



ANGUS HEALTH AND SOCIAL CARE

INTEGRATION JOINT BOARD – 12 DECEMBER 2018

AUDIT SCOTLAND: HEALTH AND SOCIAL CARE INTEGRATION – UPDATE ON PROGRESS

REPORT BY VICKY IRONS, CHIEF OFFICER

ABSTRACT

This report shares Audit Scotland's recently published report 'Health and Social Care Integration – Update on Progress' with the Integration Joint Board.

1. RECOMMENDATIONS

It is recommended that the Integration Joint Board:

- (i) notes the recommendations contained in the report;
- (ii) considers which areas highlighted should be reviewed with partner agencies;
- (iii) notes that the IJB management team will review this document via its Executive Management Team.

2. BACKGROUND

This report (see Appendix 1) is the second of three National Performance Audit Reports on Health and Social Care Integration. It contains a series of key messages as follows:

- 1) 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. These improvements are welcome and show that integration can work within the current legislative framework, but IAs are operating in an extremely challenging environment and there is much more to be done.
- 2) 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 to 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.
- 3) 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.
- 4) 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. At both a national and local level, all partners need to work together to be more honest and open about the changes that are needed to sustain health and care services in Scotland.

The report also includes a series of recommendations regarding:

- 1) Commitment to collaborative leadership and building relationships.
- 2) Effective strategic planning for improvement.
- 3) Integrated finances and financial planning.
- 4) Agreed governance and accountability arrangements.
- 5) Ability and willingness to share information.
- 6) Meaningful and sustained engagement.

3. FINANCIAL IMPLICATIONS

There are no financial implications arising directly from this report.

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Appendices

Appendix 1 – Audit Scotland: Health and Social Care Integration – Update on Progress