



The Scottish Parliament  
Pàrlamaid na h-Alba

Via email only

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Dear Eddie

Thank you for giving evidence on 8 September to the Committee as part of our budget inquiry. The Committee appreciate the information you provided and have asked that I write on their behalf to seek further information as well as elaboration in a number of areas. References in this letter are for ease of reference to columns in the [Official Report](#) of the session.

The Committee while recognising you appeared to represent the Integrated Joint Boards as a collective nevertheless they wish to follow up on a few areas in which you referred to activities by your own Board. For convenience a single letter has been produced and unless otherwise indicated by particular reference to a single board area the Committee would welcome a collective response.

### **Lessons Learned capture**

Early in the meeting (column 5) there was reference to a lessons learned capture exercise in Edinburgh. I imagine something similar has occurred in each partnership and I wonder if a composite capture has been produced. Either way the Committee would welcome sight of the output from the Edinburgh and any national capture.

### **Passing on payments to partners**

There was a helpful discussion around sustainability payments when we were advised internal decision making and governance procedures were streamlined to allow for quick and appropriate decision making, described as a “do it” mentality. We also heard how partnerships were encouraged and trusted by the centre to get on with delivering services and indeed have accepted the new challenges without

advance specific funding being in place. There followed discussion around sustainability payments to the third and independent sector who deliver many services. The Committee have received evidence that payments are slow to come through to such organisations and would welcome your comment on the extent to which those concerns are justified and detail of the extent to which provisions have been similarly streamlined going out from partnerships.

We later heard concerns as to how lunch clubs could be resumed (column 15) which perhaps suggests there is a distinction between the resumption of health care services and social care services. We would welcome further details on how this is being determined and plans to resume other essential services for vulnerable people.

At column 8, Vicky Irons highlighted a series of papers around financial risk and suggested these would be of interest to the Committee. We would welcome copies of these papers. At column 10, Judith Proctor also referred to providing further details on the process for requesting additional Covid-related funding by partners, which would be of interest to the Committee.

Eddie Fraser also said (col 19) that direction from the Scottish Government was helpful in allowing staff to “do it” and it would be useful to get others’ views on how central direction assisted in the response of the IJBs to the pandemic.

### **What are GPs no longer doing**

Eddie Fraser referred to GP colleagues being able to do today’s work today (column 11) and we would be interested in further elaboration here and in particular detail of the tasks no longer being undertaken by GPs which is creating that space in the system, together with detail of who is now undertaking those tasks previously carried out by the GPs.

### **Set Aside and Decommissioning beds**

We would welcome clarification on the decommissioning of beds in Edinburgh which Judith Proctor referred to at columns 12 and 21. Initially we understood wards to be decommissioned but then used for other acute services which would suggest there was ultimately no set aside savings produced. Later we were advised the set aside money had been used to invest in community services. It would be helpful if this could be further explained, with detail on any savings from the ward closures and how this has been re-invested.

### **Budget setting**

Vicky Irons referred in the future tense to a financial settlement with the local authority (column 15) and we wonder to what extent budgets had been agreed across the country along with details of how and when agreements are to be met to address the additional expenditure we heard about throughout the session.

### **Remobilisation Costs**

We were advised each partnership has a figure on what remobilisation will cost (column 16) and we would welcome specific details and figures as offered, including links to your remobilisation plans where these costs are set out. Please also advise

of the extent to which any of these additional costs might be offset by savings elsewhere in the budget due to changes in service provision during the pandemic.

Similarly we were advised of the need to undertake fresh strategic needs assessment and we would welcome details on this work, when it will be concluded and how you consider it will impact on budgets. (column 17).

### **Views of service users**

Understandably initial activity was about delivering essential services and we were told that work was being considered to capture the views of people and communities on changes and innovations that have occurred. Can you indicate how and when those views are being obtained. (column 20 etc)

### **Use of directions**

At column 23, Eddie Fraser noted that prior to the pandemic, partnerships were working closely with the Scottish Government on the use of directions. Can you provide further details on what progress is being made in this area and what impact this is having. Can examples be provided of where directions have been used to achieve change and the financial implications?

### **Delayed discharge**

The Committee have noted the significant reductions in delayed discharge and were interested in the various comments made looking to the future. In particular they noted the lack of any breaches in East Ayrshire and the approach taken, almost from admission, to address discharge. Judith Proctor also indicated early conversations working to a discharge date as opposed to from a discharge date. Although later admitting things needed to be done very differently and at scale to eliminate discharge (column 29).

Vicky Irons indicated performance across the country was monitored daily (column 28) and, given the change in emphasis indicated above, to what extent is that monitoring focussed on those who need care as opposed to those solely suffering delayed discharges?

Having heard from the Scottish Government and from Health Boards that it costs approximately four times as much to keep a person in hospital than in the community could you provide a general explanation of why, aside from competency constraints with some patients, delayed discharge cannot be eliminated across the country.

I look forward to receipt of the above information and it would assist our budget scrutiny if this could be received by 2 October.

Yours sincerely

Lewis Macdonald  
Convener, Health and Sport Committee