



Meeting: Board Meeting

Meeting date: 30th July

Title: National Care Service Update

Responsible Executive/Non-Executive: Gareth Adkins, Director of People & Culture

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1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Emerging issue
- Government policy/directive
- Legal requirement

This report will align to the following NHSScotland quality ambition(s):

N/A

This report relates to the following Strategic Outcome(s)

Start Well	Thrive Well	Stay Well	Anchor Well
Grow Well	Listen Well	Nurture Well	Plan Well
Care Well	Live Well	Respond Well	Treat Well
Journey Well	Age Well	End Well	Value Well
Perform well	Progress well		

2 Report summary

2.1 Situation

This report provides the Board with an update on the National Care Service Bill which the Scottish Government published amendments for on 24th June 2024.

These amendments remove the options and therefore choices for models of integration and replace this with National Care Service local boards which will be a reform of the existing Integration Joint Boards model. The Lead Agency model will not exist within the proposed legislation now that these amendments have been made.

The legislation affects Highland in particular as the only local authority which has a Lead Agency Model, all other authorities have an Integrated Joint Board model. Whilst all models will be changing to some degree, for Highland the change will be the most significant.

The Council and NHS Highland have already engaged to ensure a coordinated and joined up approach to working through the proposed changes with the Scottish Government to ensure Highland is able to maximise the benefits promised by such a major piece of Health and Social care reform.

The Council provided an update to its members ahead of its summer recess on 27th June 2024 and NHS Highland also briefed staff and board members in relation to the amendments and our joint approach to work through the implications together.

This report provides a formal update to our board at the first available public meeting following these amendments in line with the update provided to the council

Further reports will be provided to the Council and the NHS Board as the detail becomes clearer.

2.2 Background

The National Care Service (Scotland) Bill (NCS) was published in June 2022 with the intention of reforming how social care, social work and community health services are delivered in Scotland. The proposal to create a National Care Service was based on recommendations made by the Independent Review of Adult Social Care, led by Derek Feeley.

Under the shared accountability agreement, local authorities and health boards will remain legally responsible for delivery functions, staff and assets within the NCS. These elements have been subject to widespread consultation including significant engagement with COSLA where agreement on the extent of the services to be overseen by the NCS has yet to be reached, especially in relation to children's services and justice social work. Further detail on reforms will be

provided at Stage 2. The Minister for Social Care, Mental Wellbeing and Sport shared the Stage 2 NCS Bill pack with parliament in June and Stage 2 amendments were published on 24th June 2024. These will be submitted to Parliament by the Scottish Government in the Autumn.

One of the elements of particular interest to Highland, and which had not previously been clarified, is the model of integration envisaged by the new NCS and whether this would still support the Lead Agency Model (LAM). As Members will be aware, the LAM is only in place between The Highland Council and NHS Highland; all other local authorities using the Integrated Joint Board (IJB) model.

These amendments in appendix 1 remove the options and therefore choices for models of integration and replace this with National Care Service local boards which will be a reform of the existing Integration Joint Boards model. The Lead Agency model will not exist within the proposed legislation now that these amendments have been made.

There has been extensive negotiation between COSLA and the Scottish Government in relation to the NCS Bill as a whole in relation to children's and justice social work services; direct funding for integration authorities; and the power to remove local Integration Authority Board members, however these remain outwith the current amendment document and will be considered at a later juncture. Once published decision pertaining to these aspects will also require local consideration given that the Lead Agency model is also in place for the delivery of children's services.

The Scottish Parliament initiated a 'call for views' on 1st July 2024 on the NCS Bill in recognition of the extent of the stage 2 amendments. This is open until the 30 August.

2.3 Assessment

The Scottish Government has engaged with The Council and NHS Highland at official level to provide information on the amendments that will be coming forward in the Autumn as they relate to the model of integration that will apply to the NCS local boards. This made clear that the legislation will specifically preclude the Lead Agency Model in favour of a single model of integration for the whole of Scotland. This will be largely based on the IJB form of integration, though it is likely that there will be some adjustments introduced over the course of the Bill's passage.

This has ensured the council and NHS Highland were well informed of the amendments in advance of publication and the need to start considering the implications for both organisations.

It is too soon to understand exactly how this will impact on the arrangements currently in place in Highland, though there will clearly be significant implications in terms of finance, staffing and governance. However, the timeline for the Bill to complete all Parliamentary stages and for the legislation to be enacted is such that there is time for this to be worked through well in advance of the changes coming into force. The Council and NHS Highland will work closely with the Scottish Government to assess what assistance may be required to deliver such a significant transition to the new model to ensure that the benefits envisaged by the NCS can be fully realised in Highland.

A technical assessment of the key differences between the Lead Agency Model and Integrated Joint Board has been initiated to assist with this analysis, albeit it is expected that the IJB model will also change under the new legislation

NHS Highland and the Council are continuing to work together to agree what we need to put in place to support both organisations to further assess the implications of the NCS bill. Both partners are committed to working together to develop plans that will enable both organisations to implement a new model of integration in line with the legislation as it progresses through parliamentary processes. However, as noted above this will need to an agile and adaptive approach given the legislative process and ongoing discussions at a national level on the wider implications of the bill for all local authorities and NHS Boards.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input checked="" type="checkbox"/>

Comment on the level of assurance

This is paper is for awareness

3 Impact Analysis

3.1 Quality/ Patient Care

There are no specific impacts identified at this stage.

3.2 Workforce

There may be changes to employment terms and conditions as a result of changes to the integration governance model. However, further work will be required to explore options. We will work closely with council leadership to support each other in relation to our individual obligations to work with staff as employers within our separate workforce policies and terms and conditions in managing any change that may be agreed in the future.

For NHS Highland this will include adhering to the principles and practice of partnership working and NHS Highland workforce policies.

3.3 Financial

A change to the model of integration will have significant financial implications that are yet to be worked through

3.4 Risk Assessment/Management

There are a range of potential risks arising from the new arrangements as is the case with any major change of this nature. It is known that there may be implications involving the employment status of staff currently working across the Council and NHS Highland with related cost/financial issues and clearly there will be governance and assurance implications for the partnership as well as possible impacts on service delivery. It is still too early to provide a more detailed assessment but it is useful that greater clarity is emerging as to the integration model that is to be rolled out across Scotland. A technical assessment of the key differences between the Lead Agency Model and Integrated Joint Board has been initiated to assist with this analysis, albeit it is expected that the IJB model will also change under the new legislation

3.5 Data Protection

No specific issues identified at this stage but this will be explored as part of exploring the implications of a change of integration model.

3.6 Equality and Diversity, including health inequalities

No impacts identified at this stage

3.7 Other impacts

Legal – Stage 1 of the Bill was completed on 29 February 2024. The timeline for the Bill to complete all Parliamentary stages and for the legislation to be enacted is not yet known, but is anticipated that the new arrangements will not come into force for at least another 18- 24 months, providing time for the legal and other implications to be worked through and reported back to the board.

3.8 Communication, involvement, engagement and consultation

As outlined above extensive engagement is occurring at a national level and we are commencing work with Highland council to identify the implications for each organisation. This will then form the basis for future Communication, involvement, engagement and consultation.

3.9 Route to the Meeting

Executive Director's Group 22nd July 2024

4 Recommendation

Members are asked to note:

- i) The Stage 2 amendments to the NCS Bill set out in Appendix 1 which will result in the introduction of a single model of integration and the consequent removal of the Lead Agency Model; and
- ii) Further updates providing clarity on the legal, financial and governance implications will come forward to future meetings of the board.

4.1 List of appendices

The following appendices are included with this report: Appendix 1 – Stage 2 amendments related to lead agency model

Appendix 1 – Stage 2 amendments to NCS Bill

The following are excerpts from the explanatory notes for the National Care Service Bill.

OVERVIEW OF THE BILL

The Bill is divided into the following Parts:

- Part 1 creates the framework of the National Care Service. It amends the Public Bodies (Joint Working) (Scotland) Act 2014 so that there is only a single integration model for health boards and local authorities to choose. That single model entails the delegation of some of their functions to National Care Service local boards (currently known as integration joint boards). Part 1 of the Bill further establishes the National Care Service Board to oversee the work of the local boards, and to exercise wider powers in accordance with its general purpose of securing continuous improvement in the wellbeing of the people of Scotland.
- Part 2 gives the Scottish Ministers powers to make records about people's health and social care more consistent and better integrated.
- Part 3 contains modifications to existing laws relating to the provision and regulation of care.
- Part 4 contains provisions usually found at the end of a Bill, namely the power to make ancillary regulations, further elaboration in relation to regulation-making powers elsewhere in the Bill and the sections dealing with commencement and short title

Chapter 1A: National Care Service local boards

Chapter 1A contains two sections, the purpose of which is to formally incorporate schedules into the Bill. Further explanation of the effect of those schedules is given below (see paragraphs 86 to 89 of these Notes in relation to schedule 2A and paragraphs 90 to 107 in relation to schedule 2B). The following is only a brief summary of what the schedules do.

- Schedule 2A, which is introduced by section 12B, modifies the Public Bodies (Joint Working) (Scotland) Act 2014 so that local authorities and health boards will have to delegate some of their functions to National Care Service local boards through jointly agreed integration schemes. Prior to these modifications, the Joint Working Act allowed local authorities and health boards to choose one of 4 possible integration models. Delegating functions to integration joint boards was one of them. The modifications made by schedule 2A remove the other 3 possible integration models and rename integration joint boards as National Care Service local boards.

- Schedule 2B, which is introduced by section 12C, makes further changes to the Joint Working Act, and other enactments, relating to how functions are delegated to National Care Service local boards and how those boards will operate within the National Care Service framework.

Schedule 2A: NATIONAL CARE SERVICE LOCAL BOARDS: CREATION AND REMOVAL OF OTHER INTEGRATION MODELS

Schedule 2A is divided into two parts as follows:

- Part 1 modifies the Public Bodies (Joint Working) (Scotland) Act 2014 for the reason explained in paragraphs 87 to 89 below.
- Part 2 modifies other enactments in consequence of the modifications made by Part 1, in particular this means removing references to integration joint boards and replacing them with references to National Care Service local boards.

Part 1 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires health boards and local authorities to enter into arrangements, known as integration schemes, through which they are to delegate functions and appropriate resources to ensure the effective delivery of those functions. As enacted, the Joint Working Act set out four integration models (see section 1(4)). The first entailed delegation to a corporate body known as an integration joint board specifically established for the purpose. The other three options did not entail the creation of a new body, but a distribution of functions amongst the health board and local authority partners in the scheme.

Part 1 of the Bill's schedule modifies the Joint Working Act so as to:

- remove the three integration models that do not entail delegation to a new corporate body, and
- change the name of those corporate bodies from integration joint boards to National Care Service local boards.

Provisions of the Joint Working Act that refer to integration joint monitoring committees are also repealed. Those committees operated only in relation to one of the three integration models that the Bill abolishes.