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, Sally Egan, Child Health Commissioner/Associate Director was a member of the GIRFEC (CEL 29) Health Group that informed the Financial Memorandum.

Do you believe your comments on the financial assumptions have been accurately reflected in the FM?
2. The views of the NHS Lothian Child Health Commissioner have been accurately reflected in the FM.

Did you have sufficient time to contribute to the consultation exercise?
3. Yes.

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?
4. We do not believe that the financial implications for Lothian NHS Board have been fully reflected in the Financial Memorandum on three broad grounds:

5. Table 5 on Page 41 presents a global estimate of costs to the NHS. This is not broken down by each NHS Board to acknowledge the size of the Board or the nature of the population it serves.

6. Table 5 only identifies costs associated with GIRFEC, and does not indicate any further costs to the NHS arising from other parts of the Bill.

7. We estimate that the actual costs of the Named Person service is greater than is stated in the FM.

Part 2 Rights of Children
8. Section 2 of the Bill requires public authorities to report what they have done with respect to the UNCRC every 3 years. Paragraphs 22 – 26 of the FM indicate that the costs are marginal. However, it does not take into account the costs to public authorities of actually taking the steps to further these rights. Given the Duty on Scottish Ministers (Section 1), and that Health Boards are accountable to Scottish Ministers, it is foreseeable that the costs of this section goes beyond producing a report.
9. The responsibility falls to the Health Board itself, and consequently the whole process will require the usual level of governance and scrutiny with the Board needing to approve the report.

10. The Bill extends the powers of the Commissioner to undertake investigations. Clearly all service providers will need to support the conduct of any such investigations, and will be required to respond to any recommendations. It is difficult to estimate what the resource implications for the service providers will be, but it is another source of external scrutiny.

**Part 3 Children’s Service Planning**

11. The Financial Memorandum assumes that Boards will work through their existing structures and resources to do this, so there will be no additional cost.

12. Part 3 includes a range of matters that the Board must address with the local authority – it is not simply about producing a plan every 3 years. Section 13 requires the Board and the local authority to produce an annual report on the delivery of the plans and what has been achieved.

**Part 5 – Child’s Plan**

13. The Health Board is the “responsible authority” under Part 5 for pre-school children (Section 34 of the Bill). The Board will therefore have to have a process to ensure that a Child’s Plan is prepared for any pre-school child who has a “wellbeing need” (Section 31).

14. The Board may also be the “relevant authority” under this Part, responsible for delivering a “targeted intervention”.

15. In addition to the various cost estimates that are set out in the Financial Memorandum, Health Boards and their management will need to establish governance and managerial systems to oversee and be assured on all of this.

**Part 7 – Corporate Parenting**

16. The Bill makes Health Boards “corporate parents”. As such the Health Board must discharge certain responsibilities (Section 52), prepare and publish its plan to do so (Section 53), and report how it has discharged those responsibilities (Section 55). The Health Board will also be required to observe any directions the Scottish Ministers issue.

17. The Financial Memorandum estimates that the costs are very small, as corporate parents are encouraged to use existing planning and reporting processes. However if the Bill confers responsibilities, then it is likely that any board of governance will require assurance that they are in fact being discharged.
18. For all of the above Parts, there are clearly defined corporate governance responsibilities assigned to Health Boards. It is difficult at this point to specifically identify what the marginal financial costs will be of discharging them, in comparison to what Health Boards do now. However, it should not be assumed that the cost will be zero. In any case the impact needs to be considered against the context of:

19. A general reduction in the resources available to the public sector;
   - A reduction in the number of managers, and consequently management capacity; and
   - The opportunity cost of diverting existing resources to attend to these new responsibilities.

GIRFEC and Named Person Service
20. The Financial Memorandum acknowledges the difficulties in preparing a definitive costing for the implementation of these duties.

21. Section 19 (3) (b) identifies a condition of an identified individual for the “named person service” is:
   “the individual meets such requirements as to training, qualifications, experience or position as may be specified by the Scottish Ministers by order.”

22. Paragraph 68 of the Policy Memorandum describes the role as follows:

   “68. The Named Person will usually be a practitioner from a health board or an education authority, and someone whose job will mean they are already working with the child. They can monitor what children and young people need, within the context of their professional responsibilities, link with the relevant services that can help them, and be a single point of contact for services that children and families can use, if they wish. The Named Person is in a position to intervene early to prevent difficulties escalating. The role offers a way for children and young people to make sense of a complicated service environment as well as a way to prevent any problems or challenges they are facing in their lives remaining unaddressed due to professional service boundaries. Their job is to understand what children and young people need and quickly make the connection to those services that can help when extra help is needed.”

23. The costing model in the Financial Memorandum has referred to midwives, health visitors, and public health nurses in order to arrive at a financial impact.

24. In our view, Health Boards will need to be innovative in order to implement a robust and sustainable Named Person service. The key reasons for this are:

25. In Lothian, an individual health visitor’s case load will range from 250-350 children. The additional responsibilities associated with Named Person and Child Plans cannot entirely be allocated to health visitors.

26. It is generally recognised that it is difficult to recruit and retain health visitors. Even if health boards wish to increase the numbers to manage the increased workload, it does not follow that the staff are actually there to employ.
Additional responsibilities do increase the workload of individual members of staff, and can impact on the quality of service/care given to each person. If the introduction of the Named Person service is not carefully managed it could increase stress, sickness absence levels and staff turnover. This will simply exacerbate the problem and magnify the cost of implementation.

Do you consider that the estimated costs and savings set out in the FM and projected over 5 years for each service are reasonable and accurate?

27. We do not think that the estimated costs of implementing the Bill are fully accurate.

Estimated Resource Implications of Introducing the Named Person to routine Midwifery and Health Visiting Services.

NHS Lothian Calculations

28. The following table outlines the expected additional costs to NHS Lothian of implementing the Named Person duties. Para 61 of the FM explains that the hourly rate used to calculate the costs for Midwives and Health Visitors is £19.04. NHS Lothian believes that the actual hourly rate would be more in the region of £21 per hour.

<table>
<thead>
<tr>
<th>Age</th>
<th>Additional Midwifery Hours (pre-birth)</th>
<th>Additional Health Visiting Hours (0-5 years)</th>
<th>Total Lothian live births and 0-5 years (2011)</th>
<th>Total Costs (pop x hrly rate) (2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>2</td>
<td>3</td>
<td>58,774</td>
<td>£1,035,678</td>
</tr>
<tr>
<td>Vulnerable Children (20%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>39</td>
<td>11,754</td>
<td>£1,817,382</td>
</tr>
<tr>
<td>Total costs</td>
<td></td>
<td></td>
<td></td>
<td>£2,853,060</td>
</tr>
</tbody>
</table>

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?

Maternity and Health Visitors

29. We do not think we can meet these costs within our current financial allocation. Nor do we think there is the capacity within the Health Visiting workforce in Scotland to respond within the timeline as there is currently a shortage of Health Visitors in Scotland.

30. NHS Lothian estimate, based on live births (9,794) and numbers of 0-5 year old children (48,980) in the 2011 census, that an additional 20 Midwives and 49 Health Visitors would be required in Lothian to undertake the additional duties as outlined in the Bill. NHS Lothian has invested in the region of £300,000 to train an additional six Health Visitors during 2013 – 14. The additional costs of training Health Visitors has not been considered within the FM and has significant impact on NHS
Lothian’s ability to recruit the staff required to undertake the duties outlined in the Bill. This equates to a total cost of over £2.8 million. This appears to be more than what would be NHS Lothian’s share of the overall costs to NHS Scotland as a whole.

31. Recognising the increasing population locally, NHS Lothian has been reviewing the Midwifery and Health Visiting workforce. The increase in vulnerable babies born will ultimately increase the length of stay in maternity services, as Mothers/Babies will not be able to be discharged until robust care plans are in place.

**Looked After Children**

32. Table 18 in the FM supplies numbers of Looked After Children in Scotland eligible for throughcare and aftercare. We are surprised that Table 5 in the FM pays no consideration to the impact on health in terms of implementing the requirements outlined in CEL16. NHS Lothian have already invested additional monies, in excess of £500,000 into the Health Assessment. We raised the issue during the consultation period, given the significant additional healthcare resources required to fulfil this duty. We would recommend that a Single National Responsible Commissioning Guidance for Health and Social Work and Education is required to ensure synergy across the services in relation to cross boundary placements. A more child centred approach would be if the funding followed the child.

33. We would therefore suggest that there are more creative ways of ensuring that the requirements of the Bill are met, for example thinking about skill mix and (for e.g.) delegating some of the administrative functions to other staff, freeing up health visitors and midwives to undertake the necessary face-to-face /care plan work. This would also be a more cost-effective model to implement.

**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?**

34. There is considerable uncertainty in the figures, which is acknowledged in the Financial Memorandum. Further detailed work is required to fully comprehend the resource implications of this Bill.

**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?*

**Financial Memorandum pg 44**

*Section 2 – Duty on public bodies to report on steps taken to further UNCRC*

35. NHS Lothian recognises that undertaking more robust assessments will result in unidentified needs having to be met. While NHS Lothian staff agree with this in principle, it is expected that additional resources will be required to implement the plans. Lothian has a diverse population with around 19% of the population from ethnic minority backgrounds, and in Edinburgh it is much higher at around 26%. Although not all of these children and young people will have additional needs, there will be a number who will require interpreters (consultations take much longer), who may be socially isolated and have increased mental health needs. Therefore additional resources will be needed to ensure that these children and young people’s
needs are identified and met that have not been outlined in the current Financial Memorandum.

*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?*

36. No comment.