



Law Society  
of Scotland

# Written Evidence

## National Care Service (Scotland) Bill

September 2022



## Introduction

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The Law Society of Scotland is the professional body for over 12,000 Scottish solicitors.

We are a regulator that sets and enforces standards for the solicitor profession which helps people in need and supports business in Scotland, the UK and overseas. We support solicitors and drive change to ensure Scotland has a strong, successful and diverse legal profession. We represent our members and wider society when speaking out on human rights and the rule of law. We also seek to influence changes to legislation and the operation of our justice system as part of our work towards a fairer and more just society.

We welcome the opportunity to consider and respond to the Scottish Parliament's Health, Social Care and Sport Committee and other committee's call for views on the National Care Service (Scotland) Bill.<sup>1</sup> We have the following comments to put forward for consideration.

## General Questions

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### **1. The Policy Memorandum accompanying the Bill describes its purpose as being “to improve the quality and consistency of social work and social care services in Scotland”. Will the Bill, as introduced, be successful in achieving this purpose? If not, why not?**

Social work and social care services in Scotland operate within a complex landscape. There is a multiplicity of services and organisations fulfilling roles within the social care system. The social care sector is governed by a complex and overlapping legislative framework. It is important that any new legislation within this landscape is linked to a demonstrable public interest justification and leads to improved outcomes for the end users of social care services. New legislation must not simply add a further layer of complexity to an already complex operational environment. The current legislative landscape would benefit from some rationalisation to improve clarity of what is currently a very complex and overlapping framework.

The Bill as introduced would create a framework for what is being termed a National Care Service, with the detail to be delivered largely via subsequent secondary legislation. We recognise that the Independent Review of Adult Social Care (IRASC)<sup>2</sup> recommended the creation of a National Care Service to achieve consistency, drive national improvement where required, ensure strategic integration with the NHS, set national standards, terms and conditions, and bring national oversight and accountability to what it termed a vital part of Scotland's social fabric.<sup>3</sup> We further recognise that the Bill represents an important step in

<sup>1</sup> <https://yourviews.parliament.scot/health/national-care-service-bill/>

<sup>2</sup> [Adult social care: independent review - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2019/06/Adult_social_care_independent_review.pdf)

<sup>3</sup> IRASC at page 5



addressing the challenges identified by the IRASC<sup>4</sup> and in giving effect to the IRASC's recommendations that accountability for social care support should move from local government to Scottish Ministers, and that a National Care Service should be established in statute.<sup>5</sup> We recognise that 72% of respondents who responded to the question on the NCS in the 2021 consultation agreed that Scottish Ministers should be accountable for the delivery of social care, through a National Care Service.<sup>6</sup>

It is not clear, however, that the creation of a National Care Service in and of itself would lead to improved quality and consistency of social care services in Scotland. It is not clear how any new bodies may be empowered to effectively drive change, or ensure effective implementation of individual rights in a social care context. It is not clear how a National Care Service will interact with existing organisations, or what safeguards will be in place to ensure that current difficulties in social care are not simply replicated on a national level. It is not clear how an effective transfer for services from local authorities to a National Care Service will be achieved in practice. Dividing services (for example if adult services are transferred in advance of children's services) may be very difficult where staff are integrated across them, and in light of the integrated and transitional services currently in place to support service users moving from children's services to adult services. Consideration will also require to be given to support services such as human resources, legal, IT and finance functions which are currently delivered by Local Authorities and Health Boards respectively for their respective services; it is not clear how these services will be provided or funded by the proposed model. It is not clear how and by whom staff will be employed, how property will be held and managed, and how care boards will be resourced. It is not clear how a nationally-led approach will accommodate regional variations and be responsive to local needs, thereby striking a balance between the need for consistency and flexibility. Health care services are currently provided within a national framework by the NHS, but there remain opportunities for local prioritisation, as well as elements of inconsistency and regional variation in delivery by local health boards. It is not clear what evidence base suggests that a national service will improve quality and consistency of services. This lack of an evidence base also makes us question whether the centralisation of what are currently locally-delivered services can be justified in terms of the European Charter of Local Self-Government, and in particular Article 4(3) which provides that "Public responsibilities shall generally be exercised, in preference, by those authorities which are closest to the citizen. Allocation of responsibility to another authority should weigh up the extent and nature of the task and requirements of efficiency and economy."

Ultimately, the impact of a National Care Service on quality and consistency of health and social care in Scotland will depend on the details of implementation which are not yet available. It is important that these details- when available- are fully costed, evaluated and consulted upon.

We understand that the Scottish Government intends to develop the details of implementation for the National Care Service via a co-design process.<sup>7</sup> We welcome this commitment to ensuring that lived

<sup>4</sup> See para 28-32 of the Policy Memorandum, available at [Policy memorandum accessible \(parliament.scot\)](https://www.parliament.scot/Policy%20Memorandum%20accessible)

<sup>5</sup> IRASC, recommendations 15 and 16

<sup>6</sup> See: [Supporting documents - National Care Service: consultation analysis - gov.scot \(www.gov.scot\)](https://www.gov.scot/Supporting%20documents%20-%20National%20Care%20Service%20-%20consultation%20analysis), chapter 4

<sup>7</sup> [National Care Service and co-design - gov.scot \(www.gov.scot\)](https://www.gov.scot/National%20Care%20Service%20and%20co-design)

experience and the views of people who access and deliver social care are central to the development of the National Care Service.

While the Bill provides a timely opportunity to revisit Scotland's approach to health and social care and support, until further detail is available it is not possible to take a view on whether the Bill will achieve its stated purpose.

## **2. Is the Bill the best way to improve the quality and consistency of social work and social care services? If not, what alternative approach should be taken?**

As described above, there is insufficient detail to offer a full view.

## **3. Are there any specific aspects of the Bill which you disagree with or that you would like to see amended?**

We would suggest that the Bill as introduced could be strengthened in the following areas:

### **Rights and duties**

The Independent Review of Adult Social Care called for a shift in the paradigm of social care support to one underpinned by a human rights-based approach. Any new legislation relating to social care must contain clear and attributable rights and duties, and effective mechanisms for redress including legal redress. It must sit alongside and be integrated with work to incorporate human rights conventions. New legislation in this area must be based on and fully embed human rights principles, including the right to live independently and be included in the community as set out in Article 19 of the UN Convention on the Rights of Persons with Disabilities (UN CRPD), and must promote real and affective access to justice for service users and their families. It must be supported by transparent decision-making and robust complaints processes, and must promote accountability to service users. Accountability to Parliament is also a necessary component in creating a National Care Service.

It is not clear that the Bill as introduced will achieve the paradigm shift recommended by the IRASC. Whilst the Bill sets out a number of principles in section 1, these appear to be very broadly drawn. It is not clear to whom these principles are addressed and to what extent they are supported by attributable duties or mechanisms for accountability and enforcement. It is not clear how they will interact with existing rights and duties, for example under the Equality Act 2010. It is not clear how these principles will be measured or evaluated. It appears that significant discretion will be afforded to the Scottish Ministers. Section 2(2) provides that "Everything that the Scottish Ministers do in discharging that duty is to be done in the way that **seems to them** to best reflect the National Care Service principles" [emphasis added]. The Scottish Ministers are also responsible for arranging monitoring and improvement of the services that the National Care Service provides.



Section 11 of the Bill makes provision for a National Care Service Charter. The Bill provides that the proposed charter will contain a summary of rights and responsibilities in relation to the National Care Service, and “a description of the processes available for upholding the rights in relation to the National care Service of the persons whose rights and responsibilities the charter summarises”. However, the Bill provides that nothing in the charter will give rise to new rights, impose any new responsibilities, or alter existing rights and responsibilities. It is not clear what is meant by ‘rights’ in this context, and further detail is required as to whether this covers the full range of rights under international human rights obligations, Convention rights, or other rights created by existing domestic legislation. It is not clear whether the charter will have any legal status, or what processes- if any- will be available for enforcing the rights set out in the charter.

Section 14 makes provision for a ‘complaints service’ which will be responsible for receiving complaints and passing complaints on to the appropriate person. It is not clear how this provision will meet that IRACS recommendations, specifically recommendation 9 regarding rapid recourse to an effective complaints system and redress. Nor is it clear whether this will be a new, standalone complaints service or whether it will fall within the remit of layers of existing public services complaints provision.

It is not clear how the Bill as introduced will interact with the wider agenda of incorporating international human rights instruments into Scots law. It is not clear how the Bill will interact with other ongoing law reform initiatives likely to impact on the future landscape of social care legislation, including the Scottish Mental Health Law Review.

### **Consultation and co-design**

As above, we welcome the Scottish Government’s commitment to co-design of a National Care Service. However, beyond the section 1 principle (see our comments above regarding the principles) that “services provided by the National Care Service are to be designed collaboratively with the people to whom they are provided and their carers”, there appears to be no statutory basis for this co-design process within the Bill, and consequently no statutory guarantee for the meaningful engagement of the full range of stakeholders in the co-design process. Further, there are many approaches to and understandings of ‘co-design’. It is not clear whether Scottish Government intends to adopt formal aspects of co-design such as the MoSCoW principles or the nominal group technique.<sup>8</sup> The Bill as introduced is a ‘framework bill’ which leaves much of the detail of the proposed National Care Service to co-design and secondary legislation. The detail is therefore of utmost significance in terms of realising the ambitions set out in the Policy Memorandum and the IRASC recommendations. It is vital that the development of that detail is subject to meaningful engagement with all stakeholders and the public, and to parliamentary scrutiny. It is not clear what safeguards are in place to ensure that co-design is meaningful, effective and timely and that Scottish Ministers are appropriately held to account by Parliament for the design and implementation of the National Care Service.

<sup>8</sup> See: <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1440-172X.2012.02017.x>

The Bill does impose various consultation duties. We welcome the consultation provisions in the Bill, but believe that they could be strengthened.

Chapter 2 of Part 1 makes provision for strategic planning functions for both Scottish Ministers and Care Boards. Scottish Ministers must 'consult publicly' on any strategic plan made under section 6. A Care Board consulting on a strategic plan in terms of section 8 must first seek views on the draft plan from community planning partners, and any local care boards whose area of responsibility borders its own, and having taken those views into account- thereafter must seek views from local residents or, in the case of a special care board, the public in Scotland. There is no duty to take the views of local residents or the public in Scotland into account in preparing the draft plan. There is no duty to specifically consult with people in receipt of care or unpaid carers. This would appear to be inconsistent with the overall policy aims.

Section 12 requires Scottish Ministers to consult "any person they consider appropriate" when preparing and reviewing the National Care Service charter. There is no specific duty to consult with people accessing care and support, unpaid carers or those providing services, although there is a duty to have particular regard to the importance of eliciting the views of individuals to whom the NCS provides services, and persons who provide services on behalf of the NCS. There is no duty to report to Parliament on the findings of any consultation, or the way in which it has been carried out. In our view the provision on consultation should include these safeguards.

### **Conflicts of interest**

There is a risk of conflicts of interest arising where too many functions are concentrated with one nationalised body, and consideration should be given to how those actual and perceived conflicts of interest could be mitigated.

### **Transfer of staff**

Section 31(1) provides that Scottish Ministers may by regulations transfer individuals from the employment of the original function holder into the employment of the new function holder and that a transfer effected by virtue of this subsection is a relevant transfer for the purposes of the Transfer of Undertakings (Protection of Employment) Regulations 2006. We are unclear as to how section 31(1) constitutes a relevant transfer under the TUPE Regulations and guarantees the resultant rights to employees. It is not clear how Regulations which may be made by Ministers interact with the TUPE Regulations.

The Financial Memorandum refers to 75,000 employees who will transfer out of local government. TUPE does not guarantee the maintenance of all of the existing pension arrangements. It is unclear whether the impact on the Local Government pension fund has been considered as a consequence of this, as well as the impact upon the viability of other council functions as a result of the transfer of these employees.

It is unclear why there is an exclusion from section 31(1) for individuals employed by health board staff at section 31(2). Chapter 6, Section 28 allows Ministers to remove any function from the NHS and declare it to be a National Care Service responsibility. This allows responsibility and property to transfer to the

function holder but not individuals by operation of section 31(1) (in contract to the position where a council function is transferred).

It is not clear whether there is the intention that staff cannot be transferred from the NHS, or what will happen to employees of the NHS (particularly specialist staff) if they are excluded from transferring, or whether the assumption is that they will transfer under TUPE.

If the responsibility for delivering what has previously been an NHS function lies with the Care Board they can choose the provider. It is not clear what would happen where the particular circumstances do not support that a relevant transfer has taken place, for example where the activities carried on after a change in service provider are not fundamentally or essentially the same as those carried on before it. We would welcome further clarity in respect of these provisions.

### **Transfer of property and liabilities etc**

Section 32 provides that, in connection with a transfer of a function from one person to another, the Scottish Ministers **may** [emphasis added] transfer property and liabilities to the new function holder. Scottish Ministers are afforded significant discretion, and it is not clear what safeguards are in place to protection continuity of care for service users and to protect function holders who may have entered into contacts relating to functions which they no-longer hold.

### **Health and Social Care Information**

Part 2 of the Bill relates to health and social care information. Section 36 allows Scottish Ministers to make regulations for a scheme that allows information to be shared so that services can be provided efficiently and effectively by or on behalf of the National Care Service and the National Health Service. This part of the Bill is very short, but has the potential to give rise to significant privacy implications. The Bill and supporting documents lack detail as to how effective information sharing will be achieved in practice against the complex background for health and social care. There is a lack of detail as to the safeguards which will be in place to protect confidentiality of sensitive information, and to ensure consistency with the professional obligations of medical and health care staff. Consultation with professional bodies will be required.

There appears to be an assumption that transferring responsibilities to Scottish Ministers will result in any corresponding information also transferring to Scottish Ministers, but it is not clear that this will in fact be the case. There is a distinction between creating the legality of a transfer, and the practical transfer of information. The latter requires to be properly resourced in order to achieve the potential benefits to those receiving care and support. It also requires to be achieved in a way which is consistent with wider approaches to data in health and social care.<sup>9</sup>

<sup>9</sup> See for example the recent Scottish Government consultation: [Data Strategy for health and social care - Scottish Government - Citizen Space \(consult.gov.scot\)](https://www.consult.gov.scot)

Consideration should also be given to how information can be shared in cross-border situations, particularly cross-border within the UK. This will be particularly relevant for those who live in areas of Scotland which border England and who may need to receive some aspects of health and social care in England.

### **Procurement and Entrustment**

Section 41 of the Bill as introduced modifies the Public Contracts (Scotland) Regulations 2015 to allow contracts for NCS services to be reserved to certain types of organisation. It does this, in the spirit of the European Union (Continuity) (Scotland) Act 2021 by introducing a new Regulation 76A that draws upon article 77 of EU Directive 2014/24/EU.

This effectively acknowledges international obligations of the United Kingdom under not only the Agreement on Government Procurement (AGP) but also related provisions of the Trade and Co-operation Agreement between the UK and the EU. Similarly, for the World Trade Organization's Agreement on Subsidies and Countervailing Measures.

It should be noted that where provision is to be sourced from an entity with particular social characteristics, subcontracting should not be allowed to bypass the requisite characteristics.

It should also be noted that the EU had produced detailed material about the process of procurement (or, instead of procurement, "entrustment") of social services in the general interest.<sup>10</sup>

### **Intervention powers**

Section 20 makes provisions Scottish Ministers to apply to a court to make an emergency intervention order where they are satisfied that the criteria in section 21(1) are satisfied. These powers would allow Scottish Ministers to intervene in agreements with third parties, where there is no contractual relationship, and where the contract relates not only to services provided on behalf of the National Care Service, but also those provided to the National care Service. These are wide-ranging powers. We would welcome further detail on why the provisions are required to address current deficiencies: failures by contractors including care providers are currently commonly dealt with under contractual provisions and there is a risk that an additional court process may simply add further regulation and the potential for delay. It is not clear how the intervention powers will interact with existing contractual provisions, and the normal law of contract. It is not clear who is to bear any extra cost resulting from any more onerous obligation imposed under an intervention order. It may be appropriate for legislation to set out steps which should be taken prior to an application being made to the court to ensure that the order sought would be factually capable of performance and that performance would be lawful. It may also be appropriate for a 'failure' in terms of section 21 to be defined by reference to existing standards such as regulated care or financial standards.

<sup>10</sup> See COMMISSION STAFF WORKING DOCUMENT "Guide to the application of the European Union rules on state aid, public procurement and the internal market to services of general economic interest, and in particular to social services of general interest" 15.2.2013 SWD(2013) 53 final [https://ec.europa.eu/competition/state\\_aid/overview/new\\_guide\\_eu\\_rules\\_procurement\\_en.pdf](https://ec.europa.eu/competition/state_aid/overview/new_guide_eu_rules_procurement_en.pdf)





Sections 42 and 43 make provisions about regulation of social services. Decisions to close services may be made without serving an improvement notice. Exercise of this power may lead to costly judicial reviews. We recommend that legislation sets clear parameters for use of these powers.

### **Other**

We are concerned that the definitions of “a children’s service” (section 30(4)) and “a justice service” (section 30(5)) are very wide and are made without reference to existing legislative provisions. We recommend that these are reviewed to ensure that they are workable in practice. We also note that section 30(5) excludes any service provided in exercise of a function conferred by virtue of the Mental Health (Care and Treatment) (Scotland) Act 2003 from the definition of justice services. Such services are not similarly excluded from the definition of “a children’s service”. The purpose of this exclusion and apparent disparity is unclear, and may be difficult to operate in practice.

It is not clear how existing statutory functions conferred by current legislation, including the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Adults with Incapacity (Scotland) Act 2000 will operate within a National Care Service model.

It is also not clear where the role of Chief Social Worker Office will sit in a National Care Service model. The CSWO role is currently placed on a statutory footing by the Social Work (Scotland) Act 1968 and the Public Bodies (Joint Working) (Scotland) Act 2014.

The Public Bodies (Joint Working) (Scotland) Act 2014 created a structure to facilitate better integration of, and joint working between, health and social care services. We are disappointed that health and social care integration appears to have been completely omitted from the Bill. There is no requirement for care boards to participate in joint working, and since local authorities will have no social care functions to delegate to IJBs, the IJB structure will become effectively pointless. We are accordingly surprised that the Bill does not contain even consequential amendments to the 2014 Act.

### **4. The Scottish Government proposes that the details of many aspects of the proposed National Care Service will be outlined in future secondary legislation rather than being included in the Bill itself. Do you have any comments on this approach? Are there any aspects of the Bill where you would like to have seen more detail in the Bill itself?**

Whilst we recognise that the aim of the Scottish Government’s approach in bringing forward framework legislation is to allow for the creation of a National Care Service that is able to respond and adapt to developments in society via secondary legislation, we do have some concern regarding the lack of detail in the Bill as introduced.

The proposals constitute an enormous change across multiple aspects of health and social care services. These are critical services, and the scale and complexity of the proposals cannot be overstated. The Bill

leaves a number of matters including data, employment implications and individual rights and responsibilities almost entirely to secondary legislation. These are high level issues based on fundamental rights and existing regulatory frameworks which will not change, regardless of the detail of delivery. These matters should be addressed in primary legislation to ensure full parliamentary scrutiny. We do not believe that this is inconsistent with the aim of ensuring responsiveness and adaptability via secondary legislation.

We are concerned that the Bill does not provide greater clarity about which services will be transfer to a National Care Service. Further detail would support effective parliamentary scrutiny. We are concerned that the approach adopted, whereby the Bill is scrutinised in advance of the co-design process, limits the potential for full and effective scrutiny at the stage of primary legislation as important details regarding staff, resources and delivery are not available.

We are also concerned that the Bill lacks detail regarding the structures for local delivery. We are concerned that, in the face of lack of detail and against time pressures to meet policy commitments, IJBs may simply be 'rebranded' as care boards. We are concerned that this approach will not deliver improved quality and consistency in social care services. We would welcome further details of the structural models on the face of the Bill. In particular, the Bill does not provide for any amendment to the Public Bodies (Joint Working) (Scotland) Act 2014 and it is unclear how the structures of the National Care Service will interact with the structures of the integration, or how these structures will be removed from the legislative landscape.

Sections 36(2)(b) and 15(3)(b) of the Bill allow Scottish Ministers to make regulations which create civil or criminal sanctions for non-compliance. It is essential that any Regulations creating sanctions are subject to appropriate parliamentary scrutiny and that individuals subject to the regulations are aware of and able to understand the scope of the sanctions and modify their behaviours accordingly.

## **5. The Bill proposes to give Scottish Ministers powers to transfer a broad range of social care, social work and community health functions to the National Care Service using future secondary legislation. Do you have any views about the services that may or may not be included in the National Care Service, either now or in the future?**

We do not seek to adopt a policy position on which services should be included in a National Care Service. Rather, we emphasise the importance of any transfer being supported by a robust evidence base. The IRASC did not consider the full range of functions now under consideration for transfer to a National Care Service. There is no published evidence base for the full proposals. The evidence base is important in order to provide clear information for the public on the basis for such seismic change and a basis for accountability for the changes introduced.

We welcome the statutory commitment to further consultation on any transfer of children's and justice services (section 30(2)). As above, we would welcome further strengthened consultation provisions throughout the Bill, and in particular in relation to the transfer of functions. Consultation should expressly



include people accessing care and support and unpaid carers, as well as public and third sector stakeholders and service providers.

## **6. Do you have any general comments on financial implications of the Bill and the proposed creation of a National Care Service for the long-term funding of social care, social work and community healthcare?**

Any new approach to care and support must also be supported by adequate resourcing for the statutory, private and third sector organisations involved in delivery. Consideration should be given to whether efficiencies and economies of scale can be achieved by utilising existing structures and expertise within Local Authorities and Health Boards.

## **7. The Bill is accompanied by the following impact assessments:**

- **Equality impact assessment**
- **Business and regulatory impact assessment**
- **Child rights and wellbeing impact assessment**
- **Data protection impact assessment**
- **Fairer Scotland duty assessment**
- **Island communities impact assessment**

## **Do you have any comments on the contents and conclusions of these impact assessments or about the potential impact of the Bill on specific groups or sectors?**

### **Equality Impact Assessment**

We welcome the detailed consideration given in the Impact Assessment to the impact in relation to sex, the content relating to carers rights, and the discussions regarding children's services and ethical commissioning. We also welcome the commitment to working with specific groups, including the LGBTI community. We note and welcome the recognition of the need to align with existing legal frameworks for powers of attorney and guardianship, and existing relevant legislation relating to the right to visit care home residents.

It is not always clear whether the Impact Assessment is seeking to assess the impact of the Bill or of the National Care Service. There is insufficient detail to fully assess the impact of a National Care Service at this stage.

Where the Impact Assessment is focused on the provisions of the Bill, it is in some places narrowly focused on those directly impacted by the changes proposed by the Bill, for example social workers transferred to a National Social Work agency, rather than the wider societal impact on marginalised groups.

Some aspects of the Impact Assessment take a very narrow approach - for example in focusing on care homes rather than home care, or on the impact of specific impairments on disabled people's involvement in developing or accessing a National Care Service. The Impacts Assessment does not address the wider, and potentially positive, effect on the disabled community of having clearer rights and channels for complaints. The Impact Assessment also avoids discussion of how the National Care Charter will interact with existing equalities and human rights legislation.

### **Data Protection Impact Assessment**

The Policy Memorandum states that "The consultation posited the creation of a nationally-consistent, integrated and accessible electronic social care and health record ("the record") that could be used and seen by all those who provide health and care support, with appropriate permissions put in place to control who can see what information."<sup>11</sup> There are extremely significant privacy (and data security) implications arising from such a record, if it in fact proved technically possible to create it, so it is disappointing that the draft DPIA does not address any of these issues and focusses on the minimal privacy impact that the framework legislation itself will have. We feel this is a missed opportunity to use the DPIA to stimulate a much-needed discussion around the privacy implications of the information-sharing aspects of the Bill and the proposed NCS.

In common with many other areas of the Bill, the lack of clarity makes it hard to comment on detail on these proposals.

We have no comments at this stage on the business and regulatory impacts assessment, the child rights and wellbeing impact assessment, the fairer Scotland duty impact assessment, or the island communities impact assessment.

### **Financial memorandum questions**

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We have no comments on questions 8- 14.

<sup>11</sup> See para 190 of the Policy Memorandum, available at [Policy memorandum accessible \(parliament.scot\)](https://www.parliament.scot/Policy%20Memorandum%20accessible)

## Questions on specific provisions

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For ease of reference, in our substantive comments above we have commented on the following specific provisions of the Bill:

- Section 1- The National Care Service principles
- Section 2- Responsibility for the National Care Service
- Section 6- Strategic planning by the Scottish Ministers
- Section 7- Strategic planning by the Scottish Ministers
- Section 8- Care boards' planning process
- Section 11- The National Care Service charter
- Section 12- Further provision about the charter
- Section 14- Complaints service
- Section 15- Dealing with complaints
- Sections 20-22- Powers to intervene with contractors
- Section 30- Consultation before bringing children's and justice services into the National Care Service
- Section 31- Transfers of staff
- Section 32- Transfers of property and liabilities etc.
- Section 36-37- Health and social care information
- Sections 42-43- Regulation of social services

In relation to the other sections of the Bill not listed above, we do not seek to comment on the details of these provisions at this stage – we may comment further in due course.

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