

# **Agenda Item 5**

## **Chief Officer Report**



## Falkirk Integration Joint Board

19 November 2021

Chief Officer Report

For Decision

### 1. Executive Summary

- 1.1 The purpose of this report is to update members on current developments within the Falkirk Health and Social Care Partnership (HSCP). The report also provides an update on the ongoing Covid-19 pandemic response.

### 2. Recommendations

The Integration Joint Board is asked to:

- 2.1 agree to continue to delegate authority to the Chief Officer, to be reviewed at the Board meeting in March 2022
- 2.2 note the IJB and HSCP response to the National Care Service for Scotland consultation
- 2.3 note the vacancy for Falkirk Council voting member
- 2.4 approve the process to identify a Third Sector Forum representative

### 3. Background

- 3.1 The Board has previously agreed key areas of work that should be undertaken and the report provides an update on a range of activity.

### 4. Response to Covid-19

#### 4.1 Delegated Authority

Since March 2020, Board members have continued to agree that authority is delegated to the Chief Officer to deal with urgent business, which would normally be determined by the Board, during the period of the Covid-19 pandemic. All IJB Board and Committee meetings have now resumed on a virtual basis, however the delegated authority arrangements remain in place.

- 4.2 The IJB Chair and Vice-chair meet fortnightly with the Chief Officer and Chief Finance Officer. This provides an opportunity for an update and discussion about decisions required. Since the last IJB meeting, the decisions taken by the Chief Officer under delegated powers are presented in appendix 1.

4.3 The NHS In Scotland continues under an emergency footing and with the demand pressures and the reintroduction of the Gold command structure in NHS Forth Valley the Board is asked to agree to continue to delegate authority to the Chief Officer. This would be reviewed at the next Board meeting in March 2022.

4.4 [Covid-19 Falkirk HSCP Remobilisation Plan](#)

The HSCP continues to work in partnership with Clackmannanshire and Stirling HSCP and NHS Forth Valley to progress the Falkirk HSCP Remobilisation Plan 2021/22. An update to the plan is reported separately on the agenda.

4.5 [NHS FV Remobilisation Plan](#)

Remobilisation of services in Forth Valley continues, particularly for planned care services, although capacity constraints remain in place due to physical distancing requirements.

4.6 [Mobilisation Centre](#)

The HSCP Covid-19 Huddle has been stepped up again in response to the current increasing demand pressures and the level of staff absence and vacancies. The pressure is being felt across the whole health and care system, the NHS Chief Executive has established Gold command structure to support strategic management and decision making. The local operational team continues to have representation from all HSCP partners and service areas and ensures the HSCP response is well co-ordinated.

4.7 [Covid-19 Mobilisation Plan Financial Returns](#)

Regular returns continue to be submitted to the Scottish Government to capture the additional costs associated with Covid-19 and to inform funding requirements. Further detail is provided in the Finance Report, presented by the Chief Finance Officer on the agenda.

4.8 [Care Home Assurance](#)

An update on care home assurance work will be presented to the IJB Clinical and Care Governance Committee meeting on 26 November 2021. The report will summarise the current work to date with care homes and care home staff to support and assure infection prevention and control measures, support outbreak management and to ensure that fundamental care needs of residents are being met during the pandemic. The additional assurance and oversight processes for care at home will be included in the update.

4.9 The following is a summary of the work being done.

- [Social Care CHART Team](#)

The CHART team continue to work collaboratively with other clinical health teams and considers the following priorities and deliverables to ensure a robust, comprehensive, and efficient response to supporting care homes, residents, and staff. The team will be established on a permanent basis, and this is going through the relevant processes.

- **Care Home Reviews**

The current completed review information to meet the Scottish Government requirement for Local Authorities to review care plans for all residents if that has not happened in the past 6 months is set out below:

July 2021	25
August 2021	40
September 2021	20
	*2 out of area due to Care Inspectorate concerns
October 2021	18

The current care home resident reviews still to be completed are as follows:

- East - 60 reviews across 3 care homes
- West – 19 reviews in one care home
- Central – 63 reviews across 4 care homes
- Negotiations are underway with neighbouring HSCPs about the 187 Falkirk residents who currently live out of area (i.e. reside within other local authority areas, but are funded by Falkirk HSCP) to ensure they are included in the review process.

- **CHART visiting data**

From July 2021 to October 2021, the CHART team have completed 46 care assurance visits. Since November 2020, there have been a total of 332 CHART assurance visits.

In response to the changing situation regarding covid-19 community transmission, calls are now made 3 times a week to care homes and housing with care. During these calls information and intelligence is gathered, scrutinised, and disseminated as appropriate including vacancy information. TURAS completion, staffing levels and dependency and recently, updates and information sharing regarding the Covid-19 vaccine and staff lateral flow testing are also all discussed with care home management. New visiting guidance is incorporated into discussions, and there is work being considered as to how to measure meaningful contacts for residents in line with this guidance.

#### 4.10 **Care at Home Oversight**

In September Scottish Government requested HSCP's to set up local oversight groups for care at home outlining minimum terms of reference covering Care at Home and Community Health. Each area was asked to stand up these groups immediately, if they don't already exist, to meet weekly, at minimum. The group's remit covers the care and treatment of adults in our community and includes, at minimum, weekly monitoring of care at home and community health pressures in their area and the implementation of solutions to address these pressures, with a particular focus on managing risk. The Chief Officer and CFO began meeting daily, now twice weekly, with the Heads of Service and Locality Managers on 28 July 2021 in response to the system pressures and associated risks.

- 4.11 The HSCP are now required to submit a weekly return to Scottish Government on unmet need. Additionally Scottish Government requested that a local oversight group is established to bring together a multi-disciplinary team including key clinical leads and the area's Chief Social Work Officer. The group's remit covers the care and treatment of adults in our community. This includes, at a minimum, weekly monitoring of care at home and community health pressures in the local area, and the implementation of solutions to address these pressures, with a particular focus on managing risk.
- 4.12 The group will provide oversight of care at home, including both in-house and commissioned services, as well as community health. The group hold discussions about system pressures. The group will report directly to the HSCP Chief Officer and the Chief Executive of the Local Authority. The group should also report into the Health Board Oversight Group to ensure sight of the wider social care picture, and report to the Scottish Government's National Oversight Group and the Social Care GOLD Group. These groups also act as points of escalation. Locally the group will align with the Care Home Assurance group with some common membership, to complement the work of the HSCP leadership teams. On 2 November Scottish Government issued a template to include delayed discharges.
- 4.13 **Falkirk Vaccination Programme Update**

The following provides an update of the Falkirk vaccination programme as at 14 October 2021. The flu and COVID booster programme has commenced as detailed below. The COVID vaccination programme continues for those who require first and second doses.

#### Children

- The programme commenced on 13 September with the 2–5-year-old flu vaccinations
- The 2-5 years olds were invited to the community vaccination centres
- On first offer there was approx. 50% uptake in the community centres. This was a very positive uptake rate which is normally 54% overall.
- Further appointments are being arranged for a second offer for 2–5-year-olds
- The school flu programme commenced on 20 September 2021.
- The planned completion date of the school programme is mid – late November and the schedule is on track for this completion
- 12–15-year-olds are being offered one dose of COVID vaccine in the community centres as per JCVI guidance
- This was initiated as drop-in appointments during the first week on 20 September and following this, appointments have been offered by letter for the week of the 27 September onwards
- The uptake rate for 12–15-year-olds on 14 October is 53%. On contacting a sample group of people who have not attended, they state they are unsure of the vaccine at this time.

## Adult

- The care home programme commenced on 20 September 2021
- Care homes are receiving their vaccine in their own home
- The main adult flu and covid booster/3<sup>rd</sup> dose programme commenced on 27 September 2021
- It has commenced with the Immuno-suppressed and clinical extremely vulnerable population
- The delivery model is in community vaccination centres in Falkirk with a temporary 'pop up' vaccination sessions at Bo'ness sports centre on the week commencing 25 October 2021. Many community Pharmacies have contracted to administer flu vaccine to everyone who is eligible
- Bo'ness has been targeted due to the distance to Falkirk Community Hospital and the demographics of the community
- There is a door-to-door transport service available to people who are without transport or who might struggle with public transport. Dial-a-journey was used successfully during the COVID vaccination programme.
- The flu vaccination programme is on target to be completed by the 6 December 2021 with the COVID booster programme ongoing after that as people cannot receive this until 24 weeks after the second dose.
- Overall, the main adult programme has been slow to start as we have experienced some staff absences. We do however have plans to rectify this going forward with the assistance of military personnel. When they are on site the programme will be accelerated.
- The housebound patients who are known to the district nursing teams are receiving their vaccine on home visit. The Immunisation Team will visit other people who are housebound but who are not known to district nurses.
- Pupil facing education staff including janitorial, admin and catering, will be able to receive vaccination opportunistically in school in November or before this can make appointments with community pharmacies who will provide free NHS vaccines when ID is produced.
- Patient facing Health and social care staff are using a self-appointing portal to arrange vaccinations. These are being administered either by Occupational Health Services, in community centres or by community pharmacy (flu only).
- Work is underway to target our marginalised communities across Forth Valley with assistance from the Scottish Ambulance Service mobile vaccination unit. This will commence on the week commencing 8 November 2021.

## 5. HSCP Service Update

### 5.1 Winter Planning

The last couple of months have seen unprecedented demand for health and social care coupled with reduced staff availability both within NHS Forth Valley, Falkirk Health and Social Care Partnership and our commissioned organisations. The challenges that are being seen locally are replicated across the whole of Scotland and wider afield.

- 5.2 In response to these extreme challenges, a Command structure has been implemented, led by the NHS Forth Valley Chief Executive with representation drawn from across the Forth Valley health and social care system. The daily meetings which take place under this command structure have identified and commissioned a range of activities to provide an immediate as well as short to medium term response to the extremis position. Further detail on the situation on the actions being undertaken are included in the Remobilisation report as a separate agenda item.
- 5.3 To-date the following decisions and additional investment has been made to:
- Open more than 50 additional inpatient beds and treatment areas (including additional beds in Forth Valley Royal Hospital, local community hospitals and social care facilities)
  - Recruit more than 100 nurses, including 80 for Forth Valley Royal Hospital, to fill vacancies and invest in a number of new nursing posts
  - Expand Day Surgery to enable more operations to be carried out
  - Establish a 7-day Allied Health Professionals (AHPs) service to support faster patient rehabilitation and discharge
  - Open additional rehabilitation beds at the Bellfield Centre within Stirling Health and Care Village which now also houses a number of specialist rehabilitation services
  - Provide additional medical staff cover in the evening and at weekends
  - Expand the Hospital @ Home team to enable them to support more local people in their own homes
  - Commission additional care home beds to help reduce delays for patients are ready to leave hospital but require to be transferred to a care home for ongoing support
  - Recruit more than 80 additional Healthcare Support Workers to support local care at home services which are also experiencing severe service pressures due to Covid-19
  - Trial new arrangements which enable GPs and hospital-based clinicians to work collaboratively across Forth Valley to support the delivery of urgent care
  - Increase paid social care placement opportunities for students at Forth Valley College to add to the local social care workforce
  - Support improvements across day medicine, emergency care and discharge coordination services
  - Support people currently waiting for care at home services and provide breaks for informal carers in partnership with local voluntary and community organisations.
- 5.4 A short life Forth Valley winter plan group has been established with representation from the HSCP's, operational, support service and corporate leads participating. An allocation of around £530k for the Forth Valley area was received to support winter planning capacity and flow. A process for submitting and assessing funding proposals was put in place. At the same time, Gold Command was able to allocate Scottish Government funding from other sources to support urgent capacity and flow. Therefore, we were able to fund all of the winter plan capacity proposals, which met the criteria for funding. Monitoring of

the winter capacity programmes which received funding, including benefits realisation, will be undertaken over the winter period and this will inform the future prioritisation of winter funds.

- 5.5 A detailed checklist for winter was provided by Scottish Government as part of the Remobilisation 4 Plan, which requires to be submitted by every Board. Forth Valley completed this comprehensive checklist which is aligned to the unscheduled care remobilisation and recovery, recovery of planned care and the recovery plans of Directorates and Partnerships. This checklist has been sent to Leads, along with the draft Remobilisation Plan, for review before this is submitted to the Scottish Government.
- 5.6 [Support for funding for Primary Care and Social Care Workforce Well-being](#)  
On 27 June, the Cabinet Secretary outlined an £8 million package to support the wellbeing and mental health of the health and social work /social care workforces. £2m should be directed to provide evidence-based support to meet the needs of people working in primary care and social care in responding the pandemic.
- 5.7 Following discussions with HSCP Chief Officers and Workforce Wellbeing Champions, it is acknowledged that decisions on how best to allocate and utilise this funding should be taken at local level in line with identified local need and experiences. It is recognised that primary care and social work/social care teams are fatigued as a result of unrelenting pressures related to the pandemic. The Scottish Government announced additional funding for practical support measures for the health and social care workforce on 5 October 2021. This allocation of £57,598 for primary care and social care workforce wellbeing does not form part of that announcement.
- 5.8 [Specific use of funding](#)  
This funding should give equal priority to those working in primary care and social work/social care sectors, including independent contractors, out of hours services and support staff. Within social care/social work, the needs of those working in the third and independent sectors should be considered equally alongside their local authority counterparts.
- 5.9 There will be some flexibility for HSCPs (via Integration Authorities) to use this funding to address locally agreed priorities in respect of primary care and social work/social care workforce wellbeing, and the funding should provide for additionality.
- 5.10 [Joint Inspection of Adult Support and Protection Arrangements](#)  
The Adult Protection Committee has received notification of the joint inspection which has now started. The focus of the joint inspection will be to provide:
- independent scrutiny and assurance of how partnerships ensure that adults at risk of harm are kept safe, protected, and supported
  - assurance to Scottish Ministers about how effectively partnerships have implemented the Adult Support and Protection (Scotland) Act 2007
  - an opportunity to identify good practice and support improvement more broadly across Scotland.



5.11 The key dates to note are:

- Staff Survey – this opened on 15 October and was widely circulated to key staff across the HSCP, NHS FV and Police Scotland. The timescales to complete the survey were extended to 12 November. The Care Inspectorate will analyse the responses received.
- Position Statement – this was submitted on 2 November and provides a partnership response against two quality indicators
  - Key adult support and protection processes
  - Leadership for adult support and protection
- Case File Reading – this will start on week beginning 22 November
- Focus groups – this will also begin on 22 November for one week. Focus groups will be organised with front line and senior managers to discuss the impact of Covid-19 pandemic on adult support and protection practice.

5.12 It is anticipated the Joint Inspection report will be published in February 2022. An update will be provided to the Board when this is available.

5.13 [Herbert Protocol](#)

The Partnership is supporting the national launch of The Herbert Protocol. Since 2017 the Herbert Protocol has been used to help police and other agencies quickly and safely locate missing people who have dementia. The scheme is being rolled out nationwide from 21 September 2021.

5.14 Families of a person with dementia are asked to complete the Herbert Protocol form. This provides information such as places of importance to the person, often visited places, health issues and places they have been found in the past if reported missing. Ownership and responsibility for updating the form remains with the family. This means the process for recording information is standardised and accessible.

5.15 Following its introduction in Scotland, the Hebert Protocol has been used many times to trace missing people with dementia and return them home. It is another example of how emergency and care services are working together to keep people with dementia safe.

5.16 The Partnership participated in the national launch of the Protocol and promotion of the App, sharing the news release on the HSCP website, social media, and newsletter. Continued promotion of the Protocol will support awareness raising and information sharing on these important initiatives.

5.17 This work also links closely with the promotion of Power of Attorney (PoA). The Partnership recently participated in PoA day, taking part in national media and social activity. National toolkit content will continue to be shared via [social media](#) and Partnership newsletters.

## 6. FCH Master Plan and Governance Arrangements

### 6.1 Master Plan

A number of detailed workshops have taken place during September and October, to support the development of the FCH Master Plan. These workshops have been well attended by a wide range of stakeholders including staff, public representatives, and sector specialists. The workshops have been built around the following aspects which will be included within the masterplan: Bedded Care; Ophthalmology, Audiology and Diabetic services; Outpatients including community-based screening, continence and audiology; and non-clinical and support services including office accommodation, decontamination unit and technical services.

6.2 The discussions through the workshops have identified the potential of a wellness centre as part of the overall master plan, creating a hub for self-management and wellbeing, bringing together a range of sectors including third sector which could sit at the heart of the Falkirk Community Hospital ambition.

6.3 A cross check event took place with key stakeholders in early November to showcase what is proposed to potentially change for each workshop portfolio, as well as considering potential synergies and opportunities that the proposed changes may bring to the system as a whole.

6.4 It is anticipated that the current Strategic Assessment stage of the project will conclude around Spring 2022, including the high-level description of service need and schedule of accommodation (area required).

### 6.5 Governance

Work is ongoing to develop the governance structure that will enable the successful delivery of this project. A project board is already in place, chaired by the Falkirk HSCP Chief Officer, and a Programme Board is scheduled to commence in November 2021. The programme board will sign off key documents for approval through the four organisations supporting the development: Falkirk IJB, Falkirk Council, NHS Forth Valley and Stirling and Clackmannanshire IJB.

6.6 While some decisions will be the responsibility of a specific part of the governance bodies, decisions such as those in relation to the Intermediate Care beds capital funding will sit with Falkirk Council, and decisions in relation to capital funding for the health elements will sit with NHS Forth Valley. Other decisions will sit with more than one governance body, such as the service design that will be implemented through the project delivery.

6.7 Regardless of which governance body is required to take specific decisions, an approach of openness and transparency will be taken ensuring that all four governance bodies are kept apprised of the progress of the project at key stages.

6.8 The governance structure is currently awaiting review and approval by the Programme Board and will be presented to the IJB for approval when available. The Chief Officer will provide regular updates to the Chair and Vice-chair as this work develops.

## 7. A National Care Service for Scotland Consultation

- 7.1 The Scottish Government launched the consultation of a National Care Service (NCS) for Scotland on the 9 August 2021, which seeks public views ahead of the proposed creation of a NCS accountable to Scottish Ministers.
- 7.2 In response to the consultation, the Board held a workshop with the Strategic Planning Group on 22 October to consider their response. The focus of the workshop discussions were on 4 themes from the consultation, of priority to the members. These included:
- Reformed IJBs: Community Health and Social Care Boards (CHSCBs)
  - Scope of the National Care Service
  - Valuing people who work in social care
  - Improving care for people
- 7.3 Three staff and partner engagement sessions were held to seek views on the consultation. The consultation was also widely circulated, with people encouraged to submit views individually and/or as teams or professional groups. The Council also considered their response to the consultation at a Special council meeting on 2 November.
- 7.4 The draft response on behalf of the IJB was considered by the Chief Officer, Chair and Vice-chair prior to submission on the 2 November. This is attached at appendix 2 for information.

## 8. IJB Governance

- 8.1 **Membership of the IJB**  
There are currently two vacancies that the Board is asked to note. Councillor Black has resigned as a voting member on the Board. At the time of preparing the report, Falkirk Council had not confirmed a replacement. A verbal update will be provided to the Board.
- 8.2 Ania Sandland, Third Sector Representative has resigned as a non-voting member on the Board. Following discussion with CVS Falkirk, it is proposed that a representative is sought, following the process previously agreed by the Board. This will involve the Community Care and Health Forum meeting to begin this process of invitation to the opportunity and selection of their preferred representative. The Board will be advised of the preferred nominee when this process has been concluded.
- 8.3 The work of both members for their contribution to the work of the Board is recognised with thanks.
- 8.4 **IJB Arrangements for Forth Valley wide health services**  
The Chief Officers for Falkirk HSCP and Clackmannanshire and Stirling HSCP continue to work with the NHS Chief Executive and senior managers to finalise formal proposals for the arrangements for the coordination of Forth Valley wide

IJB functions between HSCPs. There is ongoing discussion about the transfer of specialist mental health services, Out of Hours service, health improvement and primary care. There is also ongoing work to transfer of management of administrative support services.

- 8.5 This will require agreement between both IJBs and the Health Board. In addition, the IJBs will require an agreement to ensure that each Chief Officer has clear accountability to the other IJB for any services delivered on their behalf. We are working to bring reports to respective meetings early in 2022.

8.6 **IJB Board Development Session**

The Board held a development session led by the Equality and Human Rights Commission (EHRC) on 1 October 2021. The EHRC are developing training resources for IJB's to enable them to better consider equality in their work and decision making and have a broader understanding of the human rights-based approach. The session included an introduction and reminder of the equality legislation and how these apply to the Board's responsibilities. The second part of the session included a facilitated discussion around how to build equality into strategic planning arrangements.

- 8.7 Further work is planned with the EHRC to consider the next steps to work with the IJB and HSCP. The Senior Leadership Team will also separately consider the resource requirement needed to support the IJB and HSCP to meet their duties. This links to discussions with partners about the Integration Scheme and Support Services requirements.

8.8 **IJB Self-Evaluation**

The Board, Strategic Planning Group (SPG) and the HSCP Senior Leadership Team (SLT) has worked with the Improvement Service to complete a self-assessment exercise. This work has supported us to assess the effectiveness of current arrangements and how well we are responding to current challenges, including our response to the pandemic.

- 8.9 Following the workshop held on 31 August 2021 a draft Improvement Plan has been developed. It was anticipated this would be presented to the IJB meeting however has been delayed as managers have responded to the system pressures. This will be presented to the next IJB meeting for consideration.

## 9. **IJB Financial Update**

- 9.1 An update on the financial position is detailed in the Finance Report as a separate agenda item.

## 10. **Conclusions**

- 10.1 The report summaries the range of work being taken forward on a collaborative and strategic approach that will continue to address the range of issues facing the partnership and to improve outcomes for service users and carers in Falkirk.

### Resource Implications

The Chief Finance Officer will continue to report through the IJB financial reports to the Board.

There remains commitment from all partners to ensure the Partnership meet its statutory obligations under the Public Bodies (Joint Working) (Scotland) Act 2014.

### Impact on IJB outcomes and priorities

The ongoing work is designed to deliver the outcomes described in the Strategic Plan and the associated Delivery Plan and Remobilisation Plan.

### Directions

A new Direction or amendment to an existing Direction is not required as a result of the recommendations of this report.

### Legal and Risk Implications

The IJB is required to be compliant with the Public Bodies (Joint Working) (Scotland) Act 2014 and the Falkirk IJB Integration Scheme.

### Consultation

Stakeholders will be involved as required.

### Equalities Assessment

There will be appropriate consideration of the equalities implications and equalities impact assessments as required for work noted in this report.

## 11. Report Author

Patricia Cassidy, Chief Officer

## 12. List of Background Papers

n/a

## 13. Appendices

<b>Appendix 1:</b>	Delegated Decisions
<b>Appendix 2:</b>	NCS Consultation response

Chief Officer Delegation of Powers to Determine Urgent Issues during the period of Coronavirus

from 20 March 2020 to 5 June 2020 (extended to 4 Sept 2020, subsequently extended to 31 Mar 2021, Sept 2021 and request to November 2021)

Date of Request	Date of Decision	Decision Taken	Approved By	Financial Impact	Budget Exceeded Y/N	Link to IJB Report Recommendations if Appropriate	Organisation	Purpose of Funding	Funding		Date Reported to IJB	Date Chair/Vice Chair Notified
	28-Oct-21	Approved	Patricia Cassidy	Y	N	Included in Q2 covid return to SG	Avenue Care	Hospital to home project (6 months)	£198,000	Mar-21	Nov	29/10/2021
	28-Oct-21	Approved	Patricia Cassidy	Y	N	Included in Q2 covid return to SG	Dennycross Medical Practice	Medical cover for intermediate/step down beds across 3 sites (Summerford, Caledonian Court & Newcarron Court)	£28,000	Mar-21	Nov	29/10/2021

Response ID ANON-YV7S-586N-A

Submitted to A National Care Service for Scotland

Submitted on 2021-11-02 16:16:41

## 1a Improvement

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

Better co-ordination of work across different improvement organisations., Effective sharing of learning across Scotland., Intelligence from regulatory work fed back into a cycle of continuous improvement.

Please add any comments in the text box below:

Information sharing between (and often within) services is often hampered by incompatible systems and processes. The proposed NCS could help to standardise some of these approaches.

The NCS could help to raise the profile and understanding of social work / care among the public.

Our ability to measure and evaluate outcome across Scotland could potentially be improved by the NCS, although it is unclear whether a NCS would ensure the delivery of more consistent outcomes.

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

Please add any comments in the text box below:

It is important that local progress and success during the integration to date is recognised and not delayed by the national intervention. Whilst it is acknowledged that there are opportunities in relation to standardisation, there is a potential risk that local innovation and good practice is lost or curtailed.

Restructuring can only solve some of the challenges faced by health and social care integration. Further work on transformational change and culture change will also need to take place.

Changes to structures and changes in practise will require additional funding. The consultation document says little about the additional costs and funding of the proposed changes. The proposals should be evaluated against what could be achieved within the existing structure for a comparable level of additional funding.

## 1b Access to Care and Support

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

Access to Care and Support - Speaking to my GP or another health professional.:

Access to Care and Support - Speaking to someone at a voluntary sector organisation, for example my local carer centre, befriending service or another organisation.:

Access to Care and Support - Speaking to someone at another public sector organisation, e.g. Social Security Scotland:

Access to Care and Support - Going along to a drop in service in a building in my local community, for example a community centre or cafe, either with or without an appointment.:

Access to Care and Support - Through a contact centre run by my local authority, either in person or over the phone.:

Access to Care and Support - Contacting my local authority by email or through their website.:

Access to Care and Support - Using a website or online form that can be used by anyone in Scotland.:

Access to Care and Support - Through a national helpline that I can contact 7 days a week.:

Please add any comments in the text box below:

4 How can we better co-ordinate care and support (indicate order of preference, with 1 being the most preferred option, 2 being second most preferred, and so on)?

Better coordinate care and support (ranked) - Have a lead professional to coordinate care and support for each individual. The lead professional would co-ordinate all the professionals involved in the adult's care and support.:

Better coordinate care and support (ranked) - Have a professional as a clear single point of contact for adults accessing care and support services. The single point of contact would be responsible for communicating with the adult receiving care and support on behalf of all the professionals involved in

their care, but would not have as significant a role in coordinating their care and support.:

Better coordinate care and support (ranked) - Have community or voluntary sector organisations, based locally, which act as a single point of contact. These organisations would advocate on behalf of the adult accessing care and support and communicate with the professionals involved in their care on their behalf when needed.:

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

Not Answered

Not Answered

Not Answered

Not Answered

Not Answered

Not Answered

Not Answered

Not Answered

Please add any comments in the text box below:

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

Agree

Please say why in the text box below:

Whilst this approach is broadly supported, consideration will be required to ensure that this can be adopted in practice. For example, shared assessment processes, linked systems and ability to safely share information that is appropriate to individual service providers. Some concern was raised around cost implications of any national implementation of system change. Further consideration is required regarding the practicalities of this approach, which should be informed by a wide range of stakeholders including people with lived experience.

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

Agree

Please say why in the text box below:

The concept of an integrated social care and health record is supported in principle. Such a record could make information sharing between services much more efficient and provide greater transparency for service users.

The development of an integrated record is, however, likely to prove extremely difficult in practice. Numerous different systems are used to record data across Scotland's HSCPs and it is difficult to see how they could be integrated. The development of a single national system is likely to be very expensive and fraught with risk. Wholesale changes to systems would potentially create the risk of being overly dependent upon a supplier (or small number of suppliers) to develop and deliver a new system. Transferring large amounts of personal data also increase the risk of a GDPR breach.

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

Not Answered

Please say why in the text box below:

1c Rights to breaks from caring

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

Personalised support to meet need

Universal right for all carers

Flexibility and responsiveness



Provides preventative support

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

Group C - Hybrid approaches

Please say why in the text box below:

Whilst the ideal scenario would be that all support can be personalised and centred around the individual needs of carers, there is a recognition that resource and capacity may curtail this and require some level of eligibility criteria to be in place.

Significant additional resource will be required to implement this proposal. Standardised support often creates economies of scale, which can form a barrier to person centred approaches. Further clarity is required regarding the cost of the proposals and how they would be funded.

Carers and carers organisations should be central to discussion and provision of feedback for this section.

## 1d Using data to support care

11 To what extent do you agree or disagree with the following statements?

Using data to support care - There should be a nationally-consistent, integrated and accessible electronic social care and health record.:  
Agree

Using data to support care - Information about your health and care needs should be shared across the services that support you.:  
Agree

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?

Not Answered

Please say why in the text box below:

Whilst gathering consistent data may provide an oversight of quality standards and areas for potential national collaboration and improvement across Scotland, a significant investment would be required in both systems and capacity to achieve this. This requires further consideration in terms of the benefits and impact on outcomes for people versus cost of development. In general, it is felt that common data standards and definitions would be beneficial, it is not clear why this could not be done without further legislation.

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

Please add any comments in the text box below:

## 1e Complaints and putting things right

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

Other – please explain

Please add any comments in the text box below:

Whilst consistency around complaints handling is important, further clarity is required regarding how a national system would interface with local complaints handling. Creating further bureaucracy that might add to complaint handling timescales with little benefit to service users should be avoided.

Existing processes based on the Scottish Public Services Ombudsman (SPSO) model complaints handling procedure are effective. Some consultees felt, however, that the complaints procedure can be too time consuming and lead people to focus more on adherence to the process than the outcome for the service user.

Greater co-ordination between services or agencies that are dealing with different aspects of the same complaint would be welcome.

Proposals regarding advocacy are broadly welcomed. It is acknowledged that some people can be left unsupported within the current construct and eligibility criteria. Any development at a national level should place emphasis on an enhanced approach to local advocacy provision.

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

Not Answered

Please say why in the text box below:

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?

Not Answered

Please say why in the text box below:

## 1f Residential Care Charges

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

Please add any comments in the text box below:

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

Please add any comments in the text box below:

Please add any comments in the text box below:

Please add any comments in the text box below:

Please add any comments in the text box below:

Further information and clarification is required in relation to how proposed changes will impact on the National Care Home contract and the assumptions supporting proposals.

The principle of creating a standard approach to charging across Scotland is welcome. Service users would benefit if moving between areas.

19 Should we consider revising the current means testing arrangements?

Not Answered

Please add any comments in the text box below:

## 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?

Not Answered

Please add any comments in the text box below:

The IJB and HSCP acknowledge the pace of integration has been slower nationally than was hoped for via the introduction of the Public Bodies Joint Working (Scotland) Act 2014. However, concern was raised about the possibility that the proposed development NCS and reformation of IJBs will distract leaders from service delivery and focus them instead on structure.

Members and colleagues discussed whether current legislation could be strengthened or reinforced to ensure the intentions and ambitions of Independent Review could be realised within current governance and operational structures.

The proposals set out suggest that the current structure cannot deliver outcomes effectively, however questions were raised regarding the evidence for this. In general, it is felt that legislation and national intervention are not required to implement the system improvements described in the proposal paper. Concern is also expressed about the investment required to develop and implement the NCS, and the impact on other public bodies.

HSCPs have flexibility to respond to distinct local challenges and it is imperative that this is not lost with the introduction of the NCS. Local accountability is part and parcel of delivering services that are responsive to local needs. The NCS proposals need to ensure that local flexibility and accountability are maintained.

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

Please add any comments in the text box below:

Consideration should be given to including health visitors, school nurses and health care workers in prisons. The consultation document makes no mention of Reablement; therefore, it is unclear where this fits within the proposals.

The proposal says little about technology enabled care. Consideration should be given to how technology enabled care is supported nationally.

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

Please add any comments in the text box below:

### 3a Children's services

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

Yes

Please say why in the text box below:

The complexity in considering whether children's social work should be included within the NCS should not be underestimated. Children and Justice services are not currently within scope of Falkirk IJB. However, there is good experience and examples of joint working. Leadership and relationships are very strong between Adult and Children services in Falkirk. Concern was noted that significant structural change will not guarantee improved outcomes for children, families or communities. There was also some reservations about separating Children's Services from Education Services.

It is suggested that learning could be taken from areas who already have Children's and Justice Services within IJB scope in consideration of the challenges and complexity of this proposal and to make an informed, evidence-based recommendations.

There is a potential risk that if NCS reports directly to Ministers and Children and Justice services are not included within scope, there may be fragmentation between relationships and services.

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

Not Answered

Please say why in the text box below:

Access to services is often supported or augments via localised planning and commissioning of services. Clarity is required about the scope of the NCS in relation to children services to be able to comment on impact of this proposal.

Not Answered

Please say why in the text box below:

Inclusion of Children's services could potentially have a positive impact on transitions as this change may reduce the need for artificial age criteria, which generally vary between services. However, it is also noted that the current structure has not stifled innovative, good practice locally, therefore there is some lack of evidence around this assumption.

Not Answered

Please say why in the text box below:

See above re: access to services.

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

Not Answered

Please say why in the text box below:

See above re: access to services.

26 Do you think there are any risks in including children's services in the National Care Service?

Not Answered

Please add any comments in the text box below:

### 3b Healthcare

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

Not Answered

Please say why in the text box below:

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

Please say why in the text box below:

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

Please add any comments in the text box below:

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

Fragmentation of health services, Other (please explain below)

Please add any comments in the text box below:

Potential fragmentation of the relationships established between primary and secondary care needs to be avoided.

Further clarity is required regarding the proposed contractual arrangements for GPs. Concern around being able to increase GP numbers. People coming out of medical school would be choosing between two very different career paths: NHS or NCS.

What would be the level of flexibility around the GP contract to meet local needs, and would it still be constructed in the same way?

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

Please add any comments in the text box below:

### 3c Social Work and Social Care

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

More consistent delivery of services, Access to learning and development and career progression

Please add any comments in the text box below:

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

Please add any comments in the text box below:

### 3d Nursing

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

Not Answered

Please say why in the text box below:

Some concern was raised regarding proposals for Nurse Directors to have oversight and accountability of social care services, such as care homes given the challenges of supporting joint lines of accountability.

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

Not Answered

Please say why in the text box below:

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?

Not Answered

Please add any comments in the text box below:

### 3g Alcohol and Drugs Services

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

Please add any comments in the text box below:

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

Please add any comments in the text box below:

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

Yes

Please say why in the text box below:

It is felt that there is a missed opportunity in not reviewing the status of ADPs and their current construct lacking in statutory basis. The lack of review and clarity means that significant issues remain regarding funding and commissioning.

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

Please add any comments in the text box below:

49 Could residential rehabilitation services be better delivered through national commissioning?

Not Answered

Please say why in the text box below:

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

Please add any comments in the text box below:

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

Please add any comments in the text box below:

### 3i National Social Work Agency

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

Raising the status of social work, Improving training and continuous professional development, Supporting workforce planning

Please add any comments in the text box below:

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

Please add any comments in the text box below:

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

Not Answered

Please say why in the text box below:

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

Please add any comments in the text box below:

## 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?

Not Answered

Please say why in the text box below:

See comments within general principles cover paper.

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

Yes

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

Please add any comments in the text box below:

Alignment with local authority areas is noted as important in being able to maintain the locality-based approaches that have been developed during the past six years. Using local authority areas as the basis for CHSCBs will help to maintain links with Community Planning Partnerships. Proposals lack detail regarding maintaining locality-based approaches and how this approach aligns with CHSCBs and NCS.

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

Please add any comments in the text box below:

Based on the information provided within proposals, the potential impact is unclear.

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?

Please add any comments in the text box below:

There is a lack of clarity regarding the justification of developing a new structure to replace IJBs and the positive impact that this would have on effective service delivery and most importantly, outcomes for people. Within Falkirk, significant progress has been made over the course integration to date, including improved leadership and relationships, which have in turn positively contributed to service improvement and better outcomes for people. There is a significant risk that establishing a new Board structure will fragment or reverse this progress.

Areas of clarification required include:

- Role and membership of the Board
- Chairing arrangements

Some caution should be applied to the scale of membership of the CHSCB. Whilst it is important to include people with lived experience in the decision making process, consideration should be given to wider membership and the impact of being able to effectively and efficiently make decisions.

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

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

Please add any comments in the text box below:

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?

Not Answered

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

Please add any comments in the text box below:

Further clarity is required regarding why the proposals mention of a Chief Executive and Chief Finance Officer but not other staff. Further clarity is required regarding the role and responsibility of the CHSCB.

## Chapter 5: Commissioning of services

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

Not Answered

Not Answered

Please add any comments in the text box below:

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

Not Answered

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

Not Answered

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

Please add any comments in the text box below:

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

Yes

Other- please comment

Please add any comments in the text box below:

There is broad agreement for a national approach to market research and analysis, however it is critical that this is supported with local knowledge and intelligence to support the commissioning process. The national approach would support the growth of collective knowledge and experience across the system.

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

Not Answered

Not Answered

## 6a Core principles for regulation and scrutiny

73 Is there anything you would add to these core principles?

Please add any comments in the text box below:

74 Are there any principles you would remove?

Please add any comments in the text box below:

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

Please add any comments in the text box below:

The principles state that activity should be targeted, proportionate and risk based, which we agree with. The proposal should be expanded upon to explain what CHSCBs would be expected to do locally to demonstrate improvement and provide assurance to regulators. Falkirk's Care Home Assessment & Response Team (CHART), for example, is a successful local approach to quality improvement that we would like to continue with.

## 6b Strengthening regulation and scrutiny of care services

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

Not Answered

Please say why in the text box below:

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

Please add any comments in the text box below:

## 6c Market oversight function

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

Yes

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

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

Not Answered

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

Not Answered

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

Not Answered

Please say why in the text box below:

## Chapter 7: Valuing people who work in social care

### 7a Fair Work

87 Do you think a 'Fair Work Accreditation Scheme' would encourage providers to improve social care workforce terms and conditions?

Yes

Please say why in the text box below:

Falkirk IJB and wider HSCP are wholly supportive of the Fair Work agenda.

An accreditation scheme would require minimum standards to be set across all providers. This may add additional challenge to some providers and would also require significant investment.

Some issues in recruitment and retention of staff is due to wider societal issues in terms of the way in which the profession is portrayed, for example, within the media. A high level of people working within social care are passionate about their role and the difference that they can make, although they leave social care for higher paid work within other sectors. Social care staff should be recognised, rewarded and feel valued for their critical work. Appropriate pay, terms and conditions are important; however, a wider range of benefits would potentially support a higher level of retention within the workforce. For example, flexible working arrangements, career progression encouragement for staff to have input and influence regarding care provided e.g. encouraging and recognising innovative thinking and enabling 'small tests of change' in practice.

Common pay bands and terms & conditions for the social work and social care workforce (National Job Evaluation framework/scheme) could help to reduce competition in terms of recruitment and retention. The consultation paper proposes an opt-in scheme for providers. It is unclear how an opt-in scheme would work in practice and it could create difficulties for independent and third sector providers.

Social care roles need to be clearly defined and the public image of the field promoted positively to encourage younger people to see social care as a valuable and rewarding career option.

Greater parity between social care and NHS pay scales and banding structure would make social care a more attractive career. Our local experience highlights a significant disparity in the number of people applying for NHS posts compared to equivalent roles within social care. It is however recognised that this would require significant investment.

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

Workforce - Improved pay:

Workforce - Improved terms and conditions, including issues such as improvements to sick pay, annual leave, maternity/paternity pay, pensions, and development/learning time:

Workforce - Removal of zero hour contracts where these are not desired:

Workforce - More publicity/visibility about the value social care workers add to society:

Workforce - Effective voice/collective bargaining:

Workforce - Better access to training and development opportunities:

Workforce - Increased awareness of, and opportunity to, complete formal accreditation and qualifications:

Workforce - Clearer information on options for career progression:

Workforce - Consistent job roles and expectations:

Workforce - Progression linked to training and development:

Workforce - Better access to information about matters that affect the workforce or people who access support:

Workforce - Minimum entry level qualifications:

Workforce - Registration of the personal assistant workforce:



Workforce - Other (please say below what these could be):

Please explain suggestions for the "Other" option in the text box below:

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

Workforce - Improved pay:

Workforce - Improved terms and conditions:

Workforce - Improving access to training and development opportunities to support people in this role (for example time, to complete these):

Workforce - Increasing awareness of, and opportunity to complete formal accreditation and qualifications to support people in this role:

Workforce - Other (please explain):

Please explain suggestions for the "Other" option in the text box below:

A pay band structure and enhanced opportunities for career progression. See comment in Q87.

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

Not Answered

Please say why or offer suggestions in the text box below:

## 7b Workforce planning

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

Please add any comments in the text box below:

## 7c Training and development

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

Yes

Please say why in the text box below:

A well trained and competent workforce is essential and any additional investment in training, terms and conditions, standards and career progression is welcome. Good and robust investment in training and developing staff reinforces is a demonstrable way of acknowledging the status and value of the people who work in social care. It also ensures that there are visible pathways of career progression for staff and this should help recruit people into social care and help keep existing staff motivated.

By offering training and career progression as standard, the current national shortage of social care staff, particularly in care at home and lower paid roles, could potentially be reduced over a medium to long-term timescale. Where people have worked within lower paid roles, it may be beneficial, for example to incentivise progression via acknowledgement of prior accreditation, training and experience within social care.

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

## 7d Personal Assistants

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

Yes

Please say why in the text box below:

The registration of personal assistants is generally welcomed; however, it is suggested that registration is optional, not mandatory. Registration would enable SDS option 1 participants to have access to a wider pool of candidates during the recruitment process and may also offer reassurance about the quality of support that they will receive. Registration also recognises and reinforces the important role that personal assistants play within the social care system.

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

National minimum employment standards for the personal assistant employer, Promotion of the profession of social care personal assistants, Career progression pathway for personal assistants, Recognition of the personal assistant profession as part of the social care workforce and for their voice to be part of any eventual national forum to advise the National Care Service on workforce priorities, The provision of resilient payroll services to support the personal assistant's employer as part of their Self-directed Support Option 1 package.

Please add any comments in the text box below:

Greater provision of training and support for personal assistants should provide anybody nominating a personal assistant with confidence that they have the ability to perform the role.

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

Yes

## About you

What is your name?

Name:  
Andrew Strickland

What is your email address?

Email:  
andrew.strickland@falkirk.gov.uk

Are you responding as an individual or an organisation?

Organisation

What is your organisation?

Organisation:  
Falkirk Health & Social Care Partnership

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

Publish response only (without name)

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

Individuals - Your experience of social care and support

Organisations – your role

Integration authority

I confirm that I have read the privacy policy and consent to the data I provide being used as set out in the policy.

I consent

## Evaluation

Please help us improve our consultations by answering the questions below. (Responses to the evaluation will not be published.)

Matrix 1 - How satisfied were you with this consultation?:

Please enter comments here.:

Matrix 1 - How would you rate your satisfaction with using this platform (Citizen Space) to respond to this consultation?:

Please enter comments here.: