
Report To:	Social Work & Social Care Scrutiny Panel	Date:	16 January 2024
Report By:	Kate Rocks Chief Officer Inverclyde HSCP	Report No:	SWSCSP/05/2024
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Subject:	National Care Service Update		

1.0 PURPOSE AND SUMMARY

- 1.1 For Decision For Information/Noting
- 1.2 The purpose of this report is to inform the Social Work and Social Care Scrutiny Panel of the latest communications regarding the National Care Service (Scotland) Bill and to provide and update on national developments in this regard.
- 1.3 Since the last paper on this matter was presented to the Social Work and Social Care Scrutiny Panel on 29 August 2023, work has continued to inform Stage 1 scrutiny of the Bill which will be completed by 31 January 2024.
- 1.4 Further correspondence was received from the Minister for Social Care, Mental Wellbeing and Sport on 6 December 2023 (Appendix 1). The Minister's letter is a response to a series of questions from Parliament's Health, Social Care and Sport Committee and seeks to provide further clarity about the changes which will be made to the Bill in Stage 2.
- 1.5 In addition, the Concluding Report of the Children's Services Reform Research programme was published on 13 December 2023.

2.0 RECOMMENDATIONS

- 2.1 To note the correspondence received on 6 December 2023 from the Minister for Social Care, Mental Wellbeing and Sport and the report on the national reform research programme.

**Kate Rocks
Chief Officer
Inverclyde HSCP**

3.0 BACKGROUND AND CONTEXT

- 3.1 Within the latest correspondence to the Scottish Parliament's Health, Social Care and Sport Committee on 6 December 2023, the Minister for Social Care, Mental Wellbeing and Sport notes that the Scottish Government propose to make amendments to the National Care Service (Scotland) Bill at Stage 2, in response to evidence taken at Stage 1 and ongoing feedback from stakeholders as part of the Scottish Government's co-design programme.
- 3.2 The Minister provided the Finance and Public Administration Committee with an updated Financial Memorandum in December 2023 to show revised costs, based on the proposed amendments to the Bill.

Integration Authorities

- 3.3 Several key changes were referred to in recent correspondence, including a move away from establishing 'Care Boards', in favour of reform of Integration Authorities. It remains the intention for Scottish Ministers to directly fund reformed integration authorities. These would be accountable to a National Care Service Board which would, in turn, be provided with new powers to fulfil its purpose, primarily to enable people to access timely, consistent, equitable and fair, high-quality health and social care support across Scotland.
- 3.4 Integration authorities would retain the power to directly employ staff, and in particular the Chief Officer and other key roles. An independent Chair role would be introduced for Integration Authorities, accountable to the National Board.

National Social Work Agency

- 3.5 There remains a commitment to establishing a National Social Work Agency, with further information on the proposed structure awaited before Stage 2 amendments. It is unclear at this time whether social care would be included alongside social work. Furthermore, no clarification on the statutory role of Chief Social Work Officer was provided in the correspondence and how transfer of accountabilities may impact on professional leadership, independent challenges, assurance, and advice to Councils.
- 3.6 The potential inclusion of children's services and justice services remains a key issue for the future model for provision of social work and social care services. The letter advises that if a justice and/or children's services are included within the proposed NCS, they would also be subject to the shared accountability agreement, with no transfer of functions, assets or staff.

Children's Services Reform Research: Learning and Implications for Scotland

- 3.7 As previously reported, the Centre for Excellence for Children's Care and Protection (CELCIS) was asked by the Scottish Government to undertake research to inform future decisions around the inclusion or exclusion of children's services and justice social work in the proposed model. The Concluding Report was published on 13 December 2023.
- 3.8 The importance of building and maintaining effective relationships with children and families was reflected by the Chair of the Research group, Professor Brigid Daniel, who stated that any proposed structure should be tested against this guiding principle. Despite what is referred to as 'crushing' pressures and constraints, the report highlights the commitment of the workforce as a strong foundation for future changes and improvements, acknowledging that what could be achieved in a more optimal environment is immense.

3.9 Key findings within the research are as follows:

- The importance of time and space for relationships.
- Support from other services is key, including housing, health and Education.
- Local 'hubs' enhance provision and partnership working.
- The Covid-19 pandemic has an enduring impact on services.
- Embedding rights remains an underdeveloped area.
- The workforce is enthusiastic and highly committed but in crisis and needs to feel supported.
- Service gaps remain, particularly around early interventions, specialist mental health services, supports and transitions for children with complex needs as well as in adult services around support for trauma recovery.
- Leadership is a critical but complex role, with notable variations across the sector.
- Multiple systems, particularly ICT and data/performance information can hinder working across disciplines.

3.10 The report concludes that there is no clear correlation between structural integration and improved outcomes for children, young people and families. It includes a range of familiar elements that would contribute to improved outcomes including supportive relationships between children, their families and practitioners; local, high-quality long term funded service provision; a skilled, supported workforce with manageable workloads; a simplified and aligned legislative and policy landscape; and planning which acknowledges the complexities of human relationships.

4.0 PROPOSALS

- 4.1 The Chief Social Work Officer, through the national Chief Social Work Officer Committee (Social Work Scotland) shall continue to contribute to ongoing discussions about the proposed National Care Service and National Social Work Agency and the potential implications for provision of quality social work and social care services in Inverclyde.
- 4.2 A further report can be brought to a future meeting of the Social Work and Social Care Scrutiny Panel as appropriate.

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial		X
Legal/Risk	X	
Human Resources		X
Strategic (Partnership Plan/Council Plan)		X
Equalities, Fairer Scotland Duty & Children/Young People's Rights & Wellbeing		X
Environmental & Sustainability		X
Data Protection		X

5.2 Finance

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

5.3 Legal/Risk

This correspondence is in relation to the implementation of the National Care Service (Scotland) Bill which is currently at Stage 1 of the Parliamentary process.

5.4 Human Resources

N/A

5.5 Strategic

N/A

5.6 Equalities, Fairer Scotland Duty & Children/Young People

N/A

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report’s recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
X	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.

(c) Children and Young People

Has a Children’s Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
X	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children’s rights.

5.7 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
X	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

5.8 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
X	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

6.0 CONSULTATION

6.1 N/A

7.0 BACKGROUND PAPERS

7.1 N/A

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06 December 2023

I am writing in response to your correspondence of 7 November 2023 regarding Stage 1 scrutiny of the National Care Service (NCS) (Scotland) Bill.

To enable the Committee to progress its Stage 1 report, you asked for further information on the proposed changes to the Bill, following the Scottish Government's tripartite negotiations with local government and NHS since the shared accountability agreement in early summer 2023. The tripartite discussions have prioritised agreement on matters requiring primary legislation and further work will be required, including on the detail to be included in secondary legislation and what will be involved in operationalising the legislation. We remain committed to doing this through ongoing engagement with local government, NHS and trade union partners and by taking a co-design approach involving those receiving and delivering services. As I have highlighted in previous correspondence, as well as the tripartite discussions, we continue to engage with unions on workforce matters.

While the delivery mechanisms for the NCS may now be different, the vision for the NCS as set out in the policy memorandum at the time of introduction remains the same:

- enable people of all ages to access timely, consistent, equitable and fair, high-quality health and social care support across Scotland;
- provide services that are co-designed with people who access and deliver care and support, respecting, protecting and fulfilling their human rights;
- provide support for unpaid carers, recognising the value of what they do and supporting them to look after their health and wellbeing so they can continue to care, if they so wish, and have a life beyond caring;
- support and value the workforce;
- ensure that health, social work and social care support are integrated with other services, prioritising dignity and respect, and taking account of individual circumstances to improve outcomes for individuals and communities;
- ensure there is an emphasis on continuous improvement at the centre of everything;
- provide opportunities for training and development, including the creation of a National Social Work Agency providing national leadership, oversight and support;

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- recognise the value of the investment in social care support, contribute to the wellbeing economy, make the best use of public funds, and remove unnecessary duplication.

My responses to your questions regarding the proposed changes to the Bill due to the shared accountability agreement with COSLA and the NHS are as follows:

Q. That, in response to this letter, the Scottish Government provides a description of the purpose and effect of the amendments it intends to bring forward at Stage 2 including details of the specific sections of the Bill it would expect to have to amend and any associated costs.

Q. That the Scottish Government gives a commitment that it will introduce the text of its proposed amendments at a suitably early point in the Stage 2 timetable to enable the Committee to undertake detailed scrutiny of those amendments ahead of the formal proceedings at which the amendments are moved and disposed of.

In response to both of these questions, I am fully committed to working with the Committee throughout the duration of this Bill to facilitate the Committee's scrutiny. Should the general principles of the Bill be approved at Stage 1, I will ensure that the Scottish Government provides sufficient information on a timescale which would enable the Committee to consider proposals for Scottish Government amendments at the level of scrutiny it reasonably requires.

The Finance and Public Administration Committee have requested that I provide them with an updated Financial Memorandum and any further relevant information to show revised costs, based on the proposed amendments to the Bill. I intend to supply them with this information by 11th December to further support their scrutiny of the Bill.

Q. That the Scottish Government provides an answer to the following specific questions regarding implications of the accord with COSLA on shared legal accountability for the Bill as introduced:

In my responses to your questions below about the specific sections of the Bill, I have given detailed responses to assist the Committee in their understanding of the amendments likely to be proposed at Stage 2. I trust that is sufficient for your consideration at Stage 1 of the Bill. I will of course take into consideration the Committee's report at Stage 1, and stakeholders' responses to that report, as part of our overall approach to drafting amendments for Stage 2, which we would do following the Stage 1 debate.

1. Is it correct to assume that sections 2 and 3 of the Bill will need to be substantially amended to reflect legal accountability for the proposed National Care Service being shared between local government and the Scottish Government rather than transferred to Scottish Ministers?

Amendment will be required to sections 2 and 3 of the Bill. As I have set out earlier, the NHS and local government would each retain responsibility for service delivery under the shared accountability agreement. Scottish Ministers will exercise strategic framework accountability for NCS services which will include a role in setting policy, having oversight and providing direction. Our amendments at Stage 2 will reflect this.

As part of the tripartite discussions with COSLA and the NHS, we have agreed that shared accountability will be discharged in the form of a National Care Service Board (the National Board), as noted in my previous letter of 20 September. This will also mean that changes are required to provisions which affect local integration arrangements. Further detail on these revisions is provided in subsequent sections of this letter.

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2. Further to question 1), can the Scottish Government indicate what consequential amendments may be required to other sections of Part 1 of the Bill?

Scottish Government will require to table consequential amendments to reflect the shared accountability model and we will aim to share them with the Committee as early as possible in Stage 2 to enable appropriate scrutiny. I am keen to continue to work with the committee on timing of the provision of this material to ensure it meets the needs of members. Responses to the following questions outline some of the areas amendments will cover.

3. Is it still the intention that Ministers will have the power to create and abolish care boards as set out in section 4 of the Bill?
4. Does the Scottish Government still plan to abolish integration joint boards and to transfer their functions to these care boards? In this context, does it still intend to substantially amend or repeal the Public Bodies (Joint Working) (Scotland) Act 2014 to give effect to these reforms?
5. If plans for local care boards have changed, what consequential amendments will be required to Part 1 of the Bill to reflect this change of approach?

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. Consequentially, there are provisions in the NCS Bill as introduced which would no longer be intended to be used as originally envisaged.

This raises questions of the necessity of particular provisions, and we have therefore been examining whether the intended outcomes could be achieved by putting forward amendments to the Public Bodies (Joint Working) (Scotland) Act 2014 under which the integration authorities were created. We are now of the view that this is a reasonable approach, and would achieve the intended reforms in a manner proportionate to the aim. Therefore we no longer expect to abolish integration authorities and establish care boards.

Notwithstanding the above, the Scottish Government remains of the view there is a clear case for reform, with significant changes needed at local level to realise the intended quality and consistency. In other words, the status quo is not acceptable.

As it has been agreed that a National Care Service Board would be established as the primary means through which to secure, operationalise and manage shared accountability, further detail is provided on the functions of the National Board in response to question 6 below.

To ensure that there is a clear link between local and national shared accountability, we intend to put forward amendments which achieve the aim of ensuring reformed integration authorities are accountable to the National Care Service Board, with the National Care Service Board responsible for reviewing, and securing assurance on the deliverability of local strategic plans. This will require amendments to provisions relating to strategic planning beyond what is proposed in the NCS bill as introduced. The National Care Service Board is also envisaged to have a role in scrutinising reformed integration authorities' performance reports, with strengthened powers to require evidence and documentation to be introduced. In doing so, it is a priority to ensure this does not become an added layer of accountability or bureaucracy and actively streamlines the existing complicated landscape.

Throughout our consensus discussions there has been a clear focus on improving quality, consistency and outcomes for people. We have agreed that we require more focussed attention

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on implementing good practice, improvement support and enhanced support where it is necessary. We have therefore agreed to bring forward amendments to support an Improvement, Support and Escalation framework, which is first and foremost focused on support and improvement. As part of this framework it may be that intervention is required, as a last resort. For that reason, it is the Scottish Government's position that the Ministerial powers of direction over local authorities, health boards and local integration authorities should be retained as per the Public Bodies (Joint Working) (Scotland) Act 2014. Subject to the status of the National Care Service Board, discussed below, our planning assumption is that the Ministerial powers of intervention as set out in the Bill as introduced should transfer to the National Care Service Board. This would allow the Board to invoke those powers as a last resort and would ensure the Board had substantive levers to drive and support performance and take material action when required.

Given the Bill provides for Scottish Ministers to exercise strategic framework accountability for NCS services which will include a role in setting policy, having oversight and providing direction, it remains the intention that it should be possible to directly fund reformed integration authorities in order for Scottish Ministers to ensure their duties are met. It is not the intention that all community health and social care funding would be routed through integration authorities. However, the potential for direct funding in specific, agreed circumstances is considered a reasonable consequence of the shared accountability agreement. We have also agreed that we will work to create greater transparency of spend in the system.

Transparency has featured as an ongoing theme in our discussions with partners and throughout the co-design process. To introduce further transparency we are exploring the potential of revised chairing arrangements for reformed Integration Authorities. This may include an Independent Chair at local level, working in concert with the current arrangements which reserve chairing responsibility for members from Local Government and the NHS. Ministers would expect the Independent Chair to be accountable, and to provide advice to the National Board. Further work with partners is required to define the detail of this proposal and this will be developed in consultation in the coming weeks.

Reforms will build on what has already been accomplished through the 2014 Act in terms of integration through a continuous improvement approach, and ahead of the establishment of the National Care Service the Government remains committed to maximising the opportunities for greater integration under existing legislation.

Under this continuous improvement approach it is intended to carry over any existing powers under the 2014 Act which have not yet been used in practice, such as the powers to allow integration authorities to directly employ chief officers and other members of staff. Again this is not being retained for wholesale application, however we are clear that current staffing arrangements are often complex and local areas may wish to streamline their working arrangements in due course.

There are other aspects of how integration authorities are currently operating which is leading to unwarranted variation across the country and which would benefit from streamlining, including how frontline integration through the Health and Social Care Partnerships operate. There is a requirement for strong, clear schemes of delegation within integration arrangements which create clear roles for partnership organisations, including putting these on a statutory footing where appropriate.

It is the intention that the NCS Bill should allow for greater cooperation and pooling of resources across integration authority boundaries, beyond what is currently explicitly provided for in the 2014 Act. This includes revisiting the use of hosting arrangements and formalising these by ensuring

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effective governance structures are in place around the use of these. We will also strengthen the opportunities for Integration Authorities to join together across current geographical boundaries to achieve greater consistency, quality and economies of scale where there is local agreement to do so. It is also the intention that the role of localities should be strengthened, building on what works well and driving greater consistency in how these are set up and used as part of community engagement, strategic planning and other integrated functions.

Finally, it remains the Scottish Government's intention that the recommendation to give a greater voice to lived experience within decision making structures should be actioned, including by extending who on the board has voting rights.

All proposals for local reform as part of the NCS exist within our wider collective ambitions for public service reform and are designed to ensure that the NCS is able to take account of, and work alongside developments under the New Deal for Local Government, including the exploration of Single Authority Models.

6. Does the Scottish Government intend to introduce provisions for the creation of a national care board via Stage 2 amendments to the Bill as introduced or via alternative means?

We are carefully considering the most appropriate means to create a National Care Service Board that is capable of overseeing the system and driving forward improvement effectively. In my previous letter of 20 September, I outlined some high level functions for which we expected the Board to be responsible. Subsequent discussions with COSLA and NHS have expanded this list to include:

- setting national strategic direction
- developing standards, guidance and operating frameworks
- overseeing and seeking delivery assurance on local strategic plans and ethical commissioning strategies;
- monitoring system performance;
- maintaining 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;
- ensuring visibility of data, information, and analysis about social care support, social work and primary and community health services through reporting on delivery;
- national commissioning and procurement by agreement for complex and specialist social care services which will include prison social care;
- seeking assurance on public protection arrangements; and
- providing support to local delivery partners.

We are currently developing the delivery mechanism for the National Board. While this may be in the form of a public body, the final shape of the entity is still to be agreed. There is a rigorous approval process within Scottish Government for any new public body and the proposals for this Board will be subject to that in due course. If appropriate following a final decision, we will amend the Bill at Stage 2 to ensure the Board has the necessary duties and powers to fulfil its role effectively.

We would expect to introduce amendments at Stage 2 which provides for Ministers to set out the detail and composition of National Care Service Board membership through regulations. Although we do not intend to outline the membership of the National Care Service Board within primary legislation, it is intended to include, at a minimum, an independent chair; representatives from

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local government to preserve local democratic accountability; the NHS and people with lived experience.

To ensure our commitment to enabling meaningful representation of people with lived experience of using or working in services on the National Care Service Board, we will also amend the Bill to allow for Ministers to set out the support the Board should provide for lived experience representatives at both individual and structural levels, to ensure all Board members can play a meaningful role.

These provisions will ensure we have the opportunity fully to co-design those aspects with people who access NCS services, workforce representatives from the public, third and independent sectors, and unpaid carers, as well as with local government, NHS Boards and stakeholders.

7. Is it still the Scottish Government's intention to establish a national social work agency within Government rather than making separate provision for it on the face of the Bill?

The Scottish Government is committed to establishing a National Social Work Agency (NSWA). COSLA Leaders have agreed to work with the Scottish Government and our key stakeholders regarding the structure and governance of the NSWA. We will provide further clarity on the NSWA's establishment when we provide Stage 2 information in the advance of formal Stage 2 amendment consideration. Our partners and stakeholders are supportive of establishing a NSWA and are fully engaged in its development. A NSWA will work with and support the social work profession, by providing national leadership and overseeing social work education, improvement, workforce planning, training, development. It will support the wellbeing of the workforce and improve the conditions in which they operate.

8. Does the Scottish Government intend to introduce any amendments to sections 11 and 12 (The National Care Service charter), section 13 (independent advocacy) or sections 14 and 15 (Complaints) as a consequence of the new consensus agreement with COSLA?

The Scottish Government is considering what amendments are required to sections 11 and 12 (the National Care Service charter), section 13 (Independent Advocacy) and sections 14 and 15 (Complaints) following the shared accountability agreement.

These provisions, as introduced, place a number of requirements on the Scottish Ministers and consideration is being given as to whether these requirements still appropriately sit with the Scottish Ministers only, or whether those provisions will now apply to new governance arrangements i.e. the National Board. Stage 2 amendments are therefore likely to be brought forward to clarify this.

The commitment to co-design the detail of these policies with people with lived experience of accessing and delivering care support remains, and co-design on the NCS Charter, Complaints and Independent Advocacy is progressing at pace. The sensemaking phase of co-design on the Charter alone has included views from over 260 people and groups and we are taking time to analyse this fully and apply what people have told us. An early draft of the Charter will be provided to the committee in early 2024, before going through the final 'agreeing' phase of co-design. My officials would be happy to meet with the Committee to discuss the draft Charter when the draft is shared if this would be helpful.

9. Will the new consensus agreement with COSLA necessitate any amendments to Chapter 5 of Part 1 of the Bill (regarding functions connected to the provision of care)?

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Chapter 5 of Part 1 of the NCS Bill sets out relevant powers that will support the delivery of NCS services. These powers relate to research, training, funding of activities related to NCS services, and compulsory purchase of land. Under the NCS Bill as introduced, these powers were set out for the Scottish Ministers and for local care boards.

Subject to the decision on the status of the National Care Board, it is our policy intent that the new Board should have all the necessary powers to support the delivery of NCS services. This will include supporting research, providing for training courses, and providing financial assistance to organisations for activities related to the NCS. We are giving further consideration to whether or not powers for compulsory purchase of land remain necessary, in light of the role the National Care Service Board will fulfil for any complex and specialist services to be commissioned at a national level.

10. Is it correct to assume that Chapter 6 of Part 1 (related to the allocation of care functions etc.) will also need to be substantially amended to reflect the new consensus agreement with COSLA; in particular on the basis that, under this new model, there will no longer be any transfer of functions, staff or assets from local authorities as part of the proposed creation of a national care service?

These provisions will require to be amended given the shared accountability agreement. However, in discussion with partners there is consensus that it may be appropriate to enable the transfer of functions between statutory partners if there is a rationale and clear local agreement to do so. This may be helpful to support the emerging public sector reform landscape and innovations such as the Single Authority model. This will require further exploration and agreement with partners to frame an amendment appropriately.

11. Does the Scottish Government still intend to carry out a public consultation on the potential future inclusion of children's services and justice services within the scope of the proposed National Care Service? If a decision is taken in future to include these services within the scope of the proposed National Care Service, does the Scottish Government intend that, like other services, they will now be subject to shared legal accountability and that no transfer of functions, staff or assets from local government will take place?

The requirement to consult on the potential future inclusion of children's services and justice services within the scope of the NCS refers directly to the transfer of functions as laid out in section 27 of the Bill. As set out above, we are no longer pursuing the transfer of functions and it is our intention to remove section 27 and section 30 of the Bill.

If a decision is taken to include justice and/ or children's services within the scope of the proposed NCS, then such services would be subject to the shared accountability agreement and there would be no transfer of functions, assets or staff.

CELCIS (The Centre for Excellence for Children's Care and Protection) was commissioned to carry out independent research to inform the decision on the future of children's services. The findings from the research in tandem with the outputs from engagement and co-design work with children, young people, families and the workforce will help to identify what is needed to ensure that children, young people, and families get the help they need, when they need it. We thank CELCIS for their research, which can be found on [CELCIS' website](#).

CELCIS have carried out four Strands of research:

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- Strand 1 – A Rapid Evidence Review of existing literature was published on 21 June 2023.
- Strand 2 – Six Case Studies of Transformational Reform Programmes was published on 28 June 2023.
- Strand 3 – Which explores the different approaches to integrated service delivery across Scotland's 32 local authority areas and was published on 31 August 2023.
- Strand 4 – Which explores experiences of members of the Children's Services workforce and was published on 15 November. Over 1,400 members of the workforces supporting children participated in the work which is brought together in this report.

CELCIS will also publish a final report which will pull all the strands together and provide an analysis of the findings as a whole, including comments and conclusions about the options available regarding the future delivery of children's services in Scotland, due to be published on 13 December 2023.

We remain committed to ongoing consultation and engagement as we continue to work towards improving outcomes for children and families, and the workforce who care for them. We will also consider how best to ensure consistent delivery of high-quality services, especially to the most vulnerable children and families.

Similarly, we have worked closely with stakeholders to inform a decision about justice social work (JSW) being within the scope of the NCS. To date this work has included commissioned research, interviews, a reference group, workforce panel and a series of workshops hosted online and in person in different parts of Scotland. The independent research report by IPSOS affirms many of the anticipated strengths and challenges which exist within JSW services in Scotland and we thank the researchers and the workforce for their time in pulling together these robust findings.

Potential opportunities for JSW were identified within the work to develop a NCS, including a raised profile for a unified social work profession with clear national leadership complemented by a National Social Work Agency. The independent research is due to be published in early 2024.

We will continue to prioritise working with justice social work teams and people with lived experience, as we seek to understand how the Scottish Government can continue to support justice social work to deliver better outcomes for people and services across Scotland.

As previously referenced, one of the primary aims of the NCS is to enable people of all ages to access timely, consistent, equitable and fair, high-quality health and social care support across Scotland. Reformed Integration Joint Boards will be accountable to the new National Care Service Board, and the NCS Board will oversee systems performance reporting, securing delivery assurance on local strategic plans and responsibility for improvement and support primary and community healthcare and social care for all functions delegated to integration authorities.

We have not yet concluded our deliberations on the scope of the National Care Service and therefore on consistency of delegation of services to integration authorities. However Ministers are applying the following high level principles on delegation of functions:

- There will be no backtracking on achievements accomplished through the 2014 Act in terms of integration. Rather, reforms should build on what has already been achieved. There should be a presumption in favour of integration where there is currently inconsistency, in recognition of its benefits in providing greater continuity of care.

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- There should be no ‘dis-integration’ based on the 2014 Act unless there is evidence to suggest that this would be advantageous i.e. in particular local government and primary and community health services which are currently delegated should remain so unless there is a clear rationale for change.
- Further clarity is required on the arrangements for specific services such as Drugs and Alcohol and Prison health and social care.
- Public and Population Health should have a clear role in the planning and delivery of primary and community health and social care support and services.
- Given the very variable delegation arrangements currently in place for social work, children’s services and community justice, further discussion is required with partners to seek agreement on arrangements to achieve improvement, including access to timely, consistent, equitable and fair, high-quality health and social care support.

I am aware that the committee will wish to have certainty on delegation arrangements as soon as possible to assist in their scrutiny. Ministers will therefore write to the Committee with further information and decisions at the earliest opportunity in the new year.

12.As a consequence of the new consensus agreement with COSLA, does the Scottish Government intend to make any changes to the regulation-making powers conferred on Scottish Ministers by the Bill as introduced? If so, what would these be?

This would rely on working through the detail of the proposed changes, though the powers contained in section 4 relating to the establishment of local and special care boards will be removed, as will the powers in sections 27 to 29. The powers in sections 31 and 32 are also unlikely to be required.

13.As part of its planned Stage 2 amendments, does the Scottish Government have any plans to modify or expand those provisions of the Bill related to procurement and ethical commissioning?

We are considering an amendment to section 41 of the Bill (Reserving right to participate in procurement by type of organisation). The intention of the proposed amendment will be to modify the definition of qualifying organisation to support wider application to third sector bodies as per the policy intent. We are also considering amending the timeframes associated with this process. The aim of these amendments would be to ensure compatibility of the reserved process with wider policies to provide longer commitments to providers as appropriate, mitigating one of the issues identified in Independent Review of Adult Social Care.

Further to the above we are considering, in discussion with COSLA and NHS as part of the tripartite discussions, how operational commissioning and procurement should be delivered at a local and national level.

14.What effect, if any, does the Scottish Government expect the new consensus agreement with COSLA and the model of shared legal accountability to have on the scale, focus and timetable of any co-design work to be undertaken as part of the proposed creation of a National Care Service? In connection with this, to what extent and in what ways will the outputs from engagement on co-design undertaken so far be used to inform the Scottish Government’s proposed amendments to the Bill as introduced at Stage 2?

My colleagues and I have been clear that we want to put people at the heart of the development of the NCS. For that reason, the co-design work over recent months has been running in parallel with

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the tripartite negotiations. 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. We are expecting that, with the new consensus agreement in place, this will enable us to build on the work already underway and to further enhance co-design engagement, 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.

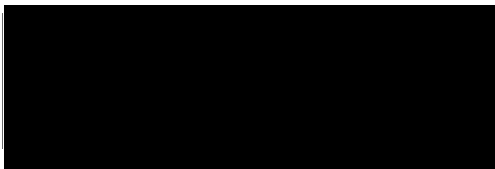
The completion of the tripartite negotiations provides agreement on the overarching structure and delivery framework of the future NCS. If parliament are in agreement with this framework and the general principles of the Bill, this will allow the co-design programme of work to focus on more detailed delivery design questions centred around meaningful engagement.

This is likely to include areas such as; the role of locality engagement forums; the mechanics of meaningful representation for people with lived experience on the National Board; the design of the complaints process and; future state reporting for the National Board as defined by the perspective of people with experience of delivering or receiving care.

Co-design insights gained to date will form part of the evidence base used to inform the Scottish Government's proposed amendments to the Bill at Stage 2. The insights are broad in their perspective and will contribute to amendments across Bill, and, in particular in relation to the role and provision of independent advocacy services, the managing of care complaints, information sharing and views on effective local and national representation

I hope this response provides the Committee with sufficient information to progress its Stage 1 consideration.

Kind regards,



MAREE TODD MSP

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