HEALTH AND SOCIAL CARE
SCOTLAND

National Care Service: Key questions for the co-design process

Introduction

This paper summarises key uncertainties and questions raised by the HSCS Chief Officers group. It is intended to inform the next steps in designing the governance and operational arrangements for the National Care Service and Care Boards including issues to be determined during the co-design process.

Chief Officers are committed to supporting the development of new NCS arrangements and in particular to maximising the opportunities for further integration of health and social care. There are a number of questions in relation to the proposed NCS arrangements, particularly around the operational integration of services at the point of delivery, and how this will work across NCS and NHS responsibilities.

It is acknowledged that the published draft legislative document is intended as an enabling framework and that there is a commitment to co-design significant further work on the detail around how the new NCS arrangements will function. The co-design process will ensure broad stakeholder involvement in and ownership of the new models.

The questions summarised in this attached paper relate to areas where further clarity is being sought by the Chief Officers as part of this process. Reassurance is being sought that these areas will be specifically addressed over the coming months as part of the co-design process. Chief Officers are also committed to participating in that process to bring evidence and knowledge of current arrangements and key enablers of integration. As well as being key questions in their own right for the success of the NCS, this will also aid communication to staff and wider stakeholders where there may be risk of concern driven by uncertainties.

Key Questions and areas for further detailed development

1. How can we achieve **better outcomes** for and with people within the NCS and build on the learning of HSC integrated practice to date?
2. **Key principles**. Will there be a set of principles that support integrated ways of working, built into the design process to set the parameters and test proposals against? For example, that proposals strengthen rather than weaken

relationships and processes with other parts of the system, and that services are seamless from the point of view of the person using them.

3. **Integrated Operational Management**. What will the delivery mechanisms be under the new arrangements and how will the delivery function currently carried out by HSCPs be continued? How will this work where services are commissioned? Strong integrated management teams are essential to integrated delivery and there are existing well established integrated teams to build on and further develop. It would be helpful to work through some scenarios of existing integrated teams and services to understand how they currently operate and how they could operate in the new model, with a focus on how to ensure integration from the point of view of those using services.

4. Responsibilities in relation to **primary care**, given the commitment that GP contracts will remain with NHS Boards. The current Memorandum of Understanding which supports the 2018 contract and additional investment is a 4 way agreement between SG, NHS Boards, Integration Authorities and the BMA. Will those relative responsibilities change?

5. **Mental Health Services.** The policy memorandum (para 174) discusses the transfer of relevant mental health services to the NCS. The questions below, about how health functions which are transferred to the NCS would work without transfer of staff from the NHS, are particularly relevant here and it would be helpful to work through some Mental Health examples.

6. **Interface and pathways** with other NHS, Local Authority and third sector services. Will the co-design process identify risks and opportunities around key relationships with services which are not part of the NCS, including community/acute hospital interface, links to education, housing etc?

7. **Children's Services and Criminal Justice**. Process, scope and timelines for the additional evidence gathering to inform the decision on inclusion of Children's Services and Criminal Justice. Will the co-design process consider from the outset how Children and Families and Justice could be designed alongside the same questions for adult services, to ensure that this is considered and not added in later, if required, as an adjunct. This is particularly important for aspects that are cross cutting such as advocacy, records, eligibility criteria, etc. How will the learning from existing successful integrated models for these functions be captured and taken into account?

8. **Workforce, employment and contractual arrangements** (including transfer of staff from local authorities).

9. **Employment arrangements** for current NHS staff. The Bill and explanatory notes state that NHS staff can't be transferred from NHS Boards to Care Boards. This implies that where NHS functions are transferred to the Care Boards, staff

would remain employed by NHS Boards as now. In the event that some NHS functions are transferred to the NCS, how would those functions be delivered in practice? Would there be local mechanisms for staff transfer, or is a different relationship where the Local Care Boards commission those services from NHS Boards?

10. Determining the number of **Local Care Boards** and the Geographic areas they will cover, including considerations around consistency of boundaries with other agencies including NHS Boards, Local Authorities and Community Planning Partnership areas

11. **Membership** of Care Boards, and, in the case of Local Care Boards, the extent to which this will be set or allow for local variation to include consideration of professional, public, third sector and provider representation and the people who use health and social care and their Carers (to contribute lived experience).

12. **Governance arrangements**, **delivery mechanisms and relationships** between the Care Boards and NHS Boards for NHS functions. Will functions be *transferred* or *delegated*, or a mixture of both? E.g. what will happen to the functions currently delegated by NHS Boards to IJBs as set out in the Public Bodies (Joint Working) (Scotland) Act 2014 and in the Integration Schemes? Will the 2014 Act be repealed in full or will further amendments be required through the legislative process? Will there be a level of local flexibility to delegate or transfer additional functions by local agreement as at present (including a range of hospital services and inpatient mental health, for example)? Where will the responsibility for operational delivery lie under either arrangement?

13. Clarity on **funding arrangements** including direct allocation to Care Boards, allocation methodology, arrangements for NHS functions (i.e. direct allocation or via NHS Boards). This includes clarification and updating of the funding assumptions set out in the financial memorandum, taking account of the implications of the Resource Spending Review and inflation.

14. The **National NCS infrastructure** and its relationship at national level with the NHS and Local Authorities.

15. **Timetable for implementation** including any shadow arrangements for new Care Boards.

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