VHS Response:

Health and Sport Committee Call for Evidence regarding engagement between Integration Authorities and third sector, patients and carers

3 March 2017

Introduction

Voluntary Health Scotland (VHS) is the national intermediary and network for voluntary health organisations in Scotland. Our aim is to promote greater recognition of the voluntary health sector and support it to be a valued and influential partner in health and care.

1. The views expressed in our response have been informed through a series of roundtable meetings we have been hosting between Audit Scotland, members of the Third Sector Health and Social Care Collaborative, the wider third sector as well as carer groups, since October 2015. The aim of these meetings was to help inform Audit Scotland of the areas that the third sector see as imperative to include in the audit of Health and Social Care Integration.
2. The discussions in these meetings have yielded a range of issues regarding the engagement between Integration Authorities and the third sector, carers and patients, and how this could impact on the successful implementation of one of the largest public sector reforms attempted in Scotland.

Third Sector

1. The third sector, patient and carer representatives on Health and Social Care Partnerships (HSCP) and Integrated Joint Boards (IJB) are non-voting members with limited authority to set agendas or support decision making. However, the third sector is an extensive pool of resource, knowledge and expertise which should not be overlooked.[1]
2. In October 2016, the Scottish Government published a review[2] of the initial Strategic Commissioning Plans produced by the Health and Social Care Partnerships. The review stated the importance of engaging a range of stakeholders including staff, service users, carers, and the third and independent sectors in the preparation, publication and review of strategic commissioning plans. This engagement would help to establish a meaningful co-productive approach, to enable partnerships to deliver the national outcomes for health and wellbeing, and achieve the core aims of integration.
3. The discussion with a wide range of third sector organisations has shown that the engagement of Integration Authorities with the third sector, service users and carers is uneven across Scotland, and that partnerships often fail to include non-voting partners in a consistent and meaningful manner.

Lack of clarity around the role of the third sector

4. The third sector are not mentioned in the governance arrangements introduced by the Public Bodies (Scotland) Act 2014, and this has resulted in a lack of clarity around the role of the third sector in the integration process. The focus of Integration Authorities

[1] See 'SCVO Scottish Third Sector Statistics'

[2] www.alliance-scotland.org.uk/download/library/lib_57f7c421e5d69/

seems to be on the acute sector which raises the question: how serious are they about enabling a real shift of resources from acute to community based health and care? Audit Scotland research draws attention to an apparent lack of progress in the shift of resources. The risk of having a continued focus on the acute sector is that it translates into service redesign that is purely clinical, rather than having a holistic approach to an individual's health and care. Taking a holistic approach to health and social care is imperative to delivering the aims of prevention and early intervention, which are central to integration.[3]

5. The definition of prevention, a key aim of Health and Social Care Integration, differs between NHS and the third sector. NHS view prevention in a clinical sense and focus on Secondary and Tertiary prevention whereas the third sector view it in terms of primary prevention which is much more upstream and community based.
6. There is also a lack of understanding of the third sector and what it does, this results in a focus on solely clinical services. The Scottish Government review of the initial Strategic Commissioning Plans highlighted that Locality planning and market facilitation[4] work would result in a better understanding of the contribution made by the third sector. However, it also noted that sharing and using data across sectors is at an early stage of development in most Partnerships. There was also little evidence that data from the third sector was being included in strategic needs assessments, to determine and address needs or gaps between what is currently available locally and what is needed. This means that service redesign will continue to focus on clinical interventions and not look at the vast array of services and support provided by the third sector that support the aims of prevention and early intervention.[5]
7. The Chief Medical Officer often gives the example of meeting a man who had undergone surgery and asking him if he was pleased with his knee replacement. His response was 'well I want to stand on my doorstep and talk to my neighbour and I asked them for a grab rail and they gave me a knee replacement, and I still don't have a grab rail and I still can't talk to my neighbour''.[6] This example highlights the strong culture of over medicalising people's situations when the most appropriate situation could cost less and be closer to what the person wants.

Third sector needs to be seen as a more equitable partner

8. Another issue raised by third sector organisations during our roundtable meetings is that, it is often difficult to convince the NHS and public sector of the value of the work that third sector do. The third sector is often viewed as unprofessional due to the non-clinical services that they provide. Soft outcomes, such as an increased quality of life or ability to

[3] See the evidence paper produced by the Scottish Government in collaboration with the Scottish Third Sector Research Forum entitled "Why Involve the Third Sector in Health and Social Care Delivery?"

[4] Market facilitation is the process by which strategic commissioners ensure there is diverse, appropriate and affordable provision available to meet needs and deliver effective outcomes both now and in the future. (National Market Development Forum definition)

[5] Definitions of Primary, Secondary and Tertiary Prevention - www.alliance-scotland.org.uk/download/library/lib_58064d0389c83/

[6] http://www.bbc.co.uk/news/uk-scotland-39096315

self-manage medical conditions, and different types of evidence of the impact that third sector has, are not valued in the same way as hard outcomes.

9. For example, the ability to self-manage a condition may not always result in a reduction in the number of visits to the GP. It may however, mean that that the discussions in those GP meetings are more meaningful as the patients are more informed and confident to discuss their health and treatment, echoing the aims of the Realistic Medicine[7] vision.
10. The opportunity to mobilise existing knowledge about what works is not being seized. There is a lot of third sector activity that is evidenced to work and there is a need to communicate this good practice to the Integration Authorities.
11. For the involvement of the third sector in the integration process, there needs to be a shift in thinking from the public sector. The third sector must be seen as a more equitable partner in the delivery of Health and Social Care Integration.
12. For example, Highland is actively investing in supporting third sector's participation in integration. An Adult Commissioning Support Worker has been appointed by Highland Third Sector Interface, with the objective of creating more parity between the third and public sectors.

Carers

The recruitment and training of Carers on IJB

1. The recruitment of carers for Integrated Joint Boards differs across Scotland. Some carers go through an application and interview process whilst others are picked from local communities. This disparity in recruitment methods used by IJBs means that while some carers are briefed and have knowledge of their role and responsibility whilst others may not.
2. The training and support that carers receive also varies across Scotland. Some carers go through an induction process and are well supported throughout whilst others are not. The capacity of carers to play a full role on the Integrated Joint Board, is very stretched due in part to their caring responsibilities, more Integration Authorities need to invest in training and support to ensure carers members understand and can carry out the roles required.
3. It is important to look at the process of decision making and how carers on the IJBs are supported in that process. The Carers Trust Scotland highlight the issue that carers need support and training to be effective representatives of carers' interests more generally rather than their own individual interests.

Developing a meaningful role for Carers

4. The role of carers on the IJBs varies across Scotland. One delegate at the Carers Trust Scotland Annual Conference in 2016 detailed their experience, saying that they were unable to engage meaningfully with the process as they felt that their inclusion on the Integrated Joint Board concerned was tokenistic. They had no means to help set or contribute to the agenda, their views were not valued and their participation was not supported.
5.

[7] http://www.gov.scot/Publications/2017/02/3336

Recognising unpaid carers and third sector carers

6. Audit Scotland have noted that the extent and nature of the third sector workforce is largely unknown and that the biggest single workforce is unpaid carers who are not included within Strategic Commissioning Plans.
7. Unpaid carers are a key part of the workforce and there is a need for Integration Authorities to properly take this into account. For example, the Scottish Government estimates that there are 759,000 unpaid carers aged 16 and over in Scotland, around 17% of the adult population. There are many more unpaid carers providing support to people than those in the paid social services workforce. In 2010, the Scottish Government reported that unpaid carers saved the health and social services an estimated £7.68 billion a year. More recently, Carers UK estimated the value of unpaid care in Scotland to be £10.8 billion.[8] It is important to make sure that the voices of these unpaid carers are not lost and that they are well supported.

Service Users/Patients

Lack of Awareness and understanding of Integration

1. There is a need to explain Health and Social Care Integration and communicate its vision to the general population. There are no public information campaigns or awareness raising campaigns for Health and Social Care aimed at the public. How can Integration Authorities ensure community engagement if people are unaware that integration is happening?

A need for genuine co-production

2. It is important to examine the reality of co-production: are the general public, service users and carers actively engaged in co-production in practice?

Conclusion

Third sector organisations have been very keen to be a part of Health and Social Care Integration from the onset. The third sector's exclusion from the governance arrangements, has been a hindrance to meaningful engagement between them and Integration Authorities and there has been slow progress in correcting this. However, this has not dampened the third sector's willingness to play an active and equitable part in the integration process.

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[8] https://www.vhscotland.org.uk/wp-content/uploads/2016/10/Social-Work-in-Scotland-Summary-Briefing-3.10.16.pdf