

**A meeting of the Social Work & Social Care Scrutiny Panel will be held on Tuesday 16 January 2024 at 3pm.**

**Members may attend the meeting in person at Greenock Municipal Buildings or via remote online access. Webex joining details will be sent to Members and officers. Members are requested to notify Committee Services by 12 noon on Monday 15 January 2024 how they intend to access the meeting.**

**In the event of connectivity issues, Members are asked to use the *join by phone* number in the Webex invitation and as noted above.**

**Please note that this meeting will be live-streamed via YouTube with the exception of any business which is treated as exempt in terms of the Local Government (Scotland) Act 1973 as amended.**

**Further information relating to the recording and live-streaming of meetings can be found at the end of this notice.**

IAIN STRACHAN  
Head of Legal, Democratic, Digital & Support Services

**BUSINESS**

1. <b>Apologies, Substitutions and Declarations of Interest</b>	<b>Page</b>
<b>PERFORMANCE MANAGEMENT</b>	
2. <b>Revenue &amp; Capital Budget Report – 2023/24 Revenue Outturn Position as at 31 October 2023</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership and Head of Finance, Planning & Resources, Inverclyde Health & Social Care Partnership	<b>p</b>
<b>ROUTINE DECISIONS AND ITEMS FOR NOTING</b>	
3. <b>National Care Service Update</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	<b>p</b>
4. <b>Children &amp; Families Service Specification</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	<b>p</b>

5. **	<b>Independent Review of Adult Respite and Carers Provision</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
6. **	<b>Inspection of Care at Home Services</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
<b>The documentation relative to the following item has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in paragraphs 6 and 9 of Part I of Schedule 7(A) of the Act.</b>		
7.	<b>Reporting by Exception – Governance of HSCP Commissioned External Organisations</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
8. **	<b>Update on External Service Provider</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	p

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Enquiries to - Diane Sweeney – Tel 01475 712147
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<b>Report To:</b>	<b>Social Work &amp; Social Care Scrutiny Panel</b>	<b>Date:</b>	<b>16 January 2024</b>
<b>Report By:</b>	<b>Kate Rocks, Chief Officer, Inverclyde Health and Social Care Partnership</b>	<b>Report No:</b>	<b>SWSCP/33/2023</b>
	<b>Craig Given, Head of Finance, Planning and Resources Inverclyde Health and Social Care Partnership</b>		
<b>Contact Officer:</b>	<b>Samantha White</b>	<b>Contact No:</b>	
<b>Subject:</b>	<b>Revenue &amp; Capital Budget Report – 2023/24 Revenue Outturn Position as at 31 October 2023</b>		

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## 1.0 PURPOSE AND SUMMARY

1.1  For Decision  For Information/Noting

1.2 This report advises the Social Work and Social Care Scrutiny Panel on the projected outturn on revenue and capital for 2023/24 as at 31 October 2023.

1.3 The current year, 2023/24 revenue projected outturn as at 31 October 2023 is an overspend of £0.451m.

1.4 The Social Work capital budget is £9.707m over the life of the projects with £2.601m projected to be spent in 2023/24. As previously reported, slippage of £1.741m is being reported linked to the delay and the re-tender of the Community Hub project which is impacting the ability to achieve financial close and progress to the construction phase. A delay in sign off of the discovery report in relation to the SWIFT replacement system is also resulting in slippage of £0.1m in 2023/24. Expenditure on all capital projects to 31 October 2023 is £0.146m (5.61% of approved budget, 16.98% of the revised projection). Appendix 4 details capital budgets.

1.5 The balance on the Integration Joint Board (IJB) reserves at 31 March 2023 was £24.262m. Within this balance, specific reserves totalling £6.463m have been delegated to the Council for use in 2023/24. Also, within the IJB reserves balance, smoothing reserves of £5.501m are held in relation to delegated functions to the Council of a more volatile nature, to mitigate the risk of in year overspends, for use during the financial year if required. As at 31 October 2023, it is projected that £0.629m of the smoothing reserves will be utilised in 2023/24. This position will continue to be monitored throughout the financial year.

## **2.0 RECOMMENDATIONS**

- 2.1 That the Panel notes the projected current year revenue outturn of £0.451m overspend at 31 October 2023.
- 2.2 That the Panel notes the current projected capital position.
- 2.3 That the Panel notes the current reserves position.

**Kate Rocks**  
**Chief Officer**  
**Inverclyde Health and Social Care Partnership**

### 3.0 BACKGROUND AND CONTEXT

3.1 The purpose of the report is to advise the Panel of the current position of the 2023/24 Social Work revenue and capital budgets and to highlight the main variances contributing to the 2023/24 projected £0.451m overspend.

#### 3.2 2023/24 Current Revenue Position

As at 31 October 2023, it is currently projected that Social Care will overspend by £0.451m. The table below provides a summary of this position, including the impact on earmarked reserves.

2022/23		2023/24 (£000)				
Actual £000	Service	Revised Budget	Outturn	Variance	Prior Variance	Variance Movement
12,449	Children & Families	13,062	16,230	3,168	2,251	917
40	Criminal Justice	97	91	(6)	46	(52)
26,703	Older Persons	31,445	29,177	(2,268)	(2,159)	(109)
9,214	Learning Disabilities	10,188	10,004	(184)	227	(411)
2,740	Physical & Sensory	2,888	3,168	280	284	(4)
1,768	Assessment & Care Management	2,223	1,944	(279)	(233)	(46)
1,080	Mental Health	1,681	1,572	(109)	(126)	17
633	Alcohol & Drugs Recovery Service	1,035	641	(394)	(409)	15
1,235	Homelessness	1,113	1,284	171	74	97
1,897	PHIC	2,406	2,484	78	105	(27)
2,961	Business Support	2,658	2,652	(6)	(37)	31
<b>60,719</b>	<b>Delegated Social Work Budget</b>	<b>68,796</b>	<b>69,247</b>	<b>451</b>	<b>23</b>	<b>428</b>
3,617	Transfer to EMR	0	0	0	0	0
<b>64,336</b>	<b>Social Work Net Expenditure</b>	<b>68,796</b>	<b>69,247</b>	<b>451</b>	<b>23</b>	<b>428</b>

2022/23		2023/24 (£000)				
Actual £000	Earmarked Reserves	Approved IJB Reserves	Revised IJB Reserves	Council related Reserves	Projected Spend	Projected Carry Forward
28,325	Earmarked Reserves	24,262	24,262	6,463	2,990	3,473
0	CFCR	0	0	0	0	0
<b>28,325</b>	<b>Social Work Total</b>	<b>24,262</b>	<b>24,262</b>	<b>6,463</b>	<b>2,990</b>	<b>3,473</b>

3.2.1 Appendix 1 provides the details of the movement in the budget to date and Appendix 2 contains details of the projected outturn position. The material variances are identified by service below and detailed in Appendix 3.

#### 3.2.2 Children and Families

Children and Families is currently projecting an overall overspend of £3.168m. External residential placements is projected to overspend by £2.013m. This is an increase of £0.613m from the position reported at period 5 and is due to the inclusion of costs for an additional 2 children for this financial year and an increase in the cost of a placement, partially offset by a further £0.100m assumed draw on the smoothing reserve held for this purpose. As previously

reported, in the previous financial year most of the residential placements overspend was met from Covid reserves. A review group now closely monitors these placements throughout the year to ensure a focussed approach on placements and the associated financial implications, with a view to management action bringing down the overall costs in the longer term.

Fostering, adoption and kinship is currently projecting an overspend of £0.162m, a reduction of £0.056m from period 5, due the assumed drawdown of £0.130m of the continuing care reserve, partially offset by an increase of £0.074m due to an additional 2 external family placements and the additional costs, above the £0.237m funding received, of the new recommended allowance for fostering and kinship carers.

There is currently a projected net overspend of £0.672m against Employee Costs, an increase in projected spend of £0.444m from the reported period 5 position. The increase reflects the inclusion of the projected employee costs of £0.154m for Whole Family Wellbeing together with a recommendation to IJB to earmark £0.267m for future spending plans against Whole Family Wellbeing.

It is currently expected that the overspend in the service can be largely managed within the overall position, however, a smoothing reserve of £1.5m is available for use in relation to Children's residential placements if required should an overspend remain at the end of the financial year. As at period 7 a drawdown of £0.3m has been assumed against this reserve and reflected in the reported projected outturn position.

### 3.2.3 Older Persons

Employee costs are currently projected to underspend by £1.118m, a reduction in costs of £0.170m against the position reported at period 5, reflecting the part-year impact for 2023-24 of the Care at Home Review, together with other minor changes. As previously reported, the overall underspend is related to the level of vacancies held by the service. The full impact, for the increased grades for social care support workers of the Care and Support at Home Review, on budgets will be updated and included in the next budget monitoring report.

The external care at home service continues to experience recruitment and retention issues and the number of providers able to provide services is limited, resulting in a current projected underspend of £0.790m for 2023/24. This is a reduction in projected costs of £0.061m since period 5 and reflects a reduction in client numbers, including 4 clients transferring into long-term care, (£0.111m). This is partially offset by a projected £0.050m spend on Kincare payments agreed at the Integration Joint Board in November, to help reduce delayed discharges.

For Residential and Nursing placement costs the projected net underspend is £0.191m, which represents a reduction in projected costs of £0.029m from the position reported at period 5. This reflects the temporary utilisation of health delayed discharge funding for the extension of the interim beds contract (£0.105m). This is offset by increased costs of £0.084m reflecting the current and anticipated higher bed numbers for the remainder of the year, an increase of 10 beds since period 5, together with clients moving between Self-funding and Social Work funding.

Day services are currently projected to underspend by £0.079m, a reduction in spend of £0.028m due to Learning Disabilities now funding the costs for 8 services users (0.040m) offset by an additional 4 service users taking up the service (£0.012m).

The underspends noted above are contributing to an overall projected underspend of £2.268m for Older Persons at this stage.

### **3.2.4 Learning Disability**

Learning Disabilities is currently projecting an overall underspend of £0.184m. A projected overspend on client commitments of £0.230m, a reduction of £0.363m from the reported period 5 position, which is mainly due to the utilisation of £0.555m inflation contingency budgets following a mid-year review. This is offset by increases in anticipated costs for day care (8 service users; £0.040m), respite take-up (£0.086m) and supported living (£0.066m). This is finally offset by a projected underspend of £0.304m on employee costs in relation to current vacancy levels and £0.132m across various non-pay budget headings.

A smoothing reserve is held for Learning Disability client commitments should it be required as the financial year progresses, but it is currently not expected to be drawn.

### **3.2.5 Physical and Sensory Disability**

The main reason for the reported variance of £0.280m within Physical and Sensory Disability is a projected overspend of £0.274m for client packages, a minor increase of £0.012m since period 5. It is expected that this will be able to be managed within the overall position, however a client commitments demographic reserve is held should it be required.

### **3.2.6 Assessment and Care Management**

A year end underspend of £0.278m is currently anticipated for the service. Current commitments for respite and short breaks indicate that a year end underspend of £0.117m is anticipated. This projection is based on current committed use of the service and will be updated as the year progresses. Employee costs are also showing a projected underspend at this stage of £0.139m in relation to the current expected vacancy position.

### **3.2.7 Mental Health**

Current commitments for client packages within Mental Health are anticipated to under spend against the full year budget by £0.221m, a minor reduction in projected costs of £0.003m since period 5. This is offset by a projected under recovery of payroll management target within employee costs at present of £0.066m, which will be monitored as the year progresses.

### **3.2.8 Alcohol and Drugs Recovery Service (ADRS)**

As at 31 October 2023, underspends of £0.083m for employee costs and £0.221m for client packages are currently anticipated for the ADRS service for the year. As previously reported, two services within ADRS are now contracted and paid for by Health and the projected outturn for Payments to Other Bodies reflects this in-year saving of £0.105m. These are the main variances contributing to the overall projections reported.

### **3.2.9 Homelessness**

Homelessness is currently projecting an overspend of £0.171m, an increase of £0.097m from the period 5 position. The movement is mainly due to an anticipated shortfall in rental income of £0.100m for the Inverclyde Centre following the closure of flats during 2023-24. Additionally, there is a projected overspend within Property Costs of £0.030m on furniture and fittings, offset by a reduction in the projected employee costs of £0.041m due to additional vacancies and slippage in filling posts. Reserves are held by the service and a draw will be arranged in due course if required.

### 3.2.10 Planning, Health Improvement and Commissioning (PHIC)

The main reason for the reported variance of £0.078m within PHIC is that current staffing levels result in a projected under achievement of the payroll turnover target held for the service for the year of £0.082m. This continues to be monitored and should this projection continue, management action will be taken to ensure that alternative solutions are identified to achieve the target.

- 3.3 The projections above do not include the 2023/24 pay award at this stage, rather this will be reflected in the next report, once the impact of the pay award in the current financial year is known.

### 4.0 2023/24 Current Capital Position

- 4.1 The Social Work capital budget is £9.707m over the life of the projects with £2.601m projected to be spent in 2023/24. As previously reported, slippage of £1.741m is being reported linked to the delay and the re-tender of the Community Hub project which is impacting the ability to achieve financial close and progress to the construction phase. Expenditure on all capital projects to 31 October 2023 is £0.146m (5.61% of approved budget, 16.98% of the revised projection). Appendix 4 details capital budgets.

#### 4.2 New Community Hub:

The project involves the development of a new Inverclyde Community Hub. The current progress is as outlined below:

- Detailed planning approval is in place. Demolition and first stage building warrants are in place with second stage submitted. Engagement continues in respect of the current statutory approvals and the re-tender exercise;
- Detail design stage has been completed. As previously reported, there has been slippage on the high level programme due to delays associated with the market testing process with a re-tender exercise currently underway which has included a value engineering review of the foundation and groundworks proposals;
- Hub Stage 2 report is pending conclusion of the re-tender process which is projected to be mid 1<sup>st</sup> Quarter 2024;
- As previously reported, the main risk to the project remains in connection with affordability in relation to inflation and the challenging economic / market conditions which continue to impact the delivery of all capital programme projects and this has been a significant factor in the requirement for a re-tender exercise;
- Engagement with the Client Service has continued in respect of loose and fitted furniture / equipment allowances;

Consultation with service users, families, carers and all learning disability staff both NHS and Social Care continues. Up-dates on progress are included in the Learning Disability newsletters that are sent out to a wider group of service users, families, carers, staff and the wider community, published on social media platforms and council web pages.

#### 4.3 SWIFT replacement

The discovery phase of the implementation of the ECLIPSE system is ongoing, with officers carrying out detailed due diligence in relation to the content of OLM's Discovery Report. The first payment milestone will only be met once the discovery report is signed off. This exercise means that the second payment milestone of £0.1m is now expected to happen in 2024/25 financial year and this is reflected in Appendix 4.



## 5.0 PROPOSALS

5.1 Proposals for this paper are contained within the Recommendations at Section 2.0.

## 6.0 IMPLICATIONS

6.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial	x	
Legal/Risk		x
Human Resources		x
Strategic (Partnership Plan/Council Plan)		x
Equalities, Fairer Scotland Duty & Children/Young People's Rights & Wellbeing		x
Environmental & Sustainability		x
Data Protection		x

### 6.2 Finance

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					Details within report

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					Details within report

### 5.3 Legal/Risk

There are no legal implications arising from this report.

### 5.4 Human Resources

There are no human resources implications arising from this report.

### 5.5 Strategic

There are no strategic implications

### 5.6 Equalities, Fairer Scotland Duty & Children/Young People

#### (a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqlA is required.
x	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqlA is required. Provide any other relevant reasons why an EqlA is not necessary/screening statement.  No policy changes/implications

(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision: -

Has there been active consideration of how this report’s recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report’s recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
x	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.  No policy changes/implications

(c) Children and Young People

Has a Children’s Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
x	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children’s rights.

**5.7 Environmental/Sustainability**

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
x	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

## 5.8 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
x	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

## 6.0 CONSULTATION

6.1 There has been no consultation in relation to this report

## 7.0 BACKGROUND PAPERS

7.1 Not applicable

**Social Work**  
**Budget Movement - 2023-24**  
**Period 7 1 April 2023 - 31 October 2023**

Service	Approved Budget £000	Movements					Transfers (to)/ from Earmarked Reserves £000	Amended Budget £000	IJB Funding Income £000	Revised Budget £000
		Inflation £000	Virement / Reallocation £000	Supplementary Budgets £000	IJB Funding £000					
Children & Families	12,905	0	(80)	237	0	0	13,062	0	13,062	
Criminal Justice	97	0	0	0	0	0	97	0	97	
Older Persons	31,062	0	383	0	0	0	31,445	0	31,445	
Learning Disabilities	9,669	0	518	0	0	0	10,187	0	10,187	
Physical & Sensory	2,906	0	(18)	0	0	0	2,888	0	2,888	
Assessment & Care Management	2,824	0	(601)	0	0	0	2,223	0	2,223	
Mental Health	1,735	0	(54)	0	0	0	1,681	0	1,681	
Alcohol & Drugs Recovery Service	1,017	0	18	0	0	0	1,035	0	1,035	
Homelessness	1,159	0	(47)	0	0	0	1,112	0	1,112	
Planning, Health Improvement & Commissioning	1,949	0	54	403	0	0	2,406	0	2,406	
Corporate Director (including Business Support)	3,633	0	(173)	0	0	0	3,460	0	3,460	
Contribution from Pay Contingency Reserve	(199)	0	0	0	0	0	(199)	0	(199)	
Contribution from General Reserves	(603)	0	0	0	0	0	(603)	0	(603)	
<b>Totals</b>	<b>68,156</b>	<b>0</b>	<b>0</b>	<b>640</b>	<b>0</b>	<b>0</b>	<b>68,796</b>	<b>0</b>	<b>68,796</b>	

**Budget Movements Detail**

£000

*Inflation*

0

*Virements*

BUB reallocations

0

0

*Supplementary Budgets*

C&F Fostering/Kinship budget

237

Ukraine resettlement budget

403

640

## Social Work

## Revenue Budget Projected Outturn - 2023/24

Period 7 1 April 2023 - 31 October 2023

2022/23		2023/24 (£000)				
Actual Subjective Analysis £000	Approved Budget	Revised Budget	Outturn	Variance	Budget Variance (%)	
34,507	Employee costs	37,478	38,430	37,366	(1,064)	(2.77)
1,652	Property costs	1,122	1,341	1,536	195	14.55
1,435	Supplies & services	1,211	1,192	1,206	14	1.17
254	Transport & plant	355	355	244	(111)	(31.27)
958	Administration costs	772	837	894	57	6.81
5,567	Payments to other bodies	50,867	52,559	54,019	1,460	2.39
(26,466)	Income	(23,648)	(25,918)	(26,018)	(100)	0.39
<b>17,907</b>		<b>68,156</b>	<b>68,796</b>	<b>69,247</b>	<b>451</b>	<b>0.66</b>
3,617	Transfer to Earmarked Reserves	0	0	0	0	0
<b>21,524</b>	<b>Social Work Net Expenditure</b>	<b>68,156</b>	<b>68,796</b>	<b>69,247</b>	<b>451</b>	<b>0.66</b>

2022/23		2023/24 (£000)				
Actual Objective Analysis £000	Approved Budget	Revised Budget	Outturn	Variance	Budget Variance (%)	
12,449	Children & Families	12,905	13,062	16,230	3,168	24.25
40	Criminal Justice	97	97	91	(6)	(0.25)
26,703	Older Persons	31,062	31,445	29,177	(2,268)	(7.21)
9,214	Learning Disabilities	9,669	10,188	10,004	(184)	(1.81)
2,740	Physical & Sensory	2,906	2,888	3,168	280	9.70
1,768	Assessment & Care Management	2,824	2,223	1,944	(279)	(12.51)
1,080	Mental Health	1,735	1,681	1,572	(109)	(6.48)
633	Alcohol & Drugs Recovery Service	1,017	1,035	641	(394)	(38.07)
1,235	Homelessness	1,159	1,113	1,284	171	15.37
1,897	Planning, Health Improvement & Commissioning	1,949	2,406	2,484	78	3.24
2,961	Corporate director (including Business Support)	2,831	2,658	2,652	(6)	(0.23)
<b>60,719</b>		<b>68,156</b>	<b>68,796</b>	<b>69,247</b>	<b>451</b>	<b>(14)</b>
3,617	Transfer to Earmarked Reserves	0	0	0	0	0
<b>64,336</b>	<b>Social Work Net Expenditure</b>	<b>68,156</b>	<b>68,796</b>	<b>69,247</b>	<b>451</b>	<b>0.66</b>

**Social Work**  
**Material Variances - 2023/24**  
 Period 7 1 April 2023 - 31 October 2023

2022/23		2023/24 (£000)					
Actual £000	Budget Heading	Revised Budget	Proportion of budget	Actual to 31/10/23	Outturn	Variance	Percentage Variance (%)
	<b>Employee Costs</b>						
6,792	Children & Families	7,344	2,958	4,025	8,016	672	9.15
1,764	Criminal Justice	1,975	795	932	1,832	(143)	(7.24)
11,907	Older Persons	13,755	5,540	6,436	12,639	(1,116)	(8.11)
2,642	Learning Disabilities (LD)	3,002	1,209	1,423	2,698	(304)	(10.13)
2,326	Assessment & Care Management	2,588	1,042	1,207	2,449	(139)	(5.37)
1,263	Mental Health	1,424	574	734	1,489	65	4.56
1,215	Alcohol & Drugs Recovery Service	1,273	513	619	1,190	(83)	(6.52)
1,087	Homelessness	1,072	432	551	997	(75)	(7.00)
2,023	Planning, Health Improvement & Commissioning	2,094	843	1,137	2,232	138	6.59
2,234	Business Support	2,567	1,034	1,384	2,495	(72)	(2.80)
33,253		37,094	14,939	18,448	36,037	(1,057)	(27)
	<b>Children &amp; Families</b>						
34,896	Property Costs - Rates	29	17	66	66	37	129.86
2,833	Payments to Other Bodies (PTOB) - Residential childrens placements	2,810	1,639	2,377	4,678	1,868	66.48
2,091	PTOB - Adoption, fostering & kinship placements	2,256	1,316	998	2,418	162	7.18
257	PTOB - LD Child respite packages	212	124	263	500	288	135.85
0	PTOB - Action for Children commitment	52	30	47	101	49	94.23
	<b>Criminal Justice</b>						
(138)	Income - Prison income underachieved	(398)	(232)	(81)	(261)	137	(34.42)
	<b>Older Persons</b>						
3,690	PTOB - External Homecare packages	4,820	2,812	1,917	4,030	(790)	(16.39)
15	Transport - Day Care - Internal Transport Drivers and External Hires	130	76	9	25	(105)	(80.77)
564	PTOB - Day Services external packages	663	387	249	584	(79)	(11.92)
17,449	PTOB - Residential Nursing bed costs	18,720	10,920	9,357	18,605	(115)	(0.61)
(517)	Income - Residential charging orders/recoveries income	(229)	(134)	(305)	(305)	(76)	33.19
	<b>Learning Disabilities</b>						
0	Various - LD Estates underspends	67	17	0	0	(67)	(100.00)
11,032	PTOB - LD External client packages	11,584	6,757	5,256	11,837	253	2.18
	<b>Physical Disabilities</b>						
2,317	PTOB - PD External client packages	2,313	1,349	1,275	2,587	274	11.85
	<b>Assessment &amp; Care Management:</b>						
200	PTOB -Respite/Short break commitments	338	197	91	221	(117)	(34.62)

## Social Work

## Material Variances - 2023/24

Period 7 1 April 2023 - 31 October 2023

2022/23		2023/24 (£000)					
Actual £000	Budget Heading	Revised Budget	Proportion of budget	Actual to 31/10/23	Outturn	Variance	Percentage Variance (%)
0	Income - Cost Recoveries	0	0	(50)	(50)	(50)	
	<b>Mental Health</b>						
1,747	PTOB - MH client packages	2,112	1,232	790	1,927	(185)	(8.76)
	<b>Alcohol &amp; Drugs Recovery Service:</b>						
310	PTOB - ADRS client packages	536	313	106	315	(221)	(41.23)
35	PTOB - Payments to other bodies	105	61	0	0	(105)	(100.00)
	<b>Homelessness</b>						
229	Property - Rent Scatter Flats	102	60	108	200	98	96.08
27	Property - Furniture & Fittings (Scatter Flats)	11	6	45	42	31	281.82
9	PTOB - Agency Staff	0	0	104	120	120	
	<b>Planning, Health Improvement (HI) &amp; Commissioning:</b>						
	Income - HI - Scottish Legal Aid Board (SLAB) income	0	0	0	(37)	(37)	
	<b>Business Support</b>						
190	Admin - Insurance	145	85	85	190	45	31.03
77,235		46,378	27,031	22,706	47,793	1,415	3.05
<b>110,488</b>	<b>Total Material Variances</b>	<b>83,472</b>	<b>41,971</b>	<b>41,154</b>	<b>83,830</b>	<b>358</b>	<b>0.43</b>

**Social Work**

**DRAFT Capital Budget 2023/24**

**Period 7 1 April 2023 - 31 October 2023**

<b>Project Name</b>	<b>Est Total Cost</b>	<b>Actual to 31/03/23</b>	<b>Approved Budget</b>	<b>Revised Estimate</b>	<b>Actual to 31/10/23</b>	<b>Estimate 2024/25</b>	<b>Estimate 2025/26</b>	<b>Future Years</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>Social Work</b>								
New Community Hub	9,507	332	2,401	760	146	8,241	174	0
Swift Upgrade	200	0	200	100	0	100	0	0
<b>Social Work Total</b>	<b>9,707</b>	<b>332</b>	<b>2,601</b>	<b>860</b>	<b>146</b>	<b>8,341</b>	<b>174</b>	<b>0</b>



## Social Work

### Earmarked Reserves - 2023/24

Period 7 1 April 2023 - 31 October 2023

T e g o r r y	Project	Lead Officer/ Responsible Manager	Total Funding	Projected Spend	Amount to be Earmarked for 2024/25 & Beyond
			2023/24 £000	2023/24 £000	£000
C	Tier 2 School Counselling	Jonathan Hinds	329	63	266
C	Whole Family Wellbeing	Jonathan Hinds	486	243	243
C	National Trauma Training	Jonathan Hinds	50	50	0
C	Refugees	Alan Best	2,190	512	1,678
C	Autism Friendly	Alan Best	157	82	75
C	Integrated Care Fund	Alan Best	108	108	0
C	Delayed Discharge	Alan Best	94	39	55
C	Winter Pressures Care at Home	Alan Best	1,059	491	568
C	Winter Pressures Interim Beds	Alan Best	92	92	0
C	Carers	Alan Best	304	150	154
C	Dementia Friendly	Gail Kilbane	9	9	0
C	ADRS fixed term posts	Gail Kilbane	109	85	24
C	Rapid Rehousing Transition Plan (RRTP)	Gail Kilbane	180	180	0
C	Temporary posts	Craig Given	675	300	375
C	Welfare	Craig Given	341	307	34
C	Cost of Living	Craig Given	265	265	0
C	Wellbeing		15	15	0
<b>Council delegated reserves</b>			<b>6,463</b>	<b>2,990</b>	<b>3,473</b>
B	Pay contingency	Craig Given	1,085	199	886
B	Client Commitments - general	Craig Given	605		605
B	Adoption/Fostering/Residential Childcare/ Kinship	Jonathan Hinds	1,500	300	1,200
B	Continuing Care	Jonathan Hinds	425	130	295
B	Residential & Nursing	Alan Best	1,286		1,286
B	Learning Disabilities Client Commitments	Alan Best	600		600
B	Learning Disabilities Redesign	Alan Best	500	0	500
B	IJB PCIP	Alan Best	156	156	0
B	IJB ADP	Gail Kilbane	894	894	0
B	IJB Mental Health - Action 15	Gail Kilbane	21	21	0
B	IJB Mental Health Transformation	Gail Kilbane	637	173	464
B	IJB Contributions to Partner Capital Projects	Kate Rocks	1,099	150	949
B	IJB Primary Care Support & Public Health	Hector McDonald	569	285	284

## Social Work

## Earmarked Reserves - 2023/24

Period 7 1 April 2023 - 31 October 2023

T e g o r y	Project	Lead Officer/ Responsible Manager	Total Funding	Projected Spend	Amount to be Earmarked for 2024/25 & Beyond
			2023/24 £000	2023/24 £000	£000
B	IJB Prescribing Smoothing Reserve	Alan Best	1,091	500	591
B	IJB Addictions Review	Gail Kilbane	292	55	237
B	IJB Transformation Fund	Kate Rocks	1,839	267	1,572
B	IJB Covid Community Living Change	Alan Best	292	153	139
B	IJB Staff L&D Fund	Jonathan Hinds	404	200	204
B	IJB Homelessness	Gail Kilbane	450	330	120
B	IJB Swift	Craig Given	371	156	215
B	IJB CAMHS Tier 2	Jonathan Hinds	0	0	0
B	IJB WP MDT	Alan Best	253	253	0
B	IJB WP HSCW	Alan Best	331	85	246
B	IJB Care Home Oversight	Alan Best	65	39	26
B	IJB Digital Strategy	Alan Best	583	353	230
B	IJB MH Recovery & Renewal	Alan Best	784	436	348
B	IJB LD Health Checks	Alan Best	32	32	0
B	IJB Free Reserves	Kate Rocks	1,635	1,098	537
	<b>Total Category A</b>		<b>0</b>	<b>0</b>	<b>0</b>
	<b>Total Category B</b>		<b>17,799</b>	<b>6,265</b>	<b>11,534</b>
	<b>Total Category C to E</b>		<b>6,463</b>	<b>2,990</b>	<b>3,473</b>
	<b>Total CFCR</b>		<b>0</b>	<b>0</b>	<b>0</b>
	<b>Overall Total Check</b>		<b>24,262</b>	<b>9,255</b>	<b>15,007</b>

**Category**

- A Asset Plans
  - B Strategic Funds
  - C Policy Decisions
  - D Increase Capacity
  - E Regeneration/Employability
- CFCF Capital Funded from Current Revenue

**Category**

- A Asset Plans
  - B Strategic Funds
  - C Policy Decisions
  - D Increase Capacity / Smoothing Reserves
  - E Regeneration/Employability
- CFCF Capital Funded from Current Revenue

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<b>Report To:</b>	<b>Social Work &amp; Social Care Scrutiny Panel</b>	<b>Date:</b>	<b>16 January 2024</b>
<b>Report By:</b>	<b>Kate Rocks Chief Officer Inverclyde HSCP</b>	<b>Report No:</b>	<b>SWSCSP/05/2024</b>
<b>Contact Officer:</b>	<b>Jonathan Hinds Chief Social Work Officer Inverclyde HSCP</b>	<b>Contact No:</b>	<b>01475 715282</b>
<b>Subject:</b>	<b>National Care Service Update</b>		

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## **1.0 PURPOSE AND SUMMARY**

- 1.1  For Decision  For Information/Noting
- 1.2 The purpose of this report is to inform the Social Work and Social Care Scrutiny Panel of the latest communications regarding the National Care Service (Scotland) Bill and to provide and update on national developments in this regard.
- 1.3 Since the last paper on this matter was presented to the Social Work and Social Care Scrutiny Panel on 29 August 2023, work has continued to inform Stage 1 scrutiny of the Bill which will be completed by 31 January 2024.
- 1.4 Further correspondence was received from the Minister for Social Care, Mental Wellbeing and Sport on 6 December 2023 (Appendix 1). The Minister's letter is a response to a series of questions from Parliament's Health, Social Care and Sport Committee and seeks to provide further clarity about the changes which will be made to the Bill in Stage 2.
- 1.5 In addition, the Concluding Report of the Children's Services Reform Research programme was published on 13 December 2023.

## **2.0 RECOMMENDATIONS**

- 2.1 To note the correspondence received on 6 December 2023 from the Minister for Social Care, Mental Wellbeing and Sport and the report on the national reform research programme.

**Kate Rocks  
Chief Officer  
Inverclyde HSCP**

### **3.0 BACKGROUND AND CONTEXT**

- 3.1 Within the latest correspondence to the Scottish Parliament's Health, Social Care and Sport Committee on 6 December 2023, the Minister for Social Care, Mental Wellbeing and Sport notes that the Scottish Government propose to make amendments to the National Care Service (Scotland) Bill at Stage 2, in response to evidence taken at Stage 1 and ongoing feedback from stakeholders as part of the Scottish Government's co-design programme.
- 3.2 The Minister provided the Finance and Public Administration Committee with an updated Financial Memorandum in December 2023 to show revised costs, based on the proposed amendments to the Bill.

#### **Integration Authorities**

- 3.3 Several key changes were referred to in recent correspondence, including a move away from establishing 'Care Boards', in favour of reform of Integration Authorities. It remains the intention for Scottish Ministers to directly fund reformed integration authorities. These would be accountable to a National Care Service Board which would, in turn, be provided with new powers to fulfil its purpose, primarily to enable people to access timely, consistent, equitable and fair, high-quality health and social care support across Scotland.
- 3.4 Integration authorities would retain the power to directly employ staff, and in particular the Chief Officer and other key roles. An independent Chair role would be introduced for Integration Authorities, accountable to the National Board.

#### **National Social Work Agency**

- 3.5 There remains a commitment to establishing a National Social Work Agency, with further information on the proposed structure awaited before Stage 2 amendments. It is unclear at this time whether social care would be included alongside social work. Furthermore, no clarification on the statutory role of Chief Social Work Officer was provided in the correspondence and how transfer of accountabilities may impact on professional leadership, independent challenges, assurance, and advice to Councils.
- 3.6 The potential inclusion of children's services and justice services remains a key issue for the future model for provision of social work and social care services. The letter advises that if a justice and/or children's services are included within the proposed NCS, they would also be subject to the shared accountability agreement, with no transfer of functions, assets or staff.

#### **Children's Services Reform Research: Learning and Implications for Scotland**

- 3.7 As previously reported, the Centre for Excellence for Children's Care and Protection (CELCIS) was asked by the Scottish Government to undertake research to inform future decisions around the inclusion or exclusion of children's services and justice social work in the proposed model. The Concluding Report was published on 13 December 2023.
- 3.8 The importance of building and maintaining effective relationships with children and families was reflected by the Chair of the Research group, Professor Brigid Daniel, who stated that any proposed structure should be tested against this guiding principle. Despite what is referred to as 'crushing' pressures and constraints, the report highlights the commitment of the workforce as a strong foundation for future changes and improvements, acknowledging that what could be achieved in a more optimal environment is immense.

3.9 Key findings within the research are as follows:

- The importance of time and space for relationships.
- Support from other services is key, including housing, health and Education.
- Local 'hubs' enhance provision and partnership working.
- The Covid-19 pandemic has an enduring impact on services.
- Embedding rights remains an underdeveloped area.
- The workforce is enthusiastic and highly committed but in crisis and needs to feel supported.
- Service gaps remain, particularly around early interventions, specialist mental health services, supports and transitions for children with complex needs as well as in adult services around support for trauma recovery.
- Leadership is a critical but complex role, with notable variations across the sector.
- Multiple systems, particularly ICT and data/performance information can hinder working across disciplines.

3.10 The report concludes that there is no clear correlation between structural integration and improved outcomes for children, young people and families. It includes a range of familiar elements that would contribute to improved outcomes including supportive relationships between children, their families and practitioners; local, high-quality long term funded service provision; a skilled, supported workforce with manageable workloads; a simplified and aligned legislative and policy landscape; and planning which acknowledges the complexities of human relationships.

**4.0 PROPOSALS**

- 4.1 The Chief Social Work Officer, through the national Chief Social Work Officer Committee (Social Work Scotland) shall continue to contribute to ongoing discussions about the proposed National Care Service and National Social Work Agency and the potential implications for provision of quality social work and social care services in Inverclyde.
- 4.2 A further report can be brought to a future meeting of the Social Work and Social Care Scrutiny Panel as appropriate.

**5.0 IMPLICATIONS**

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

<b>SUBJECT</b>	<b>YES</b>	<b>NO</b>
Financial		X
Legal/Risk	X	
Human Resources		X
Strategic (Partnership Plan/Council Plan)		X
Equalities, Fairer Scotland Duty & Children/Young People's Rights & Wellbeing		X
Environmental & Sustainability		X
Data Protection		X

## 5.2 Finance

### One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

### Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

## 5.3 Legal/Risk

This correspondence is in relation to the implementation of the National Care Service (Scotland) Bill which is currently at Stage 1 of the Parliamentary process.

## 5.4 Human Resources

N/A

## 5.5 Strategic

N/A

## 5.6 Equalities, Fairer Scotland Duty & Children/Young People

N/A

### (a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

### (b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report’s recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
X	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.

(c) Children and Young People

Has a Children’s Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
X	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children’s rights.

**5.7 Environmental/Sustainability**

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
X	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

**5.8 Data Protection**

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
X	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

**6.0 CONSULTATION**

6.1 N/A

**7.0 BACKGROUND PAPERS**

7.1 N/A

T: 0300 244 4000  
E: MinisterSCMWS@gov.scot

Clare Haughey MSP  
Convener  
Health, Social Care and Sport Committee  
The Scottish Parliament

hscs.committee@parliament.scot

06 December 2023

I am writing in response to your correspondence of 7 November 2023 regarding Stage 1 scrutiny of the National Care Service (NCS) (Scotland) Bill.

To enable the Committee to progress its Stage 1 report, you asked for further information on the proposed changes to the Bill, following the Scottish Government's tripartite negotiations with local government and NHS since the shared accountability agreement in early summer 2023. The tripartite discussions have prioritised agreement on matters requiring primary legislation and further work will be required, including on the detail to be included in secondary legislation and what will be involved in operationalising the legislation. We remain committed to doing this through ongoing engagement with local government, NHS and trade union partners and by taking a co-design approach involving those receiving and delivering services. As I have highlighted in previous correspondence, as well as the tripartite discussions, we continue to engage with unions on workforce matters.

While the delivery mechanisms for the NCS may now be different, the vision for the NCS as set out in the policy memorandum at the time of introduction remains the same:

- enable people of all ages to access timely, consistent, equitable and fair, high-quality health and social care support across Scotland;
- provide services that are co-designed with people who access and deliver care and support, respecting, protecting and fulfilling their human rights;
- provide support for unpaid carers, recognising the value of what they do and supporting them to look after their health and wellbeing so they can continue to care, if they so wish, and have a life beyond caring;
- support and value the workforce;
- ensure that health, social work and social care support are integrated with other services, prioritising dignity and respect, and taking account of individual circumstances to improve outcomes for individuals and communities;
- ensure there is an emphasis on continuous improvement at the centre of everything;
- provide opportunities for training and development, including the creation of a National Social Work Agency providing national leadership, oversight and support;

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[www.gov.scot](http://www.gov.scot)



- recognise the value of the investment in social care support, contribute to the wellbeing economy, make the best use of public funds, and remove unnecessary duplication.

My responses to your questions regarding the proposed changes to the Bill due to the shared accountability agreement with COSLA and the NHS are as follows:

*Q. That, in response to this letter, the Scottish Government provides a description of the purpose and effect of the amendments it intends to bring forward at Stage 2 including details of the specific sections of the Bill it would expect to have to amend and any associated costs.*

*Q. That the Scottish Government gives a commitment that it will introduce the text of its proposed amendments at a suitably early point in the Stage 2 timetable to enable the Committee to undertake detailed scrutiny of those amendments ahead of the formal proceedings at which the amendments are moved and disposed of.*

In response to both of these questions, I am fully committed to working with the Committee throughout the duration of this Bill to facilitate the Committee's scrutiny. Should the general principles of the Bill be approved at Stage 1, I will ensure that the Scottish Government provides sufficient information on a timescale which would enable the Committee to consider proposals for Scottish Government amendments at the level of scrutiny it reasonably requires.

The Finance and Public Administration Committee have requested that I provide them with an updated Financial Memorandum and any further relevant information to show revised costs, based on the proposed amendments to the Bill. I intend to supply them with this information by 11<sup>th</sup> December to further support their scrutiny of the Bill.

*Q. That the Scottish Government provides an answer to the following specific questions regarding implications of the accord with COSLA on shared legal accountability for the Bill as introduced:*

In my responses to your questions below about the specific sections of the Bill, I have given detailed responses to assist the Committee in their understanding of the amendments likely to be proposed at Stage 2. I trust that is sufficient for your consideration at Stage 1 of the Bill. I will of course take into consideration the Committee's report at Stage 1, and stakeholders' responses to that report, as part of our overall approach to drafting amendments for Stage 2, which we would do following the Stage 1 debate.

*1. Is it correct to assume that sections 2 and 3 of the Bill will need to be substantially amended to reflect legal accountability for the proposed National Care Service being shared between local government and the Scottish Government rather than transferred to Scottish Ministers?*

Amendment will be required to sections 2 and 3 of the Bill. As I have set out earlier, the NHS and local government would each retain responsibility for service delivery under the shared accountability agreement. Scottish Ministers will exercise strategic framework accountability for NCS services which will include a role in setting policy, having oversight and providing direction. Our amendments at Stage 2 will reflect this.

As part of the tripartite discussions with COSLA and the NHS, we have agreed that shared accountability will be discharged in the form of a National Care Service Board (the National Board), as noted in my previous letter of 20 September. This will also mean that changes are required to provisions which affect local integration arrangements. Further detail on these revisions is provided in subsequent sections of this letter.

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2. Further to question 1), can the Scottish Government indicate what consequential amendments may be required to other sections of Part 1 of the Bill?

Scottish Government will require to table consequential amendments to reflect the shared accountability model and we will aim to share them with the Committee as early as possible in Stage 2 to enable appropriate scrutiny. I am keen to continue to work with the committee on timing of the provision of this material to ensure it meets the needs of members. Responses to the following questions outline some of the areas amendments will cover.

3. Is it still the intention that Ministers will have the power to create and abolish care boards as set out in section 4 of the Bill?

4. Does the Scottish Government still plan to abolish integration joint boards and to transfer their functions to these care boards? In this context, does it still intend to substantially amend or repeal the Public Bodies (Joint Working) (Scotland) Act 2014 to give effect to these reforms?

5. If plans for local care boards have changed, what consequential amendments will be required to Part 1 of the Bill to reflect this change of approach?

The shared accountability agreement between national and local government included agreement that statutory delivery functions would remain with local government and health boards respectively, along with assets, employment and relevant funding. Consequentially, there are provisions in the NCS Bill as introduced which would no longer be intended to be used as originally envisaged.

This raises questions of the necessity of particular provisions, and we have therefore been examining whether the intended outcomes could be achieved by putting forward amendments to the Public Bodies (Joint Working) (Scotland) Act 2014 under which the integration authorities were created. We are now of the view that this is a reasonable approach, and would achieve the intended reforms in a manner proportionate to the aim. Therefore we no longer expect to abolish integration authorities and establish care boards.

Notwithstanding the above, the Scottish Government remains of the view there is a clear case for reform, with significant changes needed at local level to realise the intended quality and consistency. In other words, the status quo is not acceptable.

As it has been agreed that a National Care Service Board would be established as the primary means through which to secure, operationalise and manage shared accountability, further detail is provided on the functions of the National Board in response to question 6 below.

To ensure that there is a clear link between local and national shared accountability, we intend to put forward amendments which achieve the aim of ensuring reformed integration authorities are accountable to the National Care Service Board, with the National Care Service Board responsible for reviewing, and securing assurance on the deliverability of local strategic plans. This will require amendments to provisions relating to strategic planning beyond what is proposed in the NCS bill as introduced. The National Care Service Board is also envisaged to have a role in scrutinising reformed integration authorities' performance reports, with strengthened powers to require evidence and documentation to be introduced. In doing so, it is a priority to ensure this does not become an added layer of accountability or bureaucracy and actively streamlines the existing complicated landscape.

Throughout our consensus discussions there has been a clear focus on improving quality, consistency and outcomes for people. We have agreed that we require more focussed attention

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on implementing good practice, improvement support and enhanced support where it is necessary. We have therefore agreed to bring forward amendments to support an Improvement, Support and Escalation framework, which is first and foremost focused on support and improvement. As part of this framework it may be that intervention is required, as a last resort. For that reason, it is the Scottish Government's position that the Ministerial powers of direction over local authorities, health boards and local integration authorities should be retained as per the Public Bodies (Joint Working) (Scotland) Act 2014. Subject to the status of the National Care Service Board, discussed below, our planning assumption is that the Ministerial powers of intervention as set out in the Bill as introduced should transfer to the National Care Service Board. This would allow the Board to invoke those powers as a last resort and would ensure the Board had substantive levers to drive and support performance and take material action when required.

Given the Bill provides for Scottish Ministers to exercise strategic framework accountability for NCS services which will include a role in setting policy, having oversight and providing direction, it remains the intention that it should be possible to directly fund reformed integration authorities in order for Scottish Ministers to ensure their duties are met. It is not the intention that all community health and social care funding would be routed through integration authorities. However, the potential for direct funding in specific, agreed circumstances is considered a reasonable consequence of the shared accountability agreement. We have also agreed that we will work to create greater transparency of spend in the system.

Transparency has featured as an ongoing theme in our discussions with partners and throughout the co-design process. To introduce further transparency we are exploring the potential of revised chairing arrangements for reformed Integration Authorities. This may include an Independent Chair at local level, working in concert with the current arrangements which reserve chairing responsibility for members from Local Government and the NHS. Ministers would expect the Independent Chair to be accountable, and to provide advice to the National Board. Further work with partners is required to define the detail of this proposal and this will be developed in consultation in the coming weeks.

Reforms will build on what has already been accomplished through the 2014 Act in terms of integration through a continuous improvement approach, and ahead of the establishment of the National Care Service the Government remains committed to maximising the opportunities for greater integration under existing legislation.

Under this continuous improvement approach it is intended to carry over any existing powers under the 2014 Act which have not yet been used in practice, such as the powers to allow integration authorities to directly employ chief officers and other members of staff. Again this is not being retained for wholesale application, however we are clear that current staffing arrangements are often complex and local areas may wish to streamline their working arrangements in due course.

There are other aspects of how integration authorities are currently operating which is leading to unwarranted variation across the country and which would benefit from streamlining, including how frontline integration through the Health and Social Care Partnerships operate. There is a requirement for strong, clear schemes of delegation within integration arrangements which create clear roles for partnership organisations, including putting these on a statutory footing where appropriate.

It is the intention that the NCS Bill should allow for greater cooperation and pooling of resources across integration authority boundaries, beyond what is currently explicitly provided for in the 2014 Act. This includes revisiting the use of hosting arrangements and formalising these by ensuring

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effective governance structures are in place around the use of these. We will also strengthen the opportunities for Integration Authorities to join together across current geographical boundaries to achieve greater consistency, quality and economies of scale where there is local agreement to do so. It is also the intention that the role of localities should be strengthened, building on what works well and driving greater consistency in how these are set up and used as part of community engagement, strategic planning and other integrated functions.

Finally, it remains the Scottish Government's intention that the recommendation to give a greater voice to lived experience within decision making structures should be actioned, including by extending who on the board has voting rights.

All proposals for local reform as part of the NCS exist within our wider collective ambitions for public service reform and are designed to ensure that the NCS is able to take account of, and work alongside developments under the New Deal for Local Government, including the exploration of Single Authority Models.

*6. Does the Scottish Government intend to introduce provisions for the creation of a national care board via Stage 2 amendments to the Bill as introduced or via alternative means?*

We are carefully considering the most appropriate means to create a National Care Service Board that is capable of overseeing the system and driving forward improvement effectively. In my previous letter of 20 September, I outlined some high level functions for which we expected the Board to be responsible. Subsequent discussions with COSLA and NHS have expanded this list to include:

- setting national strategic direction
- developing standards, guidance and operating frameworks
- overseeing and seeking delivery assurance on local strategic plans and ethical commissioning strategies;
- monitoring system performance;
- maintaining a support and improvement framework which will aim to provide support to local areas when monitoring indicates that standards are not being met with powers of intervention, when required, as a last resort;
- ensuring visibility of data, information, and analysis about social care support, social work and primary and community health services through reporting on delivery;
- national commissioning and procurement by agreement for complex and specialist social care services which will include prison social care;
- seeking assurance on public protection arrangements; and
- providing support to local delivery partners.

We are currently developing the delivery mechanism for the National Board. While this may be in the form of a public body, the final shape of the entity is still to be agreed. There is a rigorous approval process within Scottish Government for any new public body and the proposals for this Board will be subject to that in due course. If appropriate following a final decision, we will amend the Bill at Stage 2 to ensure the Board has the necessary duties and powers to fulfil its role effectively.

We would expect to introduce amendments at Stage 2 which provides for Ministers to set out the detail and composition of National Care Service Board membership through regulations. Although we do not intend to outline the membership of the National Care Service Board within primary legislation, it is intended to include, at a minimum, an independent chair; representatives from

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local government to preserve local democratic accountability; the NHS and people with lived experience.

To ensure our commitment to enabling meaningful representation of people with lived experience of using or working in services on the National Care Service Board, we will also amend the Bill to allow for Ministers to set out the support the Board should provide for lived experience representatives at both individual and structural levels, to ensure all Board members can play a meaningful role.

These provisions will ensure we have the opportunity fully to co-design those aspects with people who access NCS services, workforce representatives from the public, third and independent sectors, and unpaid carers, as well as with local government, NHS Boards and stakeholders.

*7. Is it still the Scottish Government's intention to establish a national social work agency within Government rather than making separate provision for it on the face of the Bill?*

The Scottish Government is committed to establishing a National Social Work Agency (NSWA). COSLA Leaders have agreed to work with the Scottish Government and our key stakeholders regarding the structure and governance of the NSWA. We will provide further clarity on the NSWA's establishment when we provide Stage 2 information in the advance of formal Stage 2 amendment consideration. Our partners and stakeholders are supportive of establishing a NSWA and are fully engaged in its development. A NSWA will work with and support the social work profession, by providing national leadership and overseeing social work education, improvement, workforce planning, training, development. It will support the wellbeing of the workforce and improve the conditions in which they operate.

*8. Does the Scottish Government intend to introduce any amendments to sections 11 and 12 (The National Care Service charter), section 13 (independent advocacy) or sections 14 and 15 (Complaints) as a consequence of the new consensus agreement with COSLA?*

The Scottish Government is considering what amendments are required to sections 11 and 12 (the National Care Service charter), section 13 (Independent Advocacy) and sections 14 and 15 (Complaints) following the shared accountability agreement.

These provisions, as introduced, place a number of requirements on the Scottish Ministers and consideration is being given as to whether these requirements still appropriately sit with the Scottish Ministers only, or whether those provisions will now apply to new governance arrangements i.e. the National Board. Stage 2 amendments are therefore likely to be brought forward to clarify this.

The commitment to co-design the detail of these policies with people with lived experience of accessing and delivering care support remains, and co-design on the NCS Charter, Complaints and Independent Advocacy is progressing at pace. The sensemaking phase of co-design on the Charter alone has included views from over 260 people and groups and we are taking time to analyse this fully and apply what people have told us. An early draft of the Charter will be provided to the committee in early 2024, before going through the final 'agreeing' phase of co-design. My officials would be happy to meet with the Committee to discuss the draft Charter when the draft is shared if this would be helpful.

*9. Will the new consensus agreement with COSLA necessitate any amendments to Chapter 5 of Part 1 of the Bill (regarding functions connected to the provision of care)?*

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Chapter 5 of Part 1 of the NCS Bill sets out relevant powers that will support the delivery of NCS services. These powers relate to research, training, funding of activities related to NCS services, and compulsory purchase of land. Under the NCS Bill as introduced, these powers were set out for the Scottish Ministers and for local care boards.

Subject to the decision on the status of the National Care Board, it is our policy intent that the new Board should have all the necessary powers to support the delivery of NCS services. This will include supporting research, providing for training courses, and providing financial assistance to organisations for activities related to the NCS. We are giving further consideration to whether or not powers for compulsory purchase of land remain necessary, in light of the role the National Care Service Board will fulfil for any complex and specialist services to be commissioned at a national level.

*10. Is it correct to assume that Chapter 6 of Part 1 (related to the allocation of care functions etc.) will also need to be substantially amended to reflect the new consensus agreement with COSLA; in particular on the basis that, under this new model, there will no longer be any transfer of functions, staff or assets from local authorities as part of the proposed creation of a national care service?*

These provisions will require to be amended given the shared accountability agreement. However, in discussion with partners there is consensus that it may be appropriate to enable the transfer of functions between statutory partners if there is a rationale and clear local agreement to do so. This may be helpful to support the emerging public sector reform landscape and innovations such as the Single Authority model. This will require further exploration and agreement with partners to frame an amendment appropriately.

*11. Does the Scottish Government still intend to carry out a public consultation on the potential future inclusion of children's services and justice services within the scope of the proposed National Care Service? If a decision is taken in future to include these services within the scope of the proposed National Care Service, does the Scottish Government intend that, like other services, they will now be subject to shared legal accountability and that no transfer of functions, staff or assets from local government will take place?*

The requirement to consult on the potential future inclusion of children's services and justice services within the scope of the NCS refers directly to the transfer of functions as laid out in section 27 of the Bill. As set out above, we are no longer pursuing the transfer of functions and it is our intention to remove section 27 and section 30 of the Bill.

If a decision is taken to include justice and/ or children's services within the scope of the proposed NCS, then such services would be subject to the shared accountability agreement and there would be no transfer of functions, assets or staff.

CELCIS (The Centre for Excellence for Children's Care and Protection) was commissioned to carry out independent research to inform the decision on the future of children's services. The findings from the research in tandem with the outputs from engagement and co-design work with children, young people, families and the workforce will help to identify what is needed to ensure that children, young people, and families get the help they need, when they need it. We thank CELCIS for their research, which can be found on [CELCIS' website](#).

CELCIS have carried out four Strands of research:

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- Strand 1 – A Rapid Evidence Review of existing literature was published on 21 June 2023.
- Strand 2 – Six Case Studies of Transformational Reform Programmes was published on 28 June 2023.
- Strand 3 – Which explores the different approaches to integrated service delivery across Scotland's 32 local authority areas and was published on 31 August 2023.
- Strand 4 – Which explores experiences of members of the Children's Services workforce and was published on 15 November. Over 1,400 members of the workforces supporting children participated in the work which is brought together in this report.

CELCIS will also publish a final report which will pull all the strands together and provide an analysis of the findings as a whole, including comments and conclusions about the options available regarding the future delivery of children's services in Scotland, due to be published on 13 December 2023.

We remain committed to ongoing consultation and engagement as we continue to work towards improving outcomes for children and families, and the workforce who care for them. We will also consider how best to ensure consistent delivery of high-quality services, especially to the most vulnerable children and families.

Similarly, we have worked closely with stakeholders to inform a decision about justice social work (JSW) being within the scope of the NCS. To date this work has included commissioned research, interviews, a reference group, workforce panel and a series of workshops hosted online and in person in different parts of Scotland. The independent research report by IPSOS affirms many of the anticipated strengths and challenges which exist within JSW services in Scotland and we thank the researchers and the workforce for their time in pulling together these robust findings.

Potential opportunities for JSW were identified within the work to develop a NCS, including a raised profile for a unified social work profession with clear national leadership complemented by a National Social Work Agency. The independent research is due to be published in early 2024.

We will continue to prioritise working with justice social work teams and people with lived experience, as we seek to understand how the Scottish Government can continue to support justice social work to deliver better outcomes for people and services across Scotland.

As previously referenced, one of the primary aims of the NCS is to enable people of all ages to access timely, consistent, equitable and fair, high-quality health and social care support across Scotland. Reformed Integration Joint Boards will be accountable to the new National Care Service Board, and the NCS Board will oversee systems performance reporting, securing delivery assurance on local strategic plans and responsibility for improvement and support primary and community healthcare and social care for all functions delegated to integration authorities.

We have not yet concluded our deliberations on the scope of the National Care Service and therefore on consistency of delegation of services to integration authorities. However Ministers are applying the following high level principles on delegation of functions:

- There will be no backtracking on achievements accomplished through the 2014 Act in terms of integration. Rather, reforms should build on what has already been achieved. There should be a presumption in favour of integration where there is currently inconsistency, in recognition of its benefits in providing greater continuity of care.

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- There should be no ‘dis-integration’ based on the 2014 Act unless there is evidence to suggest that this would be advantageous i.e. in particular local government and primary and community health services which are currently delegated should remain so unless there is a clear rationale for change.
- Further clarity is required on the arrangements for specific services such as Drugs and Alcohol and Prison health and social care.
- Public and Population Health should have a clear role in the planning and delivery of primary and community health and social care support and services.
- Given the very variable delegation arrangements currently in place for social work, children’s services and community justice, further discussion is required with partners to seek agreement on arrangements to achieve improvement, including access to timely, consistent, equitable and fair, high-quality health and social care support.

I am aware that the committee will wish to have certainty on delegation arrangements as soon as possible to assist in their scrutiny. Ministers will therefore write to the Committee with further information and decisions at the earliest opportunity in the new year.

*12. As a consequence of the new consensus agreement with COSLA, does the Scottish Government intend to make any changes to the regulation-making powers conferred on Scottish Ministers by the Bill as introduced? If so, what would these be?*

This would rely on working through the detail of the proposed changes, though the powers contained in section 4 relating to the establishment of local and special care boards will be removed, as will the powers in sections 27 to 29. The powers in sections 31 and 32 are also unlikely to be required.

*13. As part of its planned Stage 2 amendments, does the Scottish Government have any plans to modify or expand those provisions of the Bill related to procurement and ethical commissioning?*

We are considering an amendment to section 41 of the Bill (Reserving right to participate in procurement by type of organisation). The intention of the proposed amendment will be to modify the definition of qualifying organisation to support wider application to third sector bodies as per the policy intent. We are also considering amending the timeframes associated with this process. The aim of these amendments would be to ensure compatibility of the reserved process with wider policies to provide longer commitments to providers as appropriate, mitigating one of the issues identified in Independent Review of Adult Social Care.

Further to the above we are considering, in discussion with COSLA and NHS as part of the tripartite discussions, how operational commissioning and procurement should be delivered at a local and national level.

*14. What effect, if any, does the Scottish Government expect the new consensus agreement with COSLA and the model of shared legal accountability to have on the scale, focus and timetable of any co-design work to be undertaken as part of the proposed creation of a National Care Service? In connection with this, to what extent and in what ways will the outputs from engagement on co-design undertaken so far be used to inform the Scottish Government’s proposed amendments to the Bill as introduced at Stage 2?*

My colleagues and I have been clear that we want to put people at the heart of the development of the NCS. For that reason, the co-design work over recent months has been running in parallel with

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the tripartite negotiations. We have been clear that meaningful co-design engagement with all partners (including delivery partners, stakeholders and people with lived experience) will be key to delivery of the NCS. We are expecting that, with the new consensus agreement in place, this will enable us to build on the work already underway and to further enhance co-design engagement, as well as allowing the opportunity to create spaces for people with lived experience of both receiving and delivering services to undertake co-design together.

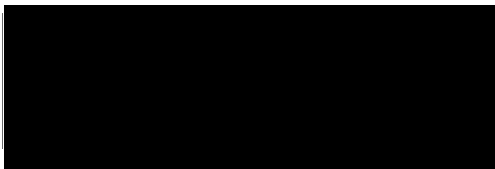
The completion of the tripartite negotiations provides agreement on the overarching structure and delivery framework of the future NCS. If parliament are in agreement with this framework and the general principles of the Bill, this will allow the co-design programme of work to focus on more detailed delivery design questions centred around meaningful engagement.

This is likely to include areas such as; the role of locality engagement forums; the mechanics of meaningful representation for people with lived experience on the National Board; the design of the complaints process and; future state reporting for the National Board as defined by the perspective of people with experience of delivering or receiving care.

Co-design insights gained to date will form part of the evidence base used to inform the Scottish Government's proposed amendments to the Bill at Stage 2. The insights are broad in their perspective and will contribute to amendments across Bill, and, in particular in relation to the role and provision of independent advocacy services, the managing of care complaints, information sharing and views on effective local and national representation

I hope this response provides the Committee with sufficient information to progress its Stage 1 consideration.

Kind regards,



**MAREE TODD MSP**

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<b>Report To:</b>	<b>Social Work &amp; Social Care Scrutiny Panel</b>	<b>Date:</b>	<b>16 January 2024</b>
<b>Report By:</b>	<b>Kate Rocks Chief Officer Inverclyde Health and Social Care Partnership</b>	<b>Report No:</b>	<b>SWSCSP/03/2024</b>
<b>Contact Officer:</b>	<b>Jonathan Hinds Head of Children &amp; Families Chief Social Work Officer Inverclyde Health and Social Care Partnership</b>	<b>Contact No:</b>	<b>01475 715282</b>
<b>Subject:</b>	<b>Children &amp; Families Service Specification</b>		

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## **1.0 PURPOSE AND SUMMARY**

- 1.1  For Decision  For Information/Noting
- 1.2 Children and Families services in Inverclyde provide a range of supports and services to children, young people, families and carers. The current model of service delivery has adapted to changes in demand, including those arising from the Covid-19 pandemic, policy and legislative developments in recent years.
- 1.3 This report outlines the intent to develop a service specification to guide a redesign of children and families services in Inverclyde to meet changing needs, promote early help and family support, as well as targeted interventions that balance the needs and risks of children and young people.

## **2.0 RECOMMENDATIONS**

- 2.1 Members of the Social Work and Social Care Scrutiny Panel are asked to note the contents of the report.

**Kate Rocks**  
**Chief Officer**  
**Inverclyde Health and Social Care Partnership**

### 3.0 BACKGROUND AND CONTEXT

- 3.1 Children and Families social work and community health services in Inverclyde are provided within a well-established, fully integrated model of service provision. This has provided opportunities to develop shared ways of working to support children, young people and families.
- 3.2 The impact of the Covid-19 pandemic on our children, young people, families and wider communities, as well as the workforce, has continued, alongside the cost-of-living crisis and its significant adverse effect on communities, already struggling with multiple deprivation.
- 3.3 The national policy landscape within which services are provided also continues to be shaped by resource pressures and policy developments, including the proposed National Care Service, National Social Work Agency and our commitment to #Keep the Promise.
- 3.4 Learning from recent years illustrates the compassion and commitment of the workforce as our greatest asset to tackle these challenges. Continued financial and demand pressures will continue to present challenges for the current model of service delivery, however this is balanced with an aspiration for children and young people in Inverclyde which provide a foundation to develop pathways to access appropriate services which can be responsive to a family's unique risks and needs.
- 3.5 As such, a service specification to guide the redesign of services will be developed during 2024, as part of a programme of consultation with our children, young people, families and carers, as well as our workforce and key partners. This will provide clarity about the design of the service and will provide a foundation to develop pathways for children and young people to access services within a tiered model of targeted intervention.
- 3.6 Relational practice will be integral to this model of tiered and targeted interventions, where the focus will be on strengthening relationships within families where children and young people are sustained in their families, homes and communities. Alongside this, earlier intervention approaches will enable family capacity to be strengthened within an overall enhanced pathway of assessment, planning, intervention and evaluation. Overall, this approach will recognise the capacity of families to change, within the context of strong local communities, which continues to balance the risks and needs of children and young people.

#### **Principles of Redesign**

- 3.7 Improving outcomes for children and young people, as well as supporting their families and carers, will be underpinned by the following principles:
- 3.8 **Shifting the balance of care:** to reflect differing approaches to intensive supports that reflect the needs of older young people moving towards greater independence and younger children to support them to remain in Inverclyde or return to the local area, reflecting learning from the Promise. This will also seek to address the current financial pressures on budgets, where external placements are the main factor in the current £1.4m projected overspend for children's residential services.
- 3.9 **Strengthening family capacity:** by developing more diverse, cross-sectoral supports to families at an earlier stage, with third sector partners, families will be strengthened to develop skills to give their children the best start in life and to keep them safe. This will seek to build on an existing early help test of change with a third sector partner where 34 families were supported last year.
- 3.10 **Increasing our fostering households:** where children cannot be looked within their families, we want them to live with nurturing, caring local households. We currently have 26 fostering

households registered locally, however there is continuing demand for local placements. By shifting the balance of care, we will target increasing our local fostering households within a rebranded, targeted approach with Council and third sector partners.

- 3.11 **Evidence-based approaches:** during 2022-23, the number of children on the child protection register reduced however remained 2% above the Scottish average. We will therefore develop a whole-system, evidence-based assessment and planning framework that builds on and supports family capacity to provide safe care for children.
- 3.12 **Workforce development:** within this model, new methods of working, including evidence-based practice approaches, will provide opportunities for staff to develop skills and expertise to that builds on established strengths of compassion and kindness, alongside strong community assets.

## 4.0 PROPOSALS

4.1 It is proposed that a programme for redesign will be developed, with appropriate timescales, built around a model of tiered and targeted intervention. This is based on the work of Pauline Hardiker et al (1991) and has guided the following approach as outlined below:

- **Tier 1:** universal services for children, young people and families who require occasional support and assistance.
- **Tier 2:** vulnerable children, young people and families who require additional, focussed supports.
- **Tier 3:** children, young people and families with more complex needs who require targeted interventions to support their safety and wellbeing.
- **Tier 4:** intensive supports for children and young people who are suffering or would be otherwise likely to suffer significant harm.

4.2 Within this model, the needs of most children and families would be met by universal services. Where some children and young people require additional supports, they would be supported to access these. A smaller number of children and young people, along with their families, who experience greater complexity, would be supported through targeted interventions. Meanwhile, a small number of children and young people with greater complexities would require intensive supports to manage risk, support recover and enhance resilience.

4.3 Within this model, children, young people and families could move through services based on assessed need and risk, recognising that this can be a fluid process; therefore, the service will need to incorporate flexibility that reflects these changing needs, underpinned by effective, needs-led and risk-based assessment and planning.

4.4 Senior managers in children and families services will take this outline proposal forward, including the development of a shared mission, vision and purpose for children and families services as well as the development of a full service specification.

4.5 A programme of consultation and engagement with the workforce and partners, as well as young people and families will inform the development of this model.

## 5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

<b>SUBJECT</b>	<b>YES</b>	<b>NO</b>
Financial		X
Legal/Risk		X
Human Resources		X
Strategic (Partnership Plan/Council Plan)	X	
Equalities, Fairer Scotland Duty & Children/Young People's Rights & Wellbeing		X
Environmental & Sustainability		X
Data Protection		X

## 5.2 Finance

One off Costs

<b>Cost Centre</b>	<b>Budget Heading</b>	<b>Budget Years</b>	<b>Proposed Spend this Report</b>	<b>Virement From</b>	<b>Other Comments</b>
N/A					

Annually Recurring Costs/ (Savings)

<b>Cost Centre</b>	<b>Budget Heading</b>	<b>With Effect from</b>	<b>Annual Net Impact</b>	<b>Virement From (If Applicable)</b>	<b>Other Comments</b>
N/A					

## 5.3 Legal/Risk

N/A

## 5.4 Human Resources

N/A

## 5.5 Strategic

The planned redesign of services for children and families supports 'Big Action 2' of the HSCP Strategic Plan 2019-24: 'a nurturing Inverclyde will give our children and young people the best start in life'.

## 5.6 Equalities, Fairer Scotland Duty & Children/Young People

### (a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

YES – Assessed as relevant and an EqIA is required.

x	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqlA is required. Provide any other relevant reasons why an EqlA is not necessary/screening statement.
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(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report’s recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report’s recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
x	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.

(c) Children and Young People

Has a Children’s Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
x	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children’s rights.

**5.7 Environmental/Sustainability**

Summarise any environmental / climate change impacts which relate to this report.

N/A

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
x	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

**5.8 Data Protection**

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
x	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

## 6.0 CONSULTATION

6.1 A programme of regular consultation and engagement will inform the development of the service specification, including staff, partners, children, young people and families.

## 7.0 BACKGROUND PAPERS

7.1 None