



Director: Eddie Fraser

Lewis Macdonald  
Convenor, Health and Sport Committee  
The Scottish Parliament  
Edinburgh  
EH99 1SP

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Dear Mr Macdonald

### **Health and Sports Committee 8 September 2020 – Request for Additional Information**

Further to your recent letter of 24 September 2020 requesting additional information to the evidence presented at the Committee. In this response I will provide clarity on areas that relate directly to East Ayrshire and where there is a collective response requested this will be provided through the Chief Officers group.

#### **Passing on Payments to Partners**

As reported to the Committee the Scottish Government approach to 'just do it' allowed IJBs, through Chief Officers and Partnerships to progress and support the sustainability of social care organisations and partners in health and care delivery. These sustainability payments and continuity of payments to external partners enabled partners to continue to deliver much needed services in an emerging pandemic situation,

As I mentioned the projected overspend position within East Ayrshire is solely due to costs relating to the response to the ongoing Covid-19 pandemic, with projected costs included in the most recent mobilisation plan submitted to the Scottish Government totalling £9.615m and comprises projected overspends of £4.043m and £5.572m on services commissioned from the Council and NHS Ayrshire & Arran respectively. In respect of the NHS costs many of these are in relation to the pan Ayrshire Primary Care services we deliver as lead Partnership.

The first quarter financial management report, reported to the IJB on 26 August 2020, the total projected cost for Covid-19 related expenditure is £6.077m. To date funding totalling £2.034m has been formally notified by the Scottish Government to offset these additional costs within Social Care services. Taking cognisance of this income the projected net cost of Covid-19 is £4.043m. For example, this includes; Residential Care Homes / Care at Home sustainability £1.037m supporting PPE, agency costs, staff sickness and vacancies and Care at Home staffing additional hours.

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

In commenting on GPs being able 'to do today's work today' this was in recognition of the whole system response in community health and primary care to come together quickly and support the delivery of emergency support through our community hubs based at our out of hours settings and improved access as professional to professional support with Acute colleagues. To allow General Practice to continue to function at the outset of the Pandemic the majority of non-core General Practice work i.e. provision of a range of enhanced services were paused allowing General Practice to focus on core and essential services to patients.

General Practice also and rapidly implemented new ways of working which included use of new digital solutions such as the introduction of telephone and video consultation. This reduced the foot fall and increase remote consultations. A local De-escalation Committee was established monitor and review levels of escalation, as set out by the Scottish Government in relation to all practices as well as this Committee providing support to General Practice to resume service provision. General Practice levels of escalation are reported weekly to the Scottish Government.

As General Practice began to prepare to remobilise out of the pandemic, a Covid-19 pandemic framework was developed with GP colleagues to support the prioritization and reintroduction of services in a way which supported practice to monitor demand and capacity and gradually reintroduce enhanced services where capacity allowed. In addition, to meet demand practices utilized the additional COVID-19 funding allocated to each GP practice by Scottish Government. This funding has been utilized in various ways including practice staff overtime and to explore digital solutions.

At present, GP practices are working to keep patients and staff safe and this is impacting on capacity to resume to full service. By prioritising services and adapting to new ways of working to meet patient need this has allowed General Practice to respond "to do today's work today". Nevertheless it is recognized that General Practice is experiencing pressure on the system as we progress into the winter months and also as GP practices continue to respond to patient need.

## **Views of service users**

A key success of the COVID-19 emergency response has brought teams, service, partners and communities together at short notice to develop and deliver practical help and support. To assess how this collaborative response can continue as part of a recovery and renewal process, partners across sectors coordinated an engagement plan to gather the views of residents in relation to their overall impact of Covid 19 on their health and wellbeing economic and financial position and their access to and need for ongoing support from services. A wealth of information has been gathered and is being used to support our emerging priorities in recovery and renewal: children and young people, economy and the environment and wellbeing and mental health.

## **Use of Directions**

In respect of Directions this legislative requirements is the mechanism for IJBs to deliver change and to demonstrate how this is informed by policy, strategy and the impact on finance and services to deliver this change. Within Ayrshire and Arran each of the three IJBs are delegated their share of all services including inpatient Mental Health and Primary Care budgets, as well as a Set Aside budget for elements of Acute unscheduled care.

Through Directions, the IJB commissions the Health Board to deliver these services and the Health Board through its scheme of delegation designates lead Health and Social Care Partnerships for specified services. North Ayrshire lead on Mental Health services and East Ayrshire lead on Primary Care services.

Set Aside resources, as well as Lead Partnership / Hosted Services were recognised as areas requiring further development as part of the review of the Integration Scheme carried out in 2017. Pan-Ayrshire workshops have been held, most recently in January 2020, with representatives from the Scottish Government to take forward a national pilot project on 'fair share' commissioning through the use of Directions. This NRAC based 'fair share' which is the methodology applied has been agreed by the Ayrshire Finance Leads group.

In addition to applying Directions to set aside budgets, we have applied the principles to our approach to service redesign. In the example of the reprovisioning of Kirklandside Hospital in Kilmarnock, comprising the hospital site and including all continuing care beds, a £0.441m projected resource release in the Kirklandside retained budget was identified. This was applied to the commissioning of community based health and care services.

A further example of how Directions can be utilised to support our focus on early intervention and investment in community based care includes the Front Door – Transforming Demand for Services' transformational work stream. Bringing together community based health and social care staff, partners and third sector organisations in this Front Door model has enabled the IJB to realise underspend on Older People's services (£0.793m). This underspend largely relates to savings across the Care at Home teams as a result has made sustainable investment in intermediate care and enablement services focused on supporting people on their return from hospital to achieve greater independence over shorter more intensive multi-disciplinary team care package.

I hope this information is of assistance in offering further clarity on the evidence presented at the Committee.

Yours sincerely

**Eddie Fraser**  
**Chief Officer**  
**East Ayrshire Integration Joint Board**