

# AUDIT SCOTLAND HEALTH & SOCIAL CARE INTEGRATION REPORT

## GLASGOW WORKSHOP

KEY MESSAGES FROM TUESDAY 3<sup>RD</sup> FEBRUARY 2016

### Introduction

In December 2015 Audit Scotland published its first report on Health and Social Care Integration (H&SCI). This is the first of three planned Audits - over a five year period - 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.

### Glasgow Workshop

Our Glasgow workshop on 3<sup>rd</sup> February 2016 brought together 33 people from the third sector, providing a platform for Audit Scotland - Senior Auditor, Gordon Neill - to present the report's findings, followed by a discussion on the topic. A panel of members from the Third Sector Health and Social Care Advisory Group – Allan Johnstone (Voluntary Action Scotland), Susan Paxton (Scottish Community Development Centre), Mark McGeachie (Joint Improvement Team) & Zhan McIntyre (Scottish Federation of Housing Associations) – 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. It's also about a fundamental shift in the way health and social care is delivered.
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, 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 and 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?

## POST-PRESENTATION DISCUSSION: LOOKING TO THE FUTURE – WHAT NEXT?

### Issues people identified - 10 key messages

1. Giving GPs a central role by statute is skewing integration towards health-focused interests.
2. The opportunity to mobilise existing knowledge about improvement methods ('what works') is not being seized by IAs.

3. Capacity of third sector and carers to play full role is very stretched (especially in rural/remote areas); more IAs should invest in training non-voting members to understand and carry out the roles required
4. Beware of only measuring things where data exists/is easy to find or IAs reclassifying non-relevant data as relevant
5. Service users' need for support NOW can't be put on hold until integration is perfectly implemented - improvement has to be ongoing and a sense of urgency is required.
6. There is need for more clarity on what the role of IAs will be in helping tackle health inequalities and related causal factors such as housing, homelessness, social isolation and loneliness.
7. It's not clear where IAs sit in relation to Community Planning Partnerships (CPPs).
8. This first report is overly health-focused and less social care-focused, in particular lacking reference to person-centred care.
9. Full consideration needs to be given to the health and social care workforce – it seems that planning has been budget rather than needs focused. There is concern that the workforce won't have the right balance of NHS and social care staff and in working in an integrated system, there will be staff that have gone through very different training being brought together - that in itself could inhibit the culture change required by integration.
10. The huge role - and number – of carers was especially noted – how will more structured career paths and integration in IA workforce plans, promote the retention of this crucial part of the social care workforce? Often recruited from the private sector, they are seen as more at risk of job loss due to budget cuts, than NHS staff.

### **Ideas for future audits - 13 key messages**

#### **Audits should test and challenge the extent to which IAs:**

1. Fully include housing and homelessness services in integration.
2. Integrate/embed health inequalities into strategy and planning.
3. Avoid narrow/reductionist views about what 'quality of life' means.
4. Create and implement measurement criteria – 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. Integration is an opportunity for IAs to be progressive in how they evaluate impact – it's not all about numbers and hard evidence, qualitative evidence is valued too.
5. Have taken steps to engage differently with partners, compared to what has been done in the past – how will IAs actively engage with the third sector going forward?
6. Have shifted towards a more preventative and early intervention approach.

7. Avoid being overly driven by health interests and agendas.
8. Avoid reclassifying investment in tangential activity as a contribution to integration.
9. Engage with frontline health and social care staff to identify what they see as issues in the integration process.
10. Consult and co-produce with meaningful (not token) numbers of organisations/individuals

### **Audit Scotland Should:**

1. Look at whether partnerships improve engagement with the third sector over time and ask IAs about the impact the third sector has on outcomes.
2. Look at the quality of IAs' policies and procedures and the likelihood of those delivering to expectations.
3. Listen to what users have to say – third sector is happy to help facilitate this kind of engagement, e.g. a focus group between Audit Scotland and people with dementia and their carers.

### **What can you do next?**

- Read the full report: [Audit Scotland Health and Social Care Integration Report – 3<sup>rd</sup> December 2015](#)
- To review event Tweets search #healthandsocialcare.
- View [VHS website](#) for more information on this policy area.
- [View the key messages summary](#) from our Edinburgh Audit Scotland event.

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