

Audit Scotland and the Third Sector Health and Social Care Collaborative: notes from the second round table on health and social care integration

23rd August 2018

Attendees

Lauren Blair	Voluntary Health Scotland
Claire Cairns	Coalition of Carers in Scotland
Neil Cartlidge	Audit Scotland
Nancy Fancott	Coalition of Care Providers Scotland (CCPS)
Elsbeth Gracey	Community Health Exchange (CHEX)
Deidre Henderson	Inclusion Scotland
Chris Lewis	Audit Scotland
Helen Macneil	Voluntary Action Scotland
Murdo Macdonald	Church of Scotland
Lucy Mulvagh	Health and Social Care Alliance Scotland
Maureen O'Neill	Faith in Older People
Gerry Power	Health and Social Care Alliance Scotland
Keith Robson	MS Society Scotland
Ruchir Shah	Scottish Council of Voluntary Organisations
Mary Sinclair	Senscot
Kiren Zubairi	Voluntary Health Scotland

Summary

This was the second of two round tables organised by VHS this year, designed to support Audit Scotland's engagement with the third sector during its second review of health and social care integration (H&SCI). The first round table was held on 23rd May and a separate note of that discussion is available. The core group of third sector participants at both round tables are members of the Third Sector Health and Social Care Collaborative, a group that comprises national intermediaries and membership bodies with a strong engagement in health and social care. The round table was hosted by Neil Cartlidge, Audit Manager and Chris Lewis, Senior Auditor, both of Audit Scotland, and chaired by Nancy Fancott, Policy and Development Officer, CCPS.

Background to Audit Scotland's review work

The integration of health and social care services should mean better and more joined-up care, better anticipatory and preventative care and a greater emphasis on community-based care. Integration is intended to benefit the growing number of people in Scotland who have complex care needs, amongst others. It is one of the largest public sector reforms attempted in Scotland and the overall value of the resources involved was originally estimated at £8 billion. Audit Scotland is the independent body that supports public scrutiny and is designed to lead to better financial management and value for money. From the onset of H&SCI, Audit Scotland planned to review progress regularly, due to the very significant levels of public money involved, and to provide an opportunity to review how service delivery and outcomes for the public could be improved..

When Audit Scotland published its first report on H&SCI in December 2015, the report focussed on the governance arrangements of Integration Authorities, as they were still in the process of being established. Now a second report is being prepared, looking at the progress Integration Authorities have been making in transforming services. A future, third report will focus on the impact of the changes on people and their experiences.

Audit Scotland introduction

Neil Cartlidge, Audit Manager with Audit Scotland gave round table participants an overview of the process used in the second audit and an early insight into some key findings. The report is scheduled for publication in November. The process has involved engagement with Chief Officers, health and social care staff, service users, and the third and private sectors. Site visits were conducted in Aberdeen, Dundee, Shetland and South Lanarkshire, to help inform the national picture.

The audit covers five main areas: Strategic Planning for Improvement, Collaborative Leadership, Integrated Financial Planning, Decision Making and Accountability, and Information and Involvement.

Discussion

Those present discussed the five main areas and the preliminary findings, focusing on the extent to which they mirror the third sector's experience of integration on the ground.

Strategic Planning for Improvement

Although Strategic Plans contain priorities, how and when these will be achieved still needs to be detailed. The priorities tend to be high level but lack operational plans detailing the assets, resources, staff or finance required to achieve them. Tests of change (in services) are happening locally, but not at the scale required.

Areas for improvement:

- Better and more joined-up use of data, information and stakeholders, to both identify and operationalise priorities
- Better thinking and planning around the delivery of transformational change.

- Continuation of current service provision concurrently with planning for service change

Collaborative Leadership

Good working relationships and a culture of collaboration are the biggest enablers of change. However, partner bodies are still resistant to giving up control or decision making powers. This is especially widespread when it comes to decisions on finance.

Areas for improvement:

- Changing the mind set of those partner bodies and staff who see Integration Authorities as another layer of bureaucracy rather than as enablers of integration and collaboration
- Ensuring collaboration and working relationships are not simply down to the individuals involved.
- Engaging staff and the public effectively and early enough in relation to the bigger picture, including when service cuts are planned.

Integrated Financial Planning

Finances are yet to be viewed as a pooled budget for health and social care. Integration Authorities are struggling to exert influence over the budget setting process.

Areas for improvement:

- More willingness by partner bodies to give up financial control of what they view as their own budgets.
- More attention to balancing the need for medium to long term planning alongside annual settlements and the financial commitments of current service pressures.
- Better long term thinking about how sustainable services are to be developed for the future.

Decision Making and Accountability

There is still a lack of agreement and understanding around where ultimate accountability and responsibility for decision-making rests. In theory, Integration Authorities are responsible for decision making, but if something goes wrong it is the partner body that is accountable. Governance documents exist which detail accountability – nonetheless, there is confusion and disagreement. There is evidence of partner bodies making their own decisions and simply seeking ratification from the Integration Authorities. Risk management arrangements are not well developed.

Areas for improvement:

- Greater clarity in partner bodies about their decision making roles and responsibilities
- More localised and transparent decision making.

- Better risk management and identification of impacts and outcomes of decisions

Information and Involvement

An inability and unwillingness to share information are slowing down decision making and the opportunity for more joined up health and care. Partner bodies see information sharing as risk taking and are reluctant. This relates to both individual data and performance data.

Areas for improvement

- Better information sharing around an individual's health and care journey
- More confidence about sharing performance data on what is working and what isn't working
- Greater clarity about the legal aspects of sharing individuals' personal data with other agencies

Next steps

The second audit will be published as a joint report of the Auditor General and the Accounts Commission, so it requires clearance from both. Publication is expected in mid-November.

Audit Scotland will be looking for engagement opportunities to publicise the report and are keen to attend and speak at events. VHS is committed to organising at least one further event after publication of the report, to enable the wider voluntary health sector to engage with its findings.

Voluntary Health Scotland

30th August 2018