Dumfries and Galloway
Integration Joint Board

18th November 2021

This Report relates to
Item 14a on the Agenda

Integration Joint Board National Care Service Consultation Response

Paper presented by Vicky Freeman

For Noting

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List of Background Papers:	Independent Review of Adult review of Social Care, February 2021 https://www.gov.scot/publications/independent-review-adult-social-care-scotland/

	A National Care Service for Scotland: Consultation 9 August – 2 November 2021 https://www.gov.scot/publications/national-care-service-scotland-consultation/
Appendices:	**Appendix One Dumfries and Galloway Integration Joint Board Response to The National Care Service For Scotland Consultation**

Direction Required to Council, Health Board or Both	**None**		
	Title	**Reference Number**	
	Direction to:		
	1. No Direction Required		*X*
	2. Dumfries and Galloway Council		
	3. NHS Dumfries and Galloway		
	4. Dumfries and Galloway Council and NHS Dumfries and Galloway		

1. Introduction

1.1 The Scottish Government invited responses to the document 'A National Care Service for Scotland' by the 2 November 2021.

1.2 The response from Dumfries and Galloway Integration Joint Board is included in **Appendix 1**.

2. Recommendations

2.1 **The Integration Joint Board is asked to:**

- **Note the response from the Dumfries and Galloway Integration Joint Board to the Scottish Government on the proposal to create a single National Care Service (NCS) for Scotland.**

3. Background and Main Report

3.1 An Independent Review of Adult Social Care concluded in January 2021and its report was published on 3 February 2021. The report contained a number of recommendations to adult social care in Scotland, aimed at improving the outcomes achieved by and with people who use care and support, their Carers and families, and the experience of people who work in adult social care.

3.2 In August 2021, the Scottish Government launched a consultation on a National Care Service for Scotland, one of the proposals contained within the Review of Adult Social Care, and sought views and responses to a number of proposals in relation to this.

3.3 It is proposed in the consultation document, that IJBs be reformed and become Community Health and Social Care Boards (CHSCBs). These bodies would be funded directly by the Scottish Government and be the "local delivery bodies for the NCS".

3.4 It is proposed that, the scope of the NCS will, at a minimum, cover adult social care.

However, the consultation sets out proposals for an expanded scope that includes

- children's services
- elements of healthcare
- community justice
- alcohol and drug services
- social work
- elements of mental health services

3.5 The period of consultation on the NCS was from the 9 August to the 2 November 2021.

3.6 Dumfries and Galloway Integration Joint Board held an initial full day workshop on 14 September 2021 to consider the National Care Service proposals within the consultation document.

3.7 A further workshop for members of Dumfries and Galloway Integration Joint Board was held on the 7 October 2021 to revisit the content of the response to date and to consider providing comments more broadly, beyond those sought within the consultation document.

4. Conclusions

4.1 The Dumfries and Galloway Integration Joint Board response on the National Care Service for Scotland: Consultation (please see **Appendix 1**) back to the Scottish Government was approved by the Chair of the Integration Joint Board and Integration Joint Board Chief Officer and submitted on the 2 November 2021.

5. Resource Implications

5.1 No immediate resource implications

6. Impact on Integration Joint Board Outcomes, Priorities and Policy

6.1 No immediate impacts on outcomes, priorities and policy

7. Legal and Risk Implications

7.1 No risks to be considered at this time

8. Consultation

8.1 Members of the Dumfries and Galloway Integration Joint Board.

9. Equality and Human Rights Impact Assessment

9.1 No Equalities Impact Assessment undertaken as this document is in response to a consultation led by another body

10. Glossary

10.1 All acronyms must be set out in full the first time they appear in a paper with the acronym following in brackets.

IJB	**Integration Joint Board**
NCS	**National Care Service**

Appendix One

DUMFRIES AND GALLOWAY INTEGRATION JOINT BOARD

NATIONAL CARE SERVICE CONSULTATION RESPONSE

02/11/2021

A National Care Service for Scotland - Consultation

RESPONDENT INFORMATION FORM

Please Note this form **must** be completed and returned with your response.

To find out how we handle your personal data, please see our privacy policy: https://www.gov.scot/privacy/

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

☐ Publish response only (without name)

☐ Do not publish response

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

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
- ☐ Other

Dumfries and Galloway Integration Joint Board

National Care Service Consultation Response

1. General comments

The Dumfries and Galloway Integration Joint Board hold a broad range of views in relation to the proposals contained within the document 'A National Care Service for Scotland – Consultation', August 2021. While the majority of members welcome the opportunities that establishing a National Care Service (NCS) for community based health and social care will bring, there is a view that it may remove local accountability and could undermine key professional roles and amend structures unnecessarily.

Whilst the comments contained within the response below are intended, in as far as possible, to broadly reflect the views of the Dumfries and Galloway Integration Joint Board in relation to the proposals contained within 'A National Care Service for Scotland – Consultation', August 2021, it should not be assumed that there is universal agreement to all of the comments made and/or views provided.

There is a broad view that momentum and learning gained over the last six years of integration should not be lost but built upon, particularly in relation to developing

- more integrated ways of working
- effective relationships
- new and different organisational cultures and
- new approaches to the planning care and support built around people's lived experience and
- coproduction delivery models

Some members of the IJB would earnestly request that consideration is given to the disruptive effects of organisational change on a region already facing significant challenges. The process to consult on and introduce the NCS at this particular time, risks distracting and disrupting people given the challenges being faced by health and social care. It is critical that capacity and resource remains focussed on addressing the challenges of the coming months, maintaining and growing relationships and continuing to deliver high quality care and support for local people while implementing the changes that will ensure a modern and sustainable sector for the future.

There can already be delays in delivering needed change due to limited staffing resource and the need to balance addressing the current challenges of the Covid19 pandemic with meeting increasing demand in the health and social care system more generally. It is the view of some members of the IJB that, for Dumfries and Galloway, further evidence is needed to demonstrate why what is

being proposed would more effective in delivering change than current arrangements. Given the inevitable disruption of structural change, care must be taken to use the opportunity of change to make the right, and needed, changes. Member of the IJB recognise that we have fairly unique arrangements in Dumfries and Galloway with all of acute services being delegated to the IJB alongside primary care, mental health, community health and adult social care services. A key reflection from IJB members is that we would wish to ensure that any future structural change maximises the delegation to the CHSCB and limits disruption to our existing model.

Striking the right balance between working on local knowledge and working on national directives is critical to the success of the NCS. It is important not to lose the voices of local people and remember the importance of always listening and understanding from the voices of lived experience. There is a need for further detail to ensure that proposed structural changes do not adversely impact on local autonomy, including decision making or that local autonomy will not be diluted or lost completely.

A lack of detail and clarity and inconsistencies (e.g. eligibility criteria), in the consultation document generally is noted by members of the IJB. This has made it difficult to provide meaningful and informed comment and responses to some sections of the document. Some members feel that the closed nature of the questions in the consultation document is not conducive to a healthy debate and reduces the potential to reflect a range of perspectives on issues within the response and that it therefore reduces the value of contributions made overall.

It appears from the consultation document, that CHSCBs will essentially be commissioning bodies. The move to CHSCBs as commissioning bodies would be an interesting one at a time when elsewhere there are moves away from central commissioning body models towards more integrated arrangements, morphing over into system working and recognising the importance of collaboration. Significant levels of financial and staffing resources, such as expensive senior management and clinical leadership posts, would be needed to support establishing a separate commissioning body. The proposals around this also risk introducing more layers of bureaucracy into an already complex system.

The IJB in Dumfries and Galloway would be keen to ensure that it does not lose its single integrated arrangements and that CHSCB have full accountability and responsibility for the operational delivery of the services within its scope with its own fully integrated workforce working under a single employing authority.

Delegation of a broad range of functions to the Integration Joint Board has worked well for Dumfries and Galloway. The model of integration has a single operational management structure with clear lines of professional accountability for each of the staff groups that operate within the Health and Social Care Partnership. This means many voices are included through the structures of governance and that there is clarity of purpose for all of the individuals and organisations that form part of this body with clear links between the different elements of the strategic framework. There is also clear and direct linkage between planning, commissioning, procurement and providers in all sectors. In any new model, we

would want to ensure that these arrangements are further strengthened and not diluted.

The creation of a NCS could present a risk that social care is treated as a separate system and this should be avoided at all costs. Much greater clarity is needed than is provided within the consultation document with regard to this vital issue in relation to the model actually being proposed. It would be helpful following this consultation, for there to be greater clarity on the commissioning, procurement and delivery arrangements for a wide range of primary and community based health services alongside social care services.

Whatever the eventual model looks like, leads from all sectors should be included around the top table discussions and decision-making on an equal par with each other.

The opportunities of the NCS to place a much needed focus on social care and effectively share examples of good practice around different areas of Scotland are welcomed. There is a view that a brave NCS is needed, identifying and addressing where there is poor practice or unacceptable resistance to implement changes that would lead to more effective services. It should not however, make rigid national requirements that distort locally determined priorities.

Comments relating to the various sections of the consultation document

2. Improving Care for People

Improvement

There are significant differences between rural areas and urban areas in relation to the planning and provision of health and social care. A risk has been identified that, within a centralised model of social care, rural areas become less visible and that the focus is directed mainly towards higher populated areas.

Focus improvement on those areas of care that need it and not those that currently work effectively.

Lived experience and working with people using a human rights based approach to ensure their needs are met, is vital. Local experience, learning and innovation should not be ignored.

Invest in ‘good conversations’.

There is a co-ordinated sharing of learning and best practice on systemic improvements.

The development of a closer connection between Commissioning and the Care Inspectorate is welcomed.

Intelligence from inspection must be supported by/triangulated with local commissioning intelligence.

What is meant by ‘Human Rights’ in the context of this document? This is not made clear.

Access to Care and Support

There is concern that centralisation, without clear local planning and operational arrangements, could further exacerbate inequalities in health and social care.

Prioritising prevention and early intervention is important but we need to be clear about what these interventions are and ensure these are evidence based. There are opportunities to look at what local areas do and scale up nationally.

What does “consistent care” mean/look like?

There is concern around the cost and resource requirements needed to resource new systems and structures.

How would resources be prioritised/rationalised if eligibility criteria are removed? How do we move toward a human rights approach?

In the ‘Social Care (Self-directed Support) (Scotland) Act’, 2013,Scotland has a progressive and human rights based piece of legislation that needs to be fully implemented and embedded into all aspects of social care.

How assessment, eligibility and communication processes directly impact on citizens choice needs to be carefully considered. The objective must be to remove barriers to accessing appropriate and person centred care and support.

Right to breaks from Caring

Introducing breaks for Carers as a right is broadly supported by members of the IJB in that they recognise the critically important role of unpaid Carers in maintaining a balanced health and social care system.

Approximately 97% of Carers do not currently access statutory support. This means there will be significant financial implications of introducing a right to breaks from caring. How can resources to support Carers be effectively prioritised if there are no eligibility criteria?

Ways to better identify Carers, and/or enable Carers to identify themselves as Carers, need to be developed.

All of the different ways in which Carers would like a ‘break from caring’ need to be addressed. For example, many Carers also want the option to have a short break with the person they care for, especially if this is a child.

Using Data to Support Care

There is agreement that relevant health and social care professionals, being able to share data, is a critical and fundamental plank of integration, providing the means by which people can be effectively supported. CHSCBs will need the resources and capacity that will enable them to achieve this.

Whilst anything that improves appropriate data sharing is welcomed, it is recognised that there is a need to ensure that access to people's personal information is maintained and managed on a strictly 'need to know' basis. Investment needs to be made in systems that ensure this.

In order for the NCS to be successful, information sharing is critical. There is currently a lot of legislation which can be a barrier to information sharing, especially in relation to sharing information with non statutory sector providers.

Practitioners must feel safe sharing information with each other and with colleagues beyond their organisational boundaries. A focus on improving trust and understanding of different roles and sectors would optimise the safe, appropriate and effective sharing of data. That is one reason why all sectors should be involved in developing a strategy for data sharing across health and social care. Also, there is much to be learned from third sector organisations in relation to data collection and using data to inform local decision making.

Complaints and putting things right

There are differing views on a national system for complaints and whilst there is some support for this, this is based on the local stages of the complaints process being retained to ensure a culture of inviting feedback and good conversations locally.

There is also an acknowledgement of the legislative framework governing complaints for different professions. The proposals so far, lack the detailed information to enable a full view to be offered in respect of the level of support for this or otherwise.

There is agreement on the need for local understanding of complaints and local resolution to ensure that we learn from these and that we approach service improvement based around people's lived experience of health and social care and support within the local context.

The importance of investment in advocacy to support people who need it is recognised and supported by the IJB. Robust and effective advocacy services can both help avoid and effectively address complaints.

3. National Care Service

If there is to be no transfer of NHS staff over to the new arrangements of the NCS, then its introduction presents a risk of organisationally distancing community level health from social care arrangements that currently operate within teams that are integrated at a community level

There is no clarity within the consultation document as to whether Public Health would sit within the National Health Service or National Care Service. If a key focus and function of the CHSCB is prevention and early intervention and addressing inequalities, it is critical that the Director of Public Health is a member of this.

In D&G we believe that there is the capacity to explore the potential options for a wider integrated approach which builds on the existing local model and to develop a National Health and Care Service. There is little appetite to separate out that which is already integrated. We would like to see a truly integrated Health and Care service in our region and would welcome the opportunity to be a test site for future similar models.

We would like to see a more formal role and recognition for Third and Independent Sector partners as part of an NCS.

4. Scope of the National Care Service

Children's Services

There is a view within the IJB that there is a need for a stronger evidence base to be provided within the consultation document for the rationale to include Children's services.

Children's services are a complex area of work that deals with a range of risks to children's health and well-being. Strategic development work in this whole area has consistently aimed to work to respond to local requirements in acknowledgement of the importance of localism as a concept and the need to learn and adjust models to reflect this. The range of national tools and frameworks introduced have been based on this experience of strong professional working and learning from across the country and the logic and benefit of introducing structural change at this point is unclear and needs to be presented.

There is a view within the IJB that the document does not take account of the local authority statutory role in this area and the reliance on expert, knowledgeable and experienced social work practitioners in keeping children safe based on strong, competent professional leadership.

There is concern regarding where the 'joins' for other local authority and third sector services relevant to children would be if children's social care services were included within the scope of the NCS. For example how this would link with education services?

There is no mention of Youth Services. It is important that youth support services are considered.

The inclusion of Children's Services fails to take account of the development work already undertaken over an extensive period resulting in 'The Promise'. Nor does the document take account of the work already underway to progress a range of commitments within the Promise.

The development of an early intervention and preventative approach through GIRFEC relies on a collaborative model of work which brings together the relevant multi-agency partners and there is a view that there is no logic to introduce structural change to this system and that this may further fracture these well-developed working relationships.

There is a counter view that to include children's services in the NCS would better ensure a 'whole family' approach.

Healthcare

There is some concern that what is being proposed in this document in relation to healthcare would in fact be a step back for Dumfries and Galloway in terms of integrated working. All of acute care is already delegated to the IJB enabling the local health and social care system to be planned and operationally managed as a single whole system of care and support. Some members of the Dumfries and Galloway Integration Joint Board see this as a missed opportunity to establish a single national body for health and social care with truly integrated arrangements across a whole system for the planning an delivery of health and social car and support.

General Practitioners are the only service mentioned with regard to community contracting. What about other community based health services such as opticians, dentists, pharmacists, etc?

Social Work and Social Care

The Independent review of Adult Care discussed the need to include Adult social work and social care staff in any model going forward. This consultation, however, extends this to include the rest of social work services. It is unclear, as no detail is provided, what implications this would have in respect of service delivery, who employs staff, how the workforce would be deployed or whether the NCS would have the professional knowledge and expertise at a sufficiently senior level to accommodate the range of services within social work a number of which are exceptionally high risk, without exposing the organisation to further risk.

There is a lack of clarity or detail in the document relating to where various groups of staff will sit and whether or not CHSCBs are purely commissioning bodies or

whether they will employ their own staff. If the latter it is important that the new structures are attractive for people to work in them.

Nursing

More clarification is needed around the Nurse Director role. There is confusion around the proposal for a National Nurse role and where this would sit.

There is very little in the document in relation to nursing more generally on which to comment

Justice Social Work

There is a view from some members of the IJB that it is important that Justice Social Work is part of the NCS as so many of people that are going through the service are linked to other services such as mental health, drug and alcohol support.

However, there is also a view expressed that this is a specialist area of work which deals with the highest level of risk in terms of managing high risk offenders. It is a discrete area of social work business with strong links to external bodies including prisons and the court system. The counterview is that to include Justice Social Work within the NCS risks marginalising this key area of work and for the significance of the risk it manages to be lost and that the consequences of this are significant. There is a need for the case to include Justice Social Work to be set out far more clearly with and evidence base to support the proposed move into the NCS. Currently, the document does not identify any potential benefits for Justice Social work in being part of this structural change.

Prisons

Prison based services are currently largely provided by Social work Services with Health and Social Care input to support specific health and social care requirements for older or ill inmates.

Health and Social Care provision for prisons is already managed within the integrated system.

There is a view that Health and Care within Prison setting should be included within the scope of the NCS to ensure seamless arrangements for people in prison.

An alternative view has been expressed that the provision of social work extends beyond the prison base to support families and is part of Justice Social Work delivering support to families as well as ongoing court work and after-care work. There is no rationale or evidence offered as referred above as to why Prison

based social work as part of Justice Social Work Services should be included within a NCS.

There needs to be an emphasis placed on access to advocacy services and a human rights based approach in relation to health and social care in Prisons.

Alcohol and Drug Services

There is broad agreement that these services should be included within the NCS

The need for some people involved in the justice system to be able to easily access Alcohol and drug services is recognised.

Mental Health Services

There is broad agreement that mental health services must continue to be part of future integrated arrangements and that there is a considerable lack of detail in the consultation document regarding these.

There is significant concern that mental health services become fragmented within the proposed new structure.

National Social Work Agency

There is a need to have more detail on the role of a National Social Work Agency and whilst this may have potential to benefit the social work profession it is not possible at this stage to offer a complete view on this suggestion without this further detail.

There is broad support for the introduction of a National Social Work Agency for those who see it as an opportunity to strengthen Social Work as a profession but there are also a number of views that do not support this proposal.

There is a need for a national approach to pay and conditions for social work staff to avoid variations in pay and achieve parity across Scotland for the same and similar jobs. However, there would need to be fuller detail on whether this was the way to achieve this and the role of trade unions and other professional representation in relation to this model.

There is a need to ensure that current training which is strong and working effectively is not lost or duplicated.

Other

IJB members are thoughtful regarding whether some elements of housing should also be included within the scope of the NCS. The critical relationship between housing and effective health and social care must be acknowledged. If no elements of housing are to be included within the scope of the NCS, a focus on improving the interfaces between these services is needed, making them much more seamless and effective.

5. Reformed Integration Joint Boards: Community Health and Social Care Boards

There are questions regarding whether or not CHSCBs will be responsible for the delivery of services or is it solely a Commissioning and Procurement Board. It is stated within the consultation document that NHS staff will remain within the NHS. There are very strong views that the CHSCBB should employ their own staff and be responsible for the delivery of health and care services locally. If the CHSCB is predominantly a Commissioning and Procurement body, then the current barriers to achieving progress and change at pace are retained in what is being proposed.

Who will be on the CHSCBs?

- There is a view from some members that membership of CHSCBs should be a mix of elected members and non executives.
- Will there be potential conflicts of interest for members of CHSCBs for elected members?
- There is not clarity around local accountability and the role of local authority and elected members.
- It is not made clear in the consultation document who would have voting rights on the CHSCB.
- There is a need to ensure a range of different 'lived experience' is represented on the CHSCB (though extremely difficult to do this in a balanced and meaningful way).
- Further clarity regarding the membership of CHSCBs is needed.
- Unpaid Carers should be represented on the CHSCB.

There is a view that Third and Independent Sector representation on CHSCBs should have voting rights on an equal footing with other members. However, there is also the view that, whilst broad representation is needed to ensure a well informed board, those members of CHSCBs who have voting rights with regard to how public money is spent should be elected by the public that they serve.

How, if there is to be representation from people with lived experience, do you make this meaningful rather than tokenistic? Also, how do you ensure that they

are truly representing the broader view of that group of people and not merely expressing their own view?

6. Commissioning of Services

There is a need to ensure that any national contracting makes provision for local flexibility, supporting locally created innovative solutions in a range of ways including building in the commissioning flexibility of 'light touch' approaches. There is concern that the ability to locally influence commissioning will be lost in a centralised model of commissioning. A good degree of local knowledge is critical to good commissioning. There are concerns around central commissioning and the loss of local level knowledge and intelligence and that centrally commissioned contracts such as the National Care Home Contract may not be conducive to developing a culture of creativity and innovation.

A balance needs to be struck between centralised and local models of commissioning.

Some IJB members welcome the NCS consultations' emphasis on 'ethical commissioning', establishing a system where localism is recognised and the ability of local teams to understand and respond to local need is acknowledged. There are many deficits within the current approach to commissioning, particularly of non-statutory, third sector services. While it is vital that commissioning is based on assessment of need, the main form of commissioning currently employed by local authorities and heath boards, that of competitive tendering with a significant element based on price, leads to many adverse consequences. These include

- Commissioning outcomes often determined by the lowest bidder
- Encourages 'short-termism' which is detrimental to the planning, development and sustainability of social care services.
- Funding uncertainty and short-term funding cycles for providers, particularly in the third sector, creates instability in the workforce.
- A 'top-down' approach to the development of commissioned services which mitigates against community participation and user involvement in the design of services
- Process driven rather than focus on people who the services are being delivered for

Considerations should be given to moving from competitive models to models of care and support that encourage creativity and effective delivery of individual's needs, wishes and aspirations.

There is also the view that competition in commissioning can be positive in that it can be a helpful lever to drive standards and quality upwards. The removal of competition completely can also have the effect of making life less interesting, delivering less incentive for providers.

More clarity is needed around what "robust" commissioning and procurement actually means in the context of the document.

‘Creation of a market’ and ‘developing collaborative approaches’ appears paradoxical?

7. Regulation

Regulation is a complex and complicated world and moves to streamline this would be welcomed as long as the arrangements continue to safeguard the workforce and the service user. There is not enough detail provided at this stage to enable judgement on whether this is achievable through these proposals or not.

Any proposals to increase regulations for care workers need to be very carefully thought through. Working in care should not solely be about formal qualifications, but about safeguards. There are attributes and qualities other than formal qualifications that can make someone a good and effective care worker.

There are examples locally of where regulation is stifling creativity and flexibility within Care Homes and Care at Home.

Closer links between the Care Inspectorate, providers and Commissioning is welcomed.

Proportionate and flexible scrutiny that more closely aligns care delivery, regulation and funding would be of significant benefit to all parties.

A central market oversight function by the regulator would be useful.

8. Valuing People who work in Social Care

The health and social care workforce extends beyond staff working in the local authority and NHS. All people who work in health and social care in all sectors should have parity of esteem and equal terms and conditions for the same jobs.

It is important to highlight the importance of pay and recognition and that workers are recognised, valued and respected for the work that they do.

The way in which people working in social care are perceived by other HSCP colleagues and the public in general needs to be addressed through innovative and radical strategies.

The opportunities a National Care Service could provide in respect of training that is joined up between the different sectors must not be lost.

Recognition and remuneration for the Health and Social Care Workforce is essential. This should include professional roles for example Social Work, Community Occupational Therapy.

Protecting the physical and mental health of the social care workforce should be a key objective of the NCS.

It is the view of some members of the IJB that the development of a National Care Service (NCS) provides the opportunity to raise the profile of the third sector in the provision of health and social care services and to establish parity of esteem in relation to their role as equal partners in the provision of key services. It must be clearly acknowledged that all partners are not operating from a level playing field.

Priority should be given to levelling up pay, terms and conditions between health and social care and between the third and statutory sectors. The main issues around equity of workforce development and training as it impacts on the third sector and which it is important to address via the NCS are

- Uneven competition between the sectors for a limited pool of staff causes staffing crises. Funding uncertainty and short-term funding cycles for providers creates instability in the workforce.
- High levels of vacancies in health and social care existed pre Covid-19 but have been exacerbated by the pandemic and Brexit.
- Barriers to integrated working continue to exist, for example staff moving having to redo training when they move within Partnerships.

Training and Development

Might there be an educational role for the NCS in relation to supporting and meeting the needs of non executive members of CHSCBs?

Personal Assistants

There are advantages and disadvantages to regulating Personal Assistants and there is uncertainty regarding what the overall impacts of increased regulation would be.

There is broad agreement around what is being proposed in relation to Personal Assistants and abroad view that people need the protection of a register (both people delivering care and those who are accessing care and support).

We need to find ways to support people to access training as it is a lot of responsibility for Personal Assistants to source this for themselves.

The Dumfries and Galloway Integration Joint Board thank the Scottish Government for this opportunity to comment on the proposals in relation to establishing a National Care Service for Scotland.