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24 June 2024

Dear Clare,

Thank you for the Committee's ongoing consideration of the National Care Service (Scotland) Bill ('the NCS Bill').

Following my previous updates in December 2023 and March 2024 concerning the Bill, I attach a package of documents relating to the NCS Bill as an update for Stage 2 of the Bill. This provides further detail on our previously stated position concerning the development of the NCS. I committed to provide these documents in my [full response](#) of 28 March 2024¹ to the Committee's Stage 1 report:

"The full text of amendments intended to be lodged at Stage 2; a marked-up version of the Bill as introduced (incorporating the amendments in a highlighted format); an updated Policy Memorandum and Explanatory Notes, will be sent to the Committee no later than June 2024."

This is part of my broader commitment to work constructively with the Parliament to agree timings for this Bill, particularly a Stage 2 deadline, that allow time for engagement and scrutiny to take place, whilst also recognising the role of parliamentary authorities and the time they need in supporting members ahead of amending stages of Bills.

I understand that the Committee will want to take evidence on the Stage 2 package of documents over the summer and autumn, and I intend to work constructively with the Committee in that process. I will consider the evidence given to the Committee, ahead of lodging the final version of these amendments. These are therefore draft amendments for stakeholders and the Committee to consider before the process of considering formally lodged final versions of amendments.

The Stage 2 package of documents enclosed is as follows:

- Two marked up versions of the NCS Bill as Introduced, highlighting draft Scottish Government amendments for Stage 2 (a track changed version to show the

¹ [National Care Service \(Scotland\) Bill Stage 1 report full response | Scottish Parliament Website](#)

amendments, and a side lined version to show what the Bill would look like if the amendments were agreed)

- List of draft Scottish Government Stage 2 amendments
- Updated version of Explanatory Notes
- Memorandum – policy intention of proposed Scottish Government amendments at Stage 2 (essentially an updated policy memorandum in a situation where there is no formal parliamentary procedure or precedent for providing one.)
- Marked up version of the Public Bodies (Joint Working) (Scotland) Act 2014, highlighting draft Scottish Government amendments for Stage 2 – an additional document provided to aid clarity on the effect of the amendments proposed for the 2014 Act .

Subject to parliamentary approval, I intend to make the changes detailed in the above package to the NCS Bill through Stage 2 amendments to reflect:

- The Scottish Government’s shared accountability agreement with local government leaders in June 2023 and the conclusion of further discussions with local government leaders and NHS health boards in November 2023 on the operationalisation of the shared accountability agreement.
- The Parliament’s detailed consideration of the NCS Bill at Stage 1, and the specific points and recommendations made by the HSCS Committee in its Stage 1 report. These recommendations included the establishment of an Expert Legislative Advisory Group (ELAG), which the Scottish Government accepted. The comments of this group have informed the development of the draft Stage 2 amendments. The report attached at Annex A, entitled ‘ELAG Summary of Outputs Report’, provides a summary of discussions at the ELAG meetings and how they have assisted in the development of the Stage 2 amendments. We knew the conversation would be wider than the Bill amendments. However, we welcomed people’s views around areas that may be covered in secondary legislation, guidance or practice in the future as well as direct feedback on our policy intention for amending the primary legislation.
- The Scottish Government’s ongoing stakeholder engagement and co-design work. Annex B provides details on the co-design process and how it has been informing the development of the primary legislation, as well as its shaping of the future secondary legislation.
- The financial context, as set out in more detail in my [letter](#) to the Finance and Public Administration Committee of 11 December 2023.

Through our proposed Stage 2 amendments, the main changes to the Bill will be as follows:

- The creation of a National Care Service Board. The National Care Service Board (NCSB) is intended to provide national oversight and improvement of social work services, social care support and community health services which fall within the scope of the National Care Service. It would prioritise the actions that will make the most difference to outcomes for people: clear and consistent national standards, performance against those and accountability for delivery.
- Greater consistency of local planning and delivery of reformed integration authorities rather than Care Boards. This will support implementation of NCS priorities by building on existing structures and good practice.

Despite the changes I intend to make to the NCS Bill through the Stage 2 amendments, the vision for the NCS remains unchanged by the shared accountability agreement. The same

benefits are sought as when the Bill was first introduced; it is just the route to achieving those benefits which has changed.

The Scottish Government's vision for the National Care Service is that it will:

- 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
- 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.

The realisation of the Stage 2 amendments detailed in this package would substantially decrease the cost associated with the implementation of the NCS Bill. Further details of the financial implications of the changes to the Bill that the Scottish Government is proposing for Stage 2 can be found in the [letter](#) mentioned above to the Finance and Public Administration Committee of 11 December 2023.

Areas of Further Work:

There remain a small number of areas where further work is needed to confirm which legislative approach would best deliver the intended changes and strengthen their future practical implementation.

Those areas are:

- Direct funding
- Inclusion of children's services
- Inclusion of Justice Social Work
- Anne's Law

The intention of this approach is to free up COSLA and local government colleagues from further negotiation on these issues and allow them to focus specifically on the mission to reduce Delayed Discharges in the coming weeks and months.

Children's Services:

I hope the Committee will find it helpful if I set out the intended approach to children's social care, social work and community health services.

Under the proposed changes, any service that is included in an integration authority will be accountable to the National Care Service Board and, therefore, in scope of the NCS.

Existing legislation allows flexibility as to which children's services are delegated into integration authorities. Some are operating with full delegated powers, whereas some include no children's services at all.

Following the establishment of the NCS, areas where children's services have been delegated would be in scope of the NCS, while those areas that have not done so would not. Under the current arrangements, making no additional provision in respect of children's services in the NCS Bill would result in children's services in many areas of the country being within scope of the NCS, and others being out.

This means that different areas would be subject to different arrangements and requirements in a number of different respects including, for example, strategic planning, reporting, access to support and improvement framework, or the approach to commissioning and procurement.

I believe that this would introduce further unnecessary complexity and duplication to a system which is already cluttered and confusing, risking creation of additional barriers.

For this reason, my preference continues to be, as set out in the Stage 1 debate, inclusion of children's services, including children's community health services, in the scope of the NCS in all parts of Scotland. Achieving this ambition requires progressive move towards consistent delegation of services across the country.

I believe the most responsible way to do this is through an amendment to the NCS Bill to provide Scottish Ministers with a power to make regulation to ensure that certain children's services are delegated to integration authorities in all parts of the country.

However, how and when this power might be exercised requires additional consideration. I want to make sure that this reform is delivered in a way which takes account of local needs and circumstances, is understood by children and their families and benefits the workforce who support them. I want any changes to children's services to build on existing good practice, preserve vital links across children's services, develop links between children and adult services, and further support, rather than distract from, work to drive improvement. Opportunities also remain to ensure that the final decision on children's community health services aligns with the inclusion of local authority children's services.

In addition, The Promise Scotland have now published their implementation plan for 2024-30. This is why I want to take additional time over the summer to consider how changes to children's services could be best aligned with The Promise timescales.

I intend to provide further updates ahead of the deadline for formally lodging our final Stage 2 amendments. However, I wanted to outline my intention here as this may be helpful for the Committee to indicate this to stakeholders when the Committee issues its call for views on the Stage 2 package.

Justice social work:

With respect to justice social work services, the Scottish Government preference is for the consistent inclusion of such services within the NCS at both a national and local level.

The Scottish Government wants to:

- Make sure that the range and quality of justice social work services available across Scotland is consistent while being suitable for local needs
- Support the delivery of justice social work services by strengthening integration and collaborative planning
- Support oversight at a national and local level along with other areas of social work, social care, and community health

This approach reflects that people in the justice system are often involved with more than one social work or care service. Including justice social work in the National Care Service would therefore:

- Ensure that justice social work is aligned with the other areas of social work
- Ensure the National Care Service Board is responsible for all justice social work services across Scotland
- Promote a joined-up approach for justice social work with other areas of social work, care, and community health

Policy development on the inclusion of justice social work is ongoing. So as not to pre-empt the outcome of those discussions, no proposed amendments relating to justice social work are included in this pack.

However, I wanted to outline my intention here as this may be helpful for the Committee to indicate this to stakeholders when the Committee issues its call for views on the Stage 2 package.

Direct funding:

The Scottish Government has been clear on our intention to introduce legislation which would give Scottish Ministers the power to directly fund reformed integration authorities for specific purposes, such as regional and national commissioning of specialist services. Within the current system, the budget for integration authorities is determined by the local authorities and health boards in accordance with the method for determining payments set out in the local integration scheme. This leads to variance across the country in terms of how services in the system are funded and, can lead to delays in getting funding to the frontline, as well as make it difficult to fully gauge the true nature of funding available for key priorities on a national scale.

Notwithstanding the above, health and social care funding is a complex area and we want to make sure that any changes brought forward are fully understood and do not to create unintended consequences for the existing funding model. We will therefore continue to work closely with statutory partners and finance experts to ensure any amendments we do take forward at Stage 2 lead to the intended outcomes. To inform this work, we have brought together representation from across local government, health boards and health and social care partnership to work through the detail of the proposals.

We will provide a further update to parliament on this as soon as possible.

Anne's Law:

With respect to Anne's Law, the Scottish Government remains committed to delivering Anne's Law within the NCS bill. This position was reaffirmed at the ELAG meeting on Anne's Law on 30 May.

We acknowledge the suggestions from Parliament that Anne's Law could be delivered in a different way, we will work over the summer to determine whether any alternative route will deliver Anne's Law in keeping with the policy aim and more quickly.

NCS Charter:

I would also like to use this opportunity to provide an update on the co-design of the National Care Service Charter of Rights and Responsibilities (The Charter) and to provide an early draft of the Charter for your interests. The draft Charter has been developed using insights from the first two phases of co-design to date and will continue to be updated and refined through co-design until it is formally laid before Parliament, subject to the NCS Bill passing and receiving Royal Assent and ahead of the launch of the NCS.

As such, there are a number of 'placeholders' in the current version of the draft Charter to indicate anticipated content where further work is required or which cover services that are currently being co-designed. It is intended that each of these 'placeholders' will be updated as co-design on relevant aspects of the NCS progresses.

In conclusion:

Thank you for your ongoing consideration of the NCS Bill. I look forward to continuing to work with the Committee as the Bill progresses through the Scottish Parliament.

A handwritten signature in black ink, appearing to read 'Maree Todd', written in a cursive style.

MAREE TODD MSP

ANNEX A - ELAG Summary of Outputs Report

Background to ELAG

The Health, Social Care and Sport Committee's Stage 1 Report recommended setting up an Expert Legislative Advisory Group (ELAG). The Scottish Government accepted this. We set up a group of around 60 experts, including people with lived experience. They met every week for nine weeks to discuss our approach to proposed Stage 2 amendments.

We grouped the discussions by theme. This was because there were many amendments. We also needed to work quickly to meet the commitment from the lead Minister for the Bill to provide a package of Stage 2 amendments and associated documents to the lead parliamentary committee by June 2024. We set out the remit and work of the group in a terms of reference document that was agreed by the group's members.

We are grateful for the ELAG's views on these matters which have informed the Stage 2 amendments. One of the benefits of working in social care is the range of insights and opinions. These come from stakeholders, people accessing social care support, carers, and people working across the system.

Find [more information about the Expert Legislative Advisory Group](#) at gov.scot, including:

- details about the group members
- the terms of reference
- minutes from each meeting

We will publish this report there too.

Areas that ELAG discussed

The areas the ELAG discussed were broad and included:

- National Care Service Board
- National Care Service local reform
- National Care Service principles
- procurement
- independent advocacy
- The Charter of Rights and Responsibilities
- complaints and redress
- Anne's Law
- children's services
- justice social work

ELAG and Stage 2 Amendments

This is a summary of how ELAG discussions have influenced the considerations of our proposed Stage 2 amendments of the National Care Service (Scotland) Bill. We sent these amendments to the Scottish Parliament on 21 June 2024.

We knew the conversation would be wider than the Bill amendments. However, we welcomed people's views around areas that may be covered in secondary legislation, guidance or practice in the future as well as direct feedback on our policy intention for amending the primary legislation.

We have covered two main types of amendments in discussion. One was areas that changed a lot, either structurally or strategically, since the Bill was introduced at Stage1. For example, the introduction of the National Care Service Board and the approach to local reform. We go into more detail on these areas later in this report.

The other was areas where proposed amendments are more detailed and relate to things that were already in the Bill as introduced. For example, on complaints or principles.

In some cases, there are clear links between ELAG discussions and specific amendments. Others are more wide-reaching and have a broader impact on several areas. These need a full read of the package to understand their influence.

National Care Service Board (NCSB)

Most people supported the idea that we should have an NCS Board during discussions about it. The feedback from these sessions is helping us develop policy. It will also influence the work we are planning over summer 2024 to co-design parts of the NCS Board.

The main points for the us to reflect on include:

- how the board will link to other regulatory bodies in the health and adult social care system (for example the Care Inspectorate),
- suggestions about other stakeholders we should engage with,
- the best way to support lived experience board members,
- views that the board needed to have "teeth" so that it could hold other parts of the system to account,
- suggestions for the type of committees that we need to set up to support the board,
- the need for national priorities to be identified to direct the work of the different parts of the system.

National Care Service local reform

Members broadly supported the proposed reforms to local structures. They recognised the emphasis on building on existing structures to deliver change.

Discussions also included:

- That people would like more practical details about the governance reforms driven by the creation of the NCS Board. This would help them fully review the impact of these reforms. We will think about the best way to share this information.
- Mixed feedback on the naming convention we suggested for integration authorities. But we heard that the term 'integration authority' is not well understood by the public. This has informed our decision to rename integration authorities to NCS Local Boards. This will make what these bodies do clearer. It will also make it clearer that they are accountable to the National Care Service Board.

- A range of practical suggestions on how to enhance the voice of lived experience in decision making. We will co-design reforms based on these suggestions. We will use guidance to put these reforms into practice.

National Care Service principles

The group's discussions covered these points:

- How the effectiveness of the principles will be measured. Members asked about indicators. The NCS principles will guide all work relating to the NCS. Scottish Ministers will be responsible for developing and publishing a NCS Strategy. It will set out the context and strategic direction and aims for the NCS, in line with the principles. The strategy will also set out any actions we need to take to achieve those aims. The NCS Board must also act in a way that is consistent with the NCS principles in carrying out its work.
- Members were broadly in favour of the amendment to define the term 'human rights'. But some noted it may be difficult to do this without explicitly mentioning human rights treaties. While the proposed amendment aims to be clear without giving the impression that some rights are more important than others, we are grateful for the feedback from ELAG members. We have worked to ensure that the amendment wording refers to international treaties the UK Government has agreed to. We have also referred to provision of support for a person living independently in the community.
- Questions about plans for streamlining principles. Members asked us to share how the principles, standards and outcomes may work together in the future. We are developing a clear outline of our plans in this area.

National Care Service procurement

The ELAG provided valuable feedback on our suggested amendments.

However, feedback showed we should continue to engage with a wide range of stakeholders to:

- share information and work in partnership on our wider planned actions. This includes actions that do not need legislation,
- consider actions that we can take to support smaller local organisations, in ways that legislation allows,
- further test the 'third sector' definition,
- share more information about relevant procurement legislation such as the 'light touch regime',
- make it clear how the proposed amendments will work with self-directed support legislation,
- make the roles, responsibilities and the governance process of procurement within the NCS clear.

Through discussions with the ELAG we are content that we do not need to change our policy intent and proposed amendments. But we are carrying out more stakeholder engagement to

test the definition of 'third sector'. We expect to make the independence of third sector organisations clearer.

We are also developing our approach to stakeholder engagement. We plan to work more closely with stakeholders and people with lived experience on procurement improvements.

National Care Service Independent Advocacy

ELAG members supported the proposed amendment to add independent information and independent advice to the NCS Bill. This is as well as independent advocacy.

The main points the group discussed included:

- Potential regulations relating to these areas. Members asked that as well as co-design work, evidence for any possible regulations includes engagement with advocacy agencies and other key stakeholders.
- Current independent advocacy provision, including concerns about insufficient funding. We will keep engaging with organisations that provide independent advocacy. This will help us to understand their work and how advocacy could support people when they use NCS services.

National Care Service (NCS) Charter

ELAG members broadly welcomed the proposed amendments to Charter provisions.

They discussed:

- The need to avoid repeating other charters, for example, the NHS Charter of Patient Rights and Responsibilities. We are mindful of other existing Charters and Standards. We will continue to work to make sure the NCS Charter compliments and aligns with them.
- That it is important to update the Charter in response to new legislation. We will update the draft Charter until close to the launch of the NCS. After that, we will review it within five years of officially showing it to the Scottish Parliament.

National Care Service complaints and redress

ELAG members did not highlight any concerns or opposition to proposed Stage 2 complaints and redress amendments.

They:

- Recognised that these reflect broader changes to the planned NCS structure (for example the introduction of the NCS Board and reforming integration authorities). This includes existing practice to bring new public bodies under the jurisdiction of the Scottish Public Services Ombudsman (SPSO).
- Supported making NCS complaints processes simple and accessible, but highlighted possible risks such as delays.
- Highlighted where we could make improvements, for example by making roles and responsibilities of different complaints bodies clearer. Other areas they said could be clearer included governance and accountability, data sharing and funding.

We welcome this feedback from ELAG members and will continue to reflect on this with people who access and deliver care support. We will also continue our engagement with wider stakeholders as we co-design the NCS complaints service.

National Care Service and Justice Social Work

The views we heard from the ELAG reflected feedback that we have gathered over the last year from:

- the NCS Justice Reference Group,
- independent research,
- workshops hosted by the Scottish Government with practitioners and people in the justice system.

ELAG members told us:

- They did not oppose the proposed amendment to delegate all Justice Social Work services to IJBs. But they said that more information on the practicalities of this will be important.
- That communication between services is important and including Justice Social Work in the NCS could help support collaborative working.

We will continue to reflect this feedback across the rest of the Bill process.

Anne's Law

ELAG members discussed the policy aim of Anne's Law. This aim is to put in law that people living in adult care homes have a "right" to receive in-person visits from people they choose in all but exceptional circumstances. Concerns were raised around the inclusion of "exceptional circumstances" which it was felt by some could result in unnecessary restrictions on those who provide essential support for their loved one.

There was further discussion on the importance of care home residents being able to meaningfully connect with those important to them.

There were also conversations around how policy should reflect the experiences of residents, friends, and families.

Further comments on Anne's Law included:

- unpaid carers having equal voice and being equal partners in care, and moving away from the term 'visiting',
- having clarity in the complaints/redress process if decisions need to be challenged, and more information on 'exceptional circumstances',
- that consideration should be given to extending Anne's Law to other settings like supported accommodation and hospitals, as people living in those settings may have experienced problems in seeing their loved ones,
- the need to involve groups and individuals who can advocate for the emotional and wellbeing needs of residents in the decision-making process.

Children's Services

Members' comments helped us understand how the changes we propose may impact services, service users and service providers.

The main points members raised focused on:

- the impact on connections between and across services, in particular with education,
- the impact on the workforce,
- the need for the proper amount of time to implement and test changes,
- confusion about what specific services are "children's services" for the purposes of the NCS amendments.

Summary of ELAG meetings

Below, we have included a summary of the feedback that ELAG members gave during each meeting.

Meeting 1: Introductory meeting – 4 April 2024

The group discussed the draft terms of reference, membership and topics of discussion.

Meeting 2: National Care Service Board (NCSB) – 11 April 2024

The group agreed the terms of reference, subject to changes.

Other points raised included:

- questions on the future scope and governance of the NCSB
- the need for the NCSB's membership to be broad enough (for example, including the workforce, carers, third sector, and other groups) that lived experience members on the NCSB should be equal to other members
- That the NCSB should have a focus on prevention and early intervention

Meeting 3: National Care Service Board – 18 April 2024

The group agreed the terms of reference.

Other points raised included:

- the need to be clearer about future scope of the NCS and governance of the NCSB, including future accountability flows,
- the need to be clearer about what the NCSB would do and how it would relate to other parts of the system,
- the need to make sure the NCSB did not just add another layer of reporting and make the system more, rather than less, complicated,
- that financial resources might limit how we put these reforms into practice,
- the amount of detail in the Target Operating Model we shared with the group was difficult to follow and it would have been better to talk through this model ,

- the need to make sure that we have full lived experience representation on boards at all levels of the system, and that national board governance supports this. All lived experience cannot be represented by one individual,
- the delivery of co-design and how it is working with the NCS Bill.

Meetings 4 and 5: National Care Service local reform – 25 April and 2 May 2024

Before the meeting on 25 April, we updated the terms of reference with new members.

We asked the group to consider several matters, including the issue of renaming integration authorities as NCS local boards. They had mixed views on the proposal. Some members did not express a strong attachment to the current name.

This discussion included:

- feedback that ‘integration authority’ and ‘integration joint board’ may not be terms well understood by the public,
- the benefits of demonstrating alignment between the NCSB and NCS local boards through the board name,
- the proposed name may still not provide clarity on the remit of local boards and the services they covered in and of themselves ,
- that transformational change and shifting culture are the more important aspects of reform.

We asked the group:

- how we can ensure lived experience is meaningfully represented in decision--making,
- what support and training should be provided.

This discussion covered:

- the importance of ensuring a full and diverse range of voices are represented at the local level, including those with protected characteristics,
- the importance of lived experience representatives on local boards representing a wider range of interests and groups, for example there could be citizens panels that sit behind boards or wider networks to feedback information to and from the representative, including connecting local and national board members,
- disabled people and carer organisations being involved in providing independent support to representatives.

ELAG members felt that all local board members should undertake the same training and appointment process and were supportive of investing in training for everyone. They felt that professional board members should also receive training on working with people with lived experience and that leadership played a strong role in ensuring that lived experience representation was meaningful.

Meeting 6: National Care Service principles – 9 May 2024

Before this meeting we updated the terms of reference with new members.

At this meeting, discussion points included:

- the importance of the NCS Principles being deliverable in practice, and the role resourcing will play in this,
- how the principles could be strengthened,
- suggestions that the UN Convention on the Rights of Persons with Disabilities (CRPD), including Article 19 on the right to independent living, could be referenced in the principles.

Members of the group asked for more information about:

- how the effectiveness of the principles will be measured in the future,
- some language used, and said the principles should be clear and easy to understand,
- plans to streamline the principles, outcomes and a standards landscape.

Meeting 7: Procurement – 16 May 2024

Before this meeting we updated the terms of reference with new members.

At this meeting, discussion points included:

- support for the proposal to amend the reserved process to include third sector,
- a discussion on the challenges around defining the third sector and the need for a definition to be clear and easy to understand,
- what the proposed amendments will change and how it will address current issues,
- accountability and where it will lie in relation to procurement and ethical commissioning,
- how our policy approach would link to existing self-directed support and procurement legislation,
- Members also recommended groups that we should engage with around procurement.

Meeting 8: Independent Advocacy, the Charter of Rights and Responsibilities (the NCS Charter) and Complaints and Redress – 23 May 2024

Before this meeting, we updated the terms of reference to reflect new members and to incorporate comments.

Independent advocacy

Members were supportive of potentially adding regulation-making powers for:

- independent information,
- independent advice.

Members were pleased to see independent advocacy included in the Bill. However, some members were concerned that current funding is not enough and to make meaningful improvements will need more resources.

Some members suggested there is a lack of clarity on what regulations could be brought forward. They expressed their desire for an explicit right to independent advocacy. They also

said there should be a duty requiring Scottish Ministers to make provision about independent advocacy to be included in primary legislation.

The NCS Charter

Members were largely positive about the proposed amendments to the NCS Charter provisions.

Some members wanted more information on what the Charter is and to explain how it can help people.

Some said that duplication with existing charters should be avoided where possible.

They also said that it will also be important to align and update the Charter in response to new legislation.

Complaints

Members did not highlight any concerns or opposition to proposed Stage 2 amendments. Members recognised the complexity of the existing complaints landscape and supported the need for simplicity and accessibility. This included an appetite for the different roles of complaint bodies to be set out with clear responsibilities.

Members highlighted the need to manage the introduction of the NCS complaints services into an already complex landscape.

Members wanted more information on:

- the scope of the NCS complaints service functions,
- confidentiality,
- governance,
- funding,
- accountability.

Meeting 9: Anne's Law, Children's Services and Justice Social Work – 30 May 2024

Anne's Law

There was strong support from members of the group for Anne's Law and the need to enshrine it in law. Discussion around this covered:

- The term 'visiting' and greater awareness that family and friends who provide essential care and support should be considered as equal partners in care.
- The definition and scope of "exceptional circumstances," should visiting restrictions be considered.
- The need for a clear advocacy and appeals processes should decisions need to be challenged.
- Extending Anne's Law to include other settings – for example, supported accommodation and hospitals and other forms of community support. Some people living in some of these settings experienced problems in seeing their loved ones.

- The need to involve groups and individuals who can advocate for the emotional and wellbeing needs of residents, friends and families in any decision-making process.

Children's Services

The group discussed the inclusion of children's services in the NCS.

This included the potential impact on links between services, in particular education services.

However, the group accepted that better collaboration across the board and strengthening of partnership working would be a good thing.

Other discussion points included:

- whether legislation is the appropriate way to drive this change and how the NCS evidence base relates to children,
- the need to ensure that children's voices are heard and do not get lost in a wider system,
- the potential benefits of including certain children's services in the NCS,
- the complexities of the existing policy and service delivery landscape,
- the impact of structural changes on workforce, highlighting the need for time to make changes and greater involvement of the sector in the process.

Justice Social Work

During this discussion, members discussed the complexity of including justice social work in the NCS. This included a discussion about how change to the structures could undermine existing good practice.

The group also discussed:

- the lack of resource and underinvestment across the board and how that might be a barrier to implementation,
- the inclusion of justice social work into the NCS in general.

ANNEX B - Co-design insights and impact on Stage 2 amendments

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1. Introduction.

We have been clear from the outset that one of our stated aims for the National Care Service (NCS) and the National Care Service Board (NCSB) is that we put lived experience at the heart of how they are co-designed. This is vital to ensuring that the NCS embodies human rights principles and delivers for the needs of people and not the system.

Our approach to co-design has been developed in consultation with people with lived experience and is delivered both by officials and through partnerships with a range of third sector partners working with key groups often under-represented in such work. It is not just driving the establishment of the NCS and the NCSB, but will become the heart of how we continue to ensure that people's needs of, and ambitions for, the reform of community health and social care are delivered and continuously improving when they need to.

Following the initial consultation process, we have been progressing a programme of co-design activity that has enabled people with lived experience of both receiving and delivering care, as well as stakeholder organisations, to explore together a number of key overarching themes that have been helping to inform the development of proposals going into the NCS.

Over the last year we have explored the following themes through a range of co-design activities including workshops, interviews, surveys and regional forums:

- Keeping care support local
- Realising rights and responsibilities
- Information sharing to improve care support
- Valuing the workforce
- Making sure your voice is heard

Following the consultation, we have engaged 1,826 people in co-design activities either in person and online and engaged in co-design activities with 146 organisations. We have published our findings as the work has progressed, with a particular focus on engaging with members of our Lived Experience Experts Panel (LEEP), as well as organisations registered on our Stakeholder Register.

There are currently more than 575 people registered on LEEP, and over 282 organisations registered on our Stakeholder Register.

Since the beginning of 2024, we have particularly focussed on engaging with people who were likely to have been underrepresented in prior activities such as the consultation, or the national and regional forums that we undertook through last year. We have called this engagement the 'seldom heard voices' project and we are due to publish the insights from this work soon.

Following the completion of Stage 1 of the legislative process, we are currently focussing our main co-design activities for the coming months across two new design themes:

- Governance and Representation
- Complaints and Redress

At this stage in the programme our co-design activity is moving from what we have called the 'Understanding phase' into the 'Sensemaking phase'.

By 'Understanding phase', we mean where we seek to explore together what needs to change and why, looking at the data and evidence that exists, and agreeing what it tells us

and where more is needed. All of the activity from the regional forums through to the recent work with under-represented groups has had this focus.

By 'Sensemaking phase' we mean co-design activities that will help to generate ideas about what could change, how change might work, look and feel. Testing out ideas for changes and making sure they will work in practice. The two new design themes looking at governance and representation, as well as complaints and redress, will have this focus.

Whilst many of the insights gained from co-design activity have helped to form the evidence based underpinning the development of the legislation to date, this is not the only place that these insights will support change.

Our co-design work is by design broad and far reaching, and the insights from this work will help underpin the legislation, but they will also impact in other ways. This could include for example:

- Secondary legislation
- Operational guidance
- Service design proposals

We will continue to publish findings from the co-design work as it progresses.

The purpose of this paper is to outline specifically where Stage 2 amendments to the Bill as introduced are being proposed, how these have been informed by the co-design activity to date, as well as where co-design insights have suggested no changes were required.

2. Governance, representation and keeping care support local.

Through our proposed Stage 2 amendments, the main vehicle for driving improvement will be the creation of a National Care Service Board.

Prior to the proposal of a National Care Service Board, we undertook co-design activities that sought to explore the topic of 'Keeping care support local'. Throughout the summer of 2023, we held a series of regional events focussed on this topic across different communities in Scotland. These took place in places from Stranraer to Shetland and were chosen to ensure we worked with both rural (mainland and island) areas as well as town and urban areas. We also ran online events for people who could not attend in person. One of the aims of these sessions was to explore how a National Care Service can achieve the right balance between providing the same standard of service across Scotland and meeting the different needs of local areas. We also issued a survey to LEEP members and organisations on our Stakeholder Register to elicit an even broader range of views and experiences.

The topic of governance was explored at the National Forum, with the roundtable discussion exploring the topic of 'shared decision making is needed at all levels', as well as with sessions with the Social Care Expert Group supported by Glasgow Disability Alliance.

The topic of 'National Board membership' was also explored through a series of 10 workshops undertaken in partnership with organisations representing communities that might otherwise be less represented in the co-design activity as part of our 'seldom heard voices' project. These organisations were:

- Alzheimer's Scotland (representing people with dementia or experience of supporting people with dementia)
- CEMVO (representing ethnic minority communities)
- LGBT Health & Wellbeing (representing the LGBTQI+ community)

- Scottish Commission for people with Learning Disabilities (representing people with learning difficulties)
- SACRO (representing people with experience of the justice system)

The evidence collected following all of this work has provided a strong baseline for the development of the proposal for a National Care Service Board, with the proposed amendments due to set out the expected powers and duties of this Board.

However, the insights and evidence are not limited to this, as they will also help to inform planning and operational guidance in terms of the establishment of the board and the support structures to enable meaningful participation.

2.1 National Care Service Board membership

Of the many discussions we have had to date with people on the topic of a NCS board, many people have told us that such a board should have representation from people with lived experience and that this representation should be meaningful and not 'tokenistic'.

As one participant told us;

"Experience brings its own unique understanding of systems".

Stage 2 amendments to the Bill as Introduced will therefore seek to ensure that people with lived experience will be included in the Board's membership, and that secondary legislation can be used to set out further detail about the Board's composition and the appointment of its members. As a minimum, we would expect the Board to include an independent chair, plus representation from the Scottish Government, local government, the NHS and people with lived experience of receiving, and working in, community health and social care services.

2.2 Supporting Lived Experience representation on the board

Through the co-design activity focussed on 'keeping care support local' and then more recently beginning to explore the concept of a National Board in more detail, we have heard that for people receiving social care support to be able to take part in the decision making process (e.g. sitting on boards), the role needs to be supported, accessible and people need to feel that they are able to contribute, so that they can participate in a meaningful way. For example, one participant at a regional forum told us;

"If you want us [...] you need to give us training, support. You need to speak in normal language and not use jargon."

Another participant at a different event told us that there needs to be a;

"Clearer process for electing people with lived experience onto care boards and support both financially and through the use of technology to attend board meetings."

We also heard that to improve carers' experience, community health and social care decision-making structures need to offer carers the opportunity to meaningfully influence decisions. For example, at a session with care centre managers, we heard that they would like;

“...a sort of translation or summary provided the day before for us to share with carer and lived experience reps. There needs to be a more level playing field for us.”

At the National Forum there were suggestions in the discussion groups around how people with lived experience could meaningfully participate. People said there needs to be careful consideration about the support structures that can enable this kind of representation. For example, how to manage taking on a role like this alongside a caring responsibility or job. There were discussions on how people with lived experience must have opportunities to set the agenda proactively, rather than just responding to one. People also told us that attending boards can be intimidating. It was highlighted that appropriate support would be needed to ensure people will be both confident to participate and able to participate meaningfully.

People undertaking a role like this would need to be appropriately supported financially. They would also need support with other responsibilities (such as unpaid caring responsibilities) to help them take part. Appropriate training and ongoing support should be considered.

At the co-design sessions with underrepresented groups (our ‘seldom heard voices’ project), we had discussions about a potential ‘lived experience advisory board’ that could help ensure broader representation and also support any lived experience members sitting on the board itself.

Session participants told us a ‘lived experience advisory board’ could be;

- Important to hear a range of views for fully representing diverse groups across country.
- An opportunity for people to connect with others with similar experiences, establishing trust.
- An idea that reduces risk of representatives being limited to only their personal experiences, enabling them to share broader views beyond their own experience.
- Something that creates a comfortable environment to share views that contrasts with formal board meetings where strong voices can dominate and overshadow others.

As one participant told us;

“This is a way to be more inclusive and to hear from more voices. If you can’t be on the [National] Board, then this is a way for you to contribute to the conversation.”

In terms of the amendments to the Bill as Introduced, we are seeking to agree amendments that would require the Board to set out in its corporate plan, for approval by Scottish Ministers, how it will involve people with lived experience meaningfully in decision making. This would include the establishment of procedures and ways of working to support people with lived experience to be engaged in the work of the National Care Service Board, including, but not limited to, being represented in the membership of the Board.

The nature of support the Board would be able to provide to individuals would include financial, practical and/or other accessibility related support. Additionally, the Board would be able to provide for participation at a more structural level - for example, by establishing and supporting representative forum(s) through which the Board’s lived experience members can seek and channel views.

The purpose of these amendments is to deliver on the Scottish Government’s core commitment to work together with people with lived experience, to ensure that systems,

processes and decision making within the NCS are person-centred, robust, fully informed, and cognisant of the implications on all those who interact with services.

Further detail of the type of support required to enable full participation of people with lived experience will be co-designed, drawing on the evidence gathered from co-design activities to date, and further supported by planned co-design activity on the design theme of 'Governance and Representation'.

2.3 *Consistent approach*

As part of our summer regional forum series of events, we undertook some sessions within the 'Keeping care support local' theme that were specifically targeted at the topic of community health. We published our findings at the time².

At these sessions we heard that care providers feel there is a lack of a consistent approach across Scotland, as there is no one policy setting a standard on how supports are delivered and prioritised, resulting in confusion for user, variance of treatment depending where you live and 'bottlenecks' in getting treatment for those who need it.

One of our participants suggested it felt like;

"...a bit of a scattergun approach".

Under the NCS, local government will have responsibility for the majority of social care procurement. It is proposed that the National Care Service Board should arrange specialist and complex services which could require input from a range of public sector organisations, nationally and on a 'once for Scotland' basis.

Stage 2 amendments propose to give the National Care Service Board the function of monitoring the performance of NCS services. The Board would be able to require information, reports and statistics from bodies such as NCS local boards, local authorities and Health Boards, to fulfil its oversight role. Recognising the various reporting requirements already placed on the integrated health and social care system, the Board would be expected to work collaboratively with other bodies that collect information, with a view to minimising the burden on those who provide that information. Using existing legislative powers, the National Health and Wellbeing Outcomes (NHWOs) and Health and Social Care Standards (HSCS) would also be reviewed and amended to align with the NCS principles. It is anticipated that this will assist in simplifying what would otherwise be a complex landscape of principles, Integrated Planning Principles / Integrated Delivery principles, standards and outcomes.

2.4 *Local control*

As part of the co-design activities we ran on the themes of 'Keeping care support local', people told us that we should learn what is working well in existing integration authorities and we should not 'reinvent the wheel' when devising future governance models. People had similar views on this subject across different parts of Scotland. People felt that certain aspects of care provision should be standardised around the country. These included:

² [National Care Service - keeping care support local part 2 – community health care: regional forums - findings summary - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2022/06/20220622_national_care_service_-_keeping_care_support_local_part_2_-_community_health_care_regional_forums_findings_summary.pdf)

- eligibility and the right to receive social care service
- assessments
- the type of services available
- minimum levels of care available
- the quality of services
- how much services cost
- timeframes for care to start after a referral
- consequences for providers when standards are not met

People also said that local flexibility in commissioning of services was a good thing, as it meant services could be tailored to the needs of local populations and people could get involved in shaping those services³. We intend to improve local delivery through reform of integration authorities. Integration authorities are existing bodies established under the Public Bodies (Joint Working) (Scotland) Act 2014. Local reform will require some new provisions in this Bill amending the 2014 Act, as well as the exercise of existing powers under that Act. Reformed integration authorities will continue to oversee the planning and delivery of social care, social work and community health in their local area, and will be accountable to the National Care Service Board.

3. Realising rights and responsibilities

3.1 The Charter

As part of the work within the design theme of 'Realising Rights and Responsibilities', we have been designing and developing a NCS 'Charter of Rights and Responsibilities'. We have engaged hundreds of people in the co-design work to date, including people accessing and delivering community health, social work and social care support, lived experience panels and stakeholder organisations and their members. Particular focus was applied to ensure that the Charter co-design was inclusive and captured the views of vulnerable or seldom heard groups so as to make sure that the Charter will deliver for everyone.

Through the co-design activity we gathered a number of key insights, some of which are summarised here. For example, we learnt that people want the Charter to be short, simple and accessible. Technical information should be included in separate documents for people that want further detail. The Charter must be in plain English and available in different languages and formats. The Charter should be used to positively influence staff and societal views of supported people.

People also told us that they often do not know what their existing care specific rights are. The Charter will summarise these existing legal rights in an accessible way which people can understand. This means that all of the rights outlined in the Charter will be based in domestic legislation.

We also heard that the section on 'your support network, community and independent advocacy' could include information on the importance of support networks in making sure that people's rights are upheld and that they receive the care they need.

Draft Charter content will be further developed in future co-design. This will include work to better reflect the needs of rural communities and families. It will also involve developing and testing new language in the 'equality, dignity and respect' section and 'involvement,

³ [National Care Service - keeping care support local part 1 – local services: regional forums - findings summary - gov.scot \(www.gov.scot\)](http://www.gov.scot)

participation and choice' section with people with lived experience of accessing and providing care support.⁴

While the intent of the Charter provisions in the Bill are broadly the same as when the Bill was introduced to Parliament, engagement with people with lived experience and key stakeholders has highlighted some areas where provisions could be strengthened.

As such, Scottish Government Stage 2 amendments now propose to include provisions to explicitly illicit the views of any individual who has a personal interest in the wellbeing of another individual to whom the NCS provides a service (for example, a family member or carer).

Further, to reflect the developing role of the NCS Board and also to future proof provisions, the intention is for amendments to now include provisions to enable Scottish Ministers to delegate future Charter development to the Board and for the Board to promote the Charter.

Following the Stage 2 process, we are planning for the charter to move into its last phase of co-design. This will extend until close to the launch of the NCS to maximise opportunities for people with lived experience to influence and improve the draft Charter and enable the draft Charter to be updated in response to progress in the co-design of the NCS and changes in the legislative landscape.

3.2 *Defining human rights*

As part of the early co-design activity that took place within the 'Realising rights and responsibilities' design theme, we explored in general terms what people understood by rights and responsibilities.

We ran a series of events on this topic at regional forums that took place in Glasgow, Stranraer, Skye and Shetland. We also ran an online event for people who could not attend in person.

We heard that most do not know what their rights are or what this means for them when they are getting social care support. This is a barrier to people claiming their rights in a social care setting. Most people told us that there is little acknowledgement of rights when they are getting support. Many people had heard of Human Rights but didn't know what impact these had in social care support. Some suggested that having additional care needs (e.g. because of a learning difficulty) makes it more difficult for you to claim your rights because of your of disabilities and conditions.

We also heard that Human Rights language is often not accessible and people don't relate their experiences of care with rights. Rights seem theoretical to people and not something which can be claimed or played out in social care support. Clarity is needed on what human rights and what equality and equity mean.

As such, Scottish Government Stage 2 amendments intend to include provisions to provide greater clarity on what is meant by 'Human Rights'.

⁴ [National Care Service - realising rights and responsibilities: regional forums - findings summary - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultations-petitions/html/documents/nsc20180001.htm)

4. Information sharing to improve care support

We have undertaken co-design sessions on the theme of ‘information sharing to improve care support’ as part of the regional forums, the ‘seldom heard voice’ project, we have issued a survey to LEEP members, as well running as stand-alone sessions with people with lived experience of receiving services and also with union members. We also found that the topic of information use and sharing also commonly cropped up as part of our broader engagement with the other design themes, most notably the ‘Valuing the workforce’ theme. As well as the core work as part of our design themes, we have also drawn in the initial findings from pathfinder projects that form part of the ‘Getting it right for Everyone’ (GIRFE) programme.

The insights from all of this this work covered a broad range of topics, ranging from how people access information to how their personal information could be managed as part of an integrated electronic record.

4.1 Inclusive communications

We heard that building trust around information use is key to information sharing and that there are concerns about who has access to personal information and the consent around information sharing. We also heard about how the experience of digital exclusion or lower levels of digital capability can affect people’s attitudes towards information sharing⁵.

One common theme that we heard was about the importance of taking an inclusive approach to communications. This was true for both people accessing and also people delivering care services.

For example, we heard that people in the workforce feel that the information that is available about a supported person is not always in an accessible format to the staff supporting them on the frontline. Such issues with the accessibility of information range from the language used in records as being too medical or technical, or information being truncated or harder to read in full when they are accessing it on a mobile device.

Participants also told us about how the way that information is displayed and presented must support staff to be able to access a record easily and it should be easily understandable, regardless of their profession, location or the device that they are using.

For example, one participant told us that;

“[With] hospital discharge team first response [...] When discharged, the person’s background is shared from the NHS. When the plan comes through it uses NHS language and this isn’t familiar. There are issues with things like abbreviations. [We] can only make out half of what is said”.

As part of the GIRFE project, we have been working with eight Health and Social Care Partnerships as GIRFE pathfinders. The pathfinders were provided with design training and did the research with people with lived experience. These teams hold the evidence from their work as insights which are a collation of all the data they produced and brought back to the

⁵ [National Care Service - information sharing to improve care support: regional forums - findings summary - gov.scot \(www.gov.scot\)](http://www.gov.scot)

GIRFE project. These insights are routinely shared with the NCS programme in order to deepen and broaden the evidence based that underpins the development of policy.

The team working with the GIRFE pathfinders learnt that a person trying to access care information can struggle to find what they need as the access points (where and how to find it) are not available or accessible. There is a need to provide information about support and services available in a consistent, joined up and accessible way.

They also learnt that a person with low literacy levels or confidence doesn't get the same access to support as those who are literate, this has an impact on the care and support that they receive. There is a need to provide information about support and services available in a consistent, joined up and accessible way.

As part of the Stage 2 amendments, we will be seeking to extend the principle on inclusive communications to ensure a consistent and more inclusive approach to communications, so people receive information and express themselves in ways that best meets their individual needs.

4.2 An integrated and accessible electronic social care and health record

As part of our early engagement on the topic of 'information sharing' we ran a series of workshops for members of the Lived Experience Experts Panel (LEEP), as well as providing a survey for LEEP members to complete. We also ran a series of regional forums on this topic and session with underrepresented groups, such as workshops with members of DeafBlind Scotland and as part of our 'seldom heard voice' project.

Through this work we learnt that people want to understand what is shared about them and with who, and that there is a lack of confidence and understanding around GDPR and rights amongst general public in relation to viewing data and records.⁶ We also heard that there is lack of continuity of information shared between professional and agencies, resulting in negative impact on the quality of care delivered.

For example, one participant told us that;

“My concern is my mother has been discharged by the older people’s team. I’m not convinced there will be any sharing of information now - I’m not sure the information her GP has will feed into the social work report. I’m not confident in the system at the moment, I don’t trust it to pull information to support my mother.”

Another participant told us that;

“Hospital discharge was supposed to have arranged for health visitors, palliative care team and speech & language team input. None of the referrals were completed and we had a month with no / little input or help or support, as a result we were re admitted.”

As part of the regional forum sessions that we held on the topic of 'Valuing the workforce', we heard that the lack of sharing of information and data between professionals means it is more difficult to deliver good social care.

⁶ [National Care Service - information sharing to improve care support: regional forums - findings summary - gov.scot \(www.gov.scot\)](http://www.gov.scot)

Participants told us that the data being captured often does not represent the person on the other end and that data is also not being captured on people who are not eligible or successful in their application for social care support making it hard to understand where there might be unmet support needs.

We also heard that the different types of systems used within local areas and organisations make it difficult for staff to access the right information. Siloed working in the workforce also creates data sharing challenges, especially around lone working⁷.

Part 2 of the Bill as Introduced allows for information sharing and information standards and is intended to underpin the creation of the nationally-consistent, integrated and accessible electronic social care and health record. This will help professionals to support individuals in a more co-ordinated way and support national and local planning and commissioning.

5. Making sure your voice is heard

We have undertaken co-design sessions on the theme of ‘making sure your voice is heard’ through the regional forums, as well as subsequent targeted activities as part of our ‘seldom heard voices’ project. The insights from this work have provided a wide range of insights, evidence and suggestions covering topics ranging from access and support, through to independent advocacy and complaints processes.

5.1 Complaints and redress

The Independent Review into Adult Social Care recommended that *“When things do not work well for people and their rights have not been upheld, they must have rapid recourse to an effective complaints system and to redress”*.

This has been largely supported by all of the individuals who have participated in co-design sessions and surveys that we have held on this topic. Some respondents to one of our co-design surveys felt that making complaints was relatively easy, because most providers have their complaints procedures on their website, which allowed people to know how to make a complaint. For example, one respondent noted that;

“The provider has a complaints process, or I could have got in touch with the Care Inspectorate”

However, a significant majority of the evidence we collected through co-design activity noted there was real room for improvement.

Some people accessing adult social care support told us that sometimes even when mistakes are acknowledged by a care provider, nothing changes, so they feel it is pointless making a complaint. People told us that they want accountability in the complaints process to ensure it is an effective route for redress & driving service improvements when things go wrong.

We heard from key stakeholders and people with lived experience about the need to ensure clarity about which body should be responsible for dealing with the complaint throughout the process. For example, one participant told us:

⁷ [National Care Service - valuing the workforce: regional forums - findings summary - gov.scot \(www.gov.scot\)](http://www.gov.scot/resources/documents/2017/06/170617_ncs_valuing_the_workforce_regional_forums_findings_summary.pdf)

"There are too many organisations that deal with complaints issues: the information commissioner, the children's commissioner and other commissioners with more to possibly come, the Care Inspectorate. Most people don't know which one to go to and it's confusing"

We heard that people who have experience of accessing social care support find it difficult to know who to complain to when something goes wrong. This is a barrier to making a complaint as the process is seen as confusing. Therefore, having a simple point of entry when making a complaint would make it easier for people to navigate the complaints process. For example one participant explained;

"If there is a way to make it consistent- the same for disabled people in every part of Scotland – then this would be more fair. I would trust a national complaints system much more- like the NHS. I know the NHS isn't perfect but there is a lot of trust in the system and you feel they are trying their best for you"

Another participant told us;

"A single portal for all complaints would help so there is no need to try to find out what organisation or who you need to contact"

Some people accessing social care support also told us even after they manage to navigate the complex complaints processes and their complaints are upheld, nothing happens as there is no external follow up.

Following the engagement on the topic of complaints, the intent of the complaints provisions in the Bill are still broadly the same as when the Bill was introduced to Parliament. Our aim remains to strengthen the current complaints and redress system for complaints about services delivered under the NCS, by creating a service to support with complaints about social care support, social work services and community health services, which will then pass them on to those best placed to deal with them as set out by section 14 of the bill.

We will be looking to implement reforms, agreed as part of the co-design process, to how complaints are handled, including any redress under section 15. We will also be ensuring the National Care Service Board (NCSB), and any services provided nationally under the NCSB, are brought under the jurisdiction of the Scottish Public Services Ombudsman (SPSO) so there is independent oversight of their complaints handling.

We will be exploring, through further co-design, what role the NCSB should have in supporting and monitoring good practice in complaints policy and practice.

5.2 Independent Advocacy

The Independent Review of Adult Social Care highlighted the importance of access to independent advocacy, recommending that more services are "made available to people to ensure that their voices are heard, and to help prepare for participation in planning and organising their support". It also recommended improvements in and increased access to advice and information for people who access support and unpaid carers. This has continued to be echoed by stakeholders and in co-design work to date.

For example, one co-design participant told us that;

"I am articulate but still sometimes might need advocacy support because I also have communication support needs".

Some people accessing adult social care support told us that often the people who most need support from independent advocacy services do not know about them. This means they are unsure how to get the support they need to have their voice heard and participate fully in decisions about their care.

People want clear and accessible information on independent advocacy services. People said effective independent advocacy can be a way to empower people to engage with support systems. But people noted the importance of advocacy being independent from other services and supports systems. For example, one participant told us;

"Making advocacy truly independent is really important. They shouldn't be funded by the sector that's giving the support because it's not an even playing field".

Some people, including those in the social care support workforce, shared concerns about the NCS Bill only referring to independent advocacy. They suggested that this may limit other options for other independent supports and other types of advocacy.

Amendments will therefore now include provisions for independent advice and independent information as well as independent advocacy, as it is clearly important to enhance all three services across the scope of NCS functions.