



Dumfries and Galloway
Integration Joint Board

30th June 2020

This Report relates to
Item 6 on the Agenda

Local Mobilisation Plan Update

Paper presented by Katy Lewis

For Noting

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List of Background Papers:	Not required
Appendices:	Appendix 1- Local Mobilisation Plan

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	X
	2. Dumfries and Galloway Council	
	3. NHS Dumfries and Galloway	
	4. Dumfries and Galloway Council and NHS Dumfries and Galloway	

1. Introduction

- 1.1 This report provides a summary of the current estimated costs for NHS Dumfries and Galloway and the Health and Social Care Partnership for the surge planning related to Covid-19 arrangements.

2. Recommendations

2.1 The Integration Joint Board is asked to:

- **Note the current proposed costs of the impact of Covid-19 across the organisation for both the NHS Board and Health and Social Care Partnership services.**
- **Acknowledge that further work and more detailed planning is required to fully identify the costs and risks associated with the Local Mobilisation Plan (LMP).**
- **Note that the Partnership has committed some costs at risk under direction from Scottish Government without allocations and funding confirmed. Additional funding may not be confirmed until end of Quarter One/July 2020.**
- **Recognise that plans are changing on an almost daily basis and further developments will need to be understood by the Finance team in time for the next return.**

3. Background and Main Report

3.1 Executive Summary

3.2 This report identifies the current costs associated with providing the required capacity to support the Local Mobilisation Plans (LMP) for Covid-19 at just over £34m.

3.3 The requirement to prepare a Mobilisation Plan was required by Scottish Government through its response to tackling the Covid-19 crisis in March 2020. The key elements of the plan are set out in **Appendix 1** which have been costed as part of the latest draft of the NHS Board's surge plans as at 18th May 2020 with a current total of £34m across NHS Board and IJB Services.

3.4 This paper provides a high level summary of the LMP costs submitted to the Scottish Government as part of an ongoing process on 18th May 2020, with a further iteration due to be completed by 22nd June 2020.

3.5 It is important to note that these costs are currently being revised on an ongoing basis as detail behind the LMP is firmed up and specific changes to service models are agreed and shared with the Finance team.

3.6 Where feasible, the current version of the return has used actual costs in March and April to identify costs in the LMP moving forwards. Further updating of the costs is required for the next submission.

3.7 The latest request from Scottish Government is to develop a Re-mobilisation Plan

to support the recovery and recommencement of services as directed by the Cabinet Secretary. This plan doesn't include or reflect the financial impact of the draft plan which was submitted for 25th May 2020. This will require to be separately reviewed from a financial perspective.

3.8 Background

3.9 This paper is a short high level summary of the costs of the local mobilisation return as submitted to the Scottish Government on 18th May 2020 to provide the Integration Joint Board oversight of the submission and the financial risk associated with this.

3.10 For the purposes of the return as required by Scottish Government, only Community Health and Social Care costs are shown within the Health and Social Care Partnership (HSCP) summary template with all other IJB delegated services summarised within the NHS Board Template. This is to ensure that direct comparisons of all Board returns can be made as Acute and Women's and Children's Services, in the main, have not been delegated to all Integration Authorities. This is relevant to explain due to the unique nature of our integration Scheme. But for clarity, it does include Social Care costs which have been delegated to the HSCP within the NHS Board return as Boards have been given responsibility to collate into the return for their Board area.

3.11 One of the key areas that requires further clarity both locally as well as from a national perspective, is around the process of highlighting and identifying the full level of costs that can off-set the increased costs of LMPs. These are resources that are already funded by the NHS Board and/or HSCP, which can be used to support the changing models of care and service design required by the LMP.

3.12 This is one area of uncertainty across all organisations within the current submissions, as a variety of methodologies and assumptions have been made by different organisations in their approach to identifying resources that can be used to offset the increased cost of planning for Covid-19.

3.13 A number of peer review and benchmarking groups have been set up to compare the consistency of approach and any significant differences across the recent submissions by Board and HSCP. A regional review for NHS Boards focussing on Acute issues and a specific HSCP review group both feed into an overall national review group for the LMPs.

3.14 Scottish Government has confirmed Scottish consequential from UK Treasury of around £680m for supporting the exceptional costs of Covid-19 and LMP relating to Health and Social Care. The current total of existing submissions from all Boards is currently more than double this level of confirmed funding. We are also aware that nationally, a number of commitments have been made against this resource out with Boards' LMP's including the cost of PPE which is being born nationally, construction and equipping of Louisa Jordan and various staff support initiatives.

3.15 The only confirmed allocation to date from the Scottish Government relates to costs incurred in Social Work so far to help alleviate cashflow pressures – this amounts to £1.5m for Dumfries and Galloway and has been passed in full to Dumfries and Galloway Council.

3.16 A significant element of the LMPs cost is an assessment of the impact of the

delivery of Cash Releasing Efficiency Savings (CRES) plans, highlighting the level of risk of slippage to workstreams related to efficiency savings. This will be reviewed locally as part of the Quarter One review to assess what savings can realistically be delivered.

3.17 Key Risks

3.18 There are a number of risks within the current submissions on the LMPs. Details of these are contained within Appendix 1, however the key risks to note include:

- Lack of a consistent methodology and assumptions across various elements within the LMP by organisation
- Constantly changing nature of updates to plans and capacity being made available for Covid-19
- Timing issues related to ordering/additional work and payment of Covid-19 related costs
- Identification of off-set costs in full
- Unknown costs in the system still to be worked through
- Unknown how Scottish Government will allocate resources to Board's and Partnerships

4. **Conclusions**

4.1 The Finance team are working closely with the service teams to ensure a robust model is maintained when identifying and projecting the additional costs related to the mobilisation plan (as well as supporting workstreams looking at re-mobilisation and the "new normal").

4.2 There is still a level of uncertainty relating to how some costs can be quantified, so the Finance team and service have made the relevant assumptions and provided detail around these estimates.

4.3 As this work is refined and more fully understood, then it is anticipated that the overall additional costs of the LMP will reduce, as resources are aligned more accurately and appropriately to the ongoing needs of service plans for the pandemic.

4.4 Service planning and clarity on assumptions around service change is crucial in ensuring the Finance team can accurately update the ongoing LMP to Scottish Government – assumed to be on a monthly basis moving forwards.

4.5 Whilst there is an expectation that funding will be released proportionately to the additional costs incurred to date, as well as the additional costs still anticipated, there is no guarantee all these costs will be met in full by Scottish Government. By way of illustrating the potential risk to the partnership of this, if one scenario is that NRAC is used to distribute the £680m (bearing in mind a significant proportion of this funding is already committed against national initiatives), then the partnership's share would approximately be £20m against a current cost of £34m.

4.6 An update will be provided as part of the Quarter One report, highlighting the revised costs of the LMP, any further update on proposed funding for the LMP and a revised forecast for the 2020/21 Financial Plan.

5. **Resource Implications**

- 5.1 The Mobilisation Plan should be considered alongside the IJB Financial Plan. A detailed review of the Quarter one financial position is scheduled and will be presented to IJB at future date.
- 5.2 No additional resource is anticipated for the Finance team to support at this moment in time, however, it should be highlighted that the workload surrounding Scottish Government reporting requirements is currently being absorbed across the Senior Finance team, during a period where a number of posts remain vacant.
- 5.3 It is proposed that there may be a requirement for additional short to medium term resource over the coming months to help support the finance function to provide the necessary capacity to deliver this additional workload.

6. Impact on Integration Joint Board Outcomes, Priorities and Policy

- 6.1 The financial evaluation of the LMP is key to supporting the Financial Plan, which in turn supports the overall Strategic Plan.

7. Legal and Risk Implications

- 7.1 The only key risk to highlight is the increase in the likelihood of the Partnership not achieving an in-year break-even position.

8. Consultation

- 8.1 Senior finance colleagues across the Partnership and across the national Health and Social Care community.
- 8.2 Senior service management and service provision colleagues across the region.

9. Equality and Human Rights Impact Assessment

- 9.1 Impact assessments will be required for all proposals progressed through the requirements for updating the LMP and any changes to the transformation agenda.

10. Glossary

- 10.1 All acronyms must be set out in full the first time they appear in a paper with the acronym following in brackets.

A&E	Accident and Emergency
CRES	Cash Releasing Efficiency Savings
EQIA	Equalities Impact Assessment
FHS	Family Health Services
GMC	General Medical Council
HDU	High Dependency Unit
HSCP	Health and Social Care Partnership
ICES	Integrated Community Equipment Service
IJB	Integration Joint Board
ITU	Intensive Care Unit
LMP	Local Mobilisation Plan
NCA	Non-Contract Activity
NRAC	National Resource Allocation Formula

NSS	National Services Scotland
PPE	Personal Protective Equipment
RTA	Road Traffic Accident
RTM	Real Time Monitoring
TTI	Test, Trace and Isolate
WTE	Whole Time Equivalent

NHS HEALTH BOARD SERVICES (Acute and Boardwide)

Area of Spend	Projected Annual Spend (£000)	Risks/Issues/Challenges and Opportunities
Additional Hospital Bed Capacity/Costs	£4,431	<p>This is the additional gross cost of providing additional COVID-19 beds and includes direct costs for items such as linen, catering, staffing, equipment for bed and drug costs.</p> <p>The £4.4m relates to an additional 11 ITU/HDU beds costing £4.1m and the remaining £300k relates to the additional cost of configuring current general beds already established to general COVID-19 beds.</p>
Testing for Virus	£537	<p>This is the additional costs for carrying out COVID-19 tests. It includes both costs to do the tests and additional staffing costs related to the testing across Acute and Community services.</p> <ul style="list-style-type: none"> • £392k relates to the specific cost of doing the test through either the Qiagen Platform and the Cepheid and/or Biofire (rapid). These costs assume 100 tests per day from April to September 2020 then dropping to 75 a day October to December 2020 and 50 a day from January onwards. • £144k relates to additional staffing costs for carrying out the tests. £104k is due to additional hours undertaken by microbiology. There is a cost of £40k from May to July for additional staffing for the setting up of Test, Treat and Isolate (TTIS). <p>These costs will need to be reviewed as the guidance on testing changes and as more information is received from Scottish Government as to how their testing strategy will be managed and funded.</p>
Personal Protection Equipment (PPE)	£76	This is only the cost of locally sourced PPE; all PPE stock ordered through National Services Scotland (NSS) will not be recharged to Health Boards.
Deep Cleans	£64	This is the additional cost in cleaning consumables for additional cleaning taking place and the cost of the Hydrochloride Bomb required to clean a COVID-19 room.
Mortuary Costs	£195	This is an estimated cost for the reinstatement of the Mountainhall Treatment Centre Mortuary to provide additional capacity. These additional costs are related to having a mortuary attendant and increased utility costs.

NHS HEALTH BOARD SERVICES (Acute and Boardwide)

Area of Spend	Projected Annual Spend (£000)	Risks/Issues/Challenges and Opportunities
Capital Equipment	£112	<p>This is related to additional capital equipment purchased. It does not include ventilators as these have been funded centrally.</p> <p>Items included are:</p> <ol style="list-style-type: none"> 1. Mobile X-ray £86k 2. Glass 2 Safety Cabinet £9k 3. Blood Glass Analyser £17k
Revenue Equipment	£722	<p>This relates to additional equipment purchased. Items included are:</p> <ol style="list-style-type: none"> 1. Monitors and Pumps £35k 2. Trolleys £65k 3. Cots £30k 4. Various consumables and start up kit £127k 5. Additional beds £466k
IT Costs	£520	<p>Additional IT spend in relation to COVID-19 includes both IT costs and additional staff overtime. Please see below for a breakdown of these costs:</p> <ol style="list-style-type: none"> 1. Staff overtime £60 2. Loss of contract staff due to cancelling Windows 10 rollout £32k 3. Additional IPADS £150k 4. Additional Laptops £265k 5. Additional equipment such as docking stations and monitors £14k <p>Additional IT equipment has been purchased in order to allow staff to work more remotely and for clinics to be done remotely through attend anywhere and reduce the number of face to face consultations.</p>

NHS HEALTH BOARD SERVICES (Acute and Boardwide)

Area of Spend	Projected Annual Spend (£000)	Risks/Issues/Challenges and Opportunities
Estates & Facilities Costs	£226	<p>£171k of this relates to increased costs within April which included £88k of additional bed linen. The remainder mainly related to contractor work required to ensure that buildings were adequate to provide the additional capacity that may be required.</p> <p>£10k a month has been forecasted for the remainder of the year to cover additional utilities that may be incurred. This will be revised as utility bills are received and the additional costs are incurred.</p>
Additional Staff Overtime	£407	Additional overtime required by Domestic, Microbiology, Nurses and Junior Doctors. £71k relates to actual overtime done in April 2020 with an estimate for the remainder of the year. This will be reviewed on a monthly basis. This may increase if staff absence is to increase in future months.
Additional Temporary Staff	£2,058	<p>This is for the recruitment of additional staff such as returners, student nurses and locums. There is a total of 44.33 WTE third year student nurses and 23.87 WTE second year student nurses.</p> <p>£193k relates to April 2020 actual costs with an estimate for the remainder of the year. The estimated cost for student nurses decreased by 50% from October as the second year student nurses will go back to university.</p> <p>These costs will also be reviewed and updated on a monthly basis as actual costs are received.</p>
Staff Accommodation Costs	£173	This is an estimate of additional costs that may arise from having to purchase additional staff accommodation such as hotel rooms. The estimate is from August to March.
Additional Travel Costs	£86	Hire of mini buses to provide travel for staff and patients, this will also be reviewed monthly as to whether these mini buses will continue to be hired for the remainder of the year or not.
Annual Leave Accrual Pressure	£420	This is the additional cost to the Health Board which may arise from Junior doctors not taking all their annual leave entitlement within this financial year and then being paid for the time not taken, This will be reviewed as more information becomes available from the General Medical Council (GMC).

NHS HEALTH BOARD SERVICES (Acute and Boardwide)

Area of Spend	Projected Annual Spend (£000)	Risks/Issues/Challenges and Opportunities
Loss of Income	£878	<p>This is loss of income to the Health Board due to the following:</p> <ol style="list-style-type: none"> 1. Loss of income from staff canteen at DGRI is approx £22k a month. Whilst visitor restrictions apply, it is expected that the loss of income from sales within the canteen will result in a loss of income of £264k by the end of the financial year. 2. Loss of income from Road Traffic Accidents (RTA) has been estimated to reduce by £238k, due to less people travelling in their cars. This loss will decrease further into the year as it is expected restrictions will lift. 3. £377k loss of income from Non-Contract Activity (NCA) is expected due to a reduction in the number of visitors from England visiting the region.
Additional Oxygen Costs	£154	The additional cost of oxygen is not included within the additional bed day cost as is coded centrally. This is an estimate of additional oxygen that may be required to treat COVID-19 patients over the year.
Offset Savings Health	(£650)	
Expected underachievement of savings	£11,089	This is the additional cost to the Board related to the underachievement of this year's CRES target, this will be reviewed as part of Quarter 1 review as to what could be an achievable savings target for each directorate.
Total Health Board Costs	£21,928	

HEALTH AND SOCIAL CARE PARTNERSHIP (excl Acute)

Area of Spend	Projected Annual Spend (£000)	Risks/Issues/Challenges and Opportunities
Delayed Discharge Reduction- Additional Care Home Beds	£423	<p>£394k of this relates to increasing care home placements from April to February. This is monitored monthly and could increase if more care home placements are required.</p> <p>There is an additional cost of £30k for care homes increasing capacity by opening up additional space.</p>
Delayed Discharge Reduction - Additional Care at Home Packages	£21	<p>An additional cost of £21k was incurred in April for increasing care at home related to delayed discharge, there are no additional costs forecasted for the remainder of the financial year.</p>
Additional Staff Overtime	£100	<p>This is an estimated cost for additional staff overtime required within Community Services. There will be an ongoing review of this and may change depending how absence levels change.</p>
Additional Temporary Staff	£697	<p>The recruitment of an additional staff to help deliver care during COVID-19 includes:</p> <ol style="list-style-type: none"> 1. 19 Social Care Carers costing £251k per annum 2. £445k related to the recruitment of 18 WTE third year student nurses and 4.85 WTE second year student nurses
Additional Cost for Contract Rate Uplift	£80	<p>Scottish Living Wage Increase to support and sustain market, budget has assumed an increase of 3.05% however Scottish Government agreed 3.3% therefore an additional 4p per hour.</p>
Additional Costs for Externally provided services	£740	<p>£739k relates to paying external providers for committed care not actual care delivered. Real Time Monitoring (RTM) has been relaxed. It is estimated that about £20k of care a week is not being delivered. This is on the assumption of 10000 hours and 173 hospital admissions per week.</p>

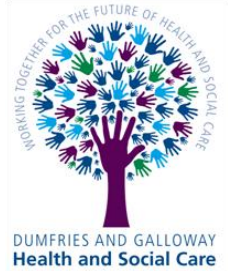
HEALTH AND SOCIAL CARE PARTNERSHIP (excl Acute)

Area of Spend	Projected Annual Spend (£000)	Risks/Issues/Challenges and Opportunities
Costs to 3 rd parties to protect services (where services are currently stopped)	£2342	<p>This includes the following:</p> <ol style="list-style-type: none"> 1. Additional support for care home providers £362k 2. Sickness pay for care home providers, this is still to be agreed £1.6m 3. Payment care homes via block contract at full cost in case not occupied and no user contribution £403k
Mental Health Services	£60	This is an estimate of costs related to Mental Health due to increased activity. This costs needs to be reviewed.
Additional FHS Payments- GP Practices	£600	This is the additional costs to GP practices relating to COVID-19 such as increased overtime, locum cover, working bank holidays and equipment.
Additional FHS Prescribing	£2,800	It is assumed that Primary Care prescribing will increase in volume by 1% compared to last financial year. These volumes will be assessed on a monthly basis as the prescribing data becomes available.
Community Hubs	£1,418	<p>This is based on the current model of having a Community Hub in both Stranraer and Dumfries and including the following staff:</p> <ol style="list-style-type: none"> 1. Senior Clinical Decision Makers 2. Clinical Assessors 3. Communication Co-ordinators 4. Drivers/Chaperones <p>However, due to the lower numbers being assessed through the hubs discussions are taking place to integrate this service with A&E in both hospitals and Out of Hours meaning there would only be the requirement for a Senior Clinical Decision Maker.</p>

HEALTH AND SOCIAL CARE PARTNERSHIP (excl Acute)

Area of Spend	Projected Annual Spend (£000)	Risks/Issues/Challenges and Opportunities
Other Community Care	£230	Community services such as District Nursing has moved to a 24/7 rota, resulting in increased costs for enhancements for unsociable hours. This is also under review and how it can be integrated into the Out of Hours Service.
Loss of Income	£886	Loss of income of £886k has resulted from the suspension of non-residential community care charges as there is likely to be disruption in delivery of non-personal care.
Additional Travel Costs	£86	Hire of mini buses to provide staff and patients with transport.
Revenue Equipment	£229	Equipment purchased to provide additional capacity for COVID-19 patients includes: <ol style="list-style-type: none"> 1. £131k of kit to ensure that Cresswell is fit for purpose should it be required 2. £98k of additional ICES equipment to aid re-enablement in the community
IT Costs	£173	£40k of IT equipment purchased by Social Work to support shielding this includes phones and laptops. Additional laptops for GPs and to support attend anywhere has incurred an additional cost of £133k.
Expected underachievement of savings (HSCP)	£722	This is the additional cost to the board related to the underachievement of this year's CRES target, this will be reviewed as part of Quarter One review as to what could be an achievable savings target for each directorate.
Total HSCP Costs	£12,184	

Dumfries and Galloway Integration Joint Board



DIRECTION

(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)

1.	Title of Direction and Reference Number	
2.	Date Direction Issued by Integration Joint Board	
3.	Date from which Direction takes effect	
4.	Direction to	
5.	Does this direction supersede, amend or cancel a previous Direction? If yes, include the reference number(s)	
6.	Functions covered by Direction	
7.	Full text of Direction	
8.	Budget allocated by Integration Joint Board to carry out Direction	
9.	Desired Outcomes	
10.	Performance Monitoring Arrangements	
11.	Date Direction will be Reviewed	