

**Health and Sport Committee: Integration Authorities Survey 2020****Budget Scrutiny: Integration Authorities**

1. Which integration authority are you responding on behalf of?  
East Dunbartonshire HSCP
  
2. The Cabinet Secretary for Health and Sport provided information to the Committee on agreed budgets for 2020-21 (see Annex A). Please confirm any revisions to this budget information, indicating:
  - (a) Changes due to additional COVID-19 funding
  - (b) Changes for other reasons (please provide details)

	<b>NHS allocation £m</b>	<b>Local authority allocation £m</b>	<b>Total £m</b>	<b>Set aside £m</b>
Initial position (as per Annex)	116.349	56.750	173.099	32.944
Additional COVID-19 funding	1.217		1.217	
Other changes	1.267	0.664	1.931	
<b>Current budget position</b>	<b>118.833</b>	<b>57.414</b>	<b>176.247</b>	

3. Please show how your final 2020-21 budget has been allocated (before and after any additional COVID-19 funding):

	<b>Pre-COVID-19 £m</b>	<b>Post-COVID-19 £m</b>
Hospital	32.944	32.944
Community healthcare	34.712	34.712
Family health services & prescribing	49.960	49.960
Social care	57.414	58.631
<b>Total</b>	<b>175.030</b>	<b>176.247</b>

4. Please provide details of how additional COVID-19 funds have been used.

Funds have been used as a contribution towards the delivery of the Scottish Living Wage uplift of 3.3%, provider sustainability and social care costs and enhanced support to the Chief Social Work Officer to support increased scrutiny of the care home sector in conjunction with public health.

5. As a result of the pandemic, please indicate:

a. The main three areas of additional spending

- Provider sustainability and additional costs related to staffing / PPE for care providers
- PPE provision and establishment of a local distribution hub.
- Development of community assessment centres
- Social care costs to support alternatives to daycare and care at home

b. The main three areas of reduced spending

- Travel / transport costs including taxis for service users no longer accessing services.
- Supplies and services for in house daycare provision eh food provision / outings etc
- Care home admissions have seen a decline over the Covid period, albeit payments have continued on a planned basis to support sustainability of sector.

6. Of the areas identified in Q5, do you anticipate that any changes in service delivery will lead to longer-term changes in spending? Please provide brief details, including details of anticipated annual savings or additional costs associated with each change. (200 words max for each change)

The provision of alternatives to daycare may require to continue as the re-establishment of congregate settings and day centres for vulnerable care groups may not be possible or sustainable in light of social distancing requirements and the revised numbers which can be supported in this type of setting. This is expected to have a cost pressure (to be quantified) as it is more costly to support individuals at home or with 1:1 support out in the community vs numbers of individuals within a day centre environment.

Assessment centre model to prevent admission to hospital will require continued investment in this type of model.

Continued provision of PPE to support service delivery will have a recurring cost pressure.

Supporting more individuals at home as opposed to care home setting with more complex needs will represent a cost pressure as supporting individuals

with 1:1 support within the home / overnight care is more costly than supporting a larger number of individuals within a care home setting.

The maintenance of virtual meetings / clinics and digital solutions to support people will deliver efficiencies in service delivery models both in terms of time and travel costs etc.

7. Have any of the changes detailed at Q6 resulted in:

a. A change in the set aside budget in 2020-21?

No – this would require closure of hospital beds / wards to generate the savings / capacity to shift resources into the community.

b. A shift in the balance of spending between hospital / community / social care in 2020-21?

No – other than the additional funding to support the living wage / provider sustainability which flowed through the health settlement to support social care expenditure.

c. Would these changes be expected to continue into 2021-22?

No – would require recurring funding to support ongoing delivery.

8. Which of your performance indicators have been most negatively impacted by the pandemic, and what is the projected effect on their trajectory for the coming year? Please list **three** indicators, showing their expected performance in 2020-21, compared with pre-Covid plans.

The impact of the active phase of Covid-19 civil contingency and mobilisation has resulted in a reduction in activity across many areas of health and social care functions. This has been due to a combination of diverted resources, reduced staff availability, constraints on normal ways of working, public responses to the general messaging around protection of front-line services, and people “staying at home”. Non-referred and untreated conditions (both physical and mental) will bring longer term consequences for individuals and services. The impact on performance indicators will not be a binary pre and post Covid experience, but more likely pre Covid, impact variation during the phased stages of lockdown and continued public health controls, and (at some point in the indeterminate future) post Covid.

The recovery of services is still conditional to public health constraints around social distancing, so full service capacity is likely to be some way off. In addition, the impact of any subsequent local or national infection surges will impact on the pattern of treatment and support that can be offered. The transition process is therefore complex and multi-faceted. Sophisticated modelling or research around the range of actual or potential scenario impacts and the phasing of reduced (and potentially increased) constraints has not been undertaken nationally, so the impact on specific performance indicators is therefore very difficult to predict.

However, in general terms the following impacts can be anticipated in terms of service activity, performance and personal outcomes:

1. Increased levels of mental illness amongst children, young people a adults, due to the impact of the pandemic on people’s lives and futures. This is likely to place increased pressure on achieving waiting times targets for psychological therapies. The success of treatment outcomes delivered by remote and digital engagement methods that have been used during lockdown, is not yet known.

2. A further wave of Covid-19 infections during the winter period, will exacerbate normal winter pressures on health and social care services considerably, with consequences for unscheduled care indicators and measures.

3. Lockdown has intensified the potential for domestic violence against adults and children, with the longer term uncertainties of employment and financial security also adding to household pressures. Hidden abuse is also an added risk, with fewer in-person visits by community nursing and social work staff and reduced visibility of signs of household stress and distress. The impact of this may well be demonstrated with an increase in deferred referrals and public protection investigations, impacting on achieving process and timescale standards and associated performance indicators

9. When would you expect performance in these areas to recover and what action / spending will be required? (Please provide a brief description for each of the indicators listed at Q8.)

As above

10. The Committee recently published a report on [social prescribing](#). How much do you plan to spend on social prescribing in 2020-21? Please provide details of planned spend on community connectors / link workers as well as any other community wellbeing initiatives. If applicable, please provide breakdown of activity and budget as a table.

	<b>Planned expenditure in 2020-21 £m</b>
Health Improvement Senior (social prescribing – 0.5)	0.025
Weight Management Programme	0.015
Well Being Workers (2)	0.080
Local Area Co Ordinators	0.081
<b>Total spend on social prescribing</b>	<b>0.201</b>

## Annexe A

Budgets are subject to routine in-year adjustments					2020-21
Integrated Authority	2020-21 NHS Allocation (£000)	2020-21 Council Allocation (£000)	2020-21 Total (£000)	2020-21 Set Aside (£000)	Interim or Agreed Budget
Aberdeen City	235,996	94,329	330,325	46,416	Agreed
Aberdeenshire	217,595	117,014	334,609	28,524	Agreed
Angus	131,259	49,704	180,963	9,734	Agreed (subject to refinement)
Argyll & Bute	225,662	60,077	285,739	n/a	Agreed
Clackmannanshire & Stirling	143,584	56,310	199,894	22,442	Agreed
Dumfries & Galloway	319,887	78,951	398,838	n/a	Interim
Dundee City	167,600	80,100	247,700	18,172	Interim
East Ayrshire	185,003	83,074	268,077	24,133	Agreed
East Dunbartonshire	116,349	56,750	173,099	32,944	Agreed
East Lothian	106,477	55,251	161,728	17,831	Agreed
East Renfrewshire	72,135	52,469	124,604	31,674	Agreed (subject to refinement)
Edinburgh	451,898	230,661	682,559	89,176	Interim
Eilean Siar	43,078	20,068	63,146	6,828	Agreed
Falkirk	136,538	68,965	205,503	28,311	Interim
Fife	394,752	157,350	552,102	36,473	Interim
Glasgow City	715,447	444,200	1,159,647	221,914	Interim
Highland	560,000	105,000	665,000	n/a	Interim
Inverclyde	91,598	52,289	143,887	23,956	Agreed
Midlothian	91,115	45,027	136,142	15,389	Agreed
Moray	90,596	44,987	135,583	11,765	Agreed
North Ayrshire	180,827	96,963	277,790	30,997	Agreed
North Lanarkshire	474,110	166,422	640,532	63,066	Agreed
Orkney	26,381	20,343	46,724	7,409	Interim
Perth & Kinross	144,200	57,500	201,700	16,280	Agreed
Renfrewshire	175,938	72,626	248,564	57,605	Interim
Scottish Borders	135,417	51,477	186,894	24,476	Agreed
Shetland	22,283	24,079	46,362	4,374	Interim
South Ayrshire	113,891	77,326	191,217	25,128	Agreed
South Lanarkshire	412,241	134,727	546,968	59,501	Agreed
West Dunbartonshire	124,733	70,650	195,383	28,694	Interim
West Lothian	155,294	76,616	231,910	32,292	Interim
<b>TOTAL</b>	<b>6,461,884</b>	<b>2,801,305</b>	<b>9,263,189</b>	<b>1,015,504</b>	