



The Scottish Parliament  
Pàrlamaid na h-Alba

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Via email only

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Dear Judith,

Thank you for attending an evidence session with the Committee on 21 May 2019 and providing a written submission in advance. As I indicated at the conclusion of the session, I am writing to request information on a range of issues that arose from the meeting. We would like to request the further information you offered to provide, seek answers to questions posed at the evidence session that you were unable to answer and pursue some issues that the Committee wishes to probe further having reflected on your oral evidence.

The further questions that follow will elaborate and highlight these observations.

References in the letter are to column numbers in the [official report](#) of the meeting on 21 May.

It would be helpful to have your response by Thursday 27 June.

Yours sincerely

Lewis Macdonald  
Convener, Health and Sport Committee

## **Transformation and Change**

Val de Souza said the challenge is “working in an environment in which demand and complexity are increasing as people live longer with more conditions”. ([Official Report, Col 6](#)). What steps are you taking to transform services and invest in new models to realise efficiency savings in the social care budget?

### **‘Double running costs’**

You stated, “We need to balance business as usual, the performance issues, and trying to get a sustainable budget position with the need to invest in change by freeing up staff, working differently with communities and building in time to enable the transition away from traditional and institutional models”. ([Official Report, Col 7](#)). Therefore, in order to maintain current services and provide investment to transform services, it was suggested that ‘double running costs’ could be a consequence. Eddie Fraser advised, “Clinicians are only willing to transfer care if they see safe models of alternative care”. ([Official Report, Col 7](#)). In what ways are you able to reassure practitioners that there is a safe, alternative model of care available and how will the double running costs be funded by you throughout this transition? Please can you also provide further detail on the ‘three horizons’ you mentioned in the evidence session?

### **Shortage of Funds available and engagement**

We heard there is a budget shortfall from all three IJB’s; £3 million, £5 million and £24 million in each of the next three years. Each IJB outlined ways they have taken an innovative approach and developed services in order to counterbalance this deficit. Investment to create savings is possible but Anas Sarwar highlighted a problem with this method. He stated, “there does not seem to be much room for investment to save if £300 million saving has to be made across all the integration authorities this year and every year for the next three years”. ([Official Report, Col 7](#)) To what extent is the search for innovative solutions driven by the requirement to cut costs?

We heard that the “impact of someone being excluded and of social isolation is the same as if they smoked 15 cigarettes a day”. ([Official Report, Col 12](#)) What approach are you taking to including and communicating with members of the public about the need for transformation of services in the community and the impact this will have on their daily lives?

### **Budget setting and 3 year cycle**

The Scottish Government has announced changes to the approach to financial planning for NHS boards. Changes allow boards to plan to break even over a three year timescale, rather than one year and offer the flexibility for boards to underspend or overspend by up to 1% of budgets in any one year. What impact will the longer budgeting period have on reform and development of services? What further clarity do you require from the Scottish Government on this issue?

## **Set Aside Budgets**

During the session it was suggested the set aside budget is not working efficiently and is impeding integration. Marie Moy stated, “although we are trying to move resources and shift the balance of care, I think we need to revisit the fundamental underlying assumptions upon which the set aside budget has been based.” ([Official Report, Col 39](#)) It has been highlighted there will be an increasing older population across Scotland in future years. Do you agree the underlying assumption of the set aside budget to release “resources from acute services is unrealistic and flawed?”. ([Official Report, Col 39](#)) What steps can be taken to reduce pressure on acute hospitals used by multiple partnership areas?

## **Housing adaptations**

The issue of housing suitability and the impact this can have on the ability to offer care at home has arisen in previous pre-budget scrutiny work by the Local Government and Communities Committee. In a letter to that Committee, the Cabinet Secretary stated,

“Officials will work actively with stakeholders to support Integration Joint Boards and their partners to improve arrangements at local level in the planning and delivery of the adaptations and ensure the person centred, tenure neutral approach to housing that both Ministers and the committee want to see right across the country. We expect this work to continue to progress over the course of the calendar year and complete by the end of 2019”.

What has been your experience of working with partners on housing adaptations? Have these working arrangements been effective? What involvement have you had with the Scottish Government’s work to explore barriers and areas for development within existing regulations, guidelines and practice?