consultation by Chapter

The following questions are given their respective number within the consultation document and the response outlined. Some sections do not allow for narrative in their response. Many questions constrain responses to yes/no, multiple choice or Likert scales and in some cases choosing a fixed response could be misleading. In these questions QNIS will supply supporting narrative when the consultation document allows this.

Chapter 1: Improving Care for People

1d Using Data to Support Care

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

Likert Scale response - disagree

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

Likert Scale response – disagree

QNIS is supportive of data sharing across systems when this is necessary for the provision of high quality, person-centred care. Instead of initiating another expensive project to create an integrated record it may be best use of resource to find ways that data can be easily shared between the multitude of platforms used across health and care services.

12. 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?

Multiple choice response – yes.

QNIS believe there needs to be careful consideration about what data items are relevant for sharing and legislation should be limited to only essential data. Essential data could be decided by a multi-agency and multi-professional group, along with the voices of those experiencing care. There is a risk that the data burden that some teams face in the NHS could be replicated in social care if data is not restricted to the vital few datapoints that will support improvement in individual outcomes. It is our view that this should be in secondary legislation so that it can be amended in a way that is agile as systems develop in the future.

1e Complaints and putting things right

16. 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?

Multiple choice response – Yes.

QNIS believe the experience of those receiving care and support, their families, and carers, is a crucial outcome measure, which needs to be considered along with other person-centred outcome measures. It is important that experience is considered from the perspective of the individual who is receiving care and not just from a service perspective. Listening to how people experience care when multiple services or agencies are supporting them is crucial to understand the boundaries between services and how teams can improve co-ordination of care.

Chapter 2: National Care Service

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

Multiple Choice response - No, current arrangements should stay in place

While QNIS support any initiative that improves the experience of those receiving health and care within our communities we do not believe this is the right time for the major structural change that is outlined in this proposal. We believe energies should be focused on improving our current structures, i.e. strengthening IJBs rather than developing Community Health and Care Boards.

The resilience and morale of the workforce across health and care is at a very low ebb and introducing major structural change will take the focus away from improving the delivery of care onto creating these new structures. Such a major restructuring described as 'extensive and complex' may take years to embed into local systems. Is this the right time for another major restructuring of Health and Social Care? We are concerned that energies will be taken up with a major restructuring programme rather than on delivering the right outcomes for people requiring health and social care.

Chapter 3: Scope of National Care Service

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?

Multiple choice response – leave this blank as there is not choice in the responses that fits into QNIS views.

QNIS believe the role of executive nursing leadership in the National Care Service is so important that it requires experts in community and social care nursing. We are concerned that leadership from NHS Executive Nurse Directors may replicate systems and processes from the NHS, which are not suited to people's homes and social care settings.

There is an opportunity from the learning during the pandemic, to ensure accountabilities and responsibilities in senior nursing roles with the NCS are clear, along with how authority is established in the context of multiple organisations being commissioned to deliver care.

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?

Multiple choice answers do not allow for the complexity of the question. The supporting narrative is below.

QNIS support consistency of standards of care with equity of access to education and professional development for social care nursing and its governance. However, there are a wide range of nursing roles within social care and the third sector, which are often commissioned by social care or IJBs and delivered by a range of organisations. Commissioning will have to consider professional development and education to ensure systems are in place to support social care nurses gaining access to education and professional development.

Each registered nurse is accountable to the professional governing body (NMC) for keeping up to date with their practice, but there is inequity in access to support for learning and time for professional development. There is learning to be gleaned from the roles of nurses employed by GP practices and how professional governance is implemented in this area. NHS Education for Scotland has a dedicated resource to support general practice nursing staff who are central to the National Health Service but are not directly employed by territorial health boards. In addition, NHS Education for Scotland already supports the development of care home staff

through the new university-based community nursing programme but this must be extended and developed further to ensure equity of access to CPD for all staff across health and social care whoever they are employed by.

To achieve consistency in standards and equity in access to education requires clarity in accountability and roles and responsibilities of the NCS and the many providers who employ nurses within social care settings. This will require senior nursing leadership across the structures of the NCS, both national and local with dedicated National Care Service Executive Nurse Directors, working in partnership with social care professional leadership.

36. 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?

Multiple choice – only offer is yes or no. Implication of consultation document supporting narrative is that this is in relation to NHS Executive Nurse Directors having this role. Therefore, to ensure that response is not misleading the multiple choice will be left blank and text below provided.

The role of a dedicated Executive Nurse Director within the Community Health and Social Care Boards is important to ensure consistency of standards and professional accountability for community and social care nursing. The NCS Executive Nurse Director role would work in partnership with the NHS Executive Nurse Director within their area.

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

58. “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?

Multiple Choice Response – No

The current structure of Integrated Joint Boards could be used as the vehicle for improving integration. Can these be repurposed and refocused rather than initiating major structural change within a pandemic and recovery programme?

62. 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?

QNIS believe that if Community Health and Social Care Boards are formed, they require a dedicated Executive Nurse Director with professional leadership within the Scottish Government. Each Board should have a dedicated National Care Service Executive Nurse Director. Although the nursing leadership from the NHS Executive Nurse Directors has been

helpful during the pandemic, learning indicates that when leadership comes from the NHS there is significant risk of a clinical model being imposed in people's homes. The National Care Service requires its own Executive Nurse Directors who understand the context of community and social care and therefore better equipped for strategic planning, collaboratively with social care colleagues in this sphere.

63. "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 choice – QNIS Response - Yes

65. "[Integration Joint Boards] should employ Chief Officers and relevant other staff." (Independent Review of Adult Social Care, p53). Currently, the Integration Joint Boards' chief officers, and the staff who plan and commission services, are all employed either by the local authority or Health Board. The Independent Review of Adult Social Care proposes that these staff should be employed by the Community Health and Social Care Boards, and the chief executive should report directly to the chief executive of the National Care Service. Should Community Health and Social Care Boards employ Chief Officers and their strategic planning staff directly?

Yes/No choice – QNIS Response - Yes

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

QNIS believe that to achieve the outcomes of this ambitious plan that it is essential for the Community Health and Social Care Boards to employ dedicated National Care Service Executive Nurse Directors who understand and have experience of the sector. The risk of delegating professional leadership to NHS Executive Nurse Directors is that they impose a clinical model on social care, which requires a holistic model that appreciates the different context of nurses in community and social care services who are caring for people in their homes.

Chapter 7: Valuing People who Work in Social Care

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

Yes/No Option – QNIS Response – Yes.

QNIS believe that it is important to set training and development requirements for registered nurses alongside all other health and care staff within social care. Currently there is disparity in accessing training and development opportunities dependent on the provider and its capacity to release staff. This must be addressed and funded equitably.

93. 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 Option – QNIS Response – Yes

The provision of training secured to a consistent standard would be beneficial for social care nurses to ensure a training which is not dependent on individual providers sourcing this. Some training could be delivered with a partnership approach between NHS and NCS, for example a collaborative approach between NHS Education for Scotland continuing to work collaboratively with the Scottish Social Services Council.

Summary

The responses above reflect the conversations that were held to understand the views of nurses in our communities. These included nurses in senior leadership roles and practitioners delivering care, across Social Care, NHS, and the Third Sector.

Within the constraints of the consultation document framework, the views gathered have been reflected in QNIS responses. The repetition apparent within the responses is to ensure that important points are reflected in as many responses as appropriate.

There were two recurring themes that were consistently communicated during our conversations:

- Is this the right time for such major structural reform?
- If it is to go ahead, the National Care Service needs its own dedicated Executive Nurse Directors who understand the context of communities and social care.

Currently the workforce, across both health and social care has low resilience and morale while continuing to manage the impact of the pandemic and a recovery programme. QNIS supports improving person-centred culture across health and care services with positive outcomes for individuals, families and communities at its heart. If this reform progresses to the next stage there must be an emphasis on co-production, prioritising prevention as we work collectively across sectors to co-create more healthful villages, towns, and cities.

Erica Reid, QNIS Trustee on behalf of the Queen's Nursing Institute Scotland
1 November 2021.