

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

**Budget Scrutiny: Integration Authorities**

1. Which integration authority are you responding on behalf of?

East Renfrewshire 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)	72.135	52.469	124.604	31.674
Additional COVID-19 funding	0.886	0.182	1.068	
Other changes	1.276	-0.606	0.670	
<b>Current budget position</b>	<b>74.297</b>	<b>52.045</b>	<b>126.342</b>	<b>31.674</b>

Additional COVID funding is made up of:  
 £0.886m is our share of the £50m distributed so far  
 £0.157m is to support Living Wage  
 £0.025m is to support CSWO and we expect to utilise in full

Other Changes:  
 £0.129m for adjustments to recurring NHS contribution  
 £1.147m FHS / GMS budget adjustments  
 -£0.606 shows inclusion of Criminal Justice grant funding, this is a presentational change only and is not a change in contribution.

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	40.106	40.155
Community healthcare	8.644	8.728
Family health services & prescribing	40.159	40.159
Social care	68.039	68.974
<b>Total</b>	<b>156.948</b>	<b>158.016</b>

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

The additional COVID funding will contribute towards care provider additional costs including sustainability, the 3.3% uplift to care provider rates to meet living wage, HSCP staffing and other costs including the set-up of a community assessment centre.

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

- a. The main three areas of additional spending  
 Care provider costs including staffing, sustainability and PPE  
 HSCP staff costs in response to the pandemic to keep critical services operating at the required level, including additional IT equipment to allow agile and remote working  
 Lost income and unachievable savings due to reduced capacity
- b. The main three areas of reduced spending  
 NNDR relief  
 Day Centre running costs  
 Transport and travel

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)

Given the issues around social distancing it may not be feasible to restart day services in a building based environment. Community based and individual care packages are likely to result in some cost pressures, as yet to be quantified.

The costs of care at home are expected to continue to increase as more people are supported at home. There may be some offset against residential care in the longer term and this needs to be balanced and developed with the care market availability and development of service models. The HSCP has invested in additional care home liaison staff to support local homes.

We are looking at how we can continue to build on digital opportunities such as video calls and meetings and attend anywhere. Virtual meetings, clinics

and appointments should allow us to achieve some time gains, especially travel and associated cost efficiencies.

We expect that we will have significant resource and likely cost pressures from the winter vaccination and immunisation programme and work has started to plan this project in detail.

Our Rehabilitation services will need to respond to the multiple demands of post COVID rehabilitation, the adverse impact of lockdown on our frail population and further moves to discharge to assess.

We are concerned about potential increases in complex adult support and protection cases as a result of lockdown restrictions and have put in place a temporary dedicated team to deal with this. We are also seeing increased signs of carer stress requiring additional social work and care interventions.

We expect an ongoing demand for additional Mental Health support for staff, including counselling, emotional support and potentially some related absence. There is likely to be an associated impact on prescribing volumes and cost from wider mental health impacts.

There may be costs in relation to relapse in recovery (mental health/alcohol/drugs) and impact of increased isolation/alcohol consumption during lockdown.

There will be increased costs to support the sustainability of the Mental Health Assessment Units.

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

- a. A change in the set aside budget in 2020-21?  
No change to date – this would require a closure of beds to facilitate a transfer of resource
- b. A shift in the balance of spending between hospital / community / social care in 2020-21?  
No – other than the increased cost of community based services including care provider staffing, sustainability and PPE.  
The 6 HSCPs within Greater Glasgow and Clyde are currently working on a financial framework to support our unscheduled care commissioning plan. Timescales for elements of the work plan have been brought forward in order to support winter/covid pressures.
- c. Would these changes be expected to continue into 2021-22?  
The increase of 3.3% to care providers is expected to be a recurring cost. At this stage it is too early to make further assessment on the ongoing cost implications.

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.

Indicators relating to waiting/completion timescales have been most significantly impacted by the Covid crisis. As support provision is reinstated our performance is already recovering and should accelerate as restrictions continue to ease and backlogs are reduced. The 3 most notably affected indicators are:

- Children and young people starting treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral (%age below target and reduced during Covid due to disrupted provision during crisis and reduction in referrals. Performance will recover in coming months with reducing waiting times overall.)
- Percentage of people waiting no longer than 18 weeks for access to psychological therapies (31% below target (as of the 26<sup>th</sup> July) and reduced during Covid due to disrupted provision, reassignment of staff to essential services during crisis and reduction in referrals. Performance will recover in coming months with reducing waiting times overall.)
- Community Payback Orders - Percentage of unpaid work placement completions within Court timescale (Significant disruption to service due to restrictions on group working. Recovery of performance dependent on significant easing to allow group work – as reflected in legislative response.)

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.)

#### CAMHS waiting times

In the first few months of lockdown priority had been given to young people presenting as an emergency with a severe and enduring Mental Health presentation, offering Attend Anywhere Assessments or face to face Mental Health Assessments. For all young people open to CAMHS contact was made and recommendations, websites, resources sent to family homes and Attend Anywhere Appointments offered to all young people and their families.

Action taken to increase performance for CAMHS and Psychological Services for young people:

- All CAMHS staff have been supplied with Laptops and Mobiles for remote working, which is now well established and this is reflective in reduction in waiting times.
- Accommodation has been allocated over two Health and Care centres to allow social distancing and staff back into their work, to offer more face to face appointments.
- Increase in staffing within the management structure, looking at systems and current processes.

- CAMHS Management would expect a reduction in pre-Covid waiting times, for CAMHS and Psychological Services, by the end of August / start of September 2020 and continuing to aim for the 18 week Target by summer of 2021.

A CAMHS Waiting List Initiative is in place across NHSGGC to bring this back in to compliance with the performance target by addressing the back log of referrals which have breached the 18 week target. This is supported by non-recurring resource.

#### Psychological therapies waiting times

It is expected that referral levels will increase, and possibly surpass “normal” levels e.g. compared to the same period last year, as referring services return to normal levels of provision. It is likely that waiting times will be impacted.

Maintaining the NHS Greater Glasgow and Clyde Annual Operational Plan standard is a key part of mental health service recovery plans, working to maintain staffing at optimum levels and monitor patient flow to achieve optimum waiting times by the end of 2020-21.

The use of telephone and Attend Anywhere has strongly featured in the approach to maintain service levels as far as possible, and will continue.

Work is ongoing to identify a suitable platform for running virtual groups to allow greater numbers of patients to access psychological therapies within the standard timeframe.

#### CPO timescales

Legislation was introduced in March 2020 extending all unpaid work orders completion times by 12 months. Whilst this is welcomed, we have a significant number of hours outstanding. We are currently undertaking health and safety risk assessments with a view to reinstating a reduced service.

As the majority of work is group based, we are anticipating that we will be unable to return to full capacity whilst social distancing measures remain in place. We anticipate that at this time, activity will focus on individual placements and significantly reduced groupings. We have leased new premises to provide additional working space and anticipate that our costs will increase as we will require to increase the number of supervisors and sessions to cope with the necessity for smaller groupings. Activity costs may also increase as we look for work activity which is compliant with the current restrictions. We anticipate that expenses for individual undertaking work will also likely increase as we are currently unable to transport individuals to work sites.

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>
Link Workers	0.152
Active Lives post with our partner Culture & Leisure Trust	0.050
Healthy Weight Programme	0.015
Care Home Liaison	0.050
Paths for All	0.032
Talking Points – Voluntary Action additional funding	0.050
<b>Total spend on social prescribing</b>	<b>0.349</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>	