



## **Carers Trust Scotland Annual Conference, 4<sup>th</sup> March 2016**

### **Health and social care session with Gordon Neil, Audit Scotland and Claire Stevens, Voluntary Health Scotland**

Questions raised by delegates:

1. How can we be assured that Integration Authorities will comprise the people most able to effect the transformational change required? Some concern that the make-up the new partnerships may simply comprise 'the usual suspects'.
2. What assurance is there that Integration Authorities will listen to what Audit Scotland has to say?

Gordon Neil's response: the public sector does take Audit Scotland seriously. Audit Scotland reports also go to Parliamentary Committees, e.g. the Health and Social Care report was presented to and discussed at the Health and Sport Committee meeting in December 2015.

3. Money does not seem to be moving [at all] from acute services to the community to prevent delayed discharges. Can Audit Scotland do anything to measure disinvestment?

Gordon's response: this is a real issue: disinvestment is very difficult, particularly in the current climate of austerity/cuts. Measuring disinvestment is complicated.

4. Highland is actively investing in supporting third sector's participation in integration: an adult services commissioning officer for the third sector has been appointed, with the objective of creating more parity between the third and public sectors. Also in

Highland, a “carers’ voice coordinator” role is being developed (early days).

5. Governance arrangements: how to convince people to give of their own time and effort to be a *non-voting* member on an Integration Authority? Some evidence across the Carers Trust network that carers need a lot of support to understand and fulfil the role of the non-voting member, i.e. to be effective representatives of carers’ interests generally (rather than their own individual interests). One delegate’s experience was that carers’ inclusion on the Integrated Joint Board concerned was tokenism because there was no means for carers to help set agendas, views not valued, participation not supported - so carers are unable to engage meaningfully with the process.
6. Acute services and localities: can Audit Scotland examine what elements of acute services are ‘in’ the frame for integration and what are ‘out’ on a locality basis?

Gordon’s response: what is ‘in’ and what ‘out’ will depend on local decisions. Note that determination of localities is a matter for individual Integration Authorities, so Shetland has 7 (small localities should be well placed to address local/community engagement) and Edinburgh 4 (large localities likely to be more strategically focused). Audit Scotland will be interested to look at these different kinds of locality models.

7. Carers as key part of workforce and need for Integration Authorities to properly take this into account. E.g. in Aberdeen alone there are 22,000 unpaid carers, dwarfing the health and social work workforce and underpinning the city’s delivery of care. Aberdeen has a problem regarding availability of care and the issue is not money, the issue is the lack of available workforce.