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WESTERN ISLES HEALTH AND SOCIAL CARE PARTNERSHIP

Audit Scotland Report on Health and Social Care Integration

Report by Chief Officer, Health and Social Care

PURPOSE OF REPORT

1. To update the Joint Board on our response to the recent Audit Scotland report on health and social care integration.

COMPETENCE

2. The matters arising in the report have no immediate financial, legal or HR implications.

SUMMARY

3. Audit Scotland recently published the second of three national performance audits of health and social care integration following the introduction of the Public Bodies (Joint Working) Scotland Act 2014. The aim of the audit was to examine the impact of the reforms introduced in response to the legislation.
4. The headline observation from Audit Scotland is that integration can work and that the Act can be used to advance change. Although some initiatives to integrate services pre-date the Act, there is evidence that integration is enabling joined up and collaborative working. This is leading to improvements in performance, such as a reduction in unplanned hospital activity and delays in hospital discharges. But there is much more to be done. More specific observations include:
 - Integration Authorities (IAs) have started to introduce more collaborative ways of delivering services and have made improvements in several areas, including reducing unplanned hospital activity and delays in discharging people from hospital. People at the end of their lives are also spending more time at home or in a homely setting, rather than in hospital.
 - Financial planning is not integrated, long term or focused on providing the best outcomes for people who need support. Financial pressures across health and care services make it difficult for IAs to achieve meaningful change. IAs were designed to control some services provided by acute hospitals and their related budgets. This key part of the legislation has not been enacted in most areas.
 - Strategic planning needs to improve and several significant barriers must be overcome to speed up change. These include: a lack of collaborative leadership and strategic capacity; a high turnover in IA leadership teams; disagreement over governance arrangements; and an inability or unwillingness to safely share data with staff and the public.
 - Significant changes are required in the way that health and care services are delivered. Appropriate leadership capacity must be in place and all partners need to be signed up to, and engaged with, the reforms. Change cannot happen without meaningful engagement with staff, communities and politicians.
5. This report also expresses a view that IJBs haven't been able to influence set aside budgets (i.e. the acute budgets not directly managed by the Chief Officer). However, by virtue of having a co-terminous health and local authority, those issues have not been a material factor in the Western Isles – the relevant acute sector functions delegated have appropriate budgetary reports in place and the IJB is in principle empowered to use that budget to commission different service





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arrangements, should the Integrated Corporate Management Team present it with redesign options.

6. The report also draws attention to levels of financial reserves held across IJBs in Scotland, and perhaps not surprisingly given the number of vacancies we have carried since the inception of the IJB, we are at one end of that spectrum. However, our reserves are carried in line with our policies and we have specific programme of investment ascribed to these reserves.
7. More broadly, the report sets out a series of recommendations, which have been tabulated below and set against a brief self-assessment and proposed actions.

Recommendation	Self-Assessment	Action
Integration Authorities, councils and NHS boards should work together to ensure operational plans, including workforce, IT and organisational change plans across the system, are clearly aligned to the strategic priorities of the IA	This has been raised by internal audit, especially around workforce which continues to present a major challenge in giving effect to strategic objectives. Our primary challenge is not around lack of alignment but in finding organisational capacity to oversee change programmes.	Ongoing work in relation to workforce planning is crucial. Monies have also been set aside to support better integrated information systems. Where relevant, we should continue to reflect on programme management capacity to support processes of change.
Integration Authorities, councils and NHS boards should work together to monitor and report on Best Value in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.	In addition to the annual report which is required by law, we developed a Best Value self-assessment which we brought to the IJB in June 2018.	Continual review of best value through established processes.
Councils, NHS boards and Integration Authorities should work together to support integrated financial management by developing a longer-term and more integrated approach to financial planning at both a national and local level. All partners should have greater flexibility in planning and investing over the medium to longer term to achieve the aim of delivering more community-based care.	CFO is currently developing three year financial plan for the IJB despite one-year budget settlements from the Scottish Government. This includes how we deploy resources in order to develop balanced budgets. Many of our change programmes are predicated on medium term financial investment, such as the new campus at Goathill.	Periodical review of medium term financial plans; consideration of Scottish Government financial forecasts.
Integration Authorities, councils and NHS boards should work together to view their finances as a collective resource for health and social care to provide the best possible outcomes for people who need support.	The IJB, the Comhairle and the Health Board has been very disciplined in the face of an underspend in social care budgets and an overspend in acute budgets in viewing the resource as a pooled budget. This has allowed us to channel resources to where the local system was under most pressure	In the medium term, we would want to see the profile of investment change in favour of primary and community care. This is supported by change programmes in mental health, primary care transformation and urgent care.





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Recommendation	Self-Assessment	Action
Councils, NHS boards and Integration Authorities should work together to agree local responsibility and accountability arrangements where there is disagreement over interpretation of the Public Bodies (Joint Working) (Scotland) Act 2014 and its underpinning principles.	Up to this point, there has been little, if any, disagreement locally about the terms of the Public Bodies Act. That said, we have been prepared to learn where elements of the legislation were not being fully applied – the use of directions is a case in point.	Further work to smooth out processes around directions. Further work to support integrated clinical and care governance, especially in relation to social care governance.
Councils, NHS boards and Integration Authorities should work together to share learning from successful integration approaches across Scotland	Learning is shared via a range of media and platforms. In addition, the Chief Officer, Chief Finance Officer and Chief Executives receive informal updates via their national meetings.	It is especially important, as a geographically disconnected community, that we learn from other partnerships across Scotland. We will continue to engage Scottish Government and the various improvement bodies in pursuit if these ends.
Councils, NHS boards and Integration Authorities should work together to: <ul style="list-style-type: none"> • address data and information sharing issues, recognising that in some cases national solutions may be needed • review and improve the data and intelligence needed to inform integration and to demonstrate improved outcomes in the future. They should also ensure mechanisms are in place to collect and report on this data publicly. 	Our data and information sharing proposals have been resourced but up to this point we have not had an opportunity to define appropriate linkages. No technical issues act as a barrier and we are well positioned to make progress on that front. In terms of evidencing impact, the information and intelligence team have provided excellent support in the development of an IJB performance dashboard.	Our next action is to define information requirements at a very practical level (e.g. what information would be beneficially and safely shared between, say a social worker and a nurse or an OT). This will then help us to link existing and proposed information systems.
Integration Authorities, councils and NHS boards should work together to continue to improve the way that local communities are involved in planning and implementing any changes to how health and care services are accessed and delivered.	Our community engagement in the first year of the IJB was very effective but it has since diminished because of a lack of organisational capacity.	Actions are set out to build on existing capacity (e.g. community link workers) to build capacity (short term appointment of an LPG coordinator), and link with national partners (e.g. proposal to partner NDTi)

RECOMMENDATIONS

8. It is recommended that the IJB:

- Comments on the Audit Scotland report;
- Notes the actions set out in the table above which are designed to address the report's recommendations.

Ron Culley, Chief Officer
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