



# Audit Scotland: Audit of Health and Social Care Integration

## Briefing note for VHS members following a discussion between Audit Scotland and national third sector organisations, 19<sup>th</sup> October 2015

### 1. Overview

- 1.1. Audit Scotland invited VHS to help it engage with the third sector during its current audit of health and social care integration. VHS organised and chaired a meeting on 19<sup>th</sup> October, involving Audit Scotland and members of the national third sector group on health and social care integration (see end of note for list of attendees).
- 1.2. Health and social care integration 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 interest is due to the very significant levels of public money involved as well as the opportunity to improve service delivery and outcomes for the public.
- 1.3. Audit Scotland is taking a three-stage approach to auditing Health and Social care integration:
  - A short 'position statement' audit on emerging risks (in progress)
  - A more comprehensive audit looking at progress (probably 1-2 years time)
  - A fuller audit on the impact of the reforms and outcomes (probably 5+ years time)
- 1.4. The lead auditor for the current audit is Gordon Neill: [GNeill@audit-scotland.gov.uk](mailto:GNeill@audit-scotland.gov.uk)
- 1.5. The current audit was largely desk based, but also involved visits to a selection of partnership areas (Edinburgh, East Renfrewshire, North Lanarkshire, Dumfries and Galloway, and Stirling/Clackmannanshire). Other engagement has been with a mix of stakeholders (including BMA, Scottish Government, HIS and the Care Inspectorate).
- 1.6. The draft report is currently with the Scottish Government for clearance. Audit Scotland expect to publish it 3<sup>rd</sup> December 2015. The Public Audit Committee is scheduled to look at the report at its meeting on 16<sup>th</sup> December.

## 2. Findings and feedback

### 2.1. The report covers:

- Background, legislation and underlying pressures
- Different approaches by the 31 partnerships
- Emerging risks that will need to be addressed

### 2.2. Emerging risks identified by Audit Scotland concern:

- Governance and accountability
- Finance
- Planning
- Service Redesign
- Workforce
- Performance Management

### 2.3. Third sector organisations present offered their perspectives on integration journey to date:

2.3.1. Warmly welcome the opportunity to meet with Audit Scotland, although disappointed that it is late in the process of preparing the report. Invites Audit Scotland to review process of stakeholder engagement for the next health and social care integration audits to ensure engagement with all stakeholders at the appropriate time.

2.3.2. The third sector is optimistic and enthusiastic about the integration agenda; however, there is also frustration at the disconnect between the vision/policy and the reality of implementation

2.3.3. Disappointment in the third sector's effective exclusion from the governance arrangements introduced by the Public Bodies (Scotland) Act 2014 and observation that partnerships engagement with the third sector is very uneven.

2.3.4. Suggestion that the governance section of the report include overt reference to the emerging risks for partnerships if they fail to include the third sector and other non-voting partners consistently and meaningfully.

2.3.5. Risk that positive developments and learning made under the Reshaping Care for Older People programme (e.g. partnership working, assets based and preventative approaches, strategic investment) have been ignored or lost with the new reform programme.

2.3.6. Risk that partnerships lack strategic and inclusive change management plans for integration, and are approaching reform as a NHS/local authority change process.

2.3.7. Risk that partnerships lack of any investment to enable the strategic involvement of the third sector in the reform programme is making involvement very challenging.

2.3.8. Risk that partnerships may be ignoring pro-active offers from the third sector, e.g. housing associations prepared to invest their own resources in new pilot work but finding it slow to get partnerships to buy-in.

2.3.9. Risk that partnerships are to date reluctant to disinvest in existing service models/ways of doing things and that is hampering reform.

- 2.3.10. The reform programme requires a significant cultural shift in a very large and diverse workforce and the necessity that it leave some established comfort zones.
- 2.3.11. Need to challenge NHS over a reluctance to recognise and value different types of evidence of outcomes – a barrier for third sector organisations trying to convince public sector partners of their impact.
- 2.3.12. Need to challenge IJBs on the need to be genuinely open to influence (ie much more than simply consulting and informing). A need to explain health and social care integration to the public, communicate the vision and ensure community engagement, all of which should be the first stage of the change management process.

### **3. Suggestions for further engagement between Audit Scotland and third sector**

- 3.1. Agreed that further engagement with Audit Scotland would be most welcome. Scope for a collaborative event presenting the report to a third sector audience will be explored. VHS has subsequently followed up with Audit Scotland, with a view to a collaborative event in January 2016.

#### **Participants in the discussion**

Gordon Neill, Audit Scotland

Claire Stevens, Voluntary Health Scotland (chairing)

Nancy Fancott, Coalition of Care Providers Scotland

Zhan McIntyre, Scottish Federation of Housing Associations

Sarah Currie, Scottish Council of Voluntary Organisations

Allan Johnstone, Voluntary Action Scotland

Jaqui Reid, Health and Social Care Alliance Scotland

Diane Kennedy, Evaluation Support Scotland

Helen McNeill, Glasgow Council for the Voluntary Sector

Susan Paxton, Community Health Exchange, Scottish Community Development Centre