

Documents being released as part of the FOI request

001 - FW ET check-in - FOI 202400435760

Subject: FW: ET check-in

From: Caroline Lamb <Caroline.Lamb@gov.scot>
Sent: 13 November 2023 07:00:29 (UTC+00:00) Dublin, Edinburgh, Lisbon, London
To: John-Paul Marks <John-Paul.Marks@gov.scot>; Louise Macdonald <Louise.Macdonald@gov.scot>
Cc: DG Health & Social Care <DGHSC@gov.scot>
Subject: RE: ET check-in

Good morning, I'm doing the Annual Review of GG&C with Cab Sec today so won't be at ET check in.

Louise, you and I spoke in the corridor end of last week and I have had a text exchange with [redacted S.38(1)(b)]. Agree it would be good if the three of us could catch up, and would be helpful to get a read out of the meeting last Thursday.

[Redacted S.30(b)(ii)]

Caroline

Caroline Lamb (she/her)

Chief Executive of NHS Scotland and Director General for Health & Social Care
St Andrew's House, Regent Road, Edinburgh EH1 3DG

[redacted S.38(1)(b)]

Responsibility for filing key documents and communications on the record, including those sent to DG Health and Social Care and Caroline Lamb, rests with relevant policy and operational areas within Directorates. The DG Support Team does not keep official records of such e-mails or attachments.

[redacted S.29(1)(a)]



002 - FW ETIM - December Board - NCS - Draft Minutes - FOI 202400435760

From: John-Paul Marks <John-Paul.Marks@gov.scot>
Sent: Thursday, December 21, 2023 1:01 PM
To: Permanent Secretary <PermanentSecretary@gov.scot>
Subject: FW: ETIM - December Board - NCS - Draft Minutes

From: Louise Macdonald <Louise.Macdonald@gov.scot>
Sent: 21 December 2023 13:01:05 (UTC+00:00) Dublin, Edinburgh, Lisbon, London
To: Caroline Lamb <Caroline.Lamb@gov.scot>; ET SGO <ETSGO@gov.scot>; FW: ETIM - December Board - NCS - Draft Minutes>
Subject: RE: ETIM - December Board - NCS - Draft Minutes

Likewise – noted and content. L

Louise Macdonald OBE | FRSE

Director General Communities

Stiùiriche Coitcheann Chiomhearsnachdan

@Louisemac | Pronouns: She/Her

[redacted S.38(1)(b)]

+ 1E.15 St Andrew's House | Regent Road | Edinburgh EH1 3DG

[Please note: I'm sending this email at a time convenient for me. Even if I've emailed you at an odd time, I don't expect you to respond outside of your working hours; when you are caring for others; on a non-work day or during wellbeing downtime.]

**In the service
of Scotland**



From: Caroline Lamb <Caroline.Lamb@gov.scot>
Sent: Thursday, December 21, 2023 12:57 PM
To: ET SGO <ETSGO@gov.scot>; [redacted S.38(1)(b)] >
Subject: RE: ETIM - December Board - NCS - Draft Minutes

No comments from me.

Caroline

Caroline Lamb (she/her)

Chief Executive of NHS Scotland and Director General for Health & Social Care

St Andrew's House, Regent Road, Edinburgh EH1 3DG

[redacted S.38(1)(b)]

Responsibility for filing key documents and communications on the record, including those sent to DG Health and Social Care and Caroline Lamb, rests with relevant policy and operational areas within Directorates. The DG Support Team does not keep official records of such e-mails or attachments.

From: [redacted S.38(1)(b)] > **On Behalf Of** ET SGO

Sent: Wednesday, December 13, 2023 9:54 AM

To: [redacted S.38(1)(b)] >; DG Health & Social Care <DGHSC@gov.scot>; [redacted S.38(1)(b)] >

Cc: ET SGO <ETSGO@gov.scot>

Subject: ETIM - December Board - NCS - Draft Minutes

Good morning,

Please find attached the draft Minutes of the ETIM meeting on National Care Service (NCS). The NCS team have already reviewed the minutes.

We would be grateful if you could forward us any comments **by COP on Wednesday 20 December**.

Many thanks,

ETSGO

003 - Public Audit Committee - Briefing Commission - NCS Timetable - FOI 202400435760

From: [redacted S.38(1)(b)].scot> **On Behalf Of** DG Health & Social Care
Sent: Tuesday, January 16, 2024 2:51 PM
To: Permanent Secretary <PermanentSecretary@gov.scot>
Cc: DG Health & Social Care <DGHSC@gov.scot>
Subject: Public Audit Committee - Briefing Commission - NCS Timetable

Hi [redacted S.38(1)(b)],

Please see attached as requested.

Best wishes,

[redacted S.38(1)(b)]

From: [redacted S.38(1)(b)] > **On Behalf Of** DG Health & Social Care
Sent: Monday, January 15, 2024 1:02 PM
To: Permanent Secretary <PermanentSecretary@gov.scot>; DG Health & Social Care <DGHSC@gov.scot>
Subject: RE: Public Audit Committee - Briefing Commission - NCS Timetable

Hi [redacted S.38(1)(b)]

We will pick up with the team.

Thanks

[redacted S.38(1)(b)]

[redacted S.38(1)(b)]

DG Health and Social Care Office

1E:16 St Andrews House

Scottish Government

From: [redacted S.38(1)(b)] > **On Behalf Of** Permanent Secretary
Sent: Monday, January 15, 2024 12:33 PM
To: DG Health & Social Care <DGHSC@gov.scot>
Cc: Permanent Secretary <PermanentSecretary@gov.scot>

Subject: Public Audit Committee - Briefing Commission - NCS Timetable

Importance: High

Hi all

Hope you're well. JP has asked if it would be possible to include a 1 pager covering 'NCS headlines, and timetable'. Would it be possible to send something over by mid-day tomorrow if at all possible?

Many thanks

[redacted S.38(1)(b)]

From: [redacted S.38(1)(b)] > **On Behalf Of** DG Health & Social Care

Sent: Tuesday, January 16, 2024 2:51 PM

To: Permanent Secretary <PermanentSecretary@gov.scot>

Cc: DG Health & Social Care <DGHSC@gov.scot>

Subject: Public Audit Committee - Briefing Commission - NCS Timetable

Hi [redacted S.38(1)(b)],

Please see attached as requested.

Best wishes,

[redacted S.38(1)(b)]

From: [redacted S.38(1)(b)] > **On Behalf Of** DG Health & Social Care

Sent: Monday, January 15, 2024 1:02 PM

To: Permanent Secretary <PermanentSecretary@gov.scot>; DG Health & Social Care <DGHSC@gov.scot>

Subject: RE: Public Audit Committee - Briefing Commission - NCS Timetable

Hi [redacted S.38(1)(b)]

We will pick up with the team.

Thanks

[redacted S.38(1)(b)]

[redacted S.38(1)(b)]

DG Health and Social Care Office
1E:16 St Andrews House
Scottish Government

From: [redacted S.38(1)(b)] > **On Behalf Of** Permanent Secretary
Sent: Monday, January 15, 2024 12:33 PM
To: DG Health & Social Care <DGHSC@gov.scot>
Cc: Permanent Secretary <PermanentSecretary@gov.scot>
Subject: Public Audit Committee - Briefing Commission - NCS Timetable
Importance: High

Hi all

Hope you're well. JP has asked if it would be possible to include a 1 pager covering 'NCS headlines, and timetable'. Would it be possible to send something over by mid-day tomorrow if at all possible?

Many thanks

[redacted S.38(1)(b)]

(he/him)

Private Secretary to The Permanent Secretary

The Scottish Government

PermanentSecretary@gov.scot

Scottish Ministers, Special Advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016.
See www.lobbying.scot

004 - NCS - Children and Justice Services - FOI 202400435760

From: John-Paul Marks <John-Paul.Marks@gov.scot>
Sent: Tuesday, February 6, 2024 8:11 AM
To: Caroline Lamb <Caroline.Lamb@gov.scot>
Cc: DG Health & Social Care <DGHSC@gov.scot>; Permanent Secretary <PermanentSecretary@gov.scot>
Subject: RE: NCS - Children and Justice Services

Lovely thanks

From: John-Paul Marks <John-Paul.Marks@gov.scot>
Sent: Tuesday, February 6, 2024 8:11 AM
To: Caroline Lamb <Caroline.Lamb@gov.scot>
Cc: DG Health & Social Care <DGHSC@gov.scot>; Permanent Secretary <PermanentSecretary@gov.scot>
Subject: RE: NCS - Children and Justice Services

Lovely thanks

From: [redacted S.38(1)(b)] > **On Behalf Of** Caroline Lamb
Sent: Tuesday, February 6, 2024 7:55 AM
To: John-Paul Marks <John-Paul.Marks@gov.scot>; Caroline Lamb <Caroline.Lamb@gov.scot>
Cc: DG Health & Social Care <DGHSC@gov.scot>; Permanent Secretary <PermanentSecretary@gov.scot>
Subject: RE: NCS - Children and Justice Services

Morning

Caroline is in SAH on Thursday and available at 08:30

[redacted S.38(1)(b)]
Chief of Staff
DG Health and Social Care Office
Scottish Government
1E.16 St Andrews House
Tel: [redacted S.38(1)(b)]

Responsibility for filing key documents and communications on the record, including those sent to DG Health and Social Care and Caroline Lamb, rests with relevant policy and operational areas within Directorates. The DG Support Team does not keep official records of such e-mails or attachments.

From: John-Paul Marks <John-Paul.Marks@gov.scot>
Sent: 05 February 2024 19:33
To: Caroline Lamb <Caroline.Lamb@gov.scot>
Subject: FW: NCS - Children and Justice Services

Hi, see below, let's chat, you around Thursday morn 830am to meet [Redacted] in my office?

From: John-Paul Marks <John-Paul.Marks@gov.scot>
Sent: Monday, February 5, 2024 5:47 PM
To: [Redacted S.38(1)(b)]>
Subject: RE: NCS - Children and Justice Services

Thanks [redacted S.38(1)(b)] – good to see you last week – and look fwd to seeing you Thursday. I flagged this to Caroline briefly this morning, can I ask you send draft words to Caroline and arrange a call with her to talk it through? And I will ask her to engage on this idea....she is much closer to the detail here for you than [redacted S.30(1)(b)(ii)] I can call Caroline this eve to flag if that's ok and if you wish I can ask her to join us on Thursday morning with [redacted]....thanks

From: [Redacted S.38(1)(b)]>
Sent: Monday, February 5, 2024 5:32 PM
To: John-Paul Marks <John-Paul.Marks@gov.scot>
Subject: NCS - Children and Justice Services

Hi JP

We have had a go at a form of words which will hopefully feel less divisive and more supportive of our joint responsibility to #keepthepromise.

Welcome any informal feedback on this before we use it formally anywhere.

Thanks
[redacted S.38(1)(b)]

COSLA
Verity House
19 Haymarket Yards
Edinburgh
EH12 5BH

[redacted S.38(1)(b)]

Please note: I'm sending this email at a time convenient for me. Even if I've emailed you at an odd time, I don't expect you to respond outside of your working hours; when you are caring for others; on a non-work day or during wellbeing downtime.



[COSLA Plan](#) 2022-27 - Our vision and priorities for Local Government and Communities across Scotland.

Our Business Address is : COSLA, Verity House, 19 Haymarket Yards, Edinburgh, EH12 5BH. t:
+441314749200 w: <http://www.cosla.gov.uk>

005 – Re OFFICIAL-SENSITIVE Cabinet Sub-Committee on National Care Service - Papers 04, 05 and 06 by correspondence - 1 May 2024 - FOI 202400435760

From: John-Paul Marks <John-Paul.Marks@gov.scot>
Sent: Wednesday, May 1, 2024 5:58 PM
To: Helen Webster <Helen.Webster@gov.scot>; Caroline Lamb <Caroline.Lamb@gov.scot>; DG Health & Social Care <DGHSC@gov.scot>
Cc: Anna Kynaston <Anna.Kynaston@gov.scot>
Subject: Re: OFFICIAL-SENSITIVE: Cabinet Sub-Committee on National Care Service - Papers 04, 05 and 06 by correspondence - 1 May 2024

Thanks both, that's v helpful and clear and agreed. Safe in your hands. Best, JP

From: Helen Webster <Helen.Webster@gov.scot>
Sent: Wednesday, May 1, 2024 3:51:26 PM
To: Caroline Lamb <Caroline.Lamb@gov.scot>; John-Paul Marks <John-Paul.Marks@gov.scot>; DG Health & Social Care <DGHSC@gov.scot>
Cc: Anna Kynaston <Anna.Kynaston@gov.scot>
Subject: RE: OFFICIAL-SENSITIVE: Cabinet Sub-Committee on National Care Service - Papers 04, 05 and 06 by correspondence - 1 May 2024

JP, Caroline

[redacted S.30(b)(ii)]

Happy to discuss,

Helen

Helen Webster (she/her) | Deputy Director for Cabinet, Parliament and Governance | Directorate for Communications and Ministerial Support | Scottish Government

E: Helen.Webster@gov.scot | [redacted S.38(1)(b)]

Working from home and from SG offices and the Scottish parliament. Available on MS Teams, email or mobile. Please note I'm working flexibly and do not usually work on Friday afternoons. If you receive this outwith normal working hours please do not feel you need to pick this up outside of your own working pattern.

From: Caroline Lamb <Caroline.Lamb@gov.scot>
Sent: Wednesday, May 1, 2024 3:40 PM
To: John-Paul Marks <John-Paul.Marks@gov.scot>; Helen Webster <Helen.Webster@gov.scot>; DG Health & Social Care <DGHSC@gov.scot>
Cc: Anna Kynaston <Anna.Kynaston@gov.scot>
Subject: RE: OFFICIAL-SENSITIVE: Cabinet Sub-Committee on National Care Service - Papers 04, 05 and 06 by correspondence - 1 May 2024

Thanks JP.

[redacted S.30(b)(ii)]

Thanks,

Caroline

Caroline Lamb (she/her)

Chief Executive of NHS Scotland and Director General for Health & Social Care
St Andrew's House, Regent Road, Edinburgh EH1 3DG

[redacted S.38(1)(b)]

Responsibility for filing key documents and communications on the record, including those sent to DG Health and Social Care and Caroline Lamb, rests with relevant policy and operational areas within Directorates. The DG Support Team does not keep official records of such e-mails or attachments.

From: John-Paul Marks <John-Paul.Marks@gov.scot>

Sent: Wednesday, May 1, 2024 3:15 PM

To: Helen Webster <Helen.Webster@gov.scot>; Caroline Lamb <Caroline.Lamb@gov.scot>; DG Health & Social Care <DGHSC@gov.scot>

Cc: Anna Kynaston <Anna.Kynaston@gov.scot>

Subject: FW: OFFICIAL-SENSITIVE: Cabinet Sub-Committee on National Care Service - Papers 04, 05 and 06 by correspondence - 1 May 2024

Importance: High

[redacted S.30(b)(ii)]

From: [redacted S.38(1)(b)] > **On Behalf Of** Cabinet Secretariat Inbox

Sent: Wednesday, May 1, 2024 1:14 PM

To: Cabinet Sub-Committee on National Care Service
<CabinetSubCommitteeonNationalCareService@gov.scot>

Cc: Cabinet Secretariat Inbox <CabinetSecretariat@gov.scot>; [redacted S.38(1)(b)]

Subject: OFFICIAL-SENSITIVE: Cabinet Sub-Committee on National Care Service - Papers 04, 05 and 06 by correspondence - 1 May 2024

Importance: High

COVERING – OFFICIAL-SENSITIVE

Distribution: All Cabinet and Cabinet Sub-Committee papers are classified and marked as Official-Sensitive documents. They should be distributed strictly in accordance with the 'need to know' principle and a record kept of those who have seen them. Final papers should not be placed on local files or stored in Objective (other than by Cabinet Secretariat) and should be disposed of as confidential waste when no longer required for current reference

Directorate business managers should pass relevant extracts from Cabinet and Cabinet Sub-Committee minutes to any other officials with a 'need to know' - particularly those who will be responsible for pursuing Action Points highlighted in the minutes.

Fol Requests: Where Fol requests seek release of drafts of Cabinet and Cabinet Sub-Committee papers which divisions hold on file or in Objective, Cabinet Secretariat must be consulted where release is being considered.

Colleagues,

Please see below CSC-NCS (**correspondence**) papers (3) for consideration by members of the Cabinet Sub-Committee on the National Care Service.

Confirmation of members' noting the content, or any comments they may have, are requested by **close of business** on **Friday 10 May 2024**.

[redacted S.30(b)(ii)]

Thanks, [redacted S.38(1)(b)]

[redacted S.38(1)(b)]

Cabinet Secretariat

006 - Quick Note - FOI 202400435760

From: Caroline Lamb <Caroline.Lamb@gov.scot>

Sent: Thursday, May 30, 2024 5:34 PM

To: John-Paul Marks <John-Paul.Marks@gov.scot>; Permanent Secretary <PermanentSecretary@gov.scot>

Cc: DG Health & Social Care <DGHSC@gov.scot>

Subject: Quick note

Hi JP,

I'm on leave from this evening and for next week. Gillian is covering DG matters, and John will pick up all NHS related issues.

[redacted S.30(b)(ii)]

Have a good week,

Caroline

Caroline Lamb (she/her)

Chief Executive of NHS Scotland and Director General for Health & Social Care

St Andrew's House, Regent Road, Edinburgh EH1 3DG

[redacted S.38(1)(b)]

Responsibility for filing key documents and communications on the record, including those sent to DG Health and Social Care and Caroline Lamb, rests with relevant policy and operational areas within Directorates. The DG Support Team does not keep official records of such e-mails or attachments.

007 - Financial Memorandum NCS - FPAC letter

From: [redacted S.38(1)(b)] > **On Behalf Of** Permanent Secretary

Sent: Wednesday, June 5, 2024 5:08 PM

To: JohnPaul Liddle <JohnPaul.Liddle@gov.scot>; Richard McCallum <Richard.McCallum@gov.scot>; [redacted S.38(1)(b)] [redacted S.38(1)(b)]

Cc: DG Health & Social Care <DGHSC@gov.scot>; Permanent Secretary <PermanentSecretary@gov.scot>; Anna Kynaston <Anna.Kynaston@gov.scot>

Subject: Financial Memorandum NCS - FPAC letter

Dear All,

Thank you very much for your time on the call earlier. We would be very grateful if you might be able to share some language on the NCS Financial Memorandum that can be used in a letter to the FPAC please?

Thank you again for all your support in this process.

Kind regards,
[redacted S.38(1)(b)]

[redacted S.38(1)(b)] | Private Secretary | Permanent Secretary's Office | 1N-07, St Andrew's House, Regent Road, Edinburgh, EH1 3DG [redacted S.38(1)(b)]

Responsibility for filing key documents and communications on the record, including those sent to and received from the Permanent Secretary, rests with relevant policy and operational areas within Directorates. The Permanent Secretary Team does not keep official records of such e-mails or attachments.

Scottish Ministers, Special Advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

008 - Financial Memorandum NCS - FPAC letter – deadline Wednesday 12th

From: [redacted S.38(1)(b)] > **On Behalf Of** DG Health & Social Care
Sent: Thursday, June 6, 2024 10:09 AM
To: Permanent Secretary <PermanentSecretary@gov.scot>
Cc: DG Health & Social Care <DGHSC@gov.scot>; Anna Kynaston <Anna.Kynaston@gov.scot>; JohnPaul Liddle <JohnPaul.Liddle@gov.scot>; Richard McCallum <Richard.McCallum@gov.scot>; [redacted S.38(1)(b)] >; [redacted S.38(1)(b)] >
Subject: Financial Memorandum NCS - FPAC letter - deadline Wednesday 12th

Hi [redacted S.38(1)(b)],

JohnPaul has kindly agreed to share a note of yesterday's meeting by noon tomorrow.

The team will follow up with your ask by COP Wednesday 12th. In this ask will contain next steps on NCS financial memorandum including meeting the Clerk, hear feedback, underlying assumptions, refine scope and submit for stage 2 etc.

Best wishes,

[redacted S.38(1)(b)]

Private Secretary to Caroline Lamb | Chief Executive of NHS Scotland & Director General for Health and Social Care
Scottish Government | Email: DGHSC@gov.scot



From: [redacted S.38(1)(b)] > **On Behalf Of** Permanent Secretary
Sent: Wednesday, June 5, 2024 5:08 PM
To: JohnPaul Liddle <JohnPaul.Liddle@gov.scot>; Richard McCallum <Richard.McCallum@gov.scot>; [redacted S.38(1)(b)] >; [redacted S.38(1)(b)] >
Cc: DG Health & Social Care <DGHSC@gov.scot>; Permanent Secretary <PermanentSecretary@gov.scot>; Anna Kynaston <Anna.Kynaston@gov.scot>
Subject: Financial Memorandum NCS - FPAC letter

Dear All,

Thank you very much for your time on the call earlier. We would be very grateful if you might be able to share some language on the NCS Financial Memorandum that can be used in a letter to the FPAC please?

Thank you again for all your support in this process.

Kind regards,
[redacted S.38(1)(b)]

[redacted S.38(1)(b)] | Private Secretary | Permanent Secretary's Office | 1N-07, St Andrew's House, Regent Road, Edinburgh, EH1 3DG [redacted S.38(1)(b)]

Responsibility for filing key documents and communications on the record, including those sent to and received from the Permanent Secretary, rests with relevant policy and operational areas within Directorates. The Permanent Secretary Team does not keep official records of such e-mails or attachments.

Scottish Ministers, Special Advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

009 – NCS

From: Caroline Lamb <Caroline.Lamb@gov.scot>

Sent: Monday, September 2, 2024 2:08 PM

To: John-Paul Marks <John-Paul.Marks@gov.scot>; Permanent Secretary <PermanentSecretary@gov.scot>

Cc: DG Health & Social Care <DGHSC@gov.scot>

Subject: NCS

JP,

Further to discussion at ET check in this morning, [redacted S.29(1)(a)].

As touched on this morning, [redacted S.29(1)(a)]

Happy to discuss,

Caroline

Caroline Lamb (she/her)

Chief Executive of NHS Scotland and Director General for Health & Social Care

St Andrew's House, Regent Road, Edinburgh EH1 3DG

[redacted S.38(1)(b)]

Responsibility for filing key documents and communications on the record, including those sent to DG Health and Social Care and Caroline Lamb, rests with relevant policy and operational areas within Directorates. The DG Support Team does not keep official records of such e-mails or attachments.

010 – FW SCANCE note - National Care Service and COSLA withdrawing support for Bill

From: Caroline Lamb <Caroline.Lamb@gov.scot>

Sent: Monday, September 30, 2024 5:41 PM

To: Permanent Secretary <PermanentSecretary@gov.scot>; John-Paul Marks <John-Paul.Marks@gov.scot>

Subject: FW: SCANCE note - National Care Service and COSLA withdrawing support for Bill

Hi JP,

Might be helpful for you to see these two reactions to the NCS which Mr Gray has asked for today:

- i) NHS Board Chair and CEs combined response to Stage 2.
- ii) GMB letter withdrawing their support for the Bill.

Caroline

Caroline Lamb (she/her)

Chief Executive of NHS Scotland and Director General for Health & Social Care
St Andrew's House, Regent Road, Edinburgh EH1 3DG

[redacted S.38(1)(b)]

Responsibility for filing key documents and communications on the record, including those sent to DG Health and Social Care and Caroline Lamb, rests with relevant policy and operational areas within Directorates. The DG Support Team does not keep official records of such e-mails or attachments.

From: [redacted S.38(1)(b)] > **On Behalf Of** DG Health & Social Care

Sent: Monday, September 30, 2024 3:18 PM

To: Caroline Lamb <Caroline.Lamb@gov.scot>

Subject: SCANCE note - National Care Service and COSLA withdrawing support for Bill

For information

Best wishes,

[redacted S.38(1)(b)]

Private Secretary to Caroline Lamb | Chief Executive of NHS Scotland & Director General for Health and Social Care

Scottish Government | Email: DGHSC@gov.scot



Scottish Government
Riaghaltas na h-Alba
gov.scot

From: [redacted S.38(1)(b)] >

Sent: Monday, September 30, 2024 3:12 PM

To: Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>

Cc: Minister for Social Care, Mental Wellbeing and Sport 2024 <MinisterforSCMWS@gov.scot>; DG Health & Social Care <DGHSC@gov.scot>; Donna Bell <Donna.Bell@gov.scot>; Angie Wood <Angie.Wood@gov.scot>; Ellen Leaver <Ellen.Leaver@gov.scot>; [redacted S.38(1)(b)]; Alice Hall <Alice.Hall@gov.scot>; Rachael McGruer <rachael.mcgruer@gov.scot>; Iain MacAllister

<Iain.MacAllister@gov.scot>; Ian Turner <Ian.Turner@gov.scot>; Derek Grieve <Derek.Grieve@gov.scot>; Tim McDonnell <Tim.Mcdonnell@gov.scot>; JohnPaul Liddle <JohnPaul.Liddle@gov.scot>; Director for Children and Families <DirectorforChildrenandFamilies@gov.scot>

Subject: RE: SCANCE note - National Care Service and COSLA withdrawing support for Bill

Hi [redacted S.38(1)(b)]

Thank you. Please find attached the NHS Board Chairs and Chief Executives response to the health social care and sport committee; the letter from GBS to the Cabinet Secretary and Minister; and a link to the COSLA press release [Councils Withdraw Support for National Care Service Proposals | COSLA](#). Text copied below for ease:

COSLA Press Release 27 September 2024

Council Leaders have today, on a split party lines vote (18-14), decided to withdraw support for the Scottish Government's revised National Care Service Bill.

The Bill is currently being considered by the Scottish Parliament. Though continuing to back key areas of reform, including enhanced support for unpaid carers, care home visitation rights and efforts to improve the experience of the social work and social care workforce, Council Leaders have expressed concern that the amended Bill currently does not reflect a model which Local Government can support.

The decision of Local Government Leaders today comes as several organisations have expressed doubt on the legislative approach adopted by Scottish Government, including those working across the care sector. Experts have also questioned the evidence for including, within the National Care Service, services which support children and young people.

Commenting, COSLA's Health & Social Care Spokesperson, Councillor Paul Kelly said:

Local Government cannot support the amended National Care Service Bill brought forward by Scottish Government.

"Local Government has been committed to working in partnership with the Scottish Government to develop proposals to deliver a National Care Service, but unfortunately the revised legislation does not effectively represent that partnership.

"Local Government is committed to continuing our engagement with key areas of reform which can deliver improved outcomes for people, unpaid carers and our workforce. We cannot, however, offer our support for the legislation brought forward at this stage"

"It is important that the views of people accessing, working in and planning front-line support services are listened to, both with regards to the NCS legislation and also the improvements needed to overcome the sustained financial and workforce pressures being experienced across Scotland."

Scottish Government Response 27 September 2024

Social Care Minister Maree Todd said: *Creating the National Care Service is about improving people's lives and ensuring consistency of care across Scotland.*

It is extremely disappointing that some COSLA leaders have chosen to frustrate progress on one of the key recommendations of the Independent Review of Adult Social Care.

We have been in detailed negotiations with local government for almost two years and have listened to and acted on their concerns. While there are some areas that are still contentious, walking away from this vital reform shows total disregard for the people we all serve.

We remain open to working constructively with local government through continued progress on the National Care Service Bill. We should all want to address the concerns of people who use community health and social care and the staff who provide it.

Kind regards

[redacted S.38(1)(b)]

Unit Head – National Commissioning and Collaboration
Social Care and NCS Development Directorate
St Andrew's House
Edinburgh

Please note that I am part-time and do not work on a Wednesday.



From: [redacted S.38(1)(b)] > **On Behalf Of** Cabinet Secretary for Health & Social Care 2024

Sent: Monday, September 30, 2024 3:01 PM

To: >; Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>

Cc: Minister for Social Care, Mental Wellbeing and Sport 2024 <MinisterforSCMWS@gov.scot>; DG Health & Social Care <DGHSC@gov.scot>; Donna Bell <Donna.Bell@gov.scot>; Angie Wood <Angie.Wood@gov.scot>; Ellen Leaver <Ellen.Leaver@gov.scot>; [redacted S.38(1)(b)]; Alice Hall <Alice.Hall@gov.scot>; Rachael McGruer <rachael.mcgruer@gov.scot>; Iain MacAllister <Iain.MacAllister@gov.scot>; Ian Turner <Ian.Turner@gov.scot>; Derek Grieve <Derek.Grieve@gov.scot>; Tim McDonnell <Tim.Mcdonnell@gov.scot>; JohnPaul Liddle <JohnPaul.Liddle@gov.scot>; Director for Children and Families <DirectorforChildrenandFamilies@gov.scot>

Subject: RE: SCANCE note - National Care Service and COSLA withdrawing support for Bill

Hi [redacted S.38(1)(b)]

Mr Gray was content with the SCANCE, thank you.

As discussed grateful if you can provide the MB letter, COSLA press release and the Chief Exec's letter please so that we can add to Cab Sec's briefing folder.

[redacted S.38(1)(b)]

Deputy Private Secretary to the Cabinet Secretary for Health and Social Care – Neil Gray MSP

Scottish Government | St Andrew's House, Regent Road, Edinburgh EH1 3DG | Mob: [redacted S.38(1)(b)] | Email: CabSecHSC@gov.scot

All e-mails and attachments sent by a Ministerial Private Office to any other official on behalf of a Minister relating to a decision, request or comment made by a Minister, or a note of a Ministerial meeting, must be filed appropriately by the recipient. Private Offices do not keep official records of such e-mails or attachments.

Scottish Ministers, Special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

From: [redacted S.38(1)(b)] >
Sent: Monday, September 30, 2024 11:45 AM
To: Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>
Cc: Minister for Social Care, Mental Wellbeing and Sport 2024 <MinisterforSCMWS@gov.scot>; DG Health & Social Care <DGHSC@gov.scot>; Donna Bell <Donna.Bell@gov.scot>; Angie Wood <Angie.Wood@gov.scot>; Ellen Leaver <Ellen.Leaver@gov.scot>; [redacted S.38(1)(b)]; Alice Hall <Alice.Hall@gov.scot>; Rachael McGruer <rachael.mcgruer@gov.scot>; Iain MacAllister <Iain.MacAllister@gov.scot>; Ian Turner <Ian.Turner@gov.scot>; Derek Grieve <Derek.Grieve@gov.scot>; Tim McDonnell <Tim.Mcdonnell@gov.scot>; JohnPaul Liddle <JohnPaul.Liddle@gov.scot>; Director for Children and Families <DirectorforChildrenandFamilies@gov.scot>
Subject: FW: SCANCE note - National Care Service and COSLA withdrawing support for Bill
Importance: High

Apologies, extended the copy list and grateful if this copy list could be used going forward.

Thanks

[redacted S.38(1)(b)]
Unit Head – National Commissioning and Collaboration
Social Care and NCS Development Directorate
St Andrew's House
Edinburgh

Please note that I am part-time and do not work on a Wednesday.



From: [redacted S.38(1)(b)]
Sent: Monday, September 30, 2024 11:18 AM
To: Cabinet Secretary for Health & Social Care 2024 <CabSecHSC@gov.scot>
Cc: Minister for Social Care, Mental Wellbeing and Sport 2024 <MinisterforSCMWS@gov.scot>; DG Health & Social Care <DGHSC@gov.scot>; Donna Bell <Donna.Bell@gov.scot>; Angie Wood <Angie.Wood@gov.scot>; Ellen Leaver <Ellen.Leaver@gov.scot>; [redacted S.38(1)(b)]; Alice Hall <Alice.Hall@gov.scot>; Rachael McGruer <rachael.mcgruer@gov.scot>; Iain MacAllister <Iain.MacAllister@gov.scot>; Ian Turner <Ian.Turner@gov.scot>; Derek Grieve

<Derek.Grieve@gov.scot>

Subject: SCANCE note - National Care Service and COSLA withdrawing support for Bill

Importance: High

Hi [redacted S.38(1)(b)]

As requested, please find attached a SCANCE note following COSLA's decision to withdraw support for the NCS Bill.

Please let me know if you need anything else.

Thaks

[redacted S.38(1)(b)]

[redacted S.38(1)(b)]

Unit Head – National Commissioning and Collaboration
Social Care and NCS Development Directorate
St Andrew's House
Edinburgh

Please note that I am part-time and do not work on a Wednesday.



011 – FW SCANCE note - National Care Service and COSLA withdrawing support for Bill

GMB SCOTLAND – MAKE WORK BETTER Fountain House, 1 Woodside Crescent, Charing Cross, Glasgow G3 7UJ Tel: 0141 332 8641/9501 Fax: 0141 332 4491 www.gmb.org.uk To: Neil Gray MSP, Cabinet Secretary for Health and Social Care (CabSecHSC@gov.scot) Maree Todd MSP, Minister for Social Care, Mental Wellbeing and Sport (MinisterforSCMWS@gov.scot) 9 September 2024 Dear Neil Gray MSP and Maree Todd MSP, National Care Service Bill I am writing on behalf of GMB Scotland’s members working in social care to notify you of our withdrawal of support for the National Care Service Bill. We thank the Minister for Social Care for your letter dated 16 August and your invitation to meet. However, it was apparent from the response that the NCS is further away from where our members need it to be than first thought. Ultimately, the deal cut with COSLA has undermined the ability of the NCS to properly regulate private care in order to raise standards and workers’ rights: “...it continues to be the case that the local board will not have direct responsibility for contract management of external providers, including ensuring the fair work conditions committed to are realised by the contracted party.” The NCS Board will therefore be just another layer of bureaucracy in an already bloated, top-heavy sector unable and unwilling to tackle the issues of those caring and receiving care. We have been clear that local authorities, health and social care partnerships, and Integrational Joint Boards have not managed social care effectively to date and they have not been prepared to take action against poor employers. They have time and time again procured these employers. We have been promised ethical commissioning underpinned by Fair Work, but given no detail on what this will look like. Our union’s experience of and engagement with Scottish Ministers on Fair Work has been poor. We therefore have little confidence that it would be in a position to effectively address our members’ issues. In addition, the stage 2 amendments have not carved out a clear role for trade unions within the structures of a NCS on governing bodies; in complaints, monitoring and enforcement processes; and how these processes would work. GMB Scotland has contributed our asks repeatedly through consultations, written letters and our social care reps who have given their views drawn from their experience as workers on the frontline of our social care sector. These have not been reflected in the Bill or plans for the GMB SCOTLAND – MAKE WORK BETTER Fountain House, 1 Woodside Crescent, Charing Cross, Glasgow G3 7UJ Tel: 0141 332 8641/9501 Fax: 0141 332 4491 www.gmb.org.uk future which may come after the Bill. Our members cannot take a leap of faith on possible changes in years’ time when the sector is in crisis now. As a result, our lead representatives took to the decision to ballot all our members in social care on whether to withdraw their support for the Bill. The result was: 79% voted to WITHDRAW 21% voted to SUPPORT This is a clear expression of our members’ lack of confidence in the Bill despite years of ‘codesign’ which has in many ways made the Bill worse. ‘Co-design’ has become a neverending process without any clear aims or outcomes. Whilst the Bill was intended to act as a framework, it has never been clear what for or exactly what the NCS Bill is meant to achieve. Social care is in crisis. Our members in the sector – especially those in private social care – are currently toiling under low pay, terms and conditions which has created a recruitment and retention crisis. They have had year after year of pay offers imposed by the Scottish Government without collective bargaining and failed to keep up with inflation. They have had £38million ripped from under them that was intended to provide some of the most basic terms and conditions across the sector: sick pay, maternity pay, and paternity pay. There can be no recovery in our NHS without a recovery in social care. And there can be no recovery in social care without investment in the workforce. GMB Scotland still believes fundamentally in the need for a National Care Service. However, the current Bill does not come close to making the structural changes required to make the Bill worthwhile or justify the financial public expense when there are other more important priorities. Our members see their energies and the public’s money as being better spent on progressing the

implementation of sectoral bargaining; and improving the pay, terms and conditions of the workforce. These would be meaningful changes to our members that would ultimately lead to higher quality care for those most in need. A clear aim which the Scottish Government should aspire to. Sincerely, [redacted S.38(1)(b)] Organiser for the Women's Campaign Unit GMB Scotland

012 - NHS Board Chairs and Chief Executives - Combined Call for Views Response

NHS Board Chairs and Chief Executives Combined Response to NCS Stage 2 Bill 19 September 2024

Overview NHS Board Chief Executives and Chairs welcome the opportunity to comment on stage 2 amendments to the NCS Bill as well as our involvement over the last year in meetings with SG officials, COSLA and others. In addition to providing answers on the specific questions we thought it also worthwhile to provide a broad overview of Scottish Health Boards' collective views on the NCS at its current stage. This combined NHS Board Chief Executive and Chairs response does not supersede individual NHS Boards' responses nor temper any concerns noted by those Boards, but instead aims to pull out the most consistent themes from our discussions as collective leadership groups across all 22 Scottish Health Boards. As such, in some instances there will be differing responses between individual Boards and this collective view, based on Boards' individual local circumstances and experience. NHS Board Chairs and Chief Executives welcomed the publication of the Independent Review of Adult Social Care (IRASC) in Scotland in 2021. This well-researched piece of work highlighted the size of the challenge we collectively face in addressing systemic issues within social care. In his conclusion to his report, Derek Feeley said: "Scotland needs a new approach to social care to make these aspirations a practical, everyday reality across the country. We need to create a National Care Service that is based upon a new narrative, replacing crisis with prevention and wellbeing, burden with investment, competition with collaboration and variation with fairness and equity. And we need to put people at the centre of it: people who use social care supports, their families and carers, and people who work in social care services." The Deputy First Minister and First Minister made statements to parliament on 2 and 3 September 2024 on public finance and the Programme for Government, respectively. The Programme for Government states that the government will 'Continue work to establish the National Care Service by the end of this Parliamentary term to reform how social work, social care and community health is delivered, improving standards, quality, and fairness.' The Scottish Government also highlighted the financial constraints in the budget and the need to make difficult choices about where investment is targeted to maximise impact and to make a tangible difference to people's lives. In this context and considering the ambitions set out in the IRASC, NHS Board Chairs and Chief Executives now seek greater clarity from the Scottish Government on the nature of expected improvements for service users, communities, services that will arise from the development of the NCS in its 2 current form, particularly in light of the current financial outlook and the undernoted points. The IRASC concluded that there required to be three areas of focus to transform and sustain social care in Scotland: shifting the paradigm, strengthening the foundations, and redesigning the system. Redesigning the system by virtue of the NCS would "achieve the consistency that people deserve, to drive national improvements where they are required, to ensure strategic integration with the National Health Service, to set national standards, terms and conditions, and to bring national oversight and accountability to a vital part of Scotland's social fabric." The development of the NCS was a key principle arising from the IRASC, but we are increasingly concerned that the majority of governmental focus is on developing NCS as a new structural entity at the expense of shifting the paradigm and strengthening the foundations of adult social care. NHS Board Chairs and Chief Executives are clear that structural change of itself will not address the fundamental and sustained challenges that Social Care is facing. It is important to note that NHS Board Chairs and Chief Executives did not participate in assessing the business case to identify the legal structure of the NCS. This was an internal matter for Scottish Government. Whilst we recognise that some of the 53 recommendations included within the IRASC report are dependent on the development of the NCS, there are many that are not and we would encourage Scottish Government to return to the central messages in the IRASC report and consider how its recommendations can be truly advanced in our collective pursuit of improving social care in Scotland. A key principle of the IRASC

and subsequent NCS Bill is the importance of social care staff being respected and valued. Recommendation 43 sets out requirement to put in place national minimum terms and conditions for social care staff, and item 49 sets out requirement to prioritise investment in social care as a key feature of Scotland's economic plans for recovery. These matters have not been progressed with sufficient pace or priority, particularly given the challenges of recruitment and retention, pressure demands including in respect of delayed discharge and in the context of our demographic profile. We have significant concerns that there is still a lack of clear scope to the National Care Service, specifically in its application (or otherwise) to children's services, justice services, primary care, and community services. Additionally, we continue to seek a common definition of community health services that would be within scope of NCS. NHS Board Chairs and Chief Executives understand that primary care contractual arrangements will remain with Health Boards but would welcome greater clarity on this. There remains a significant lack of clarity on justice services and children's services. We can see benefits as well as risk and disadvantages of some justice services being included in NCS but do not believe that Children's services should be. This would represent significant increase in scope compared to that of the IRASC and we are 3 incredibly mindful of the risks around disaggregating children's services from their current constructs, including specifically the inter-relationship with education. We have raised these issues frequently in meetings with Scottish Government officials and in a letter to the Chief Executive of NHS Scotland and Director General Health and Social Care (16 November 2023). There has been limited progress on this matter. We will endeavour to continue these discussions with Scottish Government but through this response we are again seeking urgent clarity on these points. It is our view that these core aspects of service scope should be clarified prior to further progression of the Bill through the parliamentary process. We also believe there is requirement for urgent work to be undertaken to ascertain the potential implications of NCS on its current trajectory to remote and rural locations, particularly our island communities. NHS Board Chairs and Chief Executives welcome the development of a new National Social Work Agency especially if this provides a further platform to strengthen the case for meaningful investment in social work. However, if there is no likelihood of significant investment in the social work workforce then we believe it likely that such an agency will unfortunately have limited impact. We would also welcome a similar focus being given to the estimated 140,000 social care workforce in Scotland (SSSC Workforce Data), in line with the ambition of the IRASC. It is widely recognised that the Social Care workforce does not benefit from the same opportunities as many other professional disciplines in terms of skills development, training, qualifications, CPD, career pathways, and it is unclear how the Bill and amendments will address this. As per our responses, we are fully supportive of the implementation of Anne's Law and as part of this response would recommend the scope of it be broadened to include hospital services as well as Care Homes. The Christie Commission report stated "that our public services can become more efficient and effective in working collaboratively to achieve outcomes. To do this, they must focus clearly on the actual needs of people; energising and empowering communities and public service workers to find innovative solutions; and building personal and community capacity, resilience and autonomy." There is an opportunity to reflect on this important message in framing how best we implement the 'new narrative' proposed by the IRASC report. NHS Board Chairs and Chief Executives remain committed to working with Scottish Government, COSLA and other stakeholders in the development of the NCS. Whilst the development of NCS has the potential to unlock some of the benefits around social care we continue to be concerned that there is too much attention and resource focussed on structural reconfiguration at the expense of meaningful improvement in the short to medium term, and that there is indeed a risk that the development of NCS on its current trajectory may provide limited progress in the long term too. 4 National Care Service strategy NHS Board Chairs and Chief Executives acknowledge the policy intent and the proposed development

of a national strategy to set out the ambitions of the NCS and the strategic direction for national and local service delivery. However, given the incremental development of NCS over several years, there is requirement to clearly set out the expected deliverables / benefits realisation of the NCS in a straightforward meaningful way that is aligned to the ambitions set out in the Independent Review of Adult Social Care (IRASC). These should be evidence based and should specify the expected difference / improvement that citizens can expect following implementation of NCS. It is also important that those planning, commissioning, and providing services (NHS / IJBs, HSCPs / Councils / Voluntary and Independent Sectors) have a clear and shared understanding of these expected benefits in a transparent way. We believe that there is a need to return to evidence based model for the changes being proposed and to be clearer in demonstrating how any further changes will meaningfully benefit the communities that we serve. Within section 1A to 1E there is requirement to provide additional clarity and guidance on the relationship between the national strategy and the local priorities arising from Local Care Boards' strategic needs assessments and Strategic Commissioning Plans, as well as Community Planning Partners' Local Outcome Improvement Plans. Further, it is important that any national strategy reflects the needs of island and remote communities and is informed by a robust Island Communities Impact assessment – with clear objectives and clarity on the extent to which any such assessment could significantly change the national strategy (i.e. we are seeking confirmation that the outcome of the assessment would influence future direction of NCS). More specifically, under Stage 2 of the NCS memorandum, any NCS strategy must demonstrate the extant accountability arrangements as set out at section 54. Under this shared accountability agreement, statutory functions would no longer be transferred. Local authorities would remain legally responsible for the delivery of social work and social care support and would keep the staff and assets required for providing those services. NHS Health Boards would remain legally responsible for the delivery of primary care and community health services. Under these arrangements, the responsibilities, and governance of Primary Care independent contractors (for example GPs or dentists) would not change. Contracting arrangements, clinical governance, and delivery responsibilities (drawing from the 1978 National Health Service (Scotland) Act) for Primary Medical services, including provider of last resort, would remain the responsibility of Health Boards, with policy oversight from Scottish Ministers.

1. Require fuller information on the tangible benefits and improvements expected from the NCS so that there is shared clarity on this between citizens, communities, service providers and other key stakeholders. These should be explicitly linked back to the findings of the IRASC.
2. Greater clarity on the relationship, the interface and interplay between national strategy and local priorities.
3. Importance of considering specific implications of NCS on rural and island communities and to undertake a specific Island Communities impact assessment to ascertain this.
4. Scottish Government to confirm that extant arrangements on statutory responsibilities for social work, social care and primary medical services would remain as they currently are by virtue of s54. National Care Service Board NHS Board Chairs and Chief Executives have substantial concerns about the focus on the creation of a new structural entity. The Nuffield Trust (2021), 'Integrating Health and Social Care' commented that: "While the aims of integration are worthy – and the alternative of disjointed and uncoordinated care is highly undesirable – real progress will require shifting the focus away from organisational and structural reform towards the behaviours, incentives, skills and resources needed to integrate services at the front line. Otherwise, we risk repeating the cycle of successive reorganisations that change how services are planned and coordinated – and come with a significant opportunity cost and disruption – but fail to address the fundamental and deep-rooted changes needed to integrate services at the front line. There is an opportunity now, as each country of the UK embarks further on its journey towards integration, to much more actively reflect and learn from the efforts that have come before it – within each country of the UK and across them." There is an opportunity cost in time and effort to be

expended, and a financial cost to be borne, in the creation of a new national body, whilst the evidence points to the need for greater focus on the behaviours and conditions to bring lasting change. On particular points: (i) NHS Board Chairs and Chief Executives require clarity on how shared accountability arrangement would operate in practice as part of the National Care Service Board given that all 22 NHS boards are legally independently constituted. Our concern should be noted of the subsequent role of the Local Care Boards and the potentially restrictive nature of the NCS Board. We are also concerned as to how an NCS Board would ensure that national approaches encompass and be sensitive to the needs identified by Local Care Boards. An NHS representative on the national board would not have the governance responsibilities to hold any individual NHS board to account for improvement or performance. Moreover, we are keen to ensure that the NCS Board is focussed on delivering the ambitions of the IRASC, to improve outcomes for people. Overall, and as per section 1 there is requirement to better set out the how the bill and strategy for NCS will deliver the ambitions of the IRASC. (ii) Taking into account our more fundamental concern regarding the creation of the NCS Board, the NHS Board Chairs and Chief Executives are currently unable to fully assess the implications of establishing a National Care Board while the practical implications for primary care and community health services have yet to be confirmed and a position reached on whether children's health services and justice services will be included in the functions delegated to the Local Care Boards. (iii) We do not support disaggregating current and existing delegated arrangements for Community Health or Children's services where they are working and are mindful of the close links between children's health and care services and education. Any changes to these arrangements must be agreed locally to reflect population needs. We note our strong support as per s54 of the NCS Memorandum that local primary care and community health services must remain the legal responsibility of each territorial NHS board. Clarity is essential on the governance arrangements and the responsibility and accountability between the Local Care Boards, NHS Board, the Local Authority and National Care Service Board. Specifically, it is important that there is absolute clarity on the relationship between escalation / performance frameworks between Health Boards and Local Care Boards. For example, will the NCS Board have authority to direct NHS Boards on their activities and the allocation of resource to Local Care Boards? We would also require clarity on the role of the NHS representative on the NCS National Board given they have no governance locus within 22 independently and legally constituted health boards. Furthermore, we request more information on any proposals on the removal of board members, given NHS board members are publicly appointed. NHS Board Chairs and Chief Executives would welcome further discussion and clarity on these aspects of the interplay between a National Care Service Board, an NHS Board, Local Authority and Local Care Boards. We are appreciative of the steps to support more effective workforce planning nationally and locally but note that this should be one integrated plan across the health and social care workforce informed by population health and local planning needs. 7 1. There is a requirement to rapidly identify agreed practical implications of the NCS on community and primary care services (recognising that this has been an issue for an extended period of time), noting that primary care and community health services remain the legal responsibility of NHS boards. 2. Clarity on governance and accountability between different elements and levels of NCS / NHS including the scope and interplay of escalation frameworks in each. Establishment of National Care Service local boards and removal of other integration models NHS Board Chairs and Chief Executives are supportive of the proposal to build on the effectiveness of current Integration Authorities and the ambition to address the challenges that have prevented the effective integration of community health and social care services, not all of which are structural. We support the principle of 'no backtracking' on the gains achieved since the Public Bodies (Joint Working) Scotland Act 2014. We are not supportive of changes to local delegated functions where they are working effectively. NHS Board Chairs and Chief Executives recognise that it will be for

NHS Highland to consider whether to make specific comment on the decision to remove the Lead Agency model. However, it is important to recognise that the removal of the Lead Agency model will involve staff transferring between the NHS Board and the Local Authority and the implications and costs of this must be fully considered. 8 Monitoring and Improvement and Commissioning NHS Board Chairs and Chief Executives welcome the focus on improvement and support but believe it is necessary to be more explicit about the importance of any improvement framework being 'outcome focussed' and the particular importance of activity that reduces inequalities. It will be important for the proposed framework to clearly interface and complement the approach taken in NHS Boards. In recognising that Local Care Boards will be the vehicle for delivering NHS (and Local Authority) community services it will be important to avoid duplication and conflict between the two processes. As Local Care Boards will be the vehicle for NHS staff to deliver NHS community services, it remains unclear why there is a need for a further 'Improvement and Support Framework' in addition to the NHS existing framework. If there is evidence for a separate and additional framework it is important to avoid duplication and conflict between the two processes. It is also essential that there is clarity on the operating arrangements from the standpoint of monitoring and improvement, and the relationship of the NCS Board and other independent bodies such as Healthcare Improvement Scotland, the Care Inspectorate and the Mental Welfare Commission. NHS Board Chairs and Chief Executives recognise that some specialist services would benefit from being commissioned nationally on a 'Once for Scotland' basis, where partners agree that doing so would improve the efficiency, effectiveness, economy, and viability of these services, as well as the experience and outcomes for the people who use them. It should however be acknowledged that national commissioning often has been to the detriment for those in rural and island communities. It is imperative that any national commissioning activity is informed by a robust Rural and Islands Communities Impact Assessment to avoid further disadvantaging people living out with the Central belt, and particularly those who are often already 'access deprived' from living in our most remote communities. 1. Requirement for greater clarity for coterminous monitoring and improvement arrangements across the NHS and local care boards to avoid duplication. 2. Recognising the unique circumstances around rural and island boards launch an impact assessment of proposal for national commissioning on these areas. 9 Designation of a National Chief Social Work Adviser and creation of a National Social Work Agency NHS Board Chairs and Chief Executives welcome the NSWA proposals including the creation of a Chief SW Adviser role and recognise the importance of enhancing the education, skills, qualifications, leadership, improvement support to the approximately 10,000 Social Workers in Scotland. However, we would appreciate a similar focus given to the estimated 140,000 social care workforce in Scotland (SSSC Workforce Data), in line with the ambition of the IRASC. It is widely recognised that the Social Care workforce does not benefit from the same opportunities as many other professional disciplines in terms of skills development, training, qualifications, CPD, career pathways, and it is unclear how the Bill and amendments will address this. The development of a National Chief Social Work Agency will not of itself address the deep-rooted challenges within Social Work and Social Care. If this Agency is to be successful there requires to be a step-change in investment in Social Work / Care to ensure that it has the ability and resource to address the above issues that continue to exist. 1. Requirement for new Social Work Agency to have the funding that is required to address the current issues within Social Work and with the aim to specifically bring this service to parity with NHS. Proposed amendments to the Public Bodies (Joint Working) (Scotland) Act 2014 NHS Board Chairs and Chief Executives are supportive of the proposal to build on the effectiveness of current arrangements and the ambition to address the challenges that have prevented the fully effective integration of community health and social care services. As stated previously, to assess the risk impact and implications of any reforms, NHS Board Chairs and Chief Executives require clarity on the practical implications for community

health and primary care services and on the position with regard to children's health and justice services. 1. Receive clarity on practical implications of community health and primary care services and the position of Children's Health, and Justice Services vis-à-vis the NCS. 10 Further areas of work outlined in the Minister's covering letter Direct Funding NHS Board Chief Executives and Chairs can see the benefits of Direct Funding for very specific and agreed services but would not support this being applied to the contracting of Primary Care services. Children's Services NHS Board Chairs and Chief Executives are concerned about the potential disaggregation of Children's Community Health Services and require greater clarity on how this is being defined, what will be included in the definition of Primary Care Services, noting that s54 of the NCS memorandum sets out that these remain the legal responsibility of health boards. In smaller NHS Boards, many children's services are provided in a Unified Child Health service, as part of a Women and Children's service. This includes both the Acute and Community services run as a unified service, for both Women (Maternity & Gynaecology) and Children. Our concern extends to the fragmentation of existing unified Women and Children's services and the likelihood that this will result in an increased cost and a loss of sustainability for some smaller services. This equally applies to large NHS Boards, for given the relatively small numbers involved with children's services they can provide services across several Local Authority areas. These services may become unviable at a local level if disaggregated. The existing legislation allows for 'Children's Services' to be delegated and these arrangements work well in some areas. However, there is also evidence that the arrangements can work effectively when services are not delegated, for the effectiveness of partnership working is about much more than structures. For this reason, it should not be necessary to set regulations to mandate the delegation of children's community health and primary care services. Anne's Law NHS Board Chairs and Chief Executives are supportive of the Anne's law proposals but would invite consideration given to also applying Anne's Law in hospitals as well as care homes, to enable equal visiting rights to family members in both settings. 1. Direct Funding: NHS Board Chief Executives and Chairs can see the benefits of Direct Funding for very specific and agreed services but would not support this being applied to the contracting of Primary Care services. 2. Direct Funding: Requirement to set-out parameters and scope of direct funding. 3. Inclusion of Children's Services: This should not be mandated. 11 4. Anne's Law: Strongly support but would encourage this to be extended to hospital visiting too. National Care Service Charter It will be important to understand how the Charter relates to the National Health and Social Care Standards. NHS Board Chairs and Chief Executives highlight the need to reconcile the expectations of the Charter with professional Codes of Practice and professional registration requirements. It is important to clarify the relationship between any new Complaints Procedure and NHS Boards and Local Authorities existing procedures. 1. Greater clarity on alignment of Charter with Professional Codes of Practice