

News release

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Transformational change not happening fast enough to deliver ambitious vision for health and social care

A lack of national leadership and clear planning is preventing the wider change urgently needed if Scotland's health and social care services are to adapt to increasing pressures.

The increasing numbers of frail, older people with complex health needs is among the challenges facing health and social care services. The number of people aged 85 and over in Scotland is expected to rise by two-thirds from 114,375 in 2014 to 187,219 in 2030, and double by 2034.

A new report for the Auditor General and the Accounts Commission looks at the growing need to create new ways of working to cope with the impact of these and other pressures, including an ageing GP workforce and a tough financial climate for public spending.

New approaches to health and social care are emerging in some parts of Scotland and the report features a selection of case studies demonstrating more innovative practice by public bodies.

However, it notes that new models are generally small-scale; a widespread shift is not happening fast enough to deliver the Scottish Government's vision of enabling everyone to live longer, healthier lives at home or in a homely setting, by 2020.

Caroline Gardner, Auditor General, said: "An ambitious vision can be a catalyst for change but, without a clear and detailed plan of action, there's a risk that ambition is overtaken by circumstances.

"Current health and social care models are unsustainable but with the right services in place, many people could avoid unnecessary admissions to hospital, or be discharged more quickly. This will have benefits for service users, and for the staff who work extremely hard in challenging circumstances to deliver health and social care.

"The Scottish Government must produce comprehensive long-term plans for realising its 2020 Vision, and work to reduce the barriers that hold local bodies back from creating new ways of working that meet the changing needs of their communities."

The report also references the pivotal role of health and social care integration in transforming how services are delivered, with new integration authorities (IAs) set to go live on 1 April 2016.

In their first in a series of reports on the progress of integration, the Auditor General and Accounts Commission recommended in December 2015 that IAs need to be clear about how they will use resources to integrate services and improve outcomes.

Douglas Sinclair, chair of the Accounts Commission, said: "This report shows that seeds of innovative practice are being sown in some parts of the country. NHS boards and councils must contribute to spreading that knowledge and good practice by working with integration authorities to build a clear picture of what the future of health and social care looks like in their local areas, and what resources must be invested to make that a reality."

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Notes to editors

1. This audit builds on key pressures identified in the demand and capacity work undertaken during the [NHS in Scotland 2013/14](#) audit. We also provided an update on the performance of Scotland's health service in [NHS in Scotland 2015](#), and published the first in a series on [health and social care integration](#) in December 2015.
2. Over the period 2010/11 to 2014/15, the health budget decreased by 0.6 per cent in real terms to £11.85 billion. In the same period, Scottish Government overall funding for councils decreased by 5.9 per cent in real terms to £10.8 billion, although spending on social care services between 2010/11 and 2013/14 increased slightly by two per cent to around £3 billion.
3. Between 2010/11 and 2013/14, the proportion of total expenditure on adult health and social care remained at 56 per cent for institutional-based care and 44 per cent for community-based care.
4. The Scottish Government has estimated it would need an annual increase in investment of £1.1 billion by 2016 in health and social care services alone to keep pace with demand. Its assumption is based on current service models remaining the same and demand increasing in line with the growth in the older population. This level of investment is not sustainable in the current financial climate.
5. Overall the GP workforce is ageing, with around 35% of GPs aged 50 and over. Exhibit 5 in the report sets out this and other indicators of building pressure in general practice.
6. The case studies referenced in the report are contained in a handbook supplement. Audit Scotland has identified a number of new care models introduced across Scotland that are designed to deliver more care to people in community settings in line with the 2020 Vision. We have selected examples in some areas to illustrate the different types of models that exist, and to promote knowledge sharing and good practice.
6. The report in particular highlights East Lothian's whole system approach to introducing new ways of working in health and social care, and the data analysis and intelligence that local partners are using to inform their work. The different elements of this approach are summarised in Exhibit 7 (pages 24-25) of the report. An interactive version of this exhibit is set out in [Supplement 2](#).
7. Audit Scotland has prepared this report for the Auditor General for Scotland and the Accounts Commission for Scotland. All Audit Scotland reports published since 2000 are available at www.audit-scotland.gov.uk
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