

Audit Scotland Report: Health and Social Care Integration

Briefing Paper for the Third Sector

Background

- On 3rd December 2015 Audit Scotland published their first report on Health and Social Care Integration.
- Integrating health and social care services is a major programme of reform for Scotland. It will mean better and more joined up care, better anticipatory and preventative care and a greater emphasis on community-based care. It will benefit the growing number of people in Scotland who have complex care needs, amongst others. People who use services should get the right care, in the right pace, at the right time.
- The Public Bodies (Joint Working) Act 2014 is a key piece of legislation, requiring Health Boards and Local Authorities to integrate their health and social care services, so that best use is made of skills and resources. Making the best use of skills and resources means involving the voluntary sector, service users and carers.
- Health and social care integration is one of the largest public sector reforms attempted in Scotland, the overall value of the resources involved is estimated at £8 billion – Audit Scotland has conducted this report due to the very significant levels of public money involved, as well as it being an opportunity to review how it could improve service delivery and outcomes for the public.
- As 1st April 2016 fast approaches (the date by which Scotland's 31 Integration Authorities (IAs) are to be operational), an important function of the report was to identify emerging risks which need to be addressed by the various IAs for this major reform to deliver effective integration going forward.

VHS Involvement with Audit Scotland

In October 2015, Audit Scotland invited VHS to help it engage with the third sector during this initial audit of health and social care integration. VHS organised and chaired a meeting on 19th October, involving Audit Scotland and members of the national third sector group on health and social care integration. Feedback given to Audit Scotland at this meeting can be summarised as follows:

- Although optimistic and enthusiastic about the integration agenda, there is also frustration from the third sector at the disconnect between the vision/policy and the reality of implementation.
- There is disappointment in the third sector's effective exclusion from the governance arrangements introduced by the Public Bodies (Scotland) Act 2014 and observation that partnerships engagement with the third sector is very uneven.

- There is concern that partnerships lack strategic and inclusive change management plans for integration, and are approaching reform as a NHS/local authority change process.
- The reform programme requires a significant cultural shift in a very large and diverse workforce and the necessity that it leave some established comfort zones.
- There is a need to challenge the NHS over a reluctance to recognise and value different types of evidence of outcomes – a barrier for third sector organisations trying to convince public sector partners of their impact.
- IAs should be challenged to be genuinely open to influence – there's a need to explain health and social care integration to the public, communicate the vision and ensure community engagement, all of which should be the first stage of the change management process.

Summary of Audit Scotland's Key Findings

The report identified that all 31 IAs are expected to be operational by the statutory deadline of 1st April 2016. Despite this, significant risks were identified as needing addressed if the reform programme is to be effective in delivering the change required for health and social care integration.

Key risks

- Evidence has suggested that IAs are unlikely to be in a position to make a major impact during 2016/17 – delays in agreeing budgets and uncertainty about longer-term funding mean that they have not yet set out comprehensive strategic plans.
- Many IAs have still to set out clear targets and timescales showing exactly how they will make a difference to people who use health and social care services.
- Audit Scotland has proposed that the above two concerns need to be addressed by April 2016 if IAs are to take a lead in improving local services.

Other risks

- The complexity of governance arrangements means that how they will work in practice is unclear - there are differences in organisational cultures and backgrounds within IAs, as well as complex relationships which still route back to NHS Boards and local authorities (LAs), which may take away from the potential autonomy and influence of the IA. This will make it difficult for staff and the general public to know who is responsible for the care they receive
- There are concerns that future workforce planning is based on budget restrictions rather than strategic needs. Audit Scotland has identified a pressing need for workforce planning to create an integrated workforce. Additionally there are other HR concerns such as the need for formal policies which outline NHS and LA pay and conditions, as well as GP and care staff recruitment and retention strategies.
- Audit Scotland identified challenges in how IAs can involve voluntary and private organisations as part of a co-ordinated workforce plan. The increased capacity brought about by introduction of the living wage in the third sector will mean that it can increasingly contribute to health and social care services and outcomes. IAs need to improve their engagement with the third sector to facilitate its

contributions.

- There were concerns that the performance measurement systems proposed won't measure performance in some important areas.

Report Recommendations

- Governance arrangements should set out clearly how they'll work in practice, particularly where there are disagreements. Confusing lines of accountability may hamper the ability of the IA to make decisions as regards service re-design.
- IA must have strategic plans that do more than set out the local context of reforms – they should outline resources required, what the indicators of success will look like, how they will monitor and publicly report.
- NHS Boards and LAs must work with IAs to agree budgets with the IAs. These should cover the coming year and a few years beyond this – this will allow for more continuity and security in strategically planning service integration.
- The Report identifies the voluntary and private sector as significant partners in developing integrated services – they employ 2/3 of the social services workforce and provide many social care services across Scotland – and points IAs to learn from its previous Report, [Self-Directed Support](#), which highlights ways IAs and LAs have and can continue to improve how they work with the voluntary and private sectors.

Thinking Points

- As 1st April approaches, does the third sector feel that it is being adequately engaged in health and social care integration? If not, what needs to improve?
- If a truly integrated workforce is the vision, how can the third sector be actively involved in planning for this outcome and ensure its resources contribute to overall integration outcomes?
- What examples of best practice are already happening and can be drawn upon to help various IAs engage effectively with the third sector and vice versa?
- Given that this is the initial audit on this reform, what would you like to see included in the next audit which is anticipated to take place 1-2 years from April 2016?

Other Information

- The lead auditor for the current report is Gordon Neill: GNeill@audit-scotland.gov.uk
- Audit Scotland is taking a three-stage approach to auditing Health and Social Care Integration. Following December 2015's report there will be:
 - A more comprehensive audit looking at progress (probably 1-2 years time)
 - A fuller audit on the impact of the reforms and outcomes (probably 5+ years time)
- **You can view the full report [here](#).**

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