The British Lung Foundation (BLF) Scotland welcomes the Committee’s inquiry into how Integration Authorities (IAs) consult with stakeholders. At the BLF, we believe that collaboration and co-operation between key stakeholders is the best way to develop a health and social care system that delivers for those who use it and improves health outcomes.

Third sector organisations represent one such group of stakeholders, as identified by the Committee. However, it is our experience that Integration Authorities’ consultation and engagement has, so far, been lacking.

The BLF response to the following questions posed by the Committee is largely negative:

- Do you know how and when you can get involved with the Integration Authorities to influence decision making?
- Were you consulted in the preparation of the strategic plans or involved with the work of the Strategic Planning Group?
- Have you been involved with the work of the Integration Authority following the publication of the strategic plan?
- Have you been involved with the work of the localities/ what involvement would you like to have?
- Do you think that your involvement with the IAs has had an impact on decision making?

As the leading third sector organisation in Scotland in the field of respiratory health, we would expect and would welcome the opportunity to be contacted by IAs to feed into their strategic planning and/or to share our research, expertise, project work etc. However, we have received no communication from any IA in Scotland.

When we have actively reached out to IAs (Integration Joint Boards and Health and Social Care Partnerships), it has not been clear who we should contact or how. Any communication that has been made by the BLF, has had no response. This includes our attempts to invite members of the Glasgow City IJB to join the parliamentary Cross Party Group on Lung Health.

We understand that the Health and Social Care Alliance Scotland (ALLIANCE), of which the BLF is a member, played a key role in the policy development around health and social care integration, and has produced many helpful materials for ALLIANCE members on the subject. However, as an ALLIANCE member, we are unsure of what engagement the body has or has had to date with IAs and, despite being a reputable umbrella body and intermediary for the third sector and health and social care, ALLIANCE should not be seen as a replacement for consultation with individual organisations.

Conclusion

We, at the BLF Scotland, appreciate that integration of health and social care is in its infancy in Scotland and that such important, whole-system change will take time and practice to get right. That is why we want to be as helpful as possible to those making the decisions and delivering the services. We can only do this if there is a clear and regular system of communication and consultation with the Integration Authorities, which currently does not
exist. We understand that it would not be possible or appropriate for all IAs to have contact with all third sector organisations. However, we feel that where and when there is a need for certain subject matter expertise, such as lung health, we would welcome the opportunity to be able to engage with the relevant Integration Authorities.