

Interim National Care Service Advisory Board

Advice to Scottish Ministers and Council Leaders

Composition of the final Advisory Board

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Introduction

The interim National Care Service Advisory Board was invited by Scottish Ministers and Council Leaders to advise them on the composition of the final Advisory Board. The interim Board recognises the importance of ensuring that the final Board includes the right perspectives and has access to appropriate expertise and understanding.

Part of the Advisory Board's purpose is to ensure that lived experience is embedded in its own decision-making, and decision-making more widely across the health and social care sector.

The interim Board believes that membership of the final Board – as well as the supporting infrastructure established to feed wider views and perspectives into the Board's thinking – are an essential part of achieving this aim.

Background

Scottish Ministers had originally intended to establish a National Care Service Board as a public body, with its own legal identity and functions. That meant that it would have a governance board with members who would make sure that the board delivered effectively.

Not everybody agreed with that approach. Ministers reflected on all feedback, so that they could decide how to continue the work.

On 23 January, the Minister for Social Care, Mental Wellbeing and Sport set out a new approach.¹

Scottish Ministers decided that the National Care Service work should continue without making legal changes to the structures and governance arrangements already in place. A National Care Service Advisory Board would be established. This would not be a public body established in law. Rather than the advisory board having a governance role or taking actions independently of ministers, it was established with advisory status. To achieve this, the board would still bring together leaders and people who have lived experience, to make improvements that will lead to consistent, fair, high-quality services.

[Co-design work](#) was originally set up to inform how a public body National Care Service Board should operate, to ensure lived experience was embedded in decision making. Although the plan changed, lessons from this work are still relevant to the new Advisory Board.

Co-design work highlighted that individual Board members should be recruited through a fair and open process. An open recruitment process takes some time to complete. An interim Board was established so that improvement work could begin as soon as possible, while the recruitment was underway.

The interim Board was built on the findings from co-design, which identified the different experiences and perspectives which should be included on a Board. Ministers then directly invited some people from these groups, or in some cases asked groups or organisations to nominate members.

This led to an interim Advisory Board membership as follows:

- Independent Chair
- Someone with experience of a long term health condition or disability
- Someone with experience of being an unpaid carer
- Someone with experience of directly providing services as part of the workforce
- Someone with experience of having been in care as a child or young person
- Someone with strategic level experience of having provided independent advocacy
- Care provider representative organisation – CCPS
- Care provider representative organisation – Scottish Care

¹ [Meeting of the Parliament: 23/01/2025 | Scottish Parliament Website](#)

- Care provider chief executive – Enable
- Disabled-people led organisation – Glasgow Disability Alliance
- Independent Living Fund
- COSLA, senior official
- Scottish Government, senior official
- Local authority, chief executive
- NHS Health board, chief executive
- Integration authority, Chief Officer
- Children and families leadership group, deputy chair

The STUC was also invited to nominate a member to the interim Board. This invitation was declined, as the STUC felt that a single position on the Board could not reflect the diverse interests of the different trades unions within its membership. However, STUC did agree that some of their members could be involved in the supporting infrastructure of the board to feed their perspectives into the Board's process of constructing its advice.

The interim Board therefore totals 17 members. This exceeds the recommendations from co-design, which indicated that a Board of 12 – 15 was optimum, in order to enable meaningful discussion to which everyone had an opportunity to contribute and arrive at consensus. In recognition of this, the letters of invitation to the three care provider members indicated:

“For the interim Board, we are inviting participation from a care provider organisation, as well as Scottish Care and CCPS. In the interests of keeping the board membership to a manageable size, however, we would expect to rationalise the provider perspective on the final Board. We will invite the interim Board to advise on what membership will best secure that viewpoint.”

Advice to Ministers and Council Leaders

The interim Board has discussed membership at 4 of the 5 meetings it has held since being set up. The interim Board agreed on a number of aspects of membership – set out below. It was not finally able to agree on how best to ensure the care provider perspective was included on the Board. All members were in agreement that this was a critical perspective, and one which must be in a position directly to contribute to discussions and decision making by the Board. No consensus was reached, however, on the number of care provider members which this required.

On the matter of care provider membership, the interim Board agreed that the best approach was to highlight the different options discussed by members, with the associated pros and cons of each option, and request that Scottish Ministers and Council Leaders take a final decision.

The interim Board recommends that core membership of the final Advisory Board should include:

Independent Chair

The independent chair should bring the twin perspectives of personal experience of engaging with health and social care services, and system leadership.

5 Individual members

These members should be recruited through a fair and open process – currently underway – and offered remuneration for their services in support of the Board.

Individual members should bring a range of personal experience of the health and social care system, including:

- Long term health condition
- Long term disability
- Unpaid carer
- Being care experienced as a child or young person
- Directly providing support as part of the workforce

7 Organisational members

These members should be nominated by their organisation on the basis that the nominee can contribute to Board activities as part of their contracted role for that organisation. No separate remuneration or expenses will be paid for their membership.

Organisational members should bring a range of professional experience of working within the health and social care system and will bring wider perspectives and expertise to the Board through discussing the Board's work with their networks.

- Disabled people led organisation
- Independent Living Fund

- Scottish Independent Advocacy Alliance
- Carers organisation
- Local authority chief executive
- NHS health board chief executive
- Integration authority chief officer

To ensure the Board has a full understanding of the wider implications and feasibility of its advice, the interim Board recommends that the following people should be invited to attend all further meetings of the final Board, as advisers, rather than having core Board member status:

- Scottish Government director for Social Care and National Care Service
- COSLA Director of People Policy
- Chief Social Work Adviser

Other key advisers – including the Chief Nursing Officer and Chief Medical Officer – should be invited to meetings when appropriate.

The final Advisory Board should also ensure that wider interests – whether organisational or personal – have the opportunity to:

- feed expertise, experience and system leadership perspectives into the Board's work
- contribute to the identification of priorities for the Board to explore

This can be done by drawing from existing groups and mechanisms for involving lived experience to contribute to specific Board priority work. Where the final Board considers it necessary, it should also be able to set up short life working groups or standing support structures for wider participation purposes. The aim of this is to include wider stakeholder opinions and thoughts on the development of the board's advice to Ministers and Council Leaders.

To ensure resilience within the chairing arrangements for the final Board, the interim Board recommends that the final Board should have a deputy Chair.

This position should be selected from within and by the core Board membership.

Care provider membership

The recommendations above set out a core membership for the final NCS Advisory Board of 13 people, including the Chair.

It is agreed by all of the interim Board that it is essential that the non-public sector provider perspective is also included in the final membership. This would take the Board membership to at least 14. In the course of discussions about final Board composition, however, some concerns and observations were raised about the interim Board's approach to membership for this group. This has meant that the interim Board was not able to reach a final recommendation on how the care

provider perspective should be included on the final Board. Depending on Ministers' and Council Leaders' decisions in relation to this aspect of membership, this could take the Board membership up to 15 or 16:

- The interim Board included two members from care provider representative organisations and a member who was the chief executive of a care provider. It was noted that all other groups had been offered only one member position on the Board.
- The STUC had declined participation on the Board on that basis, as it felt the diverse perspectives of its members' interests could not be covered by a single member.
- Disabled-people led organisations (DPOs) had also made representations for additional membership on the basis that:
 - disabled people of all ages are amongst the highest users of social care in Scotland
 - DPOs have highly participative mechanisms for involving and empowering thousands of disabled people.
- Currently the single DPO member on the interim Board is using her own network to reflect wider perspectives in Board discussions from both her own organisation, and the DPO ecosystem. There was additional DPO involvement in the priority group that led the development of the boards advice on self-directed support.
- The three interim Board care provider organisational members all covered social care support services, but none extended into community health.
- It was suggested that inviting the Health and Social Care ALLIANCE to join the Board would add to the breadth of Board expertise by representing a community health/specific conditions providers perspective.
- if ministers and council leaders agree to a principle of a single organisational member position for the non-public sector care provider perspective, this leaves the dilemma of seeking a nomination from four potential routes: CCPS, Scottish Care, the ALLIANCE or a care provider organisation.
- Inclusion of all would mean a different approach to other aspects of Board membership where only one system leader is involved. It would also exceed the numbers recommended by co-design by one seat.
- Extending membership to all 4 provider perspectives would ensure that expertise across the complex independent and third sector provider landscape for community health and social care was included on the Board.
- It is recognised that Board membership alone can never include all interests and perspectives. This was highlighted through co-design. Although the expertise and understanding of organisational Board members will be shaped and strengthened through their engagement with wider networks, they have been invited as individual system leaders, and not as representatives of a particular cohort.
- The Board will develop a wider participation approach through its supporting stakeholder groups to ensure that different and representative perspectives can inform its advice. Time will be built into the Advisory Board's decision making process to allow for accessing these wider views.

Following extensive discussions by the interim Board, the following options for inclusion of care providers in the final Board have been identified. Interim members have shared their views on the pros and cons of these options, which are also provided below.

Option 1: Interim membership is carried over to final Board: CCPS and Scottish Care remain core Board members

Pros:

- Final Board membership numbers would be 15 - in line with co-design recommendations
- CCPS and Scottish Care represent the significant majority of care providers and have expertise in and access to distinct communities of provider (private/small business provision with significant focus on older people; and not-for-profit providers across a wide range of supported people respectively). They each have established and successful mechanisms for engaging with their wide memberships

Cons:

- DPOs, carers organisations, local authorities, NHS health boards, integration authorities and trades unions (who declined) have been offered only one member position. It is the collective responsibility of the Board to liaise with wider interests and ensure diverse perspectives and expertise can be fed into the Board's discussions.
- The size of the 17 member interim Board has made it challenging to manage discussions within a time pressed agenda. While this Board composition would fall within the maximum membership advised by co-design, a still smaller Board would help to secure meaningful, inclusive discussions without having to limit its agenda or intended workplan.
- Representative provider organisation members would not bring direct, personal experience of service provision – but instead, would bring the views of the organisational members they represent. This would be less in keeping with the Board's purpose of embedding lived experience in the Board's decision making

Option 2: Interim membership plus is carried over to final Board: CCPS and Scottish Care remain core Board members and the ALLIANCE is given an additional member position

Pros:

- A community health provider perspective would be included on the Board, as well as very distinct elements of the social care sector
- In combination, the three membership organisations have significant reach into different communities of organisations with expertise

Cons:

- A Board of 16 would exceed the co-design recommendations that we limit membership to 12 – 15 and make discussions still harder to manage
- If it is accepted that CCPS and Scottish Care essentially bring the same perspective and expertise – that of non-public sector service providers –

providers would still be being treated differently from other interest groups, by allowing multiple members to bring the same or similar perspective to Board discussions.

- Representative provider organisation members would not bring direct, personal experience of service provision – but instead, would bring the views of the organisational members they represent. This would be less in keeping with the Board’s purpose of embedding lived experience in the Board’s decision making

Option 3: One provider member is invited to join the Board – selected by Ministers and council leaders

Pros:

- This would bring Board membership to 14 – within the recommended co-production limit.
- If it is accepted that CCPS and Scottish Care essentially bring the same perspective and expertise – that of non-public sector service providers – the approach to provider membership would be consistent with that for all other groups
- A member could be identified in time to attend the first meeting of the final Board
- Appointment criteria for a single provider member could include:
 - direct, personal experience of providing high quality, human rights driven care and support services
 - knowledge and understanding of delivering frontline services within a complex system.

This would be in keeping with the Board’s purpose of embedding lived experience in the Board’s decision making

Cons:

- There could be concerns around a lack of transparency in the process of selecting the single member
- The expertise and understanding brought by the single provider member might be overly skewed towards a particular part of the sector.

Option 4: One provider member is invited to join the Board – selected through fair and open competition (as has been the case for lived experience members)

Pros:

- This would bring membership to 14 - within the recommended co-production limit
- If it is accepted that CCPS and Scottish Care essentially bring the same perspective – that of non-public sector service providers – the approach to provider membership would be consistent with that for all other groups
- An open competition approach would give a wider group of people the opportunity to apply and would be consistent to the approach to selecting individual members with personal experience
- Appointment criteria for a single provider member could include:
 - direct, personal experience of providing high quality, human rights driven care and support services
 - knowledge and understanding of delivering frontline services within a complex system.

This would be in keeping with the Board's purpose of embedding lived experience in the Board's decision making

Cons:

- A competitive recruitment would create a delay in identifying the member in time to join the final Board.
- A competitive recruitment could bring complications for the organisational nomination approach – which relies on organisations to support their nominee to attend meetings and undertake Board activities within their contracted time, and without remuneration from the NCS Board
- The expertise and understanding brought by the single provider member might be overly skewed towards a particular part of the sector.

Option 5: One provider member joins the Board and chairs a Providers Leadership Group – open to all providers from all parts of the sector (all services, whether third, independent or public sector)*

Pros:

- This would keep membership at 14 – within the recommended co-production limit
- It could establish a clear process for ensuring provider views and input from all parts of the sector to inform the Board's work

Cons:

- This would create a different arrangement for providers than for other members – who are not currently supported to bring wider views to the Board
- The establishment of a separate group to feed into the Advisory Board could slow down decision making, duplicate current networks and place unnecessary participatory burden on an already pressured sector
- The chair of this group/Advisory Board member could be constrained from contributing to Board discussions as a system leader – requiring them to act as a delegate for the group, rather than bringing their own personal and professional insights as all other members are invited to do
- The three membership organisations and one care provider organisation involved in membership discussions have been consulted on this approach and none has supported it

The interim Board requests that Scottish Ministers and Council Leaders give consideration to these options, and agree on an approach for including the essential care provider perspective on the final Board, alongside the membership otherwise recommended above.

Risks/challenges associated with advice

Risk/challenge: If the final Board composition does not include the right membership:

- The reputation and credibility of the Board may be damaged
- The health and social care sector might perceive a hierarchy of value placed on different groups
- The Board may not access all necessary information and perspectives to ensure it fully understands issues and proposed solutions
- The implementation gap between intention and reality may not be prevented

Response/mitigation: The interim Board recognises the importance of ensuring the right people have member positions on the Board. The voice of non-public sector providers is clearly an essential one in the successful delivery of improvements in health and social care—the options presented all offer at least one seat.

Co-design recognised that it would never be possible to include every unique perspective through Board membership. The terms and conditions of all Board members include within members' expected activities the gathering of wider views. The interim Board's Ways of Working also highlights the importance of collaboration and sharing learning. It highlights the need to work with supporting infrastructure priority groups and stakeholders from the integrated health and social care sector, particularly those with lived experience, to inform the Board's recommendations.

Risk/challenge: If the final Board's composition is not in line with co-design recommendations, the process of embedding lived experience in decision making will be undermined.

Response/mitigation: The interim Board recognises the importance of the work undertaken by the co-design group, notwithstanding the views were sought on a statutory body. The value of lived experience perspectives are central to the Board's purpose. The majority of the co-design insights have been acted on, when arriving at the final composition of the Board – including chairing arrangements and key groups for inclusion. All but one of the options now proposed allows for a membership which falls within the maximum of 15 recommended by co-design.

Risk/challenge: If the Board is too large discussions will become harder to manage and progress harder to achieve

Response/mitigation: The interim Board recognises that meeting agendas are often very busy. Ensuring all members have the opportunity to contribute meaningfully to discussions can lead to meetings overrunning or business being curtailed.

Risk/challenge: If there is a need to establish too many supporting structures in order to ensure the Board can access the right expertise, these could become difficult to support from within existing resources and might undermine the value of the Board itself

Response/mitigation: The interim Board is keen to draw views and contributions from existing groups where they exist – so that it is building on what is already known and minimising any unnecessary duplication. Co-design findings recognised that it would not be possible to have all interests included on the Board. It will be important for the final Board to find the right balance in reaching out to wider interests and expertise to inform its thinking; and ensuring that key decisions are made by the Board itself.

Risk/challenge: If statutory delivery partners (local authorities, health boards, integration authorities) are included on the Board as core members, there may be a conflict of interest for them in contributing to advice which affects their peers.

Response/mitigation: All members are invited to join the Board to share their experiences and knowledge and serve in the best interests of the people of Scotland. Members are not appointed to represent their roles in partner organisations. This is, quite deliberately, a new way of working, and one it is recognised might take some time for all members to feel comfortable with. It will be important for the final Board to ensure it establishes an understanding of this way of working within the health and social care sector. The inclusion of both system leaders and lived experience on the Board as equal partners is essential to ensuring a deep understanding of both problems, and the implications and feasibility of solutions.

Interim National Care Service Advisory Board

The interim NCS Advisory Board discussed the composition of the final Advisory Board at the following meetings:

24 June 2025
23 September 2025
10 November 2025
9 February 2026

The interim Board agreed its advice in relation to chairing arrangements and 5 individual members at its meeting of 23 September 2025.² This allowed the recruitment of those positions to proceed.

The interim Board agreed its advice in relation to the 7 organisational members, with the exception of non-public sector care provider member(s), at its meeting of 9 February 2025.³

The options for care provider membership and associated pros and cons were agreed through correspondence following the meeting on 9 February 2026.

Interim Advisory Board membership:

- Susan Douglas-Scott: Chair
- Anne Marie Monaghan: Chair, Independent Living Fund
- Tressa Burke: Chief executive, Glasgow Disability Alliance
- Marion McArdle: individual member
- Sandra Auld: individual member
- Jim Hume: individual member ⁴
- Eireann McAuley: individual member
- Tracey McFall: individual member (Chair, Scottish Independent Advocacy Alliance)
- Rachel Cackett: Chief executive, Coalition of Care and Support Providers Scotland ⁵
- Donald Macaskill: Chief executive, Scottish Care ⁶
- Theresa Shearer: Chief executive, Enable ⁷
- Nicola Dickie: Director of People Policy, COSLA

² Donald Macaskill, Eddie Fraser, Jim Hume and Tracey McFall did not attend this meeting.

³ Donald Macaskill, Eireann Macaulay, Soumen Sengupta and Theresa Shearer did not attend this meeting.

⁴ Declared interest: Chair of the ALLIANCE, one of the options for care provider member

⁵ Declared interest: "Given the conflict of interest arising, as CCPS CEO, in the options presented in this paper I recuse myself, as a member of the NCS Interim Advisory Board, from endorsement of this advice note to Scottish Ministers and Council Leaders. This decision has no bearing on the ongoing commitment of CCPS to engage in structures established by national and/or local government, including a future NCS Board, to bring collective expertise to effective reform and delivery of care and support in Scotland."

⁶ Declared interest: Chief Executive of Scottish Care, one of the options for care provider member. Donald Macaskill recused himself from the advice on this basis.

⁷ Declared interest: Enable is one of the options for care provider member

- Soumen Sengupta: Chief officer, South Lanarkshire health and social care partnership
- Eddie Fraser: Chief executive, East Ayrshire
- Fiona Davies: Chief executive, NHS Highland
- Donna Bell: Director of Social Care and National Care Service Development, Scottish Government
- Iona Colvin: Deputy chair, Children and Families Leadership Group (Chief Social Work Adviser) (until December 2025)
- Joanna Macdonald: Deputy chair, Children and Families Leadership Group (Chief Social Work Adviser) (from December 2025)



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