

**A NATIONAL CARE SERVICE FOR SCOTLAND – SSSC RESPONSE**

**1. Improving Care for People**

**1a. Improvement**

**Q1.** What would be the benefits of the National Care Service taking responsibility for improvement across community health and care services?  
(Please tick all that apply)

- Better co-ordination of work across different improvement organisations
- Effective sharing of learning across Scotland
- Intelligence from regulatory work fed back into a cycle of continuous improvement
- More consistent outcomes for people accessing care and support across Scotland

Other – please explain below.

Ticked all responses and added following text under other

The National Care Service (NCS) has the potential to deliver all these benefits. We welcome the focus on ensuring that intelligence from regulatory work supports continuous improvement.

We also welcome the focus on co-ordinating the improvement offer for the sector. The SSSC is one of many bodies which has a key role. For example:

- we work with the sector to raise awareness of and access to improvement learning opportunities and tools
- we facilitate a network of trained Improvement Leaders across social services and support workers to deliver improvement in their practice.

The Care Inspectorate also has a key improvement role which links to its wider regulatory functions.

The NCS has the potential to co-ordinate or harness the range of improvement offers which will ultimately lead to better outcomes for the people who use services.

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

The focus on improving access to quality improvement learning programmes is essential. We need to avoid the risk of developing a 'one size fits all' approach.

These programmes and supporting tools must be adapted to make sure that they reflect the needs of social care and are applicable in a variety of care settings. We work with key stakeholders to do this and anticipate that we will continue to do so in future.

It is essential that the development of the NCS means that social care is on an equal footing with health care. There is a risk that social care may continue to be seen as secondary to health care. It is imperative that the NCS leads to proper investment in social care and maintains the independence of the sector from the health care sector.

## **1b. Access to Care and Support**

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

**MULTIPLE CHOICE QUESTION**

- Speaking to my GP or another health professional.
- Speaking to someone at a voluntary sector organisation, for example my local carer centre, befriending service or another organisation.
- Speaking to someone at another public sector organisation, eg Social Security Scotland
- 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.
- Through a contact centre run by my local authority, either in person or over the phone.
- Contacting my local authority by email or through their website.
- Using a website or online form that can be used by anyone in Scotland.
- Through a national helpline that I can contact 7 days a week.
- Other – Please explain what option you would add

All options are to be answered using the following scale - Not at all likely, unlikely, neither likely or unlikely, likely or very likely.

No response

**Q4.** How can we better co-ordinate care and support (indicate order of preference)? **MULTIPLE CHOICE QUESTION**

- Have a lead professional to coordinate care and support for each individual. The lead professional would co-ordinate all the professionals involved in the adults care and support.
- Have a professional as a clear single point of contact for adults accessing care and support services. The single point of contact would be responsible for communicating with the adult receiving care and support on behalf of all the professionals involved in their care, but would not have as significant a role in coordinating their care and support.

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

No response

**Q5.** How should support planning take place in the National Care Service? For each of the elements below, please select to what extent you agree or disagree with each option: **MULTIPLE CHOICE QUESTION**

**a. How you tell people about your support needs**

- Support planning should include the opportunity for me and/or my family and unpaid carers to contribute.
- If I want to, I should be able to get support from a voluntary sector organisation or an organisation in my community, to help me set out what I want as part of my support planning.

**b. What a support plan should focus on**

- Decisions about the support I get should be based on the judgement of the professional working with me, taking into account my views.
- Decisions about the support I get should be focused on the tasks I need to carry out each day to be able to take care of myself and live a full life.
- Decisions about the support I get should be focused on the outcomes I want to achieve to live a full life.

**c. Whether the support planning process should be different, depending on the level of support you need**

- I should get a light-touch conversation if I need a little bit of support; or a more detailed conversation with a qualified social worker if my support needs are more complex.
- If I need a little bit of support, a light-touch conversation could be done by someone in the community such as a support worker or someone from a voluntary sector organisation.
- However much support I need, the conversation should be the same.

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

All options are to be answered using the following scale - Strongly agree, agree, neither agree/disagree, disagree or strongly disagree.

No response

**Q6.** The Getting It Right For Everyone National Practice model would use the same language across all services and professionals to describe and assess your strengths and needs. Do you agree or disagree with this approach?

- Agree
- Disagree

Please say why.

Agree.

We welcome this approach, particularly the focus on encouraging shared language. The model must align with the National Care Standards.

**Q7.** The Getting It Right for Everyone National Practice model would be a single planning process involving everyone who is involved with your care and support, with a single plan that involves me in agreeing the support I require. This would be supported by an integrated social care and health record, so that my information moves through care and support services with me. Do you agree or disagree with this approach?

- Agree
- Disagree

Please say why.

Agree.

The National Standard practice model has the potential to improve standards of practice, enable a person-centred approach to practice and deliver better outcomes for people. It can also support integrated and multi-disciplinary working and better data sharing.

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

- Agree
- Disagree

Please say why.

Agree.

A national practice model will support the drive towards integration. We support shared language and understanding for workforce and citizens. Shared training and learning will also support a consistent approach to delivering services.

### **1c. Right to breaks from caring**

**Q9.** For each of the below, please choose which factor you consider is more important in establishing a right to breaks from caring. (Please select one option from each line. Where you see both factors as equally important, please select 'no preference')

- Standardised support packages versus personalised support - Personalised support to meet need, Standardised levels of Support or No preference
- A right for all carers versus thresholds for accessing support - Universal right for all carers, Right only for those who meet qualifying thresholds or No preference
- Transparency and certainty versus responsiveness and flexibility - Certainty about entitlement, Flexibility and responsiveness or No preference
- Preventative support versus acute need – Provides preventative Support, Meeting acute need or No preference.

No response

**Q10.** Of the three groups, which would be your preferred approach? (Please select one option.)

- Group A – Standard entitlements
- Group B – Personalised entitlements
- Group C – Hybrid approaches

Please say why.

No comment on Groups.

We welcome the intention to establish a break from caring and it is critical that these services are personalised as far as possible.

The potential workforce implications of this policy must be considered. This policy would require an expansion of the registered workforce. As the regulator, we would then require additional resources to support this expansion. We discuss this point further in our response to Q86.

#### **1d. Using data to support care**

**Q11.** To what extent do you agree or disagree with the following statements?

- There should be a nationally-consistent, integrated and accessible electronic social care and health record.
- Information about your health and care needs should be shared across the services that support you.

All options are to be answered using the following scale - Strongly agree, agree, neither agree/disagree, disagree or strongly disagree.

Strongly agree

**Q12.** Should legislation be used to require all care services and other relevant parties to provide data as specified by a National Care Service, and include the requirement to meet common data standards and definitions for that data collection?

- Yes
- No

Please say why.

Yes. Commenting here as there is no response to comment in question 11. We strongly agree with these proposals. Effective workforce planning requires the ability and willingness to share data.

Common data sets are a key component of effective workforce planning. We welcome the intention to use legislation to require care services and other key partners to provide this data. The legislation can also help to avoid local interpretation of these requirements.

These sectors already have several common data standards in place. A key priority for the development of these and new standards will be ensuring that they reflect the diversity of stakeholders' needs and the differences in language across social care and health.

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

We welcome the intended approach set out in the consultation. It is important to note that significant progress has been made in recent years. The SSSC is working with stakeholders across social care and health to identify ways of sharing data and addressing current gaps. It is critical to take account of and build on the progress already made.

### **1e. Complaints and putting things right**

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

- Charter of rights and responsibilities, so people know what they can expect
- Single point of access for feedback and complaints about all parts of the system
- Clear information about advocacy services and the right to a voice
- Consistent model for handling complaints for all bodies
- Addressing complaints initially with the body the complaint is about
- Clear information about next steps if a complainant is not happy with the initial response

Other – please explain

Ticked all options and added following text under other.

We note that the consultation paper asks respondents to select three options. Our view is that all these elements are essential components of a new complaints system. The priority is setting out what people can expect from the new system.

We understand that, for people using services and their families, the complaints landscape is complicated. We see the benefits that a single point of access could bring. We welcome the emphasis on advocacy support, which our experience shows is too limited at present.

We also welcome the focus on directing complaints to the bodies delivering the service for resolution. Effective screening which makes sure that the right referrals are made to bodies with statutory investigation and protection functions such as the SSSC is critical to the success of a single point of access.

The current legislation places limits on what we can publish for example, about our fitness to practise investigations and outcomes. This consultation is a

good opportunity to review that legislation and to enhance our publication powers which will support openness and transparency.

National collective learning and improvements from complaints is important to ensure that we develop services and reduce complaints. Working with key stakeholders to analyse complaints information and develop joint approaches to themes is an integral part of the complaints process.

### **Supporting employers**

This section of the consultation understandably and rightly focuses on how to help people complain and to make sure things are resolved. This is also a good point at which to consider how the referral process for bodies delivering social care can be enhanced. Bodies have statutory reporting requirements to many organisations including the Care Inspectorate, Disclosure Scotland and the SSSC. We regularly receive feedback from bodies about the duplication and inefficiency of approach. The development of a new system could be a good opportunity to consider how this system can support bodies with their statutory referral obligations.

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

- Yes
- No

Please say why.

Yes. Under 'why' we would note following

Yes, in principle, although we think further information is required to understand the role.

**Q16.** Should a National Care Service use a measure of experience of those receiving care and support, their families and carers as a key outcome measure?

- Yes
- No

Please say why.

Yes.

The Independent Review of Adult Social Care powerfully expresses the need to address the implementation gap between intent and service delivery. A quality measure of experience will help to maintain this focus on meeting the needs of people who rely on these services.

## **1f. Residential Care Charges**

**Q17.** Most people have to pay for the costs of where they live such as mortgage payments or rent, property maintenance, food and utility bills. To

ensure fairness between those who live in residential care and those who do not, should self-funding care home residents have to contribute towards accommodation-based costs such as (please tick all that apply):

- Rent
- Maintenance
- Furnishings
- Utilities
- Food costs
- Food preparation
- Equipment
- Leisure and entertainment
- Transport
- Laundry
- Cleaning

Other – what would that be.

No response

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

- Self-funders
- Care home operators
- Local authorities

Other.

No response

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

- Yes
- No

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

No response

## **2. National Care Service**

**Q20.** Do you agree that Scottish Ministers should be accountable for the delivery of social care, through a National Care Service?

- Yes
- No, current arrangements should stay in place

No, another approach should be taken (please give details).

Yes.

**Q21.** Are there any other services or functions the National Care Service should be responsible for, in addition to those set out in the chapter?

None identified.



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

None identified.

### **3. Scope of the National Care Service**

#### **3a. Children's services**

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

- Yes
- No

Please say why.

Yes.

This approach is in keeping with the aspiration of providing social care services that support people at all stages.

The consultation contains one brief reference to Early Learning and Childcare (ELC). We are aware and understand that there is no intention to include ELC within the NCS.

Many people access social care and ELC throughout their lives and the link between both is critical. The ongoing Expansion of ELC and wraparound care can make a huge difference in the lives of children and families. Also, transition services are a key part of the bridge between children's and adult's care and are often where young people are 'lost' within care. It is critical that the NCS considers the ELC's relationship with social care from the start.

There are many reasons why the relationship between adult social care and ELC is critical, including the role of the workforce. The SSSC regulates social workers, social care and early years workers such as day care of children. The qualifications promote flexibility. For example, if you have an SVQ Social Services and Healthcare you can get credit towards the SVQ Social Services (Children and Young People) at the same level.

We are also aware of some evidence of workers moving across these areas, partly linked to the expansion of funded ELC. It is critical that we consider the connectivity between these sectors throughout the development of the NCS.

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

- For children with disabilities
- For transitions to adulthood
- For children with family members needing support

For each option indicate yes or no and say why.

Yes to all three.

Under each of the three 'please say why' boxes we added the following statement.

Social work and social care play a pivotal part in supporting people. A joined-up approach to all three of these three areas will reduce complexity and lead to improved outcomes for everyone.

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

- Yes
- No

Please say why.

Yes.

A joined-up approach has the potential to support people who use these critical services and to deliver better outcomes for all.

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

- Yes
- No

If yes, please give examples.

No response

### **3b. Healthcare**

**Q27.** Do you agree that the National Care Service and at a local level, Community Health and Social Care Boards should commission, procure and manage community health care services which are currently delegated to Integration Joint Boards and provided through Health Boards?

- Yes
- No

Please say why.

No response

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

No response

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

- Better integration of health and social care
- Better outcomes for people using health and care services
- Clearer leadership and accountability arrangements
- Improved multidisciplinary team working
- Improved professional and clinical care governance arrangements

Other (please explain below).

No response

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

- Fragmentation of health services
- Poorer outcomes for people using health and care services
- Unclear leadership and accountability arrangements
- Poorer professional and clinical care governance arrangements

Other (please explain below).

No response

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

No response

### **3c. Social Work and Social Care**

**Q32.** What do you see as the main benefits in having social work planning, assessment, commissioning and accountability located within the National Care Service? (Please tick all that apply)

- Better outcomes for service users and their families
- More consistent delivery of services
- Stronger leadership
- More effective use of resources to carry out statutory duties
- More effective use of resources to carry out therapeutic interventions and preventative services
- Access to learning and development and career progression
- Other benefits or opportunities, please explain below

Response under other.

The NCS and the SSSC have key roles in supporting access to learning and development and career progression. Our data and intelligence indicate there will be a significant demand for qualifications over the next five years, particularly for workers in adult social care roles that are registered with the

SSSC. Current available provision will not meet the demand. National planning will be necessary to address this shortfall. It will be essential that the NCS works in partnership with the SSSC to understand and address the supply and demand challenges for social care qualifications.

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

No response

### **3d. Nursing**

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

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

Please say why.

No.

We welcome the intention to introduce a new leadership role for assuring that the quality of care is consistent and to the appropriate standard. Nurses play a critical role in the delivery of social care. As of December 2020 there were an estimated 7,000 nurses working in social care, including approximately 4,000 working in care homes for adults, nearly 10% of the overall care home for adult workforce. However, we believe it needs an Executive Director of Social Care to reinforce care as a profession and an equal partner to health.

The NCS must have leadership from an experienced person in social work and/or social care. The experience of the sector in achieving the ambition of the NCS is vital.

Social care is about supporting people to live a good quality of life. People of all ages and with differing needs use social care. Social care is primarily about relationships which are often long term and vital to the quality of service delivery. That care and support is provided in people's homes and in homely settings. It is crucial that the 'social' is not lost to 'medical'.

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

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

Please say why.

Yes.

Enabling consistent access to education and personal development must be a key responsibility for the National Care Service and care providers. It must also be a priority for the worker themselves. Our Codes highlight the need for registrants to take personal responsibility for developing their skills and knowledge.

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

- Yes
- No

If no, please suggest alternatives.

Yes.

### **3e. Justice Social Work**

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

- Yes
- No

Please say why.

Yes

Serious consideration must be given to the role of justice social work services. It is critical that links with children's social services, youth services, community justice and adult social care services are maintained and strengthened as part of a focus on the holistic delivery of services. Consideration to how ringfenced funding for justice services is managed is important to maintain a focus on improving outcomes and reducing reoffending.

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

- At the same time
- At a later stage

Please say why.

No response

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

- More consistent delivery of justice social work services
- Stronger leadership of justice social work
- Better outcomes for service users
- More efficient use of resources

Other opportunities or benefits - please explain

No response

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

- Poorer delivery of justice social work services
- Weaker leadership of justice social work
- Worse outcomes for service users
- Less efficient use of resources

Other risks or challenges - please explain.

We would hope that ring fenced funding would continue.

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

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

Another reform - please explain.

No response

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

- Yes
- No

Please say why.

No response

### **3f. Prisons**

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

- Yes
- No

Please say why.

No response

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

- Yes
- No

Please say why.

No response

### **3g. Alcohol and Drug Services**

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

- Better co-ordination of Alcohol and Drug services
- Stronger leadership of Alcohol and Drug services
- Better outcomes for service users
- More efficient use of resources

Other opportunities or benefits - please explain.

No response

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

- Confused leadership and accountability
- Poor outcomes for service users
- Less efficient use of resources

Other drawbacks - please explain.

No response
<p><b>Q47.</b> Should the responsibilities of Alcohol and Drug Partnerships be integrated into the work of Community Health and Social Care Boards?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul> <p>Please say why.</p>
No response
<p><b>Q48.</b> Are there other ways that Alcohol and Drug services could be managed to provide better outcomes for people?</p>
No response
<p><b>Q49.</b> Could residential rehabilitation services be better delivered through national commissioning?</p> <ul style="list-style-type: none"> <li><input type="radio"/> Yes</li> <li><input type="radio"/> No</li> </ul> <p>Please say why.</p>
No response
<p><b>Q50.</b> What other specialist alcohol and drug services should/could be delivered through national commissioning?</p>
No response
<p><b>Q51.</b> 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?</p>
No response



### 3h. Mental Health Services

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

- Primary mental health services,
- Child and Adolescent Mental Health Services,
- Community mental health teams,
- Crisis services,
- Mental health officers
- Mental health link workers

Other – please explain.

It is critical to identify how mental health services fit or align with the National Care Service. A priority is around considering the role of Mental Health Officers (MHOs). MHOs should be delivered from within the NCS. MHOs are social workers who have completed the relevant Award and are typically employed by local authorities. MHOs have a unique and critical statutory role around supporting people. It is also vital to identify how we continue to support MHOs to undertake their role.

**Q53.** How should we ensure that whatever mental health care elements are in a National Care Service link effectively to other services e.g. NHS services?

No response

### 3i. National Social Work Agency

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

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

Other – please explain.

Selected other and added following text.

There are several benefits associated with the National Social Work Agency. We welcome the agency's focus on raising the profile of social work.

#### **Qualifications and professional development**

We have significant concerns about the proposals on education and training of social workers. These include setting the standards in social work education and the Continuous Professional Learning (CPL) requirements. These functions must remain with the SSSC. Regulators must be independent of the professions they regulate to effectively operate in the public interest and for the public to have confidence that they are doing so.

Our position is not unique. The responsibility for setting education and training requirements or standards and approval of relevant courses sits with relevant regulators such as the Nursing and Midwifery Council, the General Medical Council and the General Teaching Council for Scotland.

There is the expectation in equivalent UK social care regulators and elsewhere such as health – rightly so, in our view – that the regulator is independent and sets qualifications and standards. It is critical that social work and social care retain a similar approach.

We note the Government's response to the Muir Review and the intended reform of Education Scotland and the SQA. These proposals reflect the importance of creating a new body that has the role and responsibility to both set standards within the curriculum and assess performance against those standards. Our view is that this policy reinforces our point about the SSSC retaining the role around setting standards in education and training.

### **Impact at UK level**

This proposal will have unforeseen consequences or cause disruption at a UK level. The responsibility for setting qualification requirements and national occupational standards aligns with our role as part of Skills for Care and Development, the Sector Skills Council for the social service sector.

Skills for Care & Development (SfCD) is the sector skills council for people working in early years, children and young people's services, and those working in social work and social care for adults and children in the UK. SfCD is a partnership of four organisations: Social Care Wales, NISCC (Northern Ireland), SSSC (Scotland) and Skills for Care (England). We are collectively responsible for setting standards within the sector.

These common UK-wide standards underpin the strength and flexibility of the profession. We develop and maintain the national occupational standards for the sector in partnership. These standards will be at risk under a new approach, which would then cause significant challenges for workers who wish to move across the UK and for providers who operate in Scotland and other parts of the UK.

### **Relationship between NCS and Social Work Agency**

We agree that the National Social Work Agency should be part of the NCS. However, we believe this approach reinforces the case for the SSSC retaining these responsibilities. The National Social Work Agency would be put in a potentially contradictory position where it would have responsibility for setting qualifications and standards but would also be part of a governance structure where other drivers have an impact.

The remainder of our response to this question reinforces our position by sharing key messages from a consultation by the Law Commission and the Shipman Inquiry.

**Law Commission consultation: regulation of health care and social care professionals (2014)**

In 2012 the Law Commission, Scottish Law Commission and the Northern Ireland Law Commission (the Commissions) published a joint consultation paper on the regulation of health care professionals and social care professionals in England. They note that the regulators' role in ensuring proper standards of professional education, conduct and practice is complex and that decisions cannot be taken in isolation.

In their paper the Commission are clear that the legitimacy of the regulators' involvement in education, conduct and practice is beyond doubt. They reference the Council for Healthcare Regulatory Excellence's view that the regulators' contribution to education and training is valued in particular for the 'confidence and subject-specific insight that it can provide'.

In 2014, the Commissions published the findings of their review. These included recommendation 46 which states that 'regulators should be required to set the standards for education, training and experience, and have broad powers to approve matters such as ....courses....programmes...and individuals'.

Our view is that reallocating responsibility for regulation of education to the NCS will go against the approach taken elsewhere and could have an impact on the confidence of the profession. It will also go against the broad direction of travel for regulation, as the UK Government has committed to providing UK healthcare regulators with broadly consistent powers.

**Shipman Inquiry**

In 2005 the Shipman Inquiry published their final report. The inquiry examined the role of the General Medical Council. This includes a view that regulators should be independent of the profession they regulate to operate in the public interest, and accountable to parliament Shipman Inquiry, 2005, paragraph 27.309 onwards. If accountability is transferred from Scottish Government to the NCS, it is possible that the SSSC would then be viewed as being accountable to the profession.

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

Our views on this are in our response to question 54.

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

- Yes
- No

Please say why.

Yes.

Yes, however we believe further work is required to consider the relationship between the National Social Work Agency, the NCS and regulators such as the SSSC.

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

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

Other – please explain.

We do not believe that the National Social Work Agency should have the lead role in setting the standards for Social Work Education or practice learning. Our concerns around that are largely set out in response to question 54.

The SSSC must retain responsibility for setting the standards in social work education and for the quality assurance and approval of programmes. This includes the requirements of and quality of practice learning opportunities (PLOs) as they are intrinsically significant to every programme and this element should not be separated out of the overall quality assurance of the delivery of programmes. We must be sure that standards are met and those qualifying have the right skills, knowledge and experience to join the workforce.

We support the National Social Work Agency having a lead role in workforce planning, including national planning for student placements. There is considerable variance in access to quality of PLOs. A centralised or national approach to PLOs will support workforce planning in this area. Key priorities include addressing supply, demand, the co-ordination of placements and the funding of PLOs.

The agency could support workforce planning side of practice learning.

We expect to have a role in national framework for learning as it would need to reflect and complement our regulatory requirements for Continuous Professional Development and the first year in practice for Newly Qualified Social Workers. We also want to ensure alignment between approved frameworks, specialist awards and our forthcoming endorsement framework to give recognition and weight to the national learning and framework and to support parity and recognition of skills.

We agree that the Social Work Agency should lead on the other areas identified in this section of the consultation. We welcome the opportunity to engage with proposed Centre for Excellence. We want to make sure that our work investigating fitness to practise of registered workers drives education and development and that best practice is embedded within programme delivery.

#### **4. Reformed Integration Joint Boards: Community Health and Social Care Boards**

##### **4a. Governance model**

**Q58.** "One model of integration... should be used throughout the country." (Independent Review of Adult Social Care, p43). Do you agree that the Community Health and Social Care Boards should be the sole model for local delivery of community health and social care in Scotland?

- Yes
- No

Please say why.

No response

**Q59.** Do you agree that the Community Health and Social Care Boards should be aligned with local authority boundaries unless agreed otherwise at local level?

- Yes
- No

No response

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

No response

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

No response

##### **4b. Membership of Community Health and Social Care Boards**

**Q62.** The Community Health and Social Care Boards will have members that will represent the local population, including people with lived and living experience and carers, and will include professional group representatives as well as local elected members. Who else should be represented on the Community Health and Social Care Boards?

No response

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

- Yes
- No

No response

**Q64.** Are there other changes that should be made to the membership of Community Health and Social Care Boards to improve the experience of service users?

No response

#### **4c. Community Health and Social Care Boards as employers**

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

- Yes
- No

No response

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

No response

### **5. Commissioning of services**

#### **5a. Structure of Standards and Processes**

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

- Yes
- No

If no, who should be responsible for this?

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

A framework of standards and processes is not needed.

Yes.

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

- Yes
- No

Yes.

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

- Yes
- No

Yes.

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

Yes.

We welcome the continuing focus on delivering ethical commissioning and procurement of social care services which place a focus on the workforce.

Funding must be included for training and development of the workforce when commissioning services.

## **5b. Market research and analysis**

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

- Yes
- No

If no, who should be responsible for this?

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

Other - please comment.

Yes.

It is appropriate for the NCS to take responsibility for market research and analysis.

Workforce information is key to understanding the market. The SSSC collects and analyses a wide range of data sources such as information on Registration, Fitness to Practise and Official and National Statistics. We

anticipate that we will work closely with the NCS or relevant partner to support this work.

## 20. National commissioning and procurement services

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

- Yes
- No

If no, who should be responsible for this?

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

Yes

## 6. Regulation

### 6a. Core principles for regulation and scrutiny

**Q73.** Is there anything you would add to these core principles?

As these principles will apply to the way regulators carry out their roles, it is important not to lose sight of the fact that the SSSC will continue to be the regulator of the early years workforce, which is not envisaged as being part of the NCS. That sector must also have the opportunity to have their say on principles that will affect them.

**Q74.** Are there any principles you would remove?

We did not identify any changes.

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

No, although it is critical that the principles make relevant references to the National Care Standards.

### 6b. Strengthening regulation and scrutiny of care services

**Q76.** 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?

- Yes
- No

Please say why.



Yes. These proposals will help to address some of the challenges around poorly performing services and will lead to an overall improvement in the quality of services.

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

No.

### **6c. Market oversight function**

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

- Yes
- No

Yes.

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

- Large providers only
- All providers

All providers

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

- Yes
- No

Yes.

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

- Yes
- No

Yes.

We welcome the intention to develop a market oversight function. The sector has evolved rapidly over the past few decades and ranges from self-employed people to large providers that run multiple services. A market oversight function would enable the Care Inspectorate to use intelligence to help identify risks to the sustainability of services.

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

- Yes
- No

Please say why.

Yes.

In our work we see issues in care services' compliance with the SSSC Codes of Practice for Employers that derive from the culture, investment and approach of the provider. The proposed change will address this protection gap.

#### **6d. Enhanced powers for regulating care workers and professional standards**

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

Yes.

The Care Inspectorate's legislative framework requires them to take account of employers' adherence to the SSSC Codes of Practice in their scrutiny work. The SSSC will continue to work with the Care Inspectorate around the use of these powers.

If the Care Inspectorate does not consider that the enforcement of the SSSC Codes of Practice for employers should remain within their remit, then the SSSC welcomes additional powers to enable us to carry out this role.

If the SSSC is to carry out this role, we need clarity about who we can take action against and what enforcement powers we could use.

The SSSC would support further discussion on the use of these powers and would expect to be involved.

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

We experience significant difficulties around accessing vital information that we require to undertake fitness to practise investigations. This includes critical information from Police Scotland and we have regular discussions with them and other organisations to ensure that we can access what we need.

We have had to raise court actions to obtain information in the past. This is an inefficient use of public money as well as causing significant delay to investigations and outcomes.

Several equivalent regulators in other sectors and our equivalent partners in Northern Ireland already have powers to compel third parties to provide this information.

As well as strengthened powers to obtain information, we also require the ability to compel witness to participate in fitness to practise processes. This is a power that other regulators have and would greatly improve our ability to take protective action.

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

We have taken significant steps in recent years to establish strong relationships with other regulatory bodies, such as the Care Inspectorate. We now have information sharing agreements with relevant regulators and work closely to share information where possible. We are also part of Skills for Care and Development (SfCD), the Sector Skills Council for the social service sector in the UK. The SfCD alliance includes representatives from our equivalent partners across the UK.

We recognise that there is a need for all regulators – including the SSSC - to explore how we can work better together to share information and to raise standards in services and the workforce. This must include a commitment from the Scottish Government to provide regulators with resources to capture and analyse data, share intelligence and support improvement.

This was a key theme in the landmark report by The Promise Scotland which reinforces the need for regulators to come together to 'be at the forefront of a shift in culture to enable recovery'. In the short term, we're working with others to streamline and review our Codes of Practice and modernise our register.

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

The development of the NCS is a landmark moment for social care. We welcome the focus on looking beyond the NCS at wider implications. Workforce registration, regulation and development have a key part to play in public protection and on delivering on the aspirations in the consultation and in the Independent Review of Adult Social Care.

The social work, social care and early years sector has evolved and grown significantly in the 20 years since the SSSC was established. The sector and regulators continue to respond to significant changes such as the introduction of health and social care integration, Self-Directed Support, the commitment to keep The Promise and the expansion of funded Early Learning and Childcare. Our view has always been that registration must evolve and adapt as required.

The roles that many people undertake – such as social workers and social care staff – has also evolved and we need to ensure that the qualifications requirements reflect these changes. Our position on workforce regulation is driven by our experiences and the critical role that we know regulation plays in enabling public protection and supporting vulnerable people.

We're aware that introducing regulation for some of these groups would be complex and contentious, particularly personal assistants (PAs). We've briefly set out some of the issues or challenges that we would need to examine in greater detail. Our list of challenges is not definitive and consultation is critical. In some instances, a new or more creative approach to regulation may be required.

The remainder of our response to this question is split into two parts.

**Part 1** focuses on groups that we believe should be considered for registration such as adult day care staff, social work assistants and personal assistants.

**Part 2** sets out some wider thinking about the evolution and expansion of registration. This includes a summary of some of the consequences that may arise from expanding registration and some tentative estimates around the numbers of people involved.

### **Part 1: extending regulation to other groups**

Our view is that Scottish Government should consider regulation for the following groups.

1. Workers in adult day care
2. Personal Assistants (PAs)
3. Healthcare Assistants (HAs)
4. Social Work Assistants (SWAs)
5. Community Justice.

We have also identified an issue to consider around non-SSSC registered managers.

#### **1. Workers in adult day care**

Adult day care staff (ADC) support some of the most vulnerable people in society. ADC managers were amongst the first to register with the SSSC and have done so since 2009.

All ADC workers in Northern Ireland are required to register with the appropriate regulator. ADC is the only sub-sector in Scotland where we register managers but do not register frontline staff. Introducing regulation for these workers would remove this anomaly.

The number of ADC staff is relatively small compared to other sectors. There are approximately 6,650 ADC staff (including managers) as of December 2020. There has been a steady decrease in the size of the sector in recent years which appears to be linked to the drive to provide further care at home. However, these workers continue to provide critical care for vulnerable groups and our view is that they should register with the SSSC.

### **Recommendation**

Adult day care staff (non-managers) to register with the SSSC.

## **2. Personal Assistants**

We recognise that the debate around whether and how PAs regulate is sensitive, complex and featured prominently during the passage of the Social Care (Self-Directed Support) (Scotland) Act 2013. We also recognise that significant steps have been taken to support the development of PAs. These include the 10 year strategy for the development of Self-Directed Support in 2020 and the Self-Directed Support Strategy implementation plan for 2019-2021.

We also note the 2018 report by the Scottish Centre for Employment Research (SCER) which examines fair work for PAs. The SCER notes that regulation does not necessarily mean legislative oversight by the Care Inspectorate, SSSC or an equivalent body. They also indicate that many of the issues in their report 'could in theory be resolved by some kind of regulatory approach or oversight'. The report also contains findings from a small-scale survey which suggests that a third of PAs have not had an enhanced disclosure check.

The SCER report puts forward a view that may occasionally be lost within the wider discussions around regulation of this workforce. For example, they indicate that regulation featured prominently in their focus groups as 'some PAs and employers were confused as to why regulation appeared to be so absent from their working relationship...but few were certain that a regulatory approach mirroring that taken elsewhere in...social care...would be suitable for their work'. These experiences match our own. For example:

- we get queries from PAs who would like to register with us
- we have had PAs query why they are required to register with us in one setting, such as a care at home but are not required to register in their PA role
- service users and family members have made referrals to us about the conduct or practice of the PAs they employ who happen to be registered with us because of their additional employment in care at home
- workers registered with us have moved out of regulated work to become PAs when a serious concern was raised with us about their practice or conduct.

We know that many people take the view that regulation does not align with the ethos of Self Directed Support (SDS) or independent living. We understand these concerns. The debate around these sensitive issues is inextricably linked to the parallel debate around the critical role of regulation in delivering public protection. PAs provide care and support to some of the most vulnerable people in society, and while many undoubtedly provide high-quality services there is a risk of harm to service users.

A voluntary approach will not address concerns such as public protection. We believe that there is a need to examine the role that regulation can play in meeting the Scottish Government's aspirations for a skilled PA workforce which delivers high-quality care to some of the most vulnerable people in society.

### **Recommendation**

The Scottish Government examines the case for regulating PAs in greater detail. This must be informed by key stakeholders including people who employ PAs, carers, commissioners and regulators and must consider some of the ethical and technical issues outlined in Part 2 of our response to this question.

### **3. Healthcare assistants**

There has been debate about whether healthcare assistants should be regulated. Healthcare assistants provide care to some of the most vulnerable people in our society. Many of these workers are employed in integrated services and the total number of these workers is unclear.

We know that there is an increasing need to deploy staff in both healthcare assistant roles and social care roles flexibly across health and social care settings. If an individual is employed by a care service, they have to register with us and are subject to our standards of qualification and conduct. However, if the individual is employed by a health board, registration is not required and our standards do not apply.

It is anomalous that the protection afforded to the recipient of care is dependent on the status of the employer. Our view is that healthcare assistants should be regulated and hold the appropriate qualifications. It may be appropriate for these workers to be regulated by the SSSC or an alternative regulator.

### **Recommendation**

The Scottish Government examines the case for regulating healthcare assistants in greater detail. This must be informed by key stakeholders including people who employ healthcare assistants, patients, commissioners and regulators and must consider some of the ethical and technical issues outlined in Part 2 of our response to this question.

#### **4. Social work assistants**

Regulating social work assistants has been raised at several points over the past 20 years and discussed during the implementation of Changing Lives, the review of 21<sup>st</sup> Century Social Work in 2006. We know that this role has continued to evolve and the complexity associated with this role has increased.

The work carried out by social work assistants is complex and skilled and requires them to work closely with vulnerable people. Increasingly this role requires social work assistants to become involve in assessment and safeguarding.

The Scottish Local Authority Social Work Services Survey suggests that there are approximately 2,300 social work assistants in Scotland. This figure has remained relatively constant over the past decade. Our view is that these workers should be regulated with the SSSC.

#### **Recommendation**

Social work assistants to register with the SSSC.

#### **5. Community justice staff**

Community justice staff play a critical role in the delivery of public services. Scottish Government's current consultation on the National Strategy for Community Justice highlights the significant developments since the strategy was published in 2016. These include the shift away from custody. We also note Audit Scotland's recent Community Justice Scotland report which indicates that the demand for community services is likely to increase as the backlog in court cases following COVID-19 is addressed.

There are a variety of roles within community justice that can be considered for registration including (but not only) criminal justice assistants, those working in offender accommodation services and offender liaison services. Another potential group is community service supervisors.

Key workers in community justice include staff working in offender accommodation services and criminal justice assistants. These workers all have a critical role to play in the delivery of social care. For example, criminal justice assistants are case holding officers supervising people on supervised attendance and Community Payback Orders (CPOs).

#### **Recommendation**

Key community justice staff to register with the SSSC. Further work is required to identify which workers should be included.

### **Non-SSSC registered managers**

There is a need to examine a particular situation around non-SSSC registered managers. SSSC registered managers are required to hold or obtain a management qualification at degree level. This requirement recognises the skill and knowledge necessary for individuals to effectively manage care services.

Non-SSSC registered managers are usually nurse managers working in care homes and registered with the Nursing and Midwifery Council or teacher managers working in children's services and registered with the General Teaching Council for Scotland, although we anticipate that there may be other workers in this situation. The Care Inspectorate does not require these managers to hold or be working towards a management qualification.

In Wales, our equivalent body, Social Care Wales, requires all managers to register with them and to meet their qualification standard irrespective of registration with another body. They estimate that 20% of managers in Wales are registered with both Social Care Wales and the NMC.

#### **Recommendation:**

Managers in these settings are required to meet our qualification standards, regardless of whether they are registered by another body. We believe the Care Inspectorate have existing powers which could be used to implement this approach. The alternative is to follow the Social Care Wales model and require dual registration with the SSSC and another professional regulator.

### **Part 2: Wider considerations**

We welcome the intention to develop new definitions for registered services and care roles that formed part of the Programme for Government in 2020. We welcome the Scottish Government commissioned study by the Institute of Research and Innovation in Social Services (IRISS) examining this area. A review of our relevant legislation will support our efforts to modernise our register.

Some of the workers we mention above may also be regulated in an alternative role. For example, it's possible that someone is working in a care at home service in the morning and as a personal assistant in the afternoon. In this scenario they are required to register with the SSSC in their care at home role but not in their separate role as a personal assistant. These anomalies can be challenging for the person who receives care, a carer and the worker themselves. They also have implications for our public protection role.

We have developed some tentative estimates for regulating the groups in our response. They suggest that regulating these groups would lead to a further 50,000 people joining our register, or an increase of more than 25% on the current number of people on our register. These figures should be treated with caution as further work is required to refine them.



We reference these figures for several reasons. For example, it illustrates the number of key workers who are not currently required to register with the SSSC or an equivalent regulator. It also highlights the significant resources required to do this, at a time when the numbers of social service workers is at the highest level since we began publishing these figures.

Significant thought must be given to the following.

- How new roles would be defined. Certainty as to who falls within the scope of registration is essential. Except for social workers, students and Care Inspectorate Inspectors, our register is currently structured in a way where certainty of role definition is linked to employment in a care service registered with the Care Inspectorate. If new roles are also defined by employment, thought must be given to any ethical implications, as it may result in protection being afforded only to those receiving state funded care.
- How registration, if mandatory, can be enforced. Except for social workers, where protection of title applies, it is the provider of the care service who bears the criminal penalty for employing someone who should be registered and is not. If that approach is extended to new groups, thought must be given to any ethical implications for some of those groups, such as personal assistants.
- The timescale for implementing registration. We would need to consider the impact on many stakeholders such as service providers, training providers and SVQ Assessors. In October 2021 we published our latest Workforce Skills Report which highlights the significant and increasing demand for many SVQs in this sector. It is anticipated there will be a shortfall in supply of training provision to meet the existing demand for qualifications required for registration with the SSSC over the next 5 years.

The SSSC receives part of its funding from registration fees, however, registration fees do not cover the cost of regulation. We are also partially funded by Scottish Government. Our previous and only fee increase was on 1 Sept 2017. We can develop updated financial projections once we are clearer on any proposed changes to regulation.

The numbers and types of workers we regulate is affected by policy and societal trends. A series of examples follow.

- The drive to support more people at home has happened at a time when we have seen a significant increase in the numbers of people working in care at home or housing support services. Our data also suggests that the numbers of people working in care homes for adults has dropped slightly over the past decade.

- The expansion of funded ELC for three, four and eligible two year olds has led to an increase in the numbers of registered Day Care of Children workers. The commitment to expand funded ELC for younger children and to increase wraparound care is expected to lead to further expansion of this workforce.
- The drive to support a shift from custody to community is also likely to lead to an increase the numbers of criminal justice staff, such as criminal justice assistants.

## 7. Valuing people who work in social care

### 7a. Fair Work

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

- Yes
- No

Please say why.

Yes.

Must be mandatory to support overall improvement across sector.

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

- Improved pay
- Improved terms and conditions, including issues such as improvements to sick pay, annual leave, maternity/paternity pay, pensions, and development/learning time
- Removal of zero hour contracts where these are not desired
- More publicity/visibility about the value social care workers add to society
- Effective voice/collective bargaining
- Better access to training and development opportunities
- Increased awareness of, and opportunity to, complete formal accreditation and qualifications
- Clearer information on options for career progression
- Consistent job roles and expectations
- Progression linked to training and development
- Better access to information about matters that affect the workforce or people who access support
- Minimum entry level qualifications
- Registration of the personal assistant workforce
- Other (please say below what these could be)

Please explain suggestions for the "Other" option in the below box.

Comment under other

All components will play a part in making social care workers feel more valued. We welcome the steps that the Scottish Government is taking to do this including the winter funding package announced in Oct 2021.

There may be particular challenges around maintaining an effective voice in sectors such as social care where we anticipate that a significant proportion of the workforce are not part of a union or membership body.

The opportunity to complete formal qualifications and to identify progression is a particular priority for the SSSC and we continue to work with the sector and key stakeholders to support this.

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

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

Please explain suggestions for the "Other" option in the below box.

All factors are important. The pandemic reinforces the need for the sector to be able to call upon the required numbers of experienced and qualified staff.

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

- Yes
- No

Please say why or offer alternative suggestions.

Yes.

## **7b. Workforce Planning**

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

- A national approach to workforce planning
- Consistent use of an agreed workforce planning methodology
- An agreed national data set
- National workforce planning tool(s)

- A national workforce planning framework
  - Development and introduction of specific workforce planning capacity
  - Workforce planning skills development for relevant staff in social care
- Something else (please explain below).

There has been progress in recent years around workforce planning. An agreed national data set will be an immediate priority.

We need future workforce requirements and projections from Scottish Government, in the same way as this happens in health. For example, the Government sets projections for the numbers of doctors, GPs and nurses required in different health settings and across geographical areas with appropriate actions in place to address demand.

A similar approach is essential to support workforce planning in social care, making sure that there are the right staff with the right skills and values in place and ready to meet future workforce and service requirements.

### **7c. Training and development**

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

- Yes
- No

Please say why

No.

We believe that this must remain with the SSSC for the same reasons as we've outlined earlier in relation to social work in our response to Q54 and Q57.

These proposals have the potential to complicate and confuse because they propose three different bodies with this role, that is the SSSC would retain this responsibility for the early years workforce, the Social Work Agency for social workers and the NCS for social care workers.

Question 93 focuses on providing and securing training. The SSSC would welcome the opportunity to be involved in this and develop the approach nationally.

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

- Yes
- No

Yes.

## 7d. Personal Assistants

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

- Yes
- No

Please say why.

Yes.

Yes, in principle, however further work is required on this. We cover this in our response to the earlier question on regulating further groups of workers at Q86.

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

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

Other (please explain).

Select

- National min employment standards
- Promotion of the profession
- Career progression pathway
- Recognition of the profession as part of the workforce.

Comment: All these factors are important as well as recognising that there are already significant numbers of PAs who are already working.

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

- Yes
- No

Yes.