

Health and Social Care Alliance Scotland (the ALLIANCE)



Briefing: Audit Scotland report: Health and social care integration, November 2018

Introduction

Audit Scotland's latest report considers the progress made by Integration Authorities towards the 2014 Act integrating health and social care functions. The aim of the Audit is to consider the impact integration has had so far, identify areas of improvement and make recommendations for future action by statutory agencies.

Key messages

Following the enactment of the Public Bodies (Joint Working) (Scotland) Act 2014, Integration Authorities have started to introduce more collaborative ways of delivering services. Alongside this, there have been reductions in unplanned hospital activity and delays in discharge from hospital.

Audit Scotland, however, identify that there is much more to be done, particularly emphasising that:

- Financial planning is not integrated, long term or focused on providing the best outcomes, limiting the ability to improve the health and social care system.
- Integration Authorities were designed to control some services provided by acute hospitals and their related budgets. This part of the legislation has not been enacted in most areas.
- Strategic planning needs to improve and is hampered by a lack of collaborative leadership, high turnover in leadership teams, disagreement over governance arrangements and an inability or unwillingness to share data with staff and the public.

Significant changes are required in the way services are delivered with a focus on:

- Appropriate leadership capacity, with partners signed up and engaged in reforms.
- Improved emphasis on shared learning of successful approaches.
- All partners working together to be more honest and open about the changes needed to sustain health and care services in Scotland.

The current position

Integration Authorities are responsible for directing almost £9bn of health and social care resources. Over 70% comes from NHS Boards and the remainder from Councils. They were required to achieve savings of £222.5m in 2017/18, an increase of 8.4% on the previous year. Some Integration Authorities have struggled to balance demand for their services with financial pressures.

In 2017/18, authorities reported an overall underspend of £39.3m (0.4% of their total income), however many authorities have required additional unplanned allocations from their partners (for example, 16 required additional money from NHS Boards and 10 needed additional money from councils).

Integration schemes, approved by Ministers, set out that hospital services will be delegated to the Integration Authorities, as required under the Act. However, in most areas the services not been delegated. Audit Scotland suggest that the main reason for this is a lack of shared agreement on how to implement this aspect of the legislation.

Integration Authorities use a significant number of measures to monitor national and local progress – but clear and transparent presentation of this information is required for them to be well understood. It is important that the Scottish Government can demonstrate that resources have led to improvements, in line with its national health and wellbeing outcomes. However, these national outcomes are not being routinely reported at a national level.

Examples of impact

Audit Scotland's report notes a series of examples of good practice in integrated health and social care across Scotland. This includes the D&G Handyvan in Dumfries and Galloway which provides information, advice and practical assistance with adaptations to people's homes, social prescribing in Dundee and a Reablement Project Team (RPT) established to test various reablement approaches and process in Falkirk.

The report also notes the Red Cross Home From Hospital service in East Ayrshire which supported 1,700 people in 2017/18 to be discharged from hospital as early as possible, reducing their length of stay and resettling them in their home. A total of 1,730 bed days have been saved (approx. £302,750).

Making integration a success

Audit Scotland have identified key areas that, if addressed, should lead to broader improvements and help Integration Authorities to take positive steps towards making an impact on health and care outcomes.

1. **High quality leadership** is critical and given the complexity of integration, it is important that leaders are highly competent, have the capacity to deliver and are well supported. 57% of Integration Authorities have had leadership changes, with seven having different Chief Officers in post than two years previously. There are also significant differences in the roles and remunerations of Chief Officers and a lack of support for issues such as HR, finances, improvement and strategic commissioning. Where collaborative leadership has occurred, authorities are better placed to implement widespread changes to improve outcomes.
2. **Capacity must be built to make change happen.** More action is needed to increase knowledge of those involved in decision making processes, allow for proper consideration and explanation of often complex paperwork and to address turnover of staff which has affected the skills of those involved.
3. **Strategic planning is key to integrating and improving.** Although this is the statutory responsibility of the Integration Authorities, councils and NHS Boards should fully support and provide resources needed to allow capacity for strategic thinking.
4. **Housing needs must be central.** All Integration Authorities are required to include a housing contribution statement in their strategic plans but only three quarters have reported some involvement of housing services in planning health and social care. Audit Scotland found that the extent of this involvement this was variable between partnerships.
5. **Longer-term integrated financial planning** is needed to deliver sustainable service reform. All Integration Authorities have short term financial plans, but only a third have medium term plans and none longer. Authorities should draw on Councils experience of drawing up longer term financial planning.
6. **Governance and accountability arrangements must work locally**, with clarity between those working at senior levels about the Act and what is required to meet it. Disagreements are apparent where there is no clear governance structure. Partners need to set out how local arrangements will work and away from what works for organisations.
7. Decision making must be localised, as envisaged by the Act. In some areas, decision making is yet to be devolved as per the spirit of the Act and locality

plans and management structures are still in development. There are some examples where putting in place governance systems to encourage and enable innovation, community engagement and participation has left integration authorities well placed to progress integration and implement new services.

8. **The use of data is a key driver for change**, and in some areas, analysts are tailoring and interpreting local data to help integration authorities better understand local need and demand and plan and target services. Improved sharing of information between different parts of the health and social care system is a vital part of providing effective care.
9. **Meaningful and sustained engagement** can inform service planning and ensure impact can be measured. There are some good examples of local engagement influencing priorities, however several third and independent sector organisations reported that Integration Authorities do not seek or value their input. Integration Authorities have a responsibility to help them become involved and work with them earlier and must discuss potential changes to services and funding as soon as possible. There is also a role for Scottish Government in continuing to develop how learning from successful approaches to integration is shared across Scotland.

About the ALLIANCE

The ALLIANCE is the national third sector intermediary for a range of health and social care organisations. The ALLIANCE has over 2,500 members including a large network of national and local third sector organisations, associates in the statutory and private sectors and individuals. Many NHS Boards and Health and Social Care Partnerships are associate members.

Our vision is for a Scotland where people who are disabled or living with long term conditions and unpaid carers have a strong voice and enjoy their right to live well.

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