

BRIEFING FOR THE MINISTER FOR MENTAL WELLBEING & SOCIAL CARE

Meeting with IJB Chief Officers

Date and time of engagement	18 July 2022 16.00-17.00
Where	MS Teams
Who	IJB Chief Officers Group. The meeting will be chaired by the Minister for Mental Wellbeing & Social Care.
Why	Monthly meeting with the Chief Officer Group. The meeting will focus on: 1. NCS 2. Workforce Retention 3. Workforce Recruitment 4. Surge Planning Items 2, 3 and 4 (taken from the Statement of Intent) should allow Chief Officers to focus on examples of good practice and enablers to replicate more widely across Scotland, at speed, to support best outcomes for people.
Official Support	SG officials will be on the call, including Anna Kynaston and Donna Bell. A full list of attendees, including officials, is included in Annex A.
Briefing Content	Annex A: Agenda & Attendees and Chair's Brief Annex B: Briefing on NCS Annex C: Questions from Chief Officers (NCS) Annex D: Co-Design top lines (NCS) Annex E: Statement of Intent Annex F: Workforce Retention and Workforce Recruitment Annex G: Surge Planning

AGENDA & ATTENDEES**Monday 18 July 2022****16.00 – 17.00****Microsoft Teams****Chair – Minister for Mental Wellbeing and Social Care****AGENDA**

1.	Welcome	Mr Stewart
2.	16:00 - NCS	Mr Stewart and Chief Officers
3.	16.15 - Workforce Retention What are the issues and how are they being addressed?	Chief Officers
4.	16.30 - Workforce Recruitment Local-level examples of successful approaches.	Chief Officers
5.	16.45 - Surge Planning Unplanned and unscheduled care: the HSCP role in increasing prevention and reducing hospital admissions.	Chief Officers
5.	Closing remarks and thanks	Mr Stewart
Date of next meeting: TBD		

ATTENDEES

Chief Officers

Pamela Milliken - Aberdeenshire
Judith Proctor - Edinburgh
Annemargaret Black – Clacks and Stirling
Vicky Irons - Dundee
Craig McArthur – East Ayrshire
Caroline Sinclair – East Dunbartonshire
Fiona Wilson – East Lothian
Julie Murray - East Renfrewshire
Patricia Cassidy - Falkirk
Allen Stevenson - Inverclyde
Morag Barrow - Midlothian
Christine Lavery - Renfrewshire
Chris Myers – Scottish Borders
Beth Culshaw – West Dunbartonshire
Nick Fayers - Western Isles

Health and Social Care Scotland (HSCS)

[redacted]
[redacted]

Scottish Government

Donna Bell - Director: Social Care and NCS Development
Anna Kynaston - Deputy Director: NCS
[redacted]
Angie Wood - Professional Adviser
[redacted]
[redacted]
Simon Cuthbert-Kerr – Deputy Director for Improving Standards and Quality
[redacted]
Ian Turner – Deputy Director for Adult Social Care Workforce and Fair Work
[redacted]

CHAIR'S BRIEF (MINISTER FOR MENTAL WELLBEING AND SOCIAL CARE)

1. Welcome

The Minister will welcome everyone.

The Minister may wish to thank Chief Officers for their flexibility with this meeting having twice been rescheduled.

2. NCS (15 mins)

Following the publication of the NCS Bill, Chief Officers have provided questions and comments in advance of today's session to help shape discussion. These can be found in **Annex C**.

A background brief on the NCS and top lines on the co-design process can be found in **Annexes B and D** respectively.

3. Workforce retention, workforce recruitment, and surge planning (45 mins)

These three themes (taken from the Statement of Intent) should allow Chief Officers to focus on examples good practice and enablers to replicate more widely across Scotland, at speed, to support best outcomes for people.

Briefing on these themes can be seen in **Annexes F and G**, with an update on the Statement of Intent available at **Annex E**.

4. Conclusion

The Minister may wish to thank everyone for their contributions and offer the opportunity for Judith Proctor to do likewise.

NATIONAL CARE SERVICE

Establishing National Care Service

Our proposals for delivering on the recommendations of the Independent Review of Adult Social Care were laid out in the National Care Service consultation. The proposals were wide ranging and focussed on improving people's experiences of care as well as changing the way that social care is managed and governed.

After considering the full range of consultation responses, the NCS (Scotland) Bill was introduced to Parliament on Monday 20 June.

The National Care Service is being developed to lead on improvements to social care

- Creating the National Care Service is about improving people's lives so they can thrive and lead a full life.
- The Independent Review of Adult Social Care recommended the creation of a National Care Service, with Scottish ministers being accountable for adult social care support.
- Our ambition is to go beyond the recommendations of the Review, to create a comprehensive community health and social care service that wraps around families with smooth transitions between different categories of care.
- The pandemic has highlighted that people hold Scottish Ministers accountable for social care. That is not unreasonable, given the large amounts of public funding for social care and its importance to people's lives
- The National Care Service will oversee the delivery of care, improve standards, ensure enhanced pay and conditions for workers, and provide better support for unpaid carers.
- The National Care Service will support ethical commissioning of care, including better conditions for workers.
- We are committed to giving a strong voice to those who rely on social care, unpaid carers, and the workforce, listening to their needs and acting on what they tell us.
- These changes can only be delivered with increased investment. We have committed to increase public investment in social care by 25% over the parliament, delivering over £800m of increased support for social care.
- At national and local level, the NCS will plan and commission community health and social care services, including primary care, transferring functions from Integration Authorities to NCS Care Boards.
- This will bring together social care, social work and community health to strengthen health and social care integration and smooth transitions for people.
- NHS Staff will continue to deliver these services under commissioning arrangements agreed between Health Boards and Care Board and therefore, we do not envisage disruption in relation to existing contractual relationships with community health providers.

QUESTIONS FROM CHIEF OFFICERS (NCS)

In advance of today's session, Chief Officers have submitted the following questions to help shape discussion:

<p>Chief Officer Role</p>
<p>What do you see as the primary role of Chief Officers in the transition period between now and delivery of the NCS and what would you like to see most from Chief Officers in relation to this?</p>
<p>What is the role of Chief Officers specifically in relation to mitigating the risks related to establishing the NCS?</p> <p>For example:</p> <ul style="list-style-type: none"> • partner organisations disinvestment • retaining leaders and managers • continuing to respond to whole system pressures whilst also actively fully engaging and contributing to the co-design process of the NCS
<p>Staffing Arrangements in the NCS</p>
<p>The Bill states that, each care board must have a Chief Executive, appointed by the Scottish Ministers and that, beyond that, it is for care boards to decide what other staff to appoint and in what capacities. Does this leave the potential for LCBs to look and operate significantly differently across the Country?</p>
<p>There will undoubtedly be feelings of apprehension and even some anxiety within staff teams going forward. What plans are in place or planned to be in place, to ensure alignment of local and national messaging/communications to support Chief Officers to effectively address this?</p>
<p>Integration of Health and Social Care</p>
<p>The IRASC concluded that there were real strengths and ambition within the 2014 Public Bodies legislation. Is it intended that this legislation will be superseded in totality by the new NCS legislation? If so, what does that mean for Health and Social Care Partnerships?</p>
<p>Whilst the door has been left open to potentially have all social work services for adult and children within the NCS at some stage/phase in the future, there does not appear to be similar opportunity for the NCS to, at some point, encompass the range of health services currently delegated to IJBs. Rather, there appears to be a very clear demarcation between those health services that sit in community and primary care and hospital based services. Does this again risk moving further away from more integrated health and social care services and re-introducing the thick black line between community and hospital based health services? Will this community/hospital based services line also be evident for Mental Health services? How can we ensure that there is a focus on integrated delivery of services and that more seamless ways of working continue to be built upon and embedded within the new arrangements?</p>

The consultation to date has very much used the language of “building on and strengthening integration further still”. How is that message squared with the message being delivered now that “health services will continue to be operationally delivered by the NHS” when this clearly reintroduces a very firm line between the operational delivery mechanisms of health and social care in the NCS and subsequently these staff groups?

How do SG colleagues envisage NCS further supporting the integration of Health & Social Care across Scotland? The Bill isn't explicit regarding which Health Services are to be extended to new Local Care Boards?

Implementing the NCS

Is it intended that there will there be a ‘shadow year’ for CBs in the same way that there was for IJBs?

Key messages from Chief Officers

A timeline with anticipated milestones between now and 2026 would be useful.

A full national level assessment of risk should be completed with everyone having a shared understanding of

- what the risks are
- mitigating actions and who has responsibility for these

Staff living with uncertainty regarding their future working arrangements will further compound existing workforce challenges. Early clarity around the employment scenarios for staff will help minimise or avoid completely, any feelings of stress or anxiety and be extremely helpful.

The principle of ‘seamless from the point of view of the person in receipt of the, health and/or social care service’ should remain paramount

Valuable learning from the last 7 years of integration should not be lost but built upon to take health and social care still further. This is a unique opportunity to capitalise on the collective experience and knowledge of Chief Officers as leaders in the planning and delivery of integrated health and social care.

Robust, accurate and timely communication is critical to the success of implementing the NCS. A national level communications plan is essential.

CO-DESIGN TOP LINES (NCS)

- The Scottish Government will co-design parts of the National Care Service (NCS) that will operate at national level with people who access and deliver social care support and other relevant service. This will include a Charter of Rights, a national complaints process, and an electronic social care and health record.
- [redacted]
- The Scottish Government has established a Key Stakeholder Reference Group. The group is made up of people who deliver and who access social care and will review our plans for co-design.
- We have recently done some co-design work with people with lived experience of adult social care support. This piece of work will help us to develop a National Care Service Charter of Rights. The Charter will help people to claim their rights when accessing social care support.
- We have already carried out 24 interviews with people with experience of receiving adult social care support. These interviews provided us with in-depth information about people's experiences. We then held 3 workshops to speak with some of these people again in small group workshops to start to think in more detail about how we might design a Charter that helps people with some of the issues discussed in the interviews
- We will create and co-design the detail of how the new system will work through our continued engagement with people with both experience of accessing support and providing that support. It will be important to take the time to get this right.
- The next stage of co-design will focus on the structure of the Charter, what it will actually say, how we can make it accessible to people, and where people will access it. We will use our learning from the first stage of co-design, the interviews and the workshops, to help shape the second stage of co-design.
- Integrated health and social care has long been the joint ambition of local and national government but the current ways of working have not fully delivered the improvements intended and people who access care have told us clearly that the current approach is not delivering the quality of services they need.
- Local bodies will continue to play a crucial role in the design and delivery of services that people access directly for social care support. We will work with them to support a consistent approach to co-design across the country.
- Local government is a vital delivery partner across a whole range of policies. We value our working relationship with them and will continue to work constructively with them to pursue our priorities across Government. That includes working with local government to develop new ways to deliver improved and consistent standards of social care across Scotland.
- Combining national accountability with local expertise will ensure that the right balance can be struck in ensuring consistent and fair quality of service provision across Scotland and responsiveness to people's individual needs and local circumstances.

STATEMENT OF INTENT

Update to the joint Statement of Intent and Next Steps for Adult Social Care 2022-23

Overview

- We intend to publish an update to the joint Statement of Intent with COSLA. This will provide an overview of progress on the activities in the original Statement of Intent and set out the next steps for improving adult social care.
- The paper will follow the introduction of the NCS Bill and will plot out the key areas we will focus on to improve the social care sector and outcomes for people.
- A draft of the paper is with COSLA. Their initial assessment of the paper has indicated no major issues, but we expect to receive comments by 15 July.
- Assuming there are no major issues, and with Ministers' agreement, we will seek to publish the paper in late August.

Key themes

- The paper will identify a number of areas where improvement can be taken forward now, without the need for legislation.
- It will reiterate our message that we are not waiting for the NCS before bringing about improvement where possible.
- It will stress that strong partnership with COSLA, local authorities and other organisations will be crucial to bring about sustainable change. Co-design with people who use the social care sector remains vital.
- The themes currently set out in the draft document are:
 - Embedding Human Rights and Care for people
 - Valuing the workforce
 - Workforce planning
 - Fair Work
 - Learning and Development
 - Ethical Commissioning
 - Valuing people who provide unpaid care Focusing on Quality of Delivery and Building Strong Communities
 - Strengthening Integration, Planning and Performance
 - Data and Digital and digitally enabled care
 - Strengthening Social Care Support and Service Improvement
 - Self-Directed Support
 - Care Homes
 - Adult support and Protection
 - Resilience, business continuity and pandemic planning

Progress with original Statement of Intent commitments

Commitment	Status
Adult social care workers in Scotland will be paid at least the Real Living Wage of £9.50 per hour. Work will begin at pace to implement this commitment from May backdated to April 2021.	COMPLETED This commitment has now been superseded by the £10.02 (Dec 2021) and £10.50 (April 2022) Adult Social Care Pay Uplifts.

<p>By May 2021, develop a minimum standards framework for terms and conditions. This will lead to the establishment of core requirements for ethical commissioning which will ensure that going forward, fair work requirements and principles are met and delivered consistently.</p>	<p>COMPLETED</p> <ul style="list-style-type: none"> • Workstream 2 of Fair Work in Social Care (FWiSC) was established in 2021 to take forward work on capturing and benchmarking current practice in the NHS and Local Authorities and capturing current terms and conditions practice across provider organisations through a survey. • Work took place across 2021 to prioritise terms and conditions and analyse the cost implications of implementation. The FWiSC report, published in June 2021, set out recommendations for minimum terms and conditions. There is now agreement that this work, including progressing terms and conditions, requires a refresh and to progress at greater pace.
<p>Develop a minimum standards framework for effective voice across the whole of the social care workforce. This will enable the workforce to respond to local conditions and address matters of importance, and support an effective collective bargaining role in the sector.</p>	<p>COMPLETED</p> <ul style="list-style-type: none"> • Minimum standards for effective voice have been developed by the Fair Work in Social Care group members with work now focusing on implementation and setting quality standards for the framework.
<p>An end to charging for non-residential services as soon as possible.</p>	<p>IN PROGRESS</p> <ul style="list-style-type: none"> • The Scottish Government and COSLA, through the established Short Life Working Group with membership from stakeholders such as Directors of Finance and Chief Finance Officers, are currently undertaking a data collection exercise to ascertain expenditure and income related to non-residential charges. • Once that exercise is complete, further work will be needed to develop plans to end charging for non-residential services and secure agreement to a way forward.
<p>Commitment to deliver shared ethical commissioning principles.</p>	<p>IN PROGRESS</p> <ul style="list-style-type: none"> • Principles have been developed and consultation with Local Government representatives and Scotland Excel has taken place, and these were included within the National Care Service consultation. • This work will closely link with the National Care Home Contract re-design.
<p>The overhaul of the current mechanism of eligibility criteria to ensure an approach to social</p>	<p>IN PROGRESS</p> <ul style="list-style-type: none"> • Policy options are being developed through the Preventative and Proactive Care

<p>care support that is based on human rights and needs.</p>	<p>Programme, with the intention of testing these through our Getting It Right For Everyone Together (GIRFET) pathfinders.</p> <ul style="list-style-type: none"> • Further engagement is now required between Scottish Government and COSLA to understand the development of policy, impact, feasibility, cost and implications for other priorities, such as the removal of non-residential social care charges.
<p>A mechanism which ensures the voices of those with lived experience are at the heart of policy development, service design and service delivery.</p>	<p>COMPLETED</p> <ul style="list-style-type: none"> • Scottish Government have established the Social Covenant Steering Group, the majority of group members have lived experience of social care and are directly involved in co-designing the NCS.
<p>Ensuring that unpaid carers are fully supported to have a life alongside caring, in order to protect their health and wellbeing and better sustain caring roles.</p>	<p>IN PROGRESS</p> <ul style="list-style-type: none"> • The Scottish Government has committed to the publication of a National Carers Strategy, and publication is expected in August. • Work is under way with Chief Finance Officers to understand Carers Act spend – historically it has been difficult to unpick this type of expenditure from wider budgets – in response to calls for improved data around use of and outcomes relating to Carers Act funding.

WORKFORCE RECRUITMENT AND RETENTION

What Chief Officers may say/ask

The social care workforce remains under extreme pressure. What is Scottish Government doing to address this?

Background

- The Fair Work Convention enquiry into social care found a significant issue affecting the sector is the ability to recruit and retain staff. This has become more acute across the pandemic.
- Key reasons for staff choosing to leave the sector include people feeling ‘undervalued’ when working in social care, which is often largely determined by pay and conditions. Many organisations do not provide conditions that would be termed ‘fair work’ – for example ‘sick pay’.
- There is also a lack of career progression and training / development opportunities in the sector.
- Staff turnover within in the sector is regularly cited at 30%, which causes additional burn out and strain on the remaining workforce.
- The rising cost of living, coupled with low pay and fuel costs may cause more people to leave the sector, further compounding the issues and hindering the ability to recover from the pandemic and built a resilient and sustainable workforce.

Key Messages

Recruitment

- The Scottish Government’s National Workforce Strategy for Health and Social Care was published on 11 March. The Strategy looks at the whole workforce journey and how we can plan for, attract, train, employ and nurture our Health and Social Care Workforce.
- We have approved funding to extend the MyJobScotland recruitment website, meaning that all social care vacancies can be advertised at no additional cost to providers on one platform.
- Between February 2021 and the end of May 2022, more than 10,000 adult social care jobs have been posted on the site under this contract, saving providers approximately £1.5 million. Additionally, during this time period more than 3,000 jobs in adult social care were posted by local authorities.
- We have re-launched the MySSSC recruitment portal, providing social care providers with direct access to experienced, formerly registered staff.
- We would encourage any social care providers who are currently facing challenges with recruitment to make use of this free service.
- We launched a national marketing campaign last year called There’s More to Care than Caring, to attract more people with the right skills and values to the sector.
- 11% of those who had seen or heard the campaign said they applied for, or got a job in adult social care as a result, and there were almost 39,500 visitors to the campaign website during the campaign period.
- The learning from this campaign will inform all future marketing.

- We are working with DWP colleagues to host a series of social care job fairs across Scotland to support recruitment efforts in the sector. We are engaging with social care providers, Job Centre Plus, Skills Development Scotland and employability partnerships to maximise attendance at these events.
- In partnership with DWP and SSSC we are developing local employability pipelines that will support individuals who are further from employment step-by-step as they secure a career in adult social care
- Care workers have been added to the shortage occupation list, which is designed to help migrants get work visas to fill jobs where there are shortages.
- We will continue to press the UK Government for a migration system tailored to Scotland's needs, including a Scottish Visa, and work with partners and employers to develop proposals that suit their requirements.

Training and Development

- We are committed to attracting and retaining the right people, developing them in their roles and raising the status of social care as a profession.
- We are working with SSSC and key partners to promote career opportunities and deliver policies on upskilling and developing the workforce in order to address recruitment and retention issues and attract new people to the sector to ensure the sustainability of services in the future.
- We have been working at pace with SSSC and NES to develop an induction programme for social care staff. The National Induction Framework for new entrants into social care was launched on 1 February, and materials are available via the SSSC website. Further work is ongoing to develop and expand these materials to offer a robust induction framework for all social care staff, working in a variety of environments.
- In the medium term we are working with schools, colleges and in partnership with SSSC and NES to develop career pathways and enhance learning and development for colleagues working in ASC.
- We are taking action to improve conditions and invest in up-skilling and training for the social care workforce. This includes the development of foundation and modern apprenticeships and resources for those providing careers advice.

Pay

- The Scottish Government has introduced two increases to pay in recent months for adult social care workers delivering direct care.
- From April 2022, the minimum hourly rate for those providing direct Adult Social Care rose to £10.50 per hour. This uplift is being delivered through Local Government contracts.
- This represents an increase of 4.8% from the £10.02 pay rate that was introduced in December 2021, and is an increase of 10.5% for these workers in the course of a year; with pay rising from at least £9.50 per hour in April 2021 to at least £10.50 per hour in April 2022.

SURGE PLANNING

Unplanned and unscheduled care: the HSCP role in increasing prevention and reducing hospital admissions

Delayed discharges remain at a high level (c. 1600), this is placing very significant pressures on the hospital sector. Delays in the ability to discharge those no longer needing hospital care creates issues with flow through hospitals settings, impacting on performance against the A&E standard, and on planned care. It also creates an additional cost pressure for NHS Boards (1,600 delays cost in the region of £2.3 million per week). In addition over 90% of demand for care comes from the community, not hospital. Evidence suggests that putting care packages in place reduces unplanned hospital admissions. In short, the longer care packages are delayed in the community, the more likely that people will come into hospital

- ASC continues to struggle with recruitment and retention of staff, along with challenges around meeting demand for new care at home packages
- Caroline Lamb wrote to HSCPs on 8 July outlining the need to maximise the capacity of the NHS and social care system through the summer period and in advance of autumn/winter time.
- Whilst there is an acceptance that the necessary workforce is not available on the scale needed, we need to ensure that HSCPs look at putting appropriate solutions in place to manage the demand before it escalates further, with greater innovation in the use of technology and reaching out to communities and third sector partners to help managing increasing need for support .
- The overarching aim of the significant investment, provided to IJBs in October 2021, in the form of £40 million for interim care arrangements, £62 million for enhancing care at home capacity, and £20 million for enhancing Multi-Disciplinary Teams (MDTs), was to manage a reduction in risks in community settings and supporting flow through acute hospitals.
- There is little evidence to provide assurance that these additional funds have had any significant impact on system pressures since October 2021, specifically in relation to unmet need, outstanding assessments and delayed discharges.
- The funding letter issued in October outlined that the significant funding issued would be measured against a set of KPI measurements and outcomes in a quarterly basis.
- Returns from Q1 (January to March 2022) did not provide appropriate assurances on how the winter funding was utilised, how much capacity was released and how much funding was retained in reserves.

Key Messages

- It is clear that that there is a need for improved understanding of the readiness of local planning and resourcing as we continue to experience significant pressures and as we approach autumn and winter period.
- Request for HSCPs to complete the Quarter 2 funding KPI measurement and outcomes data template (covering April to June 2022) by the end of July.
- A further request to complete a forecast template, covering the period July to March 2023 (broken down by month) looking for additional information in relation to the current demand for care packages along with numbers of outstanding assessments and reviews and care reviews.