When talking about issues of data on care in the Scottish context, I referred to our briefing "Towards a Transformative Universal Social Care Support Service for Scotland" particularly in relation to how we used data from the Health Survey England.

For example, page 12 focuses on calculating who needs care in Scotland. The report says:

> "Data on long-term conditions a person has is available for Scotland in the UK Families Resources Survey and can be compared with England's figures from the same source. However, limitations in daily activities by type, are not provided in the Scottish Health Survey (SHeS), the Scottish equivalent of the Health Survey for England. Instead, Public Health Scotland only produces statistics about the number of recipients of care support for different tasks, coming from informal and formal sources, which is likely to be an underestimate of care needs. As such, we use the Health Survey for England data on care needs and a definition of moderate versus substantial or critical needs appropriate to the Scottish current context of offering free personal care to people with "more substantial needs in priority" to determine the analytical categories for Scotland".

Page 17 of the report focuses on the calculation of how much an hour of care costs as a second step to estimate the level of investment required. Our report says:

> "The Homecare Association (HCA) has requested a minimum price for care of about £10.50, above the current level of funding by the Scottish Government in practice. Despite a Scottish Government commitment to pay a minimum price at the level recommended by the HCA, in practice, councils paid about 87% of this, according to the HCA homecare deficit report 2019. There is no more recent data to judge whether the price paid by councils has increased, so one way to estimate a plausible baseline current level of pay is to calibrate the current hours provided at a unit cost that would add up to the budgetary line for 2022-23 in the Scottish Government's National Care Service Bill plan, accounting for the other types of spending on adult social care (see next section)".

Finally, I referred to the *Adult mental health*[1] report prepared by Audit Scotland, which points out at the complexity of the system and the challenges arising from this, including the lack of performance data of mental health services, and issues of data sharing between health and social care partners. Please see below directly copied from the report:

> Limited information about the performance of mental health services affects the extent to which IJBs are held accountable.

55. The Scottish Government should work with NHS boards and IJBs to improve accountability arrangements, by scrutinising services performance at the appropriate level, and publishing performance data of mental health services, including psychological therapies waiting times, at HSCP level as well as NHS board level. This would:

- allow people to see how mental health services in their local area are performing, making it easier to hold IJBs to account.
- make it easier to identify where additional support and resources are needed the most, for example if one HSCP area has consistently higher waiting times than others.

[1] Adult mental health | Audit Scotland (audit-scotland.gov.uk)

Adult mental health services are fragmented, making it more difficult to develop person-centred services.

56. Multiple organisations are involved in planning, funding and providing adult mental health services, including Integration Joint Boards, HSCPs (Health and Social Care Professions), NHS boards, councils and third sector organisations. Challenges that arise from this fragmented structure, including issues with information sharing and complicated governance and approval processes, make it more difficult to develop and provide person-centred services.

57. The arrangements for managing and providing adult mental health services in our in-depth fieldwork sites vary, but we identified some common challenges. Some of these challenges are not specific to mental health services. For example, representatives across our in-depth fieldwork sites told us the following:

- The roles and responsibilities of health and social care partners are not always clearly distinct. This means that there is a lot of duplicate reporting through different governance and approval routes, which is inefficient, delays improvement projects, and delays patients' access to appropriate support.
- Sharing data and information between health and social care partners is a barrier and can cause significant delays to improvement projects in some areas. Problems arise when health and social care partners use different IT systems that are incompatible with each other. This makes truly integrated working more difficult.

58. Sharing data is a long-standing problem. In our 2018 report, Health and social care integration: Update on progress, we recommended that the Scottish Government address problems with data and information sharing, recognising that national solutions are needed. The Scottish Government has planned improvements as part of the development of the National Care Service, but these improvements will take several years to implement.