Background: The themes of Issues/Risks identified below are based on the updated UK and Scottish Planning assumptions (September 2020). This document will remain live, and regularly updated throughout the response to any “No Deal” EU Exit. The Transition Period will end on 31 December 2020 and no request for an extension will be made or EU request agreed to.

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 (Marie Rooney – Acting), Head of Mental Health, Learning Disability and Addictions and Jo Gibson, Head of Community Health and Care Services.

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| **Travel, Freight & Borders – Jen Watt – November 2020** |
| **Broad Risk** | **WD HSCP Impact** | **Action/Mitigation**  | **Comments Updated – Jen Watt November 2020** |
| Transport  | * Key medicines/equipment and PPE may be delayed.
 | A shortage of some medicines reported but not necessarily attributable to EU-Exit, this could be consequence of unrelated stockpiling. The RWCS is that supply of medicines and medical supplies will be impacted by reduced flow rates across the short Channel straits.Subject of medicine and medical supplies being addressed nationally – Board Chief Execs and Pharmacy leads directly involved in this work.National concern, NHSGGC and NHSH will be informed by Scottish Government in this regard. NHSGGC Pharmacy Service identifying most commonly prescribed medicines and Scottish Government leading engagement with manufacturers / suppliers re ongoing availability of supplies. Reported that national planning involves warehousing 6 week supply of medicines. | Radioisotopes with short shelf lives will be transported via air freight routes to help preserve. There are limits on time of transit, and/or mean product must be transported under temperature controlled conditions, and delays may lead to products spoiling and wasting. Continue to liaise with NHS colleagues to obtain early notification of issues nationally and monitor.The formation of a senior pharmacy incident response team has been agreed to address urgent and emerging issues with medicines supply if these increase significantly following an EU Exit (no deal). |
|  **Disruption to Service – Jen Watt, Lynda Dinnie, Julie Slavin - October 2020**  |
| **Broad Risk** | **WD HSCP Impact** | **Action/Mitigation** | **Comments Update - Jen Watt/ Lynda Dinnie October 2019** |
| 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. Reduction of Clinical Consumables  | * 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 has been reported but not necessarily attributable to EU-Exit.
* Insufficient Incontinence Care Products, Hand Hygiene Products, Aprons, Bibs gloves, moving handling products etc
 | Continue the positive dialogue with GPs and Pharmaceutical colleagues that have been in place.Liaison with Civil Contingencies Officer, NHS GGC - Department of Health and Social Care (DHSC) /UK Government urged the NHS not to take steps to stockpile medicines beyond business as usual levels and to maintain normal prescription lengths. Pharmaceutical companies have been asked to stockpile an additional 6-week supply of medicines with a supply touch point in the EU and reroute supply routes away from the ‘short straits’ ensuring continuity of medical supplies to NHS and social care providers. Remains valid Oct 2020WD HSCP to consider alternative supplies to maintain BAU.Pharmacy teams are constantly reviewing and updating local processes for managing medicine shortages.Incontinence Care products are hosted across Glasgow Greater and Clyde (GGC) so any additional cost would be picked up by the host.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, this is only for HSCP internal services. Current costs have inflated due to COVID-19 and the need for additional PPE.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.  | 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 The formation of a senior pharmacy incident response team has been agreed to address urgent and emerging issues with medicines supply if these increases significantly following a no deal exit. There are a number of drugs in short supply – including anti-depressants which at the moment has led to significant increases in price/item.UK Govt needs to ensure that regulatory and licencing arrangements are in place to ensure continued access to medicines, medical supplies and medical radioisotope. 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.With regards to “clinical consumables” the bulk of these are done monthly to maintain BAU. Guidance stated that a minimum of a 6-week should be purchased. A survey was carried out by Scotland Excel on “clinical supplies”.  |
| Certain types of fresh food supply may decrease / prices of certain foods may increase | * 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.
 |  | 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 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. At this stage, and in line with Scottish Government and COSLA advice, there is no intention to stockpile beyond this contingency as storage capacity and freezer space prohibits this.In addition, catering managers and cooks have their own procurement cards which they presently use to purchase provisions via Scot Exel Suppliers however the cards can also be used elsewhere if necessary.Potential additional expenditure has been highlighted to CoSLA via the Brexit Cost template. |
| Care Home Closures  | * Commissioned care being handed back to HSCPs
 | Central Procurement contacted all external providers of care services – Care homes, Home Care and Supporting Living to complete a template which covered across employeesing and supply chain.Surveys were also sent to Care homes to review their EU-Exit preparedness.  | The response was only around 20%. However, those who did reply didn’t 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.    |
| **Workforce – Audrey Slater HR Lead HSCP – October 2020** |
| **Broad Risk** | **WDC HSCP Impact** | **Action/Mitigation**  | **Comments**  |
| Loss of employees – both highly skilled and lower skilled / entry level | * 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 providers delivering Care at Home due to employees shortages
* 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.
 | Signposting of key information / support in relation to EU Workers within the Council<https://www.gov.scot/brexit/>. | 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.**The Council itself invests in apprenticeships training and 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.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 comeBased 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. |
| **Concurrent Risks – Julie Slavin and Jen Watt – October 2020** |
| **Broad Risk** | **WD HSCP Impact** | **Action/Mitigation**  | **Comments**  |
| Seasonal FluDisruptive Weather | 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 Potential for unprecedented weather conditions which leads to reduction of employees, putting pressures on services to deliver |  Continued engagement with Scottish Government Health Resilience Unit, NHS Boards and Health and Social Care Partnerships.Business Continuity Plans in place. Resilience Structures currently in place for COVID-19 and can flex accordingly.  | **Seasonal Vaccination Programme**Vaccines for the Seasonal Programme as procured by NHS Scotland National Procurement.Flu Vaccinations are currently underway there is no issue with vaccine supply. Covid-19 restrictions will impact timescales for completion which has been extended. **Childhood Vaccination Programme** Vaccines for the Childhood Programme are procured by Public Health England (PHE) on behalf of the UK countries.PHE have confirmed they do not anticipate any delays to the vaccine for the children’s flu programme as a result of EU Exit. Deliveries will be routed direct to the UK from the US. The time of year that the UK is to leave the EU means that there is a greater likelihood of a range of concurrent events happening that may exacerbate or be exacerbated by no deal. These could include hazards such as seasonal flu or severe weather.  |
| **Other Impacts – Julie Slavin Finance Lead HSCP – October 2020** |
| **Broad Risk** | **WD HSCP Impact** | **Action/Mitigation**  | **Comments**  |
| Significant impact on support for older/disabled people/those with mental health issues Increase in unscheduled care and delayed discharge Social care providers willing but unable to meet requirements Children and families Social Work Section 12 payment | * 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 require support from HSCP. The same could also be said from those with addictions and mental health issues.

  May increase due to increase food costs and inflation putting pressure on HSCP to fund those falling below the breadline. There will be an impact to all services in particular Mental Health, Addictions and Learning Disability. | Continue to monitorContinue to monitorContinue to monitorContinue to monitor | Should there be a delay to mental health and addictions medication in particular, it is likely there will be an increased demand on services given potential for imminent relapse, chaotic behaviours and crisis for service users.This comment remains valid and has an elevated risk due to the impact of Covid-19 on the global medicines supply chain. There are a number of drugs in short supply – including anti-depressants which at the moment has led to significant increases in price/item. For those who are not known/open to services at this stage. There is opportunity to access HSCP services are an emergency. 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. This was not highlighted as a risk by local external providers. 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.Again Covid-19 already impacting on family life and cost of household supplies. Could be exacerbated by EU Exit. There are plans in place for care homes and buffer PPE stocks through procurement. |
| Adult Social Care - consider loss or shortage of workers who provide routine services  | 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. | Continue to monitor. Transferring employees within the HSCP who have received appropriate training to pressure points. This isn’t as a result of EU Exit. | Risk low |

| **Business Continuity – Jen Watt – October 2020** |
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| **Broad risk** | **WD Impact(s)** | **Action** | **Comments**  |
| Assess impact of no deal EU- Exit on Business Continuity Plans | Potential disruption to services * Food
* Medicines
* Employees
 | WDC have undertaken a full review of all Business Continuity Arrangements Reporting into the Multi Agency Coordination Centre (MACC) (when active)Reporting to CoSLA and Scottish Government Dialling into teleconferencesConcurrent Risk Workshop for key officers will be held on the 17th November via MS TeamsResilience Structures in place: Local Response Management Team (LRMT), Strategic Resilience Group (SRG), Operational Resilience Group (ORG) and Resilience Group (RG)  | Business Continuity planning remains an operational focus. Any changes pre/post EU-Exit will be reflected into the respective Business Continuity Plans.CoSLA has recently asked LAs to submit a questionnaire to provide information relating to resilience structures, additional structures and areas of risk.CoSLA has 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.Local Authority Resilience Group Scotland (LARGS) has ‘stood up’ EU Exit Transition and Concurrent Risk teleconference which is currently held every Friday. The Civil Contingencies Officer dials into this.  |