

Key Messages

Audit Scotland's Review of Health and Social Care Integration

27th February 2019

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 implemented. The report was the first of three planned audits over a five year period, the second report has now been published and focuses on providing a more comprehensive look at the progress of Health and Social Care Integration implementation.

Voluntary Health Scotland 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 latest meeting took place on 27th February 2019 with the aim of discussing the key findings from this second audit and their implications for the third sector. The final report will focus on how integration has impacted on people and whether transformational change has occurred. 33 people participated in the discussion.

Context of Audit

The overall value of the resources involved is estimated at £8billion and this is the biggest example of public sector reform. This does not include third sector resources which are utilised, so the scale is even larger. Even with this level of investment the context of integration is one of financial strain, with the aim of integration to redirect funding from acute hospital funds to community settings not yet being enacted. There are further issues around the number of people in both NHS Health Boards and Local Authorities not understanding the concept of integration. A lack of public engagement on integration and the culture change required when accessing more services in the community are also issues.

Many of the challenges and problems of integration are in fact long standing issues that pre-date integration such as delayed discharge. This is an issue that Health Boards were unable to tackle nor Local Authorities, and Integrated Joint Boards (IJBs) are new entities so there needs to be recognition that this will take time.

There is a need to focus on the bigger picture as well as continue to learn and display understanding of what is working and what the barriers are. For many IJBs the conditions are pitched against them for example, a lack of beds, gaps in workforce, even Brexit. So it is easy to say that these IJBs are not performing when in fact they are trying to overcome the challenges and barriers they face: in this case the context is necessary.

Key Findings

The second audit found that integration is working in some areas, that there are signs of progress in both geographic areas as well as areas of work. There is evidence of a change of language towards more collaboration, better data and better joined up services.

The Audit has identified areas where things are working for some IJBs but also where improvements can be made.

Leadership: where progress has been seen there has been strong leadership that focusses on collaboration and partnership. What are not required are “hero” leaders in the traditional sense but leaders that will work collaboratively but not shy away from shaking things up. The audit found that in better performing areas, partners were identifying issues and working on them together. Barriers to strong leadership included staff turnover and a large number of unoccupied posts.

Financial planning: There needs to be a change in how budgets are defined; currently there is too much possessiveness over budgets and this is resulting in disagreements over shared budgets. By giving up power and control and sharing budgets there can be a renewed focus on creating the best outcomes for communities and more long term financial plans as well as scenario planning to help deliver this.

More tangible actions: There is a need to put the mechanics of prevention and early intervention into place. Right now it is not clear how change will happen and how well IJBs are working with other sectors, like housing, to deliver change.

Accountability: there needs to be more clarity around what accountability looks like. There is a lot of discussion around the need for accountable governance but very few solutions and this is resulting in the breakdown of collaboration between IJB partners.

Data Sharing: the sharing of information and intelligence is a big issue. Good quality data exists but partners are either not willing to share or are unable to share due to IT issues. It is important that this is resolved as it will support local, regional and national decision making and help to tackle issues at the right level. The third sector’s grassroots level expertise and data was highlighted at this point and how this could be utilised to help shape good practice.

Better engagement: The audit recognised that IJBs were not readily accessible to third sector, carer and service user representatives. The audit found committee papers to be inaccessible, with little support for people to get involved as well as a lack of transparency and openness on how decisions are made.

Wider discussion

The integration outcomes focus on more care and support at home. The third and housing sector already have this focus regardless of integration but would like an opportunity to deliver more care and support at home as part of a wider system. This wider systems working between IJBs, the third and housing sector can be supported by better, more long term funding and better engagement, as well as recognising the value of third sector qualitative data alongside clinical and quantitative data.

It was also noted that locality planning was informed by out of date data that didn't include a contribution from the third sector which often as live, grassroots level intelligence.

There needs to be better quantity and quality of engagement with third sector and communities. The third sector as well as carer and patient representatives have a seat at the table on IJBs but there is no meaningful opportunity to take part in the decision making process and this needs to change in order to deliver the best outcomes for people.

It was also highlighted that service users are not a homogenous group and that more should be done to understand diverse needs in order to develop services that meet people's needs. That there should be genuine co-production between service users and providers.

It was noted that there is very little in the medical school curriculum about Health and Social Care Integration. The health and care workforce is taught very little about the third sector and how to work cross-sectorally.

The need for valuing and supporting the social care workforce was emphasised as they often faced with low pay, short term contracts and face the brunt of poor commissioning practices.

For further information please contact Kiren Zubairi: Kiren.Zubairi@vhscotland.org.uk



Mansfield Traquair Centre
15 Mansfield Place Edinburgh EH3 6BB
0131 474 6189 mail@vhscotland.org.uk
www.vhscotland.org.uk @VHSComms

Registered Scottish Charity SCO35482
A company limited by guarantee SC267315