1. Marie Curie provides care and support for people living with a terminal illness and their families and carers. We provide support through our two hospices in Glasgow and Edinburgh, as well as our community nursing services across 31 local authority areas, and our five volunteer-led Helper services. We also provide nationwide support through our information and support service including our national support telephone line.

2. Last year we provided care for over 8,000 people living with a terminal illness, as well as their families and carers across Scotland.

3. Marie Curie’s vision is for a better life for people and their families living with a terminal illness. Our mission is to help people living with a terminal illness, their families and carers, make the most of the time they have together by delivering expert care, emotional support, research and guidance.

4. We deliver palliative care services in 30 Integration Joint Board (IJB) areas in Scotland. IJBs are now responsible for commissioning all palliative care services.

5. Below we have summarised our contact and interaction with IJBs since the new Boards came into existence. This is based on input from across our caring services and business development teams who are responsible for dealing with Integrated Joint Boards and the commissioning and delivery of services. We have tried to incorporate all of the information requested by the committee as set out in its call for evidence, however, we have not responded to the individual questions posed.

6. Marie Curie has experienced a range of interaction with the IJBs across Scotland from good engagement with clear points of contact, planned meetings and agreed follow-up to those IJBs where we have had limited involvement with difficulties in identifying contacts and establishing working relationships, as well as seeing decisions on key aspects of service provision delayed.

   “All still a bit of a mishmash and really frustrating at the coal face.” Senior Manager, Marie Curie on the current situation regarding IJBs across Scotland

**Influencing and decision-making**

7. It is important to highlight that engagement with IJBs can take place at a number of different levels and that at each level it will be important for an organisation, such as Marie Curie, to have strong lines of communication, the ability to influence and inform, as well as work in partnership and engage.

8. The governance level of Integrated Joint Boards does provide the opportunity for organisations to engage and influence with key strategic decisions and strategic planning and possible budgeting decisions. The senior management structure of the IJBs, including most importantly the chief officer, is also a vital part of the IJB for the organisation to engage with, as not only can this group influence the strategic direction of the IJB, but can direct the operational teams,
those responsible for commissioning services and the day-to-day activity of the IJB. That operational level, which sits directly below the senior management structures in IJBs, is where a lot of regular contact is held between Marie Curie and its statutory health and social care partners. Many of these roles have responsibility for managing the commissioning relationship between Marie Curie and the IJB.

9. IJBs are also in the process of establishing localities within their areas, which will also be important points of contact for third sector organisations. Many IJBs have yet to establish localities or points of contacts for third sector.

10. It is clear that for IJBs and the third sector to have effective working relationships there needs to be clear engagement and understanding at all levels of the IJB. Without it then neither side is likely to be maximising the possibilities that the other offers in delivering truly person-centred care. It is particularly important for organisations like Marie Curie, who have service arrangements in place with IJBs, to have good working relationships with IJBs both at the strategic level and also the operational level.

11. At all levels and across most IJBs Marie Curie has had a mixed response when seeking to engage with Boards and when Boards have reached out to the third sector in their areas. For example, we may have little or no contact with the IJB members and the chief officer, but have a good relationship with the person responsible for commissioning palliative care services in an area. In other areas we have had some contact at IJB level, but none with the senior management or their operating teams.

12. This is important for Marie Curie, as this can be a direct point of contact regarding the services we are currently delivering. However, without the strategic input at Board and chief officer level there is a risk that decisions about the strategic importance and priority of palliative care may be taken without our input or other third sector providers, which may then impact on what services are commissioned. This may ultimately have an impact on Marie Curie services delivered in the area.

13. At that governance and strategic level, Marie Curie did respond to a number of the consultations documents published by IJBs as they prepared their strategic plans. However, not all IJBs were effective in publicising their consultation exercises for their plans meaning that these were not responded to.

14. In some areas one IJB has taken on the responsibility for palliative care services on behalf of the other IJB areas covered by the NHS Board they partner. For example, East Ayrshire IJB, leads on palliative care on behalf of itself, North Ayrshire IJB and South Ayrshire IJB. We have found this approach to be effective. Strategically and operationally it can help Marie Curie to maximise the impact of our service provision across those areas, especially in the more disparate geographies.

15. We know that some IJBs have appointed staff with stakeholder engagement in their remit and titles, but this is not true of all IJBs. It has been considerably easier to engage with those IJBs with staff with an engagement remit and this should be something that other IJBs consider.

The role of the Third Sector Interfaces (TSIs)

16. Much of the third sector engagement with IJBs at the Board level must be channelled through the Third Sector Interfaces (TSI), which are the official representatives of the sector on those Boards. The charity’s engagement with TSIs has been very minimal throughout this period. There are a number of issues for TSIs firstly they are expected to represent a sector that is
simply not representable, due to its size, shape and nature. For example, the needs of a large charity with a significant local presence delivering a frontline service in healthcare is considerably different to that of a small, locally based charity delivering support services in social care.

17. It is our experience, that many TSIs believe that ‘national’ charities like Marie Curie are either not present locally or able to represent themselves to IJBs and so do not actively engage us in their consultation work or activity around IJBs.

18. Those TSIs that do engage with Marie Curie often do not have the experience or knowledge to represent the position of the charity or the palliative care needs of their communities, despite their best intentions.

19. As an organisation with a service presence in 30 IJBs it is very difficult for us to engage with all 30 of them at the Board level, as we do not have the resource. This is why we need TSIs, or whoever is responsible for representing the third sector, to be able to understand the needs of the organisation and effectively present that at that level.

20. Marie Curie has been invited to join a couple of the IJBs Strategic Planning Groups, not as a third sector organisation, but as a representative of non-commercial providers. Although it is a huge opportunity for the charity to be appointed to these roles as they bring influence over the strategic plans, this has only happened in a couple of areas. It is also worth pointing out that we are not always best placed to represent the other non-commercial providers within the area, in similar way that TSIs are not able to effectively represent all the third sector organisations in an area.

Examples of differing practice

21. Some IJBs have made significant progress in their approach to engaging with third sector organisations, and this is important to highlight, as these areas should be identified as examples of good practice for others to learn from. For example, East Ayrshire, which acts on behalf of all of the Ayrshire IJBs has developed a strong relationship with Marie Curie with a good partnership approach at the commissioning level, which has led to improved service provision within the local area.

“A year ahead with the integration process - was a pilot site. Really good new commissioning relationship, very effective and has provided a good opportunity to maximise budgets and patient numbers.” Senior Manager, Marie Curie on East Ayrshire IJB

22. The fact that the Ayrshires were part of the early wave may be an indication that given more time other IJBs will establish themselves and begin to engage more proactively and build effective relationships in the same way as has happened in East Ayrshire.

23. Other IJB areas have clearly struggled to put in place their structures, personnel and ways of working, particularly between the senior management group and the operational teams, which can effect key decisions the IJBs need to make over services going forward.

“Lack of decision-making, clarity and lack of commission lead confirmation has led to uncertainty moving forward – this will need to change post April as the extra transition year finishes.” Senior Manager, Marie Curie on an IJB’s progress.

24. In a number of IJBs, particularly at the operational level, many key personnel are yet to be appointed or are in interim positions. This can make it very difficult for decisions to be made on
services and commissioning and a number of decisions have been put off until permanent appointments are made. In those cases where there has been a change in personnel following the transition from NHS Boards to IJBs it has been difficult to establish key contacts.

“Commissioning relationship difficult as a result of the handover and new individuals involved.”
Senior Manager, Marie Curie

25. In other areas we have seen some disparate internal lines of working between senior operating officers and operational staff responsible for commissioning, which has led to indecision with regards to who will be the commissioning contact with Marie Curie. This makes it very difficult to develop a relationship with key personnel and make plans going forward.

26. IJBs are also due to establish localities in each of its areas. A number of IJBs have yet to do this, and this has made it difficult to establish relationships and lines of communication, as staff have not been appointed. Localities will be key partners with Marie Curie and we are likely to have a service presence in many of them.

Conclusion

27. Some IJBs are making good progress towards establishing good working relationships with the third sector, including Marie Curie. We have been involved in key decisions around strategy, planning and commissioning, as the Public Bodies Act intended.

28. Other IJB areas clearly have much more progress to make, not only in terms of their external outreach, but also in establishing their own internal structures and ways of working. This has clearly affected their ability to engage effectively with external partners like Marie Curie. It is also important to note that IJBs operate at a number of different levels and the third sector, and particularly those responsible for delivering services, must be engaged and consulted on at each of those levels, from the strategic and governance level to the operational and management levels.

29. For IJB’s a significant level of their early focus has, by necessity, been inward looking. As the transition periods come to an end there is still a question about the levels of external intelligence that has been gathered by IJBs regarding their communities, the opportunities that exist for them, and the available resources that they could draw upon to maximise impact, improve patient pathways and share the load of health and social care across all sectors.

30. The role of TSIs is also something that must be considered, as from Marie Curie’s perspective we do not believe that this system effectively represents our needs at every IJB board. We believe that a review of the role of TSIs should be considered by the Scottish Government as it monitors the on-going role and progress of the integration of health and social care.

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