

FAQs Local Authorities and Integration Authorities for HCSA Reporting June 2025

Question 1: Why do the annual reporting dates differ for NHS Health Boards (30 April) and LA/IA (30 June)?

The date that all local authorities (LA), and all integration authorities (IA) within the meaning of section 59 of the Public Bodies (Joint Working) (Scotland) Act 2014 must publish their first Health and Care (Staffing) (Scotland) Act 2019, (HSCA) report and send a copy to the HCSA@gov.scot mailbox is **30 June 2025**.

The original date of 30 April 2025 was changed following a consultation process which concluded in 2023. The Scottish Government collated the feedback received from multiple stakeholders, including those who have reporting duties. This informed minor changes to the statutory guidance and included a change to the reporting date for LA and IA.

In future years, you will find the date for reporting in each years reporting template. All other agencies must report annually as stated in the statutory guidance.

Question 2: Which services should be included in the report each year?

LA & IA have a duty to report for all care services listed under section 47 (1) of the [Public Services Reform \(Scotland\) Act 2010](#). This is all services registered with the Care Inspectorate, and these must be reported in the financial year they are first planned or secured by the LA or IA.

A care service is defined in the HSCA as a service mentioned in section 47(1) of the Public Services Reform (Scotland) Act 2010:

- a support service;
- a care home service;
- a school care accommodation service;
- a nurse agency;
- a childcare agency;
- a secure accommodation service;
- an offender accommodation service;
- an adoption service;
- a fostering service;
- an adult placement service;
- child minding;
- day care of children; and
- a housing support service.

This means when a LA or IA plan or secure the provision of a care service from a third-party provider who is a registered care service the LA or IA must include information about this in their report for that financial year. This, by definition, includes services for Adults, Early Learning & Childcare, Children & Families and Criminal Justice as registered with Care Inspectorate. The Care Inspectorate's three main categories are:

- Adults
- Children & Young People (CYP)
- Early Learning and Childcare (ELC)

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Question 3: What should a LA/IA report on?

The statutory duty at Section 3(2) of the Act states that: In planning or securing the provision of a care service from another person under a contract, agreement or other arrangements, every local authority and every integration authority must have regard to:

- the guiding principles for health and care staffing (**section 1 of the Act**);
- the duty on care service providers to have regard to the guiding principles (**section 3(1) of the Act**);
- the duty on care service providers to ensure appropriate staffing (**section 7 of the Act**);
- the duty on care service providers with regard to the training of staff (**section 8 of the Act**);
- the duty on Scottish Ministers to report to Parliament on staffing in care services (**section 9 of the Act**);
- the duty on care service providers to have regard to guidance issued by the Scottish Ministers (**section 10 of the Act**);
- the duties relating to staffing imposed on care service providers under **Chapter 3 of Part 5 of the Public Services Reform (Scotland) Act 2010**; and
- the duties relating to staffing imposed on care service providers under **Chapter 3A of Part 5 of the Public Services Reform (Scotland) Act 2010**. Note that the **Health and Care (Staffing) (Scotland) Act 2019** inserted chapter 3A into the Public Services Reform (Scotland) Act.

How that is achieved and implemented, via the relevant contract, agreement or similar arrangement, is for local and integration authorities to consider and can include what provision should be made as regards monitoring, reviewing and termination of services.

Please see the reporting questions for financial year 24/25 below:

Reporting Question 1

Please detail the steps you have taken as an organisation to comply with section 3(2) of the Health and Care (Staffing) (Scotland) Act 2019.

Reporting Question 2

Please detail any ongoing risks that may affect your ability to comply with the duty set out in section 3(2). This should detail any risks you have encountered with regard to planning and securing care services that would affect HSCPs ability to comply with the requirements set out in Question 1.

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Statutory Guidance Chapter 15. Planning or Securing the Provision of Care Services and reporting can be accessed [here](#).

Key Areas:

- You only report on services which are procured, commissioned, secured, or planned from third-party (external) providers.
- You only report on services which are registered with the care inspectorate that you have procured, commissioned, secured, or planned from third-party (external) providers.
- You only report on services which are procured, commissioned, secured, or planned from third-party (external) providers within a reporting financial year.

Question 4: What is the reporting expectation where a service is secured by LA/IA for one or more years, with an option to extend for one or more years (including other similar options/variations)?

Reporting under the HCSA is only for services planned or secured in that year. It is up to the LA/IA to self-assess and decide if they should/need to add the plus one or more years to the annual reporting in which it occurs.

The Scottish Government have left the guidance flexible so LA and IA can self-assess and make decisions based on what they believe is right for them. They understand all provision will be monitored in accordance with local and national guidance and legislation out with the HCSA.

Question 5: Expectations for Scotland Excel, COSLA /other agencies supporting commissioning.

Agencies who manage and support the social care sector with local and national commissioning frameworks and contracts have been informed about the HCSA. They have no reporting responsibilities within the HCSA and are aware that all registered services must comply with the Act and that LA and IA must report on services planned and secured within each financial year.

If you have any questions or concerns in relation to commissioning frameworks or contracts for service provision you must take these directly to the body/organisation responsible for the framework or contract.

Please refer to [chapter 15 of the statutory guidance](#) which covers the planning and securing of care services.

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Question 6: What level of detail is expected in response to question 1 in the annual reporting template?

There is no expectation about the level of information to be provided in response to the two questions in the template report. This flexible approach by Scottish Government enables and encourages LA/IA to report any challenges around HCSA compliance and risk whilst aligning it with their current reporting systems and processes. This means it is up to the LA/IA to decide what information should be included and how they wish to include it.

Reports may highlight local and national priorities in social care which Scottish Ministers will use to inform their Scottish Parliament reporting duties. Ministers may ask for changes to future reporting templates.

Question 7: Do we need to specify the number of services procured in the reporting year in our response and/or simply give an overarching narrative?

We advise you to specify the number of services procured/commissioned in the preceding/reporting financial year e.g. (24/25). For example:

- A single total number, encompassing all newly commissioned services,
- Several separate sub totals broken down further into adults; children and young people (CYP); early learning and childcare (ELC) services.

Some LA/IA may choose to report in greater detail about their services for adults, CYP and ELC services. These areas could be further divided into category of service type if the LA/IA decided. For example, by care at home, housing support service, care home etc.

To answer the questions around compliance and risk in relation to the HCSA and newly commissioned services it is likely that you will require to add a narrative.

Question 8: For this first report do we only report on commissioned/procured contracted services for 24/25?

Yes, the [statutory guidance](#) states the below in 15.5:

“The requirements of the Act only apply to the planning and securing stage of a care service; there is no requirement under the Act for ongoing monitoring or scrutiny of third-party providers. However, it is important to note that requirements of the Act are only one part of a larger commissioning cycle and the many factors that will need to be considered when planning or securing the provision of any particular service. For this reason, this chapter should be read alongside existing guidance on commissioning health and social care services (Strategic Commissioning Plans Guidance).”

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Question 9: Will a template or example response/case study be made available to support a standard approach to the annual report?

There will be no example or case study made available before all LA/IA submit and publish their reports on 30 June 2025. Please see the information we collated as part of our chapter testing [here](#).

Question 10: If using Scotland Excel's Care and Support framework and NCHC where services meet the criteria and were established before 1 April 2024, do I need to report each new individual call-off on a national contract, or is reporting required only when I use the framework for the first time as a company, or not at all because the services are deemed approved at the framework's inception?

LA/IA report on their commissioning policies and how they ensure compliance with the HCSA when planning and securing care services. This means they do not need to report on individual instances of care, but rather on the policies and procedures they apply in their commissioning process.

We anticipate that organisations will have existing procurement and commissioning strategies in place, and it is expected that consideration of the Act will already form part of existing processes; this may be covered by eligibility criteria for a national framework with Scotland Excel or individual LA commissioning criteria.

You may evidence compliance by providing any of the following from this non-exhaustive list):

- A procedure for planning or securing care services from third parties that incorporates all the requirements of section 2 of the Act;
- Records of planning or securing health care from third parties and the considerations made;
- Examples of contracts, agreements or arrangements (*The Act refers to “a contract, agreement or arrangements”. This is deliberately general and flexible to allow for the wide variety of arrangements it cover- An LA may wish to provide information on commission framework eligibility*)

If LA/IA do not have regard to Act requirements in their existing procedures for the planning or securing of care services from third parties (within or out with existing commissioning frameworks), they should consider amending their procedures.

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Question 11: What about mini competitions between people invited to tender from a national framework for a specific piece of care delivery?

LA/IA are not required to report on individual instances of care commissioning. If using a national framework to commission care, they should provide information on that framework's eligibility criteria/policies, which are relevant to Act compliance and which demonstrate the standards of all third-party providers they use.

Question 12: Cross border placements, i.e. someone living in one LA area but placed in a care home in another LA area – who reports on this service?

We recommend considering this in line with local agreements on funding for cross-border placements. The host 'care home' is likely to be commissioned already, and funding may be from the requesting Local Authority (LA). This will be of interest and relevant in terms of reporting risk and reduced choice if individuals requiring care are displaced due to a shortage of placements and provision in their own local area.

Question 13: Are foster carers now considered as “staff”/”employees” for the act? I know this has been contentious in the past.

This is a complex situation. We sought advice from Scottish Government and our Care Inspectorate legal team. The current position is that foster carers (care givers) receive a service alongside the child/young person from the fostering provider/service.

This means foster carers (care givers) are not classed as employees. However, the fostering provider/service should support the foster carers (care givers) through various methods to ensure the best outcomes for the host family alongside the placed child/young person. You will find information on how fostering providers/services are regulated by the Care Inspectorate [here](#).

Question 14: What the expectations of Foster Care Providers are in terms of the legislation?

Fostering providers/services will continue to be regulated using their quality framework (linked above), the [Health and Social Care Standards](#), Section 3, Parts 7 & 8 of the [HCSA](#), the PSRSA 2010, [The Social Care and Social Work Improvement Scotland \(Requirements for Care Services\) Regulations 2011](#) and all other relevant guidance/practice.

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Question 15: Can you please confirm services part of Self-Directed Support (SDS) packages are not reportable?

Individual SDS packages are not reportable under the duties in the HCSA. However, there are instances where an LA/IA would report on commissioned provider/s contracted for the provision of Self-Directed Support (SDS).

SDS Option 1: A Direct Payment may be paid to a third party and administered on the supported person's behalf. Under a third-party payment the authority should take reasonable steps to ensure there is evidence that all parties understand their responsibilities. This may include compliance with the HCSA where a registered provider is contracted. This may be evidenced in commissioning procedures that requires, for example, a signed letter.

SDS Option 2: May be provided as an individual service fund/budget and managed by a service provider on behalf of an individual. As with a direct payment, Option 2 funding may include compliance with the HCSA where a registered provider is contracted. This may be evidenced in commissioning procedures that requires, for example, a signed letter as evidence that all parties understand their responsibilities.

SDS Option 3: Provider/s may be approved on, for example, a national framework and/or commissioned/contracted to deliver a range of care packages. The registered provider/s are reportable in terms of planning and commissioning activity. Individual SDS packages of care delivered by the provider/s under an option 3 contract are not.

SDS Option 4: Here, the supported person may choose combinations of Option 1, 2 and 3 for different types of support and, where it is provided by someone other than the authority, the payment is made by the local authority of the relevant amount in respect of the cost of the support.