**Paper for Ministerial Strategic Group for Health and Community Care**

## Third and Independent Sector Engagement with Health and Social Care Integration

This paper is written in support of the MSG's agenda item: Third and Independent Sectors' Engagement with Health and Social Care Integration. It was drafted by SCVO, CCPS, and the ALLIANCE, with support from the Third Sector Health and Social Care Collaborative[1], and Scottish Care. The purpose of the paper is to facilitate an assessment of the level and quality of engagement in order to ensure full use is made of third sector and independent sector contributions for the benefit of the people who use health and/or social care services. The two sectors share many of the same issues and concerns, and have, particularly in relation to the delivery of services, much commonality in terms of what they offer. Where there are specific issues related to one or the other, these have been noted. The paper concludes with a series of recommendations for action by the MSG and other stakeholders.

The paper is divided into four sections:

1. *A short summary of the aims of policy and legislation with respect to the third and independent sectors' engagement with integration*
2. *A review of the different ways the third and independent sectors can contribute to the success of integration*
3. *An assessment of how successful engagement has been, and the extent to which the aims of policy and legislation in that regard have been achieved*
4. *A conclusion about whether we are achieving the aims and specific recommendations for action by the MSG and other stakeholders*

## Part 1

The aims of policy and legislation with respect to third and independent sectors engagement with integration have their roots in the conclusions of the Christie Commission (the 'Commission') on public service reform. The Commission was clear that reform had to be built around people and communities, and it had to be collaborative and outcomes-focused.

The Public Bodies (Joint Working) (Scotland) Act (the 'Act') put in place a framework designed to achieve these reform goals. During passage of the Act, Nicola Sturgeon, then Cabinet Secretary for Health and Well-being, confirmed her belief in the importance of engagement when she stated "the third and independent sectors will be embedded in the process as key stakeholders in shaping the redesign of services"[2]

[1] The Third Sector Health and Social Care Collaborative is a group of national representative organisations working together to support and champion the sector's contribution to the goals of integration.

[2] Health and Sport Committee. Official Report, 1 October 2013, Col 4401

This principle of engagement is given practical effect in a range of ways. Stakeholders are included as non-voting members of the integration joint board; as members of strategic planning groups; and as part of locality planning structures.

In relation to strategic planning, Scottish Government guidance states that services should be "planned and led locally in a way which is engaged with the community (including those who look after service users and those who are involved in the provision of health and social care)"[3] It further explains that 'the aim is to ensure a wide and diverse engagement that results in a strategic commissioning plan that is not simply controlled by the small number of people on the Strategic Planning Group but rather the population that will be affected by its findings.'[4]

At the level of locality planning, the guidance reiterates the importance of engagement. For example, it states that 'to ensure the quality of localities input to strategic planning, they [localities] must function with the direct involvement and leadership of…'[5] among others, representatives of carers and patients, and the third and independent sector.

In addition, the Act sets out 12 integration planning and delivery principles which, in the words of the Scottish Government, '…set the ethos for delivering a radically reformed way of working and inform how services should be planned and delivered in the future by placing the focus firmly on personal outcomes and participation of the people and communities, users, carers and providers.'[6]

This quick overview of the structures and policy ambitions of integration highlights the principle of engagement as a golden thread woven throughout the recommendations of the Christie Commission, subsequent policy statements and Ministerial pronouncements, and the ensuing legislation, regulations and guidance. The question this paper addresses is to what extent these ambitions have been realised, and where unrealised, how can the MSG, working together with sector partners, address the gaps. It follows the format agreed by the MSG in December 2017.

## Part 2

## How the third and independent sectors can contribute to the success of integration

The third and independent sectors can contribute to the success of integration in a range of ways:

- As organisations that deliver health and/ or social care support
- Enabling access to people who use services and their communities, to support their engagement

[3] Scottish Government. (2015) Strategic Commissioning Plans Guidance, p.

[4] Ibid

[5] Scottish Government Localities Guidance, p6 http://www.gov.scot/Resource/0048/00481100.pdf

[6] http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Principles

- Providing access to data, and our ability to gather intelligence useful for monitoring and evaluation, and planning purposes
- Bringing expertise around barriers and needs from the wide diversity of groups of people who use services
- Facilitating communications and the gathering and collating of intelligence via umbrella groups and intermediaries

In relation to service delivery, the third and independent sectors provide 69% of the total social services workforce registered with the SSSC[7]. 74% of the registered adult services workforce is from these two sectors (largely care at home and care home services). This latter figure represents nearly 106,000 staff[8]. In terms of organisations, some are sizeable and have developed to operate as large scale, highly skilled care and support providers (usually under contract to local authorities).

Many more remain small, local and largely unseen (and precariously resourced) by public planning processes. In terms of the third sector alone, there are an estimated 45,000 organisations across the country, with few that do not have some role in supporting peoples' health and wellbeing. These organisations are created when people come together to help themselves and each other and to bring about change; and most pursue the attainment of a range of human rights and community benefit as their organisational raison d'etre.

The task is to harness this capacity, and to help it grow in order to achieve the 'radically reformed way of working…' and to make the most of the two sectors' potential contributions to the goals of integration. Third Sector Interfaces ('TSIs') have been given a specific and important role in this regard supporting the third sector more generally, and within the integration framework. Many have been very effective; however there remain challenges in relation to insufficient resource and the difficulty of advocating on behalf of such a diverse group of people, interests and expertise.

Third and independent sector organisations should be perceived as full partners in planning, and an effective conduit for co-production with citizens. There exists an opportunity to more systematically support the development of infrastructure and networks as well as individual projects, and create an environment for long-term sustainable community capacity, combining both the scale and expertise of the large 'providers' with the diversity of support (potentially) available at a very local level.

## Part 3

### An assessment of how successful engagement has been and the extent to which the aims of policy and legislation in that regard have been achieved

Much of the effort to integrate health and social care has, to date, focused on legal and institutional change and has been dominated by public sector (NHS and local

[7] Scottish Social Service Sector: Report on 2016 Workforce Data - http://data.sssc.uk.com/images/WDR/WDR2016.pdf

[8] SSSC The Adults' Services Workforce 2016 - January 2018
http://data.sssc.uk.com/images/WDR/ASW/AdultsServices_2016_FINAL.pdf

authority) interests. Third and independent sector leaders believe it is essential that equivalent attention be directed at enabling our sectors to play their part.

The following is a summary assessment of how successful engagement has been in practice, some of the main barriers, and the extent to which the aims of policy and legislation have been achieved. This section of the paper draws on evidence to the Health and Sport Committee, previous membership engagement with CCPS and Scottish Care, conversations with SCVO members and, most recently, the ALLIANCE's consultation with members.

## Improving engagement

While there are pockets of good practice, engagement with the third and independent sector is often seen as being tokenistic or consultative rather than being co-productive. Representation and the ability to fully participate on IJBs remain patchy and dependent on local relationships. Our engagement with our respective memberships has shown that there is a perceived lack of scope for change or influence within the process of integration and the third and independent sectors are not yet regarded as equal partners. The evidence and experience of our members points to concern that the bulk of time and energy within the integration 'system' to date has been devoted to the planning, organising and business of integration, instead of focusing on improving the quality of people's lives and demonstrating that improvement.

## Role of Strategic Planning Group

In the context of the Strategic Planning Group (SPG), there is a lack of clarity about the role of the SPGs and a lack of transparency around the connection between decisions/strategy at SPG level and commissioning/procurement/service redesign activity elsewhere within the system. Engagement with the third and independent sectors has dropped off significantly since the completion of the first round of strategic plans. While engagement with both IJBs and the SPG remains high-level, and decisions are taken in other 'operational fora' where the third and independent sector are not present, the recognition and inclusion of third and independent sector strengths will be limited. This isolation of the third and independent sector is coupled with limited consultation with service users in many areas, which undermines the creation of a personalised, human-rights based approach to care.

Recommendation:

- Create a routine method of engagement between the third and independent sector and the SPGs, with SPGs required to report on how they do this, to clarify the process of input and identify the impact.

## Practical barriers

These issues of engagement are partly the result of a series of practical barriers involving funding, knowledge of the third and independent sectors, resources and transparency. The funding of the third and independent sector is inconsistent and

often short term. Both sectors also face new financial pressures such as the living wage, and in many cases, payment of the apprenticeship levy. In connection with the former, it is not clear that adequate resources have been allocated in 2018/19 to meet the cost of the increase to the Scottish Living Wage: some authorities are already asking providers to cut their costs in 18/19 whilst requiring them contractually to pay the Living Wage.

The lack of knowledge and understanding among integration authorities of the third and independent sectors, including their diversity, experience and expertise, is exacerbated by the limited capacity of TSIs to advocate on behalf of such diversity, with a lack of resources and support making it difficult for TSIs to convey the views of all constituents. In addition, there is also a specific challenge for the Independent sector, which does not come under the umbrella of the TSIs and where much of the engagement role falls to local providers who are placed in a difficult position of engaging with those who effectively hold their contract purse strings.

Recommendation:

- Urgently review the resources required to enable TSIs to act as effective brokers in scoping and promoting the potential of the sector within Integration bodies; thereby ensuring the mobilisation of all available assets in creating innovative solutions to staff shortages and increasing service demand.
- Review the practical mechanisms and resources by which the independent sector engages with both the IJB and the SPG

There are also issues with accessibility, both in the sense of organisations and people understanding how they can contribute and also practical factors such as accessibility of venues, paperwork responsibilities and time commitments. This presents particular issues for those with disabilities, long-term health conditions, mental health issues or learning disabilities.

Recommendation:

- Review and update guidance on best practice in engaging with the full range of non-statutory integration partners and require IJBs to report on the resources provided to facilitate engagement

## Data

Effective decision making and planning is underpinned by data, evidence and information from multiple sources. Currently health and social care decision making relies primarily on statutory sources thus presenting only a partial picture of activity and community assets and needs. Better use of third and independent sector data and evidence needs to be made so that integration partners have the data they need for sound decision making and planning within health and social care integration. Data and evidence gathering, analysing and reporting are complex activities shared between the public and third sectors. To make best use of the opportunities we have (e.g. direct data set linkage; better use of evidence) will require further work and capacity building for all partners.

We note the valuable work of the Third Sector Data in Health and Social Care Working Group. Further work is required to create partnerships to develop practical action, support the development of skills and capability within the third sector to record, analyse and share data appropriately. Extensive third and independent sector data exists and we believe there to be an opportunity to connect these data sources to statutory platforms such as SOURCE and SPIRE.

Recommendation:

- Show leadership in data and evidence use by drawing on third and independent sector data, information and evidence within integration planning; take measures to encourage more effective data sharing between the public sector and the third and independent sectors and invest in the development of skills and capability within the third sector to record, analyse and share data appropriately – as well as use public sector data in their own planning processes.

## Imbalance in focus on health/shift to prevention and community based support

Social care has a pivotal role to play in prevention, community based support, self-management and facilitating independent living. The imbalance in terms of the continued focus on health, at the expense of social care, has therefore had a detrimental effect in the shifting of resources to preventative community-led care. Fundamentally, if the ambition of shifting the balance of care away from institutions and into communities is to be achieved, then existing third and independent sector organisations need to be better positioned, developed and networked, and new community capacity needs to be created.

From the perspective of the third and independent sectors, this shift is not happening on the ground and in some cases there has been a regression, with community services being scaled back to handle pressure on the acute sector. There is also concern that the understanding of community based support remains overly reliant on statutory services rather than the diverse range of preventative and informal interventions which exist in communities across Scotland.

Recommendations:

- Introduce a requirement for more detail in strategic plans about how the shift to prevention and early intervention will be achieved
- Work with relevant IJB and sector partners to improve the measurement of the effectiveness of steps taken to achieve the shift to prevention and early intervention and require IJBs to report this to the MSG annually

## Workforce development plans

In Part 2, we briefly noted the contribution of the third and independent sectors to health and social care service delivery and the size of the workforce. Despite making up the majority of workers in some geographical areas or types of care, most IJB workforce development plans largely ignore the third and independent sectors or include considerations as an after-thought. There is the potential to include wider

workforce considerations as, at present, there is also no recognition of the contribution of people who use services and representative organisations, including disabled peoples organisations. This approach does not reflect the policy or practical aims of integration.

Recommendations:

- Support and ensure progress on the recommendation of the National Health and Social Care Workforce Plan Part 2 (the 'National Plan') : 'to develop guidance for IJBs and commissioning partners and local authorities and NHS Boards that supports partnership working for the formulation of workforce plans at regional and local level that include consideration of the third and independent sector workforce'
- Strengthen leadership on the changing nature of skills required and greater coordinated engagement from Scotland's enterprise and skills agencies.
- Identify resources to enable wider engagement with workforce planning both nationally and locally.

## Part 4

## Conclusion

As noted in the introduction, this is paper provides an assessment of the quality of engagement in integration so that together we can identify and agree actions that will ensure full use is made of third sector and independent sector contributions for the benefit of the people who use health and/or social care services. We submit the following recommendations for consideration and decision by the MSG:

1. Recognise that more needs to be done to achieve the policy ambitions in relation to engagement of the third and independent sectors with integration.

2. Create a routine method of engagement between the third and independent sectors and SPGs, with SPGs required to report to the IJB on how they have achieved this engagement and specifically what difference it has made.

3. Urgently review the resources required to enable TSIs to act as effective brokers in scoping and promoting the potential of the sector within Integration bodies; thereby ensuring the mobilisation of all available assets in creating innovative solutions to staff shortages and increasing service demand.
4. Review the practical mechanisms and resources by which the independent sector engages with both the IJB and the SPG.
5. Review and update guidance on best practice in engaging with the full range of non-statutory integration partners and require IJBs to report on the resources provided to facilitate engagement.

6. Introduce a requirement for more detail in strategic plans about how the shift to prevention and early intervention will be achieved.

7. Work with relevant IJB and sector partners to improve the measurement of the effectiveness of steps taken to achieve the shift to prevention and early intervention and require IJBs to report this to the MSG annually.

8. Show leadership in data and evidence use by drawing on third and independent sector data, information and evidence within integration planning; take measures to encourage more effective data sharing between the public sector and the third and independent sectors and invest in the development of skills and capability within the third sector to record, analyse and share data appropriately – as well as use public sector data in their own planning processes.

9. Support and ensure progress on the recommendation of the National Health and Social Care Workforce Plan Part 2 (the 'National Plan') : 'to develop guidance for IJBs and commissioning partners and local authorities and NHS Boards that supports partnership working for the formulation of workforce plans at regional and local level that include consideration of the third and independent sector workforce'

10. Strengthen leadership on the changing nature of skills required and greater coordinated engagement from Scotland's enterprise and skills agencies.

11. Consider and identify resources to enable wider engagement with workforce planning both nationally and locally.