

## FINANCE COMMITTEE CALL FOR EVIDENCE

### CHILDREN AND YOUNG PEOPLE (SCOTLAND) BILL: FINANCIAL MEMORANDUM

#### SUBMISSION FROM NHS AYRSHIRE AND ARRAN

##### Consultation

***Did you take part in either of the Scottish Government consultation exercises which preceded the Bill and, if so, did you comment on the financial assumptions made?***

1. Yes, a number of managers attended stakeholder events, however any discussion around the financial assumptions were general, not detailed at the events attended. General concerns were raised as the limited discussion seemed to be based on current culture systems and practice and did not take in to account changes that will have to be implemented.

2. An example given was the additional time midwives would have to allocate pre-birth in considering the broader social issues. Within current practice for example, the question of alcohol consumption is not holistically discussed with parents at this stage, but if we are to prevent fetal alcohol harm and looking forward, support the implementation of the fetal alcohol care pathway, thereby preventing harm and reducing costs to main stream services - later in the life course (studies for which suggest that the number of children who are currently accommodated or adults who are incarcerated, indicate that this is both an issue and a contributory factor, and affects between 40 and 60 % of these populations) then additional time (we would estimate five hours per pregnancy) and significant additional investment will be require if we are to reduced costs later in the life course.

3. A second example offered was that the additional time which would be required to be allocated to Health Visiting given the increase in expectation of role of Named Person on the Health Visitor, there will be greater emphasis on sharing information with Named Person and as such an increased level of co-ordination, assessment and analysis of this information in relation to impact on child health and well being.

***Do you believe your comments on the financial assumptions have been accurately reflected in the FM?***

4. Respondents felt that they could not comment with accuracy as the financial implications were not well represented or discussed at the events they attended.

***Did you have sufficient time to contribute to the consultation exercise?***

5. Yes, but it would have been more helpful if the financial assumptions had been made more explicit and core to the discussion.

## **Costs**

***If the Bill has any financial implications for your organisation, do you believe that these have been accurately reflected in the FM? If not, please provide details?***

6. In general respondents would agree with the issues raised in the financial memorandum; however we they did not agree that the full breadth of the costs required to fully implement the bill had been considered specifically around prevention and effective interagency communication.

7. The financial implications to NHS Boards in supporting the Named Person, as Lead Professional, with the requirements under the Bill for children and young people with additional, complex/exceptional health needs are not represented or adequately reflected in the FM. There are some assumptions made regarding cost neutral activities for example:

8. In the light of the Integrated Health and Social Care Partnerships (IHSCPs), there will be an expectation that information systems which provide for all partners and information sharing will become core. This will most certainly not be cost neutral!

The discussion that has been taking place around a common data set for children arising from the Bill really sets the scene for the problems that will arise - a lack of a common system across Scotland, little 'hole in the wall' systems developed to address specific problems rather than considering an integration agenda and massive issues over data definitions and common language.

9. Interagency training, development of joint information systems under the IHSCP(s), the complexity and additional costs to Health Boards that have two or more Local Authority Partners are not well considered and may result in an inequitable process/ allocation.

***Do you consider that the estimated costs and savings set out in the FM and projected over 15 years for each service are reasonable and accurate?***

10. Respondents consider that this is difficult for the FM to accurately predict due to the inconsistent and unpredictable nature of the Health and Social Care landscape. There are some assumptions made regarding cost neutral activities, we would not agree that these costs are cost neutral. To fully implement the Bill and achieve the anticipated savings later in the life course more consideration needs to be given to the prevention agenda.

***If relevant, are you content that your organisation can meet the financial costs associated with the Bill which your organisation will incur? If not, how do you think these costs should be met?***

11. The expressed views suggest that NHS Boards will not be able to meet the financial costs incurred by the Bill.

Scoping the extent of the impact of the Bill to meet the needs of children and young people with additional, complex/exceptional needs should be undertaken.

***Does the FM accurately reflect the margins of uncertainty associated with the estimates and the timescales over which such costs would be expected to arise?***

12. The FM reflects the issues that would be expected to arise. Respondents did not feel that they have the expertise to assess if the margins stated would be accurate. It is suggested that a robust cost benefit analysis is considered and that the financial memorandum is reviewed on this basis.

### **Wider Issues**

***Do you believe that the FM reasonably captures costs associated with the Bill? If not, which other costs might be incurred and by whom?***

13. I reiterate the points made above about the costs of Health Visiting Staff with current workloads ability to support all pre 5 children as the Named Person, in addition to Health Staff supporting the role as Lead Professional, to meet the needs of children and young people with additional, complex/exceptional health needs.

***Do you believe that there may be future costs associated with the Bill, for example through subordinate legislation? If so, is it possible to quantify these costs?***

14. I believe there may be through as yet unidentified, unintentional consequences. To deliver better interagency planning, support and corporate parenting?

### ***Additional comments?***

15. Robust models of professional supervision of practice is required to be funded and implemented across Health Visitors (like Family Nurse Partnership and Social Workers) as given the increased level of accountability and decision making this is essential and not currently built into workforce in terms of capacity to release for supervision or funding for a supervisor model. Family Nurse Partnership evidence base should be looked at.