



Item No. 8

Meeting Date Wednesday 5th December 2018

Glasgow City Integration Joint Board Finance and Audit Committee

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HEALTH AND SOCIAL CARE INTEGRATION 2018 – AUDIT SCOTLAND

Purpose of Report:	The purpose of this report is to advise of the key findings of the Audit Scotland report 'Health and social care integration, Update on Progress' and the key recommendations where there is relevance to the Glasgow City Health and Social Care Partnership (GCHSCP) and Glasgow City Integration Joint Board (IJB).
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Background/Engagement:	This is 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 this audit is to examine the impact public bodies are having as they integrate health and social care services. The full report and accompanying supplements are available at http://www.audit-scotland.gov.uk/report/health-and-social-care-integration-update-on-progress
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Recommendations:	The IJB Finance and Audit Committee is asked to: a) note the contents of this report; and b) note an update report will be presented to the IJB in February 2019.
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Relevance to Integration Joint Board Strategic Plan:

The Health and social care integration 2018 audit report and its recommendations are relevant to the IJB's strategic vision for health and social care services in Glasgow City as outlined in the Strategic Plan, and in particular through designing and delivering services around the needs of individuals, carers and communities and by showing transparency, equity and fairness in the allocation of resources.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	The Health and social care integration 2018 audit report and its recommendations directly relate to what Integration Authorities are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care. Therefore all nine National Health and Wellbeing Outcomes are encompassed.
Personnel:	Audit Scotland makes a recommendation in relation to workforce planning. A joint three-year IJB Workforce Plan (2017-20) was approved by the IJB at its June 2017 meeting.
Carers:	Audit Scotland makes a recommendation to continue to improve how local communities are involved in planning and implementing services that will have a positive impact on engagement with and services delivered for patients, service users, carers and communities.
Provider Organisations:	None
Equalities:	No EQIA carried out as this report does not represent a new or revised plan, policy, service or strategy.
Financial:	Audit Scotland makes recommendations in respect of integrated financial management to provide better outcomes for people requiring support.
Legal:	Audit Scotland makes a recommendation that relates to local responsibility and accountability arrangements where there is disagreement over interpretation of the Public Bodies (Joint Working) (Scotland) Act 2014.
Economic Impact:	None
Sustainability:	Audit Scotland makes a recommendation in relation to strategic planning that refers to the requirement to set out how Integration Authorities intend to progress to sustainable, preventative and community-based services.

Sustainable Procurement and Article 19:	None
Risk Implications:	None
Implications for Glasgow City Council:	Audit Scotland makes a number of recommendations that are relevant to the Council and NHS in the delivery of health and social care services.
Implications for NHS Greater Glasgow & Clyde:	Audit Scotland makes a number of recommendations that are relevant to the Council and NHS in the delivery of health and social care services.

1. Purpose

- 1.1 The purpose of this report is to advise of the key findings of the Audit Scotland report 'Health and social care integration: Update on progress' and makes key recommendations with relevance to the Glasgow City Health and Social Care Partnership (GCHSCP) and Glasgow City Integration Joint Board (IJB).

2. Background

- 2.1 This is 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 this audit is to examine the impact public bodies are having as they integrate health and social care services. The full report and accompanying supplements are available at: <http://www.audit-scotland.gov.uk/report/health-and-social-care-integration-update-on-progress>
- 2.2 The reports has two parts:
- 'The current position,' which examines the progress of integration in enabling joined up and collaborative thinking within Integration Authorities and in contributing to improved performance across integrated services and
 - 'Making integration a success', which identifies the key areas that, if addressed, should lead to broader improvements and help Integrated Authorities to take positive steps toward making a systematic impact on health and care outcomes across their communities.
- 2.3 The findings are based on evidence from a range of sources including:
- A review of documents, such as integration schemes, strategic plans, IJBs' annual audit reports, annual performance reports, national performance data and other key documents including the Scottish Government's National Health and Social Care Financial Framework
 - Interviews, meetings and focus groups with a range of stakeholders including third-sector and independent sector providers, hearing about experiences of engaging with IAs and how services had changed through integration and

- Interviews at four case study sites (Aberdeen City IJB, Dundee City IJB, Shetland Islands IJB and South Lanarkshire IJB) with a range of staff including Chief Officers and Chief Finance Officers, Chairs and vice-chairs of IJBs, NHS and council IJB members, Chief social work officers, clinical and public representatives, NHS and council chief executives and finance officers.

3. Audit Summary Findings

3.1 The four key messages from the report are as follows:

- Integration Authorities (IAs) have started to introduce more collaborative ways of delivering services and, although more can be done, 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 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. This is a fundamental issue which will limit the ability of IAs to improve the health and social care system. 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.** Local areas that are effectively tackling these issues are making better progress
- 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. **Partners also need to improve how they share learning from successful integration approaches across Scotland.** Change cannot happen without meaningful engagement with staff, communities and politicians.

3.2 The main findings from Part 1, 'The current position' fall into the following headings:

- Integration Authorities oversee almost £9 billion of health and social care resources;
- Financial pressures make it difficult for IAs to make sustainable changes to the way services are delivered;
- Hospital services have not been delegated to IAs in most areas;
- Monitoring and public reporting on the impact of integration needs to improve;
- Integration Authorities' performance reports show local improvement.

3.3 The main findings from Part 2, 'Making integration a success' fall into the following headings:

- A lack of collaborative leadership and cultural differences are affecting the pace of change;
- Integration Authorities have limited capacity to make change happen in some areas;
- Good strategic planning is key to integrating and improving health and social care services;
- Housing needs to have a more central role in integration;
- Longer-term, integrated financial planning is needed to deliver sustainable service reform;
- Agreeing budgets is still problematic;
- It is critical that governance and accountability arrangements are made to work locally;
- Decision-making is not localised or transparent in some areas;
- Best value arrangements are not well developed;
- IAs are using data to varying degrees to help plan and implement changes to services but there are still gaps in key areas;
- An inability or unwillingness to share information is slowing the pace of integration;
- Meaningful and sustained engagement will inform service planning and ensure impact can be measured.

3.4 Key points highlighted in Part 1, 'The current position' include:

- There is evidence that integration is enabling joined up and collaborative working, leading to improvements in performance, such as reduction in unplanned hospital activity and delays in hospital discharge;
- There is still a lack of agreement about whether the intention to shift resources away from the acute hospital system to preventative and community-based services is achievable in practice, despite examples of small scale changes that indicate this is achievable in principle;
- Many IAs have struggled to achieve financial balance at year-end. 16 needed additional money from NHS Boards; ten needed additional money from councils; eight drew on reserves and 14 put money into reserves;
- Fourteen IJBs reported underspends in 2017/18, for reasons including; achieving savings earlier than expected; contingencies not being required; slippages in spending plans and projects; and staff vacancies;
- The complexities around accurately preparing set-aside budgets means that to date, the set-aside aspect of the Act is not being implemented;
- IAs are reporting against a range of different measures to demonstrate progress. For the public to understand how the changes are working at a Scotland-wide level, these indicators need to be presented in a clear and transparent way;
- The national health and wellbeing outcomes are not being routinely reported at a national level, although IAs refer to them as part of their annual performance reports;

- Annual performance reports which contain information on local priorities and a range of local initiatives set out improvements achieved against local priorities. However, core indicators of performance are not improving in all areas of Scotland and nationally it is clear that there is much more to be done.

3.5 Key points highlighted in Part 2, 'Making integration a success' include:

- Cultural differences between partner organisations are proving to be a barrier to achieving collaborative working. Partner organisations work in very different ways and this can result in a lack of trust and lack of understanding of each other's working practices and business pressures;
- Greater progress on integration is being made in areas where information is being shared across the partnership, enabling the IJB to draw on, and be supported by, skills and capacity from its partner NHS Board and council;
- Some of the barriers to effectively operating IJBs include; lack of time available to discuss topics and people's knowledge; lengthy papers issued within timescales that do not allow proper consideration; papers that are overly technical/complex for some members; high turnover in key positions leading to lack of consistency and extra time being spent building trust and relationships;
- IJBs should be clear about how and when they intend to achieve their priorities and outcomes, in line with their available resources; and ultimately how they intend to progress to sustainable, preventative and community-based services;
- Workforce pressures are a barrier to the implementation of integration plans and workforce planning is a particularly important element of strategic planning. IJBs need to work closely with their partners to ensure that their plans for service redesign and improvement link with and influence workforce plans;
- There is little evidence that councils and NHS boards are treating IJBs' finances as a shared resource for health and social care, despite the requirement to do this in the legislation, and budget processes set out in integration schemes describing budget-setting based on need. Partners must work with the IJBs to establish an approach to financial planning that considers the priorities of health and social care in the local community.
- Clarity is still needed over who is ultimately responsible for service performance and the quality of care, with some Chief executives of councils and NHS boards concerned that they will be held accountable for failures in how services are delivered when they are no longer responsible for directing those services. Partners need to set out how local accountability arrangements will work;
- In some areas, IAs, councils and NHS boards have not yet devolved decision-making in the spirit of the Act and locality plans and management structures are still in development. Officers, staff and local service providers have reported that this is because of a risk-averse response to integration that sees NHS boards and councils retain central control over decision-making;
- Local data-sharing arrangements need to be in place so that professionals can appropriately share and protect the data they hold and overcome inability or unwillingness to share information;
- Early engagement with staff and the public has reduced since IAs published strategic plans. More communication and involvement will both help increase

knowledge of the services available across partnerships and help overcome cultural differences and reluctance to accept change in ways of working.

- 3.6 One of the measures used to gauge the impact of IAs is data monitored by the Ministerial Strategic Group for Health and Community Care. This groups brings together representatives from the Scottish Government, NHS, local government and IAs to monitor a set of six national indicators. These measures focus on the aim of integration helping to care for more people in the community or their own homes and reducing unnecessary stays in hospital. The table below measures national performance in relation to these six national indicators.

National performance against six priority areas 2014/15 to 2017/18

Measure	2014/15	2015/16	2016/17	2017/18
Acute unplanned bed days	4.15m	4.05m	4.05m	3.91m
Emergency admissions	574,974	584,764	587,950	593,531
A&E Attendances	1.64m	1.61m	1.62m	1.65m
Achievement of the four-hour A&E waiting time target	92.2%	93.1%	93.8%	87.9%
Delayed discharge bed days (for pop' aged 18+	N/A	N/A	527,099	494,123
End of life spent at home or in the community	86.2%	86.7%	87.0%	87.9%
Percentage of 75+ pop' in community (C) or institutional (I) setting	98.0% (C) 2.0% (I)	N/A	98.2% (C) 1.8% (I)	N/A

- 3.7 Four of the indicators show improved performance, but there is significant local variation in performance between IAs. The performance measures do not themselves provide a direct indication of whether people's outcomes have improved, although they do represent key aspects of care which should ultimately improve people's lives.

4. Audit Scotland Recommendations

- 4.1 The audit made sixteen recommendations, directed to the Scottish Government, COSLA, NHS Boards and/or Integration Authorities:

- **five recommendations are directed to the Scottish Government and COSLA**
 - ensure that there is appropriate leadership capacity in place to support integration;
 - increase opportunities for joint leadership development across the health and care system to help leaders to work more collaboratively;
 - urgently resolve difficulties with the 'set-aside' aspect of the Act;
 - support councillors and NHS board members who are also Integration Joint Board members to understand, manage and reduce potential conflicts with other roles;
 - monitor how effectively resources provided are being used and share data

and performance information widely to promote new ways of working across Scotland.

- **two recommendations are directed to the Scottish Government**
 - ensure that there is a consistent commitment to integration across government departments and in policy affecting health and social care integration;
 - commit to continued additional pump-priming funds to facilitate local priorities and new ways of working which progress integration.

- **four recommendations are directed to Integration Authorities in partnership with NHS Boards and councils**
 - ensure operational plans, including workforce, IT and organisational change plans across the system, are clearly aligned to the strategic priorities of the IA;
 - monitor and report on Best Value in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014;
 - view their finances as a collective resource for health and social care to provide the best possible outcomes for people who need support;
 - 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.

- **five recommendations are directed to Integration Authorities in partnership with the Scottish Government, NHS Boards and councils**
 - 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;
 - 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. Scenarios or examples of how the Act should be implemented should be used which are specific to local concerns. There is sufficient scope within existing legislation to allow this to happen;
 - share learning from successful integration approaches across Scotland;
 - 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.

4.2 In total there are nine recommendations directed to Integration Authorities in partnership with others. An update in relation to these recommendations will be provided for the GCHSCP and IJB at the Integration Joint Board in February 2019.

5. Recommendations

5.1 The IJB Finance and Audit Committee is asked to:

- a) note the contents of this report and
- b) note an update will be presented to the IJB in February 2019.