

PE1628/D

Audit Scotland submission of 21 March 2017

Background

1. Audit Scotland welcomes the opportunity to provide evidence to the Public Petitions Committee to help inform its inquiry into service delivery for the elderly and vulnerable. You specifically asked us to consider our range of work on health and social care integration and our view on issues such as accountability and consultation processes. We have also referenced some of our other work that relates to these issues and which the committee may find of interest.
2. Services for older and vulnerable people are important and are set to increase in volume. In our Social Work in Scotland report 2016, published September 2016, available [here](#), we found that 36,000 adults live in care homes and a further 61,000 people receive home care. In our NHS in Scotland 2016 report, October 2016, available [here](#), we reported that the population aged 75 years and over had increased by 11.8% since 2008/09. And in our Changing Models of Health and Social Care report 2016, report published in March 2016, available [here](#), we reported that the population aged 85 and over is set to increase by 64% between 2014 and 2030.
3. The Christie Commission recognised the importance of people being involved in designing services to meet their needs. This approach is now supported by legislation such as the Community Empowerment (Scotland) Act 2015 and the Carers (Scotland) Act 2016. The Community Empowerment Act provides a strategic framework to empower community bodies through the ownership of land and buildings and strengthening their voices in the decisions that matter to them. The Scottish Community Development Centre has produced a set of [national standards](#) for community engagement.
4. Engagement, accountability and openness are fundamental principles of good governance. In many of our performance audit and Best Value reports, we point to the importance and challenges of engaging with communities and service users in the planning, design and delivery of services; and in demonstrating value for money and improved outcomes for people. Indeed, the subject of how public bodies approach consultation and engagement is often raised in correspondence to us from members of the public.

Community planning

5. In our Community Planning: An Initial Review in 2006, available [here](#), we highlighted the need for more sustained and systematic community engagement by Community Planning Partnerships (CPPs). In our November 2014 report, Community Planning: Turning Ambition into Action, available [here](#), we found that CPPs were improving how they consult with local people but this tended to be small-scale one-off exercises and that a

culture that valued and promoted effective community engagement was not yet in place. Our most recent report, *Community Planning: An update*, March 2016, available [here](#), found that local communities were not yet central in CPPs' decision making. Some more specific references from our other recent reports are described below.

Health and social care integration

6. Audit Scotland published *Health & Social Care Integration* in December 2015, available [here](#). We reviewed progress at a relatively early stage in the development of Integration Authorities (IAs) to provide a picture of the emerging arrangements for setting up, managing and scrutinising IAs as they become formally established. The proposed governance arrangements of the IAs are complex, with some uncertainty about how they will work in practice. This will make it difficult for staff and the public to understand who is responsible for the care they receive. Partners need to set out clearly how governance arrangements will work in practice, particularly when disagreements arise. This is because there are potentially confusing lines of accountability and potential conflicts of interests for board members and staff. There is a risk that this could hamper the ability of an IA to make decisions about the changes involved in redesigning services. People may also be unclear who is ultimately responsible for the quality of care.
7. IAs' membership must include a representative from people using services and a carer representative. This is intended to ensure that carers have a role in planning and delivering of services delegated to IAs. However, this alone is not enough to involve and consult the diverse range of people who use services, and their carers. Although it is not easy to do, it is important that service providers seek views and provide opportunities for involving as wide a range of people as possible in planning services or changing how they are provided.
8. Our *Health & Social Care Integration* report highlighted that IAs need to shift resources towards a more preventative and community-based approach. Even more importantly, they must show that this is making a positive impact on service users and improving outcomes. We recommended that IAs provide clear and strategic leadership to take forward the integration agenda. This includes:
 - developing and communicating the purpose and vision of the IA and its intended impact on local people
 - having high standards of conduct and effective governance, and establishing a culture of openness, support and respect.
9. It may also be useful to note that our continuing interest in this area is reflected in our work programme. Our 2015 report is the first of three planned audits of this major reform programme. Subsequent audits will look at IAs' progress after their first year of being established, and their longer-term impact in shifting resources to preventative services and community-

based care and in improving outcomes for the people who use these services.

The need to work with the public to redesign services

10. Since our integration report, we have published two other related reports which the committee may find helpful. Our *Changing models of health and social care* report examines the financial, demographic and other pressures facing health and social care and the implications of implementing the Scottish Government's 2020 vision for health and social care. Our *Social Work in Scotland* report identifies the scale of the financial and demand pressures facing social work. It considers the strategies that councils and IAs are adopting to address these challenges, how service users and carers are being involved in designing services, and leadership and oversight by elected members.
11. Public service providers are operating in an era of reducing spending. They need to play a leading role in a wider conversation with the public about the level of services they can realistically provide and how they can best provide it. Current arrangements for providing care are not sustainable in the long term, given the demographic and financial pressures. As we reported in *Changing models of health and social care*, "Services cannot continue as they are and a significant cultural shift in the behaviour of the public is required about how they access, use and receive services".
12. In our *Social Work in Scotland* report, we found that current approaches to delivering social work services will not be sustainable in the long term. There are risks that reducing costs further could affect the quality of services. Councils and IAs need to work with the Scottish Government, which sets the overall strategy for social work across Scotland, to make fundamental decisions about how they provide services in the future. They need to work more closely with service providers, people who use social work services and carers to commission services in a way that makes best use of the resources and expertise available locally. They also need to build communities' capacity to better support vulnerable local people to live independently in their own homes and communities.
13. We recommended that councils and IAs:
 - instigate a frank and wide-ranging debate with their communities about the long-term future for social work and social care in their area to meet statutory responsibilities, given the funding available and the future challenges
 - work with people who use services, carers and service providers to design and provide services around the needs of individuals.
14. In our *NHS in Scotland 2016* report we said that NHS boards in partnership with IAs should work with the public about the need for change in how they access, use and receive services. NHS boards need to look at reorganising acute services to free up more resources for investing in community-based facilities, but they are often faced with considerable public and political

resistance to proposed changes to local services. Along with the Scottish Government, they need to engage with the public about the need for and benefits of changing how services are provided.

15. NHS boards need to reorganise services to free up more resources to invest in community-based facilities. This is happening to some extent, but boards can face considerable public and political resistance to proposed changes to local services. It is important that the Scottish Government has an ongoing discussion with the public about the way services will be provided in the future and manages expectations. A significant cultural shift is needed in terms of how people access, use and receive services. The Scottish Government, NHS boards and integration authorities need to work with the public about the need for and benefits of change, and develop and agree options for providing services differently.
16. Finally, in our *Local Government in Scotland: Performance and challenges*, March 2017, available [here](#), we noted that communities need to be supported to develop their ability to fully participate in setting council priorities and making decisions about service redesign and use of resources. Councils need to have frank and wide-ranging debates with communities to determine what they can realistically deliver in reduced budgets.
17. The Community Empowerment (Scotland) Act 2015 should ensure councils and IAs work more closely with public bodies and communities to design, develop and deliver better-quality services. Some councils already do this through participatory budgeting. One per cent of a council's spending should be decided by communities. This allows communities to be actively involved in decision-making and to influence where public funds should be spent.

Argyll and Bute Council Best Value audit

18. As the petition arises from a specific example in Argyll and Bute, the committee may be interested to reflect on our latest report, *Argyll and Bute Council: Best Value audit 2015*, available [here](#). In this report, we noted the effort the council had made to improve community engagement but that some of the community representatives we spoke to felt that the council did not listen to feedback and that this was impacting in a growing lack of trust and willingness to engage from communities.