

Health and Social Care Integration: Third Sector Round Table with Audit Scotland 4th October 2016

Key Messages

Introduction

Audit Scotland published its first report on Health and Social Care Integration (H&SCI) in December 2015. The report detailed some of the emerging risks as the legislation was at an early stage of implementation. It was the first of three planned audits over a five year period. The next report is scheduled for publication in early 2018 and will provide a more comprehensive look at the progress of health and social care integration. VHS has been leading a series of discussions between Audit Scotland, members of the Third Sector Health and Social Care Collaborative and the wider third sector since October 2015. Our roundtable on 4th October explored areas of mutual interest and key questions that the third sector would like to see the next audit ask.

Background to Audit Scotland's interest in Health and Social Care Integration

Integration of 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 is conducting this audit process due to the very significant levels of public money involved, as well as it being an opportunity to review how service delivery and outcomes for the public could be improved.

Edinburgh Roundtable

The VHS roundtable brought together representatives of a cross-section of third sector intermediary bodies and Audit Scotland. It provided a platform for Senior Manager Gordon Neill, Senior Manager Lorraine Gillies and Senior Auditor Rebecca Smallwood to give their perspective on the continued progress of integration and to explain their planned focus and timescales for the next audit. Third sector participants were Derek Young (Age Scotland), Nancy Fancott (Coalition of Care Providers Scotland), Claire Cairns (Coalition of Carers in Scotland), Helen McNeill (Voluntary Action Scotland), Jacqui Reid (Health and Social Care Alliance Scotland), Sarah Currie (Scottish Council for Voluntary Organisations), Zhan McIntyre (Scottish Federation of Housing Associations), Claire Stevens (VHS) and Kiren Zubairi (VHS).

Gordon Neill – Summary of December 2015 audit findings.

General

- There are variations across Integrated Joint Boards (IJBs) regarding services that are integrated, a mixture of Adult only or Adult plus Children and/or Criminal Justice Services. Two IJBs are also integrating acute services.
- There are five areas of audit; governance and accountability, finance, service redesign, workforce, and performance management.
- Audit Scotland recognise the importance of housing and will be mindful of this in planning the next audit.

Governance and Accountability

- Integration presents a complex landscape and it can be difficult to establish who is in charge and accountable in IJBs. The governance arrangements mean grey areas, likely conflicts of interest, duplication of reporting structures, and/or a lack of clear reporting.
- The size of individual IJBs vary greatly. For example, Edinburgh has 23 board members and Clackmannanshire has 31 members. Larger boards may make decision making difficult.
- The distinction between voting and non-voting members can be confusing.

Finance

- There have been delays in agreeing budgets. There are different planning cycles for NHS boards and local authorities.
- IJBs have set aside budgets for some hospital services. This is where the budget is still held by the NHS board, but set aside for IJB commissioned services, in larger hospitals where both integrated and non-integrated services are provided.
- Budgets for localities may not reflect local needs or priorities.
- There is greater uncertainty over long term budgets in a time of budget cuts and financial uncertainty.

Service redesign

- Strategic plans described what existed rather than set out plans for the future
- There is insufficient clarity about how services will change.
- There is a risk of a continuing focus on the acute sector.

Workforce

- There is a need for a workforce strategy.
- Coordination across an immensely diverse and large workforce is challenging
- The biggest single workforce is unpaid carers and they are ignored in plans
- The extent and nature of the third sector workforce is largely ignored/unknown.

- Nancy Fancott commented that the SSSC can provide figures on third sector workforce by NHS, LA, demographics.
- However this only accounts for the registered workforce and not for the voluntary workforce.
- The workforce is shaped by budget cuts rather than future needs.
- There are different cultures between NHS and councils.

Performance management

- There is a focus on 9 national outcomes which have few measurable indicators and are difficult to interpret – e.g. what does ‘wellbeing’ actually mean?
- The outcomes are so diverse this makes them hard to cross analyse.
- Are the right things being measured?
- Who is the audience for the measures – seems like board members are a proxy for the general public.
- Helen McNeill asked ‘Why don’t we just ask people?’
- It is difficult to determine what success looks like. How will we know prevention is happening or how can we measure the impact of preventative interventions?
- Jacqui Reid made the point that you do not have to reinvent the wheel, there is a lot of third sector activity that has been evidenced to work, can take learning from this.

Ideas for Next Audit

Work on the next audit is due to begin in June 2017 and the report is currently scheduled for publication early in 2018.

Some of the issues the group suggested the audit could usefully address:

- IJBs are preoccupied with workforce issues at the expense of any focus on their service users
- Carers as non-voting members of IJBs
 - Carers often lose money when they attend IJB meetings
 - Some feel that their representation on the board is tokenistic.
 - Recruitment differs across Scotland, some carers go through an application and interview process whilst others are picked from local communities.
 - The support carers receive differs widely. Some carers go through an induction process and are well supported throughout whilst others are not.
- How does decision making happen?
 - Large documents shared at short notice mean that non-voting members on IJBs cannot usefully engage or make decisions.
 - The issues being discussed are often unclear.
 - Look at the process of decision making and how non-voting members of the IJBs are supported in that process.

- Service user flow through the system should be discussed.
- Lack of a communications strategy for engaging general public.
 - No public information to help people understand, contribute to Health and Social Care Integration.
- Look at how MSPs are engaging with H&SCI. When they are asking questions in Parliament about hospital ward closures are they also discussing what alternative community services are being established?
- Examining the reality of co-production – are the general public, service users, and carers actively engaged in co-production in practice?
- How best to gather robust evidence from service users? i.e. beyond the ‘anecdotal’. What information would be good to know from services users?

Next Steps

1. The Third Sector Collaborative can help Audit Scotland gather views of service users, e.g. by facilitating face to face dialogue with service providers about their experiences.
2. Audit Scotland could hold focus groups with people who have no background or knowledge of Health and Social Care Integration as well as groups with specialist knowledge i.e. carers.
3. VHS agreed to convene a further roundtable next year as a stock take of how things are progressing and to discuss any further emerging issues or developments.
4. Audit Scotland’s planned advisory group for the next audit will include third sector representation
5. Third Sector Collaborative can assist between now and June 2017 by having conversations with networks, gathering intelligence and formulating questions that the next audit could incorporate.
6. Voluntary Action Scotland offered to set up a meeting with Third Sector Interface (TSI) Chief Officers.