

**Executive Support Team**

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Date 20 November 2023

Caroline Lamb  
Chief Executive of NHS Scotland and Director  
General Health and Social  
Care Directorate

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Dear Caroline,

**National Care Service**

As NHS Board Chairs and Chief Executives, we appreciate the updates that we have been receiving from yourselves on the progression of the National Care Service and wish to express our thanks to Donna Bell for our inclusion in the tripartite NCS Discussion sessions to date.

We remain keen to find the best possible mechanisms by which the NHS Boards can maintain their role as effective partners in this key strategic work and welcome the opportunities that NCS will provide in offering improved, simplified, streamlined, and integrated health and social care services with a whole-system, person-centred and preventative focus, based on the needs of individuals. At all times we seek to create more efficient and effective public value and integrated services that have an unwavering focus on improving outcomes for people and delivering on the National Performance Framework.

We offer the following comments and suggestions to inform the NCS Bill so that we achieve a NCS that delivers improved public services for the people of Scotland. Our comments are framed in the context of ongoing policy position statements rather than the legislative proposals for the NCS Bill. We request early sight of the Bill and may make further comments at that stage.

[redacted]

As NHS Board Chief Executives and Board Chairs we would like to reiterate that we are open to reform of the NHS and do recognise the potential advantages that the National Care Service has to offer. It is critical therefore that together we make sure that the National Care Service has the right foundations on which to deliver better public services across Scotland. We welcome the opportunity to work together with partners to strengthen the current NCS proposals.

Yours sincerely



Robbie Pearson  
Chair, Board Chief Executives Group

[redacted]

Vice-Chair, Board Chief Executives  
Group

Carole Wilkinson  
Chair, Board Chairs Group

[redacted]

Vice Chair, Board Chairs Group

**Cc:**

Donna Bell, Director for Social Care and National Care Service Development

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Director-General Health & Social Care and  
Chief Executive NHSScotland  
Caroline Lamb



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NHS Board Chief Executives Group and NHS Board  
Chairs Group

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[nss.nhsscotlandbce@nhs.scot](mailto:nss.nhsscotlandbce@nhs.scot)

07 December 2023

NHS Board Chairs and Chief Executives,

Thank you for your letter from 20 November sharing your comments and suggestions relating to the proposed direction of travel for the National Care Service (NCS) Bill, to which responses have been included below. Your comments were very helpful and have informed the content of advice to Ministers and the letter that the Minister for Social Care, Mental Wellbeing and Sport sent to the Health, Social Care Sport Committee yesterday. I have attached this letter for your reference.

I welcome your continued commitment to developing the NCS to meet the challenges and opportunities identified by the Independent Review of Adult Social Care, which remain necessary to achieve the intended outcomes for an integrated health and social care system in Scotland. I am also particularly grateful to Pam Dudek and Karen Reid for their ongoing engagement with the tripartite discussion group, as part of working towards a joint framework for taking forward the NCS in light of the shared accountability consensus.

## **Governance**

As you know, the shared accountability agreement between national and local government included agreement that statutory delivery functions would remain with local government and health boards respectively, along with assets, employment and relevant funding. Scottish Ministers will exercise strategic framework accountability for NCS services which will include a role in setting policy, having oversight and providing direction.

[redacted]

I look forward to continuing working with you to shape the NCS and further strengthen health and social care integration across Scotland.

Yours sincerely

St Andrew's House, Regent Road, Edinburgh EH1 3DG  
[www.gov.scot](http://www.gov.scot)

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Caroline Lamb



## **National Care Service – Finance & Integrated Budgets Working Group**

MS Teams – 11th October 2023, 1–2pm

### **Purpose**

To discuss the following:

[redacted]

### **Discussion**

[redacted]

There will need to be further work undertaken to set out the problem statements and collectively work through the uncertainties outlined in any changes to funding structures as policy is further developed.

### **Actions**

Scottish Government officials consider the discussion and provisions for the NCS Bill, with further input from representatives of Local Authorities, the NHS, integration authorities and Scottish Government. The timeline for this is within the next 4 weeks to ensure that the provision related to direct allocations for Care Boards is drafted for potential inclusion in the Bill.

# 1. Tripartite Communications

Wednesday, August 16, 2023 8:38 AM

Hello,

Please find attached the joint discussion paper on local structures. As noted yesterday this is just the first draft of the paper and further amends and additions will be required following today's discussion.

Apologies again for the delay and thank you for your patience.

Many thanks,

[redacted]

Tuesday, August 15, 2023 5:08 PM

Hey all,

Ahead of tomorrow's meeting at 15:30 to discuss the NCS and local frameworks, please find attached the minute from the previous meeting on 2 August.

The joint discussion paper is to follow shortly – either later this evening or first thing tomorrow morning. Our sincere apologies for the delay. Please note that the discussion paper to follow is just version 1, and there will be further additions and amends to it following tomorrow's conversation.

Also please join us in welcoming Pamela Dudek and Karen Reid who are joining discussions as NHS representatives going forward.

As usual, please don't hesitate to get in touch with any questions or concerns.

Many thanks,

[redacted]

Tuesday, August 22, 2023 3:39 PM

Good afternoon all,

Please find attached a Scottish Government discussion paper on the National Social Work Agency to guide tomorrow's discussion.

Please also find attached a copy of the meeting notes from the previous meeting on 16 August 2023.

Tomorrow's meeting will be chaired by Donna Bell and will be held via Teams.

As usual, please don't hesitate to get in touch with any questions or concerns.

Many thanks,

[redacted]

Wednesday, September 6, 2023 9:33 AM

Morning all,

With apologies again for the delay, please find attached the minute from the previous discussion on 30 August, and a draft discussion paper on an Advisory Group proposal.

The Terms of Reference paper for the local working groups is not yet finalised, and so it will now be discussed and circulated ahead of next weeks meeting.

Thanks for your patience and flexibility.

Many thanks,

[redacted]

Tuesday, September 5, 2023 5:26 PM

Hey all,

With apologies for the delay, please find attached the latest draft of a discussion paper on the National Board proposals for discussion at tomorrows meeting.

Please note that the minute of last weeks meeting, and further discussion papers on a National Advisory Group and on the working groups ToR are still to follow. Sincere apologies for the delay on these, they are just awaiting some final edits before circulation.

As usual, please don't hesitate to get in touch with any questions or concerns.

Many thanks,

[redacted]

Tuesday, September 12, 2023 2:17 PM

Apologies all I think I caused the confusion looking at the wrong meetings.

With thanks to Eddie for a helpful chat we agreed to cancel tomorrow afternoon's meeting as it looks unlikely NHS colleagues would be able to attend at all.

[redacted] can you send across the National paper to Eddie and once COSLA has reviewed we will aim to agree it with the wider plenary group via correspondence. We are all keen to get that locked that down and hopefully the previous version should not appear that different to what has been previously discussed.

[redacted] is updating the local TOR document and recognising it is a draft document and will be likely to provoke discussion, we will send to you today as keen to get COSLA input to further update it before sharing wider.

Thanks, Rachael

Tuesday, September 12, 2023 12:49 PM

Hi Rachael

It may be me getting confused. The 4-5 session I have is an in-person at COSLA with a number of NHS Chief Execs (which came off the back of last weeks meeting). The invite came from NSS on behalf of Karen Reid and Pamela Dudek. Donna, Nicola and myself are on the invite list but other than CEOs that seems to be it. There is no online option for the meeting that I can see. Is this the 4-5 your referring to?

The regular 3.30 slot is still in diaries.

Eddie

Hi Eddie

Think we have a 4-5 slot for the NCS discussions tomorrow afternoon. We are just refining some papers now for sharing. We would be keen to go ahead if that works for you?

Thanks, Rachael

Tuesday, September 12, 2023 11:40 AM

Hi Both

Given that we have the meeting with NHS colleagues in person at COSLA at 4pm tomorrow and there are no papers as yet for the 3.30 meeting (and we would only have 30 mins) I would propose postponing that one and focussing on the meeting with NHS Chief Execs. You happy with that?

Thanks

Eddie

Tuesday, September 19, 2023 4:01 PM

Good afternoon all,

In addition to the minute from the meeting on 6 September 2023, please find attached the following joint discussion papers to support tomorrows discussion:

- Discussion paper 12 - National Board proposal (version 5)
- Discussion paper 13 - Advisory Group proposal (version 2)
- Discussion paper 14 - Local Structures Working Groups Terms of Reference (version 1)

For information and as agreed at the previous meeting, we've also attached the NCS Accountability Options paper from back in June. This is the full consensus paper that was the culmination of pre-summer discussions and sets out the early National Board proposal and background on the process to that point.

Many thanks,

[redacted]

FOI - 202300389478

Wednesday, October 4, 2023 10:38 AM

Morning all,

With thanks for your patience please find attached the discussion paper for today's meeting.

Please also find below a high level agenda for the meeting:

- Geography paper
- Bill discussion
- Readout from first workstream meetings

Today's meeting will be chaired by Nicola.

Many thanks,

[redacted]

Tuesday, October 3, 2023 5:22 PM

Good afternoon all,

Ahead of tomorrow's tripartite discussion on the NCS, find attached the minute from the previous meeting on 27 September 2023.

With sincere apologies for the delay, discussion papers for tomorrow's discussion (4 October) are still being finalised. We hope to have these circulated tomorrow morning.

Thank you for your patience and apologise for any inconvenience this causes.

Many thanks,

[redacted]

Tuesday, October 10, 2023 10:41 AM

Good morning all,

Please find attached the following papers for tomorrow's tripartite NCS discussion:

- Minute from the previous meeting on 4 October 2023
- Discussion paper 16 – Public Protection Arrangements – this is a joint discussion paper from the Scottish Government and the SOLACE Public Protection Group
- Discussion paper 17 - Draft paper summarising the progress of NCS discussions to date and a forward look plan for next steps

We've also attached an annex which summarises some of the cross-cutting co-design insights from the Summer Regional Forums. You can find the full co-design reports from the summer forums here: [National Care Service - gov.scot \(www.gov.scot\)](https://www.gov.scot/national-care-service)

Tomorrow's meeting will be chaired by Pam Dudek. A reminder that tomorrow's meeting will be hosted at COSLA's Verity House for in-person attendance, but there will also be hybrid functionality for anyone attending online.

Many thanks,

[redacted]

Wednesday, October 18, 2023 12:43 PM

Hey everyone,

Just a quick note ahead of this afternoons meeting. Due to annual leave and clashing meetings we are expecting a smaller group this afternoon with Donna, Nicola and Eddie Follan among those who are unable to attend.

As a result we anticipate that this afternoons meeting will be more informal and would not expect any agreements or consensus to be reached today. Instead we will use the time for officials to discuss the current draft of the escalation framework paper, with a view to developing a revised draft which can be circulated next week to seek agreement on. This should also give us some time today to discuss some forward planning.

So we expect this to be a shorter meeting this week where we will hopefully finish early. Given that agreement won't be reached today, we understand if anyone would rather opt out of today's meeting to get some time back in diaries and share any feedback on the paper via colleagues or by correspondence.

Always happy to discuss if helpful.

Many thanks,

[redacted]

Tuesday, October 17, 2023 3:05 PM

Good afternoon all,

Please find attached the following papers for tomorrow's tripartite NCS discussion:

- Minute from the previous meeting on 11 October 2023
- Discussion paper 18 on NCS escalation frameworks

Please note that this draft of the discussion paper is version 1, and we expect an updated draft to be developed following your feedback and discussion at tomorrow's meeting.

Tomorrow's meeting will be chaired by Scottish Government colleagues and held via MS Teams.

As always, please don't hesitate to get in touch with any questions or concerns.

Many thanks,

[redacted]

Wednesday, October 25, 2023 11:21 AM

Hey all,

Please find attached an additional discussion paper ahead of today's discussion. This is Discussion paper 23 and sets out the Policy Intent for the National Board functions.

[redacted] from SG could provide a brief overview of the paper during the meeting (if there is time) but that we would appreciate comments and input from the group **by next Monday (30 October)** so that we could redraft for a second version of the paper to take on any feedback.

We look forward to meeting with you all later.

Many thanks,

[redacted]

Tuesday, October 24, 2023 5:04 PM

Apologies, please find all papers attached in this email.

Many thanks,

[redacted]

Tuesday, October 24, 2023 5:02 PM

Good afternoon everyone,

With sincere apologies for the delay and for issuing these later than usual, please find attached discussion papers for tomorrow's (25 October 2023) tripartite NCS discussion.

This includes:

- Minutes from the previous meeting on 18 October 2023
- Discussion paper 19 – Improvement and support framework version 2
- **Discussion paper 20 - Local commissioning and procurement version 1**
- Discussion paper 21 – NCS Local Membership and Representation Policy Intent Paper version 1
- Discussion paper 22 – Local Geography Policy Intent Paper version 1

Please note that local commissioning and procurement is the substantive agenda item to be discussed tomorrow. In the interest of time and progress it is hoped that the other papers could be considered and feedback on primarily through correspondence rather than discussions during the meeting. However this approach can be discussed further tomorrow.

Tomorrow prior to the meeting we plan to circulate the workstream notes for Procurement and Membership, to provide additional the context to those two papers. We thank you for your patience in receiving these.

Tomorrow's meeting will be chaired by Nicola.

As always, please don't hesitate to get in touch with any questions or concerns.

All the best,

[redacted]

Tuesday, October 24, 2023 5:02 PM

Good afternoon everyone,

With sincere apologies for the delay and for issuing these later than usual, please find attached discussion papers for tomorrow's (25 October 2023) tripartite NCS discussion.

This includes:

- Minutes from the previous meeting on 18 October 2023
- Discussion paper 19 – Improvement and support framework version 2
- **Discussion paper 20 - Local commissioning and procurement version 1**
- Discussion paper 21 – NCS Local Membership and Representation Policy Intent Paper version 1
- Discussion paper 22 – Local Geography Policy Intent Paper version 1

Please note that local commissioning and procurement is the substantive agenda item to be discussed tomorrow. In the interest of time and progress it is hoped that the other papers could be considered and feedback on primarily through correspondence rather than discussions during the meeting. However this approach can be discussed further tomorrow.

Tomorrow prior to the meeting we plan to circulate the workstream notes for Procurement and Membership, to provide additional the context to those two papers. We thank you for your patience in receiving these.

Tomorrow's meeting will be chaired by Nicola.

As always, please don't hesitate to get in touch with any questions or concerns.

All the best,

[redacted]

Tuesday, November 7, 2023 2:17 PM

Hi Eddie

As discussed yesterday we are keen to use tomorrow's session as a mop up to discuss any of the areas where we believe agreement to be outstanding. SG has no new policy papers to share apart from potentially one on an integrated management and delivery function although that is still be developed – [redacted] is currently off ill.

Do you have any comments on the papers circulated to date which you would be able to share ahead of tomorrow afternoon to help focus the discussion?

Ahead of the meeting I will circulate again to all attendees the different policy areas we have covered to date to ensure there are no gaps/areas people think we have not discussed which we need to at this stage.

Rachael

### ***Funding***

*As set out above there is a need to do more work to ensure greater financial transparency of funding flows to support social care and social work services.*

*Funding would flow through Local Government to support local delivery and procurement of social care services. Local Government would retain the existing social care and social work workforce, with NHS Boards remaining responsible for the employment and funding of community health services.*

*Strategic plans approved by the NCS Board would set out the financial need, and where appropriate, any future funding routes could be referred through the future fiscal framework and partnership agreement.*

[redacted]

Let me know what you think.

Thanks, Rachael

Wednesday, November 1, 2023 10:15 AM

Hi all,

As promised, and with apologies for the delay, please see attached SG papers for discussion. I hope it provides some reassurance that the papers are short so, hopefully, people have a chance to review before the meeting.

Our suggested order for the Agenda of papers to be dealt with at the meeting itself is as follows:

- Funding flows
- Flows of accountability
- Consistency of delegation model

Our intention is that the other papers are dealt with through correspondence.

We too would be grateful for any further comments on last week's papers.

Kind regards,

[redacted]

Tuesday, October 31, 2023 4:16 PM

Good afternoon,

Firstly, please see attached for the Minute of last week's meeting (25<sup>th</sup> October).

Please note, in particular, that we'd be grateful for any final comments on those papers that were shared at last week's meeting.

Secondly, for your information, please see attached for a complete set of the final Minutes from the various workstream groups that have been going on.

In terms of tomorrow's agenda, we hope to go through the following papers/areas:

- Discussion paper 23 – Funding flows
- Discussion paper 24 – Accountability flows
- Discussion paper 25 – The power to directly employ
- Discussion paper 26 – Delegation of operational responsibilities
- Discussion paper 27 – Consistency of delegated functions
- Discussion paper 28 – Consistency of delegation model
- Discussion paper 29 - National Social Work Agency

We're planning to share the above suite of papers that will inform this as soon as possible, aiming for later today. In this correspondence, we'll also outline which will be the substantive items and which will be considered primarily through correspondence as previously discussed.

Tomorrow's meeting is scheduled to be chaired by Karen Reid.

Kind regards,

[redacted]

[redacted]

Wednesday, November 8, 2023 2:38 PM

Please also see attached document, to inform today's discussions, that contains NHS colleagues initial comments on the Discussion Paper 23 - National Board Functions Policy Intent Paper.

Kind regards,

[redacted]

Wednesday, November 8, 2023 1:49 PM

Dear all,

Following on from the below, please find attached document for initial COSLA officer comments on NCS policy intent papers previously shared by Scottish Government.

We're sharing this to inform discussions later today.

Please note, the attached feedback does not represent a formal COSLA position. These are initial COSLA officer comments that require further testing with Local Government colleagues, and ultimately a political view from COSLA Leaders.

[redacted]

Wednesday, November 8, 2023 10:05 AM

Dear all

With apologies for the short notice I wanted to outline the intended approach for this afternoon's discussion. This is intended to be a 'mop up' session providing us with the opportunity to discuss any outstanding areas we have not reached agreement on or attendees are particularly keen to discuss further.

We would also be keen to ensure everyone is content we have covered the areas expected and there are no outstanding gaps we need to cover at this stage in negotiations, noting our current focus is on primary legislative requirements. The below list covers the issues we have discussed and papers which have been presented. Please consider if there is anything in addition you would expect us to have covered:

- National Board Functions
- Direct employment
- National Social Work Agency
- Public Protection
- Support and Improvement Framework
- Commissioning and Procurement
- Local Membership and Representation
- Geography (including localities)
- Funding flows

- Flows of accountability
- Consistency of Delegated Functions
- Consistency of Delegation Model

In addition to the above we have noted the need to further develop our thinking around an integrated management and delivery function as touched upon last week.

I then suggest we have a discussion based around the feedback we have received to date on the papers focusing on the areas where agreement has not yet been reached. We are reviewing this feedback now and will aim to send out a bulletpointed list of the topics we will cover as soon as possible.

Thanks, Rachael

FOI - 202300389478

Friday, November 24, 2023 6:22 PM

No problem

Leaders have issued an instruction to seek FM meet.

We can catch up Monday.

Hope you have a good weekend

Eddie

Friday, November 24, 2023 4:28 PM

Hi Eddie

1pm is great, look forward to speaking then. It would be particularly helpful to discuss what meetings we think would be helpful to enable progress.

Have a good weekend,

Rachael

Friday, November 24, 2023 4:25 PM

Hi [redacted]

Could do 1pm?

Thanks

Eddie

Friday, November 24, 2023 3:41 PM

Hi Eddie,

I hope you're well!

Are you free at all between 13:00 and 15:30 on Monday 27<sup>th</sup> of November?

Kind regards,

[redacted]

24 November 2023 15:36

Thanks Rachael

Lets see if we can get something in for next week.

Eddie

Friday, November 24, 2023 11:20 AM

Hi Eddie

I had sight of [redacted] email to colleagues in response to the letter from DFM. Apologies for its late issue but we were keen to send something across ahead of Leaders in light of the FM's meeting with the President not having gone ahead. Its primary purpose was to provide some reassurance.

Unfortunately I cannot do our usual slot on Monday due to an external meeting but know [redacted] is trying to find another time for us.

It would be good to touch base in light of the Leaders discussion and agree ways in which we can work together.

Thanks, Rachael

Wednesday, December 13, 2023 10:23 AM

Hi Donna,

Please see attached for a chair's brief for today's tripartite discussion.

Kind regards,

[redacted]

Tuesday, December 12, 2023 2:33 PM

Hi all,

Please see the agenda for tomorrow's meeting. The meeting will be held via Teams.

1. Scottish Government engagement with Parliament since the last meeting. This includes the information sent to the Finance Committee, yesterday, found here:
  - [Letter from the Minister for Mental Wellbeing and Social Care to the Convener of 11 December 2023 \(parliament.scot\)](#)
2. The future development of this group (e.g. membership, focus for the group regarding next steps, and involving others)
3. Plans for co-designing the National Board. See attached draft paper concerning this.
4. AOB

Donna Bell will be chairing tomorrow's meeting.

Kind regards,

[redacted]

[redacted]

## 2. Workstream Agendas

Monday, October 2, 2023 9:59 PM

Dear all,

In advance of tomorrow's workstream meeting, and with apologies for the short notice, please find attached two background papers, for context—

1. Terms of reference for all five workstreams, including governance and functions alignment
2. A paper setting out the current position and proposed structures which have so far been agreed by the statutory partners. (Please note there are a number of issues yet to be resolved, some of which this workstream will be considering, and hence these are not reflected in the position paper)

I would be grateful if you could treat these papers confidentially and please contact me if you believe anyone not copied into this email should be given sight.

Tomorrow's meeting will be chaired by David Williams and is scheduled to last 60 min. This is not a lot of time to discuss some very sizeable issues, and so we ask that you please join on time, empowered by your nominating organisation to make decisions, agree next steps and, where possible, a set of recommendations by the end of this first meeting.

Any questions, please get in touch.

Best wishes,

[redacted]

Wednesday, September 27, 2023 3:14 PM

Confirmed date for the first NCS governance and functions alignment working group.

Tuesday, October 3, 2023 9:24 AM

Good morning,

In view of the of the tightness of time for this afternoon's meeting, we are suggesting the following agenda for the meeting to enable focussed discussion on key issues at this stage:

- Welcome and introductions (Chair);
- Employment options of the chief officers and relevant other staff working within care boards/reformed IJBs;
- Accountability of the chief officer in new arrangements;
- Appointment and accountabilities of the Chairs of the care boards/reformed IJBs;
- Future issues for consideration.

Best wishes,

[redacted]

Monday, October 2, 2023 10:00 PM

Dear all,

In advance of tomorrow's workstream meeting, and with apologies for the short notice, please find attached two background papers, for context—

3. Terms of reference for all five workstreams, including collaborative leadership
4. A paper setting out the current position and proposed structures which have so far been agreed by the statutory partners. (Please note there are a number of issues yet to be resolved, some of which this workstream will be considering, and hence these are not reflected in the position paper)

I would be grateful if you could treat these papers confidentially and please contact me if you believe anyone not copied into this email should be given sight.

Tomorrow's meeting will be chaired by [redacted] and is scheduled to last 60 min. This is not a lot of time to discuss some very sizeable issues, and so we ask that you please join on time, empowered by your nominating organisation to make decisions, agree next steps and, where possible, a set of recommendations by the end of this first meeting.

Any questions, please get in touch.

Best wishes,

[redacted]

FOI - 202300389478

Wednesday, September 27, 2023 3:18 PM

Confirmed date for the first NCS collaborative leadership working group.

Wednesday, October 4, 2023 1:49 PM

Dear all,

In advance of tomorrow's workstream meeting, please find attached two background papers, for context—

5. Terms of reference for all five workstreams, including membership and representation
6. A paper setting out the current position and proposed structures which have so far been agreed by the statutory partners. (Please note there are a number of issues yet to be resolved, some of which this workstream will be considering, and hence these are not reflected in the position paper)

I would be grateful if you could treat these papers confidentially and please contact me if you believe anyone not copied into this email should be given sight.

I will be chairing tomorrow's meeting which is scheduled to last 90 min. This is not a lot of time to discuss some very sizeable issues, and so we ask that you please join on time, empowered by your nominating organisation to make decisions, agree next steps and, where possible, a set of recommendations by the end of this first meeting.

To enable focussed discussion on key issues at this stage, the following discussion questions are being proposed:

1. What does fully embedding the voices/views of lived experience representatives at board level look like?
2. What are the key considerations in taking forward the IRASC recommendation for all board members to have voting rights?
3. What is the role of localities and committees in embedding lived experience in decision making at every level?

Any questions, please get in touch.

Best wishes,

[redacted]

Wednesday, September 27, 2023 3:22 PM

Confirmed date for the first NCS membership and representation working group.

Wednesday, October 4, 2023 10:56 AM

Dear all,

In advance of tomorrow's workstream meeting, please find attached two background papers, for context—

7. Terms of reference for all five workstreams, including governance and functions alignment
8. A paper setting out the current position and proposed structures which have so far been agreed by the statutory partners. (Please note there are a number of issues yet to be resolved, some of which this workstream will be considering, and hence these are not reflected in the position paper)

I would be grateful if you could treat these papers confidentially and please contact me if you believe anyone not copied into this email should be given sight.

Tomorrow's meeting will be chaired by Graeme Cook and is scheduled to last 60 min. This is not a lot of time to discuss some very sizeable issues, and so we ask that you please join on time, empowered by your nominating organisation to make decisions, agree next steps and, where possible, a set of recommendations by the end of this first meeting.

In view of the of the tightness of time for tomorrow's meeting, we are suggesting the following discussion questions for the meeting to enable focussed discussion on key issues at this stage:

[redacted]

Any questions, please get in touch.

Best wishes,

[redacted]

Thursday, September 28, 2023 4:28 PM

Confirmed date for the first NCS ethical commissioning and procurement working group.

Tuesday, October 10, 2023 3:57 PM.

Dear all,

In advance of tomorrow's workstream meeting, and with apologies for not getting these to you sooner, please find attached two background papers, for context—

9. Terms of reference for all five workstreams, including finance and integrated budgets
10. A paper setting out the current position and proposed structures which have so far been agreed by the statutory partners. (Please note there are a number of issues yet to be resolved, some of which this workstream will be considering, and hence these are not reflected in the position paper)

I would be grateful if you could treat these papers confidentially and please contact me if you believe anyone not copied into this email should be given sight.

Tomorrow's meeting will be chaired by Fiona Bennett and is scheduled to last 1 hour. This is not a lot of time to discuss some very sizeable issues, and so we ask that you please join on time, empowered by your nominating organisation to make decisions, agree next steps and, where possible, a set of recommendations by the end of this first meeting.

[redacted]

We would also welcome everyone's input into what a collective work programme for finance and integrated budgets under the NCS should look like going forward.

Best wishes,

[redacted]

Thursday, September 28, 2023 8:50 AM

Good Afternoon,

This invite is for the initial meeting of the Finance and Integrated Budgets workstream. If you are unable to attend this meeting, you may opt to send a deputy.

Any agenda or papers for this meeting will be distributed in advance.

Kind Regards,

[redacted]

### 3. Tripartite Papers

**Chair's Brief: COSLA/NHS/SG – NCS Discussion**

**Microsoft Teams Meeting (See diary invite for link)**

Date and Time:

13<sup>th</sup> December 2023 (15:30 – 17:00)

Apologies:

We have received apologies from:

- Pamela Dudek (NHS)

Agenda:

#### **1. Parliamentary Engagement**

A chance to discuss the Scottish Government's engagement with Parliament since the last meeting. Particularly, we may wish to talk about the implications of the Minister's letter to the Scottish Parliament's Health, Social Care and Sport Committee.

We shared, with attendees, the information that was shared with the Finance Committee on Monday:

- [Letter from the Minister for Mental Wellbeing and Social Care to the Convener of 11 December 2023 \(parliament.scot\)](#)

#### **2. The future development of the Tripartite Group**

[redacted]

#### **3. Plans for co-designing the National Board.**

A draft paper, prepared by [redacted], entitled '*Approach to co-designing the National Board*', has been shared with colleagues.

[redacted] will be able to speak to this paper.

#### **4. AOB**

[redacted] has highlighted that the SOLACE Public Protection Group would be happy for a verbal update to be given by Iona/Eddie as part of the AOB.

## **National Care Service – Joint discussion paper: Local structures**

### **Context**

The aim for this phase of discussions is to agree the overarching vision for local structures within the National Care Service (NCS), prioritising matters which will require amended primary legislation.

The agreed outcome will be communicated by the Minister to parliamentary committees at end-September/October, and will be subject to the agreement of both parties' political leaders prior to this.

These discussions will build on the existing consensus agreement on accountability for the NCS, and where possible within the required timeframe will be guided by the outputs of ongoing codesign activities, including the summer events and survey. Co-design activity will continue throughout the development of the detail of the NCS in the coming months to inform the development of the detail of the service. Local government will continue to be involved in that development of the detail.

### **Problem statements and key IRASC recommendations**

The Independent Review of Adult Social Care (IRASC) set out a number of recommendations and reflections for how the current Integration Authority (IA) model could be improved through reform (see annex A). The following key problem statements are intended for discussion, to provide an overview of the emerging themes linked to local structures:

1. **Unwarranted local variation:** One of the key findings of the IRASC was the inconsistency in experience of outcomes across the country, with people who use support and services referring to a "postcode lottery". While we are committed to flexibility to reflect local circumstances, there is a need to explore what more can be done to achieve greater consistency of outcomes across Scotland.

[redacted] The IRASC report also recommended that one model of integration, the Integration Joint Board (IJB) model, should be rolled out consistently across the country, and it highlighted that IJBs which had gone beyond the statutory delegation minimum have performed well in relation to those services. [redacted]

2. **Collaborative leadership:** The success of integration and IAs is based on good working relationships and collaborative working between partners, both amongst leaders in the sector and amongst the organisations as a whole.

Audit Scotland's 2018 update on integration found that a lack of collaborative leadership was affecting the progress of integration in certain areas. In particular, it found that there was high turnover amongst IJB Chief Officers, variation in the role of Chief Officers and Chief Financial Officers (CFOs) and an inconsistency in support services available for IJBs in relation to HR, finances and legal advice. Audit Scotland also found that there were cultural differences between partner organisations (such as Health Boards and Local Authorities) which were proving to be a barrier to collaborative working. In particular, partners were working in different ways and there was a lack of trust and understanding of each other's working practices and pressures. The IRASC report picked up on similar themes and specifically recommended that IAs should be able to employ Chief Officers and other management and administrative staff directly.

[redacted]

3. **Integrated budgets:** [redacted]. Audit Scotland's 2018 update on integration found a number of issues in terms of budget arrangements and financial pressures that made it difficult for IAs to make sustainable changes to the way services are delivered (e.g. delegated budgets not consistently timeously agreed, set aside requirements for delegated hospital budgets not fully implemented as a result, IJBs not empowered to use the totality of their resources and budgets). The January 2020 update to the MSG found that many of these issues had not been resolved across Scotland. In light of this, the IRSAC recommended reformed IJBs should be funded directly by the Scottish Government.

[redacted]

4. **Commissioning and procurement processes:** One of the key findings of the IRASC were that many issues arise as a result of the current commissioning and procurement processes. In particular, it found that the current approach is characterised by mistrust, conflict and market forces. Currently, IJBs are responsible for the planning and commissioning of services and supports but they are unable to hold contracts and procure services themselves. The IRASC found that over the last 10 years, procurement methodology and practices in social care have increasingly driven and sometimes undermined commissioning decisions, where price and a competitive market dominates.

Acknowledging ethical commissioning is already identified as a priority in the Joint Statement of Intent, [redacted]

5. **Membership and embedding the voice of lived experience:** There were a number of references in the IRASC recommendations to rebalancing membership and representation within the IAs. Further, this has been a key priority for unpaid carers and people who receive social care support. The review proposed that the membership, voting rights of members, and wider representation of lived experience throughout governance structures is explored further. This should include but not be limited to representation of the workforce, people who use services, carers, providers, professionals, localities and local communities. Ministers are committed to embedding people with lived experience in a meaningful way within the new structures of the NCS. [redacted] recognising that under existing arrangements all voting members are local councillors or non-executive health board directors.

In addition to the above five identified themes, there are two more problem statements to have emerged as a result the NCS bill, namely:

[redacted]

### Next steps

[redacted] it is proposed that the above problem statements are explored in greater detail through separate workstreams. A number of short life working groups would be established to produce rapid evidence reviews and consensus statements to inform next steps in advance of parliamentary committees recommending their review of the NCS bill in September/October. The following workstreams are proposed:

- Governance and functions alignment
- Collaborative leadership
- Integrated budgets
- Commissioning and procurement
- Membership and the voice of lived experience
- Provider of last resort
- Geography and community empowerment

NB: It is recognised that several of the above proposed workstreams are interdependent and could fall under a broader theme/workstream looking at professional governance and leadership. The group is asked to discuss and agree to what extent, for e.g., commissioning and procurement can be treated distinctly from integrated budgets and even provider of last resort. [redacted]

## Annex A

### Recommendations from the IRASC on the reform of Integration Authorities

14. Carers must be represented as full partners on the Integration Joint Boards and on the Board of the National Care Service
17. The National Care Service should oversee local commissioning and procurement of social care and support by reformed Integration Joint Boards, with services procured from Local Authorities and third and independent sector providers. Integration Joint Boards should manage GPs' contractual arrangements, whether independent contractors or directly employed, to ensure integration of community care and support provision, to respect and support professional interdependencies, and to remove the current confusion about where responsibility for primary care sits.
21. The National Care Service in close co-operation with the National Health Service should establish a simplified set of outcome measures to measure progress in health and social care support, through which to oversee delivery of social care in local systems via reformed Integration Joint Boards and national care bodies.
23. Integration Joint Boards should be reformed to take responsibility for planning, commissioning and procurement and should employ Chief Officers and other relevant staff. They should be funded directly by the Scottish Government.
- 41 Commissioning and planning community based informal supports, including peer supports, is required to be undertaken by Integration Joint Boards and consideration of grant funding to support these is needed.

### Comments from IRASC on the reform of Integration Authorities

One model of integration, the Integration Joint Board, should be used throughout the country.

We heard evidence that those Integration Joint Boards, which have gone beyond the statutory delegation minimum of all adult social care, and that have all children's services and criminal justice social work also delegated, have performed well in relation to these services.

We recommend that new legislation should empower Scottish Ministers to:

1. Discharge responsibility for the local planning, commissioning and procurement of social care support via Integration Joint Boards; and
2. Create national bodies to service and support social care support and social work at local and national level. Ministers should be able to change the number and configuration of Integration Joint Boards and national care bodies without changing primary legislation. This approach mirrors the existing powers of Ministers to establish NHS territorial and special boards

The law should be changed so that Integration Joint Boards are reconfigured to employ staff, hold assets and contracts, including the GMS contract and employment of directly employed independent contractors in health.

Integration Joint Boards should continue to develop strategic commissioning plans, and should be given direct responsibility for procurement, holding contracts and contract monitoring. Strategic commissioning plans must be better linked to planning for other types of service, including particularly housing plans and plans for acute hospital care.

The Integration Joint Board (equal numbers of elected members and NHS non executives) and Integration Joint Board Strategic Planning Group (a broad range of representative user and professional interests) should be combined to form the membership of the reformed Integration Joint Board.

Every member of the Integration Joint Board should have a vote. Membership should include but not be limited to representation of the workforce, people who use services, carers, providers, professionals, localities and local communities.

## **National Care Service – Joint discussion paper: Local structures paper 2 – Version 1**

### **Progress update**

On 2 August, it was agreed that discussions relating to IJB reform and local structures would focus on seven themes emerging from the IRASC and bill process, namely:

- Collaborative leadership
- Governance and functions alignment
- Integrated budgets
- Commissioning and procurement
- Membership, representation and the voice of lived experience
- Provider of last resort
- Geography and community empowerment

A proposed list of contributors, as well as further details about each strand, have been included in the appendix to this paper.

### **Next steps**

The focus of the second meeting on local structures will be to agree the proposed structure and membership for the workstreams outlined below.

It is also proposed that a shared statement is produced for the approval of Ministers and COSLA political leaders which sets out our joint commitment to articulate a shared vision for local structural reform, which takes account of the IRASC recommendations and builds on the progress already made as part of the Joint Statement of Intent.

**APPENDIX – Details of local structures proposed working groups**

The following overarching structure is proposed for each of the workstreams—

1. Defining the issues and challenge in the current system, as well as areas of good practice we want to keep or expand
2. Looking at existing recommendations including the Feeley review, Audit Scotland reports and other sources
3. Defining what a target operating state may look like which addresses a maximum number of current challenges, including any legislative changes required
4. Setting out the implementation plan as to how this system could be achieved.

**Table of proposed membership**

<b>Work strand</b>	<b>Scottish Government</b>	<b>Local Government</b>	<b>NHS</b>	<b>Other key Stakeholders</b>
1) Governance and function alignment	NCS Local  Community Health  Integration policy	COSLA  SOLACE  Chief Social Work Officer / SWS		IJB Chief Officer
2) Collaborative leadership	H&SC leadership, culture and wellbeing  integration policy  social care workforce  NCS Local	COSLA  SPDS (Society of Personnel and Development Scotland).  SOLACE		IJB Chief Officer  IJB Chief Finance Officer
3) Integrated budgets	NHS, integration and social care finance	COSLA	NHS Director of Finance	

IJB Chief Finance Officer	integration finance NCS Local	Local Government Director of Finance		
4) Commissioning and procurement	strategic commissioning ethical procurement NCS Once for Scotland NCS Local	COSLA SOLACE LG Procurement Lead SPDS Chief Social Work Officer / SWS		Scotland Excel
5) Membership, representation and the voice of lived experience	NCS Local integration policy	COSLA SOLACE		IJB Chief Officer
6) Provider of last resort	NCS National ethical procurement NCS Local			
7) Geography	NCS Local NCS Once for Scotland			

## Workstream detail

6. **Governance and functions alignment:** One of the key findings of the IRASC was the inconsistency in experience of outcomes across the country. While we are committed to flexibility to reflect local circumstances, there is a need to explore what more can be done to achieve greater consistency of outcomes across Scotland.

[redacted]

The IRASC report recommended that one model of integration, the Integration Joint Board (IJB) model, should be rolled out consistently across the country, and it highlighted that IJBs which had gone beyond the statutory delegation minimum have performed well in relation to those services. Learning should also be taken from CELCIS' Children's Services Reform Research into the association between structural integration and outcomes, in addition to a need to recognise that specific local circumstances within Highland may have led to the adoption of the lead agency model.

[redacted]

7. **Collaborative leadership:** The success of integration and IAs is based on good working relationships and collaborative working between partners.

Four years following the Public Bodies (Joint Working) (Scotland) Act 2014, Audit Scotland's 2018 update on integration found that a lack of collaborative leadership was affecting the progress of integration in certain areas. In particular, it found that there was high turnover amongst IJB Chief Officers, variation in the role of Chief Officers and Chief Financial Officers (CFOs) and an inconsistency in support services available for IJBs in relation to HR, finances and legal advice. Audit Scotland also found that there were cultural differences between partner organisations (such as Health Boards and Local Authorities) which were proving to be a barrier to collaborative working. In particular, partners were working in different ways and there was a lack of trust and understanding of each other's working practices and pressures. The IRASC report picked up on similar themes and specifically recommended that IAs should be able to employ Chief Officers and other management and administrative staff directly.

[redacted]

8. **Integrated budgets:** [redacted] Audit Scotland's 2018 update on integration found a number of issues in terms of budget arrangements and financial pressures that made it difficult for IAs to make sustainable changes to the way services are delivered (e.g. delegated budgets not consistently timeously agreed, set aside requirements for delegated hospital budgets not fully implemented as a result, IJBs not empowered to use the totality of their resources and budgets). The January 2020 update to the MSG found that many of these issues had not been resolved across Scotland. In light of this, the IRSAC recommended reformed IJBs should be funded directly by the Scottish Government.

[redacted]

9. **Commissioning and procurement processes:** One of the key findings of the IRASC were that many issues arise as a result of the current commissioning and procurement processes. In particular, it found that the current approach can in some circumstances be characterised by mistrust, conflict and challenging market forces which commissioners often have limited ability to shape. Currently, IJBs are responsible for the planning and commissioning of services and supports but they are unable to hold contracts and procure services themselves. The IRASC found that over the last 10 years, procurement methodology and practices in social care have at times driven and sometimes undermined commissioning decisions.

Acknowledging ethical commissioning is already identified as a priority in the Joint Statement of Intent [redaction]

10. **Membership and embedding the voice of lived experience:** There were a number of references in the IRASC recommendations to rebalancing membership and representation within the IAs. Further, this has been a key priority for unpaid carers and people who receive social care support. The review proposed that the membership, voting rights of members, and wider representation of lived experience throughout governance structures is explored further. This should include but not be limited to representation of the workforce, people who use services, carers, providers, professionals, localities and local communities. Ministers and COSLA Leaders are committed to embedding people with lived experience in a meaningful way within the new structures of the NCS. [redacted]

11. **Provider of last resort:** Following agreement that local authorities will retain staff and delivery functions, [redacted]

12. **Geography:** As part of reviewing local structures and reforming IAs, [redacted]

**NCS Consensus Discussions between SG and LG – Summer 2023**  
***(updated 4<sup>th</sup> of August 2023)***

**Purpose:**

To set the parameters for discussions between Scottish Government and COSLA for the NCS development over July and August 2023.

Providing an overview of the programme of topics to explore, a timetable for discussions and agreed approach. Future discussion to be focussed on setting the parameters and exploring the 'red lines' and concessions on these issues – it is not to design details which will be subject to the co-design process.

**Group structure:**

[redacted]. This group will draw on appropriate input as appropriate, commissioning pieces of work which will require wider expertise and input.

Small bilateral group:

***Scottish Government***

Donna Bell  
Anna Kynaston  
Rachael McGruer  
Mark Richards  
[redacted]

[redacted]

***Local Government***

Nicola Dickie  
Eddie Fraser  
Eddie Follan

[redacted]

[redacted]

[redacted]

***NHS***

Karen Reid  
Pam Dudek

**Proposed Timetable and Programme Themes:**

[redacted]

**Key Stakeholders:**

[redact]

**Appendix: Key Governance Milestones:**

[redacted]

## **National Care Service – Improvement and Support Framework - Joint Discussion Paper – version 2**

The purpose of this discussion paper is to set out the policy intent behind the proposed Improvement and Support Framework for the National Care Service.

[redacted]

The current Bill sets out provisions for Ministers to issue directions to care boards in any circumstances, and to direct that a function of a care board is to be performed by another person in the event of emergency or service failure. [redacted]

[redacted]

Specific consideration must be given to commissioning and procurement as they are key issues.

[redacted]

## National Care Service – Local commissioning and procurement – SG Paper for Discussion

Version 1 – 24 Oct 2023

### Purpose

[redacted]

### Existing arrangements

Under the Public Bodies (Joint Working) (Scotland) Act 2014 (“the 2014 Act”), integration authorities were set up with delegated responsibility for strategic planning, including strategic commissioning, for health and social care functions specified within the local delegation scheme. The use of schemes of delegation means ultimate statutory responsibility remains with the relevant statutory power while delegated functions are now discharged by the integration authority on its behalf. Local authorities (LAs) are responsible for promoting welfare by providing advice, support and arranging to provide for or secure such services. This means it takes responsibility for the operational delivery of social care and social work, including procurement of services from third parties. Health Boards (HBs) are responsible for the delivery of health care including procurement and commissioning of services from contractors.

Integrated Joint Boards (IJBs) are under an obligation (via s.29 of the 2014 Act) to produce strategic plans. The IJB then commissions, through directions (s.25 of the 2014 Act), the LA or HB to carry out certain functions on its behalf in line with the strategic plan and allocates budget to the LA or HB for this. The IJB also has responsibility for operational oversight and governance. The LA and HB, through the scheme of delegation, are responsible for providing budget to the IJB to create a pooled budget, and for the delivery of the Strategic Plan, including operational commissioning decisions, as directed by the IJB.

The IJB will provide funding for what they have directed, which should be used by the organisation to meet this direction. This includes employees delivering the service, procuring and arranging contracts with external service providers, managing contacts and other day to day activities. [redacted] The LA and HB also take on the role of provider of last resort, for example in the instance of supplier failure, the details of which are specified within the contract terms. This usually includes an escalation framework within the contract with improvement notices and step in clauses prior to full contract failure.

[redacted]

For the Lead Agency Model, the statutory duties are split between the HB and LA. This is currently only used in Highland where NHS Highland leads on adult services and Highland Council leads on children's services. Strategic planning, commissioning and delivery including operational commissioning, procurement and contract management is carried out by the relevant statutory partner who has the delegated responsibility. Provider of last resort applies to the body that has the duty as per the integration scheme.

## Defining commissioning

It is not uncommon for the term 'commissioning' to be used as a blanket term for both the strategic planning and commissioning, and the operational commissioning and procurement. However, the functions sit with different bodies within integrated health and social care, and it is important to understand the distinction between these. Proposed working definitions are:

Strategic plans: set out arrangements for carrying out integrated functions and outline how these will achieve, or contribute to achieving, the national health and wellbeing outcomes. Through determining needs and developing services to meet these needs, commissioning is a key process in achieving this objective and therefore strategic plans should draw upon output from the commissioning process.

Strategic commissioning: all the activities involved in assessing and forecasting needs. It links investment to agreed outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place. Commissioning 'includes identifying the needs of individuals and communities, enabling people to decide what will best address those needs and working together with agencies to put the right services and support in place'. As part of the commissioning process, integration authorities will consider whether services should be provided in-house or outsourced, taking into account the authorities' market facilitation strategy. Where the decision is to outsource to other organisations there are several routes for this including procurement, grants and service level agreements with other public bodies.

Operational commissioning: the process of meeting delivery needs through procurement, grants, service level agreements and in-house provision.

Procurement: the process of buying goods, services and works from external suppliers and the Procurement Reform Scotland Act 2014 and Public Contracts (Scotland) Regulations 2015, apply to procurement projects carried out by public bodies. The specific act of buying services, particularly of low risk and or value can be seen as operational procurement.

Strategic procurement: the process of engaging collaboratively with the market, key stakeholders, and strategic partners to deliver the commissioning strategy, policy and service in practice it includes understanding current and evolving market capacity and capability to developing a category/ service strategy to maximise sustainable value, considering wider economic, social, ethical and environmental outcomes as well as cost, quality. Contract and supplier management, which includes building relationships, monitoring quality and progress and reporting is part of the procurement cycle.

## Scottish Government policy intent

[redacted]

We note the Independent Review of Adult Social Care (IRASC) finding that there is an implementation gap in terms of operationalising good strategies, and the recommendation that IJBs should be reformed to take responsibility for planning, and commissioning including procurement. [redacted]

[redacted]

### Provider of last resort

'Provider of last resort' arises from the duties and responsibilities for social work and the provision of social care services for adults, children and families. Specifically in relation to commissioning, it arises from the Social Work 1968 Act's s12 duty to promote social welfare and s12A duty to assess needs as well as the duty to offer Self-directed support options under the Social Care (Self-directed Support)(Scot) Act 2013. [redacted] Therefore, unless otherwise agreed through a host organisation model, where the LA or HB commissions the service, has the contractual relationship with the provider and manages the contract, they will be the provider of last resort.

[redacted]

## **Annex A: The Independent Review of Adult Social Care**

A number of comments and recommendations were made relating to the role of reformed IJBs in commissioning and procurement:

### **Main report**

- There is an 'implementation gap' as *"Many people told us that Scotland has 'good strategies but poor implementation'"*(p11).
- Recommendation: Integration Joint Boards (IJBs) should be reformed to take responsibility for planning, commissioning and procurement and should be funded directly by Scottish Government

### **Independent Review of Adult Social Care Commissioning and Procurement – background briefing**

- "Local authorities are responsible for complying with care and procurement legislation, implementing strategic commissioning plans set by the IJB, while balancing decision making with the priorities of their local electorate."

### **Independent Review of Adult Social Care in Scotland Evidence Submissions Volume 2 - Health and Social Care Scotland IJB Chief Officer's Group submission:**

- *"The HSCP does not have its own support services and relies on the support services provided by each partner. The partner will support their own service areas within the HSCP but will be unlikely to support the other partner's service areas within the HSCP. The role of all support services should be to provide high quality support to the IJB; there should be no conflicts of interest. Sufficient support services are required to achieve this."*
- *"Employees are accountable to the partner who employs them. This accountability is likely therefore to take precedence over the HSCP's requirements."*

## **Annex B: Relevant Legislation**

### **Public Bodies (Joint Working) (Scotland) Act 2014**

12(1)(1) - The Scottish Ministers may by order make provision—  
[...]

(c) giving integration joint boards general powers (such as powers to contract, acquire or dispose of property or rights or borrow money or incur other liabilities) in connection with the carrying out of functions conferred on them by or by virtue of this Act,

26(1) - Where the integration authority is an integration joint board, it must give a direction to a constituent authority to carry out each function delegated to the integration authority.

#### 29 Requirement to prepare strategic plans

(1) The integration authority for the area of a local authority must prepare strategic plans in accordance with this section.

(2) A strategic plan is a document—

(a) setting out the arrangements for the carrying out of the integration functions for the area of the local authority over the period of the plan,

(b) setting out how those arrangements are intended to achieve, or contribute to achieving, the national health and wellbeing outcomes, and

(c) including such other material as the integration authority thinks fit.

### **The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014**

#### 19 General powers of the integration joint board

An integration joint board may enter into a contract with any other person in relation to the provision to the integration joint board of goods and services for the purpose of carrying out functions conferred on it by the Act.

### **Social Work (Scotland) Act 1968**

12(1) General social welfare services of local authorities.

(1) It shall be the duty of every local authority to promote social welfare by making available advice, guidance and assistance on such a scale as may be appropriate for their area, and in that behalf to make arrangements and to provide or secure the provision of such facilities (including the provision or arranging for the provision of residential and other establishments) as they may consider suitable and adequate, and such assistance may subject to subsections (3) to (5) of this section, be given in kind or in cash to, or in respect of, any relevant person.

## **Annex C: National Care Service Bill as introduced**

Provisions related to commissioning and procurement.

### **Part 1 Chapter 2**

7 Strategic planning by care boards

(1) A care board must— (a) have a strategic plan, and (b) make its latest plan publicly available.

(2) A care board's strategic plan is a document setting out, for the period of the plan (as defined in section 9(2)), the board's— (a) vision, (b) objectives, (c) structure, (d) budget projections, (e) arrangements for providing services in exercise of the functions conferred on the board by virtue of regulations under section 27, 28, or 29, (f) ethical commissioning strategy in relation to those services.

(3) A care board's strategic plan may include any other information the board considers appropriate.

### **Part 1 Chapter 5**

27 Power to transfer functions from local authorities

For the purpose of fulfilling their duty under section 2, the Scottish Ministers may by regulations, wholly or partly, transfer to themselves or a care board a function conferred on a local authority by an enactment mentioned in schedule 3.

28 Power to bring aspects of healthcare into the National Care Service For the purpose of fulfilling their duty under section 2, the Scottish Ministers may by regulations— (a) designate as a National Care Service function the function of their providing, or securing the provision of, a particular service under the National Health Service (Scotland) Act 1978, (b) wholly or partly transfer to themselves, or a care board, a function conferred on a health board or a special health board.

### **Part 1 Chapter 4**

18 Transfers of staff

(1) In connection with the transfer of a function from one person ("the original function holder") to another ("the new function holder"), the Scottish Ministers may by regulations transfer individuals from the employment of the original function holder into the employment of the new function holder. (2) But regulations under subsection (1) may not transfer a person from the employment of a health board or a special health board into the employment of another person.

### **Schedule 1 Part 2**

General powers

3 A care board may do anything which appears to it to be—

(a) necessary or expedient for the purposes of, or in connection with, the performance of its functions, or (b) otherwise conducive to the performance of its functions.

## **Shared Accountability consensus between Scottish Government and COSLA**

The Shared Accountability consensus sets-out high-level agreements:

- Local Authorities to retain legal functions and therefore a key role in commissioning.
- Local Authorities to retain staff and property outlays.

# **National Social Work Agency – Governance Proposal**

## **Introduction**

Work is underway to establish a National Social Work Agency (NSWA) to work with and support the social work profession, by providing national leadership and overseeing social work education, improvement, workforce planning, training, development and terms and conditions.

The workforce issues facing the profession are widely acknowledged and there is broad agreement from stakeholders, and indeed the workforce, on the need for a NSWA to support the sector.

One area we have yet to reach agreement on is the proposed form and governance of the NSWA. This paper sets out a proposal, after initial discussions, we hope will generate consensus, and enable both the SG and Cosla to strengthen the partnership between local and central government to drive change for both citizens and the social worker workforce.

## **Context**

The establishment of a NSWA is an opportunity to implement the principles of the Verity House Agreement, recognising the need for effective and responsible joint leadership to deliver our shared priorities.

In July 2023, COSLA, the NHS and the Scottish Government reached an agreement on shared legal accountability and responsibility for people's care. This outlines that staff will continue to be employed by councils and they will remain responsible for assets like buildings and the delivery of services. The governance of the NSWA proposal reflects this agreement.

The proposed governance arrangements have been informed by discussions with COSLA officials, Social Work Scotland (SWS) and the Scottish Association of Social Workers (SASW), ensuring that the voice of frontline social workers and Chief Social Work Officers have been central to the discussion. Underpinning principles we all agree on are:

- Improving local services, ensuring the workforce is equipped and resourced to undertake their statutory duties
- Support for local implementation, focusing on practical support delivered consistently across the country
- Agreement on national standards for social work which will work and can be adapted locally
- An expectation from citizens that their support is person centred and the principles underpinning processes and outcomes should be consistent and easily understood wherever they live.
- The need for improvement whilst ensuring local flexibility, through agreement on national, regional and local approaches to policy development and delivery.

## **Governance**

The current proposal (illustrated at Annex A) is to formalise the partnership between Social Work Scotland and the Scottish Government / Office of the Chief Social Work Adviser (OCSWA). The partnership would constitute the 'National Social Work Agency'.

It is proposed that the NSWA will be governed, primarily, by local and national government, through joint governance by COSLA and the Scottish Government, with professional representation and key partners closely involved. A NSWA Board will be established and jointly chaired by COSLA and the Scottish Government's Chief Social Work Adviser. To reflect parity of esteem, the NSWA Board will jointly report to both COSLA and Scottish Ministers. Key stakeholders will be on the NSWA Board including Health (IJBs), Scottish Social Services Council, Care Inspectorate, NES, Unions and the Society of Personnel Directors Scotland.

SWS, SASW and COSLA officials have agreed that locating the NSWA within the Scottish Government will give the social work greater influence in national policy development.

The Agency will:

- provide a central resource for social work providers (e.g. local authorities), offering support and assistance with implementation
- work closely with local authorities to inform the development of a national workforce plan to support the sector
- enhance national policy development, with a view to ensuring successful implementation and improvement bring coherence to national policy development which impacts on social work,
- enable COSLA and Scottish Ministers to work more cohesively on national/ pan-local authority issues relating to social work (e.g. vetting, public protection, etc.).
- Jointly develop national practice standards to support the workforce.
- Enhance the CSWO role, to ensure a the direct link between national and local professional leadership in the delivery of social work services.
- Utilise established network of committees and practice groups to put the voice of the social workers at the heart of the NSWA, ensuring policy development and implementation is informed by the workforce.

### **What will this mean for Social Workers?**

The NSWA will be a dedicated resource to support their education, training, learning and development and promote improvement. It will enable effective local and national leadership for both frontline social workers and CSWOs, and give social work a strong voice within the health and social care sector.

### **What will this mean for local authorities?**

Local authorities will still be the employer of social workers, social work assistants and CSWOs and will be responsible for delivering social work services. Through

this partnership arrangement there will be improved support for the workforce with implementation, the opportunity for consistent and nationally available training support, national support for workforce planning and the opportunity to work jointly on the Advance Practice Framework for social workers – all of which is aimed and improving the recruitment retention and skills of the workforce.

### **What will this mean for SWS?**

SWS will still exist as an organisation focused on supporting the leadership of the profession, and providing capacity for convening senior managers, representation, policy development and implementation. SWS will be represented on the Board of the NSWA and will continue to facilitate the CSWO meetings and network of standing committees – but through the partnership with the NSWA these will have much closer links to the relevant policy areas with both the NSWA and the Scottish Government.

### **What will this mean for SASW?**

SASW will continue to exist as a the professional association of social workers and will remain independent of the NSWA. They will be represented on the Board of the NSWA.

### **Next Steps**

Discussion to date has formed a consensus that doing nothing is not an option – the risk of not collectively addressing the workforce issues affecting the sector are driving forward the need to agree the form and governance of the NSWA. The proposal presented here is at an early stage of development and more discussion is needed before any plan is submitted for final sign-off, including relevant legal advice.

In assessing the proposal it is important to also note that change to other organisations is likely, but will require further development as we scope out the detailed form of the NSWA with relevant partners.

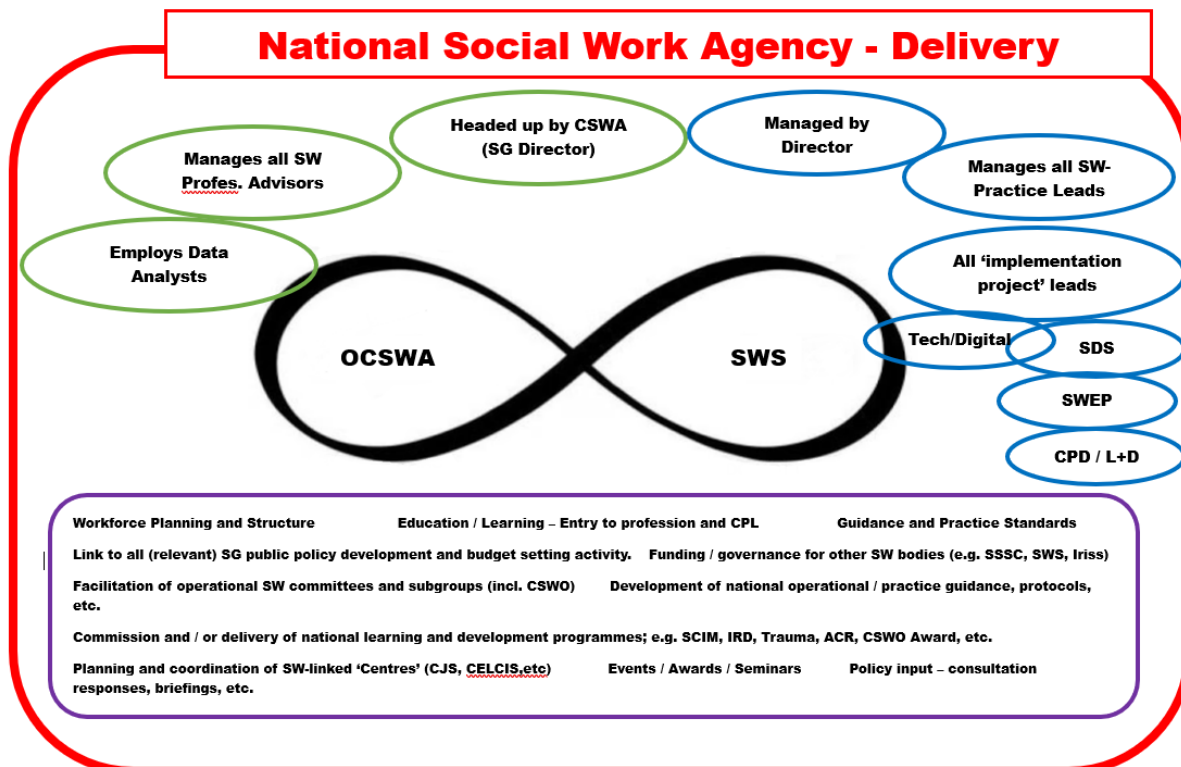
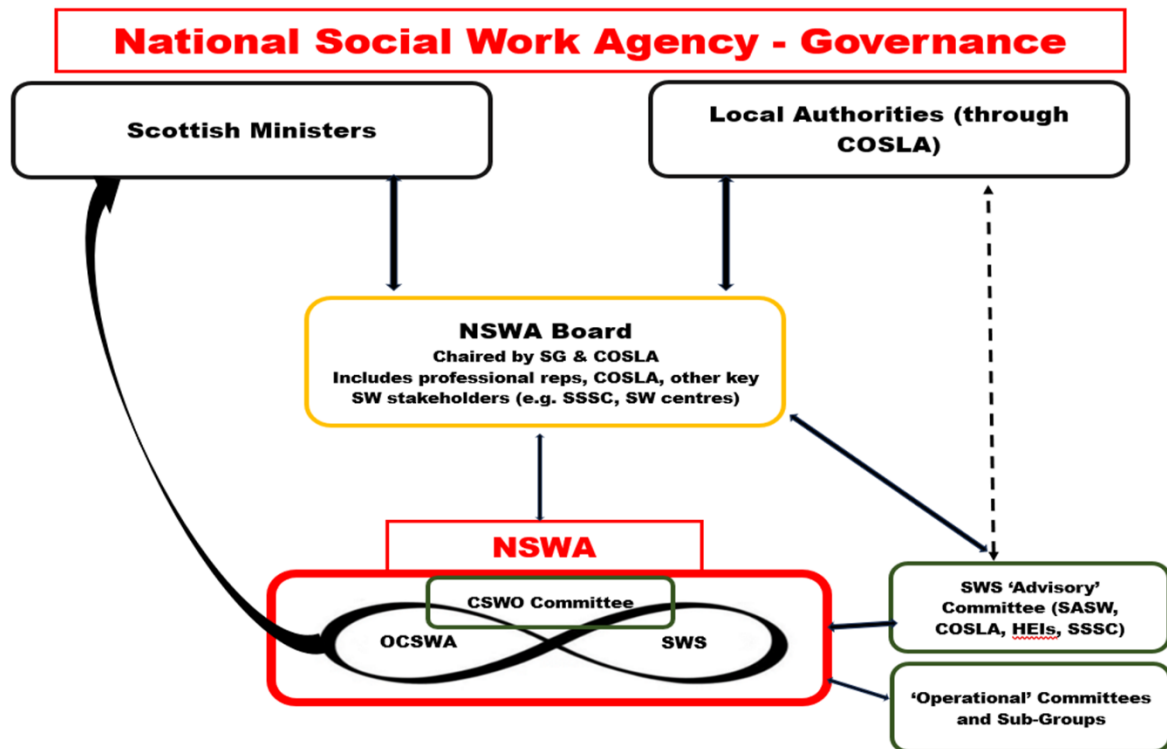
Finally it is noted that COSLA will be considering the issue of social worker pay, given the scale of the challenge for the workforce, we welcome a joint approach to this work.

### **Recommendation**

This paper is for consideration as part of the joint NCS/COSLA Negotiations. If approved then next stage will be to continue to work with COSLA, SWS and SASW on the detail of these governance arrangements, linking with the discussions on the NCS Board and its links with the NSWA Board.

**31 October 2023**

Annex A:



## Draft Policy Intent Paper – Funding Flows

### Context

This paper has been produced by Scottish Government officials as part of informing ongoing discussions on the NCS between the Scottish Government, COSLA, and NHS Chief Executives. The paper sits within the wider context of the shared accountability consensus on the NCS. This paper should be viewed as one part of the wider set of papers produced for the purposes of these discussions and has been produced to encourage conversation, to inform policy development and support the ambition to reach consensus on local reform as part of the NCS.

### The 'as is'

Within the current system, a key feature of integration authorities is that budgets for social care and healthcare can be delegated to them by the relevant local authority/ies and NHS board. Each Integration Authority has an integration scheme which sets out the method of determining these payments. Payments made by local authority are funded from a combination of the general revenue grant, council tax, non-domestic rates and service income.

There are alternative arrangements in place for unscheduled inpatient care. The budget for unscheduled inpatient care is ring-fenced by the NHS board, for direction on its use by the Integration Authority. This is referred to as the 'hospital set aside' mechanism. Where the set aside approach is used, no physical payment is required and the powers of the Integration Authority are unaltered: hospital functions are delegated to the same extent as the other non-hospital functions, and the Integration Authority's control of the sum set aside is the same as for the sums included in the payment and both are included in its annual accounts.

In recent years, the local authority annual budget settlement agreed by Scottish Government has included transfers from the Health and Social Care Portfolio to support social care, mainly around funding for the Real Living Wage in the private and third care sectors. A condition has been included in the local authority funding letters on a minimum uplift being provided to local authority and therefore, where relevant, Integration Authority budgets.

Adult social care and health care budgets are delegated to integration authorities where they are combined to form a single pooled budget. Some integration authorities also receive budgets for children's services and criminal justice where these functions have been delegated.

The effect of delegation is that the Integration Authority determines how to spend its pooled budget and in principle the source of funding (whether from the local authority or health board) has no bearing on that decision, i.e. the funding loses its identity at the point it reaches the Integration Authority. The Integration Authority then issues directions to the NHS board and local authority/ies for the provision of services and make financial allocations to them from the pooled budget. This process means that, in accordance with the delegation of functions, there is a payment from the local authority and health board to the Integration Authority and then, in accordance with

any directions, a payment from the Integration Authority back to the local authority/ies and NHS board. It is possible that the sum paid by the local authority/health board to the Integration Authority will be different to the sum received back from the Integration Authority.

[Statutory guidance](#) provides advice on how health boards and local authorities are to determine the sums to be allocated to Integration Authorities:

- Initial payments (first full year 2016/17) were based on existing financial plans for that year tested against actual expenditure in the prior year and subject to an audited process of due diligence. The intention was for Integration Authorities and both partners (the local authority and health board) to be fully aware of the risks associated with the initial budget and that these were consistent with the previous level of risk.
- Payments in subsequent years were to be based on negotiations, taking account of performance on outcomes, cost pressures, demography and efficiencies.

Section 14 of the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) sets out the requirements for the local authority and NHS board to make payments to the integrated joint boards in respect of delegated functions. The current legislation does not allow for Integration Authorities to receive direct budgets from Scottish Government, [redacted]

### Intended Reforms

A key recommendation of the [Independent Review of Adult Social Care](#) was for budgets for integrated health and social care support services to be determined nationally and distributed directly by the Scottish Government to integration authorities, as they are to local authorities and NHS boards. [redacted] The review noted that too much time and effort is currently spent agreeing budgets for integrated health and social care services at local level and that budgets are often not agreed until well into the financial year. [redacted]

## **National Care Service – COSLA/NHS/SG discussions – Consistency of Delegation Model Policy Intent Paper**

### **Context**

This paper has been produced by Scottish Government officials as part of informing ongoing discussions on the NCS between the Scottish Government, COSLA, and NHS Chief Executives. The paper sits within the wider context of the shared accountability consensus on the NCS. This paper should be viewed as one part of the wider set of papers produced for the purposes of these discussions and has been produced to encourage conversation, to inform policy development and support the ambition to reach consensus on local reform as part of the NCS.

### **Overarching Intent for the NCS**

The Scottish Government intends to take forward the IRASC recommendation to move to one model of integration, the body corporate model (i.e. the current Integration Joint Board model). This should support efforts to “simplify governance arrangements and improve public understanding of who is responsible for what” (IRASC, p.43).

## National Care Service - Public Protection Arrangements – Joint SG and SOLACE Public Protection Group Paper for Discussion

### Introduction

During the summer of 2023, COSLA and the Scottish Government (SG) agreed in principle a model of shared accountability that would provide the framework for a National Care Service (NCS). To progress the detail of what a shared accountability model would look like in practice, a number of themes have been identified. These themes will be considered by an NHS/SG/COSLA discussion group over the coming months. One of those themes is public protection. This discussion paper, developed in consultation with the SOLACE Public Protection Group, will be presented to the NHS/SG/COSLA discussion group on 11 October 2023. [redacted]

### Context – Public Protection

There is no legal definition of public protection. It is a term used to describe arrangements in place to, for example, prevent harm, protect those vulnerable to harm, manage offenders and enable the recovery of those who have suffered harm. Public protection arrangements within our local communities tend to be multi-agency in nature, multi-service within single agencies, and the subject of various multi-agency structures, including the third sector. These structures can consist of, but are not limited to:

- Adult Protection Committees;
- Child Protection Committees;
- Chief Officer Groups (COGs);
- Multi-Agency Public Protection Arrangements (MAPPA) which relate to the management of violent and sexual offenders, and restricted patients;
- Community Justice Partnerships;
- Community Safety Partnerships;
- Alcohol and Drug Partnerships; and
- Violence Against Women Partnerships.

Public protection arrangements are subject to a significant volume of legislation and statutory guidance. External assurance to local arrangements is provided by inspection bodies such as the Care Inspectorate. **Accountability is key – the Care Inspectorate is one branch of it, but so too are local and national governance arrangements “including statutory review of strategic plans undertaken by the Scottish Government on behalf of Ministers” as set out in Part 3 of the Children’s and Young People’s (Scotland) Act 2014.**

Public protection arrangements have significant interface with other community planning arrangements attending to the oversight and improvement of thematic whole system functioning in a local area.

Across Scotland there is lots of evidence of good practice. However, work, for example, on The Promise show that there are improvements that can be made. Work such as the adult support and protection minimum dataset which brings together SOLACE, Scottish Government, Care Inspectorate and local interests is important in reducing duplication and improving data for use at local and national levels.

## **NCS Proposals**

The National Care Service (Scotland) Bill was introduced following the Independent Review of Adult Social Care. Although the review was not an assessment of adult support and protection arrangements, it is acknowledged that the Bill could have a significant impact on public protection arrangements in Scotland. This is due to the cross cutting interfaces and interconnectedness of separate domains of public protection, as well as the interconnectedness of protecting people arrangements within a single sphere to the more universal aspects of our whole system of provision. [redacted]

[redacted] At a national level, a national care board will be established to provide leadership, oversight, and accountability for social work, social care support and community health functions. [redacted]

With the extent of the proposed changes, to continue to keep people safe it is essential that stakeholders and decision makers explore and are fully aware of the impact that any proposals for an NCS will have on public protection arrangements and their essential interfaces.

## **Key Discussion Points**

[redacted] There is also the opportunity to think about how public protection arrangements can strengthen at local and national level. [redacted] It is recognised that wider engagement will be needed on these points, and indeed additional discussion points are likely to emerge as the proposals around the NCS are further developed.

The proposed key discussion points are:

[redacted]

## **National Social Work Agency: Purpose and Context**

### **Social Work Context**

Social work is the statutorily prescribed profession which involves assessing need, managing risk, and promoting and protecting the wellbeing of individuals. Social workers are trained to make assessments taking account of a range of factors including identifying and balancing need, risk and rights; to deal with behaviour that is abusive; and to intervene to assist and to protect individuals or communities. Social workers are, in effect, the gateway to crucial services for people, across the life course in need of support to improve their outcomes and live in their communities.

In undertaking assessment, the rights of people to access the support and care they need is paramount and underpins the lead role of the 6,000 social workers who deliver statutory duties, on behalf of local authorities, within a current framework of over 40 pieces of complex legislation.

Having a sustainable, motivated, supported and professional social work workforce is fundamental to the continuous delivery of support across our local health, social care and justice services, ensuring effective implementation of national policy and, crucially - keeping people in our communities safe and supported.

However we have seen over a sustained period, a growing range of workforce issues across social work which impact on people's experience as well as the efficiency of the whole health and social care system, including waiting times for assessments, numbers of people experiencing delayed discharge, delays in release from prison and the delivery of our long-term commitments to the Promise. These issues have in turn led to the current crisis management/high threshold approach to intervention which will undermine the potential success of several key policy areas across adults, children's and justice social work and social care.

### **Workforce Issues**

The workforce issues are well documented, most recently in Social Work Scotland's [Setting the Bar Report \(2022\)](#) which highlighted the fragility of the sector. A quarter of local authority social workers responded to this report, and concerningly around half said they have unmanageable workloads, a lack of work life balance, high administrative workloads and poor physical or mental health. It further noted that one in four social workers leave the profession within six years of graduating.

Demand for Services – the complexity and level of social work caseloads, as well as the numbers of social work vacancies are negatively impacting on people most in need. Statutory duties continue to grow, further increasing demand and workloads across the sector, through policy interventions such as the Promise, the Scottish Child Interview Model and the Children (Care and Justice) (Scotland) Bill.

Recruitment - high vacancy levels in some areas are impacting on safe service provision for people and in meeting statutory responsibilities for local authorities.

Retention – an ageing workforce, compounded by high attrition rates is leading to a continuing reduction in experienced social workers. The lack of a properly resourced practice framework that offers career development is hampering workforce retention.

Pay Disparities - pay variations across the country impacts on recruitment and retention, as does the absence of a consistent pay structure which recognises additional qualifications such as the Mental Health Officer and Practice Teacher Awards.

Workforce Planning – workforce numbers are based on available resources, rather than the numbers of people needing social work services or robust workforce planning. We are also being told of local budget cuts directly affecting services.

Future Workforce – there is a growing need for additional social workers, however, the current system of practice placements is fragile and relies on goodwill between universities and employers. Anecdotally, we are also hearing that the cost of living crisis is affecting student numbers, particularly those on post graduate courses.

### **Current Landscape**

Currently we have a system whereby there are 33 different approaches to learning and development, pay, practice standards and improvement across social work. There is no single body tasked with oversight of social workers professional development, policy development or improvement which results in the inconsistencies in provision across the sector – for example foster care allowances, recruitment of Mental Health Officers, support for students and Newly Qualified Social Workers – all of which varies depending on the employer.

The National Social Work Agency (NSWA) is an opportunity to address some of these long standing structural issues and inconsistencies which negatively impact on the workforce, as well as on the availability and consistency of support for local people in communities.

- **Workforce Recruitment and Retention**

Social worker numbers, through recruitment and retention is potentially the single biggest issue affecting the sector. Our engagement with frontline social workers and CSWOs is supportive of the need for levelling up of salaries across the country as a way to recognise the value of the workforce but also to improve recruitment and retention by reducing movement to higher paying authorities. A consistent national pay structure which addresses variation and recognises specialist roles, with appropriate remuneration, is vital if we wish to attract and retain our workforce. A national workforce planning tool linked to demand and caseloads, rather than available budgets, is needed to plan our future workforce. Linked to this is a requirement for improved support and opportunities for our student social workers – we need to ensure they access appropriate statutory experience on placement to give them the right skills and experience they need to join the workforce.

- **Education and Career Pathways**

There is no national approach to post qualifying social work qualifications, learning and development. Career pathways are narrow with few opportunities for social workers to progress other than into management. An Advanced Social Work Practice Framework (APF) will set out the structures to support social workers through different career phases and put in place a national, consistent training plan to support a quality workforce. Through the engagement sessions on the APF we heard social workers speak about the ‘post code lottery’ of accessing education and learning opportunities – with some reporting they do not have the skills, knowledge or competence to undertake their statutory duties. They also noted the need for many aspects of social work practice

to be supported by mandatory education and training and for further roles in practice leadership to be developed.

We need to move away from the current ad hoc approach to developing our workforce. The NSWA is an opportunity to develop a strategic and more sustainable approach to the whole workforce – investing in the MHO workforce, ensuring trauma informed approaches are in place at appropriate levels to investigate abuse and then support the children and adults who have been abused and neglected, working alongside families through early intervention, and undertaking risk assessment and management of people who present public protection concerns all of which enable a move away from the crisis management that currently exists.

- Improvement through Practice Standards

The NSWA is an opportunity to support the workforce by providing national leadership and professional governance to improve consistency and scale up good practice and improvement. Currently there are no national practice standards. These would give assurance to frontline staff, support the delivery of statutory services, reduce variation in practice, and ensure people in our communities are receiving consistent, high quality support appropriate to their needs. In terms of current practice we can often see a gap between the policy intent, workforce competence, and operational practice – ultimately affecting the impact of the service. The NSWA brings an opportunity to combine workforce development and practice support in order that we better deliver the services most needed by our vulnerable communities.

### **Workforce Improvement Plan**

We have already established a joint working group with COSLA to address the immediate issues affecting the workforce and a joint Improvement Plan is being developed to progress key elements including recruitment and retention, workforce planning and workforce vacancy data. However, progress has been slow since first inception in November 2022 despite agreement on the issues affecting the sector Workforce/Stakeholder Views.

A Social Care and Social Work Taskforce has also been established to address the more immediate workforce issues and the NSWA programme of work and the Joint Improvement Plan will both assist the Taskforce.

### **Support for a National Social Work Agency**

Partners and frontline social workers have expressed an overwhelming need for change and national support for the workforce. There is strong support for a NSWA from Chief Social Work Officers (CSWOs), frontline social workers, Social Work Scotland and the Scottish Association of Social Workers. Partners have expressed their support in responses to the NCS consultation and at the Committee evidence sessions. The NSWA Advisory Group (of which COSLA is a member) have noted the opportunity the NSWA brings and recognised the need for greater support for the sector at a national level. Most recently Chief Officers of Integrated Joint Boards and CSWOs for Highlands and Islands unanimously supported the establishment of the NSWA and are keen to see key workstreams expedited.

### **National Social Work Agency – an opportunity to invest in the workforce**

The NSWA is an opportunity not only to support and invest in our workforce but also to improve the quality and consistency of support for people across our communities.

There is a clear need for us to invest and better support our social work workforce if we wish to improve outcomes for the people we serve. We cannot bring about the systematic change required in our frontline services without also investing in the people who deliver these services – the NSWA will have an important role in progressing how we work towards bringing parity in terms of pay, training and education with other professions. If we wish to retain our workforce we must seek to put social work on a similar professional framework as nursing or teaching with recognition for qualifications across a nationally consistent pay structure.

We envisage the NSWA as a partnership which works together to support local solutions where they can work, develop regional approaches where appropriate e.g. Highlands and Islands and where needed, national approaches. While the bigger authorities like Glasgow can lead the way in their approach to workforce, this is very difficult if not impossible for the smaller authorities without some form of national approach.

The NSWA's approach will not be to instruct or direct the workforce, but to work collegiately with partners to enable and support a thriving social work workforce to deliver quality services to improve local outcomes. It will therefore adhere to the Verity House Agreement maxim of 'local by default, national by agreement', and through its participation in the NCS National Board it will ensure a clear line of governance to both COSLA and Ministers.

OCSWA  
31 July 2023

## **National Care Service – Membership and Representation Policy Intent Paper – Scottish Government Paper for Discussion**

### **Context**

This paper has been produced by Scottish Government officials as part of informing ongoing discussions on the NCS between the Scottish Government, COSLA, and NHS Chief Executives. The paper sits within the wider context of the shared accountability consensus on the NCS. This paper should be viewed as one part of the wider set of papers produced for the purposes of these discussions and has been produced to encourage conversation, to inform policy development and support the ambition to reach consensus on local reform as part of the NCS.

### **Overarching Intent for the NCS**

All parties believe in the importance of the ability of all service users to have a voice in social care decisions that impact them. It is therefore our intention to take forward the IRASC recommendation to give all Public Partners ('lived experience representatives') a vote on the Care Board. In doing so, we will explore in greater detail solutions to identified barriers and identify the support needed to make this workable.

There is general agreement that when IJBs are preparing and engaging with the community prior to meetings, votes should only rarely be necessary. [redacted]

### **Identified Barriers**

There are several areas of reform needed to ensure the proposed change is workable.

### **Support**

[redacted]

There is a question about recruitment and retention, as there is recognition that carers and service users operating in a representative role have additional pressures on their time and health, and a conscious effort to attract new representatives will be an important part of ensuring consistent support for all Public Partners on the Board.

### **Governance**

[redacted]

### **Integration**

[redacted]

### **Options for Legislative Reform**

There are opportunities to bring some of these changes in under the existing legal framework already. [redacted]

### **Remuneration**

Article 16 of the 2014 Order already permits IJBs to pay its members “*any reasonable travel and other expenses properly incurred by them in connection with their membership of the integration joint board*”. Such payments, however, are at the discretion of the IJB – article 16 says that they “may” make such payments, not that they “must”. [redacted]

## Annex A. Responses to the Consultation on the NCS Bill Referencing a Broader Vote for Public Partners

Organisation	Key Points
Allied Health Professions Federation Scotland	Suggests that a move to AHPs with voting right at board level would offer an alternative expertise to help drive forwards transformational change
Blackwood Homes & Care	Vital that representation on the boards includes housing interests because of their role in most communities in Scotland
Dundee Health and Social Care Partnership	Local stakeholders believe it is important that the Bill clarifies that all members will be appointed with equal status, removing the current distinction between voting and non-voting members of integration authorities
Edinburgh Voluntary Organisations Council (EVOC), & part of Third Sector Interface, Edinburgh	Call for the Provision of voting rights for third sector, carer's and service user's representatives on the proposed CHSCPs (EVOC is reluctantly positive and can see concerns, happy to discuss these)
GMB Scotland	A minimum of four trade union positions on Care Boards and Special Care Boards must be enshrined within the Bill. These positions must hold full voting rights alongside other Board members
Health and Social Care Scotland Chief Officers	We would welcome broad representation on all care boards however have some concerns that the proposed structural reform could potentially move boards away from their natural integration partners at a local level
Inclusion Scotland and the People Led Policy Panel	Representatives of lived experience should have full voting rights on the care boards
Mental Welfare Commission for Scotland	Section 4 would benefit from specifying, as far as possible, the requisite representation and voting arrangements on Care Boards, which must include individuals with lived and living experience, carers and family members
Outside the Box Development Support Ltd.	The Community Health and Social Care Boards should have wider voting membership that includes smaller providers, people with lived experience, carers
Randolph Hill Nursing Homes Group	The Bill should require that the Local Care Boards include representatives from experienced care providers in their areas, including representatives from the independent sector - in the first instance this should be Scottish Care or someone they nominate

Scottish Association for Mental Health	Would like to see greater detail in a number of key areas, including: Provision to mandate lived experience, carer and third sector representation on local care boards with full voting rights
Scottish Care	There is no designation of providers and the independent sector as essential members of the care board and this is something that is a necessary amendment on the face of the Bill. The experience of Integrated Joint Boards is that this explicit designation is required for consistency and representation of such a large part of the social care sector, and that this requires to be on the basis of full membership including voting rights in order to achieve meaningful partnership and equality
Scottish Federation of Housing Associations	A more democratic approach to reform of the current system including IJBs, accountable to ministers through a national care board, could include a simplification of the complex system of accountability and a review of membership with voting rights for key stakeholders such as housing, providers, service user and carer representatives
Scottish Women's Budget Group	Section 4(3)(a) (Establishment and abolition of care boards): care boards should be required to have multiple lived experience representatives, representing disabled people, people living with long term conditions, and unpaid carers to be considered quorate. Boards should ensure full voting rights for representatives who access services and unpaid carers, and their attendance (properly reimbursed) should be a pre-requisite for quorate meetings and decision-making
Shetland IJB	Bill wasn't explicit enough about third sector and lived experience representation on boards
Skye and Lochalsh Access Panel	Lived experience voices need to be represented and given equal status on care boards (travel expenses need to be covered)
The Health and Social Care Alliance Scotland (the ALLIANCE)	Care boards should have multiple lived experience members with full voting rights and full reimbursement. It is disappointing that the Bill has not made a stronger commitment to all board members having voting rights
The Royal College of Occupational Therapist	Wants to see Allied Health Professional (AHP) representation on the board
Volunteer Scotland	We would propose that the Third Sector Interface network has a key role in representing the interests of the local voluntary sector on Care Boards, and would require significant additional resource to ensure they can consult widely and provide adequate representation

## **Annex B. Co-Design Insights on Membership and Representation**

The Scottish Government engaged with multiple communities in a series of events to shape the development of the NCS. Key insights from this engagement are set out in this Annex. Further details of the events and their participants are included below.

### **Membership and Representation**

Given the engagements covered a wide range of users including carer centre managers, unpaid carers and people with lived experience, a lot of feedback was received on the membership and representation workstream. The overarching feeling was that tenacity keeps lived experience representatives on Boards, but improvements could be made in the following areas to help existing members thrive and encourage new voices to join.

#### Accessibility

There was concern about accessibility, which could be broken down into logistical barriers, such as the time needed away from caring responsibilities to prepare for and attend meetings; and information barriers, such as limited use of plain English and high volumes of information being presented in lengthy papers.

A lack of training and development support is given for representatives, who feel they could benefit from clear induction processes, mentoring, and improved recruitment to attract a wider pool of representatives. Representatives highlighted the difficulty of representing the varied needs of diverse service user communities given that they don't have access to mechanisms, such as forums or survey data, to enable them to gather information about those communities that they represent.

#### Perception

There is tension around the split between voting and non-voting members, with the latter feeling they have a lack of power on Boards and that their roles are not given enough importance or attention. Engagement varies across Scotland and many feel that it comes down to the individuals on each Board to demonstrate clear engagement with and consideration of the voice of lived experience.

A suggestion was made for maximum terms for Board appointees. Representatives raised concerns that without terms of reference, some feel unable to step down without a successor in place, and underperformers could remain in the role indefinitely, preventing fresh ideas and skills being brought to the board.

People want to be involved in specific decisions that they can genuinely influence to avoid representatives feeling that their contributions do not lead to meaningful change. They felt that the capacity of communities to take part in decision making should be built. This extends beyond IJB membership and is relevant to wider system improvements.

Some are concerned that the introduction of a national layer of accountability may dilute the voice of lived experience.

## **Details of Recent Engagement Events**

### **Summer Regional Forums**

Throughout the summer of 2023, Scottish Government held a series of regional events across different communities in Scotland as part of ongoing work to co-design the National Care Service. These events took place in areas from Stranraer to Shetland and covered a mix of rural and urban areas. Online events were also available for people who could not attend in person.

The purpose of these events was to collaborate with and learn from people with lived experience of community health and social care, who work or volunteer in social care or who have an interest in how social care support is provided in Scotland.

Each event consisted of 3 sessions. The sessions related to one of the 5 design themes of the NCS:

- Information sharing
- Keeping care support local
- Making sure your voice is heard
- Valuing the workforce
- Realising rights and responsibilities

There were 537 sign-ups for regional forums, including people who attended multiple sessions.

### **IJB Service User and Unpaid Carer Representatives**

Officials attended a meeting of the Carers Collaborative and Lived Experience Representative Forum on the 18<sup>th</sup> April 2023. There were 18 participants who were service users or unpaid carer representative on integrated authorities from a mix of urban, island and rural communities.

The aim of the session was to understand service user or unpaid carer representatives' perspectives on their role, their motivation for performing their role and duties that their role entails.

### **Carer Centre Managers Network**

Officials attended a meeting of the Carer Centres Managers Network on 9<sup>th</sup> May 2023. Carer centres are independent charities that offer practical support, advice and information for carers in their local areas either by phone, drop-in, or outreach surgeries.

There were 13 carer centre managers present – from Argyll and Bute, West Lothian, Highland, Falkirk, Clackmannanshire, Tayside, Aberdeen City, and Lanarkshire.

The aim of the session was to understand the role carer centre managers and unpaid carers would like to play in the planning and delivery of services and their ability to input into local decision making.

## **IJB Chairs and Vice-chairs**

The Scottish Government organised an in-person event with 27 IJB Chairs and Vice-chairs on 20<sup>th</sup> September 2023. This provided an opportunity for officials to hear first-hand what is working well, what could be improved upon and identify priorities for change. Discussions focused on the day-to-day experience of Chairs and Vice-chairs, localities and partnership working and support for Chairs and Vice-chairs.

**NCS Discussions – Summary of progress and required next steps – Draft discussion paper**

**Scottish Government, 10 Oct 2023**

**Points of agreement:**

[redacted]

**Issues yet to be resolved:**

[redacted]

## **NATIONAL CARE SERVICE – Local Structures: Working Groups Terms of Reference - Discussion paper 14**

Version 2.2 – 10 Oct 2023

### **Context**

[redacted] ,which delivers the improvements set out in the Independent Review of Adult Social Care (2021) within the context of the new shared accountability agreement which was reached between Scottish Ministers and COSLA Leaders in July 2023. [redacted]

The agreed outcomes will be communicated by the Minister to parliamentary committees at end-September/October and will be subject to the agreement of both parties’ political leaders prior to this.

These discussions will build on the existing consensus agreement on accountability for the NCS and will be guided by the outputs of ongoing codesign activities, including the summer events and surveys as timing permits.

The detail of local delivery arrangements will be co-designed with people with lived experience of accessing community health and social care services, unpaid carers, care providers, workforce and organisational stakeholders.

### **Values**

The discussions will take place in accordance with the following shared values (agreed as part of the first phase of discussions):

- Both the Scottish Government, Local Government, and NHS recognise that reform in the delivery of health and social care services is required. Reform would build on work to address winter pressures. [redacted]
- To work to reach collective agreement about how to deliver improved community health and social care services across Scotland. Recognise that to reach a consensus, concessions and compromise from both sides will be required.

### **Workstreams**

[redacted]

The workstreams are:

1. Governance and functions alignment
2. Collaborative leadership
3. Finance and integrated budgets
4. Commissioning and procurement
5. Membership, representation, and the voice of lived experience

Further to this, it was agreed that the following issues would require further work but that it would not be appropriate to establish separate working groups in view of the overlapping nature of the issues involved:

- Provider of last resort

- Geography and community engagement
- Public protection

### **Remit**

Working groups will not be decision-making. The groups' discussions and, where reached, high-level recommendations will seek to inform the development of options, or agreement between plenary group members at their weekly meeting.

[redacted]

There is scope for the workstreams to continue beyond the initial output outlined above, and each workstream will recommend next steps for working through the further detail. This may include establishing each workstream on a longer running footing, and should in such an instance include reviewing the membership.

### **Meeting frequency**

[redacted]

### **Meeting papers**

[redacted]

### **Meeting minutes**

A Scottish Government official will attend each working group in order to ensure a minute is produced. Minutes will be circulated to workstream members for clearance. Following this, all minutes and actions will be made available to the COSLA, SG and NHS plenary group members to review.

### **Draft Timetable for Collaborative Negotiations**

[redacted]

Dates pertinent to timetable:

[redacted]

### **Membership**

[redacted]

### **Confidentiality**

Information and papers shared with members should be treated as sensitive and not for onward distribution, unless prior permission in writing has been sought and obtained.

## Workstream 1: Governance and functions alignment

### Purpose

One of the key findings of the IRASC was the inconsistency in experience of outcomes across the country. While we are committed to flexibility to reflect local circumstances, there is a need to explore what more can be done to achieve consistently good outcomes across Scotland.

[redact]

The IRASC report recommended that one model of integration, the Integration Joint Board (IJB) model, should be rolled out consistently across the country, and it highlighted that IJBs which had gone beyond the statutory delegation minimum have performed well in relation to those services. Learning should also be taken from CELCIS' Children's Services Reform Research into the association between structural integration and outcomes, in addition to a need to recognise that specific local circumstances within Highland may have led to the adoption of the lead agency model.

[redacted]

### Membership

<b>Scottish Government officials:</b>	
NCS local policy and legislation	[redacted]
Health and social care integration	[redacted]
Community health	Anne Armstrong, [redacted]
Mental health	[redact]
SG legal department	Mark Richards / [redacted]
Office of the Chief Social Work Advisor	Iona Colvin / [redacted]
NCS national policy	[redacted]
<b>Local government:</b>	
COSLA	Eddie Follan
SOLACE	Pippa Milne/
SOLAR	[redacted]
Social Work Scotland	Ben Farrugia
<b>NHS:</b>	
NHS Chief Executive	Pam Dudek
<b>Integration Authorities:</b>	
IA Chief officer	Pamela Milliken

**Outcome:** revised parameters to support co-design, ensuring any primary legislation requirements to secure sufficient flexibility to deliver the detail of local arrangements are identified.

## Workstream 2: Collaborative Leadership

### Purpose

The success of integration and IAs is based on good working relationships and collaborative working between partners.

Four years following the Public Bodies (Joint Working) (Scotland) Act 2014, Audit Scotland's 2018 update on integration found that a lack of collaborative leadership was affecting the progress of integration in certain areas. In particular, it found that there was high turnover amongst IJB Chief Officers, variation in the role of Chief Officers and Chief Financial Officers (CFOs) and an inconsistency in support services available for IJBs in relation to HR, finances and legal advice. Audit Scotland also found that there were cultural differences between partner organisations (such as Health Boards and Local Authorities) which were proving to be a barrier to collaborative working. In particular, partners were working in different ways and there was a lack of trust and understanding of each other's working practices and pressures. The IRASC report picked up on similar themes and specifically recommended that IAs should be able to employ Chief Officers and other management and administrative staff directly.

[redacted]

### Membership

<b>Scottish Government officials:</b>	
NCS local policy and legislation	[redacted]
Health and social care integration	[redacted]
NCS Future Workforce	[redacted]
Health and social care leadership and wellbeing	Tai McLennan
Office of the Chief Social Work Advisor	Iona Colvin / [redacted]
<b>Local government:</b>	
COSLA	[redacted]
SOLACE	Gail MacFarlane/Louise Long/
Society of Personnel and Development Scotland	[redacted]
<b>NHS:</b>	
NHS Chief Executive	Karen Reid/ [redacted]
<b>Integration Authorities:</b>	
IA Chief Officer	TBC
IA Chief Finance Officer	TBC

**Outcome:** revised parameters to support co-design, ensuring any primary legislation requirements to secure sufficient flexibility to deliver the detail of local arrangements are identified

### Workstream 3: Finance and Integrated Budgets

#### Purpose

[redact]. Audit Scotland's 2018 update on integration found a number of issues in terms of budget arrangements and financial pressures that made it difficult for IAs to make sustainable changes to the way services are delivered (e.g. delegated budgets not consistently timeously agreed, set aside requirements for delegated hospital budgets not fully implemented as a result, IJBs not empowered to use the totality of their resources and budgets). The January 2020 update to the MSG found that many of these issues had not been resolved across Scotland. In light of this, the IRSAC recommended reformed IJBs should be funded directly by the Scottish Government.

[redact]

#### Membership

<b>Scottish Government officials:</b>	
NCS local policy and legislation	[redacted]
NHS, integration and social care finance	Fiona Bennett / [redacted]
Integration finance	[redacted]
Office of the Chief Social Work Advisor	[redacted]
Local Government funding policy	[redacted]
<b>Local government:</b>	
COSLA	[redacted]
Local Government Directors of Finance	[redacted]
SOLACE	[redacted]
<b>NHS:</b>	
NHS Directors of Finance	[redacted]
<b>Integration Authorities:</b>	
IA Chief Financial Officers x2	[redacted]

**Outcome:** Agreement from Shared Accountability Partners on process to support Bill development, ensuring any primary legislation requirements to secure sufficient flexibility to deliver the detail of local arrangements are identified.

## Workstream 4: Ethical Commissioning and Procurement

### Purpose

One of the key findings of the IRASC were that many issues arise as a result of the current commissioning and procurement processes. In particular, it found that the current approach can in some circumstances be characterised by mistrust, conflict and challenging market forces which commissioners often have limited ability to influence. Currently, Integration Authorities are responsible for the planning and commissioning of service supports but they are unable to hold contracts, award grants or procure services themselves. The IRASC found that over the last 10 years, procurement methodology and practices in social care have at times driven and sometimes undermined commissioning decisions. Whilst the IRASC noted good policy, it identified a significant implementation gap and recommended Integration Joint Boards be reformed to take responsibility for planning, commissioning and procurement.

[redacted]

[redacted]

### Membership

<b>Scottish Government officials:</b>	
NCS local policy and legislation	[redacted]
Strategic commissioning	[redacted]
Ethical procurement	[redacted]
NCS Once for Scotland	[redacted]
<b>Local government:</b>	
COSLA	[redacted]
SOLACE	Caroline Cameron/
Local Government procurement lead	[redacted]
Social Work Scotland	Ben Ferrugia
Scotland Excel	[redacted]
<b>NHS:</b>	
NHS Director of Finance	[redacted]
<b>Integration Authorities:</b>	
IA Chief Officer x2	Pam Cremin

**Outcome:** revised parameters to support co-design, ensuring any primary legislation requirements to secure sufficient flexibility to deliver the detail of local arrangements are identified.

## Workstream 5: Membership and Representation

### Purpose

There were a number of references in the IRASC recommendations to rebalancing membership and representation within the IAs. Further, this has been a key priority for unpaid carers and people who receive social care support. The review proposed that the membership, voting rights of members, and wider representation of lived experience throughout governance structures is explored further.

[redacted]

Ministers and COSLA Leaders are committed to embedding people with lived experience in a meaningful way within the new structures of the NCS. [redacted]

### Membership

<b>Scottish Government officials:</b>	
NCS local policy and legislation	[redacted]
Health and social care integration	[redacted]
Unpaid carer policy	[redacted]
<b>Local government:</b>	
COSLA	[redacted]
SOLACE	[redacted]
<b>NHS:</b>	
NHS representative	[redacted]
<b>Integration Authorities:</b>	
IA Chief Officer	Sandra Ross

**Outcome:** revised parameters to support co-design, ensuring any primary legislation requirements to secure sufficient flexibility to deliver the detail of local arrangements are identified.

## **NATIONAL CARE SERVICE – NATIONAL BOARD PROPOSAL – JOINT PAPER FOR DISCUSSION – VERSION 5 DRAFT**

### **Introduction**

This paper has been developed in relation to the shared accountability arrangements agreed by Scottish Ministers and Local Government Leaders in June 2023. It outlines a proposal to setup a National Care Service Board and to seek advice on how to reflect this in the National Care Service (NCS) legislation.

### **Context**

#### **Shared Accountability**

[redacted]

The Scottish Government is accountable to the Scottish Parliament and all people of Scotland. Local Government are accountable to the people in their respective Local Authority area and have a legal responsibility for local delivery. NHS Boards are accountable to their respective board's geographic area for health care provision.

[redacted]

#### **National Board Purpose**

The National Care Service Board should be the main route through which shared accountability will be operationalised and managed. It will champion quality and embrace improvement across all aspects of the system to provide sustainable person-centred public services. It will have the primary purpose of ensuring consistently high levels of service across the country while building the flexibility required to meet varying community needs at a local level.

[redacted]

#### **National Board Scope**

The scope of the National Board should include community health, social work and social care support that fall within the scope of the National Care Service. [redacted]

Further work is underway on delegation under the 2014 Act and the conclusion of the separate evidence reviews on Children's Service and Justice Social Work due October 2023 will also support final scope.

[redacted]

#### **National Board Functions**

It is proposed that the Board be accountable for standards, guidance and performance metrics, with an agreed escalation framework for when standards are not met. The Board could oversee local delivery as well as a number of new / reformed national agencies, for example the National Social Work Agency.

[redacted]

#### **Shared Legal Accountability Flow Chart**

[redacted]

## **National Board Establishment**

[redacted]

## **Board Membership**

It will likely be for Scottish Ministers to technically establish the Board as it needs to be set out in statute. [redacted] It will be important to enable and empower the lived experience group to provide feedback and challenges as full board members.

Diverse membership would help ensure co-design and co-production for the National Care Service is modelled from the top, which was a key tenet of the Independent Review of Adult Social Care. The Board could be chaired by an independent chair, appointed by agreement.

Further consideration is required to ensure that the Board membership is balanced in its representation. Further work is required as part of co-design on broader membership.

## **National Social Work Agency**

The detail of how the National Social Work Agency (NSWA) will operate is to be developed [redacted]

## **Further considerations**

### **Role of other regulators**

Stakeholders will require clarity on the role of other organisations alongside a National Board framework, such as the Care Inspectorate and the Scottish Social Services Council (SSSC). Consideration must also be given to the range of regulatory bodies with an interest in healthcare as well as social care in Scotland. This might be influenced by the conclusions of the Independent Review of Inspection, Scrutiny and Regulation being chaired by Dame Sue Bruce.

**DRAFT – Discussion Paper on National Care Service Escalation Framework –  
version 1**

[redacted]

1. The current Bill sets out provisions for Ministers to issue directions to care boards in any circumstances, and to direct that a function of a care board is to be performed by another person in the event of emergency or service failure.

[redacted]

## Draft Policy Intent Paper – Flows of Accountability

### Context

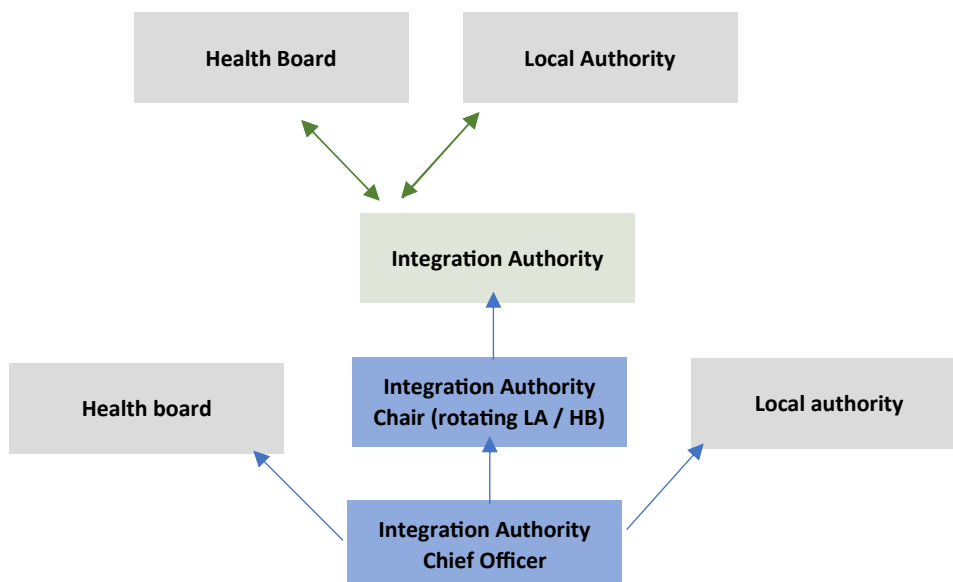
This paper has been produced by Scottish Government officials as part of informing ongoing discussions on the NCS between the Scottish Government, COSLA, and NHS Chief Executives. The paper sits within the wider context of the shared accountability consensus on the NCS. This paper should be viewed as one part of the wider set of papers produced for the purposes of these discussions and has been produced to encourage conversation, to inform policy development and support the ambition to reach consensus on local reform as part of the NCS.

#### The 'as is'

In the current system, the chair of the integrated authority is appointed by one of the constituent authorities (i.e health board or local authority). The post is rotated on a three-yearly basis, with the constituent authorities taking it in turns to appoint the Chair and Vice-chair respectively. This is laid out in the Section 4 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

The Chief Officer (CO) of each integrated authority is also employed by one of the constituent authorities and then seconded to the integrated authority, to ensure the CO is accountable to both the local health board and the local authority. They perform a dual role as accountable officer for the strategic commissioning plan and use of the integrated budget to the integrated authority, and as director of integrated delivery within the Health Board and the Local Authority.

#### 'As is' Accountability Flow Chart



#### Intended Reforms

The Independent Review of Adult Social Care suggested that there was a need to simplify governance arrangements and improve the public understanding of who is responsible for what. In

doing so, we should build on the progress made to date with integrating health and social care support, [redacted]

[redacted]

Reformed Accountability Flow Chart

[redacted]

[redacted]

## National Care Service – COSLA/NHS/SG discussions – Consistency of Delegated Functions Policy Intent Paper

### Context

This paper has been produced by Scottish Government officials as part of informing ongoing discussions on the NCS between the Scottish Government, COSLA, and NHS Chief Executives. The paper sits within the wider context of the shared accountability consensus on the NCS. This paper should be viewed as one part of the wider set of papers produced for the purposes of these discussions and has been produced to encourage conversation, to inform policy development and support the ambition to reach consensus on local reform as part of the NCS.

### Intention

[redacted]

This is supported by IRASC, which heard evidence that current integrated arrangements are working well where all social care, social work and community health services are delegated to their greatest extent.

[redacted]

### For Further Consideration

[redacted]

Nothing in this paper is intended to supersede or pre-empt the outcome of the independent research into children's and justice social work services. It is worth noting that with regard to the justice social work research, COSLA were involved in the development of the methodology and have seen the final report, which does not give a preference for inclusion or otherwise of justice social work services in the NCS.

We recognise the need to consider culture and communications as well as structures in approaching any significant changes.

### Legal Considerations

The list of local authority functions that are capable of being delegated is currently set out in the schedule to the 2014 Act. Ministers have a power to make regulations to remove an enactment from that schedule (s.1(12) of the 2014 Act) but do not have a power to add one.

Local authority and health board functions that may and must be delegated are set out in secondary legislation:

- [The Public Bodies \(Joint Working\) \(Prescribed Health Board Functions\) \(Scotland\) Regulations 2014 \(legislation.gov.uk\)](#) (as amended) – outlining health board functions that *may* be delegated along with those that *must* be delegated where the functions relate to persons aged 18 years or over. [The Public Bodies \(Joint Working\) \(Prescribed Local Authority Functions etc.\) \(Scotland\) Regulations 2014 \(legislation.gov.uk\)](#) (as amended) – sets out local authority functions that *must* be delegated in so far as those functions relate to persons aged 18 years or over. The effect is that that adult health and social care services, and

certain other health and social care services, are provided, in all local authority areas, in a way which is integrated from the point of view of a person using those services.

[redacted]

### **Co-design Insights**

Feedback from co-design sessions highlights that developing shared values in respect of the delivery of functions would strengthen integration and improve communication between services and thus foster better coordination. It was suggested that co-locating multi-disciplinary teams could improve understanding and collaboration.

Some people told us they wanted access to facilities and activities beyond those badged as 'social care' and that there should be better links between social care support provision and leisure, housing and third sector amenities within areas.

Any standardisation of services should avoid losing sight of local needs and putting people at risk of 'falling through the cracks'. Outcomes for those receiving care support should be equal across all of Scotland and the system should be organised around meeting those outcomes, while retaining flexibility in relation to how services are delivered.

## **National Care Service – Local Structures: Current position and proposals for reform—discussion paper 15**

Version 1.2 – 02.10.23

### **Current position**

The Public Bodies (Joint Working) (Scotland) Act 2014 (PBJWSA) requires Health Boards and Local Authorities to work together to form Integration Authorities, which are responsible for ensuring that health and social care services are integrated. The PBJWSA sets out the governance and financial arrangements for these integration authorities, and sets out requirements about the membership of an Integration Joint Board (IJB). This includes minimum required membership, and provision for additional members to be appointed. IJB membership consists of voting and non-voting members.

There are a total of 31 integration authorities in Scotland; Highland is the only area to adopt the lead agency arrangement, while other areas have adopted the body corporate model of an Integration Joint Board (IJB). Clackmannanshire and Stirling Local Authorities have combined to establish a single IJB across their two council areas. As a separate legal entity an IJB has full autonomy and capacity to act on its own behalf. IJBs retain strategic responsibility and “operational oversight”, but not operational responsibility which remains with Health Boards and Local Authorities. The PBJWSA identifies the functions for which integration authorities must be responsible, and also identifies some functions that – with local agreement – integration authorities may take responsibility for.

### **Overarching Problem statements**

[redacted]

## **IRASC recommendations**

- Accountability for social care support should move from local government to Scottish ministers.
- Establishment of a National Care Service (NCS), with a board of governance, chair and chief executive, which would:
  - Oversee and support local IJBs
  - Lead on aspects of social care improvement and support that are best managed once for Scotland
  - Oversee social care provision at a national level for people whose needs are very complex or highly specialist and also the planning and delivery of care in custodial settings, including prisons
  - Address gaps in national provision in relation to workforce planning and development, data, research, IT and national and regional service planning
- The establishment of a National IJB, bringing together the NCS and NHS to agree national strategy and priorities.
- Introduce a national improvement programme
- Establish NHS Scotland in statute
- Reform of IJBs so they would:
  - Be overseen and supported by the NCS
  - Be funded directly from the Scottish Government
  - Be responsible for procurement
  - Manage GPs' contractual arrangements
  - Include all members of the strategic planning group as full voting members
  - Directly employ IJB chief officers and other relevant staff
- Overhaul of commissioning and procurement processes so that:
  - There is a focus on collaboration rather than competition
  - Commissioning and procurement decisions focus on people's needs and quality of service and not solely focus on budgets
  - Core requirements for ethical commissioning are established. Proposed Changes

[redacted]

### **Potential overarching changes in line with IRASC**

#### **National arrangements**

[redacted]

#### **Local arrangements for the NCS**

[redacted]

## **NATIONAL CARE SERVICE – NATIONAL BOARD FUNCTIONS POLICY INTENT – DRAFT SCOTTISH GOVERNMENT PAPER FOR DISCUSSION**

### **Introduction**

This paper provides further details of how national level shared accountability could work and sets out proposed functions for the National Care Board.

### **Areas of agreement**

It has been agreed that Scottish Ministers, Local Authorities and NHS Boards will each have their own responsibilities to fulfil within a new national framework for the NCS, which will be brought together under a National Care Board.

The National Care Board will drive forward improvements across the system by supporting collaborative leadership and greater collaboration between partners. It will also seek to improve quality and consistency of services and ensure services are sustainable and person-centred by undertaking new functions at the national level. It will be the main route through which shared accountability will be operationalised and managed.

Local authorities will retain responsibility for delivering social care and social work services, staff and assets, accountable to the people in their respective geographical areas through locally elected councils. NHS Boards will retain responsibility for the delivery of community health services, staff and assets.

Scottish Ministers will exercise strategic framework accountability for NCS services.

Funding will continue to follow statutory functions and will flow through Local Government where it relates to social care services, and through health boards for community health services. Funding will be co-ordinated through local integration arrangements which will have delegated responsibility for financial planning of community health and social care.

Local strategic plans for integrated services, approved by the National Care Board will set out the financial need, and the local care board will determine how to spend the pooled budget, with the source of funding having no bearing on such decisions. Where appropriate, any future funding routes for integrated services could be referred through the future fiscal framework and partnership agreement.

The National Care Board will be accountable for standards, guidance and performance metrics, with an agreed support and improvement framework for when standards are not met.

[redacted]

A Support and Improvement Framework will be developed to give effect to the “escalation” arrangements referred to above. [redacted]

### **Discussion**

[redacted]

### **Codesign and people with lived experience**

It has been agreed that there should be an effective voice for people with lived experience in decision making within the NCS. It has also been agreed that there will be lived experience representatives on the National Care Board. We further suggest that

- There should be support for people with lived experience who are members of the National Care Board and of the Care Boards, with the details to be co-designed;
- There should be additional ways for people with lived experience to participate in decision making nationally and locally, again, subject to co-design and drawing on current participatory decision making good practice in health and social care.
- [redacted]

#### Accountability

The National Care Board will report to Scottish Ministers, local government and the NHS.

[redacted]

#### Establishing the National Care Board

The agreed purpose of the Board and how it will operate in practice, will need to be considered.

[redacted]

#### Support for the Board

The Board will need to be supported to fulfil its functions, with staff undertaking work on behalf of the Board and reporting to it. The intention is for the National Care Board to be supportive and to enhance capacity, so the staffing arrangements must reflect this approach and not result in overly bureaucratic requirements.

[redacted]

Social Care and National Care Service Development Directorate  
Scottish Government  
October 2023

**National Care Service – COSLA/NHS/SG discussions: Geography and community engagement – Discussion paper 10 – Oct 2023**  
Version 2 – 27.9.23

**Context**

Following the initial consensus agreement on shared legal accountability for social work and social care support, the next phase of discussion seeks to identify ways of reforming and strengthening local integration structures as part of the National Care Service.

Five core workstreams have been identified for this phase:

- Governance and functions alignment
- Collaborative Leadership
- Integrated Budgeting
- Commissioning and procurement
- Membership and representation

Geography and community engagement form an element of the considerations for optimising local integration structures, with relevance to a number of these workstreams.

**Cross-boundary co-operation**

The 2014 Act allows for co-operation between the relevant local authorities and health board where there is more than one Integration Authority within a health board area and there are already examples of successful cross-boundary work for community health and social care across Scotland. There are several potential benefits from cross-Integration Authority co-operation, including:

- Economies of scale where different IAs might have the same basic needs and therefore pool resources to deliver support, to achieve best value for money. This could be particularly beneficial in areas where there are small numbers of people with complex needs, linked to the wider work around the 'Once for Scotland' model.
- Areas with distinct geographic or demographic characteristics, for instance remote rural areas divided by IA boundaries, may be better served by a dedicated shared resource. This could bring benefits such as concentrating local knowledge and allowing reduced travel time for staff.

As part of our wider work to strengthen local structures, there is an opportunity to identify:

- the lessons to be learnt from what has already worked well in local areas
- any areas in which authorities might find it beneficial to co-operate on a regional basis
- any obstacles or limitations to cross-boundary cooperation within the current system

- any opportunities for enhancing/formalising the facilitation of cross-boundary working within the NCS – specifically highlighting any options that would require legislation
- how the NCS might support greater dissemination of good practice and scaling of innovative solutions in a way that benefits all of Scotland.

### **Localities and community engagement**

Under the 2014 Act each Integration Authority is required to establish at least two localities within its area and ensure each locality is represented on the strategic planning group. Localities offer the potential benefits of:

- providing a powerful basis for engaging communities to support/inform the planning of statutory services to meet local needs
- being well placed to provide the infrastructure for community support which helps encourage greater local participation, integral to the shift in emphasis to prevention and early intervention

Evaluation of the current landscape has highlighted that:

- There is significant variation in how IAs have implemented and utilised localities;
- Localities are an under-explored area and the full benefits of their potential have yet to be unlocked;
- There are pockets of good practice, and examples of localities, particularly those which are well embedded, delivering better value-for-money services as a result of having greater access to local intelligence and understanding of local need;
- there are examples of localities having used e.g. participatory budgeting to drive up local engagement and a shared sense of ownership.

The NCS offers the chance to review the way localities have been set up under the 2014 Act and consider:

- how to build on what already works well locally
- opportunities to drive greater consistency
- whether and how the role of localities could be enhanced to strengthen the voice of lived experience in planning and decision making
- any opportunities within the NCS Bill to facilitate the further embedding of localities into the layers of integrated decision-making structures.

[redacted]

### **Next steps**

[redacted]

## **ANNEX F**

### **Summer Regional Forums – Cross-Cutting Insights summary**

Across all our summer forum themes people raised a number of cross-cutting key insights that have implications for all the themes we were looking at.

#### **Care should follow people and their friends and family through changes**

- Make it as easy as possible to move between different kinds of care support and around the country.
- Eligibility and support planning approaches across the country and between different types of care need to be more consistent.
- People and their friends and family sometimes need help to recognise when things are changing for them – consistent relationships with staff support this.
- Multi-disciplinary and multi-agency teams are essential - they need to be well coordinated and have a common staff experience and shared values and culture.
- Different workforce models cause tension between the health, social care and the voluntary sector workforces – which impacts morale and how valued staff feel.

#### **Prevention is important too**

- Care should not just be available when people reach crisis point.
- More support and advice earlier would help people live better and delay or avoid the time when more intensive support might be needed.
- Local communities and the third sector should be invested in to play a key role in prevention.
- Care needs are related to many other needs – housing, poverty, etc. – and it should be easier to discuss and meet these other needs all together.
- Supporting unpaid carers, friends and family, and developing strong and supportive communities are important for prevention.

#### **Needing care support should not feel unusual or stigmatising**

- People who access support told us about a lack of empathy across society, causing harm to people's health and wellbeing.
- Some of the language and processes around care feel demeaning and put people off asking for help.
- Rights should balance the needs of friends and family living with a person accessing care support, while ensuring the person accessing care has privacy.
- Independent advocacy services are essential supports for people to claim their rights but need to be more consistent in quality and availability across the country.
- Understanding accountability and roles and responsibilities will help ensure community health and social care services deliver as intended.

**Shared decision making is needed at all levels from the person to the NCS itself.**

- Trust and good relationships are needed for shared decision making about care to work – this needs time that is not always available just now.
- Better information about services and their current capacity would help everyone make better decisions through all stages of their care journey.
- People want local flexibility in how care is delivered but also want a say in defining national standards and outcomes and in how local services work.
- No-one should be asked to be ‘the voice of lived experience’ by themselves in local and national decision making – they need support to represent people.
- Informal feedback is as important as formal feedback, complaints and performance data in making better decisions about local and national services and standards.

**More transparency and clarity is needed across all aspects of care**

- Be clearer about what people can expect, their rights, and how to do things.
- Communicate in more concrete and relatable ways with examples and in lots of accessible formats and different channels.
- Give people, and their family and friends, time and help to understand information, their rights, their options etc.
- People need conversations not just information handed to them.
- People want feedback and performance data to be gathered and reported more consistently, accessibly and transparently.
- People want to know that complaints are helping to improve services.

## **SG/COSLA/NHS discussions – draft paper – Approach to co-designing the National Board**

### **Background**

As part of the initial consensus agreement, it was agreed that Scottish Ministers, Local Authorities and NHS Boards will each have their own responsibilities to fulfil within a new national framework for the NCS. Subsequent discussions confirmed this model would be brought together under a National Care Service Board.

The National Care Service Board will drive forward improvements across the system by supporting collaborative leadership and greater collaboration between partners. It will also seek to improve quality and consistency of services and ensure services are sustainable and person-centred by undertaking new functions at the national level. It will be the main route through which shared accountability will be operationalised and managed.

Local authorities will retain responsibility for delivering social care and social work services, staff, and assets, accountable to the people in their respective geographical areas through locally elected councils. NHS Boards will retain responsibility for the delivery of community health services, staff, and assets.

### **Stakeholder communications**

In her letter to the Health, Social Care and Sport Committee in September, the Minister for Social Care, Mental Wellbeing and Sport stated that a National Board would be established as the primary means of operationalising the shared accountability agreement. The Minister's update to the Committee of 6<sup>th</sup> December set out the expectation that the Board would:

- set national strategic direction
- develop standards, guidance and operating frameworks
- oversee and seek delivery assurance on local strategic plans and ethical commissioning strategies
- monitor system performance
- maintain a support and improvement framework which will aim to provide support to local areas when monitoring indicates that standards are not being met with powers of intervention, when required, as a last resort
- ensure visibility of data, information, and analysis about social care support, social work and primary and community health services through reporting on delivery
- carry out national commissioning and procurement by agreement for complex and specialist social care services which will include prison social care
- seek assurance on public protection arrangements
- provide support to local delivery partners

In relation to Board membership, the Scottish Government has also been clear that:

- Members of the Board are expected to include Scottish Government, local government, NHS Boards and, importantly, people who access these services and workforce representatives and unpaid carers
- Essential that voice of third sector is embedded in governance structures at both national and local level
- Details of Board composition and appointments process will be developed through co-design

- Details of how the Board can support meaningful representation from those with lived experience will be developed through co-design

### **Co-design**

The Scottish Government has been clear throughout that the tripartite discussions should focus on what is needed for primary legislation, so that a high-level framework can be set out through the NCS Bill. We have committed to co-designing the detail that underpins that framework.

While the decision to establish a National Board has been taken, the details of how the Board will operate in practice will be co-designed. The majority of these operational details will not need to be set out in primary legislation. Instead, we must ensure the Bill provides sufficient flexibility and enabling powers to flesh out those details through regulations or guidance once the Bill has passed.

We have been clear that meaningful co-design engagement with all partners (including delivery partners, stakeholders, and people with lived experience) will be key to delivery of the NCS. Once Ministers have updated Parliament on the outcome of the tripartite discussions, and Parliament has agreed on the overarching structure and delivery framework of the future NCS, we will broaden co-design engagement to include all of these groups, as well as allowing the opportunity to create spaces for people with lived experience of both receiving and delivering services to undertake co-design together.

[redacted]

## **NATIONAL CARE SERVICE – SHARED PAPER – FOR DISCUSSION**

### **Introduction**

This paper focuses on the collation of the outputs of discussions on national accountabilities.

No substantial discussion has been undertaken in relation to local delivery models. It was agreed that reaching consensus should be broken into stages, future accountabilities (statutory) was the first required milestone. As a result, significant work on local delivery models will need to follow.

### **At the outset clear values were agreed and shared with all participants:**

- Both the Scottish Government and Local Government recognise that reform in the delivery of health and social care services is required, to ensure better outcomes for people and improve the experience of the workforce. This will require us to build on the better understanding of the whole system – including facilitating better data – and a recognition that social care and social work rarely sit in isolation for individuals from other parts of the public sector.
- To work to reach collective agreement about how to deliver improved public services in community health, social work and social care services across Scotland. Recognise that to reach a consensus, concessions and compromise from both sides will be required.

### **Context**

[redacted]

### **Person-centred approach**

Consideration must be given as to how any option will impact people and support the delivery of person-centred, trauma informed and outcome-focussed approaches to care. Care and support are an investment; they must work to remove barriers, tackle inequalities and allow people to flourish and live their lives as they want to.

We have heard repeatedly from people with lived experience that the system must change so that we can drive up quality. The Independent Review of Adult Social Care showed the clear need for change, having recommended reforming social care in Scotland and strengthening national accountability for social care support. There was support in the national consultation for Scottish Ministers having accountability for the delivery of social care through a National Care Service.

Combining joint national accountability with local expertise would ensure that the right balance can be struck to deliver consistency and quality of service provision across Scotland whilst reflecting the individual needs of local communities and local democratic decision making. The ambition is to make it easier for people to get care and support in their communities, so that people are supported in their homes, in their communities and among their family and friends. This would need to be done in

a way that respects local accountability and flexibility whilst also ensuring the consistency of approach that people have told us is needed.

## **Accountability**

The Scottish Government defines accountability as **how answerable organisations involved in the delivery of public services are for its actions to key stakeholders, including people** (i.e. public assurance). Accountability centres on how public services are held to account for their decisions, spending, and actions. It can mean an obligation to provide information about performance, to explain decision making, and to justify conduct. It implies the existence of open debate about these issues and public scrutiny and judgement.

There is also the issue of what happens when performance does not meet agreed national standards. Here, accountability can often mean a formal system of remedial action – the provision of **recommendations or requirements** to promote continuous improvement in standards, in performance, etc.

The Scottish Government's corporate view of accountability is important as it is this that Scottish Ministers are seeking to strengthen in relation to social services (where that covers both social care and social work). Both SOLACE and COSLA have stated in response to the NCS consultation and during the Parliamentary Scrutiny process of the NCS Bill that there is a role for national oversight. Local Government have been clear from the outset that they wish to protect their current statutory functions for delivery and in doing so protect their staff, assets and role in the commissioning and delegation of services. In doing so preserving the current local democratic accountability for service delivery.

The purpose of discussions has been to consider the opportunity for consensus. This has focused on consideration of whether new national strategic accountabilities can operate alongside the current accountabilities offered to Local Government via section 12 and 12A of the Social Work (Scotland) Act 1968.

### **Summary of outputs/options:**

[redacted]

### **Joint Legal Accountability**

[redacted]

### **Joint Legal Accountability Flow Chart**

[redacted]

### **National Delivery: National Care Service Board**

A new National Care Service Board will bring together joint, whole system accountability.

The creation of a NCS Board provides an opportunity to embed collaboration between partners, stakeholders and people at national level, as well as strengthening collaboration at a local level between different parts of the health and social care system and other related services.

Membership of the NCS Board is still to be determined, but will need to include Scottish Government, Local Government and NHS to protect integration. There would also be a preference for an Independent Chair to be appointed by agreement.

Membership should also include people with lived experience of accessing and delivering social care support as full members of the board. It will be important to enable this group to provide feedback and challenges as board members.

The Board could be accountable for standards, guidance and performance metrics, with an agreed escalation framework for when standards are not met.

[redacted]

## **Local Delivery**

[redacted]

## **Funding**

[redacted]

## **Scope**

Decisions on whether the scope of the NCS will, in particular, include justice social work, and children and young people's social work and social care have yet to be made. A final decision on whether to pursue such a transfer in relation to those areas, and how that might be phased, will be subject to further detailed consideration and evidence gathering with key partners. There are currently two analysis process underway to provide recommendations on what will offer the optimal service delivery pathways for people.

- Professor Brigid Daniel, Professor Emerita at Queen Margaret University, will chair a group guiding independent research to determine where services fit in the forthcoming National Care Service due to conclude by the end of 2023.
- A Scottish Government led process to consider options for the delivery of justice social work services due to conclude by the end of 2023, including National Care Service Justice Social Work research by IPSOS Scotland and Professor Beth Weaver

## **National Social Work Agency**

[redacted]

## **Escalation**

[redacted]

## **Risks**

[redacted]

## **Appendix 1: System Improvement**

[redacted]

## 4. Workstream – Notes of Meetings

**National Care Service – COSLA/NHS/SG discussions – Governance and Functions Alignment Working Group**

**MS Teams – 3<sup>rd</sup> October 2023, 1-2pm**

### **Purpose**

[redacted]

### **Agreement**

[redacted]

[redacted] The links between criminal justice and drugs and alcohol services were highlighted, as well as interconnections between adult and children’s services, where there will also be the need to reflect on forthcoming research on children’s services. The ambition to not unpick existing arrangements that are working well was recognised and accepted. [redacted]

The need to protect professional identity, integrity and oversight as part of the NCS was emphasised by the group.

The group agreed that the focus needed to be on the people that NCS is delivering for. [redacted]

### **To be agreed**

[redacted]

### **Action**

Main decision making group to confirm if there is a role for the workstream moving forward.

**National Care Service – COSLA/NHS/SG discussions – Collaborative Leadership Working Group**

**MS Teams – 3<sup>rd</sup> October 2023, 2-3pm**

**Purpose**

[redacted]

**Agreement**

The group recognised the complexity in the Chief Officer role of reporting and accountability in very different contexts to three organisations and the administrative burden this can entail, and also that there is a need to simplify the role and related governance responsibilities.

[redacted]

Opportunities for leadership development were highlighted but not discussed further by the group.

[redacted]

**Action**

The group agreed to meet again if required and consider any future tasking from the leadership group.

NCS Ethical Commissioning and Procurement Working Group  
Meeting – 05/10/2023

**Attendees:**

<u>Chair:</u> Graeme Cook	Deputy Director Scottish Government (SG) Procurement Services
Ben Farrugia	Director of Social Work Scotland
Caroline Cameron	Chief Officer, North Ayrshire Council
[redacted]	Team Leader, Ethical Commissioning Policy, SG
[redacted]	Senior Policy Officer, Ethical Commissioning Policy, SG
[redacted]	NCS Local, Team Leader, SG
[redacted]	Senior Policy Officer, Local Policy and Legislation, SG note taker
[redacted]	Head of Commissioning, Glasgow City HSCP and Chair of SWS sub-group Contract and Commissioning (social care)
[redacted]	Director of Social Care at NES
[redacted]	Director of Finance, NHS Highland
[redacted]	NCS Procurement Policy Lead, SG
[redacted]	Strategic Programme Manager, Scotland Excel
[redacted]	Policy Manager at COSLA
[redacted]	Head of NCS Local Policy and Co-design, SG
[redacted]	Unit Head, National Commissioning and Collaboration Unit, SG
[redacted]	Policy Officer for COSLA
Pamela Cremin	Chief Officer, Highland HSCP
[redacted]	Commissioning Lead, Aberdeen City HSCP
[redacted]	Unit Head of NCS Local Policy and Legislation, SG

**Agenda**

[redacted]

## **National Care Service – COSLA/NHS/SG discussions – Membership and Representation Working Group**

**MS Teams – 5 October 2023, 2-3:30pm**

### **Purpose**

To discuss the following areas:

- Embedding the views of lived experience representatives at board level.
- Key considerations in taking forward the IRASC recommendations for all board members to have voting rights.
- The role of localities and committees in embedding lived experience in decision making at every level.

[redacted]

### **Action**

The group expressed it would be happy to continue to be involved in this work going forward.

[redacted]

## 5. Tripartite Meeting Minutes

### National Care Service discussion between SG, COSLA and NHS officials – 30 August Minute

**MS Teams – Wednesday 30 August 2023 @ 15:30 to 17:00**

#### **Purpose**

To discuss geography in the context of setting up workstreams to consider local structural reform.

#### **Discussion**

[redacted]

Further engagement with NHS Chief Executives and Board Chairs is required.

#### **Agreement**

[redacted]

#### **Action**

EF and AK to continue discussion offline to consider an approach and agenda for next week's meeting.

[redacted]

MC and SN to share previously tabled/agreed discussion papers with PD and KR.

SG to share evidence emerging from co-design sessions to ensure leaders are informed before Minister's announcement.

MC to build in NHS timelines into list of key political and governance dates.

MK to share previous work by COSLA on existing economies of scale.

[redacted]

## **National Care Service discussion between SG, COSLA and NHS officials – 23 August Minute**

**MS Teams – Wednesday 23 August 2023 @ 15:30 to 17:00**

### **Purpose**

To discuss the National Social Work Agency (NSWA), the current social work landscape in Scotland and how this may be impacted by the shared accountability arrangements.

### **Agreements**

Continued recognition of the importance of public protection, and the need for this to be discussed in more detail at session dedicated to it.

Desire to take a more integrated and multi-agency approach to public protection.

Social work profession and workforce face key challenges that need to be addressed.

To be effective the NSWA will require a partnership between all agencies directly involved in providing social work.

Welcome to the opportunity of a NSWA to bring together training and development, standards of practice, community practice and workforce planning.

[redacted]

### **Action**

SP to reach out to colleagues to discuss public protection and provide an update on the plan.

[redacted]

**National Care Service discussion between SG, COSLA and NHS officials – 6 September Minute**

**MS Teams – Wednesday 6 September 2023 @ 15:30 to 17:00**

**Purpose**

[redacted]

**Discussion**

[redacted]

**Agreement**

[redacted]

Next meeting to continue conversations on National Board.

**Action**

SG to revise and recirculate National Board paper for discussion at next meeting.

[redacted]

All to consider further opportunities for NHS engagement in the process.

KR and PD to consider who else from the NHS can contribute to next meeting on the National Board.

EF to circulate previous discussion papers and minutes from meetings on 19 July, 26 July and 2 August to PD and KR.

DB to continue finalising Terms of Reference paper for local structures working groups for discussion at a future meeting.

CS to share co-design reports with local government and NHS colleagues for information.

[redacted]

AK and IR to consider any other background papers which could be shared.

All to send comments on Advisory Group paper.

## **National Care Service discussion between SG, COSLA and NHS officials – 16 August Minute**

**MS Teams – Wednesday 16 August 2023 @ 15:30 to 17:00**

### **Purpose**

[redacted]

### **Agreements**

To welcome the NHS as equal partners in this process now that a political agreement has been reached between the Scottish Government and Local Government.

[redacted]

Agreement on the importance and value of having other key stakeholders involved in discussions.

[redacted]

### **Action**

[redacted]

Scottish Government, Local Government and NHS officials to review and offer suggestions on representatives to sit on each working group.

NHS officials to consider how Health Board Chairs are engaged in the process, ahead of the meeting with BCG and BCE members scheduled for 23 August 2023.

## **National Care Service discussion between SG, COSLA and NHS officials – 20 September Minute**

**MS Teams – Wednesday 20 September 2023 @ 15:30 to 17:00**

### **Purpose**

[redacted]

### **Discussion**

[redacted]

Local Government membership in Working Groups to be fed through MC for consistency.

[redacted]

### **Agreement**

[redacted]

All content with the update described in the Ministers letter sent to Scottish Parliament on 20 Sep. Content with the Minister's verbal update to committee on October aligning with the letters' contents.

[redacted]

Need to be clear and develop a shared understanding on the terminology around the proposals – [redacted]

Content with the Advisory Group proposal.

Broad agreement on the Local Structures Working Groups Terms of Reference.

[redacted]

Shared agreement to not undo any successful progress that has been made around integration. This is about building on 2014 Act to create greater consistency of effective integration.

### **Action**

[redacted]

RM and EFo to work together on a forward plan to outline agendas for the weekly meetings through the end of October.

[redacted]

IR to add line to Advisory Group paper to be clear on the scope to make sure key stakeholders are involved.

Scottish Government colleagues to review membership of groups to ensure there is sufficient expertise involved.

SN to review ToR, to ensure the scope and remit of the working groups are clear, so that no one can misinterpret any outputs or discussion papers as final decision.

**DRAFT National Care Service discussion between SG, COSLA and NHS officials – 27 September Minute**

**MS Teams – Wednesday 27 September 2023 @ 15:30 to 17:00**

**Purpose**

To discuss current proposals and positions in relation to local structures.

**Discussion**

Importance of clear language in reference to ‘shared accountability.’

[redacted]

**Agreement**

[reacted]

**Action**

GP to work with RM and EFo on developing future agenda and operational work in support of the group.

[redacted]

SN to re-share ToR for local groups & high-level local structures paper for final comment from the tripartite group, prior to be shared with local thematic groups.

[redacted]

## **National Care Service discussion between SG, COSLA and NHS officials – 4 October Minute**

**MS Teams – Wednesday 4 October 2023 @ 15:30 to 17:00**

### **Purpose**

[redacted]

### **Discussion**

[redacted]

Locality issue is key – with a desire to build on good examples developed since 2014. Important that NCS developments continue to align with work around public service reform and to ensure consistent language.

[redacted]

Need to provide Ministers, leaders and other partners with information, evidence and rationale for them to then make their decisions.

[redacted]

Beneficial to have any consensus agreements so far set out in a table to review.

[redacted]

### **Agreement**

[redacted]

Readouts from each workstream meeting to be shared with tripartite group as soon as they are developed.

### **Action**

CS and MC to work with NHS colleagues to arrange for them to take up chairing responsibilities in upcoming meetings.

RM to work with EFo and GP to develop the forward look, by 11 October.

CS and MC to ensure key actions in the minutes have timescales against them going forward.

[redacted]

SG colleagues to share a note of current agreements for feedback and discussion from tripartite group, by 11 October.

MC to book a room in Verity House for an extended meeting on Wednesday 11<sup>th</sup> of October.

## **National Care Service discussion between SG, COSLA and NHS officials – 11 October Minute**

**Verity House – Wednesday 11 October 2023 @ 14:00 to 17:00**

### **Purpose**

To consider progress and required next steps in developing the NCS framework legislation in the context of a new shared accountability model, as well as strengthening public protection arrangements.

### **Discussion**

[redacted]

Noted the importance of support for those managing integration arrangements, including a pool of people who can help Chief Officers / CFOs.

[redacted]

Discussion on the role of the Chief Officer and the complex and varying jobs performed as an instrumental figure drawing together integration.

[redacted]

### **Agreement**

[redacted]

### **Action**

RM to work with GP and JL on an updated forward look plan, to be brought to meeting on 18<sup>th</sup> October 2023.

[redacted]

**National Care Service discussion between SG, COSLA and NHS officials – 18 October Minute**

**MS Teams – Wednesday 18 October 2023 @ 15:30 to 16:30**

**Purpose**

[redacted]

**Discussion**

[redacted]

**Agreements**

Move away from a deficit approach, with a preference to focus on 'improvement' and 'support'.

[redacted]

**Actions**

[redacted]

Updated forward plan to be circulated for comment and feedback by 25 Oct.

SN to circulate local working group outputs as and when they are ready.

**National Care Service discussion between SG, COSLA and NHS officials – 25 October Minute**

**MS Teams – Wednesday 25 October 2023 @ 15:30 to 17:00**

**Purpose**

[redacted]

**Discussion**

[redacted]

Recognise the opportunity to think more strategically about commissioning and procurement.

[redacted]

Current challenging financial context, need to consider affordability of any additional infrastructure.

**Agreements**

No intention to dismiss or backtrack on any of the 2014 Act. The Plan is to build on it.

[redacted]

**Actions**

All to review papers circulated this week and feedback with any comments or suggested amends via correspondence to CS.

Efo to look at possibility of an extended in-person meeting at Verity House on 1 November.

## **National Care Service discussion between SG, COSLA and NHS officials – 01 November Minute**

**Hybrid Meeting Verity House and MS Teams – Wednesday 01 November 2023 @ 15:30 to 17:00**

### **Purpose**

[redacted]

### **Discussion**

[redacted]

Local Government require more time to consult with colleagues and feedback on the positions outlined in the papers.

[redacted]

Need to build trust and transparency across the system, including prioritisation of social care, social work and community health funding.

The tripartite arrangement is an opportunity to establish a forum to discuss collective ambitions and priorities for social care, including system investment, workforce planning and funding of social care separate from other issues, with shared accountability for how funding aligns to plans and collective priorities

[redacted]

Chief Officers have reported that the current funding arrangements are overly bureaucratic and complicated by the requirement to report to three different places, and that the ambition of the 2014 Act that the funding should 'lose its identity' has not been achieved.

[redacted]

Need to understand the relationship between local delegation and the scope & remit of the NCS National Board.

### **Agreements**

[redacted]

There was consensus on the need to be clear on where all support functions sit within the system e.g. alcohol and drug partnerships

### **Actions**

[redacted]

AP7 Chair requested that everyone respond by correspondence to all papers no later than 06 November.

## **National Care Service discussion between SG, COSLA and NHS officials – 08 November Minute**

**MS Teams – Wednesday 08 November 2023 @ 15:30 to 17:00**

### **Purpose**

A mop up session on anything that attendees feel has not yet been considered as part of the Tripartite discussions.

An opportunity to run through the comments made by NHS and local government colleagues on policy intent papers issued by the SG.

### **Discussion**

#### Overview of comments:

NHS gave an overview of the comments they had made on Paper 23 National Board Functions.

NHS stated that Chief Executives of NHS Boards will be consulted on the various papers circulated by the SG during the course of the Tripartite discussions next week.

Local government provided a run through of the comments they had made on these same papers in a document shared ahead of the meeting. They stated that these comments fell into two categories:

1. Points of clarifications
2. Points of disagreement

#### Areas for further consideration:

The Scottish Government asked NHS and COSLA colleagues to share any policy areas that need further discussion as part of the Tripartite discussions.

[redacted]

#### Intelligent and improvement of outcomes:

[redacted]

#### Next steps:

[redacted]

### **Agreements**

[redacted]

### **Actions**

[redacted].

*AP3 – NHS colleagues asked for a refreshed set of clean discussion papers to be shared with the Tripartite group.*

*AP4 – Group to establish whether a meeting of the Tripartite discussion group will be held next week.*

*AP5 – Written comments provided by Local Government and NHS to be further picked up offline, with prioritisation around those related to primary legislation.*

## **National Care Service Discussion between SG and COSLA Officials – 2 August Minute**

**MS Teams – Wednesday 2 August 2023 @ 15:30 to 16:30**

### **Purpose**

[redacted]

### **Agreements**

[redacted]

#### **Unwarranted local variation**

[redacted]

#### **Collaborative leadership**

[redacted]

#### **Integrated budgets**

[redacted]

#### **Commissioning and Procurement**

[redacted]

#### **Provider of the last resort**

[redacted]

#### **Geography and community empowerment**

[redacted]

### **Actions**

SG colleagues to send ND a list of who from the Scottish Government side is anticipated to be included on the different working groups.

- ND to consider list and respond with a similar list of members from Local Government