Consultation

1. Did you take part in any consultation exercise preceding the Bill and, if so, did you comment on the financial assumptions made?

East, North and South Health & Social Care Partnerships took part in consultations, some made comments on the financial assumptions made.

2. If applicable, do you believe your comments on the financial assumptions have been accurately reflected in the FM?

Nil response

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

For those areas within the Board that did respond, it was felt over all, there was sufficient time.

Costs

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

Consideration should be given to the impact of ongoing professional clinical supervision/support/CPD for the Named Person Role and other health professional who will be required to comply with the information sharing aspect of the legislation. This is of critical importance due the background and inexperience of many of the newly qualified Health Visitors and the risks highlighted by in the Supreme Court Judgement to those professionals who will be required to share information. In addition consideration should be given of the effects on wider staff groups within the Health Boards, Health and Social Care Partnerships and wider Local Authorities, such as training and awareness raising regarding consideration of information sharing with Named Person, particularly as this situation now requires judgement around impact relating to wellbeing concerns. Particularly training of staff/professionals working with children and or their families in the wider community such as adult health and social care services, the third sector and the wider public. The financial memorandum rightly focuses on training for the Named Person – Promoted Teachers, Health Visitors and Family Nurses. It is not fully understood, albeit appreciated, why midwives and school nurses are particularly costed for training and yet other professional groups such as CAMHS, ED staff, General Practitioners, Paediatrics etc are not. Therefore, we would wish to express consideration of wider NHS and Local Authority professionals costs being included as they are key professionals for Named Persons as working with children and their families. There may be some additional support required locally, given the pressure on in-house delivery
teams in recent years with outreach from NHS Education Scotland potentially desirable.

5. **Do you consider that the estimated costs and savings set out in the FM are reasonable and accurate?**

Yes, broadly costs seem reasonable and accurate although the additional requirements under Parts 4 and 5 may require further information systems development. This should be given some consideration in liaison with systems specialists. However, there is a big gap in terms of the wider services e.g. acute teams, mental health teams and social work teams. Amendments to the act and information sharing will require all professionals coming into contact with children to be fully aware of their duties and responsibilities around information sharing legislation.

6. **If applicable, are you content that your organisation can meet any financial costs that it might incur as a result of the Bill? If not, how do you think these costs should be met?**

Yes and no, as the FM states, considerable work has been undertaken to mainstream the workforce training and development requirements referred to in the Bill. Proposals to centrally develop and deliver materials is sensible in minimising costs and ensuring standardisation. Learning and development and training services have been under pressure in recent years and additional outreach support from NHS Education Scotland may be suitable. The additional training required as a direct result of the Scottish Government being challenged on their original plans would in our view would require additional funding from the government to ensure consistency across Scotland.

7. **Does the FM accurately reflect the margins of uncertainty associated with the Bill’s estimated costs and with the timescales over which they would be expected to arise?**

Yes, on the whole the estimated costs reflect previous FM models and the additional requirements in relation to the consideration of information sharing under the Bill. There may be a need to reflect some additional information systems development in liaison with systems specialists. It would be helpful to utilise NHS Education Scotland to support the delivery of in-house training for 1 year.

**Wider Issues**

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

From a Health & Social Care perspective, there are additional costs from services such as – Social Work, Paediatrics, Accident & Emergency, AHPs, CAMHS, Mental Health and Addiction Services and from a Partnership perspective there is a wider issue with regard to all those that come into contact with children and young people in the course of their day to day work
where their principle client is an adult, there are many services however we would wish to prioritise; Adult Mental Health, Addiction Teams, Housing and Social Services. The information duties and responsibilities have an impact on those sectors and therefore consideration will need to be given to training and raising awareness. This has not been considered within the FM and will impact on the consistency of awareness raising across Scotland. Since Parts 4 and 5 look to enshrine the GIRFEC principles it becomes vastly important that all those who are in a position to identify wellbeing needs are fully aware of their data sharing duties and responsibilities.

9. **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?**

Unable to fully identify additional costs without being clear what will be contained in the National Statutory Guidance and plans for the implementation of the relevant Parts, namely 4 and 5, however, we envisage the following costs: development of local guidance on Information sharing, developing new information sharing protocols (Legal sections / governance sections) and engaging with various governance groups to be adopted.