

## WEST DUNBARTONSHIRE COUNCIL

### Report by the Director of Community Health and Care Partnership

Committee: 21 November 2012

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**Subject: Financial and Capital Works Report for the period ended 30 September 2012 (NHS)**

#### **1. Purpose**

- 1.1 The Committee is asked to note the content of the Financial and Capital Works Report for the period ended 30 September 2012.

#### **2. Recommendations**

- 2.1 The Committee are recommended to consider and note the contents of this report.

#### **3. Background:**

- 3.1 The report provides an update of the overall revenue position of the CHCP and of the CHCP's Capital Programme for 2012/13 year to date (NHS only).

#### **4. Main Issues:**

##### **4.1 Board Financial Planning for 2013/14**

The Board's financial target for 13/14 has yet to be finalised but at a Partnerships level, we are currently working on the assumption that its target will be in the order of £5m. Using the same approach as last year: working through our services and assessing the savings potential from the system-wide redesign work being undertaken, it is estimated that there could be a shortfall of £1m, which then requires to be allocated for savings at a local level. On this basis, West Dunbartonshire has been allocated a local savings target of £92,000. The CHCP SMT is currently working on initiatives which will allow this target to be achieved.

##### **4.2 Revenue Position 2012/13**

West Dunbartonshire CH(C)P's (NHS-only) revenue position reported for the period ended 30 September 2012 was £5,000 underspent. All savings noted above have been removed from budgets.

Overspending on the specialist care package for which the CHCP took responsibility in 2010/11 and on community equipment and continence expenditure are being offset by underspending within Planning & Health Improvement expenditure and within Adult Mental Health Community Services

The summary position is reported in the table below with further comments on the significant variances highlighted in section 3.3 of this report. An additional detailed breakdown of individual costs at care group level is reported in Annexe 1 of this report.

The CHCP is forecasting a breakeven position for the full year.

	<b>Annual Budget</b>	<b>Year to Date Budget</b>	<b>Year to Date Actual</b>	<b>Variance</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Pays	23962	11,967	11,961	6
Non Pays	53,806	26,475	26,476	( 1)
	77,768	38,442	38,437	5
Less Income	(4,775)	(2,241)	(2,241)	0
Net Expenditure	<b>72,993</b>	<b>36,201</b>	<b>36,196</b>	<b>5</b>

#### 4.3 Significant Variances

Comments on significant issues are noted below:

- **Mental Health – Adult Community Services** recorded an underspend of £47,000. This occurs as a result of vacancies within the Community Mental Health Team and in the Primary Care Mental Health Team, and also within Rehab Services. An exercise to reallocate budget between Adult and Elderly services is being undertaken to allow both budgets to remain balanced
- **Mental Health – Elderly Services** reported an overspend of £32,000. This occurs mainly within Inpatient Nursing and the Older Adults Community Mental Health Team. As noted above, work is ongoing to rebalance the overall Mental Health budgets between Adult and Elderly.
- **Learning Disabilities** reported an underspend of £2,000, from small underspends within non-pay.
- **Health & Community Care** reported an overspend of £67,000. As noted above in section 3.2, this has occurred within a number of different areas: the CHCP's share of a specialist care package commenced last financial year has contributed £71,000 to this overspend year to date. In addition, there are cost pressures within Community Equipment and Continence expenditure, offset by an underspending within the NHS GGC Physiotherapy service, as a result of current vacancies
- **Planning and Health Improvement** reported an underspend of £49,000. This is a result of the secondment of the Health Improvement manager and maternity leave.

- **Hosted Services** reported an underspend of £14,000, where both Retinal Screening and the Integrated Eye Service continue to show small underspends.

#### 4.4 Capital Programme 2012/13

- Formula Capital

The draft Partnerships Formula Capital Allocation report suggested capital funding for the CHCP of £124,000. In addition, there has been an acceleration of the 13/14 formula capital allocation, giving a further £92,000 in 12/13. The total allocation is therefore £216,000

The local Capital Planning Group has identified the following priorities and the Board's Capital Planning team are now taking these forward.

<b>Project</b>	<b>Allocation (£000)</b>
Replacement windows, Addictions Building, Dumbarton Jt Hospital	25
Demolition of Lodge House	20
Refurbishment of clinic rooms in DHC	20
To refurbish seminar room as used for clinic space in DHC	10
Refurbish one podiatry room DHC	10
Refurbish one DSR room in DHC	5
Refurbish of 4 clinical rooms at CHC	40
Replacement of windows at CHC	20
Replacement of flooring waiting areas in CHC	10
Refurbish one public toilet in each of CHC and DHC	7
Physio depts in DHC and CHC	5
Corridor doors in the long corridor in the Glenarn ward	10
Partition in the filing area for health visitors 2 rooms in CHC	34
<b>Total</b>	<b>216</b>

## 5 **People Implications**

- 5.1 There are no people implications, other than a number of current vacant posts.

## 6 **Financial Implications**

- 6.1 Other than the financial position noted above, there are no financial implications of the budgetary control report.

## **7 Risk Analysis**

- 7.1** The main financial risks to the ongoing financial position relate to currently unforeseen issues arising between now and the financial year-end. Any significant issues will be reported to future Committee meetings.

## **8 Equalities Impact Assessment (EIA)**

- 8.1** No significant issues were identified in a screening for potential equality impact of this report.

## **9 Consultation**

- 9.1** This report is for information only and relates only to the NHS element of the CHCP, with no requirement for consultation.

## **10 Strategic Assessment**

- 10.1** This report provides an update on the CHCP's revenue and capital position (NHS only) and does not seek to affect the Council's main strategic priorities.

Keith Redpath  
Director

**Person to Contact:** Jonathan Bryden, Head of Finance - Clyde CHPs (0141 842 6230)

**Appendix :** Financial Statement 1 April to 30 September 2012

**Background Paper:** None

**Wards Affected:** All

**Annex 1**  
**West Dunbartonshire Community Health Partnership**  
**Financial Year 1 April 2012 to 30 September 2012**

	<b>Annual Budget</b>	<b>Year to Date Budget</b>	<b>Year to date Actual</b>	<b>Year to date Variance</b>	<b>% Variance</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	
<b>Expenditure</b>					
Mental Health (Adult Community)	4,333	2,193	2,146	47	2.14%
Mental Health (Elderly)	3,073	1,533	1,565	( 32)	(2.09%)
Addictions	1,938	987	987	0	0.00%
Learning Disabilities	580	289	287	2	0.69%
Health & Community Care	9,533	4,780	4,847	( 67)	(1.40%)
Children & Families	4,367	2,158	2,170	( 12)	(0.56%)
Planning & Health Improvement	1,259	571	522	49	8.58%
Family Health Services (FHS)	23,956	11,950	11,950	0	0.00%
Prescribing	16,985	8,248	8,248	0	0.00%
Executive & Admin, Accommodation costs & Other	1,877	951	947	4	0.42%
Resource Transfer	7,371	3,713	3,713	0	0.00%
Hosted Services	1,114	453	439	14	3.09%
Change Fund	1,382	616	616	0	0.00%
	77,768	38,442	38,437	5	0.01%
<b>Income</b>	<b>(4,775)</b>	<b>(2,241)</b>	<b>(2,241)</b>	0	0.00%
<b>Net Expenditure</b>	<b>72,993</b>	<b>36,201</b>	<b>36,196</b>	<b>5</b>	<b>0.01%</b>

*Members should note that NHS GG&C financial convention of reporting underspends as positive variances (+) and overspends as negative variances (-) has been adopted for all financial tables within the report.*