



Scottish Care

Voice of the independent care sector

EU EXIT BRIEFING FOR SCOTTISH CARE MEMBERS - REVISED EDITION



AUGUST 2019

INTRODUCTION

This Briefing Paper has been updated to support providers to consider what actions they may wish to take to mitigate against possible adverse impacts which could result if Britain leaves the European Union (EU). The extent of these disruptions are not fully known and will vary depending upon whether it is a negotiated or non-negotiated EU exit.

We understand that many organisations will already have undertaken contingency planning and resilience development. However, we have found after undertaking a recent social care provider survey, a significant number of small & medium providers have found it difficult to find the capacity and resource to undertake a level of preparedness.

There is clearly a great deal of imprecision in any such planning and as we write there is uncertainty and disagreement over what the consequences of a negotiated or non-negotiated EU Exit may be. It is absolutely not the intention of this briefing paper to posit a view on this process. BUT it is the intention of this paper to ensure that as far as practicably possible Scottish Care members have initiated a robust process of resilience and contingency planning.

In what follows we shall consider some of the key issues which providers may want to consider in their planning. This list is by no means exhaustive and we would value and welcome further comment from members. Indeed, we would also be pleased if members were willing to share with both ourselves and others any planning arrangements or protocols they may have developed. The following guidance is based on the concept of a **reasonable to worst-case scenario**. In resilience planning such a scenario can be defined as a **consideration of the most severe possible outcome that can reasonably be projected to occur in a given situation**.

OVERALL ANALYSIS

From the available evidence in August 2019,
<https://www.thetimes.co.uk/article/no-deal-brexite-planning-assumptions-the-leaked-operation-yellowhammer-document-797qxrcom>

It would appear there is a strong likelihood that there would be disruptions if Britain leaves the EU without negotiating agreed terms around their exit. The extent of these disruptions are not fully known and will vary depending upon whether it is a non-negotiated exit, which is now being reported as a possible option by the UK Government. Scottish Care would suggest to members in light of this, it is reasonable to plan for medium to worse-case disruption to their supply chains upon which the care home, care at home and housing support sector depends. A medium disturbance period would assume 8 weeks, with a longer period of 12-18 weeks or possibly more if a non-negotiated exit did happen.

There are still numerous unknowns including the impact on the existing EU workforce upon which social care in Scotland is so heavily reliant and any decisions that they may make to go home.

SUPPLY OF MEDICINES

Scottish Government have stated that the supply of medicines is robust. However, it is important that providers do write to their pharmaceutical suppliers to obtain assurances that their supplier/s have planned for both a negotiated and non-negotiated EU Exit and are confident of maintaining supplies of particular drugs in either scenario.

There has been a great deal of talk about substituting medicines in the event of disruption to imports and supply. As a sector supporting the health needs of many older individuals' medical advice and pharmaceutical guidance should be sought on the precise physiological impacts of such substitution on individual clients who may not be able to deal with such change as readily as those of younger years and lesser dependency.

Providers need also to be aware of the shelf-life of medicines and should plan for some disruption. Contingency planning should consider that medical supplies may be limited due to short shelf lives that can't be stock piled for 3 or 6 months, while acknowledging the limitations of import channels which could be vulnerable to severe delays.

If there is any specific uncertainty, or concerns about medicines then members should pass this on to Scottish Care and we can inform the appropriate authorities.

SUPPLY OF MEDICAL SUPPLIES & COMMODITIES

Whilst there is a degree of reassurance in relation to the supply of medicines, as a sector dealing with older individuals, we are concerned about the ability of hundreds of smaller providers to access medical supplies and commodities. This covers a whole range of materials from gloves to continence products, from cleaning materials to machine parts. Again, providers should seek reassurance from their suppliers that these products can be guaranteed. Contingency plans could be enhanced by identifying more than one supplier of the same product to ensure flexible access to appropriate substitute products. Providers may also want to consider adding to available stock, however, it is acknowledged that this is likely to lead to an increase in costs. If there is critical machinery within the environment consideration should be given to ensuring access to parts and/or replacements.

Providers should also ensure that other commodities and arrangements, such as waste management are included in any contingency planning.

MAPPING THE LEVEL OF SUPPLY CHAIN VULNERABILITY

Whilst NSS has undertaken very robust work in relation to supplies and Scotland Excel has undertaken similar exercises for the statutory sector, the very nature of multiple supply links and chains in the Independent care sector has prevented this from occurring and makes the sector very vulnerable to supply interruption or loss.

Providers should seek to identify where there may be particular risks to their general supply chain. This is especially important in rural and remote areas and for those organisations furthest away from points of import. It should be noted that nearly half of the imports into the United Kingdom arrive at ports in the south east of England. There is a potential for significant disruption and delay in these areas. One possible consequence is that both exporters and importers will seek to use ports further north including in Scotland. You should consider the potential disruption to transport and travel should your service be located near such an area.

If a particular risk is identified as far as practicable measures should be taken to mitigate these including additional storage of non- perishable products and materials.

FOOD SUPPLY CHAIN

There has been a great deal of media comment about the likelihood of disruption to the food supply chain. Again, there has been broad assurance that in the short term such supply is reasonably robust. However, care providers need to be aware of particular risks and challenges. These might include the need to ensure sufficiency of nutritional intake for care home residents and supply to care home kitchens. It is important providers have ongoing discussions with supplier organisations as previously reliable supply chains may struggle to maintain previous standards in the event of an EU Exit. Particular focus needs to be given to the likelihood of more limited access to fresh food products. An older population with issues of swallowing and eating difficulties is particularly vulnerable to the loss of access to fresh produce.

In wider terms it is anticipated that if disruption were to last longer or become significant that this would lead both to food shortages in the shops and to potential price rises. An older population living at home and one which is typically less able to afford extra charges is especially vulnerable to such shortages and price increases. This in turn may put extra pressure upon providers and NHS services. Providers need also to be aware that such shortages will impact upon a care workforce many of whom live within very tight budgets.

TRANSPORT

There is no anticipated difficulty in accessing fuel supplies. However, providers should consider issues of transport disruption not solely from the perspective of supplies but the degree to which any disruption, especially of public transport, may impact upon the ability of the workforce to get to work or to undertake care at home duties. Resilience planning which will be in place for winter conditions may need to be adapted to meet challenges.

NHS SERVICE DEMAND

It is not known what the impact may be of EU Exit upon demand for the NHS. In a reasonable worst-case scenario, there may be several hundred individuals returning to Scotland who are unable to access acute and clinical services in Europe. Whilst assurances have been given and there is unlikely to be an immediate return there may be over time pressures upon both the acute NHS and on care home/care at home services as a result.

Providers should be clear of their escalation policies in relation to any medical incident both in a care home and in the community and should consult with local NHS colleagues about any local arrangements which may be being established to deal with emergencies.

WORKFORCE

Scottish Care has indicated for some time the degree to which social care in Scotland is heavily reliant on an EU workforce. Their vital contribution as a whole is between 6-8% of the total workforce but this included nearly 12% of all nurses and is geographically significant with some areas with up to 30% of the total workforce coming from Europe.

We do not anticipate significant departures, but a reasonable worst-case scenario reliance planning should consider what steps an organisation can reasonably take to address departures.

We know that providers are already aware of the composition of their workforce and are taking measures to ensure confidence amongst that workforce. Nevertheless, we recognise that current uncertainties are having a detrimental effect on staff morale and on individuals who are in receipt of care and support.

Providers will be aware of the EU-Settlement Scheme and should, where possible, seek to reassure colleagues, give appropriate guidance and support, and make any referrals where necessary especially to the local Citizens Advice Bureau. See <https://www.gov.uk/settled-status-eu-citizens-families>

CONCLUSION

Scottish Care will continue to work closely with Scottish government and colleagues in COSLA to ensure that their sector is as informed, and prepared as it can be.

We have re-framed a National Resilience Checklist and attach it at the end of this Briefing. Members may find it a useful starting point or an aid to further reflection in their planning.

National Contingency Meetings are happening to ensure full awareness of the potential impacts upon social care and we would hope to issue further guidance timeously as plans of an EU Exit emerge.



SELF-ASSURANCE CHECKLIST

It is important that organisations spend some time reviewing and assessing the planning they have already undertaken around the EU Exit. The following checklist suggestions have been developed from a National Resilience Checklist:

Suggested assurance	Comment
Our governance arrangements and senior management team have been briefed and are aware of the risks and plans for mitigation in place in respect of EU Exit.	
We understand the context of likely disruption and are using this to support our planning.	
We have established a process for maintaining a continuing overview of risk related to EU Exit including all our local and regional sources of information.	
We have discussed risks with local or sector partners (e.g. the Local Authority, the Integrated Joint Board, the Care Inspectorate, other providers) so that interdependencies can be recognised, and collective solutions identified (if appropriate.)	
We have engaged as relevant with local or sector partners to focus effort on supporting and reducing the impact on vulnerable people.	
We understand what our supply chain looks like and have sought assurances as relevant. We have escalated any concerns as appropriate within our own governance structures and within the sector or national groups.	
We have identified our non-UK EU workforce, and can spot any emerging patterns in recruitment and retention in the light of the EU-Exit.	

SELF-ASSURANCE CHECKLIST

Where necessary we have established practices and policies to ensure the retention of our non-UK EU workforce and have kept them informed of relevant developments.	
We have considered working with sector partners to address recruitment and retention issues.	
We are in a position to horizon scan/monitor/track any emerging trends within our services that could arise as a result of Eu Exit, and potentially share this with partners, Scottish Care and Scottish Government to understand the wider picture.	
We have ensured that staff are familiar with any arrangements put in place to address EU Exit.	
We have reviewed and mapped our business continuity arrangements and organisational resilience against some of the likely EU impacts.	
We have considered training and exercising requirements around the EU Exit and have familiarised ourselves with the range of scenarios that could arise.	
We have ensured that our communication and messaging staff or contacts have clear lines into any local partner groups, Scotland-wide arrangements, and into the local or national Government (where relevant.)	
We have considered how we might resource our response arrangements and thought about how these might be made enduring and sustainable in the context of normal pressures.	

SELF-ASSURANCE SURVEY - NO DEAL EU EXIT

1. We have changed our business contingency plans & undertook tests to prepare our business operations for a possible "No deal EU Exit."	Please give an example of a change you made? Or a test of your contingency plan?
2. We have activities ongoing that are helping us to identify risks and mitigate disruptions that might occur with our clinical supplies.	Please give an example/s of activity that's ongoing?
3. We have identified the strengths in our supply chain.	Please give an example
4. We know what part/s of our supply is vulnerable.	Please give an example
5. We know our supply is resilient enough to enable a quick recovery from any disruptions or shortages that may occur.	Please list your resilience factors, e.g. do you have a small stockpile of supplies used regularly?
6. Our organisation has made arrangements to work with other care organisations locally in the event of a possible No Deal EU Exit.	Yes or No
7. Our organisation is part of the " local health resilience team " focused on contingency plans for the health & social care sector.	Yes or No
8. Our organisation has arrangements in place to "lend and share" supplies if required with another "health or social care" organisation locally.	Yes or No

SELF-ASSURANCE SURVEY - NO DEAL EU EXIT

9. We have arrangements with an alternative supplier/s in the case of a failure by our regular suppliers.	Yes or No
10. We are confident if disruption occurred, we have a local supplier that is prepared & easily accessible as part of our back up plan.	Yes or No
11. We have written confirmation that our current supplier/s have arrangements in place to minimise disruption to our usual supply delivery?	Yes or No
12. We have more than one supplier for the same product/s?	Yes or No
13. We will spread the risk if one supplier fails, by having more than 1 alternative suppliers in our contingency plans.	Yes or No
14. We have used the Scottish Care self-assurance checklist and found it useful?	Yes or No
15. We have applied for contingency funding from Scottish Enterprise?	Yes or No
16. We have contacted our local commissioner at the Health and Social Care Partnership about our contingency plans in the past 2 months?	Yes or No
17. Our organisation is willing to take part in a "local health resilience team to support national contingency planning?"	Yes or No

If you have any questions relating to this briefing, please
contact Scottish Care:

25 Barns St
Ayr
KA7 1XB

01292 270240



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