

Health and Social Care Alliance Scotland (the ALLIANCE)

Response: Health and Social Care Integration: How is it for you? *Views from the public sector*

May 2019

Introduction

The ALLIANCE welcomes new independent research into the progress of integration in Scotland from the perspective of public sector workers¹. A wide range of challenges, opportunities and lessons are identified and we hope these will chime with, and give food for thought to, those at the forefront of delivering the vision of integrated health and social care.

The research augments other recent reviews of integration by government², Audit Scotland³ and ALLIANCE members and partners⁴. The findings aren't a conclusive indication of views across the whole Scottish public sector, but the opinions shared echo what others have said.

The report describes a varied picture around the country, however strong overall support is voiced for the principles and purpose of integration as the way forward for health and social care.

The ALLIANCE's response to the research is set out below.

Culture change

The ALLIANCE agrees with comments in the report stressing the need for integration to focus on longer term cultural change in health and social care and that it is unrealistic to think we can achieve this in the short to medium term i.e. *"it's going to*

¹ <https://www.alliance-scotland.org.uk/wp-content/uploads/2019/05/Health-and-Social-Care-Integration-How-is-it-for-you-Views-from-the-Public-Sector.pdf>

² Scottish Government and COSLA (February 2019), 'Ministerial Strategic Group for Health and Community Care Review of Progress with Integration of Health and Social Care Final Report', available at <https://www.gov.scot/publications/ministerial-strategic-group-health-community-care-review-progress-integration-health-social-care-final-report/>

³ Accounts Commission and Auditor General (November 2018), 'Health and social care integration: update report', available at <http://www.audit-scotland.gov.uk/report/health-and-social-care-integration-update-on-progress>

⁴ Health and Social Care Alliance Scotland (June 2018), 'We Need To Talk About Integration: An anthology of contributions by ALLIANCE members and partners', available at <https://www.alliance-scotland.org.uk/wp-content/uploads/2018/06/We-Need-to-Talk-About-Integration-Anthology.pdf>

be a change for a generation” (Griesbach, para 2.11). However, we believe that positive cultural change and a shared vision is essential for the overall success of integration.

The research notes there are cultural differences between health and social care and the *“fundamentally different views that healthcare providers and social workers have of the world.... based on distinctive roles, different regulatory regimes and governance systems, and separate professional training”* (Griesbach, para 3.22).

This echoes the Audit Scotland report on the problems caused by such differences and what helps solve them:

“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. In better performing areas, partners can identify and manage differences and work constructively towards achieving the objectives of the IA. Overcoming cultural differences and improving understanding of each other’s businesses will help partner organisations progress towards integration, particularly regarding integrated finances. Joint leadership development for people working in NHS boards, councils and IJBs can help with this.”⁵

For some research respondents, the organisational, operational and workforce challenges they identified are a direct consequence of the cultural difference. Several proposals by the Scottish Government-COSLA Ministerial Strategic Group – like focusing on collaborative leadership and practice, sharing information and best practice – can help challenge the disparity between medical and social approaches, to create a unified vision and philosophy based on the integration principles and national health and wellbeing outcomes.

We are encouraged by reports by some research participants of successfully developing a shared vision for the future as a driver for growing investment in

⁵ http://www.audit-scotland.gov.uk/uploads/docs/report/2018/nr_181115_health_socialcare_update.pdf, para 33, p.34.

relationships, although for some this has been a smoother journey than others. This has led to positive results like new models of care, cross-sectoral working with the police, housing, transport and leisure; improved communication and working relationships; and less 'silo working'. Research participants also note that practical steps such as the creation of joint documentation have *“helped to break down the cultural and ‘practice’ barriers between team members from different professions.”* (Griesbach, para 3.42). We hope the Ministerial Strategic Group proposals on relationships, collaborative working and greater information sharing will help further spread these improvements.

A related message from the research is the need to better engage the public and communities in the vision and process of health and social care integration; changing society's expectations for health and social care provision (Griesbach, para 3.28).

The call to empower people to take greater responsibility for their own health and wellbeing chimes well with the ALLIANCE's ongoing work to help people take greater control through programmes like Self Management⁶, House of Care⁷ and Integration Support⁸. The report's call for clearer communication with the public about changing expectations is strongly supported by the ALLIANCE and sits well with the Ministerial Strategic Group proposal for meaningful and sustained engagement with carers, people accessing services and communities⁹.

The Third Sector

The findings give important insights into Third Sector involvement in health and social care integration from a specifically public sector perspective.

Although the report reminds readers of the sheer size, diversity and contribution of the Third Sector, it is valuable to note that the understanding and experience of those working in the public sector about the Third Sector and its role in integration is variable; to the degree that some participants had limited or no experience of Third Sector contribution. This lack of knowledge appears to be giving way in some

⁶ <https://www.alliance-scotland.org.uk/self-management-and-co-production-hub/>

⁷ <https://www.alliance-scotland.org.uk/health-and-social-care-support-and-services/house-of-care/>

⁸ <https://www.alliance-scotland.org.uk/health-and-social-care-support-and-services/integration-support/>

⁹ <https://www.gov.scot/publications/ministerial-strategic-group-health-community-care-review-progress-integration-health-social-care-final-report/>, proposal 6 (i) (ii) (iii), p.15.

instances to public sector staff concerns about the use of the sector to replace professional roles (Griesbach, para 5.11).

Whilst respondents noted that representation of the Third Sector on IJBs and Strategic Planning Groups is universal, the lack of Third Sector capacity to participate in the routine operational service planning connected to and emanating from these forums was acknowledged as a barrier. This reflects ALLIANCE member experiences and chimes with the proposal in the Ministerial Strategic Group that *“relationships and collaborative working between partners must improve. Statutory partners in particular must seek to ensure an improved understanding of pressures, cultures and drivers in different parts of the system in order to promote opportunities for more open, collaborative and partnership working, as required by integration”*¹⁰.

We are particularly encouraged by the Ministerial Strategic Group proposal that: *“each partnership will critically evaluate the effectiveness of their working arrangements and relationships with colleagues in the third and independent sectors and take action to address any issues”*¹¹. We look forward to working alongside Scottish Government, statutory bodies, National Improvement Agencies and our partner colleagues in the Third Sector to develop meaningful evaluation methods and an evidence base on which to achieve this outcome.

Allied to the issue of Third Sector capacity generally, the report identifies specific challenges for Third Sector Interfaces (TSI) in representing the sector within each of the 31 integration authorities.

On the one hand, ‘conflict of interest’ requirements in public sector procurement rules exclude specific Third Sector organisations from participating in service planning or specification processes if they are viewed as a potential interested party; regardless that they may be able to provide invaluable expert advice to the process. This may necessitate the TSI representing the Third Sector interest in these situations. However, as the report recognises, TSIs are in many cases unable to realistically fulfil this role due to a lack of necessary infrastructure; which was clearly a source of frustration to some respondents. This scenario is consistent with the

¹⁰ <https://www.gov.scot/publications/ministerial-strategic-group-health-community-care-review-progress-integration-health-social-care-final-report/>, proposal 1 (iii), p.7.

¹¹ <https://www.gov.scot/publications/ministerial-strategic-group-health-community-care-review-progress-integration-health-social-care-final-report/>, proposal 1 (iii), p.7.

experience of local interfaces as expressed to the ALLIANCE through its regular TSI forums and resonates with the views expressed in the recent Audit Scotland report¹². It is the view of the ALLIANCE that if TSIs are to be effective actors as envisaged in the integration legislation, resourcing of appropriate infrastructure to connect with their constituencies is essential.

Overall the report argues that greater involvement by people, communities and the Third Sector in the cultural change related to integration is still required, and we remain concerned that the report notes that the practice of involvement is variable across the country, particularly among frontline staff who feel other pressures mean that participation drops below the radar.

The significant change in culture required by integration was never going to be achieved overnight and we are increasingly of the belief that if we are to quicken the pace of change in our public services then the Third Sector must be both a key delivery partner and a much stronger strategic contributor.

This requires both strategic support for TSIs that ensures adequate local Third Sector engagement in the integration agenda, and a change in mindset from officers operating on behalf of Health and Social Care Partnerships that ensures the views, skills and experiences of people and organisations are appropriately integrated into the process of planning, creating and undertaking integrated services.

Leadership

Research participants pointed to leadership as a key solution for several of the challenges presented by integration, often in its widest sense. The ALLIANCE agrees that leadership can be demonstrated at all levels and in all sectors; people accessing services, unpaid carers and the Third and Independent Sectors have an important role to play and should be fully included in leadership focused work.

As integration develops and the shift in the balance of power from statutory services to people and communities continues, we expect to see new and different types of leader emerge. Courageous leadership is one of the ALLIANCE Health and Social Care Academy programme's 'Five Provocations' for the future of health and social

¹²¹² http://www.audit-scotland.gov.uk/uploads/docs/report/2018/nr_181115_health_socialcare_update.pdf, para 78, p.38.

care¹³. This type of leadership is ambitious, focused and inspiring; aimed at transforming and developing support and services and creating the conditions for everyone to thrive.

We support the need expressed in research to review and develop the skills and resources within and across sectors and communities that are required to effect the changes necessary to deliver the vision of integration as laid out in the legislation. As such we welcome the proposal contained in the Ministerial Strategic Group review for the development of cross-sectorial leadership development and support¹⁴.

Organisational and operational issues

Views expressed in the research – that the immediate focus of integration has been on public service operational structures and systems – echo the experiences of ALLIANCE members as reported through our local integration forums.

It is disappointing to read that the creation of new structures and roles have given rise to tensions over governance and accountability, and that in some cases *“attempts made to resolve these serious fundamental questions had resulted in conflict and damaged relationships.”* (Griesbach, para 3.7) However, this chimes with Audit Scotland’s findings about a lack of consistent agreement and understanding on who should do what and who is accountable to whom within integration arrangements.

As the Ministerial Strategic Group review notes: *“We have integrated health and social care so that we can ensure people have access to the services and support they need, so that their care feels seamless to them, and so that they experience good outcomes and high standards of support.”*¹⁵ It is unhelpful if disagreement and uncertainty about how best to achieve this persists, particularly if it negatively impacts on the delivery of services and the experiences of people who access them. It also goes against one of the key objectives of integration, which is for services to *“give priority to the needs of the people they serve, rather than the organisations*

¹³ <https://www.alliance-scotland.org.uk/people-and-networks/health-and-social-care-academy/five-provocations/>

¹⁴ <https://www.gov.scot/publications/ministerial-strategic-group-health-community-care-review-progress-integration-health-social-care-final-report/>, proposal 1 (i), p.7.

¹⁵ <https://www.gov.scot/publications/ministerial-strategic-group-health-community-care-review-progress-integration-health-social-care-final-report/>, p.2.

through which they are delivered."¹⁶ We therefore look forward to the results of strategic planning measures proposed by the Ministerial Strategic Group, including action specifically directed at Health Boards, Local Authorities, regulators and national improvement bodies¹⁷.

A further challenge identified by the research is the difficulty of working with separate NHS and Local Authority IT and HR systems. The report notes that this illustrates a general, but important, point made by respondents that the pace of change in the systems needed to support integration is lagging behind the changing ('restructuring') of the health and care services themselves. Better sharing of data and good practice are recommended by both the Audit Scotland and the Ministerial Strategic Group. As Audit Scotland notes: "*Sharing of information, including both health and performance information, is a vital part of providing effective care that is integrated from the point of view of the people who use services.*"¹⁸

Like many of our members and partners, the ALLIANCE was concerned that in the early years of integration the focus appeared to be predominantly on getting systems and structures up and running, which lost sight of identifying how best to achieve the principles and health and wellbeing outcomes. It is discouraging to learn that despite this focus there may still be ongoing systemic issues which should have been resolved. It is essential to remove any back office and operational issues that create obstacles to integration, and therefore the improved health and wellbeing of people accessing services. It is encouraging to read in the research that some participants have taken practical steps to overcoming system barriers like creating new documentation to capture information and we welcome proposals by the Ministerial Strategic Group that Chief Officers and IJBs will tackle this issue by developing benchmarking, good practice and frameworks over the coming 6-12-month period¹⁹.

¹⁶ <https://www.gov.scot/publications/ministerial-strategic-group-health-community-care-review-progress-integration-health-social-care-final-report/>, p.3.

¹⁷ <https://www.gov.scot/publications/ministerial-strategic-group-health-community-care-review-progress-integration-health-social-care-final-report/>, proposal 3(ii), p.7.

¹⁸ http://www.audit-scotland.gov.uk/uploads/docs/report/2018/nr_181115_health_socialcare_update.pdf, para 71, p.37.

¹⁹ <https://www.gov.scot/publications/ministerial-strategic-group-health-community-care-review-progress-integration-health-social-care-final-report/>, proposal 5 (i) (ii) (iii), p.14.

Workforce

Workforce related issues were also identified in the research as presenting their own challenges. Although the Audit Scotland report acknowledges workforce pressures, it – like the Ministerial Strategic Group – does not go into detail on this subject, noting that it will be addressed by the National Workforce Plan.

High level discussions about workforce issues in health, social care and integration often focus on how the labour market should respond to changes in service demand brought about by Scotland's growing older population, and the need to shift roles and recruitment from acute towards more anticipatory and preventive models of care. Those working in managerial and frontline roles who took part in the research noted that for them, issues impacting on the workforce also include the quotidian realities of sickness absence, high turnover and unfilled posts; as well as poor supervision, support and communication. This has led to weariness – and wariness – of change, disempowerment, job insecurity and role uncertainty.

It is not however an entirely bleak picture. One respondent reported that *“staff in some services were starting to become more comfortable with the idea of a line manager who was not from the same organisation that they worked for”* (Griesbach, para 7.8) and others note the efforts made by leaders to ensure that everyone in their team has a clear understanding of their own and others' roles and responsibilities. Developments like these are encouraging, particularly given the integration outcomes are aimed at people who work in health and social care as well as those who access services. In light of this, the ALLIANCE recommends implementation of the Fair Work Convention Framework for the integration workforce²⁰. This describes fair work as; security of employment, work and income; opportunities to access and progress in work; effective voice so that employees are listened to individually and/or collectively; fulfilment; and respect. Evidence shows that promoting these rights based and inter-connected components of fair work can benefit individuals, organisations and society.

²⁰ <https://www.fairworkconvention.scot/wp-content/uploads/2018/12/Fair-Work-Convention-Framework-PDF-Full-Version.pdf>

Professional training and development

Research participants stressed the need to include integration in the review and adaptation of education and professional training programmes as a priority. Helen Rainey and Elaine Gifford, lecturers at the University of the West of Scotland (UWS) both note in their contribution to the ALLIANCE's 'We Need To Talk About Integration' anthology that UWS is rising to this challenge by developing undergraduate and post graduate programmes to support *"the cultural shift and transformational change that is required to ensure the delivery of truly people-centred integrated care."*²¹ The ALLIANCE looks forward to integration training and development being addressed in the combined National Health and Social Care Workforce Plan, which is intended to build on the first three parts that separately address health, social care, community, and wider clinical and non-clinical roles²².

Finance

Financial challenges are another common element identified by the research, Audit Scotland and the Ministerial Strategic Group. Research respondents state that the dual issues of severely constrained finances and delayed transfer in funds from acute to community is having a negative impact on issues such as service delivery, recruitment and the shift to prevention. Audit Scotland notes: *"Financial pressures across health and care services make it difficult for IAs to achieve meaningful change"*²³ and *"Financial planning is not integrated, long term or focused on providing the best outcomes, limiting the ability to improve the health and social care system."*²⁴

The ALLIANCE is concerned that the current financial climate of austerity may be viewed as a driver, and therefore overtly influence, the change that is needed in health and social care. We welcome proposals by the Ministerial Strategic Group on integrated finances, strategic financial planning and set aside budgets. For integration to work, a balanced and equitable approach must be taken to achieving all nine health and wellbeing outcomes, not just the outcome focused on effective

²¹ <https://www.alliance-scotland.org.uk/blog/resources/we-need-to-talk-about-integration/>, p.51.

²² <https://www.gov.scot/publications/national-health-social-care-workforce-plan-part-1-framework-improving/>

²³ http://www.audit-scotland.gov.uk/uploads/docs/report/2018/nr_181115_health_socialcare_update.pdf, p.5.

²⁴ http://www.audit-scotland.gov.uk/uploads/docs/report/2018/nr_181115_health_socialcare_update.pdf, p.5.

use of resources. Different ways of raising and allocating funds should be explored. Human rights budgeting can support and de-politicise difficult decision making when there are competing demands and interests, ensuring that decisions about value for money and efficient use of resources are made on a fair, equal and transparent basis²⁵.

The ALLIANCE supports Audit Scotland's call for greater investment ('pump priming') and for Integration Authorities, Local Authorities and NHS Boards to work together to "*view their finances as a collective resource for health and social care to provide the best possible outcomes for people who need support.*"²⁶ The South Lanarkshire IJB Udston case study noted by Audit Scotland demonstrates that it is possible to redirect resources from hospitals to community-based care²⁷.

We welcome reports by several research participants who, despite the financial challenges, have experienced successful service delivery, including developing and / or implementing new models of care in their local area, resulting in positive outcomes. We are also encouraged that some participants also note the increased use of prevention and reducing inequalities as "guiding concepts" for service planning, despite some of the obstacles.

Conclusion

This research supports and augments the conclusions arrived at by Audit Scotland and the Ministerial Strategic Group on the progress of health and social care integration in Scotland.

It is encouraging that the proposals outlined by the Ministerial Strategic Group seek to address many of the same issues that were subsequently raised by respondents in the Griesbach paper. This includes the need to better engage the public and communities in the delivery of health and social care integration, which is entirely consistent with the ALLIANCE's ongoing work to give people greater control over

²⁵ <http://www.scottishhumanrights.com/economic-social-cultural-rights/human-rights-budget-work/>

²⁶ http://www.audit-scotland.gov.uk/uploads/docs/report/2018/nr_181115_health_socialcare_update.pdf, p.6.

²⁷ http://www.audit-scotland.gov.uk/uploads/docs/report/2018/nr_181115_health_socialcare_update.pdf, p.33.

their health and wellbeing through programmes such as Self Management²⁸, House of Care²⁹ and Integration Support³⁰.

Equally promising are proposals to evaluate both community and Third Sector involvement in integration generally; and within integration bodies specifically. The ALLIANCE looks forward to being fully involved in this process as it evolves.

About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for a range of health and social care organisations. The ALLIANCE has a growing membership of over 2,700, including a large network of national and local third sector organisations, associates in the statutory and private sectors and individuals. Many NHS Boards, Health and Social Care Partnerships and Medical Practices are associate members.

The ALLIANCE's vision is for a Scotland where people who are disabled or living with long term conditions and unpaid carers have a strong voice and enjoy their right to live well.

For more information

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²⁸ <https://www.alliance-scotland.org.uk/self-management-and-co-production-hub/>

²⁹ <https://www.alliance-scotland.org.uk/health-and-social-care-support-and-services/house-of-care/>

³⁰ <https://www.alliance-scotland.org.uk/health-and-social-care-support-and-services/integration-support/>