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Clare Haughey MSP Convener Health, Social Care and Sport Committee The Scottish Parliament

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28<sup>th</sup> of February 2024

Dear Clare

I am writing to acknowledge receipt of the Health, Social Care and Sport Committee's Stage 1 report on the National Care Service (NCS) (Scotland) Bill.

I would like to thank the Committee for their extensive scrutiny of the NCS Bill during Stage 1. I note the recommendations which I will take time to carefully consider before responding to you fully in advance of Stage 2.

I note that the final recommendations set out further information that the Committee wishes to see, and I wanted to respond more immediately to those recommendations. They are listed below.

105. The Committee is also concerned that the Scottish Government has so far been unable to articulate and communicate a model of how the proposed National Care Service would operate. We understand that the Scottish Government intends to share this information prior to the Stage 1 debate and look forward to receiving it.

I have attached a summary Target Operating Model to this letter. This reflects the position already set out in my previous letters to this Committee and the Finance and Public Aministration Committee in December 2023. The Bill is part of the package of measures required to deliver this, alongside changes we can make already through existing powers.

One of the main changes that I intend to make at Stage 2 of the Bill is to establish a new National Care Service Board (NCS Board), which will include as a minimum the Scottish Government, local government, the NHS, and people with lived experience. The NCS Board will provide oversight and governance of social work, social care support and community health services, with the full scope to be determined as part of the co-design process.

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Further co-design work will focus on the membership of the NCS Board and how its members will be supported to carry out their functions effectively.

Those services will be planned and delivered at local level by reformed Integration Joint Boards (IJBs), which will be accountable to the NCS Board. Local authorities and the NHS will be represented at both national and local level, and will retain their existing responsibilities, staff and assets to deliver those services.

The NCS Board will maintain and implement a support and improvement framework, focused on improvement, embedding good practice and innovation and supporting local areas when monitoring indicates that standards or needs are not being met. The detail of how that framework will operate needs to be co-designed in more detail with people who both receive, and work in community health and social care and the services and organisations to which it will apply.

106. The Committee's recommendation therefore remains conditional on the Scottish Government addressing the concerns it has set out in this report and agreeing to facilitate significant further scrutiny of the Bill at Stage 2, ahead of the formal Stage 2 proceedings taking place.

I have valued tremendously the scrutiny that the Committee has already carried out and I have provided significant information to enable the Committee to complete the Stage 1 report. We will facilitate whatever scrutiny the Committee considers appropriate.

107. The Committee notes calls from a key stakeholder to establish an expert legislative advisory group for the Bill to help guide the co-design process and encourages the Scottish Government to fully explore this possibility and report to the Committee prior to Stage 2.

Input from a wide range of stakeholders has already been essential to the development of the draft Bill and I am happy to formalise this into a legislative advisory group to support the next stage of work.

108. To enable it to undertake effective ongoing scrutiny of the Bill, the Committee calls on the Scottish Government to publish:

- the full text of any amendments it intends to lodge at Stage 2;
- a marked-up version of the Bill as introduced incorporating these amendments in a highlighted format; and
- an updated Policy Memorandum and Explanatory Notes.

109. The Committee further gives due notice that, subsequent to receiving the items outlined above, it will require additional time to take further oral and written evidence from key stakeholders prior to commencing the formal process of considering and disposing of amendments at Stage 2.

110. That being the case, in order for the Committee to be in a position to conclude its Stage 2 scrutiny of the Bill in a timely manner, it calls on the Scottish Government to publish the documents outlined above ideally prior to 26 February 2024 and certainly no later than 29 March 2024.

I fully recognise that the Committee wishes to scrutinise the changes that we intend to make at Stage 2 as a result of the consensus agreement agreed with COSLA. As I set out in my

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letter of 6 December 2023 to the Committee, I intend to facilitate that request so that the Committee has a full understanding of the proposed NCS Board, and reformed IJBs.

I am content to accept this recommendation to facilitate what the Committee requires, and to do this as quickly as possible. My officials are continuing to progress work on the information the Committee has requested, and have already arranged to discuss Stage 2 arrangements with the clerks to the Committee to ensure sufficient time is built into the timetable. This is a key priority on the presumption that general principles of the Bill are agreed to at Stage 1.

I look forward to continuing to work with the Committee as the Bill continues its Parliamentary passage.

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# Summary Target Operating Model

**National Care Service** 

## INTRODUCTION

#### **Overview**

This document provides:

- i. Summary Target Operating Model (TOM),
- ii. A high level visual of the relationships and accountability in the planned new system,
- iii. Initial view of functions of the new system,
- iv. A visual illustrating the envisaged scope of the new system

#### Context

The accompanying visuals provide a high-level view of the planned system as it is known now. This will be built on and refined further in line with the commitment to co-design.

## **DRAFT SUMMARY TOM**

**	Service Delivery Model: The future system will include a National Care Service Board which will provide effective national oversight and governance of social work, social care support and community health services. Reformed IJB's will retain accountability for delivery of services, assets and staff and be accountable to the National Board.
•₹ ∎₽	<b>Process</b> : The NCS Board will bring coherence and collective focus to strategic planning and delivery; monitor system performance to ensure consistent, fair, human rights based social care support and community health services; improve transparency of delivery and outcomes; ensure that data is improved to support these aims; improve collective learning and support improvement, including a process of escalation and intervention where required.
	<b>Digital and Technology</b> : The future system will seek to improve digital tools and technology to support new ways of working. This will include mechanisms to better share information, and digital and non-digital ways for people to interact with services and find information, to help improve outcomes.
2	<b>People:</b> The future system will include people with lived and living experience in decisions. It will better recognise the value of unpaid carers and those within the different professions that support people and make it easier for them to provide high quality care and support.
<u>1</u>	<b>Performance and Data</b> : The National Care Service Board will scrutinise planning and performance, with strengthened powers to require evidence and documentation, and a progressive support and improvement framework.
	<b>Governance and Legislation</b> : The future system will have a clearer set of accountabilities. It will be simpler with fewer variations in how services operate across Scotland, with a greater role and voice for those using and providing care. Reformed IJBs would be accountable to the National Care Service Board.
	<b>Finance:</b> The future system will have a clearer funding model with greater transparency of spending. Scottish Minister/NCS board will, in agreed circumstances, be able to fund specific activities carried out by local partners directly should they wish to do so.

### **RELATIONSHIPS AND ACCOUNTABILITIES TO THE NCS BOARD**



The membership and composition of the NCS Board and reformed IJBs will be determined through co design and set out as appropriate in secondary legislation. The National Board will, at a minimum, include an Independent Chair, Scottish Ministers, local government, NHS Boards and people with lived experience. The full membership of the National Board will be co-designed.



#### **NATIONAL CARE SERVICE BOARD FUNCTIONS**

 Key:

 Existing function

 Reformed function

 New function

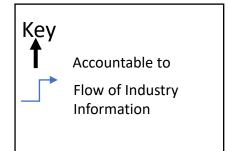
		NCS Board		New function
Setting the National Strategic Direction and National Strategic Planning	National Commissioning for specific support and services by agreement	Development and oversight of Standards, Guidance & Operating Frameworks	Support for improvement, good practice and innovation	Ensure meaningful participation by people with lived experience in decision making
Oversee & seek assurance of Local Strategic and Delivery Plans	Ethical Commissioning Framework	Maintaining and implementing Support an Improvement Framework	Powers of Intervention & Provision of Improvement Support, where standards are not being met	Visibility of Data & Data Sharing
Direct funding in specific agreed circumstances	National approach to workforce planning, development, collective voice and Fair Work	Monitoring & Reporting System Performance	Provide other delivery support to local areas	
	Ongoing Co-design with	people who use, and work ir	n, support and services	

National Board functions and operations will continue to be defined in more detail through co-design and set out as appropriate in secondary legislation.

# **RELATIONSHIPS AND ACCOUNTABILITIES FOR REFORMED IJBS**



The membership and composition of reformed IJBs will be determined through co design and set out as appropriate in secondary legislation. The reformed IJB will, at a minimum, include local government, NHS Boards and people with lived experience. Further work is underway with local government and the NHS to consider chairing arrangements at local level.



### **REFORMED IJB FUNCTIONS**

# Key: Existing function Reformed function New function

#### Reformed Integration Joint Boards

Finance	Workforce (Strategic Planning via LA, HBs through HSCP arrangements)	Implementation and oversight of delivery of National Standards and guidance	Data Reporting and Performance Monitoring	Locality arrangements	Administration	Lived Experience Representation			
Assets (Strategic Planning via LA, HBs through HSCP arrangements)	Area resilience/ delivery assurance	Accountability to National Board and Support & Escalation Framework	Service/Support planning, design, provision, supply and logistics	Emergency Interventions	Market Insights and response	Governance Arrangements			
Complaints & Advocacy	Local Strategic Planning and ethical commissioning	Implementation of operating frameworks	Technology, Digital Development and Information Sharing	Local workforce planning, training & Support	Improvement, best practice and innovation	Funding Flows			
Ongoing Co-design with people who use, and work in, support and services									

Local reform, and the way in which reformed IJBs will carry out these functions, will continue to be defined in more detail through co-design and set out as appropriate in secondary legislation.

## **SCOPE OF SERVICES WITHIN FUTURE STATE NCS**



#### Adult Social Care

#### Social Work

Community Health

Children's Services

Justice Services

Addiction Services Population Health The NCS will include all adult social work and social care services, as well as community health provision. We are working with COSLA to consider how the benefits of the NCS can apply to children's services and justice services.

- There will be no backtracking on achievements accomplished by the 2014 Act in terms of integration. Reform should build on what has already been achieved. There should be a presumption in favour of integration where there is inconsistency, in recognition of its benefits in providing greater continuity of care.
- There should be no disintegration based on the 2014 Act unless there is evidence to suggest this would be advantageous ie. In particular local government and community health services which are currently delegated should remain so unless there is a clear rationale for change.
- We will work with local government and with people with lived experience to develop a more detailed understanding on the arrangements for specific services such drugs and alcohol services.
- Public and Population health should have a clear role in the planning and delivery of community health and social care support services.
- Given the very variable delegation arrangements currently in place for social work children's services and community justice and community health services, we continue to work with local government and the NHS to seek agreement on arrangements to achieve improvement, including access to timely, consistent, equitable and fair, high-quality health and care support.
- In time, we expect that support and services will be co-designed locally with statutory bodies, providers and people to ensure that local needs are understood and met.

### **NEXT STEPS**

It is normal in a change programme of this scale for the Target Operating Model to be a living document. This will continue to be revised and updated as more detailed design work progresses and to reflect the further development of the National Care Service Bill:

- i. This Summary Target Operating Model (TOM) and supporting documents will be updated monthly.
- ii. A full TOM document is in development and will be updated monthly once complete.

iii.The full TOM will set out specific operating models at local and national level. iv.A separate TOM is in development for the National Social Work Agency.