

Agenda Item	10
Report No	HCW/06/10

The Highland Council

Committee: Health, Social Care and Wellbeing

Date: 5 February 2025

Report Title: National Care Service and Model of Integration Update

Report By: Assistant Chief Executive - People

1. Purpose/Executive Summary

1.1 This report provides Members with an update on the progress of the National Care Service legislation currently before Parliament, including the Scottish Government's announcement that Part I of the Bill is to be removed; and considers the implications for the work underway to review the model of integration agreed at Council in December 2024.

2. Recommendations

2.1 Members are asked to **note**:

- i) The current position in relation to the National Care Service Bill set out by the Scottish Government on 23 January 2025;
- ii) The current position in relation to the review the model of governance in place in Highland as considered by the Council on 12 December 2024; and
- iii) That further updates providing clarity on the legal, financial and governance implications will come forward to future meetings of the Council.

And further to **agree**:

The need to proceed at pace with the identified work in terms of the consideration of the care and governance model given the announcements made last week by the Minister.

3. Implications

3.1 Resource – whilst there are no specific implications directly arising as a direct consequence of this report, a change to the model of integration will have significant resourcing implications that are yet to be worked through.

- 3.2 Legal – The amended National Care Service Bill no longer requires all authorities to move to a defined model of integration in the form of Local Care Boards and, importantly for Highland, no longer requires a move away from the Lead Agency Model (LAM). It also does not prevent it.

However, the removal of Part I restricts the alternative options available to the Highland Health and Social Care Partnership to those that can be supported by existing legislation rather than provide for something new. This means that without further amendment, options are limited to either remaining with the Lead Agency Model or moving to a form of Integrated Joint Board (IJB).

The intention is to continue with the review as agreed by Council, taking into account the limitations set out above. The existence of the Bill potentially still provides scope to seek enabling amendments should the preferred revised model require them. The review will need to proceed at pace if this is to happen.

- 3.3 Risk – there are no specific risks arising as a consequence of this report. Risk assessment and mitigation will form a key part of the development of proposals arising from the review of current integration arrangements.
- 3.4 Health and Safety (risks arising from changes to plant, equipment, process, or people) – there are no specific risks directly arising as a consequence of this report, but there may be implications as the new model is developed. This will be kept under review.
- 3.5 Gaelic - there are no specific risks directly arising as a consequence of this report.

4. Impacts

- 4.1 In Highland, all policies, strategies or service changes are subject to an integrated screening for impact for Equalities, Poverty and Human Rights, Children's Rights and Wellbeing, Climate Change, Islands and Mainland Rural Communities, and Data Protection. Where identified as required, a full impact assessment will be undertaken.
- 4.2 Considering impacts is a core part of the decision-making process and needs to inform the decision-making process. When taking any decision, Members must give due regard to the findings of any assessment.
- 4.3 This is a monitoring and update report and therefore an impact assessment is not required.

5. Background and Update re National Care Service legislation

- 5.1 The [National Care Service \(Scotland\) Bill \(NCS\)](#) was published in June 2022 with the intention of reforming how social care, social work and community health services are delivered in Scotland. The proposal to create a National Care Service was based on recommendations made by the [Independent Review of Adult Social Care](#), led by Derek Feeley. The timescale for the delivery had previously been extended and in January 2025 the Minister announced significant rationalisations in terms of what will now be delivered.

- 5.2 The intention had been the creation of a national care service and subsequent negotiations with Cosla and other stakeholders had led to a provisional agreement that there would be a shared accountability agreement such that local authorities and health boards would remain legally responsible for delivery functions, staff and assets within the proposed NCS.

On 23 January 2025 the Minister for Social Care, Mental Wellbeing and Sport announced in Parliament that Part 1 of Bill would be removed, whilst continuing with Parts 2 and 3. This removed the provisions that would have required a single model of integration to be in place across Scotland in the form of local care boards accounting to a national board. Those elements which remain are as follows:-

- Anne's Law – providing rights for care home residents
- Information Sharing rights and responsibilities for services and service users
- Support for unpaid carers
- Creation of an NCS Advisory Board to advise on future social care reform in Scotland
- The creation of a National Social Work Agency – Strategic Partnership

There remains too a commitment to the reform of eligibility criteria and the associated non-residential charging regime as well as workforce support and ethical commissioning. It is recognised too that there requires to be collaboration with the UK Government.

- 5.3 The element of particular interest to Highland is the removal of those parts of the legislation intended to rationalise the model of integration in place which would not have supported the continuation of the Lead Agency Model.

6. Future of the Lead Agency Model - Proposed Amendments

- 6.1 As set out above the original draft Bill had made clear that the Lead Agency Model would be discontinued in favour of a single model of integration for the whole of Scotland. Such a model was understood to be largely based on the IJB form of integration. The Committee will recall that these arrangements were considered by The Council on 12 December and also by the Joint Monitoring Committee for the Partnership on 13 December. Those meetings:-

- Noted** that preparatory will be undertaken to identify the optimal future care delivery in Highland and to make recommendations on modifications to the care and governance model currently in place in Highland;
- Agreed** to create a strategic Steering Group to oversee the required work with representation from both lead agencies including councillor and officer representation from The Highland Council and executive and non- executive director representation from NHS Highland; and,
- Agreed** the approach to joint communications advised in this paper, to ensure that all stakeholders are fully apprised of plans as they evolve and have the chance to shape them.

The Board for NHS Highland subsequently approved this approach at its meeting on 28 January 2025.

6.2 The agreement to proceed with reviewing the Lead Agency Model was only in part due to the introduction of the NCS Bill. In addition, it has also been recognised that for some time the partnership had been managing significant challenges particularly in relation to the care home sector in Highland, but not limited to this. Analysis shows that the proportion of home based to residential care for older people in Highland is not in line with other parts of Scotland, who are performing better in meeting people's needs at the right time and in the right place. Performance in relation to delayed hospital discharge is an indicator of that challenge. A structured transformation programme was noted as required to address this and ensure that best practice in integrated health and social care be provided for the Highland population.

Notwithstanding the fact that the National Care Service Bill no longer requires a change to the lead agency model, the challenges referred to in paragraph 6.2 are unchanged and exploring the potential benefits that may be delivered through changing the model of integration remains worthwhile. This is why the decisions made at Council, and subsequently by the NHS Board were not entirely predicated on the provisions in the NCS Bill. Highland Council and NHS Highland therefore remain committed to considering all available options.

6.3 The Committee will recall that in terms of paragraph 5.1(ii) above a Strategic Steering Group is to be established. This is now being progressed and the Committee and the Council will be kept apprised of developments in this regard. A further report will also be brought to the next full Council meeting.

Designation: Assistant Chief Executive – People

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Author: Fiona Malcolm, Chief Officer Integrated People Services