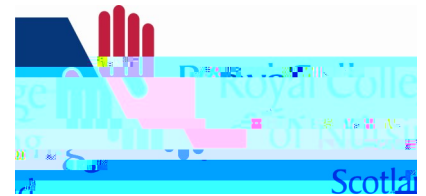


RCN Scotland's response to the Scottish Parliament call
for views on draft amendments to the

National Care Service (Scotland) Bill (Stage 2)

26 September 2024

This response was originally submitted using
a Scottish Parliament online form



Consultation questions and RCN Scotland responses

National Care Service strategy

Q1- What is your view of the proposed National Care Service strategy (see proposed new sections 1A to 1E)?

- Strongly support
- Tend to support
- Partly support and partly oppose
- Tend to oppose
- Strongly oppose
- Undecided /no opinion

Please use the text box below to expand on your answer (3,000 character limit)

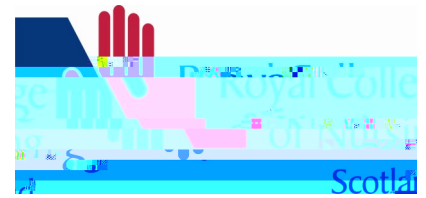
RCN Scotland response:

As we have made clear, we share the Scottish government's desire to improve the quality and consistency of social care and community health services. We are not for or against the creation of an NCS. Instead, we set out clear priorities for reform including:

- Achieving a workforce that reflects increasing clinical need
- Improved workforce planning as well as compliance with the Health and Care (Staffing) Act 2019
- Fair pay, terms and conditions for nursing staff employed in the social care sector, as well as improved access to training and development and clear career pathways
- Clear clinical and professional governance structures and processes
- An improved commissioning process which is based on outcomes and a proper assessment of unmet need and future demand, ensures fair work and obliges and funds providers to staff their services safely.
- Improved social care nursing workforce data.

Earlier this year we urged the Scottish Government to withdraw the Bill as we had serious concerns about the legislative approach and about the Bill being progressed without a clear understanding of how to fix the current problems facing the sector.

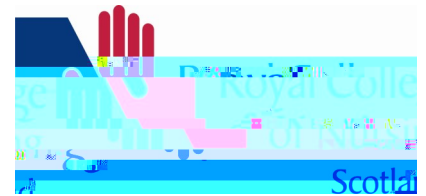
We remain of the view that the Bill overall will not deliver against our priorities for reform, outlined above, and that the focus on the NCS will not address the current crisis in service capacity or tackle workforce shortages and recruitment and retention challenges.



However, we understand that the Scottish government is committed to pressing ahead with plans for an NCS and we will continue to engage to ensure that nursing issues are central to reform.

The development of a national strategy has the potential to be useful, but only if it sets out the serious challenges facing services in a meaningful way; it cannot gloss over the crisis.

It should include robust workforce planning to ensure services have the right staff, with the



Development of the NCS must recognise the essential role of the registered nurse in community services and care homes and ensure that clear clinical and professional governance processes are embedded within reformed structures. We don't feel that the amendments achieve this. Improved national oversight, monitoring and improvement has potential to be beneficial, particularly given that social care has been undervalued, and hasn't received the attention it deserves, for so long. However, the shared accountability arrangement is very complex and it remains unclear to what extent Ministers, who are ultimately responsible for financial decisions, are accountable for services.

We are also concerned that the governance arrangements are not clear, nor is it clear where responsibility for workforce planning sits. Indeed, the Bill could make workforce planning more difficult because accountability will be shared between three partners. We believe these issues need clarified in the Bill.

The Bill as drafted did not go far enough on training as it provided that Ministers and care boards may provide training courses for staff. Similarly, draft amendment [PCO109] provides that the NCS Board may provide training for individuals to equip them with knowledge and skills relevant to the provision of services by the NCS. Providing staff with training and opportunities to develop must be a required function rather than optional; we know that training and development is one of the first things to go when services are under pressure.

We are also not clear where responsibility lies for ensuring all NCS nursing staff receive protected time for statutory and mandatory learning, as well as for learning that is professionally mandated or required to develop in their role. There must be clarity in the legislation where responsibilities sit for overseeing and ensuring consistency of access to education and professional development of staff.



Q3 - What is your view of the proposal to establish National Care Service local boards and to remove other integration models (see in particular Chapter 1A of Part 1, and new schedules 2A and 2B)?

- Strongly support
- Tend to support
- Partly support and partly oppose
- Tend to oppose
- Strongly oppose
- Undecided /no opinion

Please use the text box below to expand on your answer (3,000 character limit)

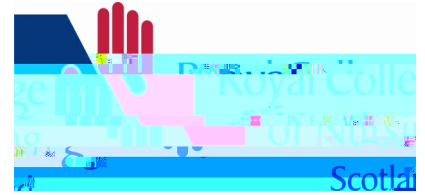
RCN Scotland response:

The Scottish government states that improvements in local delivery will be achieved through reform of integration authorities. However, there is little evidence that what is being proposed is anything more than a rebranding exercise of IJBs, with the costs that are associated with such an exercise and little benefit.

As highlighted in response to question 2, the current governance structures are not clear. There needs to be clarity around governance structures and how the NCS local boards will interact with the National Board, Scottish Ministers and other partners.

As the NCS will now be delivered by reforming Integration Authorities, we believe there is an opportunity to strengthen the voice of nursing within the integration landscape. We are calling for Integration Authority nurse board members to have full board member status. In our view, the distinction between voting members and professional advisers within integration authorities needs to be addressed to better embed the professional expertise required to deliver safe, high quality and efficient care. This has become ever more important due to the increasing levels of complex clinical care being delivered within the community settings, for which integration authorities have responsibility for delivering.

If the Scottish government accepts that a nurse director with voting rights (among other professional leaders) is central to the work of the NHS board of governance, this should be matched by an equivalent statutory presence on integration authorities, given they have delegated governance responsibility for significant amounts of healthcare delivery including in a social care setting. The fact that emergency measures needed to be put in place during the Covid pandemic to give Executive Nurse Directors additional responsibilities for care homes demonstrates the need for this professional expertise within NCS structures.



There also needs to be greater clarity around how the differences in the services that are delegated to integration authorities in different areas will be dealt with. Is it the intention for the National Board to oversee different services in different parts of Scotland, depending on what has been delegated? If so, what will be the impact of this?

Section 12B would remove alternative integration models which has implications for Highland where the lead agency model is used. Moving from a lead agency model to an IJB model is a significant change with legal, financial and governance implications and it would be useful to learn why this flexibility in approach is being removed.

We are seeking more information from the Minister, as well as the Chief Executives of NHS Highland and Highland Council, about the implications for the workforce. The impact on employment status and terms and conditions of employment must be articulated, with a guarantee of no detriment to nursing staff impacted by these changes.

Q4 -



result in improved outcomes if services remain underfunded and therefore unable to provide high quality care and safe staffing.

1

- Strongly support
- Tend to support
- Partly support and partly oppose
- Tend to oppose
- Strongly oppose
- Undecided /no opinion

Please use the text box below to expand on your answer (3,000 character limit)

RCN Scotland response:

No comment to make.

National Chief Social Work Adviser and the National Social Work Agency

Q5 - What is your view of the proposed new provisions to designate a National Chief Social Work Adviser and for the creation of a National Social Work Agency (see new section 26A)?

- Strongly support
- Tend to support
- Partly support and partly oppose
- Tend to oppose
- Strongly oppose
- Undecided /no opinion

Please use the text box below to expand on your answer (3,000 character limit)

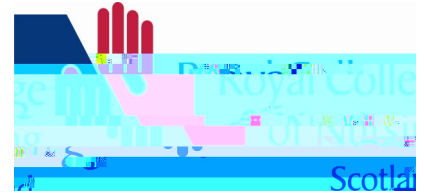
RCN Scotland response:

No comment to make.

Q5 - What is your view of the proposed amendments to the Public Bodies (Joint Working) (Scotland) Act 2014, as set out in the marked up version of the Act?

Q6 - What is your view of the proposed amendments to the Public Bodies (Joint Working) (Scotland) Act 2014, as set out in the marked up version of the Act?

Strongly support
Tend to support



Strongly support
Tend to support
Partly support and partly oppose
Tend to oppose
Strongly oppose
Undecided /no opinion

Please use the text box below to expand on your answer (3,000 character limit)

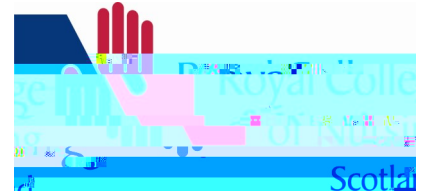
RCN Scotland response:

RCN Scotland agrees with the principle that certain national standards are desirable and necessary to improve equity of access to social care and ensure that services can deliver a preventative and person-centred approach.

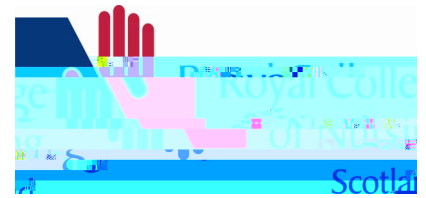
However, it is also vital that national standards require staffing levels and skills mix appropriate to the needs of service users and ensure that the social care workforce has fair pay, terms and conditions. Processes should be developed with the specific intention of achieving better outcomes for social care staff i.e. improving pay, terms and conditions, access to training and professional development, and more integrated working with counterparts.

We recognise that the Scottish Government proposes that the NCS will (separate to the Bill process) develop guidance for ethical commissioning and procuring of social care services. However, as the need to improve outcomes for social care staff is so great, we believe that this is an issue that should be addressed as part of the creation of the NCS and consideration should be given to extending the National Care Service Charter to include fair work as one way of achieving this. The Scottish government has previously talked about creating a Workforce Charter as part of the NCS co-design work but we've not seen an update on this.

Our experience of the co-design work has given us some concerns that a view is emerging that service users and staff are opposing groups, with divergent interests. The reality is that staff want what's best for service users and are doing the best they can with the time and resources available to them. Creating a Charter for service users, but not clearly setting out the rights of staff, risks perpetuating this view.



Q9 - Do you have any other comments on the Scottish Government's proposed draft Stage 2 amendments to the National Care Service Bill?



Minister's letter infers that ELAG were supportive of amendments, and this was not the case. At no time was any quantitative data taken in terms of support for proposals. Weekly meetings were a significant resource requirement for RCN Scotland, with little meaningful outcomes in terms of influencing change. Our experience of ELAG means we will be much less likely to participate in similar co-design processes in future.

