# Supplementary Agenda

# West Dunbartonshire Health and Social Care Partnership Board

**Date:** Wednesday, 23 September 2020

**Time:** 15:30

Format: Zoom Conference Call

Contact: Lynn Straker, Committee Officer

Email: lynn.straker@west-dunbarton.gov.uk

Dear Member

#### **ITEM TO FOLLOW**

I refer to the agenda for the above meeting that was issued on 17 September and now enclose a copy of **Item 6** which was not available for issue at that time.

Yours faithfully

#### **BETH CULSHAW**

Chief Officer of the Health & Social Care Partnership

#### Note referred to:-

## 6 FINANCIAL PERFORMANCE AND UPDATE REPORT - PERIOD 5 (31 AUGUST 2020)

205 - 230

Submit report by the Chief Financial Officer providing an update on the financial performance as at Period 5 to 31 August 2020 and a projected outturn position to the 31 March 2021.

#### **Distribution:- Voting Members**

Allan Macleod (Chair)
Denis Agnew
Marie McNair
John Mooney
Rona Sweeney
Audrey Thompson

#### **Non-Voting Members**

Barbara Barnes
Beth Culshaw
Jonathan Hinds
Chris Jones
John Kerr
Helen Little
Diana McCrone
Anne MacDougall
Kim McNab
Peter O'Neill
Selina Ross
Julie Slavin
Val Tierney

Senior Management Team - Health & Social Care Partnership

Date of issue: 18 September 2020

#### WEST DUNBARTONSHIRE HEALTH & SOCIAL CARE PARTNERSHIP BOARD

#### 23 September 2020

### Subject: Financial Performance and Update Report - Period 5 (31 August 2020)

#### 1. Purpose

- **1.1** To provide the Health and Social Care Partnership Board with an update on the financial performance as at period 5 to 31 August 2020 and a projected outturn position to the 31 March 2021.
- 1.2 The financial impact of the Covid-19 pandemic on health and care services is still not fully revealed, therefore the outturn projection to the end of 31 March 2021 will be subject to change as the HSCP and Scotland moves through the "Route Map Through and Out of the Crisis"

#### 2. Recommendations

- **2.1** The HSCP Board is recommended to:
  - Note the updated position in relation to budget movements on the 2020/21 allocation by WDC and NHSGGC and direction back to our partners to deliver services to meet the strategic priorities approved by the HSCP Board;
  - Note that revenue position for the period 1 April 2020 to 31 August 2020 is reporting an underspend of (£0.015m) (0.01%);
  - Note that the Covid-19 cost for the period 1 April 2020 to 31 August 2020 is £3.766m and that Covid-19 funding received to date equates to £3.043m;
  - Note the projected outturn position of £1.854m underspend (1.1%) for 2020/21 if the projected costs of Covid-19 are fully met by the Scottish Government;
  - Note that the projected costs of Covid-19 are currently estimated to be £6.209m:
  - Consider the financial risk to the HSCP if Covid-19 costs are not fully funded which could trigger the need to revisit 2020/21 funding priorities and approved savings programmes; and
  - Note the update on the capital position and projected completion timelines.

#### 3. Background

3.1 At the meeting of the HSCP Board on 25 March 2020, just as Scotland entered into "lockdown" as the Covid-19 pandemic spread across the world, members agreed the revenue estimates for 2020/21. A total indicative net revenue budget of £166.689m (excluding Set Aside) was approved. This position was updated at the 5 August Board for all known budget adjustments.

- 3.2 Since the August HSCP Board there have further budget adjustments and a total net revenue budget of £172.974m is now being monitored as detailed within Appendix 1.
- 3.3 The Set Aside Budget for 2020/21 was also detailed in the March report as £28.694m, inclusive of the 3.0% uplift. Work is now underway to complete the financial framework document to align against the draft NHSGGC Unscheduled Care Commissioning Plan with a further update expected in time for the November HSCP Board.
- 3.4 Also at the 25 March HSCP Board meeting the 2020/21 to 2024/25 Medium Term Financial Plan was approved. The estimated funding gaps identified across a range of Best, Likely and Worst scenarios on service delivery versus funding settlements was based on HSCP "Business as Usual" reflecting current Strategic Plan priorities and did not anticipate the impact of the Covid-19 global pandemic which immediately impacted on health and social care services.
- 3.5 The HSCP Recovery and Renewal Plans have been collated and will require to be revised as the services continue to respond to the impacts of Covid-19. These will be considered against current strategic priorities and the current financial planning assumptions.
- 3.6 Delivery of approved savings programmes is a key factor in the HSCP Board's financial plan to minimise funding gaps and in 2020/21 there were a number of savings targets approved. The HSCP's response to the Covid-19 pandemic around revised service delivery requirements has had an impact on the delivery of these plans and this along with the additional costs of delivering on our Local Mobilisation Plan (LMP) will be explored throughout this report.

#### 4. Financial impacts of the HSCP Response to the Covid-19 Pandemic

- 4.1 To enhance existing financial governance processes and to be able to respond effectively to directives from the Scottish Government to support the sustainability of health and social care services, in particular external social care service providers, and provide extensive detail on Covid related costs there have additional approval procedures put in place to record, monitor and report on Covid costs.
- 4.2 Alongside each LMP is a detailed financial tracker which is completed at least monthly by HSCPs. The detailed information contained is considered by the Chief Officer, Chief Financial Officer, the HSCP Board Chair and Vice Chair in line with the temporary decision making arrangements. The joint returns have also been subject to both collective and individual scrutiny by the Scottish Government.
- 4.3 The table below provides a summarised version of the financial tracker actual and projected costs based on August ledger data. At this time the projections only extend until the end of the 2020/21 financial year, however it is likely that

some expenditure commitments will extend into 2021/22, in particular the ongoing requirement for PPE and the potential for additional staffing costs and support to social care providers if staff are required to isolate as a consequence of contact tracing or contracting the virus.

- 4.4 The projections will change as additional guidance is issued as Scotland progresses through the phased stages of the route map and the HSCP move services into recovery and renewal phases, or more worryingly a potential second wave of the virus. For example the level of provider sustainability for social care services and the cost of new services such as Community Assessment Centres designed to support the response to Covid-19.
- 4.5 The table below details the Scottish Government Covid-19 funding received to date. Since the last reported allocation of £50m, a further £33m of funding has been released to support additional social care costs which cover:
  - An further £25m (£0.449m HSCP) announced on 12 May to "in recognition of ongoing challenges for Local Authorities, IJBs and social care providers"; and
  - A further £8m (£1.300m HSCP) based on the cashflow information that was part of the Financial Tracker provided to the Scottish Government.

Table 1: Summary of Covid-19 Costs and Funding to 31 August

	Forecast Full	Year to Date	Projected Future
Covid-19	Year	Actual	Commitment
	£000's	£000's	£000's
Delayed Discharge Reduction - Additional Care at Home	249	249	0
Personal protection equipment	757	467	290
Additional staff overtime and Enhancements	345	253	92
Additional temporary staff spend	669	454	215
Community Hubs / Assessment Centre	507	235	272
Mental Health Assessment Unit	161	66	95
Provider Sustainability Payments - Care Homes	1,131	853	278
Provider sustainability Payments - Other Social Care	803	0	803
Provider Sustainability Payment - Hospice	396	396	0
Loss of Social Care Income	315	227	88
Expected underachievement of savings (HSCP)	1,177	489	688
Winter Planning	71	0	71
CSWO Funding	25	0	25
Offsetting savings - HSCP	(549)	0	(549)
Additional FHS Prescribing	51	0	51
Other	101	77	24
Total Spend	6,209	3,766	2,443
Share of £108m Funding announced to date	(2,647)	(2,647)	0
Hospice Funding	(396)	(396)	0
Anticipated Future Funding	(3,166)	0	(3,166)
Total Income	(6,209)	(3,043)	(3,166)
Net Expenditure	0	723	(723)

- 4.6 As stated above the projected costs will be subject to continuous change as we progress through the route map or if progress is stalled. One of the most difficult to project is the cost of provider sustainability payments. The HSCPs have been working with CoSLA, the Scottish Government and representatives from both residential and community based support social care providers to understand the significant impact Covid-19 has had on service delivery and financial sustainability.
- 4.7 In late May agreement was reached on how independent care home providers could be supported financially as occupancy levels reduced. There are eight independent care homes within West Dunbartonshire boundaries and to date we have made sustainability payments of £0.853m covering the period 23 March to 31 August. At the time of writing the instruction from the Scottish Government is that these payments will extend to the 30 November 2020 with a taper applied for September, October and November at 75%, 50% and 25% respectively.
- 4.8 As for all other social care providers the HSCP has followed CoSLA guidance, including procurement notices that there could be a relaxation of contract specifications to enable flexibility in service delivery and not financially penalise providers who could not provide services due to the lockdown, service users or staff shielding or sadly ill with the virus. In the main we have paid providers based on planned service hours, including the application of the 3.3% uplift to contract rates to support Scottish Living Wage commitments. At the time of writing the instruction from the Scottish Government is that payments based on planned activity will cease at the end of October.
- 4.9 We continue to evaluate additional claims made for extra support for Covid related costs including PPE, staff overtime, agency staff and enhanced sick pay costs. The response rate has been low at approximately 23% of providers submitting a claim. A further letter has been issued on 14 September confirming the revised CoSLA principles and the agreed deadline for claims to be submitted. The current projection included in the tracker is based on claims received to date of £0.231m and an update to the early estimate allowing for 10% in some commissioned services until the end of October following updated COSLA guidance.
- 4.10 The additional funding received to date has been for social care costs incurred. The Scottish Government have considered the cash flow position of all HSCPs in relation to the impact of additional costs coupled with the inability to levy charges for services that remain closed (Daycare, Respite). The release of a further £8m with WD HSCP receiving £1.3m (sect. 4.5) has reduced the funding gap, with the remaining costs to date being aligned to additional health care costs and the risk around approved savings. The Chief Officer has made clear that all recovery planning work should incorporate the delivery of agreed savings programmes. An update on savings is detailed within Appendix 2.

#### 5. 2020/21 Financial Performance Update

#### 5.1 **Summary Position**

- 5.2 To enhance the statements made above around the potential financial risk of unknown future demand which could impact negatively on current projections and any shortfall in Scottish Government funding, Table 2 below presents the consolidated summary members are familiar with but with the added level of detail of separating the cost of the response to the pandemic
- 5.3 The current year to date position as at 31 August is an underspend of £0.015m mainly due savings linked to reductions in commissioned services and vacancies offset by actual Covid costs to date exceeding funding received. The projected outturn position, assuming that identified Covid costs are fully funded, is a potential underspend of £1.854m. This consolidated summary position is presented in greater detail within Appendix 3, with the individual Health Care and Social Care reports detailed in Appendix 4.

Members should note that the projected underspend takes into account £0.074m of expenditure identified at P5 to be funded from earmarked reserves. Further detail is provided within Appendix 6.

Table 2: Summary Financial Information as at 31 August 2020

Summary Financial Information	Annual Budget			Year to Date Variance	Forecast Full Year			Variance %
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	
Health Care	103,835	39,665	39,666	(1)	103,469	(48)	414	0.4%
Social Care	98,286	35,362	34,503	859	96,294	(19)	2,011	2.0%
Covid-19	3,043	511	3,766	(3,255)	7,958	0	(5,813)	0.0%
Expenditure	205,164	75,538	77,935	(2,397)	207,721	(67)	(3,388)	-1.7%
Health Care	(4,542)	(1,408)	(1,408)	0	(4,542)	0	0	0.0%
Social Care	(27,648)	(11,087)	(10,852)	(235)	(27,218)	141	(571)	2.1%
Covid-19	0	0	(2,647)	2,647	(4,915)	0	5,813	0.0%
Income	(32,190)	(12,495)	(14,907)	2,412	(36,675)	141	5,242	-16.3%
Health Care	99,293	38,257	38,258	(1)	98,927	(48)	414	0.4%
Social Care	70,638	24,275	23,651	624	69,076	122	1,440	2.0%
Covid-19	3,043	511	1,119	(608)	3,043	0	0	0.0%
Net Expenditure	172,974	63,043	63,028	15	171,046	74	1,854	1.1%

While this is a tentatively welcome projection, it must be heavily caveated in that it assumes little in the way of any new demand for health and social care services such as mental health, addictions, children's community placements, criminal justice and supporting an increased number of vulnerable and frail people in their own homes. It is also unknown what the impact will be of continuing with the "Test, Trace, Isolate and Support (TTIS) guidance and how

- quickly care home occupancy will return to pre-Covid levels, assuming all current providers remain in business.
- Analysis on the projected annual variances in excess of £0.050m is contained within Appendix 5. Significant variances are further detailed below.
- 5.6 Residential Accommodation for Older People across our own care homes in Clydebank and Dumbarton as well as independent care homes are projecting underspends of £0.488m and £0.278m respectively. The consequence of the Coronavirus within care homes across Scotland has been widely reported. The assumptions made around occupancy levels on costs and income will be refined in future reports.
- 5.7 The Care at Home budget was enhanced in 2020/21 to reflect demand and staffing pressures reported throughout 2019/20. While there have been additional care home packages to support delayed discharge performance in this first quarter, the cost has been attributed to the impact of Covid. If this is not fully funded then the current projected underspend of £0.071m will be at risk.
- 5.8 Children and families are projecting an overall overspend at this time of approx £0.227m mainly as a consequence of an additional high cost package, a new secure placement and additional support for two exiting packages. The volatility of secure placements is a well documented risk and will be closely monitored. Also the cost of the additional social worker posts agreed by the HSCP Board is adding pressure. The intention is to manage the pressure against other underspends or already agreement in place to drawn down from reserves.
- 5.9 Mental Health Services across both in-patient beds and community support is projecting an underspend of £0.533m. There are a number of vacant posts which are being actively addressed and there is an expectation that income from the SLA with Highland Health Board will be close to 2019/20 levels. The NHSGGC Five Year Mental Health Strategy bed model will likely impact on this in the future. The expectation would be that any end of year underspend would be added to an earmarked reserve to support the strategy.
- **5.10** HSCP Corporate costs are projected an underspend of £0.389m due to various Scottish Government funding streams not fully allocated at this time.
- 5.11 There are some projected savings across a number of services related to vacancies e.g. Strategy and Health Improvement and an accumulation of other smaller variances. These will be considered as part of the 2021/22 budget setting exercise, subject to embedded turnover targets being met across the HSCP which range from 1% to 4% across health and social care.

#### GP Prescribing for Partnerships in 2020/21

- 5.12 The progress of Britain's exit from the European Union has been subject to much negotiation in the last few weeks; however the likelihood of agreement being reached soon is unlikely. Primary care prescribing costs represent the one of the main financial risks to the on-going success of the HSCPs mainly due to the scale of the budget, the volatility of global markets, demands for new drugs and vaccines and complicated contract arrangements with Community Pharmacy Scotland around drug tariffs.
- 5.13 The work involved in working through prescribing forecasts is hugely complex in "normal" times but with the world still navigating the Covid-19 pandemic and European trade deals this becomes even more speculative. At this time considering current prescribing forecasts for 2020/21 based on early Covid Recovery prescribing activity, known short supply issues, the latest information horizon scanning and factoring in impact of the next phased change on the payment structure to community pharmacists, including discount and claw back rates it is deemed prudent to retain GP practices at last year's level and hold the annual uplift within the central prescribing contingency until later in the year. It should be noted that prescribing activity and costs run approximately 2 months in arrears.
- 5.14 The 2020/21 budget includes an increase of 3% to the prescribing budget equating to approximately £0.585m. There are already some short supply issues which will impact on projections however there is also some emerging evidence that the volume of items dispensed in the first quarter has reduced by approximately 358,00 items. An element of this was expected given the surge in prescribing in March as lockdown approached, however the activity has yet to pick up to historic levels, despite additional GP surgery opening on public holidays.
- **5.15** At this early stage, given that there is an earmarked reserve of £0.855m for GP Prescribing it is anticipated that any projected overspend can be met by this reserve balance. The potential for a second wave of Covid-19 or the production of a vaccine are unknown at this time.

#### 5.16 Housing Aids and Adaptations and Care of Gardens

- 5.17 The Housing Aids and Adaptations and Care of Gardens for delivery of social care services is in scope as part of the minimum level of adult services which should be delegated to Integration Authorities.
- 5.18 These budgets are currently held within West Dunbartonshire Council's Regeneration, Environment and Growth Directorate and are managed on behalf of the HSCP Board. The 2020/21 budget for Aids and Adaptations it is £0.250m (unchanged) and for Care of Gardens £0.453 million.

**5.19** The summary position for the period to 31 August 2020 is reported in the table below and projects that expenditure will be in line with budget, which will be reported as part of WDC's outturn position.

Table 3: Financial Performance as at 31 August 2020

Budgets Managed on Behalf of WD HSCP by West Dunbartonshire Council	Annual Budget		Forecast Full Year
	£000's	£000's	£000's
Care of Gardens	453	189	453
Aids & Adaptations	250	104	250
Net Expenditure	703	293	703

#### 6. <u>2020/21 Capital Expenditure</u>

#### **Health Care**

- 6.1 The progress to date of the individual capital projects funded by WDC and NHSGGC for the Health Social Care Partnership has also been impacted by the lockdown restrictions through the end of March to end of May.
- 6.2 The HSCP Clydebank Health Quarter Capital Project Board held on 26 August was updated with the key milestones and project interdependencies of the new Clydebank Health and Care Centre and the Clydebank Care Home; flagship builds integral to the Queen's Quay Masterplan.
- 6.3 The Clydebank Health and Care Centre construction halted on 23 March and remained under enforced closure for 9 weeks until 25 May 2020. The build was originally expected to take 74 weeks with completion in summer 2021. A new programme that incorporates some acceleration to recoup some lost time is being discussed with our contractors (BAM Construction). The progress of the build is clearly visible and the planned date of completion is summer 2021.
- Prior to the Covid-19 shutdown the estimated overall shortfall in revenue costs reported to the HSCP Board was £0.250m this will be revised as required and incorporated into a refresh of the 2021/22 budget plan.

#### **Social Care**

Queen's Quay House construction halted on 25 March and remained under enforced closure for 7 weeks until 4 May 2020 when agreement was reached that work could recommence under "Essential Construction" status based on the 74 week build plan. As with the health centre a revised construction plan is in progress which must take account of enhanced health and safety requirements regarding social distancing when working on the internal construction work. Currently a completion date of early November 2020 is anticipated and transition dates to move residents from existing Clydebank

- care homes are being carefully considered and will fully reflect all relevant guidance around the continued priority to suppress the Coronavirus
- 6.7 There are a number of factors influencing the projected total cost of the build, both pre and post Covid delays and the progress of the District Heating project. However there is also an element of contingency built into the available budget and all efforts will be made to minimise any variation. See Appendix 7 for further information.
- 6.8 While there has been reduced activity in the provision of some aids during the lockdown it is too early to project on whether the Aids and Adaptations budget of £0.936m will be fully utilised. The HSCP has explored additional Occupational Therapist resource which could potentially be funded from the capital budget or from general reserves. Future reports will provide additional detail.

#### 7. People Implications

**7.1** Other than any staffing references noted above there are no other people implications known at this time.

#### 8. Financial Implications

**8.1** Other than the financial position noted above, there are no other financial implications known at this time.

#### 9. Professional Implications

- **9.1** None.
- 10. Locality Implications
- **10.1** None.

#### 11. Risk Analysis

11.1 The main financial risks to the 2020/21 outturn position relate to anticipated increases in demand for some key services such as mental health and other social care services as the HSCP move through its Covid-19 Recovery and Renewal phases. The threat of a second wave and further lockdown is also a real threat until a safe, reliable vaccine is available. The Covid-19 lockdown has already had an impact on the planned delivery of approved savings programmes and prescribing volatility is difficult to predict as short supply costs emerge. Lastly Britain's exit from the European Union without "a deal" is increasingly likely and the combined impact of this on an already Covid depressed UK Economy will have a detrimental impact on public sector funding.

#### 12. Impact Assessments

**12.1** None.

#### 13. Consultation

**13.1** This report has been provided to the Health Board Assistant Director of Finance and the Council's Head of Finance and Resources.

#### 14. Strategic Assessment

**14.1** Proper budgetary control and sound financial practice are cornerstones of good governance and support the Partnership Board and officers to pursue the strategic priorities of the Strategic Plan.

Julie Slavin – Chief Financial Officer

Date: 18 September 2020

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**Appendices:** Appendix 1 – 2020/21 Budget Reconciliation

Appendix 2 – Monitoring of Savings Programmes

Appendix 3 – HSCP Board Summary

Appendix 4 – HSCP Partner Summaries

Appendix 5 – Variance Analysis over £50k

Appendix 6 – Update on Reserves

Appendix 7 – Social Care Capital Update

#### West Dunbartonshire Health & Social Care Partnership Financial Year 2020/21 period 5 covering 1 April 2020 to 31 August 2020

2020/21 Budget Reconciliation	Health Care	Social Care	Total
Dudget Approved at Doord Mosting on 25 March 2020	000£	£000 70,650	£000 166,689
Budget Approved at Board Meeting on 25 March 2020 Rollover Budget Adjustments	<b>96,039</b> 102	70,650	100,089
Nollover Budget Adjustificatio	102		102
Period 3 Adjustments	•	•	
Microsoft ICT Licences budget vired to West Dunbartonshire Council		-10	(10)
Ncl Budget Fix 20-21 Gos	2		2
Central Gic Wd	4		4
Discounts Wd	(8)		(8)
Invest To Save Wd	(24)		(24)
Ncl Gds Budget To 2019-20 M12	156		156
Ncl Gds Inc Bud To 2019-20 M12	29		29
Ncl Gos Budget To 2019-20 M12	28		28
Ncl Gps Budget To 2019-20 M12	627		627
Prescontingency Adjs 19/20 Wd	13		13
Rebates Wd	16		16
Gms X Chg Hscps Covid Ac6701	343		343
Camchp06 Covid Ia Funding Wd	898		898
Camchp12 Scottish Living Wage	182		182
Camchp13 Hospice Loss Of Inc	396		396
Wd Camhs Nursing (af)	75		75
Wd Camhs Psychology (af)	82		82
Wd Hscp Anticipated Funding	(174)		(174)
Wd Mh Innov(camhs Admin) (af)	17		17
Alcohol and Drugs Programme for Government Funding	123		123
Child Services - Specialist Funding	131		131
PCIP Funding	906		906
Period 4 Adjustments CM2000 Licences budget vired to West Dunbartonshire Council	<u> </u>	-2	(2)
Camchp35 Social Care Tranche 2	449	-2	449
Sesp Chd Eat Up - West D	50		50
Sesp Diabetes - Wd	20		20
Ldl Team From Ld To Hscps	12		12
Alcohol and Drugs Programme for Government Funding	114	1	114
Estimated Action 15 Funding	320		320
PCIP Funding	110		110
Period 5 Adjustments			
Covid Funding Social Care Tranche 3	1,300		1,300
Revised Budget 2020/21	102,336	70,638	172,974

West Dunbartonshire Health & Social Care Partnership Financial Year 2020/21 period 5 covering 1 April 2020 to 31 August 2020 Monitoring of Efficiencies and Management Adjustments 2020/21

Efficiency Detail	2019/20 Budgeted Amount Not Achieved	Additional 2020/21 Budgeted Amount	Comment	At Risk	Not At Risk
Social Care	L				
2018/19 Savings Proposals Revised for Public Consultation and Review					
Reduce provision of external residential beds  Housing Support - Spend to Save Project. Move to Core and Cluster Model of Support. Phase 2 - New Build Bungalow		350	Reduction in numbers in external care homes and change in admission profile Saving at risk due to delay in completion of new build and additional work required to assess client suitability. The number of bungalows to be used requires to be clarifiedwhich	180	350
Review of care packages	40	140	will impact on the ability of this project to generate required savings. Saving at risk due to impact on both clients and providers of Covid pandemic	100	0
2019/20 Savings Based on 27 March Council Meeting	•			•	
Redesign of evening meal service - part year Redesign overnight nursing service - Home Carer element -Part Year Care at Home - Mileage and Training Care at Home - Review of short break care provision Learning Disability - Provider efficiency - reduction of 1.5% in current care costs over all external providers.  Learning Disability - Review in existing Care Packages ongoing process  Learning Disability - Reduction of stand-alone single tenancies  Learning Disability - Out of Authority Repatriation Part Year  Other Minor Budget Changes - EQUIPU as additional capital	91 13	23 0 6 74 60 30	Pressures remain in care at home service overall Saving at risk due to impact on both clients and providers of Covid pandemic Saving at risk due to impact on both clients and providers of Covid pandemic Saving at risk due to impact on both clients and providers of Covid pandemic Saving at risk due to impact on both clients and providers of Covid pandemic No risk as additional recharge to capital of appropriate Equipment.	191 23 13 6 74 60 30 70	0 0 0 0
2019/20 Uplift in income from SFC Agreed by Council on 27 March 2019	•			•	•
Implement an alarm charge for internal Sheltered Housing based on £5 per week	40		This charge has not yet been communicated to tenants and there is an issue with housing charging due to the natiure of the HRA account	63	
Physical Disabilities - Charging £10 for Day opportunity	16	0	Day Services affected by Covid-19	16	0

#### West Dunbartonshire Health & Social Care Partnership Financial Year 2020/21 period 5 covering 1 April 2020 to 31 August 2020 Monitoring of Efficiencies and Management Adjustments 2020/21

Efficiency Detail	2019/20 Budgeted Amount Not Achieved	Additional 2020/21 Budgeted Amount	Comment	At Risk	Not At Risk
2020/21 Baseline Budget Adjustments					<u> </u>
Review of POAB		2	No risk	0	2
Increase Sheltered Housing Income			No risk as budgeted income increased in line with historic income received from HRA account	0	75
To reduce residential placements by one bed Reduce Mental Health Supporting People Budget			No risk based on current forecast outurn for service No risk based on current forecast outurn for service	0	32 132
Review of LD Service Packages		200	Saving at risk due to impact on both clients and providers of Covid pandemic	0	200
Review of Mental Health Service Packages			No risk based on current forecast outurn for service	0	22
Review of Addiction Packages			Saving at risk due to impact on both clients and providers of Covid pandemic	30	0
Reduction to taxis for social work clients		-	Saving at risk due to impact on both clients and providers of Covid pandemic	20	0
Removal of JAT Funding		60	No risk as budget removed and no charge to be levied from Education	0	60
Reduction to hospitality budget		2	No risk	0	2
Minor adjustment to Blue Badges and Community Alarms		3	No risk	0	3
Stop admissions to external care home beds, 2 out, 1 in			Reduction in numbers in external care homes and change in admission profile	0	165
Further Removal of External Care Home Beds			Reduction in numbers in external care homes and change in admission profile	0	213
Invoke Ordinary Resident			Ordinary residence accepted by Renfrewshire HSCP from 20 April 2020	0	69
Invoke Ordinary Resident			Saving at risk due to nature of clients being considered for Ordinary Resident	123	0
Review of Residential Placements reflecting work of Service Improvement Leads		150	Saving at risk due to impact on both clients and providers of Covid pandemic	150	0
Part Year Reduction in Care at Home budget reflecting work of Service Improvement Leads		181	Pressures remain in care at home service overall	181	0
	200	2,475		1,330	1,345

#### West Dunbartonshire Health & Social Care Partnership Financial Year 2020/21 period 5 covering 1 April 2020 to 31 August 2020

Consolidated Expenditure by Service Area	Annual Budget	Year to Date Budget	Year to Date Actual			Reserves Adjustment	Forecast Variance	Variance %
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	
Older People Residential, Health and Community Care	30,823	11,875	11,594	281	29,965	(33)	891	2.9%
Care at Home	12,303	4,285	4,255	30	12,232	0	71	0.6%
Physical Disability	2,832	984	974	10	2,806	0	26	0.9%
Childrens Residential Care and Community Services (incl. Specialist)	24,937	9,186	9,386	(200)	25,267	(60)	(270)	-1.1%
Strategy, Planning and Health Improvement	1,840	667	623	44	1,706	0	134	7.3%
Mental Health Services - Adult and Elderly, Community and Inpatients	9,363	3,432	3,200	232	8,827	0	536	5.7%
Addictions	2,933	1,166	1,280	(114)	3,073	(7)	(133)	-4.5%
Learning Disabilities - Residential and Community Services	12,964	4,608	4,545	63	12,744	113	107	0.8%
Family Health Services (FHS)	27,775	12,415	12,415	0	27,775	0	0	0.0%
GP Prescribing	20,338	7,943	7,943	0	20,338	0	0	0.0%
Hosted Services	7,539	3,124	2,934	190	7,352	186	1	0.0%
Criminal Justice (Including Transitions)	198	123	81	42	72	28	98	49.5%
Resource Transfer	16,741	4,476	4,476	0	16,741	0	0	0.0%
Covid-19	3,043	511	1,118	(607)	3,043	0	0	0.0%
HSCP Corporate and Other Services	(655)	(1,752)	(1,796)	44	(895)	(153)	393	-60.0%
Net Expenditure	172,974	63,043	63,028	15	171,046	74	1,854	1.1%

Consolidated Expenditure by Subjective Analysis	Annual Budget					Reserves Adjustment	Forecast Variance	Variance %
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	
Employee	74,957	29,184	30,351	(1,167)	75,886	(105)	(824)	-1.6%
Property	959	307	301	6	931	0	28	0.6%
Transport and Plant	1,374	102	73	29	1,301	0	73	2.1%
Supplies, Services and Admin	4,749	1,262	1,548	(286)	4,864	57	(172)	-6.0%
Payments to Other Bodies	71,786	23,357	23,877	(520)	69,924	(19)	1,881	-0.7%
Family Health Services	24,140	10,146	10,138	8	24,140	0	0	0.0%
GP Prescribing	24,827	10,108	10,119	(11)	24,878	0	(51)	0.0%
Other	2,370	1,073	1,527	(454)	6,695	0	(4,325)	-19.1%
Gross Expenditure	205,162	75,540	77,934	(2,395)	208,619	(67)	(3,390)	-1.2%
Income	(32,188)	(12,496)	(14,906)	2,410	(37,572)	141	5,243	-7.5%
Net Expenditure	172,974	63,043	63,028	15	171,046	74	1,854	0.0%

#### West Dunbartonshire Health & Social Care Partnership Financial Year 2020/21 period 5 covering 1 April 2020 to 31 August 2020

Health Care Net Expenditure	Annual Budget	Year to Date Budget	Year to	Year to Date Variance	Forecast Full Year	Reserves Adjustment	Forecast Variance	Variance %
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	
Planning & Health Improvements	770	303	315	(12)	770	0	0	0.0%
Childrens Services - Community	3,246	1,319	1,290	29	3,246	0	0	0.0%
Childrens Services - Specialist	1,553	565	681	(116)	1,613	(60)	0	0.0%
Adult Community Services	9,649	3,760	3,854	(94)	9,684	(33)	(2)	0.0%
Community Learning Disabilities	625	260	227	33	591	0	34	5.4%
Addictions	2,013	731	790	(59)	2,020	(7)	0	0.0%
Mental Health - Adult Community	3,866	1,500	1,487	13	3,707	0	159	4.1%
Mental Health - Elderly Inpatients	2,686	1,116	963	153	2,464	0	222	8.3%
Family Health Services (FHS)	27,775	12,415	12,415	0	27,775	0	0	0.0%
GP Prescribing	20,338	7,943	7,943	0	20,338	0	0	0.0%
Other Services	2,492	745	883	(138)	2,625	(134)	1	0.0%
Covid-19	3,043	511	1,026	(515)	3,043	Ò	0	0.0%
Resource Transfer	16,741	4,476	4,476	Ó	16,741	0	0	0.0%
Hosted Services	7,539	3,124	2,934	190	7,353	186	0	0.0%
Net Expenditure	102,336	38,768	39,284	(516)	101,970	(48)	414	0.4%

Social Care Net Expenditure	Annual Budget	Year to Date Budget	Year to	Data	Full Year	Reserves Adjustment	Forecast Variance	Variance %
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	
Strategy Planning and Health Improvement	1,070	364	308	56	935	0	135	12.6%
Residential Accommodation for Young People	2,806	1,078			2,808	0	(2)	-0.1%
Children's Community Placements	5,696	2,198	2,215	(17)	5,738	0	(42)	-0.7%
Children's Residential Schools	3,738	1,423	1,490	(67)	3,899	0	(161)	-4.3%
Childcare Operations	4,291	1,580		(96)	4,521	0	(230)	-5.4%
Other Services - Young People	3,607	1,024	955	69	3,442	0	165	4.6%
Residential Accommodation for Older People	6,996	2,471	2,267	204	6,509	0	487	7.0%
External Residential Accommodation for Elderly	8,847	4,104	3,988	116	8,574	0	273	3.1%
Sheltered Housing	1,258	686	688	(2)	1,262	0	(4)	-0.3%
Day Centres Older People	1,177	283	275	8	1,159	0	18	1.5%
Meals on Wheels	22	(14)	(24)	10	(4)	0	26	118.2%
Community Alarms	(30)	(344)	(348)	4	(39)	0	9	-30.0%
Community Health Operations	2,904	929	895	34	2,824	0	80	2.8%
Residential - Learning Disability	10,244	3,665	3,644	21	10,083	113	48	0.5%
Physical Disability	2,563	987	977	10	2,537	0	26	1.0%
Day Centres - Learning Disabilty	2,095	683	672	11	2,070	0	25	1.2%
Criminal Justice (Including Transitions)	198	123	81	42	72	28	98	49.5%
Mental Health	2,811	815	750	65	2,656	0	155	5.5%
Care at Home	12,303	4,285	4,256	29	12,232	0	71	0.6%
Addictions Services	920	435	490	(55)	1,053	0	(133)	-14.5%
Equipu	269	(3)	(3)	0	269	0	0	0.0%
Frailty	136	83	80	3	129	0	7	5.1%
Carers	0	0	0	0	0	0	0	0.0%
Integrated Change Fund	0	0	0	0	0	0	0	0.0%
Covid-19	0	0	93	(93)	0	0	0	0.0%
HSCP - Corporate	(3,283)	(2,580)	(2,760)	180	(3,653)	(19)	389	-11.8%
Net Expenditure	70,638	24,275	23,744	531	69,076	122	1,440	2.0%

	Variance Analysis								
Budget Details	Annual Budget	Forecast Full Year	Forecast Variance	% Variance	RAG Status				
	£000	£000	£000						
Health Care Variances									
Mental Health - Adult Community	3,866	3,707	159	4%	<u></u>				
Service Description	This care group p	rovides mental healt	h services for adı	ults					
Main Issues / Reason for Variance	The main reason	for the underspend is	s due to vacancie	es within the Core	Team				
Mitigating Action	None required at t	his time							
Anticipated Outcome	An underspend is	anticipated at this tir	me						
Mental Health - Elderly Inpatients	2,686	2,463	223	8%	<b>↑</b>				
Service Description	This care group p	rovides mental healt	h services for the	elderly					
Main Issues / Reason for Variance		The main reason for the forecast underspend is due to estimated SLA income based on increased inpatient activity.							
Mitigating Action	None required at t	his time							
Anticipated Outcome	An underspend is anticipated at this time								

	Variance Analysis								
Budget Details	Annual Budget	Forecast Full Year	Forecast Variance	% Variance	RAG Status				
	£000	£000	£000						
Social Core Verience									
Social Care Variances									
Strategy Planning and Health Improvement	1,070	935	134	13%	<b>↑</b>				
Service Description	This service cover	s planning and heal	th improvement v	workstreams					
Main Issues / Reason for Variance	The main reason for the projected underspend is due to vacancies within the service								
Mitigating Action	None required as	this time							
Actual Outcome	•	£0.134m anticipate and if vacancies are			ncrease to				
Children's Residential Schools	3,737	3,899	(162)	-4%					
Service Description	•	provides residential	• • •		es the costs of				
Main Issues / Reason for Variance	The main reason for the forecast overspend is due to increased client activity with children with disabilities and secure placements								
Mitigating Action	Service Managers	will continue to revi	ew placements						
Anticipated Outcome	Over spend anticip	pated of £0.162m at	this time						

	Variance Analysis									
Budget Details	Annual Budget	Forecast Full Year	Forecast Variance	% Variance	RAG Status					
	£000	£000	£000							
					_					
Childcare Operations	4,291	4,521	(230)	-5%	+					
Service Description	This service area workers	This service area is mainly comprised of staffing costs and includes the cost of social workers								
Main Issues / Reason for Variance	The main reason for the anticipated overspend is due to new social worker posts									
Mitigating Action	None available at this time									
Anticipated Outcome	An overspend is a	inticipated at this tim	е							
Other Services - Young People	3,607	3,442	165	5%	<u></u>					
Service Description	This service area workers	is mainly comprised	of staffing costs	and includes the	cost of social					
Main Issues / Reason for Variance		for the forecast unde and an underspend ir	•		•					
Mitigating Action	None required as	this time								
Anticipated Outcome	An underspend is	anticipated at this tir	me							

	Variance Analysis								
Budget Details	Annual Budget	Forecast Full Year	Forecast Variance	% Variance	RAG Status				
	£000	£000	£000						
Residential Accommodation for Older People	6,996	6,508	488	7%	<b></b>				
Service Description	,	dential accommodati			-				
Main Issues / Reason for Variance	recruited for new maintain care ration	The main reason for the forecast underspend is due to the timing of staff being recruited for new care homes and vacancies not needing to be backfilled at this time to maintain care ratios along with savings in food due to resident numbers. This is offset with a reduction of income at Crosslet due to vacant beds.							
Mitigating Action	None required as	None required as this time							
Anticipated Outcome	While an underspend is anticipated at this time, long term the outcome is harder to predict as costs are dependent on recruitment speed and how quickly new home can be completed and beds filled. Additionally the recruitment difficulties at Crosslet additional 14 beds can't be staffed creating a staff saving or more than the anticipated income from residents.								
External Residential Accommodation for Elderly	8,847	8,570	278	3%	<b>↑</b>				
Service Description	External residenti	al and nursing beds	for over 65s						
Main Issues / Reason for Variance	The main reason for the forecast underspend is due to the impact of the Covid pandemic on residential numbers and demand.								
Mitigating Action	None required as	this time							
Anticipated Outcome		end is anticipated at tial numbers and de accommodation.	_						

	Variance Analysis							
Budget Details	Annual Budget	Forecast Full Year	Forecast Variance	% Variance	RAG Status			
	£000		£000					
Community Health Operations	2,905	2,824	80	3%	<b>↑</b>			
Service Description	Adult services.							
Main Issues / Reason for Variance	The main reason for the forecast underpend is due to staff secondments not being backfilled at this time. In addition it is unlikely that development days will be allowed							
Mitigating Action	with COVID regulations.  None required as this time							
Anticipated Outcome		anticipated at this	time					
- management Canada		р						
Criminal Justice (Including Transitions and VAW)	198	100	98	49%	<b>↑</b>			
Service Description	This service provi	des support and re	habilitation for offe	enders				
Main Issues / Reason for Variance	The main reason	for the forecast un	derspnd is due to a	additional funds r	eceived for bail			
Mitigating Action	None required as		•					
Anticipated Outcome	•	anticipated at this	time					
'	·	•						
Mental Health	2,811	2,656	155	6%	<b>↑</b>			
Service Description	This service provi	des mental health	services					
Main Issues / Reason for Variance	The main reason in costs of CTO c		derspend is due to	staffing vacanci	es and reductior			
Mitigating Action	None required as	this time						
Anticipated Outcome	•	anticipated at this	time					

	Variance Analysis						
Budget Details	Annual Budget £000	Forecast Full Year £000	Forecast Variance £000	% Variance	RAG Status		
	2000	2000	2000				
Care at Home	12,303	12,232	71	1%	<b>↑</b>		
Service Description	This service provi tasks	des care at home wh	nich includes pers	sonal care and m	inor domestic		
Main Issues / Reason for Variance	The main reason	for the forecast unde	rspend relates to	a reduction in pr	remium		
Mitigating Action	None required as	this time					
Anticipated Outcome	An underspend is	anticipated at this tin	ne				
			(100)				
Addictions Services	920	1,052	(133)	-14%	+ • nnd Alaahal		
Service Description	This budget conta	ins the cost of working	ng with Cheffis de	ealing with Drug a	and Alconoi		
Main Issues / Reason for Variance	The main reason	for the forecast overs	spend is due to ir	ncreased in costs	for one client		
Mitigating Action	Service Managers	s are reviewing this ca	ase				
Anticipated Outcome	<del>_</del>	anticipated at this time					
HSCP - Corporate	(3,282)	(3,671)	389	-12%	<u></u>		
Service Description		ins Corporate spend			services		
'	<u> </u>	for the forecast unde	•				
Main Issues / Reason for Variance	,	estment in integratio		s fully allocated for	or staffing but		
		filled part way throug	h 2020/21				
Mitigating Action	None required as						
Anticipated Outcome	An underspend is	anticipated at this tin	ne				

#### West Dunbartonshire Health & Social Care Partnership Analysis of Reserves 2020/21

Analysis of Reserves	Opening Balance as at 1 April 2020	Movement in Reserves	Closing Balance as at 31 March 2021 £000	Notes
	2000	2000	2000	
Unearmarked Reserves Unearmarked Reserves	(2.809)	(1.780)	(4.589)	2% Prudential Reserve Target
Total Unearmarked Reserves	(2,809)	(1,780)	(4,589)	Z/o Frauderitial reserve rarget
Earmarked Reserves				
Criminal Justice	(95)	(28)	(123)	Anticipated underspend related to transitions transferred to earmarked reserve
Carers Funding	(183)	0	(183)	A further £0.200m funding is available in 2020/21 budget, however in light of the current circumstances and the potential requirement to provide additional support to carers it is prudent to retain this reserve for 2020/21.
Social Care Fund - Living Wage	(678)	0	(678)	In 2019/20 £0.095m drawdown from reserves related to Cornerstone Settlement. Remaining reserve retained in light of the outcome of supplier negotiations in 2019/20 and early responses to the 2020/21 living wage offer.
Service Redesign and Transformation	(642)	149	(493)	£0.428m Drawdown relates to costs associated with Children & Families social worker posts (£0.279m), full year funding of two service improvement leads posts (£0.130m). Remaining reserve retained to fund future transformation project related costs.
Learning Disability	0	(113)	(113)	Creation of learning disability reserve from funding received from East Renfrewshire Reserves in relation to resources claimed for one very high cost LD package for a male now being supported within the community.
Unscheduled Care Services	(500)	0	(500)	Unscheduled care services in Greater Glasgow & Clyde are facing an unprecedented level of demand. To meet the twin challenges fo rising demand and patient needs and deliver the high standards of care aspired to significant changes are required. This new reserve has been created to cover initial work outlined in the Strategic Commissioning Plan for Unscheduled Care Services in Greater Glasgow & Clyde 2020-2025.
GIFREC NHS	(72)	0	(72)	Scottish Government earmarked non recurring funding with conditions of spend - Information sharing/technology portal development in relation to GIRFEC for HSCP's. While £0.027m has been drawn down in 2019/20 further planned spend via NHSGGC in 2020/21 will require drawdown from this reserve.
DWP Conditions Management	(169)	4	(165)	Ring fenced non recurring income from Department of Work and Pensions to cover exit costs of Condition Management Joint Project between DWP and NHS hosted by WD HSCP. Funding from DWP equivalent to redundance payments - however NHS has no redundancy policy, therefore funding aligned to alternative posts and pay protection for affected employees. While £0.005m has been drawn down in 2019/20 the drawdown required year on year will vary as it is dependant on placement of displaced staff.
TEC (Technology Enabled Care) Project	(122)	33	(89)	Scottish Government non recurring grant funding for technology enabled care project. While £0.024m has been drawn down in 2019/20 fixed term post and purchase of equipment and text bundles will see reserves fully drawn down by 2020/21.
Physio Waiting Times Initiative	(247)	(121)	(368)	This reserve was been created from (and added to in 2019/20) in year staff underspends within hosted MSK physiotherapy service to ensure delays/pressures in waiting times can be addressed. Earmarked funding will not now be required until early 2020/21 due to high levels of staff turnover and long term sickness, creating delays in implementing strategies and recruiting to waiting times posts. The social distancing requirements of the pandemic has had a significant impact on service delivery and waiting times. Recovery plans will require to offer some solutions and alternatives to traditional treatment methods.
Retinal Screening Waiting List Grading Initiative	(24)	(65)	(89)	Reserve created from in year underspend within hosted retinal screening service to allow for funding of fixed term post and additional hours in 19/20 to address grading backlog. While £0.036m has been drawn down in 2019/20 the remaining reserve will be retained for further support in this area in 2020/21.
Prescribing Reserve	(855)		(855)	This reserve was newly created in 2018/19 in preparation of the UK's exit from the European Union. While the UK has now left the European Union (EU) there is now a transition period until the end of 2020 and the risks of anticipated increases in drug costs arising from short supply from trade negotiations are still active. It would be prudent to increase this reserve to address the potential supply and price impact the COVID-19 pandemic is likely to have on global drug production and distribution as well as the risk that to Greater Glasgow and Clyde boardwide prescribing efficiency programmes will be is unable to fully achieve anticipated savings that were built into budgets pre COVID19. This reserve represents 4.25% of the 20/21 approved prescribing budget.
Mental Health Action 15	(76)	0	(76)	This reserve was required to fund Action 15 expenditure, while £0.047m has been drawn down in 2019/20 the remaining reserve is retatined as the Scottish Government have confirmed that HSCP's should fully draw down reserves before further allocations of funding are released.
Alcohol and Drug Partnership	(7)	7	0	This reserve was required to fund ADP Local Improvement expenditure, while £0.283m has been drawn down in 2019/20 the remaining reserve is retatined as the Scottish Government have confirmed that HSCP's should fully draw down reserves before further allocations of funding are released.
CAMHS	(171)	60	(111)	The service continues to face significant increased demand alongside critical staffing challenges which in turns impacts on waiting time performance. This reserve has been created to provide additional support to the team to enable them to see more children and young people with mental health issues and improve our performance against the 18 week referral-to-treatment target.

#### West Dunbartonshire Health & Social Care Partnership Analysis of Reserves 2020/21

Analysis of Reserves	Opening Balance as at 1 April 2020	Movement in Reserves	31 March 2021	Notes
	£000	£000	£000	
Primary Care Boardwide MDT	(27)	0		NRAC Share of non recurring ring-fenced funding allocated to hosted Primary Care (Renfrewshire HSCP) for Board Wide Multi- Disciplinary Team post in relation to PCIP. Each HSCP were transferred their share to Earmark at year end from Renfrewshire (host).
Child Health Weight (Henry Programme)	(15)	0		Non Recurring ring-fenced funding for Child Healthy Weight HENRY Programme. Each HSCP received their allocation from Corporate Public Health at year end – so Reserve required to be created as programme not yet underway.
Infant Feeding PFG Funding	(30)	0		Non recurring ring-fenced funding of joint initiative with Inverciyde HSCP. Shared post and funding for media awareness etc – no one in post – Reserve created to earmark funding for 20/21 when expenditure will be incurred.
Health Centre	(250)	0	(250)	The revenue costs anticipated Health Centre due for completion in 2021 are £0.250m more than currently budgeted as reported to the HSCP Board throughout 2019/20. This burden will be built into future budgets, however an earmarked reserve is being created to allow time to generate options for funding this budget gap.
COVID-19 Recovery	(515)	0		It is anticipated that once the risk of transmission of COVID-19 has reduced that there will be an increase in demand for support within the community resulting in an increased cost of service provision
Unachievement of Savings	(485)	0	(485)	The response to COVID-19 has put a number of savings that were built into 2020/21 budgets approved in March at risk of not being achieved and has resulted in the creation of this reserve to provide services additional time to mobilise plans agreed. The action plan around Self Directed Support including the agreement of robust eligibility criteria will impact on the success of savings delivery.
PCIP Premises	(91)	0	(91)	This is the Scottish Government non recurring funding (allocated in 2 tranches) for PCIP Premises Improvements. SG advised that all PCIP expenditure should be charged against existing Reserves first – so the PCIP Reserves of £482k and £260k have been drawn-down and a new Reserve created for this which is specifically PCIP Premises and spend needs to link with Primary Care Board Colleagues overview. Some proposals were approved and expenditure will be incurred in 20/21. Premises group established to review and approve bids.
Total Earmarked Reserves	(5,254)	(74)	(5,328)	
Total Reserves	(8,063)	(1,854)	(9,917)	

#### West Dunbartonshire Health & Social Care Partnership Financial Year 2020/21 period 5 covering 1 April 2020 to 31 August 2020

31 August 2020 Month End Date

5 **Period** 

		Project Life Financials					
Budget Details	Budget	Spend to Date		Forecast Spend	Variance		
	£000	£000	%	£000	£000	%	

Special Needs - Aids & Adaptations for HSCP clients Project Life Financials 936 2 0% 936 0 0% Current Year Financials 936 2 0% 936 0 0% Project Description

Proiect Lifecycle Planned End Date Forecast End Date

#### Main Issues / Reason for Variance

Reallocation of expenditure currently coded through HSCP Revenue Aids & Adaptations budget. £0.1m of this budget relates to fit out costs for St Andrews Core and Cluster project, however there is a risk that these costs may be delayed with a further update to be provided as appropriate.

#### Mitigating Action

Anticipated outcome of St Andrews project requires to be clarified.

#### Anticipated Outcome

Provision of adaptations and equipment to HSCP clients as anticipated with a risk of delay to the fit out of the St Andrews Core and Cluster project

Replace Elderly Care Homes and Day Care Centres

Project Life Financials 27.463 24.931 91% 27.463 0 0% Current Year Financials 2.371 311 13% 2,367 (4) 0%

Design and construction of replacement elderly care homes and day care centres in Project Description

Dumbarton and Clydebank areas.

Project Lifecycle Planned End Date 31-Mar-22 Forecast End Date 31-Mar-22

Main Issues / Reason for Variance

Dumbarton Care Home achieved practical completion on 28 April 2017. There is one outstanding recorded defect yet to be rectified relating to the CHP engine and accordingly a small amount of retention has been withheld. With regards to Clydebank Care Home, CCG have been in possession of the site since the end of October 2018. Programme has been compromised by COVID-19. Site closed on 25 March and re-opened, under essential status, on 4 May under strict health & safety working measures. COVID-19 related Extension of Time requires to be agreed for closure duration and re-mobilisation period – circa 7 weeks. Revised Completion date estimate is early November 2020, based on achieving power live to the building by 7 July. Discharge of Planning conditions and the granting of the Completion Certificate by Building Standards are also contract requirements of certifying Completion. There is an anticipated reduction in productivity based on COVID-19 site operating procedures, however CCG are making good progress since their return both internally and with external works. Financial risk exposure due to delay in achieving the district heating and power to site which are WDC owned risks in the construction contract. Accounting for estimated £0.120m delay costs up to 25 March 2020, we are forecasting an overspend in the region of £0.0225m. This will be subject to increase linked to when actual power on date is achieved and COVID-19 delay. The use of the construction haul road is to cease on 22 July 2020 and the land area is to be handed back prior to the Health Centre contractor taking possession of this area on 26 August 2020. The critical co-ordination aspects at present are the power, district heating connections and access to the spine road. The target opening date for the new facility will be advised by HSCP with a minimum of a 6 week transition period after the construction completion date.

#### Mitigating Action

#### West Dunbartonshire Health & Social Care Partnership Financial Year 2020/21 period 5 covering 1 April 2020 to 31 August 2020

Month End Date	31 August 2020				
Period	5				

		Project Life Financials						
Budget Details	Budget	Spend to Date		Forecast Spend	Variance			
	£000	£000	%	£000	£000	%		

COVID-19 outbreak is impacting the project programme, costs and risks. Due to the complexity of working within a Masterplan development, our ability to mitigate issues is restricted to only those within our direct project control. Officers are maintaining regular communications with the District Heating & Queens Quay Masterplan Teams, specifically regarding energy centre heat-on date, utility connections and spine road.

#### **Anticipated Outcome**

Dumbarton Care Home opened 2017. Clydebank Care Home anticipated to be complete November 2020 with a projected overspend.