

# AUDIT SCOTLAND HEALTH & SOCIAL CARE INTEGRATION REPORT EDINBURGH WORKSHOP

# KEY MESSAGES FROM TUESDAY 26<sup>TH</sup> JANUARY 2016

## Introduction

On 3<sup>rd</sup> December 2015 Audit Scotland published its first report on Health and Social Care Integration (H&SCI). This is the first of three planned Audits on this major programme of reform for Scotland's health and social care services.

As part of its role in facilitating third sector engagement in the H&SCI agenda, VHS is leading a series of discussions between Audit Scotland, members of the Third Sector Health and Social Care Advisory Group and the wider third sector.

Integration of these services should 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.

H&SCI 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.

With the first report now published, VHS brought together third sector delegates and Audit Scotland to discuss its findings.

# **Edinburgh Workshop**

Our Edinburgh workshop on 26<sup>th</sup> January 2016 brought together 52 people from the third sector, providing a platform for Audit Scotland - Senior Auditor, Gordon Neill and audit team member, Rebecca Smallwood - to present the report's findings, followed by a question and answer session and general discussion on the topic. A panel of members from the Third Sector Health and Social Care Advisory Group – Sarah Currie (SCVO), Jaqui Reid (The Alliance) & Sally Witcher (Inclusion Scotland) – joined discussions, providing reflection and insight from their perspectives as members of this group.

# GORDON NEILL, AUDIT SCOTLAND

### 8 key messages

- 1. Although the report identifies some big issues that need to be addressed, delegates were urged to view the risks highlighted as an early warning of things that can be acted upon and improved. In fact, many of the risks are not new, rather, the integration process has brought them to light.
- 2. Integration isn't about saving money, it's about making services sustainable to serve an ageing population.
- 3. Governance structures are complicated Integration Authorities (IAs) have varying board sizes, there are conflicts of interest due to different lines of accountability and ensuring all parties are



communicating effectively will be a challenge. Governance issues are most likely to be resolved once problems arise in the future and are addressed.

- 4. Integration is taking place in an environment of financial uncertainty without 4-5 years certainty of budget it could be difficult for IAs to deliver effectively. However to take a positive slant, conducting this process in a time of financial difficulty may better focus minds and resources on what's important.
- 5. IAs' strategic plans lack substance, failing to meaningfully say exactly how they will impact upon and improve service delivery. Similarly the level of detail within supporting plans such as workforce and engagement plans, is lacking. Workforce plans seem budget rather than needs-based and crucial engagement plans with important partners such as clinicians and GPs, seem to have been missed.
- 6. It's unclear whether the right measures are in place for performance management will they measure the shift to prevention? Will they measure the shift from acute to community care? There is a need for greater networking and sharing of best practice between IAs to ensure the impact of this reform programme is effectively assessed across Scotland.
- 7. The role of the voluntary sector in the process isn't clear there seems to be a focus on the acute sector, which raises the question: how serious are we about moving from acute to community-based care?
- 8. Audit Scotland would welcome the third sector's input on what it would like to see included in the next audit what are the issues?

# DELEGATES' FEEDBACK ON AUDIT SCOTLAND'S PRESENTATION

### 4 key messages

- 1. To be fully involved in the integration process and in particular, workforce planning, the third sector needs to be more open to sharing information. It may be that lack of resource, rather than willingness, may be the reason for this not happening enough at the moment.
- 2. There were suggestions that the third sector itself should be audited. Audit Scotland explained that they'd be unable to audit the third sector (they only audit the public sector), but that they could audit the public sector on how it engages with the third sector.
- 3. For true involvement of the third sector in the integration process, there is a need for a shift in mind-set from the public sector the third sector wants to be a real partner, not just one with which the public sector engages.
- 4. The third sector can act as a conduit for Audit Scotland to reach service users it was suggested that this first report was overly health-focused and less social care-focused, in particular lacking reference to person-centred care. Existing initiatives such as '<u>Our Voice</u>' could bring a serviceuser perspective to Audit Scotland's next report on health and social care integration.

# Q&A DISCUSSION: LOOKING TO THE FUTURE – WHAT NEXT?

## 6 key messages

- 1. The report is very much welcomed and identifying the risks is 'half the battle' it's a starting point for improvement.
- 2. The nature of this audit was largely paper-based, however, a lot can also be observed from communities and service users. The next report should engage more widely.



- 3. The next report and the integration process in general, is a great opportunity for performance measurement criteria to change there needs to be a culture change away from measuring waiting lists and bed numbers to instead measuring service user outcomes such as improved health and wellbeing. The differing measurement criteria between the NHS and third sector is one of the barriers to them working together more effectively.
- 4. Any future reports need to look at how integration will deliver the culture change that is required e.g. do job descriptions outline the behaviours and culture required of a more social care and community-focused system? Are the processes enabling the culture?
- The third sector itself needs to be proactive in coming forward with information for Audit Scotland

   there needs to be engagement between national intermediaries, TSIs and the rest of the sector
  to ensure its voice is heard.
- 6. With the right people, strong relationships and strong leadership, this programme of reform should have a positive impact on service users.

### What can you do next?

- Read the full report: <u>Audit Scotland Health and Social Care Integration Report 3<sup>rd</sup> December</u> 2015
- Read the <u>Twitter Storify of the event</u> and to review Tweets search #healthandsocialcare
- View <u>VHS website</u> for more information on this policy area

For further information please contact: Catherine Ronald - Policy Engagement Officer <u>catherine.ronald@vhscotland.org.uk</u>

1<sup>st</sup> February 2016.



We welcome new members from all sectors – join us now. www.vhscotland.org.uk/get-involved

Voluntary Health Scotland, Mansfield Traquair Centre 15 Mansfield Place Edinburgh EH3 6BB t.0131 474 6189 mail@vhscotland.org.uk www.vhscotland.org.uk Twitter: @VHSComms