NHS Delivery - a new national delivery organisation: consultation
Social Work Scotland response

30 November 2025

Introduction

Social Work Scotland is the professional body for social work leaders, working closely with our partners to shape policy and practice, and improve the quality and experience of social services. We welcome the opportunity to respond to the Scottish Government's consultation on the proposed NHS Delivery model. We recognise the ambition to streamline national health services and improve integration across health and social care. Our response reflects the perspective of social work leaders, highlighting implications for local authority commissioned services and statutory social work functions. While Social Work Scotland supports the ambition and direction of the NHS Delivery proposal, we are concerned that social care and social work are not sufficiently represented in current planning. The absence of explicit commitments to these sectors risks undermining the integration and outcomes that these reforms are intended to achieve.

Background

The merger of NHS National Services Scotland (NSS) and NHS Education for Scotland (NES) into the new NHS Delivery organisation is scheduled for April 2026. The primary objectives of this transformation include advancing digital initiatives, developing 'Once for Scotland' strategies, fostering innovation, and streamlining organisational structures. These changes are designed to align with and support both the Population Health and Service Renewal Frameworks and the NHS Scotland Operational Improvement Plan ensuring that strategic priorities are met across the healthcare landscape.

With regard to social care and local authority impact, local authorities will continue to hold responsibility for social care commissioning. However, NHS Delivery will offer guidance through the establishment of national standards, supporting digital integration, and promoting workforce development. The drive towards enhanced interoperability between health and social care sectors is expected to facilitate improved data sharing and continuity of care for service users.

Furthermore, joint training programs and shared digital tools will provide opportunities for stronger collaboration and increased efficiency among professionals. While councils will maintain statutory functions relating to social work, they will also benefit from more streamlined processes and access to wider national resources, ultimately supporting better outcomes for communities throughout Scotland.

Recent Audit Scotland analysis[1] highlights that Integration Joint Boards are facing unprecedented financial pressures, declining reserves, and workforce instability, with a projected £457 million funding gap for 2024/25 and many IJBs now lacking contingency funds. Social care commissioning and delivery are already under significant strain, with high staff turnover, persistent vacancies, and no meaningful shift from hospital to community-based care. These challenges underscore the imperative that social work and social care services are not lost or diluted in the proposed NHS Delivery merger. The new national body must explicitly protect and prioritise social work and social care, ensuring sustainable funding, robust workforce planning, and strong commissioning practices. This aligns with the key messages of the Service Renewal Framework, which calls for a relentless focus on prevention, equity, and person-centred care, and recognises the vital role of social work in supporting Scotland's most vulnerable people. Without this focus, there is a real risk that the merger will exacerbate existing challenges and undermine the integration and outcomes that these reforms are intended to achieve. It is therefore essential that NHS Delivery's development is guided by the principles of partnership, co-design, and a commitment to strengthening - not sidelining - social work and social care within Scotland's health and care system.

[1] Integration Joint Boards: Finance and performance 2024 | Audit Scotland

Questions and responses

1. Do you agree that creating a new national organisation to drive forward digital transformation and system change – beginning with the consolidation of NES and NSS into one organisation – is the right approach to deliver the ambitions set out in Scotland's Population Health Framework and Service Renewal Framework?

Agree

Consolidating NES and NSS into NHS Delivery represents a significant and positive step forward in advancing digital initiatives, fostering innovation, and streamlining organisational structures across Scotland's health landscape. By bringing together the expertise and resources of these two national bodies, the new organisation is better positioned to pursue and deliver the ambitions set out in both the Population Health Framework and the Service Renewal Framework. This strategic move supports system-wide transformation, aiming to break down longstanding silos and improve the integration of health and social care services throughout the country.

This approach provides a valuable opportunity to address the current fragmentation that exists across national functions, processes, and digital infrastructure. By consolidating leadership and enabling clearer lines of accountability, NHS Delivery can drive more cohesive, person-centred change, enhancing the quality and consistency of care for individuals and communities. It also aligns with wider governmental efforts to promote prevention, equity, and early intervention, ensuring that services are designed around the needs of people rather than organisational boundaries. In particular, the focus on digital transformation could enable more efficient sharing of data, improved interoperability between systems, and the development of innovative tools to support both frontline professionals and those who use services.

However, we are keen to understand in greater detail how the Scottish Government envisages the interaction between this new national delivery model and the recently announced sub-national planning structures for NHS Boards. Clarity is needed on how responsibilities for workforce planning and development will be shared or coordinated between these new layers of governance. It will be important to avoid unnecessary duplication or confusion, particularly in areas such as workforce supply, training, and deployment, where both national consistency and local responsiveness are critical. We encourage the Scottish Government to set out how NHS Delivery will work in partnership with sub-national structures, local authorities, and Integration Joint Boards, particularly in

respect of engaging with social work and social care professionals as equal partners in shaping the future workforce. A clear articulation of these relationships will help ensure that the benefits of this consolidation are fully realised without unintended consequences for local delivery, staff morale, or the quality of care that individuals and families receive.

2. A. Do you agree with the proposed strategic objectives for the new organisation (driving innovation, delivering Once for Scotland services, and streamlining structures)?

Agree

The proposed objectives are well-aligned with the need for cohesive, system-wide approaches to digital maturity and workforce readiness. By placing a strong emphasis on innovation and the delivery of 'Once for Scotland' services, these objectives actively support the SRF's focus on prevention, equity, and person-centred care, ensuring that strategic priorities are consistently met across the healthcare landscape. Furthermore, this approach encourages the integration of digital tools and streamlined processes, which are essential for breaking down barriers between health and social care. With these objectives in place, the new organisation will be better equipped to drive sustainable improvements, promote cross-sector collaboration, and ultimately deliver better outcomes for individuals and communities throughout Scotland.

2. B. Should the organisation consider additional strategic objectives?

Yes

The organisation should include explicit support for social care integration and a focus on population health equity. This will ensure that social work and social care services are not sidelined, but are instead prioritised and protected within the new structure, as called for by both the SRF and recent Audit Scotland findings. All service redesign, digital initiatives, and workforce development must be co-designed with social care and social work professionals, ensuring their expertise shapes the future of Scotland's health and care system - not merely consulted as an afterthought, thus ensuring that policy strategies which aim to provide early

intervention and prevention can be fully inclusive of all disciplines best placed to deliver such outcomes.

3. Are there services or functions currently delivered by other Health Boards (in addition to what NES and NSS already do) that should be delivered only by NHS Delivery to improve consistency and reduce duplication? This includes consideration of capabilities that are perhaps fragmented across multiple bodies, where a clear lead organisation should be identified.

Consider co-created social care digital tools, joint workforce training frameworks, and integrated data analytics as key areas for national oversight. At present, these domains remain fragmented across different organisations, leading to inconsistencies in service quality and unnecessary duplication of effort. By establishing a clear national lead, NHS Delivery could drive the co-design and implementation of digital platforms that support social care as well as health, ensuring tools are developed collaboratively with frontline professionals and service users. Similarly, a nationally coordinated approach to workforce training would promote shared standards, facilitate cross-sector mobility, and ensure that both health and social care staff are equipped to work in integrated teams. Integrated data analytics, managed centrally, would improve the quality, accessibility, and interoperability of information used for planning, monitoring, and improving care. Collectively, national leadership in these areas would enhance consistency, reduce duplication, and result in better outcomes for individuals and communities throughout Scotland.

4. What areas of national delivery could be improved by NHS Delivery to make services more efficient or better joined-up?

Please tick all that apply:

- **Redesigning how services could be planned or improved**
- **Making better use of data and digital tools**
- **Improving supply chains or procurement**
- **Supporting shared back-office services like HR or finance**
- **Strengthening workforce development and training**
- **Other (please indicate below)**

Digital infrastructure, training platforms for health and social services, and joint procurement frameworks.

5. Are there any existing services, programmes, or functions currently delivered by NES or NSS that you believe could be stopped, scaled back, or redesigned (or handed over to another Health Board) to better align with current priorities and system-wide impact?

Examples may include legacy services, low-impact initiatives, or areas of duplication with other bodies.

Not sure. Further consultation and review would be required to identify specific services or programmes.

6. Do you agree that NHS Delivery should lead the development of national digital capabilities (e.g. Electronic Health Records, digital inclusion, data architecture) for Scotland's healthcare system?

Yes

A national approach to digital architecture and interoperability is vital for ensuring continuity of care, enabling personalised approaches, and supporting the shift towards prevention within Scotland's health, social work and social care system.

By establishing common standards and platforms, it becomes possible to facilitate secure and seamless data sharing across different services and organisations. This not only underpins the effective delivery of care tailored to individual needs, but also helps professionals work collaboratively with a comprehensive understanding of each person's history and situation.

7. Should NHS Delivery be tasked with improving data sharing, data access and interoperability across health and social care?

Yes

Improved data sharing is essential for continuity of care, prevention, and effective integration of health and social care services. By enabling seamless and secure access to individuals' information across different parts of the system, data sharing supports timely decision-making, reduces duplication of effort, and minimises the risk of errors. It also allows for more proactive and personalised approaches to care, as professionals in health, social work and social care can work together with a complete understanding of an individual's needs and history.

Better data sharing underpins the shift towards prevention and early intervention, helping to identify risks and target support before issues escalate. Ultimately, a robust data-sharing infrastructure is fundamental to delivering person-centred, equitable, and efficient services across Scotland’s health and social care landscape.

8. Do you believe NHS Delivery should be tasked with the lead national support role in innovation development & adoption, service redesign, change management, improvement, and commissioning of health services?

Yes / Partially.
NHS Delivery should play a lead role in driving innovation and improvement across the health and social care system; however, it is essential that this leadership is exercised in close partnership with local authorities and social care leaders.

This collaborative approach is crucial to ensure that the unique contributions of social work and social care are not diluted or lost amidst any national changes or integration efforts. Both the Service Renewal Framework (SRF) and Audit Scotland underscore the significance of partnership working, co-design of services, and maintaining an unwavering focus on prevention, equity, and person-centred care. By working together, NHS Delivery and its partners can more effectively design and deliver services that respond to local needs while advancing national priorities, ultimately ensuring that improvements benefit all individuals and communities across Scotland.

Section B: Longer Term Opportunities and Future Evolution

This section explores how NHS Delivery could or should evolve over time, recognising its creation is a as a platform for ongoing transformation – enabling Scotland's health and social care system to adapt and thrive in the years ahead. As set out in the Population Health Framework and Service Renewal Framework, the future of health and care will be shaped by new technologies, changing population needs, and a relentless focus on prevention, equity, and person-centred care.

Unlike a traditional organisational launch, NHS Delivery will not be fully established from Day One. Instead, it will follow a phased approach, beginning with the consolidation of NES and NSS, and gradually expanding its remit and capabilities. This phased development allows for careful consideration of future roles, including potential support for delivery and improvement across the social care sector, in agreement with local government and with an appropriate interface with the National Care Service Advisory Board.

As the organisation matures, it is expected to strengthen its Once for Scotland capability – delivering consistent, scalable services – and to clarify how it interacts with other national and local bodies. All of this is subject to ongoing dialogue and agreement and may require further legislation and therefore further formal consultation in the future – this section should be read as an early exploration of what is possible and desirable. Stakeholders are invited to share views on which functions, and potentially which other organisations or bodies, could be integrated into a single national delivery capability. This includes identifying areas where consolidation could improve efficiency, reduce duplication, and enhance outcomes.

These questions are particularly important for helping us give thought to the long-term potential of the new organisation to becoming a single centre of excellence for national delivery, improvement and support that can fully deliver on the ambitions of the Service Renewal Framework, whilst recognising the need to understand the connections with other organisations. Your responses will help shape the Scottish Government's thinking on how best to shape a national organisation that is trusted, inclusive, and responsive to the evolving needs of Scotland's health and social care system, whilst recognising that further consultation and engagement will follow on the detail.

9. As NHS Delivery evolves in the longer term, what additional capabilities, functions or bodies should be considered for integration into a single national delivery capability that supports the aspirations of the Service Renewal Framework?

As NHS Delivery matures, consideration should be given to integrating functions that directly support prevention, equity, and person-centred care, as outlined in the Service Renewal Framework. This could include national leadership for social care digital tools, workforce development programmes, and integrated data analytics. Any expansion should be co-designed with local authorities and social care leaders to ensure that social work and social care services are not diluted or lost. The integration of commissioning support, procurement frameworks, and shared digital infrastructure could further enhance consistency and outcomes across Scotland's health and social care system This may include functions currently delivered by other national bodies, Territorial Boards, or Scottish Government divisions, as well as organisations whose consolidation could improve efficiency, reduce duplication, or enhance outcomes. We recognise that it may be too early to say, and that further consultation would be required.

10. What principles should guide decisions about future expansion of NHS Delivery's remit and structure?

Decisions about future expansion should be guided by:

- Alignment with the Service Renewal Framework and Public Service Reform Strategy
- Evidence of system-wide benefit, particularly for prevention, equity, and person-centred care
- Avoidance of duplication and fragmentation
- Stakeholder consensus, including meaningful engagement with social work and social care leaders
- Legislative clarity and accountability
- A commitment to partnership and co-design, ensuring that the role and purpose of social work and social care are understood, respected and strengthened, not sidelined, within the national system

11. What mechanisms should be put in place to review and adapt NHS Delivery's remit and performance post-launch?

Robust mechanisms should be established to ensure NHS Delivery remains responsive and accountable. These should include:

- Formal review after 12–24 months, with clear criteria for success
- Ongoing stakeholder engagement and feedback loops, including local authorities and social care representatives
- Independent evaluation or audit to assess impact on integration, outcomes, and equity
- Legislative review or amendment as necessary to reflect learning and changing needs
- Transparent reporting on progress towards the ambitions of the Service Renewal Framework, with a focus on prevention, person-centred care, and the protection of social work and social care services

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