

How far are we really prepared to go to step up the pace of integration?

Address by David Williams, Chair of Chief Officers Group, Health and Social Care Scotland at *Creativity, Culture and Courage*, 7 December 2018

As Chair of Health and Social Care Scotland, it's my absolute privilege to welcome you all here to Glasgow for this inaugural, and what I hope will be, annual event telling the story of integration across Scotland.

And what a start, the First Minister of Scotland no less, thanking you and your colleagues in every part of the country, for all of your efforts over the past three or four years in bringing life to the vision of integrated health and social care that she set out when she was Cabinet Secretary for Health.

And if the First Minister wasn't enough, the Cabinet Secretary for Health and Sport as well! Absolutely committing to progressing health and social care integration even further and at pace.

I say well done to you all.

We also have other very significant people here today to talk to us: Paul Gray, Sally Loudon, Peter Murray and Claire Sweeney.

Whatever else you take away from today's event, do not at all underestimate the significance of this level of political and system wide support for your work. This is a real sign of intent. We should all be hugely encouraged by that.

And somehow, I've managed to get on the programme as well ... to ask the question '*How far are we really prepared to go to step up the pace of integration?*' because as we all know, there is still very much to do.

Colleagues, it's good to see so much interest in the integration of health and social care in Scotland demonstrated by the sell-out attendance here today, and we had a waiting list.

What all this tells me, is that you all accept that integration is the right thing to do and that it's here to stay.

You will hear and see through the course of today, examples of how change in the planning, delivery, receipt and experience of health and social care is making a positive impact across Scotland.

You will also hear me say that a number of times so get used to it. **Integration is about transforming the planning, delivery, receipt and experience of health and social care in our communities.** That's the only reason for our being.

In entitling the conference as we have, 'Creativity, culture and courage', what we are setting out is the essence of what integration is all about.

And let's be honest, integration is a concept that is not easy to get your head around. The notion that a workforce employed by the council and a workforce employed by the health board can be brought together under the single joint leadership of a Chief Officer under a banner entitled an HSCP and which is not an organisation, to work in an integrated way when in employment terms they continue to be accountable to their employer organisation, is a challenge.

It will not be easy to point at some tangible thing any time soon and say, 'That is the integration of health and social care'. What you will be able to say is that a different way of being and doing in health and social care is the product of integration, and what will be particularly evident is that collaboration and genuine partnership working is at the heart of it.

I guarantee you that the change that you will hear about in all of the workshops that we have for you today could not and would not have happened if the Public Bodies legislation hadn't been brought into effect.

In no way shape or form would **Compassionate Inverclyde** ever have achieved the levels of reach and engagement within that community, and impacted on so many people in such a dignified, respectful, compassionate way at such a critical near end stage in their lives if it had been just down to the Health Board or the local social work department to have taken it forward.

In no way shape or form would we, here in **Glasgow, have transformed the lives of 55 long term homeless men with multiple and complex needs** in the space of less than six months if it had been solely down to the Health Board or the Council.

Not visible in today's conference, but things are happening around Scotland which are only being delivered because of the magical energy that has been created due to integration.

So in **Aberdeenshire's Virtual Community Wards**, 800 patients avoided admission to hospital in 2017

In **South Lanarkshire, Florence texting has 3,566 patients signed up**. Florence enables patients to use their own mobile phones to send information on their condition to their clinician and 1300 people have taken this up in relation to their blood pressure. This system is being used within a range of services and conditions including hypertension, paediatric diabetes, mental health, health improvement, respiratory and heart failure.

Use of **video conferencing is routine in care homes across North Lanarkshire** (17 care homes covering 805 beds). It was only knowing this fact that encouraged me to skype into a case conference about my 91 year old mother in a cottage hospital in rural west Wales last month while my brother and sister sat in the meeting. Full joint planning and consensus about her needs was able to be achieved.

And **Dumfries and Galloway Integration Joint Board manages the acute hospital system!** Who knew?

In **Shetland, care home occupancy is down to 84% due to intermediate care and reablement** when demand for care homes had previously exceeded capacity.

Be in no doubt, the integration legislation has released an energy and a will within integration authorities that was not previously so evident within health boards and councils. There was in so many areas a lack of innovation, a lack of appetite for change, a lack of focus on collaborative working and power sharing and the inability singularly or together to adequately meet the health and care needs of local populations and that necessitated the need to bring forward the Public Bodies legislation.

The whole point of integration is to transform the way that health and social care in our communities is planned, delivered, received and experienced. In the context of rising demand largely due to demographics together with a known and enduring difficult public finances position, there is no option but to transform the way we do our business. We have to think different ... be different with each other ... practice different.

That's transformational.

And the word transformation is a word that I accept trips off the tongue too easily in too many places and arenas.

We talk the talk really well, but it is another matter entirely, to walk the walk and so my question is, how far are we really prepared to walk and are we really prepared to take the path less well trod, to step up the progress of integration?

When we use the word transformation, let's be clear, we're not talking about tinkering around the edges of change.

It *should* be big ticket stuff that we're thinking about.

And in my mind, if that's where we want to be and need to be because that's our purpose in integration, there are four key elements that need to be in place in order to get close to being transformational.

These are **courage** to make big decisions to change, learning to live with **ambiguity**, accepting that the end product is likely to be **less than perfect**, and in having those three elements in place, recognising that there is **risk** involved.

So ask yourselves this, what is your experience of seeing these elements in play in the integration journey so far? The Audit Scotland report that Claire will talk about later highlights that these elements are few and far between in reality.

Why else for instance is there a great big debate across Scotland about the word of the day: 'governance'?

The assertion that there is confused or lack of governance that apparently has arisen as a consequence of integration that you will hear in many quarters is, in my opinion, a red herring.

In my view, it is a resistance to change, it's a resistance to collaborative and partnership working.

And Audit Scotland called that out when it said ‘a perceived lack of clarity in the Act is adding to local disagreements and delaying integration’.

Some people have heard me saying this before, in my view the Public Bodies (Joint Working) (Scotland) Act is good for two things.

- Firstly, it requires us to integrate health and social care which by any measure is the right thing to do, and
- Secondly it requires us to focus on delivering the nine national health and wellbeing outcomes, the first time any legislation that I can think of has ever done that.

Other than that, the legislation is really quite complex and obtuse, but if we obsess about focussing on the detail of the legislation, important though the legislation is, we miss the point of what this is all about.

It’s about how we are with each other; relationships; behaviour; power sharing beyond the two big public bodies involved; partnership and collaborative working; letting go; consensus. *We really do need to just need to get on with it.*

The recent commissioned review of governance in NHS Highland opens with the line ‘corporate governance is the system by which organisations are directed and controlled’. I don’t know how ‘direction and control’ can be applied to a disparate geographically wide complex system that covers half the size of Scotland at a point when transformation of the system of health and care is required.

Directing and controlling takes little courage, can’t cope with ambiguity, expects perfection and involves no risk. It is the antithesis of transformation and sets the wrong culture for where we need to get to ... in my view.

For the avoidance of doubt however, we absolutely need good governance in public service and good governance starts with transparency and effective quality assurance being in place.

And just so that we’re clear, the issues inherent in the inability of too many health boards to manage financially, with frankly eye-watering levels of overspends and budget gaps; and systemic bullying cultures, all began a long time before integration came on the scene. Similarly, not all of the additional government financial allocation to IJBs via Councils was passed through as it should have been in the current financial year and some eye watering levels of cuts to social care budgets have also been applied beyond that.

What impact would transparency and effective quality assurance have had on all of these issues? I suspect, really quite a lot and only in a good way.

Ponder this indeed ... perhaps these issues have actually arisen as a consequence of attempts to assert direction and control.

The joint statement issued on 26 September 2018 by Scottish Government, COSLA, Solace and NHS Scotland set out those bodies’ shared responsibility for ensuring successful integration of health and social care in Scotland.

What was said in that statement was that ***'we recognise that we are jointly responsible for tackling these challenges and that we need to adapt, compromise and support one another to deliver integration for the people of Scotland'***.

Exactly. How powerful a sentence is that?

'We are jointly responsible ... we need to adapt, compromise and support one another'.

And most crucially what that sentence finishes with is what we as public servants are here for ... for the 'people of Scotland'.

The real test of the will to progress integration in Scotland is seeing that sentence delivered across all the players involved in integration.

And colleagues, that includes ourselves in health and social care partnerships as well, Chief Officers, Chief Finance Officers and all the rest of you, from whatever sector you are in, in this room and beyond, working in joint arrangements.

We cannot and should not be in a position where we are standing on a pedestal taking the moral high ground about how others need to be doing stuff differently and behaving differently if we're not prepared to do likewise.

Genuine collaborative and partnership working involves truly adaptive behaviour by all ... to be at play.

Certainly, our responsibility within integration set ups is to transform the way that health and social care is planned, delivered, received and experienced, and that will require the established system to be perturbed, maybe even disrupted.

And we, in integration authorities may well be the instigators of change and transformation.

But we are part of 'the system'. And while the integration of health and social care in Scotland may be revolutionary in its approach and thinking, it doesn't mean to say that we're tipping everything upside down and inside out to get to where we want to be and throwing the baby out with the bath water at the same time.

This can't be reckless, it needs to be a managed process. We need to recognise that the NHS has seventy years of history behind it and the social work profession has 50 years of the Social Work Scotland Act behind it this year. So change to such deeply embedded and rooted systems isn't straightforward.

The leadership within integration authorities (particularly Chairs, Vice Chairs, Chief Officers, and Chief Finance Officers) navigate multiple accountabilities and need to influence change in organisations and individuals that may have their own priorities and differing levels of commitment to integration, at the same time as managing day to day operational pressures.

This involves striking a series of complex balances, which includes:

- Devolved locality decision making ***and*** national leadership

- Innovation **and** standardisation
- Setting overall vision **and** doing detailed co-production
- Supporting NHS ways of working **and** local authority ways of working
- Managing the challenge of service delivery today **and** progressing a broad future agenda

Integration authorities need to be looking at what's working in their own areas and asking the question, 'So if we can do that for older people, can we build on this success and do it for younger adults or children?' They need to be looking at what is happening well in other integration authorities and considering whether there is applicability in their area as well.

Almost no other sentence in the Audit Scotland report is more important than this:
'Integration was introduced to shift from a focus on what worked for organisations to what works for the person ...'

So integration is necessary – if services are planned and delivered together it offers the greatest opportunity for redesign in favour of better outcomes, better quality care and improved sustainability.

The full collective weight of local government, health boards and Scottish Government needs to be behind integration and there needs to be a preparedness to call out and challenge, in a constructive way, where there may **not** be a 'will' to implement integration effectively. And I make that statement quite deliberately on the back of the previous experience we had in Glasgow of trying integration. As most of you will know, it didn't go too well and the separation was destructive in the process.

When we don't have the option of separation (as happened in Glasgow in 2011) because the legislation rightly doesn't permit that, we must work through our issues jointly and collectively. That takes courage, being able to deal with ambiguity, a recognition that it's not going to be perfect, and probably involves risk.

CEO of Greater Manchester HSCP, Jon Rouse, endeavours to routinely meet (informally) for breakfast with CEOs from the 10 local authorities that make up Greater Manchester. That's joint system leadership, that's a shared commitment to having an effective relationship and working together on what matters. How far is that visible in Scotland?

Well we still have the outstanding issue of the set aside budget to work through, as Audit Scotland's report highlights. That must be sorted soon.

And in 2017/18, HSCPs across Scotland overspent by tens of millions of pounds. Another way of looking at that fact, of course, is this: in only the second full year of integration, did anybody seriously expect the system of health and social care to be so transformed that it was delivering better and to the tune of tens of millions of pounds less? Or is it more likely to be the case that IJBs were actually just underfunded by health boards and councils by tens of millions in that year? Funding of IJBs needs to be sorted as well.

HSCPs want to shift from an emphasis on 'failure demand' to 'primary prevention' and we should be becoming obsessed with outcomes rather than responses.

We should be establishing principles for 'home is best' from pre-birth to death; a recognition that family is the most important infra-structure. This means investing in public health, early intervention, prevention and doing this through Kinship ... Family ... Community ... Neighbourhoods.

And just so that we're clear... paying for care at home, in kinship, in communities... this is anti-poverty. So, its win win, and so, what's not to like?

There are challenges to the long established institutions and ways of doing things, it is about no longer over-professionalising... it is about less control and less controlling of solutions.

It is also untidy and risky ... but is that not what family life is? Is that not what life is?

So, in being prepared to step up the progress of integration across Scotland, in all areas, do we have a genuine shared vision and ambition; does it feel a bit like a social movement for change?

Colleagues, what you'll hear about and see through the day is that integration can and is working across Scotland. Yes, we have further to go and we need to do it at pace, but the will has to be there from all parties and I think we've still got quite some way to go on that.

The Audit Scotland Report calls out the issues that are still systemically extant.

In my humble opinion the report should be debated and discussed at every health board full meeting and relevant council meeting or committee across Scotland to benchmark and self-evaluate where those respective parties think they are on the journey.

At the very least, that's a visible and transparent sign of a will to progress integration.

It will certainly be scrutinised in Parliamentary Committees and at IJBs. But it is also for Health Boards and Councils to work collaboratively together with Integration Authorities to create the environment within which integration can succeed.

So that brings me finally to the formal introduction of Health and Social Care Scotland, which I'm very honoured to do.

Health and Social Care Scotland is a national collaboration through which those who lead change within HSCPs come together to learn from each other, work collectively and support one another to deliver better health and wellbeing outcomes for the people of Scotland.

Health and Social Care Scotland is a network of health and social care leaders, representing the 31 health and social care partnerships in Scotland: among others, the Chief Officers, Integration Joint Board Chairs and Vice Chairs, Chief Finance Officers, and strategic planning managers of health and social care services.

Our aims are to lead the planning of integrated health and social care services in our communities, to be delivered in a radically reformed way to achieve improved health and wellbeing outcomes for the people of Scotland.

- We will champion the voices of people who use our services, our staff and our communities.
- We will promote the interests of people in need of health and social care services by working together to shape and influence policy, practice and legislation.
- We will work collaboratively with partners from across our communities and care sectors to help future-proof health and social care services in Scotland.
- We will support the development of capable and confident system leaders to work strategically across the health and social care sector.

In integration authorities and in Health and Social Care Scotland, Chairs, Vice Chairs and Chief Officers are joined at the hip and we have the will.

Enjoy the conference and thank you.