

FINANCE AND CONSTITUTION COMMITTEE**HEALTH AND CARE (STAFFING) (SCOTLAND) BILL FINANCIAL MEMORANDUM****SUBMISSION FROM GLASGOW CITY HEALTH AND SOCIAL CARE PARTNERSHIP****Consultation****1. Did you take part in any consultation exercise preceding the Bill and, if so, did you comment on the financial assumptions made?**

Yes; the Partnership made several comments indicating our concerns regarding the funding and capacity required to implement the proposed triangulated approach to workforce and workload planning. In addition, we commented on the impact on local flexibility and financial decision making; the focus on nursing as opposed to multi-disciplinary teams and how this might disadvantage other staff groups and lead to a disproportionate budget allocation. Also, the considerable costs involved in both the training of professional and operational managers and particularly the cost to backfill these staff in their clinical duties. Finally, we highlighted the significant administrative and cost burden of implementation of the Bill that would divert vital resources within the HSCP which are required, particularly in these early stages of integration, to meet the constantly changing demands on the system and would restrict our ability to deliver quality person-centred services to our patients & service users.

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

No; although the FM mainly focuses on the costs related to development of staffing tools & methodologies it also includes assumptions relating to supplementary staffing costs and suggests that this can be reduced through implementation of the Bill. This is focused almost exclusively on the nursing workforce and is largely based on limited case studies involving acute health services which would not necessarily translate to HSCPs; our local knowledge informs us that this is not the case. The FM also makes broad assumptions regarding the financial burden that implementation of the Bill could have on the Care Inspectorate and their stakeholders, including HSCPs, potentially diverting further funding away from service provision.

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

We had sufficient time to contribute to the initial July 2017 consultation. For the second consultation in February 2018 we simply restated our previous response because our comments/concerns had not changed.

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

The FM acknowledges a potential consequential impact on staff numbers from implementation of the Bill but does not anticipate an overall increase to total costs due to reduction on supplementary staffing expenditure, we would disagree. There are complex reasons behind the use of supplementary staffing within integrated, multi-disciplinary services including but not limited to: recruitment issues that can only be addressed through

the use of agency or bank staff, the risk assessment of patients & service users that indicate enhanced observations are required, rota gaps & sickness cover. These every day operational issues will not be addressed by implementation of this Bill, therefore the estimated cost reduction is not applicable and creates a potential financial risk for HSCPs. The FM also indicates the potential requirement for the Care Inspectorate to employ additional staff to develop and maintain the tool and train staff in its use, a cost which may be spread across the care sector therefore creating an additional financial burden to HSCPs.

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

No; while the costs associated with tool development, training and maintenance are easier to estimate, the FM makes no reference to the significant administrative and cost burden associated with implementing the Bill throughout our organisation. As per our response to Q4; the estimates on savings are based on acute services scenarios that do not readily translate to HSCPs.

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

No; HSCPs are under significant financial constraints, our resources are limited and should be directed primarily to delivering high quality person-centred services to our patients & service users. Any costs associated with the Bill should be met by the Scottish Government.

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

No; the true impact of the Bill on the care sector is of particular concern as until a suitable tool is developed, we cannot accurately determine the outcome; also, there is no clear evidence to support the need for such a tool to be developed for this sector or that it would improve care provision. The timescales & estimated costs (Table 7) for development of a suitable tool appear very low in comparison to those for Health (Tables 1-6) and don't seem to reflect the high number of organisations within the care sector. Implementation of a tool throughout a multi-provider setting with approx. 80 care homes within the Glasgow City HSCP area alone will be time-consuming and costly. The FM estimates are based on the previous work by NMWWPP which are not comparable, in terms of implementation throughout the sector.

Wider Issues

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

No; we maintain that the Bill will cause additional costs for HSCPs as outlined above and that the FM does not acknowledge this. Data collection for tools is resource intensive and can take senior staff away from their clinical duties, incurring backfill costs. Depending on the outcome of the tool, a realignment of resources to particular staff groups could result in a negative impact on other services which will inevitably result in additional redesign work. The cost to the care sector is hard to estimate at this point but as the largest Local Authority in Scotland, any increase in costs will impact disproportionately on Glasgow.

9. Do you believe that there may be future costs associated with the Bill, for example through subordinate legislation? If so, is it possible to quantify these costs?

No comment.