Dear Lewis,

I refer to your letter of 24 June 2019 following the Health and Sport Committee meeting on 4 June 2019 and provide the information below in response to the matters raised.

**Budget setting process**

*What would be the earliest date you could provide final budget figures for 2020-21?*

NHS Lothian does not approve its budget until early April each year and formal contributions are then issued during April. Based on this, the earliest date that final IJB 2020/21 budget figures could be provided would be following the IJB meeting on 21 April 2020.

*What support is being provided by the Scottish Government in helping integration authorities develop reporting of budgets against outcomes?*

There has been limited support to date provided by the Scottish Government on outcome based budgeting.

**Intermediate Care**

*Please can you provide details of how intermediate care operates in your IJB? When is it used instead of care at home?*

West Lothian does not operate a bed based model of intermediate care as an alternative to a care at home approach.

*In order to compare the costs between intermediate care and secondary care, please can you also provide information on the following –*

  a) *The cost to keep patients in hospital per day*

It is difficult to make a direct comparison between the cost of hospital care and social care due to the way this information is recorded. We are, however, making further enquiries and hope to be able to provide you with further detail as soon as possible.
b) The cost to keep patients in intermediate care per day

Not applicable in West Lothian

c) The cost to keep patients in social care per day

The average annual cost of a care at home package in West Lothian is £8,366. The average cost of a care home placement is £28,000 (the cost to the local authority after taking account of the average client contribution.

What measures do you use to assess the quality of intermediate care?

Not applicable in West Lothian, however, all service users in receipt of social care are reviewed approximately 4 to 6 weeks after the service has commenced or more frequently where required.

What statistics are collected on the length of stay in intermediate care and delays in discharge and how does this compare with hospital delayed discharge statistics?

Not applicable in West Lothian.

Set aside budget

Do you consider that the set aside budget is operating as intended in your IJB?

In terms of share of set aside budget being allocated to the IJB, this is working in line with the legislation. The IJB receives its share of the set aside budget along with the core delegated health functions at the start of each year. Spend against this is updated on a monthly basis and the position on the set aside budget is reported to the IJB on a regular basis.

Please can you provide further details of how a “whole-system approach”, as referred to in the evidence session, can help ensure that the set aside budget works as intended?

The main area where further work is required is in relation to strategic planning and how services which fall within the scope of set aside budgets are commissioned. To ensure, a single system approach to the delivery of person-centred care and support, more work needs to be done to plan the integrated approach to operational delivery.

Leadership and culture of the IJB

Can you provide examples where money has lost its ‘social care’ or ‘health’ identity in your IJB?

Work has been done in a range of areas to develop a whole system approach to care delivery using pooled funding to deliver the best outcomes for people. Examples include:

- Utilisation of the Health and Social Care Fund (falling within the Health budget contribution to the IJB) for social care purposes
Utilisation of resource transfer funding from the NHS to provide alternative supports for people in the community

The Learning Disability Transformation Programme has facilitated the redesign of local services for people with learning disabilities. The programme has involved a whole system approach and is delivering a shift in the balance of care enabling people to live as far as possible in a homely setting.

Pooled funding has been used to establish an integrated discharge hub within St John’s Hospital which has seen health and social work staff co-located alongside the local carers’ support organisation. The purpose of the hub is to deliver more seamless and timely discharges from hospital where ongoing care and support are required.

Pooled funding has been used to develop a discharge to assess model to support early discharge from hospital through a reablement approach. This has seen resources from health and social care being invested to enhance social care provision.

Is the lack of progress in this area due to leadership and/or cultural issues and if so what steps are being taken to resolve this issue?

Good progress is being made in developing integrated approaches to planning but more work needs to be done in this area. Development opportunities are being offered regularly to IJB members to enhance knowledge and to enrich the planning process. The IJB’s new strategic plan is firmly focussed on delivery of a whole system approach and commissioning plans (with input from service users, carers health, social care, and the third and independent sectors) are being developed from a single system perspective.

How does your IJB share good practice and is enough being done to learn from other IJBs?

Many opportunities exist for the IJB and staff to share good practice and learn from other areas. Some examples include:

- IJB CO Network Meeting
- IJB CFO Network Meeting
- Commissioning and Improvement Network
- Working with iHub
- Benchmarking performance against Scotland and ‘benchmarking family’
- Discussions/visits to other IJB areas

In terms of recent learning, visit and conversations took place with other areas to inform development of a tender for care at home service and to inform the service specification based on what worked well in other areas.

Visits to other areas have taken place to inform the development of the integrated discharge hub and the discharge to assess model.

I trust this is helpful. Please let me know if I can provide anything further.
Yours sincerely

Jim Forrest
Director
West Lothian Health and Social Care Partnership