

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 25 February 2016

BY: Chief Officer

SUBJECT: Audit Scotland Report: Health and Social Care Integration

1 PURPOSE

- 1.1 To provide the Integration Joint Board with a summary of the Audit Scotland report on Health and Social Care Integration.

2 RECOMMENDATIONS

The IJB are recommended to

- 2.1 Note the Audit Scotland report
- 2.2 Agree that the report should be remitted to the IJB's Audit and Risk Committee and a response brought back to the IJB for further consideration.
- 2.3 Note that a second report in the Audit Scotland series on integration will be published in April 2016 in which East Lothian feature as an exemplar of good practice.

3 BACKGROUND

- 3.1 [Health and Social Care Integration](#) is the first of three planned audits by Audit Scotland on the major reform programme linked to integration. This first audit provides a progress report at what is explicitly recognised as being a relatively early stage in the process and during a transitional period.
- 3.2 The Public Bodies (Joint Working) (Scotland) Act 2014 enacts a key government policy and sets out the framework for integrating adult health and social care services against a background of changing demography, rising demand for services and constrained budgets.

- 3.3 The report's key messages are:
- 3.3.1 The Act introduces a significant change programme affecting most health and care services and over £8 billion of public money. The reforms are far reaching and ambitious and create opportunities to overcome previous barriers to change.
 - 3.3.2 Across Scotland, the required arrangements to allow Integration Authorities (IAs) and their Integration Joint Boards (IJBs) to be operational by the statutory deadline of April 1st 2016 are well embedded.
 - 3.3.3 The report notes, however, that the required governance arrangements are complex: IJBs are responsible for the planning of integrated services but are not entirely independent of councils and NHS boards.
 - 3.3.4 IJB members will need support to understand and respect significant differences in organisational cultures and background and to robustly manage conflicts of interest.
 - 3.3.5 Greater clarity and a clear understanding of who is accountable for service delivery needs to be built into arrangements, specifically roles and responsibilities and the management of the risk of service failure;
 - 3.3.6 Clearer procedures are required for clinical and care governance;
 - 3.3.7 Councils and NHS Boards across Scotland are finding it challenging to agree budgets for the new integration authorities. This is hindered by different planning cycles and complexities of "set-aside" (acute hospital) budgets.
 - 3.3.8 Difficulties in agreeing budgets and uncertainty about longer-term funding mean that IAs have not yet set out comprehensive strategic plans with clear targets and timescales showing how they will make a difference to people who use health and social care services. These issues need to be addressed by April 2016 if IAs are to take a lead in improving local services.
 - 3.3.8 Most integration authorities have still to produce robust supporting strategies for key areas such as workforce, risk management and data sharing. Audit Scotland notes that the lack of such support brings into question the likely effectiveness of the integration authorities, at least in their first year.
 - 3.3.9 The proposed national performance indicators do not allow clear measurement of the progress required to transfer the balance of care to the community, and the linking of indicators to outcomes is incomplete such that it will be difficult to measure success.

3.3.10 The role of localities still needs to be fully developed.

3.4 Based on this, the Audit Scotland report outlines three key recommendations:

3.4.1 Partners need to set out clearly how governance arrangements will work in practice, and particularly when disagreements arise, as there is a risk that this could hamper the ability of an IA to make decisions about the changes involved in redesigning services. NHS Boards and Councils therefore need to be clear about how local arrangements will work in practice, including developing a shared understanding of roles and responsibilities and an effective system for scrutiny.

In addition, Integration Joint Board members will need comprehensive training and development in order to help them effectively fulfil their role.

3.4.2 IAs must have strategic plans that do more than set out the local context for the reforms. To deliver care in different ways, that better meets people's needs and improves outcomes, IAs need to set out clearly:

- a. the total resources, including funding, assets and skills, that they need
- b. what success will look like
- c. how they will monitor and publicly report on the impact of their plans.

3.4.3 NHS boards and councils must work with IAs to agree budgets. This should cover both their first year and the next few years in order to give them the continuity and certainty they need to develop and implement strategic plans. IAs should be clear about how they will use resources to integrate services and improve outcomes.

3.5 The Audit Scotland report highlights the complexity of the change programme supporting health and social care integration and notes that, if reform is to be successful, key issues still need to be addressed. As these relate primarily to governance and resources the report should be considered by the IJB's Audit and Risk Committee for consideration and mitigation, and a further report prepared and brought forward for the IJB.

3.6 This report is the first in a suite of three from Audit Scotland. The second in the series is due for publication in April 2016 and focuses on changing models of health and social care. East Lothian Health and Social Care Partnership worked with Audit Scotland on this and are cited as exemplars of good practice in a number of areas. A further report on this will be brought forward post publication.

4 POLICY IMPLICATIONS

- 4.1 The Audit Scotland report highlights the need to establish robust governance, planning and monitoring arrangements for the establishment and effective working of the new Integration Authority in East Lothian. The role of East Lothian Council, NHS Lothian and key stakeholders in supporting and promoting this in order to ensure the objectives of health and social integration are achieved is recognised.

5 EQUALITIES IMPLICATIONS

- 5.1 There are no equalities issues arising from any decisions made in this report and an Equalities Impact Assessment is not required.

6 RESOURCE IMPLICATIONS

- 6.1 Financial - none

7 BACKGROUND PAPERS

- 7.1 [Audit Scotland: Health and Social Care Integration \(December 2015\)](#)

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