

Commissioning social care

Impact report

Audit Scotland is a statutory body set up in April 2000 under the Public Finance and Accountability (Scotland) Act 2000. It provides services to the Auditor General for Scotland and the Accounts Commission. Together they ensure that the Scottish Government and public sector bodies in Scotland are held to account for the proper, efficient and effective use of public funds.

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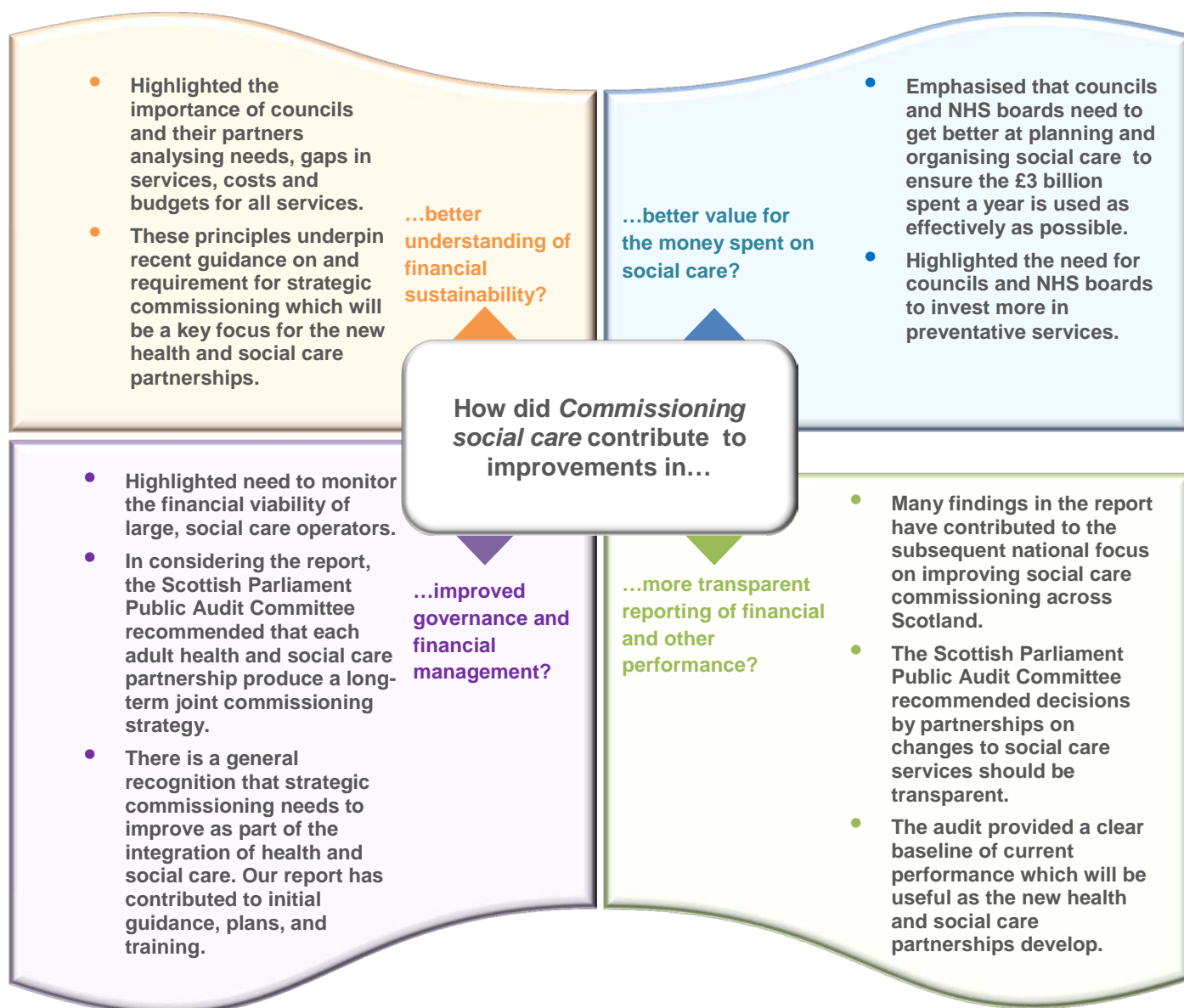
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Summary of overall progress

Contribution to the four key aspects of public sector audit



Source: Audit Scotland

Introduction

1. This report summarises the impact made by the joint Accounts Commission / Auditor General for Scotland performance audit report, *Commissioning social care*, published on 1 March 2012. It also provides an update on progress against the recommendations in the report.
2. The purpose of the audit was to bring the extensive but disparate information on specific elements of commissioning social care together into a comprehensive review, highlighting good practice and areas for further improvement.
3. The report examined how effectively councils and their public sector partners strategically commission social care services, including reviewing:
 - the extent to which service users and carers are involved in the commissioning process to ensure that their needs are met
 - the way in which councils and their planning partners work together to plan and procure effective social care services
 - the extent to which councils work with providers to ensure high quality, sustainable care services.
4. The key messages from the report were:
 - Strategic commissioning of social care is complex and challenging due to reducing budgets, changing demographics, growing demands and expectations, and moves towards care more tailored to the individual's needs. Despite this, councils and NHS boards need to do much more to improve how social care services are planned, procured and delivered through better engagement with users and providers and better analysis and use of information on needs, costs, quality of services and their impact on people's quality of life.
 - There are indications that councils are continuing to focus resources on people who need more intensive support, tightening eligibility criteria and increasing charges. There is a risk that people who need a small amount of support are not being offered the preventative services that might help delay or avoid their needing more costly intensive support, such as being admitted to hospital or into residential care. This trend is not new and we have reported the risks in previous audits.
 - Voluntary and private sector providers deliver a significant proportion of social care services in Scotland in addition to services provided in-house by councils. While processes are in place to monitor quality, more needs to be done across Scotland to manage the risks to users when a provider goes out of business or closes for other reasons, including having contingency plans in place and monitoring effectively the financial health of voluntary and private providers. This can be complex and will involve further development and coordination of capacity and expertise at local and national levels.

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- Users and carers need to be more involved in decisions about social care services and better evidence is needed of what difference the services make to people's quality of life. Self-directed support aims to give people more choice and control over the services they receive and is likely to have major implications for the way that councils, along with NHS boards and other partners, plan and commission social care services. However, the combination of relatively low use of direct payments, a need to develop commissioning skills and capacity, and a need to improve partnership working with providers and consultation with users and carers, suggests that councils may need a significant amount of support to implement self-directed support effectively.

5. The key recommendations were:

Councils, along with NHS boards and other relevant commissioning partners, should:

- develop commissioning strategies for social care services which set out:
 - an analysis of needs and potential gaps in services
 - how users, carers and providers will be involved throughout the commissioning process
 - consideration of quality and what impact services will make to the quality of people's lives, and how these will be measured
 - consideration of who might be able to provide the services needed (capacity)
 - an analysis of costs and budgets for services (both in-house and externally provided)
 - a summary of any planned improvements or different ways of working
 - timescales for implementing and reviewing the strategy
- manage the risks of contracting services from voluntary and private providers by:
 - undertaking due diligence checks before awarding contracts
 - making sure that appropriate checks on financial health and ability to deliver services are carried out regularly during contracts
 - having contingency plans in place for dealing with a provider going out of business or closing for other reasons
 - understanding the financial and business impact of their commissioning decisions on providers
- in implementing self-directed support:
 - provide information, advice and support to all users and carers
 - put in place processes for monitoring the outcomes for users of services purchased with individual budgets, including direct payments.

Councils and NHS boards should:

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- work together to invest in preventative services that can help to delay or avoid people needing more intensive support, and monitor the impact of these services.

The Care Inspectorate and councils should:

- work together to monitor the impact that services have on people's lives as well as the quality of care provided.

The Scottish Government and the Care Inspectorate should:

- work together to ensure that councils, NHS boards and other commissioning partners are scrutinised and supported to improve their strategic commissioning.

The Scottish Government, the Care Inspectorate and COSLA should:

- consider whether there is a need for periodic expert assessment of the social care markets to support commissioning bodies in managing these markets and in monitoring the financial viability of large operators.

Raising awareness and communication of key messages

Media coverage

6. The number of media items in the 12 months since *Commissioning social care* was published was 17, while the number of report downloads was 8,776. The report received a wide range of media coverage around the time of publication. The BBC and STV interviewed the chair of the Accounts Commission and there were four items in the national press. Publication coincided with the Scottish Government's launch of the Self-directed Support Bill, which aims to give users and carers more choice and control over their care. It also came at a time when there was extensive discussion and consultation on health boards and councils formally integrating health and social care services. In addition, the Director for Performance Audit contributed to an opinion piece for Third Force News, helping to raise the profile of the report with the third sector.
7. Media coverage and report downloads from Audit Scotland's website are summarised in the table overleaf:

Media items/downloads	Number of items: 12 months after publication
National press	4
Local press	1
Television	5
National radio	2
Local radio	2
Web	2
Specialist press	1
TOTAL MEDIA ITEMS	17
Report downloads	8,776
Podcast downloads	133
TOTAL DOWNLOADS	8,909

8. Of the 17 items of media coverage, eight led with our main message that social care needs to be better planned and managed. This message also appeared in two other items of coverage. Another key message, that there was a risk people were not getting the care they needed, appeared in nine items. A quote from the chair of the Accounts Commission, saying that councils were focusing on people with intensive needs, also featured.
9. A range of angles led the other items of coverage. Of these, only one was a key message we were actively promoting, and that was the need to focus on quality and know more about costs. Others included councils failing to ensure care could be delivered in the future (this led two BBC items), Scotland's ageing population and local viewpoints in the Aberdeenshire press.
10. Accounts Commission chair, John Baillie, was quoted in eight items; the Scottish Government in three; and Age Scotland and Shelter Scotland both in two. Others quoted, all once, were the Coalition of Care and Support Providers in Scotland (CCPS), the Royal College of Nursing, an Audit Scotland project manager and four Aberdeenshire area politicians.

Presentations by the audit team

11. The following presentations were made by the team following publication of the report:
 - National Strategic Commissioning group – 9 March 2012
 - CCPS - 15 March 2012

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- NHS Fife Audit Committee – 22 March 2012
 - National conference on Self-Directed Support – 2 May 2013.
12. In addition to these presentations, we have continued to maintain contact with key contacts and are picking up related issues in our current audit of *Reshaping care for older people*, which will be published later in 2013.

Parliamentary consideration

13. The Auditor General briefed the Scottish Parliament's Public Audit Committee on 14 March 2012, and introduced the report as one of the most significant performance audits we have prepared. The Auditor General highlighted the increasing pressures from rising demand for care and support services along with financial pressures. The Auditor General noted that this report was the latest of six reports Audit Scotland had prepared in this general area since devolution, all of which contain challenging findings about the commissioning and delivery of social and health care.
14. The Committee took oral evidence on the report on 25 April 2012 from CCPS, Scottish Care, Long Term Conditions Alliance Scotland, North Lanarkshire Council, City of Edinburgh Council, the Convention of Scottish Local Authorities and NHS Ayrshire and Arran. On 9 May 2012, the committee took evidence from the Scottish Government. The committee also invited written evidence from Angus and Fife Councils on the specific issue of homecare hours.
15. On 4 July 2012, rather than preparing a separate report, the Committee published a response to the Scottish Government's consultation on proposals for the *Integration of Adult Health and Social Care in Scotland*. It considered the Scottish Government's response at its meeting on 27 February 2013 and referred it to the Health and Sport Committee.
16. In its consultation response, the Committee:
- said it believed that any improvements in commissioning social care arising through the integration of adult health and social care services must also be extended to children's services
 - welcomed the proposed joint accountability arrangements for partnerships but expressed concern about the risk of tensions due to NHS boards and local authorities having competing priorities
 - welcomed the proposed use of national outcomes and pointed out the additional need for a good understanding of the needs, costs and quality of social care services
 - asked for it to be a requirement on each partnership to produce a long-term joint commissioning strategy
 - welcomed the proposal for the Care Inspectorate to include commissioning in its scrutiny programme and suggested an enhanced enforcement role

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- sought clarification on use of the Older People's Change Fund to ensure service redesign rather than being used as short-term funding to maintain existing services
 - recommended that decisions by partnerships on whether to provide services in-house or externally should be transparent and based on a full understanding of all the costs involved as well as the benefits to service providers.
17. *Commissioning social care* was also discussed in two sessions at the Scottish Parliament's Finance Committee. On 9 May 2012, whilst discussing the Self-directed Support Bill, an official from the Scottish Government noted that the report highlighted the benefits of good quality strategic commissioning. Later in the year, on 21 November 2012, as part of the Finance Committee's Demographic Change and Ageing Population Inquiry, a representative of CCPS referred to the report's finding about the need to involve providers more in the commissioning process.
18. On 17 April 2013, Mary Scanlon MSP referred to the audit report in a debate on public procurement reform. She drew attention to the number of recommendations made by Audit Scotland over the years requiring improvement in procurement, which were then ignored, or partially implemented, only to be raised again in reports years later.

Local consideration of the report

19. Following the publication of *Commissioning social care*, local auditors gathered information from councils and NHS boards about what action they had taken since the report was published. There was positive feedback and support for the audit report from most councils and NHS boards with nearly 70 per cent considering or taking specific actions in response to the recommendations. However, six councils (Clackmannanshire, Dumfries and Galloway, Dundee City, Highland, Perth and Kinross and Stirling) and one NHS board (NHS Greater Glasgow and Clyde) did not formally consider the report.
20. Of the 24 councils and 14 NHS boards where information was gathered by auditors, the overall response to, and impact of, the report can be summarised as follows:
- In six councils (25 per cent) and five NHS boards (36 per cent) the report was identified as being on a relevant issue, but in these councils and boards it was felt that the report did not help the organisations to make improvements.
 - In thirteen councils (54 per cent) and seven NHS boards (50 per cent), the report assisted them in seeking constructive improvements to aspects of their work, although the final impact was uncertain.
 - In five councils (21 per cent) and two NHS boards (14 per cent), the report appears to have prompted or contributed to measurable changes in some important aspects of their work.
21. A number of examples of how the report's recommendations are supporting improvements at a local level are:

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- Falkirk Council has adopted an approach to commissioning that includes all stakeholders and has revised contract monitoring to include more regular financial checks.
 - Moray Council is developing a risk-based monitoring framework in response to the recommendations. Contracts with a higher risk identified through the contract monitoring process will be subject to a higher level of scrutiny.
 - In Renfrewshire Council, a strategic commissioning and planning officer was appointed to lead service development in commissioning strategies, working with leads across all client groups with a view to developing an overarching commissioning statement for all social care services.
 - In Inverclyde, the report was used as a key reference document in developing the CHCP commissioning strategy.
 - East Dunbartonshire Council is using the report as a baseline for good practice and improvement across all commissioning areas including joint commissioning.
 - Shetland Islands Council used the self-assessment checklist and identified areas requiring further work, which were then included in the 2012-2015 CHCP agreement as development priorities for 2012/13.
 - NHS Highland held a development day for the board, the focus of which was self-assessment of commissioning capability and capacity.

Contribution to national policy developments

22. *Commissioning social care* has had an impact on national policy although it is hard to know what can be attributed directly to the report because there have been other developments at the same time. There is a National Strategic Commissioning Group, which involves key representatives from across the public, private and voluntary sectors. The work of this group has been informed by the *Commissioning Social Care* report. The group has focused on a range of approaches to help support local partners with strategic commissioning, including training and support events. A member of the audit team acts as an observer on this group.

Progress on implementing recommendations

23. For the majority of recommendations it is too early to say to what extent they have been progressed without doing further work. However, in relation to the Accounts Commission's strategic priority of leadership, the report has contributed to a national focus on improving social care commissioning across Scotland. The audit provided a clear baseline of current performance which will be useful as new health and social care partnerships develop.
24. Significant changes are under way in Scotland to the way that social care and health services are planned, delivered and monitored and the audit is being used as part of the

development of these new health and social care partnerships. As part of this work a series of national outcome measures is being produced and a greater focus on evidencing impact is expected as part of new strategic commissioning plans. In addition, the report raised several risks that the public sector is considering as part of the changes, including the impact of self-directed support.

25. The report continues to contribute to the development of the new health and social care partnerships and attempts to improve how care services are commissioned. We will continue to monitor developments in this area.

Appendix 1. Progress on implementing the recommendations in *Commissioning social care*

Recommendation	Progress made in implementing the recommendation and what difference this has made
<p>1</p> <p>Councils, along with NHS boards and other relevant commissioning partners, should develop commissioning strategies for social care services which set out:</p> <ul style="list-style-type: none"> • an analysis of needs and potential gaps in services • how users, carers and providers will be involved throughout the commissioning process – consideration of quality and what impact services will make to the quality of people’s lives, and how these will be measured • consideration of who might be able to provide the services needed (capacity) • an analysis of costs and budgets for services (both in-house and externally provided) • a summary of any planned improvements or different ways of working • timescales for implementing and reviewing the strategy. 	<ul style="list-style-type: none"> • The Scottish Government, as part of current plans to better integrate health and social care services, has taken on board the recommendations in the report and the recommendations should be addressed through current developments in relation to integration and the development of strategic commissioning strategies. • The Public Audit Committee, in its consultation response to the Scottish Government’s proposals on the integration of adult health and social care, asked for it to be a requirement on each partnership to produce a long-term commissioning strategy. • In Inverclyde, the report was used as a key reference document in developing the CHCP commissioning strategy.
<p>2</p> <p>Councils, along with NHS boards and other relevant commissioning partners, should seek opportunities to work collaboratively with other councils and NHS boards to share</p>	<ul style="list-style-type: none"> • This is something that we expect the new health and social care partnerships to take forward as part of determining which services are needed in

Recommendation	Progress made in implementing the recommendation and what difference this has made
<p>information and expertise and benefit from economies of scale, including:</p> <ul style="list-style-type: none"> • share planning resources for forecasting needs and planning services • participate in benchmarking with other councils and NHS boards to compare performance and share tools and learning • undertake joint procurement exercises with other councils and NHS boards for small-scale, specialist services. 	<p>the local area and how best to provide them.</p> <ul style="list-style-type: none"> • East Dunbartonshire Council is using the report as a baseline for good practice and improvement across all commissioning areas including joint commissioning.
<p>3 Councils, along with NHS boards and other relevant commissioning partners, should ensure that they have in place, and make the best joint use of, professional skills in both procurement and social care commissioning.</p>	<ul style="list-style-type: none"> • The National Strategic Commissioning Group has started to address training and development needs. Again, this is something that we will monitor as the new Health and Social Care partnership are established. • In Renfrewshire Council, a strategic commissioning and planning officer was appointed to lead service development in commissioning strategies, working with leads across all client groups with a view to developing an overarching commissioning statement for all social care services. • NHS Highland held a development day for the board, the focus of which was self-assessment of commissioning capability and capacity
<p>4 Councils, along with NHS boards and other relevant</p>	<ul style="list-style-type: none"> • As above.

Recommendation	Progress made in implementing the recommendation and what difference this has made
<p>commissioning partners should train their commissioning staff in the appropriate skills, making use of the national commissioning skills programme where appropriate.</p>	
<p>5 Councils and NHS boards should work together to invest in preventative services that can help to delay or avoid people needing more intensive support and monitor the impact of these services.</p>	<ul style="list-style-type: none"> • The Scottish Government, as part of current plans to better integrate health and social care services, has set this out as a clear priority. We will monitor progress as the new partnerships are established.
<p>6 The Scottish Government should provide clear leadership for joint commissioning of health and social care services between councils and NHS boards by:</p> <ul style="list-style-type: none"> • setting out clear expectations and priorities • supporting development of practical tools to help councils and NHS boards improve their strategic commissioning • working with the Care Inspectorate to ensure scrutiny and help for councils, NHS boards and other commissioning partners to improve their strategic commissioning. 	<ul style="list-style-type: none"> • The Scottish Government, through the development of the new health and social care partnerships, has begun to address this issue. Partners are required to produce strategic commissioning plans. We will monitor progress. • The Public Audit Committee, in its consultation response to the Scottish Government's proposals on the integration of adult health and social care, suggested an enhanced enforcement role for the Care Inspectorate with respect to commissioning.
<p>7 Councils, along with NHS boards and other relevant commissioning partners where appropriate, should develop a clear approach to establishing and maintaining good working relationships with providers throughout the strategic commissioning process.</p>	<ul style="list-style-type: none"> • As above.

Recommendation	Progress made in implementing the recommendation and what difference this has made
<p>8 Councils, along with NHS boards and other relevant commissioning partners where appropriate, should map out current service provision and develop an understanding of quality, effectiveness, the cost of services and the financial and business challenges facing providers.</p>	<ul style="list-style-type: none"> Partners have produced the first year of strategic commissioning plans. The Scottish Government will produce a summary of progress with the plans, and we will comment on them as part of our review of <i>Reshaping care for older people</i>. It is expected that partners will continue to need support and development to improve these plans as the new Health and Social Care partnerships are formally introduced.
<p>9 Councils, along with NHS boards and other relevant commissioning partners where appropriate, should base their decisions about whether to provide services in-house or procure them from voluntary or private sector providers on a full understanding, for in-house as well as externally provided services, of:</p> <ul style="list-style-type: none"> the costs the quality of care offered by providers, including using Care Inspectorate inspection report the impact of services on people’s quality of life. 	<ul style="list-style-type: none"> As above The Public Audit Committee, in its consultation response to the Scottish Government’s proposals on the integration of adult health and social care, recommended that decisions by partnerships on whether to provide services in-house or externally should be transparent and based on a full understanding of all the costs involved as well as the benefits to service providers.
<p>10 Councils, along with NHS boards and other relevant commissioning partners where appropriate, should develop transparent procurement processes and share procurement plans with all the providers who may be able to deliver the services.</p>	<ul style="list-style-type: none"> As above

Recommendation	Progress made in implementing the recommendation and what difference this has made
<p>11 Councils, along with NHS boards and other relevant commissioning partners where appropriate, should manage the risks of contracting services from voluntary and private providers by:</p> <ul style="list-style-type: none"> • undertaking due diligence checks before awarding contracts • making sure that appropriate checks on financial health and ability to deliver services are carried out regularly during contracts • having contingency plans in place for dealing with a provider going out of business or closing for other reasons • understanding the financial and business impact of their commissioning decisions on providers. 	<ul style="list-style-type: none"> • As above. • Falkirk Council has revised contract monitoring to include more regular financial checks. • Moray Council is developing a risk-based monitoring framework in response to the recommendations. Contracts with a higher risk identified through the contract monitoring process will be subject to a higher level of scrutiny.
<p>12 The Care Inspectorate and councils should work together to monitor the impact that services have on people's lives as well as the quality of care provided.</p>	<ul style="list-style-type: none"> • As part of the introduction of Health and Social Care Partnerships, the Scottish Government is working with partners to agree a set of national outcomes which partners will use to monitor the impact of services, and to feed into SOA.
<p>13 The Scottish Government, the Care Inspectorate and COSLA should consider whether there is a need for periodic expert assessment of the social care markets to support commissioning bodies in managing these markets and in monitoring the financial viability of large operators.</p>	<ul style="list-style-type: none"> • We expect that this will be a feature of support for the new health and social care partnerships, although we are not aware of plans to take this forward at this stage.
<p>14 Councils, along with NHS boards and other relevant commissioning partners where appropriate, should have a clear</p>	<ul style="list-style-type: none"> • This should be addressed as part of the new

Recommendation	Progress made in implementing the recommendation and what difference this has made
<p>plan for engaging a full range of service users and carers at every stage of the commissioning process, including:</p> <ul style="list-style-type: none"> • consulting with and involving users and carers when they do their strategic planning, including consideration of retendering or stopping services • fully involving users, with their carers, in decisions about their own care. 	<p>strategic commissioning plans.</p>
<p>15 Councils, along with NHS boards and other relevant commissioning partners where appropriate, should use consistent and comparable measures of what differences services make to people's lives and make the results readily available to the public.</p> <p>They should use these measures for both in-house provision and in contractual agreements with providers.</p>	<ul style="list-style-type: none"> • As above.
<p>16 Councils, along with NHS boards and other relevant commissioning partners where appropriate, should in implementing self-directed support:</p> <ul style="list-style-type: none"> • be transparent about how they calculate individual budgets or determine the amount of resource available for an individual's care services • provide information, advice and support to all users and carers • put in place processes for monitoring the outcomes for users of services purchased with individual budgets, including direct payments. 	<ul style="list-style-type: none"> • The Social Care (Self-directed Support) Act was passed in November 2012. Ministers have yet to decide when the Act will come into force although this is expected to be March 2014. • We are considering carrying out further work in this area.