

REPORT

National Care Service Call for Views - EIJB response

Edinburgh Integration Joint Board

24 September 2024

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| Executive Summary | <p>The purpose of this report is to provide the Edinburgh Integration Joint Board (EIJB) with the finalised response for the Call for Views - National Care Service.</p> <p>The finalised response is contained at appendix 1 and takes account of submissions made by EIJB members at the development session held on the 12 September 2024 and any other submissions made outwith the development session.</p> |
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| Recommendations | <p>It is recommended that the Edinburgh Integration Joint Board:</p> <ol style="list-style-type: none"> Note the finalised submission (Appendix 1) which was approved by the Chair and Vice Chair of the EIJB as the deadline for submission of responses to the Call of Views was the 20 September. |
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Directions

| | | |
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| Direction to City of Edinburgh Council, NHS Lothian or both organisations | No direction required | ✓ |
| | Issue a direction to City of Edinburgh Council NHS Lothian | |
| | Issue a direction to NHS Lothian | |
| | Issue a direction to City of Edinburgh Council and NHS Lothian | |

Main Report

- The Scottish Government presented the National Care Service (Scotland) Bill in the Scottish Parliament on 20 June 2024. The Scottish Parliament’s Health, Social Care and Sport Committee published its Stage 1 report on 22 February 2024 and the Parliament voted to approve the general principles of the Bill at Stage 1 on the 29 February 2024.
- The Scottish Government have proposed several amendments to the Bill at Stage 2 and these were published on the 24 June 2024.

4. The Health, Social Care and Sport Committee issued a call for written evidence to hear views about the draft amendments, the Scottish Government is proposing to make to the Bill as introduced at Stage 2. The Call for view opened on the 1 July 2024 and closes on the 20 September 2024.
5. The EIJB considered the questions contained in the Call for Views at a development session on the 12 September. The EIJB could also submit comments and views out with the formal development session. The points raised by EIJB members have been incorporated into the EIJB’s response to the Call for Views and this is included at Appendix 1.
6. The deadline for the National Care Service – Call for Views is in advance of the EIJB meeting on the 24 September. As per the EIJB consultation protocol, the Chair and Vice Chair have approved the submission attached at appendix 1 and this report formally homologates the EIJB’s submission to the Call for Views.

Strategic Priorities

| Strategic Priorities | ✓ | Key points within report that address strategic priorities |
|---|---|---|
| Prevention and Early Intervention | | |
| Tackling Inequalities | | |
| Person Centred Care | | |
| Managing our resources effectively | ✓ | This report ensures that the EIJB through its submission, influences the final shape of a National Care Service and ultimately influence the ability to manage resources effectively. |
| Making best use of capacity across the system | | |
| Right care, right place, right time | | |

National Health and Wellbeing Outcomes

| Please note which national Health and Wellbeing Outcomes your report aligns to | | ✓ |
|---|--|---|
| 1. People are able to look after and improve their own health and wellbeing and live in good health for longer. | 6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being. | |
| 2. People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, | 7. People who use health and social care services are safe from harm. | |

| | | | |
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| independently and at home or in a homely setting in their community. | | | |
| 3. People who use health and social care services have positive experiences of those services, and have their dignity respected. | | 8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care, and treatment they provide. | |
| 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services. | | 9. Resources are used effectively and efficiently in the provision of health and social care services. | |
| 5. Health and social care services contribute to reducing health inequalities. | | Not applicable | ✓ |

Implications for Edinburgh Integration Joint Board

Financial

7. There are no financial implications arising from this report directly as this report responds to a Call for Views on the National Care Service. However, it should be noted that the proposals contained with the National Care Service will have serious financial implications which are not known yet due to a lack of detail contained with the National Care Service Bill.

Risk, legal, policy, compliance, governance, and community impact

8. There are no risk, legal, policy, compliance, governance or community impact implications arising from this report directly as it responds to a Call for Views on the National Care Service. However, it should be highlighted that the proposals contained within the National Care Service Bill, will have significant impacts on governance and could increase risks facing the EIJ, legal and policy implications, and impact on the community.

Equality and Poverty Impact

9. There are no equality or poverty impacts arising from this report directly as it responds to a Call for Views on the National Care Service.

Environment, climate, and sustainability impacts

10. There are no environmental, climate or sustainability impacts arising directly from this report directly as it is a response to a Call for Views on the National Care Service.

Quality of care

11. There are no quality of care impacts arising directly from this report.

Consultation

12. The submission attached at Appendix 1 has been drafted in collaboration with EIJB members. The submission to the EIJB has also been shared with partners (NHS Lothian and City of Edinburgh Council).

Report Author

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Background reading / external references

None

Appendices

Appendix 1 Call for Views – National Care Service

Appendix 1: Call for Views Submission

1. What is your view of the proposed National Care Service strategy (see proposed new sections 1A to 1E)?

| | | | |
|---|----------------------------------|--|-----------------------|
| | Strongly support | | Tend to oppose |
| ✓ | Tend to support | | Strongly oppose |
| | Partly support and partly oppose | | Undecided/ no opinion |

National Care Service Principles

The Edinburgh Integration Joint Board supports the improvements to recognise that services within the proposed National Care Service (NCS) are diverse and need to be responsive to individual need and complexity. It welcomes the acknowledgment that communication with individuals need to be adapted to suit the needs of individuals. There is a perception that the more successful IJB's are those with greater delegation of functions.

The EIJB operates in a complex landscape & would support opportunities to streamline and simplify existing national policies, strategies, standards, outcomes and principles. The EIJB are supportive in principle of NCS Principles and that it would be reviewed every 5 years, the Bill is silent on how the principles will align with the purpose, values, vision and principles of local care boards. The Bill doesn't acknowledge how to resolve divergence between the NCS and local priorities or how the proposed direct funding arrangements would address this or how the NCS would achieve delivery of their principles without additional investment, recognising that there is a reducing budget envelope facing the Health and Social Care (HSC) system. In terms of engagement for reviewing the national principles, the Bill doesn't explicitly reference that Scottish Ministers would also engage with local care boards who will be responsible as "National Care Service Institutions" for addressing key challenges. There is no reference in the Bill about how the principles will reflect the diverse requirements and unique pressures of 31 Integration Joint Board's (IJB's) or how the NCS takes into account local needs and how these are influenced. The EIJB would note concerns about how the strategy will reflect the variation of services delivered by Health and Social Care Partnership (HSCP's) to meet the needs of the population, the geographic configuration (e.g., rural vs urban) the differing demographic challenges, and demand profiles across 31 IA's and ensure parity with regards performance measurement.

National Care Service Strategy

As the strategy will guide the NCS Local Boards, there needs to be consideration on how local needs are reflected in the strategy and take cognisance of the financial constraints facing all IJB's. Further work is required to understand the mechanism for influencing the strategy as the strategy can't request implementation of work, which are cost prohibitive or unaffordable for an IJB.



Based on all these differing factors, there is a concern about how that is translated into challenges for the strategy to address. It is important that the strategy addresses challenges across HSC services, and does not only focus on high profile areas, such as delayed discharge or short-term issues but recognises much wider challenges in delivering delegated services across the whole IJB. There is no clarity on how the strategy will connect with IJB Strategic Plans and vice versa, and the review periods (5 years for the NCS Strategy vs 3 years for IJB Strategic Plans). This raises serious questions on how the NCS will measure outcomes consistently recognising local strategic priorities.

2. What is your view of the proposal to create a National Care Service Board, and the provisions about the role and functions of the Board (see in particular new Chapter 1B of Part 1, and new schedule 2C)?

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|---|----------------------------------|--|-----------------------|
| | Strongly support | | Tend to oppose |
| | Tend to support | | Strongly oppose |
| ✓ | Partly support and partly oppose | | Undecided/ no opinion |

The EIJB notes concerns that that the Bill doesn't provide any details on how the NCS Board would operate in practice and how local care boards would interface with it. The Bill is also silent on how it will gain intelligence on local delivery arrangements. To have 31 Chief Officers, partner bodies & professional advisors on the board, is likely to make it ineffective in decision making and potentially duplicate existing arrangements in place. A mechanism for reflecting locally defined challenges, priorities, complexity of need and variation in IJB strategic priorities will need greater consideration. The Bill is silent on how local needs are fed into the NCS Board (NCSB).

The EIJB currently interfaces with a range of complex governance arrangements within NHS Lothian and City of Edinburgh Council and introducing another governance arrangement would complicate and delay decision making and make accountability opaque. Currently the EHSCP must report through a myriad of governance arrangements for both Council, NHS Lothian and the EIJB, which means officers are triplicating work which has resource implications. If the governance reporting were streamlined to only one body (NCSB), this would release capacity which could be absorbed back into the system however as it stands Chief Officers could spend much of their time reporting via 4 different structures.

The Bill does not provide detail on the reporting expectations or implications (both positive and negative) for local care boards / the HSCP if a NCSB is implemented. There is a presumption that local boards will have to provide a level of assurance reporting on activity / improvement which will have resource implications. As shared accountability is across three bodies, there should be consideration given to look at the overall governance arrangements across HSCP's, partner bodies and the NCS Board to simplify and streamline

reporting and governance arrangements. The Bill is silent on the costs for the creation of the NCSB and whether these costs need to be absorbed from the existing HSC funding pot allocated to all 31 IJBs. There will be significant costs to implement the recommendations of the Feeley Review as referenced in the [Financial Memorandum](#).

Recognising the investment required for HSC services, this funding could be spent on improving service delivery and meeting current unmet need. It is difficult to reconcile this with current experience where budget allocations are failing to keep pace with growing demand for HSC services. All IJBs are making difficult budget decisions which will have a detrimental impact on people. EIJB remain seriously concerned about many of the amendments including governance, oversight, operational delivery, performance reporting and about the lack of detail relating to costs for the NCS. All IJBs are facing major financial pressures with no additional funding to address existing/forecasted pressures for demographic growth and workforce costs.

3. What is your view of the proposal to establish National Care Service local boards and to remove other integration models (see in particular Chapter 1A of Part 1, and new schedules 2A and 2B)?

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|--|----------------------------------|--|---|-----------------------|
| | Strongly support | | | Tend to oppose |
| | Tend to support | | | Strongly oppose |
| | Partly support and partly oppose | | ✓ | Undecided/ no opinion |

As the EIJB has adopted an Integrated Joint Board model, we have no opinion to offer on this question.

4. What is your view of the proposed new provisions on monitoring and improvement (see new sections 12K and 12L) and on commissioning (see new section 12M)?

a) Monitoring and improvement

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|---|----------------------------------|--|--|-----------------------|
| | Strongly support | | | Tend to oppose |
| ✓ | Tend to support | | | Strongly oppose |
| | Partly support and partly oppose | | | Undecided/ no opinion |

The EIJB are supportive of any approach that drives improvement of services that sit with the National Care Service; however, the Bill doesn't acknowledge or recognise services that may be subject to monitoring and improvement activities via their constituent bodies (e.g., via EIJB, or partners). This has the potential to create duplication in work, effort, and reporting. Any monitoring or improvement framework should complement and not duplicate any existing reports. It is important there is a joined-up approach to any monitoring or improvement framework, and that it takes account of existing frameworks.



Also, there appears to be no detail on how performance improvement especially in those areas that are struggling, would be costed and who would be responsible for the costs. Additionally, there is no recognition that IJB and the HSCP’s that deliver services would require major financial investment to plan, prepare and implement a new infrastructure which will ensure consistency of practice across Scotland. IJBs are under serious financial pressures with little flexibility and diminishing resilience which would make consistent implementation extremely difficult without further investment.

The Bill doesn’t specify who has ultimate authority and responsibility for monitoring and improvement, the National Care Service or partner governance arrangements (e.g. NHS performance framework). This has the potential to make governance arrangements even more complex. Where there is a suggestion that improvements are required at a local level that requires significant investment or resource, the Bill is silent on who would be accountable and responsible for any additional costs to deliver on improvements. The Bill is also silent if the National Care Service can instruct local care boards to deliver improvements and how that is balanced with the priorities of local care boards and who would be responsible for paying for improvements and the balance between improvements required at a national level versus local improvement.

There needs to be further clarity on the criteria for monitoring local boards and clarity on when the monitoring and improvement framework would be activated. It is important that any framework is done in collaboration with partner organisations. As well as the criteria, any data returns should draw on existing data sets to reduce the requirement and burden of reporting.

Any monitoring and improvement framework should cover the totality of delegated services and not just focus on those indicators which support a drive from hospital to community services and it should give a sense of the totality of the system.

b) Commissioning

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|---|----------------------------------|--|-----------------------|
| | Strongly support | | Tend to oppose |
| ✓ | Tend to support | | Strongly oppose |
| | Partly support and partly oppose | | Undecided/ no opinion |

The EIJB are supportive of ethical commissioning and ways to implement fair work and are looking at opportunities to develop its approach to ethical commissioning across its services. Whilst the principle of commissioning on a “once for Scotland” is a good one, rather than 31 EIJB’s commissioning specialist or complex services, the EIJB would ask for further clarity on how this commissioning will takes local requirements into account and how they are costed effectively.

5. What is your view of the proposed new provisions to designate a National Chief Social Work Adviser and for the creation of a National Social Work Agency (see new section 26A)?

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|---|----------------------------------|--|-----------------------|
| ✓ | Strongly support | | Tend to oppose |
| | Tend to support | | Strongly oppose |
| | Partly support and partly oppose | | Undecided/ no opinion |

In principle the EIJB are supportive of the proposals to designate a Chief Social Work Adviser (CSWA), and the creation of a National Social Work Agency (NSWA) however there remains serious concerns on how these arrangements would apply to all social care gradings including lower grade home care for example which makes up a considerable proportion of the workforce. This proposal attempts to recognise the value of the social work profession and ensures a social work voice and decision making at a national level.

The Bill is silent on how the CSWA role or agency adequately reflects issues at a local level and how the NSWA would interface with local care boards (e.g., will it be through CSWO on the local care boards or through a different mechanism). Whilst the EIJB, is supportive of both these changes, it is important that there is clarity of responsibility of the NSWA and local authorities, who will still retain responsibility for statutory services.

Alongside this, it is important that there is clarity on who has ultimately accountable for service delivery as this proposal adds another layer of governance and decision making across an already complex governance landscape (e.g. local care boards, national care boards, National Social Work Agency, City of Edinburgh Council). Currently there are several parties who have a role, and this proposal could make decision making more difficult and reporting onerous.

The Bill is also silent on the practicalities of the NSWA ensuring the workforce is equipped and resourced, as the budget would sit with local care boards. There would be risks if the NSWA can mandate local care boards to spend its budget to ensure social work / social care is equipped / resourced. Alongside the EIJB is having to deliver a significant savings programme (£48m) across a range of delegated services. The Bill is silent on how it balances savings requirements (which is occurring across all IJB's) with investment to ensure that Social Work is equipped without additional funding being provided or how it proposes to recognise how these challenges will be varied given the volatility of the labour market.

6. What is your view of the proposed amendments to the Public Bodies (Joint Working) (Scotland) Act 2014, as set out in the marked-up version of the Act?

Introduction (Minister's letter):

| | | |
|------------------|--|----------------|
| Strongly support | | Tend to oppose |
|------------------|--|----------------|

| | | | |
|---|----------------------------------|--|-----------------------|
| ✓ | Tend to support | | Strongly oppose |
| | Partly support and partly oppose | | Undecided/ no opinion |

The EIJB is supportive of this change as it allows Children’s Services to be delegated to the NCS and demonstrate the value of integration.

7. What is your view of the Scottish Government’s proposed approach to addressing the areas of further work outlined in the Minister’s covering letter?

7.1 Direct Funding

| | | | |
|---|----------------------------------|--|-----------------------|
| | Strongly support | | Tend to oppose |
| ✓ | Tend to support | | Strongly oppose |
| | Partly support and partly oppose | | Undecided/ no opinion |

The EIJB supports the proposal to directly fund local care boards and would ask the Bill goes further and directly funds local care boards in its entirety rather than received funding via partners. However, the EIJB does recognise that it operates as part of a wider system and need to work with its partners to collaborate as part of a wider system. The direct funding arrangements (either in full or partially for specific workstreams) needs to be fully considered and costed.

However, on balance the EIJB believes direct funding would allow the local care board to fully spend the totality of budgets in the way that best suits local needs and in line with its Strategic Plan. It further allows local care boards to shift the balance of care from acute to a community setting. By directing funding to local care boards, this ensures that the full allocations are passed over as intended.

The Bill is silent on the actual mechanisms of how direct funding will work and how it will consider local needs including demographic growth, alignment with the Strategic Plan. It should be highlighted that the EIJB has had to make £48m of savings for this year, recognising that the budget settlement from partners didn’t cover the cost to deliver core services. All IJB’s are having similar challenges.

It is important to seriously consider what the end point of these changes will be and how this will positively impact people who use health and care services. Whilst there is view within the Bill, that consistency is important. Whilst the proposal to fund local care boards is supported, it does not address the bigger challenge about the sustainability of health and social care services across Scotland and the serious financial pressures also faced by Council and NHS boards which are part of the health and care system. Currently demand is outstripping the services (and funding) available, and this will continue unless there is significant investment in health and social care services.

Direct funding will not in its own right address the issue that there is insufficient funding for health and social services in Edinburgh (as well as across Scotland), evidenced by the fact that overall funding to IJBs in 2022 / 23 has decreased by 9% in real terms (Source: [Accounts Commission – IJBs](#)) and most IJBs have been required to deliver significant savings.

7.2. Inclusion of Children’s Services

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|---|----------------------------------|--|-----------------------|
| ✓ | Strongly support | | Tend to oppose |
| | Tend to support | | Strongly oppose |
| | Partly support and partly oppose | | Undecided/ no opinion |

The EIJB does recognise the impact of removing Children’s Services (and Justice Services) from the control of local authorities and may reduce the level of local democracy which is in currently in place. However, there is a perception that the more successful integration authorities (IAs) are those with greater delegation of functions, therefore the EIJB strongly supports the proposal to include Children’s Services within the National Care Service. The proposal will further drive integration and deliver ‘cradle to grave’ services under the one body and reduces the risk of fragmented services, at the point of transitioning from children to adult services.

Since the inception of IJB’s, 10 IJB’s have delegated children’s services and 19 have delegated children’s health services, indicating that there is real value in integrating children’s services.

Integration of both children and adults social work services, allows for a whole life approach to social care and the inclusion presents the best opportunity to ensure that children have the best start in life. It also ensures an integrated pathway for carers (both young and adult carers).

At this time, because adult and children’s services are managed under different governance structure, there is a fragmented approach to transitions planning, evidenced by £2m costs transferring from children’s to adult services during 2023/24. Having both these services managed under the one governance structure going forward, would ensure a single pathway for individuals who use social work services.

There is a concern by moving children’s services to the NCS would fracture relationships and create a silo approach between children’s services and education however these concerns have been mitigated in other IJBs where children’s services have been delegated. In these areas, there is broad recognition that this approach has the added benefit of agreeing single



strategic planning, single budgets and single management structures which can target service users' needs more effectively. In Edinburgh, adult services, whilst overseen by the EIJB, still have effective relationships with existing local authority functions including children's services, housing, and homelessness to deliver better services for the citizens of Edinburgh. Therefore, there is no reason that moving Children's Services into the National Care Service would have a detrimental impact on effective relationships or joint working with existing local authority functions (e.g., education, early years provision).

Good partnership working between children's services and local authority functions should continue with, locality planning arrangements, joint initiatives and collaboration on pupil equity funding arrangements and the whole family wellbeing fund. Other examples exist of fully integrated front door arrangements with both children's and adult services, ensuring clear alignment between key services and how they respond to children protection concerns, including children's, addiction, mental health services co-located and jointly managed with single shared goals with aligned policy and common finance and commissioning arrangements. It is important that any barriers to integrating children's and adults are fully considered and addressed including assessments, caseload pressures, poor information sharing and inter agency communications across multiple services.

Effective integration and joint decision making can be implemented at an operational level, for example other IJBs have HSCP Chief Officers chairing learning review panels/ significant case reviews in collaboration with education leads, including education psychology and lead senior paediatricians. If the integration of children's services is agreed, locally agreed meeting structures would be retained with Education as a key partner, including multi-agency quality assurance arrangements, Child Protection Committees, learning review panels and where necessary MAPPA. Education whilst not included in the Interagency Referral Discussion, in national guidance, are included at a local level across some IJB's. Fundamentally, the successful integration of services needs to include joint vision, effective communication and the right governance and meeting structures to deliver good integrated services.

Whilst the EIJB do support the inclusion of Children's Services, there needs to be recognition, acknowledgement, and management at local levels to ensure the Children's services do not get lost in the bigger adult, older people, and health agenda. It is important that the bill (and implementation) mitigates these risks and sustains good practice, governance and locally defined relations, systems, processes, and culture. Further agreement of implementation timelines, guidance and resourcing will need greater detail. Further information is needed on what investment in the NCS will be directed to Children's Services as any funding is aligned to historically relate to adult social care services, (e.g., eligibility criteria and unmet need, carers supports and the fair work agenda). Both adults and children's services also require investment to ensure

financial sustainability and so an early intervention and prevention approach can be supported via stringent strategic planning and locally agreed performance monitoring arrangements ensuring whole system approach.

It is important that standards in social work practice and social care provision are developed for all services, both adults and children. It is important that they are all funded in a way that allows for the achievement of those standards and fair terms and conditions for all staff regardless of who they work for or where they work.

7.3. Inclusion of Justice Social Work

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|---|----------------------------------|--|-----------------------|
| ✓ | Strongly support | | Tend to oppose |
| | Tend to support | | Strongly oppose |
| | Partly support and partly oppose | | Undecided/ no opinion |

EIJB also support the inclusion of Justice Social Work services as again it brings all interrelated services under one governance structure, however, it does recognise the impact of removing Children’s Service from the control of local authorities may reduce the level of local democracy which is currently in place.

The Feeley Review (Pg43) heard evidence that those Integration Joint Boards, which have gone beyond the statutory delegation minimum of all adult social care, and that have all children’s services and criminal justice social work also delegated, have performed well in relation to these services. Other IJB’s have integrated key health and social care teams, including early years, health visiting, CAMHS, looked after children health teams, school nursing, family nurse partnership and social work and have benefited from improved operational / performance management, strategic and financial planning. An integrated governance arrangements also has benefits in terms of addressing wider strategic priorities including poverty and early intervention.

There is a need for justice services to align better with community health services, including mental health services, substance misuse services which are central to addressing offending behaviour. Strong practice evidence from elsewhere highlights the value of addictions, mental health, homelessness being integrated and jointly managed with a specific focus on diversion, including bail supervision, alcohol courts, courts aligned including Drug Treatment Testing Orders (DTTO), proven evidence base for reducing need for community payback order and greater focus on earlier intervention. High end, multiple, complex needs resulting in repeat offending, repeat homelessness presentations and re-occurring mental health / hospital admissions can also be addressed more comprehensively through integrated budgets and strategic planning arrangements.

Criminal Justice Social Work requires close links with a range of other key services, as often repeat offenders nearly always present with a complex range of issues, including mental health, alcohol and drug services, adult protection which all sit currently within the EIJB. Therefore, having justice services included as part of an integrated management structure would be a strength.

7.4. Anne's Law

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|---|----------------------------------|--|-----------------------|
| ✓ | Strongly support | | Tend to oppose |
| | Tend to support | | Strongly oppose |
| | Partly support and partly oppose | | Undecided/ no opinion |

The EIJB strongly support the principles of Anne’s Law recognising the importance of individuals having a right to maintain contact with family and friends.

8. As part of the package shared with the Committee, the Scottish Government has provided an [update on co-design of the NCS Charter](#) and an [initial draft of the National Care Service Charter](#).

What is your view of the initial draft of the National Care Service Charter?

| | | | |
|---|----------------------------------|--|-----------------------|
| ✓ | Strongly support | | Tend to oppose |
| | Tend to support | | Strongly oppose |
| | Partly support and partly oppose | | Undecided/ no opinion |

Whilst the EIJB does support the content contained within the NCS Charter, the Bill is unclear where this fits in within the existing landscape for complaints and redress. Local care boards have localised arrangements in place for managing complaints, as do local authorities and NHS health boards. Individuals can also complain to the SSSC, Care Inspectorate or SPSO. Putting another arrangement in place to manage complaints adds another layer of complexity rather than simplifying the route for complaints.

9. Do you have any other comments on the Scottish Government’s proposed draft Stage 2 amendments to the National Care Service Bill?

The proposals are very opaque in terms of funding, and ultimately creating a National Care Service will not by itself improve outcomes for people. The system is currently underfunded and unless there is significant new investment across the health and social care system, the aspiration which underpin the NCS will not be delivered.



Overall, the EIJB are extremely concerned about the lack of clarity which makes it challenging to take an informed position as an IJB and lacks the detail about how the NCS will operate going forward. There is a lack of detail across various areas including:

- financial / budget allocations.
- the proposed implementation of the National Care Board and how they interact with local boards.
- governance and accountability arrangement.

The proposals suggest that implementing the National Care Service, will deliver improved outcomes for people. Whilst the proposals, may improve allocation / oversight of spending, it risks diluting / blurring the lines of accountability and confusing governance arrangements, which are already complex.

There are significant concerns about the current financial position and overarching sustainability of adult social care services, both now and in the future. The Bill doesn't address the cost, (which will be significant) of the new arrangements and until this is made clear it remains difficult to support other than in principle the NCS. It is important that there is a clearer explanation of the financial resources available, to ensure an informed position of financial risks.

The Bill and associated documents also lack any detail in relation to the timescales for the implementation of these proposals which are significant. To deliver the size and scale of changes proposed will be major and likely to take 3-5 years to implement. To deliver such large-scale change (as proposed) will divert attention and focus from improving health and social care services.