

West Dunbartonshire HSCP
EU- Exit Assurance Action Plan – January 2021

Background: The themes of Issues/Risks identified below are based on the updated UK and Scottish Planning assumptions (September 2020). On the 31st December, the Transition Period concluding EU Law jurisdiction in the UK and access to the EU Single Market ended. The new relationship is now will be defined by the EU-UK Trade and Cooperation Agreement (TCA).

The undernoted risks were identified and mitigating action was put in place to minimise any disruption. The Civil Contingencies Officer reached out to the contributing officers at the beginning of January (2021) to determine if there were any initial or future concerns as a result of the UKs departure from the EU. At this time, the risks and mitigating actions remain unchanged. The document will remain live and will be regularly reviewed and updated, if required.

Contributing Officers – Jen Watt, Civil Contingencies Officer (CCS); Lynda Dinnie, Facilities Manager; Audrey Slater, Head of People and Change; Julie Slavin, Chief Financial Officer (HSCP); Sylvia Chatfield, Head of Mental Health, Learning Disability and Addictions, Jo Gibson, Head of Community Health and Care Services and Jonathan Hinds, Head of Children's Health, Care & Criminal Justice.

Travel, Freight & Borders – Jen Watt – January 2021			
Broad Risk	WD HSCP Impact	Action/Mitigation	Comments Updated – Jen Watt Jan 2021
Transport	<ul style="list-style-type: none"> - Key medicines/equipment and PPE may be delayed. 	<p>Continue the positive dialogue with GPs and Pharmaceutical colleagues that have been in place.</p> <p>Ongoing talks to Government and NHS about how EU Exit might affect medicine supplies, equipment and PPE in the short medium and long term.</p> <p>A Serious Short Protocol would be introduced in the case of a serious shortage and is only one tool that can be used to manage shortages. The Govt has well established processes for managing shortages in collaboration with manufacturers and suppliers, clinicians, NHS and</p>	<p>We will continue to liaise with NHS colleagues to obtain early notification of issues nationally and monitor.</p> <p>The formation of a senior Pharmacy Incident Response Team has been identified to address urgent and emerging issues with medicines supply.</p>

		the Medicines and Healthcare Products Regulatory Agency,	
Disruption to Service – Jen Watt, Lynda Dinnie, Julie Slavin - January 2021			
Broad Risk	WD HSCP Impact	Action/Mitigation	Comments Update - Jen Watt/ Lynda Dinnie October 2019 Julie Slavin January 2021
Reduction, delay or stoppage in supply of medicines and medical supplies specially, radiopharmaceuticals, blood products, medical devices and clinical consumables. It is anticipated that any disruption will occur during the first three months after the end of the transition period.	<ul style="list-style-type: none"> - While this issue is being coordinated nationally by the NHS, there is potential impact on Care Homes, Care at Home and Healthcare - A shortage of some medicines were been reported but not necessarily attributable to EU-Exit. 	<p>Continue the positive dialogue with GPs and Pharmaceutical colleagues that have been in place.</p> <p>Pharmacy teams are constantly reviewing and updating local processes for managing medicine shortages.</p> <p>Incontinence Care products are hosted across Glasgow Greater and Clyde (GGC) so any additional cost would be picked up by the host.</p> <p>Hand Hygiene Products – Care Homes and Home Care Teams estimate that 6K per month is spent on aprons, bibs and gloves, pressure care products and protective clothing. PPE should be procured through BAU routes however, NSS Hub arrangements will remain in place until March 2021 However, and this is only for HSCP internal services. Current costs have inflated due to COVID-19 and the need for additional PPE.</p>	<p>NHS have nationally provided updates as follows: Pharmacy team have reviewed & updated local processes for managing medicines shortages including assessing whether additional people resource is required.</p> <p>There were a number of drugs in short supply – including anti-depressants which led to significant increases in price/item. Over the last few months, supply has improved and the price has began to reduce, however it is still above the budgeted price.</p> <p>SG has established a Scottish Medicine Shortage Response Group which will review evidence and intelligence, recommend action, and instigate escalation to the UK Medicines Shortage Group, of which SG is a member.</p> <p>The supply of PPE is stable and stock regularly replenished through supplies from NSS to local hubs. This arrangement is in place until the end of March 2021.</p>

Reduction of Clinical Consumables	<ul style="list-style-type: none"> - Insufficient Incontinence Care Products, Hand Hygiene Products, Aprons, Bibs gloves, moving handling products etc 	Moving and Handling products – this type of equipment is purchased through Equipu contracts – Glasgow are the lead host authority therefore would be responsible for any additional costs. Reduction in activity due to COVID-19 restrictions and backlog in assessments.	
Certain types of fresh food supply may decrease / prices of certain foods may increase	<ul style="list-style-type: none"> - Potential additional costs for services that purchase / supply food - Impacts on food provision at care homes and children homes. Possible food increase of 15% to 20% due to tariff changes, sterling depreciation and boarder disruption. 		<p>Facilities Services maintain a very limited stock of tinned and dried food that is maintained year round, in case of single premise emergencies – while this is not EU Exit specific, it could be utilised in the event of a localised issue being experienced. It has recently been suggested that Care Homes and children's houses should hold their own emergency stock items. School Food Legislation is very strict and the types of products which Facilities Services hold are unlikely to benefit in the HSCP setting.</p> <p>WDC has continued to monitor this and in line with Govt and CoSLA recommendations, there is no intention to stockpile beyond this contingency as storage capacity and freezer space prohibits this.</p> <p>In addition, if we started to see local shortages catering managers and cooks have their own procurement cards,</p>

			which they presently use to purchase provisions via Scot Exel Suppliers however, the cards can also be used elsewhere if necessary.
Care Home Closures	<ul style="list-style-type: none"> - Commissioned care being handed back to HSCPs 	<p>Central Procurement contacted all external providers of care services – Care homes, Home Care and Supporting Living to complete a template, which covered workforce and supply chain.</p> <p>Surveys were also sent to Care homes to review their EU-Exit preparedness.</p>	<p>The response was only around 20%. However, those who did reply did not highlight any immediate risks to workforce, as those employed are mainly British Nationals. Although, concern about the availability of fresh food and medicines was highlighted.</p> <p>The most immediate risk to external care home providers is related to the impacts of Covid-19 on reduced occupancy levels and staff absence. This is monitored on a daily basis and HSCP support provided where appropriate and regular sustainability payments have been made (in line with CoSLA guidance) since October 2020.</p>
Workforce – Audrey Slater HR Lead HSCP – January 2021			
Broad Risk	WDC HSCP Impact	Action/Mitigation	Comments
Loss of employees – both highly skilled and lower skilled / entry level	<ul style="list-style-type: none"> - Impact on Care for People. Agency Employees - Potential risk if contracts are subcontracted companies employing EU nations - Increased pressure on unpaid carers - Potential Failures of external 	<p>Signposting of key information / support in relation to EU Workers within the Council</p> <p>https://www.gov.scot/brexit/</p>	<p>90% of Care at Home is delivered by Council Workforce with no immediate concerns around EU Nationals as this is predominately comprised of local residents who are UK citizen. In addition, WDC does not have reliable figures for the numbers of EU nationals living and working in West Dunbartonshire. WD HSCP has deemed this risk as LOW.</p> <p>The Council itself invests in apprenticeships training and</p>

	<p>providers delivering Care at Home due to employees shortages</p> <ul style="list-style-type: none"> - The impact of EU withdrawal may result in a loss of skilled labour in key sectors. Whilst construction is one obvious area of risk where skilled labour is already tight, West Dunbartonshire also has a significant Healthcare workforce in the Golden Jubilee Hospital which is due to expand as an NHS centre of excellence. 		<p>works closely with local colleges to increase the number of apprenticeships in specific areas of predicted demand. However, these actions will not be of sufficient scale and will not address short term shocks to labour supply. Shocks can also be expected in Health and Social Care and Hospitality.</p> <p>The loss of EU workers will inevitably drive up demand for labour, and the current labour pool in the City Region cannot easily and quickly replace these people. As a consequence one can anticipate pressures on the supply and costs of skilled and indeed unskilled labour. This may be low currently but could rise in years to come</p> <p>Based on extrapolation from the work of the Fraser of Allander there could be between 2000 to 4000 EU nationals living in West Dunbartonshire, However, it is considered that this figure is unlikely to be representative of WD area. It is more likely that the majority of them are employed/reside elsewhere in the City Region.</p>
Concurrent Risks – Julie Slavin and Jen Watt – January 2021			
Broad Risk	WD HSCP Impact	Action/Mitigation	Comments
Seasonal Flu	<ul style="list-style-type: none"> - If there is an impact on the procurement to the flu vaccination this could have impact on the well-being of our most vulnerable in society 	Continued engagement with Scottish Government Health Resilience Unit, NHS Boards and Health and Social Care Partnerships.	<p><u>Seasonal Vaccination Programme</u></p> <p>Vaccines for the Seasonal Programme as procured by NHS Scotland National Procurement. Flu immunisation programme complete with WDHSCP having the highest uptake of the vaccine across NHSGGC for staff and approx. 70% of over 65s.</p> <p><u>Childhood Vaccination Programme</u></p> <p>Vaccines for the Childhood Programme are procured by Public Health England (PHE) on behalf of the UK countries.</p>

Disruptive Weather	<ul style="list-style-type: none"> - Potential for unprecedented weather conditions which leads to reduction of employees, putting pressures on services to deliver 	Business Continuity Plans in place. Resilience Structures currently in place for COVID-19 and can flex accordingly.	<p>PHE have confirmed they do not anticipate any delays to the vaccine for the children's flu programme as a result of EU Exit.</p> <p>Deliveries will be routed direct to the UK from the US.</p> <p>Mass Vaccination Plan in place for the delivery of vaccines within WDC.</p> <p>Regular weather monitoring in place by CCS and Roads Service.</p>
Global Pandemic (COVID 19)	<ul style="list-style-type: none"> - The ability to respond to two concurrent issues ensuring our workforce remain safe and well. - The residents of WDC becoming unwell putting additional pressure on NHS GGC and local care at home teams. 	Business Continuity Plans in place. Resilience Structures currently in place for COVID-19 and can flex accordingly.	
Other Impacts – Julie Slavin Finance Lead HSCP –January 2021			
Broad Risk	WD HSCP Impact	Action/Mitigation	Comments
Significant impact on support for older/disabled people/those with mental health issues	<ul style="list-style-type: none"> - At present there may be many older people that do not require any services from the HSCP – however if there are medicine or food shortages this may impact their wellbeing and subsequently 	Continue to monitor	<p>The short supply of certain anti-depressants has stabilised, although the price remains above previous year's rates.</p> <p>To respond to the Covid-19 pandemic the HSCP quickly mobilised services to provide support remotely or face to</p>

<p>Increase in unscheduled care and delayed discharge</p> <p>Social care providers willing but unable to meet requirements</p> <p>Children and families Social Work Section 12 payment</p>	<p>require support from HSCP. The same could also be said from those with addictions and mental health issues. – Supplies have stabilised.</p> <p>- Overtime we may see an increase due to increase food costs and inflation putting pressure on HSCP to fund those falling below the breadline.</p>	<p>Continue to monitor</p> <p>Continue to monitor</p> <p>Continue to monitor</p>	<p>face after appropriate risk assessment. Also new pathways into mental health and addiction services funded by the Scottish Government through Local Mobilisation Plans.</p> <p>For those who are not known/open to services at this stage; referrals through the “Duty Team” allow access to HSCP services/support. This promotes the positive dialogue with GPs and Pharmaceutical colleagues.</p> <p>There was some concern that externally commissioned services of older people’s residential and nursing care and other social support could be impacted if EU nationals returned home. Local external providers did not highlight this as a risk and this is still the case. The impact of Covid-19 restrictions re community based services and respite, coupled with disruption when both service users and support workers requiring to isolate either through actual positive result and being identified as a close contact.</p> <p>PPE requirements are met through regular deliveries by NSS to local HSCP hubs. Section 12 payments continue to be used to support families in distress and this includes support for food costs and other essentials. No notable variation in need or demand to date and this continues to be monitored by finance and social work managers.</p>
<p>Adult Social Care - consider loss or shortage of workers who provide routine services</p>	<p>The impact on the adult social care workforce is expected to be minimal in West Dunbartonshire, as this workforce is predominantly comprised of local residents who are UK citizens. No impact at this time.</p>	<p>Continue to monitor. Transferring employees within the HSCP who have received appropriate training to pressure points. This is not as a result of EU Exit.</p>	<p>Risk low</p>

Business Continuity – Jen Watt – January 2021

Broad risk	WD Impact(s)	Action	Comments
Assess impact of EU-Exit on Business Continuity Plans	<p>Potential disruption to services</p> <ul style="list-style-type: none"> - Food - Medicines - Employees 	<p>WDC have undertaken a full review of all Business Continuity Arrangements</p> <p>National Coordination Centre Stood up. The NCC structure is based on an all risk-approach. Daily reports are produced to give an oversight of the most pertinent risks facing Scotland. E.g. Weather, Health Board Capacity, EU Exit, COVID-19.</p> <p>Continued engagement with CoSLA and Scottish Government</p> <p>Dialling into COSLA teleconferences</p> <p>Concurrent Risk Workshop for key officers was held on the 17th November via MS Teams</p> <p>Resilience Structures in place: Local Response Management Team (LRMT), Strategic</p>	<p>Business Continuity planning remains an operational focus. Any changes will be reflected into the respective Business Continuity Plans.</p> <p>CoSLA requested LAs to complete a questionnaire to provide information relating to resilience structures, additional structures and areas of risk. This was complete and returned to CoSLA.</p> <p>CoSLA reinstated EU Exit calls; the Civil Contingencies Officer regularly dials into these meetings, to discuss any arising issues and requests from Scottish Government and CoSLA. A brief synopsis of the call is circulated to the contributing officers for information and consideration.</p>

Business Continuity – Jen Watt – January 2021			
Broad risk	WD Impact(s)	Action	Comments
		Resilience Group (SRG), Operational Resilience Group (ORG) and Resilience Group (RG)	