

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

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

West Dunbartonshire

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)

	NHS allocation £m	Local authority allocation £m	Total £m	Set aside £m
Initial position (as per Annex)	124.733	70.650	195.383	28.694
Additional COVID-19 funding		0.898*	0.898	
Living Wage SG Funding		0.182**	0.183	
Hospice Funding	0.396***		0.396	
Other changes	2.446****	(0.010)	2.436	
Current budget position	127.575	70.640	198.215	28.694

*This is funding and does not impact on the budget for social care as it will be used to off-set current expenditure (credit in income, debit in expenditure). This is West Dunbartonshire HSCP share of the £50m.

**This is the additional £0.182m from Scottish Government for 2021 living wage costs and does not impact the budget for social care as it will be used to off-set current expenditure (credit in income, debit in expenditure).

***This is the additional £0.396m from Scottish Government for 2021 provider support for St Margaret of Scotland Hospice. This will result in additional expenditure within health care.

****These are various recurring and non recurring budget adjustments for health care and anticipated funding to be received for PCIP, Addictions and Specialist Children's Services

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

	Pre-COVID-19 £m	Post-COVID-19 £m
Hospital	28.694	28.694
Community healthcare	51.216	51.216
Family health services & prescribing	47.665	47.665
Social care	70.640	70.640 0.898* 0.182**
Total	198.215	198.215

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**This is the additional £0.182m from Scottish Government for 2021 living wage costs and does not impact the budget for social care as it will be used to off-set current expenditure (credit in income, debit in expenditure).

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

They have been used to fund the under occupancy in care homes and additional PPE.

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

- a. The main three areas of additional spending

- Additional COVID services
- Payments to providers including sustainability payments
- Additional staff costs

- b. The main three areas of reduced spending

- Reduced payments to external care homes due to client numbers.

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)

As part of our recovery planning, the HSCP is actively assessing the future approach to the changes made during COVID and whether services should revert to the pre-COVID situation, maintained or adapted further, or whether changes should be stopped at appropriate point (of particular relevance to those 'new' service responses which have been implemented as part of our COVID response). This work continues to develop and it is too early to determine the quantum of additional costs which may be incurred or cost savings which may be achieved.

- **Additional COVID services**

As part of the ongoing response phase the HSCP was required to set up and deliver a range of 'new' COVID services including the sourcing of PPE, and associated logistics and the set up and delivery of the West Dunbartonshire COVID Assessment Centre. These additional services will be required for the foreseeable future and will be required to run alongside ongoing recovery efforts with associated impacts on costs and staffing requirements.

- **Payments to providers including sustainability payments.**

There is a risk that the public perception of care homes following the pandemic may change behaviours and result in families being increasingly reluctant to place loved ones in care homes. These behavioural changes could result in a significant operational and financial impact to both independent providers and local authority run care homes not only within West Dunbartonshire but at a national level.

It is reasonable to expect (assuming the above) an increase in demand for Care at Home services, with increasingly complex support required to enable people to live in their own homes for as long as possible. This would result in increase staffing costs for Care at Home and, as a result of long-standing recruitment and retention issues in the Care at Home sector generally, increase use of agency staff (and the related costs) to provide services.

- **Additional staff costs**

Additional staff costs have been incurred in a number of services including (but not limited to) Care Homes, Care at Home, Mental Health, GP and Nursing and Children's services. As the pandemic recedes these additional costs will be transitioned out at a safe point. However, the HSCP will retain the flexibility to maintain or re-engage additional staffing support in future due to the risk of a second wave and the need to continue a COVID-19 response alongside recovery activity.

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

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

Not at present

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

Main COVID spends within Health are within the Assessment centres as well as funding the student nurse intake. Unlikely these will continue post Covid.

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

Not anticipated

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 COVID-19 pandemic will have impacted on a number of service area's waiting times included in WDHSCP's Performance Scorecard. However, at this stage the HSCP only has confirmed data for most indicators to year-end March 2020. While the detailed indicators to June 2020 are still being gathered the following three areas have been identified as being impacted by the COVID-19 pandemic.

Homecare Indicators

We have been providing a reduced homecare service since mid-March 2020. Service levels reduced from 11,120 hours/1,516 service users/27,772 visits per week in the first week in March (roughly in line with our January 2020 figures) down to an average of 9,397 hours/1,259 service users/23,214 visits per week during April and May. Service levels have recovered slightly to an average of 9,892 hours/1,312 service users/24,464 visits in July.

This reduction in service delivery was an effort to mitigate the impact of staff absence due to Covid-19 by focussing on urgent and critical services and was done with the consent and involvement of families who were willing to deliver some of the care to their relative. This was also during a period when there have been no delayed discharges of West Dunbartonshire patients due to a wait for homecare services.

Without the pandemic we would have expected service levels to remain roughly the same as those in January and early March throughout 2020/21. Staff absence while recovered somewhat from the 74% capacity during May is still running at an average 81% of capacity.

The number of children on the Child Protection Register

There has been a significant increase in the number of children on the Child Protection Register during the pandemic. During 2019/20 the number on the register at the end of each month was relatively stable with an average of 48 children throughout the year. At 29th Feb there were 43 children on the register and as of 19th July there are 66 children on the register: an increase of 53%. There have only been 4 de-registrations since 12th April. The

number of registered children where domestic abuse is a factor has risen from 13 on 12th April to 30 on 29th July. Given the trend during 2019/20 we would have expected registrations to have remained below 50

Bed Days Lost to Delayed Discharge

During April-December 2019 there were an average of 2 complex delayed discharges each month resulting in an average of 59 bed days lost to complex delayed discharges each month. This figure began to rise in January to 6 delays and 188 bed days lost. This number remained the same until lockdown and closure of the Scottish Courts late March 2020.

This closure of the courts has delayed the processing of Guardianship applications in relation to the discharge of adults with incapacity. Average daily figures collated locally are: April – 7 delays; May -11 delays; June – 11 delays; July – 13 delays. Bed days lost during April and May 2020 were 282 and 297 respectively and we expect these to rise significantly from June onwards.

While there was an increase in complex delays during January, February and March these are likely to have been the same 6 people where any legal requirement would have been affected by the March lockdown. We would have expected the number of complex delays to stay line with the April-December 2019 average of 2 per month going forward in 2020/21.

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.)

Homecare Indicators

Staffing levels due to sickness, shielding and self-isolating has recovered somewhat from the 74% of capacity during May however is still running at an average of 81% of capacity. We are also sensitive to the possibility of a second wave and continuing to focus on those with urgent and critical needs and packages to facilitate hospital discharge. 182 hospital discharge packages of care have been delivered between 1 April and 3 July.

The number of children on the Child Protection Register

As we progress through the pandemic the number of Child Protection referrals, investigations, case conferences and registrations could continue at this higher rate and may even increase. The easing or reinstatement of lockdowns may have an impact going forward, however the uncertain course of the pandemic makes it difficult to make predictions. Longer term effects on mental health and addictions and their impact on children and families may also continue well beyond 2020/21. Nevertheless, as more services e.g. education and health have increased interactions with children and young people, this may provide greater opportunities to intervene and manage risk, thereby supporting de-registration of more children from the child protection register

Bed Days Lost to Delayed Discharge

Performance is unlikely to improve until the delays and ensuing backlog in Guardianship applications is resolved. While Covid legislation allows the use of 13za by local authorities even where guardianship exists or is in the application process, this provision has not yet been approved by Ministers.

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.

	Planned expenditure in 2020-21 £m
Community Link Workers	0.121
Total spend on social prescribing	0.121

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
TOTAL	6,461,884	2,801,305	9,263,189	1,015,504	