What is integration?

A short guide to the integration of health and social care services in Scotland

ACCOUNTS COMMISSION

AUDITOR GENERAL

Prepared by Audit Scotland
April 2018

The Accounts Commission

The Accounts Commission is the public spending watchdog for local government. We hold councils in Scotland to account and help them improve. We operate impartially and independently of councils and of the Scottish Government, and we meet and report in public.

We expect councils to achieve the highest standards of governance and financial stewardship, and value for money in how they use their resources and provide their services.

Our work includes:

- securing and acting upon the external audit of Scotland's councils and various joint boards and committees
- assessing the performance of councils in relation to Best Value and community planning
- carrying out national performance audits to help councils improve their services
- requiring councils to publish information to help the public assess their performance.

You can find out more about the work of the Accounts Commission on our website: www.audit-scotland.gov.uk/about-us/accounts-commission

Auditor General for Scotland

The Auditor General's role is to:

- appoint auditors to Scotland's central government and NHS bodies
- examine how public bodies spend public money
- help them to manage their finances to the highest standards
- check whether they achieve value for money.

The Auditor General is independent and reports to the Scottish Parliament on the performance of:

- directorates of the Scottish Government
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- NHS bodies
- further education colleges
- Scottish Water
- NDPBs and others, eg Scottish Police Authority, Scottish Fire and Rescue Service.

You can find out more about the work of the Auditor General on our website: www.audit-scotland.gov.uk/about/ags

Audit Scotland is a statutory body set up in April 2000 under the Public Finance and Accountability (Scotland) Act 2000. We help the Auditor General for Scotland and the Accounts Commission check that organisations spending public money use it properly, efficiently and effectively.

Introduction

The integration of health and social care services is a major programme of reform, affecting most health and care services and involving over £8 billion of public money.

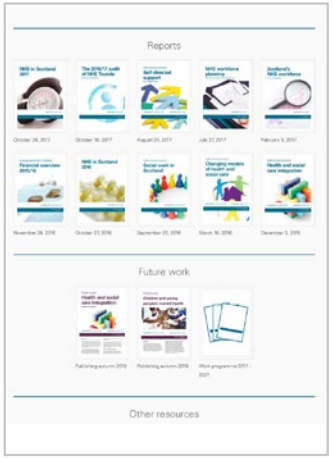
The aim of this reform is to meet the challenges of Scotland's ageing population by shifting resources to community-based and preventative care at home, or in a homely setting.

To achieve this, the Public Bodies (Joint Working) (Scotland) Act 2014 requires councils and NHS boards to work together to form new partnerships, known as integration authorities (IAs). The aim is to ensure services are well integrated and that people receive the care they need at the right time, and in the right place.

IAs across Scotland are very different in terms of their size, resources and local context. But all IAs are responsible for the governance, planning and resourcing of social care, primary and community healthcare and unscheduled hospital care for adults. Some areas have also integrated additional services including children's services, social work, criminal justice services and all acute hospital services. Integration authorities manage the budget for providing all integrated services.

This guide summarises some key information on the background of health and social care integration in Scotland, and outlines how IAs are structured and function.

Transforming health and social care in Scotland
e-hub



Links

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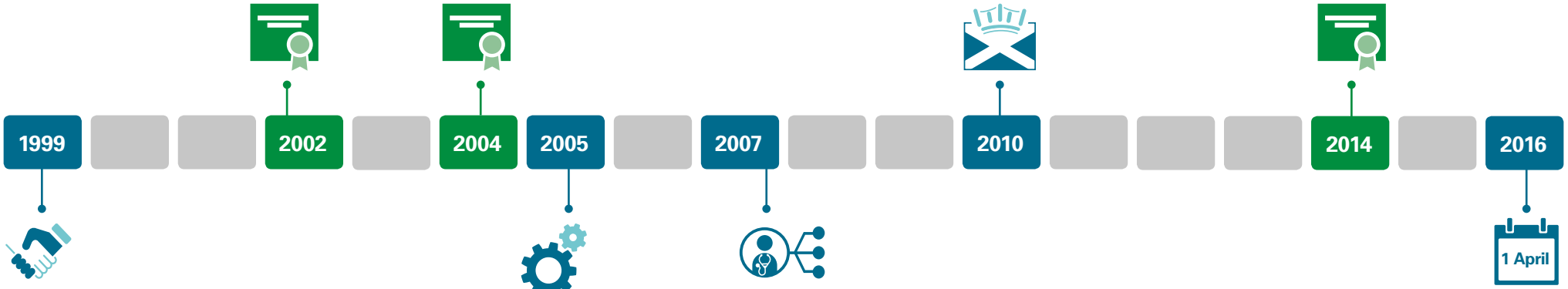
A brief history of integration in Scotland

Integrating health and social care services has been a key government policy for many years.



1999
Seventy-nine Local Health Care Cooperatives (LHCCs) were established, bringing together GPs and other primary healthcare professionals in an effort to increase partnership working between the NHS, social work and the voluntary sector.

2002
Community Care and Health (Scotland) Act introduced powers, but not duties, for NHS boards and councils to work together more effectively.

2004
NHS Reform (Scotland) Act required health boards to establish Community Health Partnerships (CHPs), replacing LHCCs. This was a further attempt to bridge gaps between community-based care, such as GPs and hospital-based care and between health and social care.

2005
Building a Health Service Fit for the Future: National Framework for Service Change set out a new approach for the NHS. It focused on more preventative healthcare, with a key role for CHPs in shifting the balance of care from acute hospitals to community settings.

2007
Better Health, Better Care set out the Scottish Government's five-year action plan, giving the NHS lead responsibility for working with partners to move care out of hospitals and into the community.

2010
Reshaping Care for Older People Programme was launched by the Scottish Government. It introduced the Change Fund to encourage closer collaboration between NHS boards, councils and the voluntary sector.

2014
Public Bodies (Joint Working) (Scotland) Act 2014 introduced a statutory duty for NHS boards and councils to integrate the planning and delivery of health and social care services. It required the creation of IAs and abolished CHPs.

2016
All integration arrangements set out in the 2014 Act, including the creation of 31 new IAs, had to be in place by 1 April 2016.

The aim of health and social care integration

There are nine National Health and Wellbeing Outcomes that seek to measure the impact that integration is having on people's lives.

They are high-level statements of what health and social care partners are attempting to achieve through integration, and ultimately through the pursuit of improvement across health and social care.

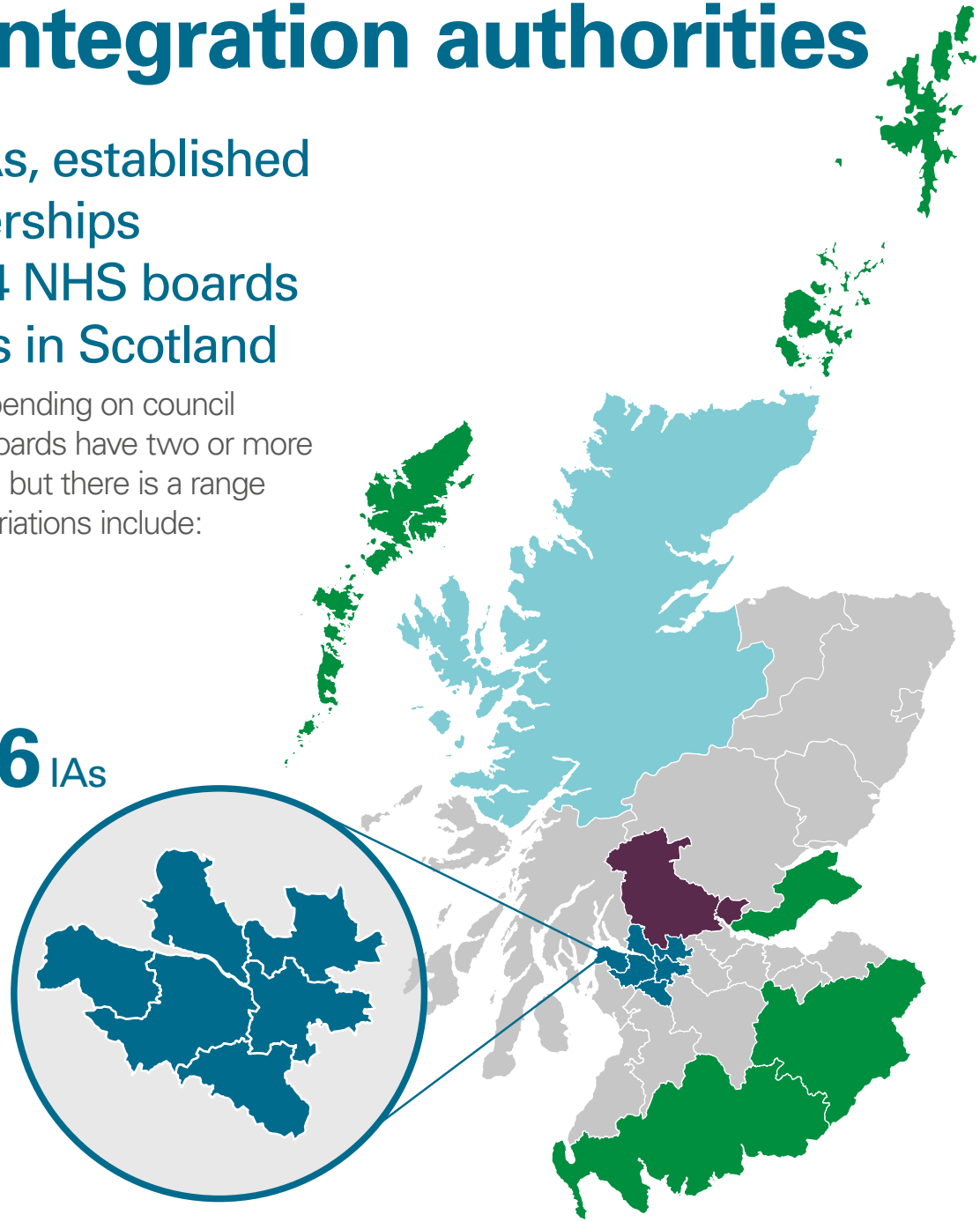
By working with individuals and local communities IAs will support improvement in the nine outcomes. Each IA publishes an annual performance report outlining the progress they have made towards improving outcomes.

1	People are able to look after and improve their own health and wellbeing and live in good health for longer.
2	People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5	Health and social care services contribute to reducing health inequalities.
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
7	People who use health and social care services are safe from harm.
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9	Resources are used effectively and efficiently in the provision of health and social care services.

Map of integration authorities

There are 31 IAs, established through partnerships between the 14 NHS boards and 32 councils in Scotland

The size of IAs varies depending on council boundaries. Most NHS boards have two or more IAs within their boundary, but there is a range from a single IA to six. Variations include:



1 NHS board, 6 IAs

NHS Greater Glasgow and Clyde has six IAs within its boundary, one in each local council area:

East Dunbartonshire, East Renfrewshire, Glasgow City, Inverclyde, Renfrewshire and West Dunbartonshire.

1 NHS board, 1 IA

Six NHS boards have a single integration authority within their boundary:

Borders, Dumfries and Galloway, Fife, Orkney, Shetland and Western Isles.

1 Lead agency

In Highland the NHS board and council have taken a different approach - a lead agency model. NHS Highland leads on adult services and Highland Council leads on children's services.

2 Councils, 1 IA

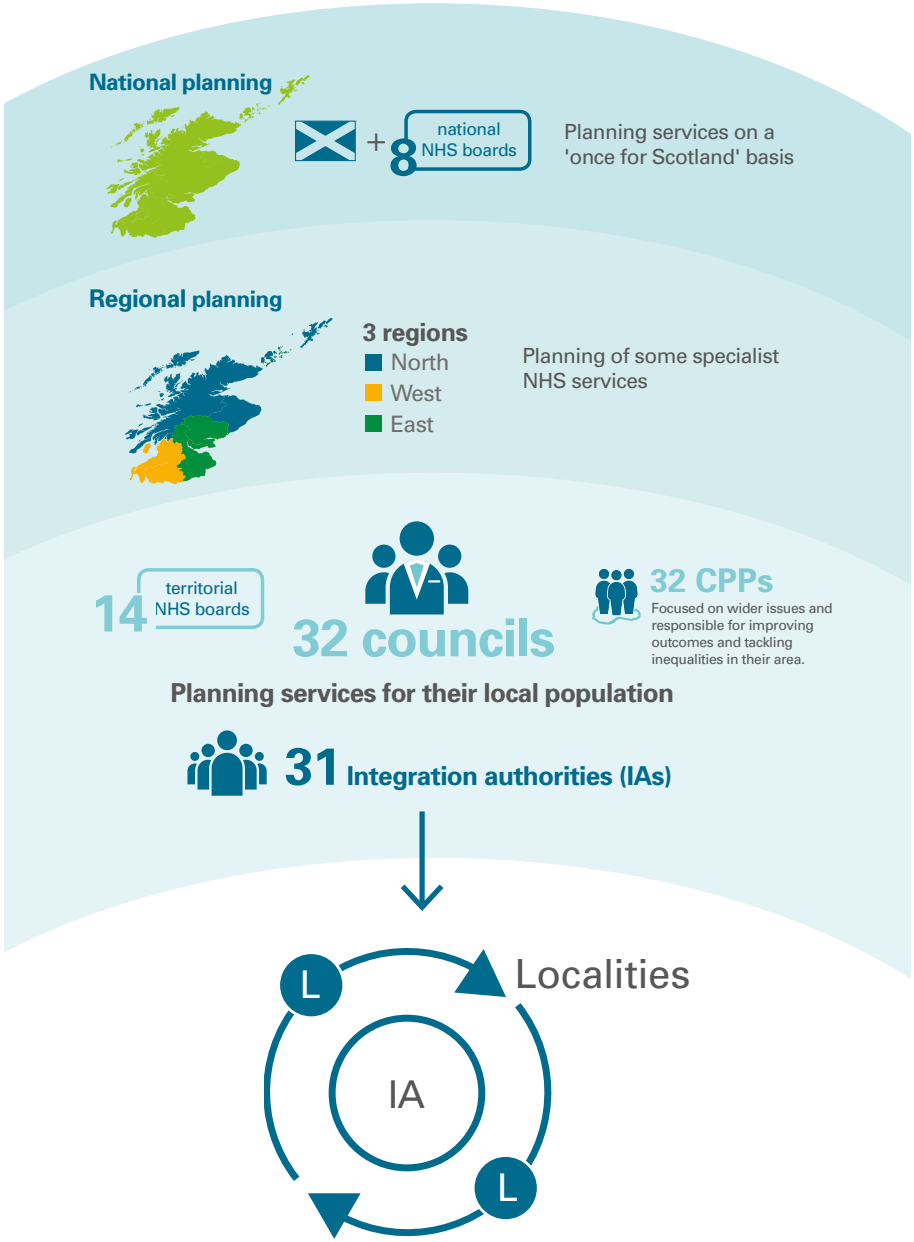
Clackmannanshire and Stirling councils have created a single IA with NHS Forth Valley.

Integration authorities and planning of services

Historically, health and social care services have been planned on a geographical basis by health boards and councils, with some services being provided regionally or nationally.

IAs must now work alongside NHS boards, councils and community planning partnerships when delivering health and social care services.

IAs must divide their area into at least two localities, but they can choose to create more. Localities have an important role in reforming how services are delivered. They bring together local GPs, social workers, other health and care professionals, and service users to help plan and decide how to make changes to local services. This approach allows the views and priorities of local communities to have real influence over how resources are used within their local population.



IAs can be structured in two ways, either through establishing a 'lead agency' or an 'integration joint board'

Whichever model is chosen, the underlying objective remains the same. The IA is expected to plan and deliver services that provide care for individuals in their community or in a homely setting and avoid unnecessary admissions to hospital.

Lead agency model

Lead agency

- eg NHS Highland is the lead agency for adult health and social care services
- Responsible for the planning and delivery of both its own services and services delegated to it
- Has full power to decide how to use resources to improve service quality and people's outcomes.

Other partner body

- eg Highland Council delegates adult social care services to NHS Highland as the lead agency
- Delegates services, money and staff to the lead agency.

Integration Joint Monitoring Committee

- Monitors the carrying out of integrated functions
- Ensures recommendations and responses from the partners relating to performance are considered and appropriately acted upon
- Membership of the IJMC is made up of elected members from the council, non-executive directors from the health board and representatives from service users, carers and the voluntary sector.

Service delivery

- The lead agency has full operational responsibility for the delivery of delegated services.

IJB model

There are 30 IJBs

Council

- Delegates specific services to the IJB
- Provides money and resources

Accountable to:

the electorate

IJB

- Responsible for planning health and care services
- Has full power to decide how to use resources and deliver delegated services to improve quality and people's outcomes

Jointly accountable to:

Council and NHS board through its voting membership (See page 10) **and reporting to the public**

NHS board

- Delegates specific services to the IJB
- Provides money and resources

Accountable to:

Scottish ministers and Scottish Parliament, and ultimately the electorate

Service delivery

- IJB directs the NHS board and council to deliver services
- The extent of the IJB's operational responsibility for delivering services is defined by the level of detail included in its directions to each partner. The more detailed its directions, the more it will monitor operational delivery.

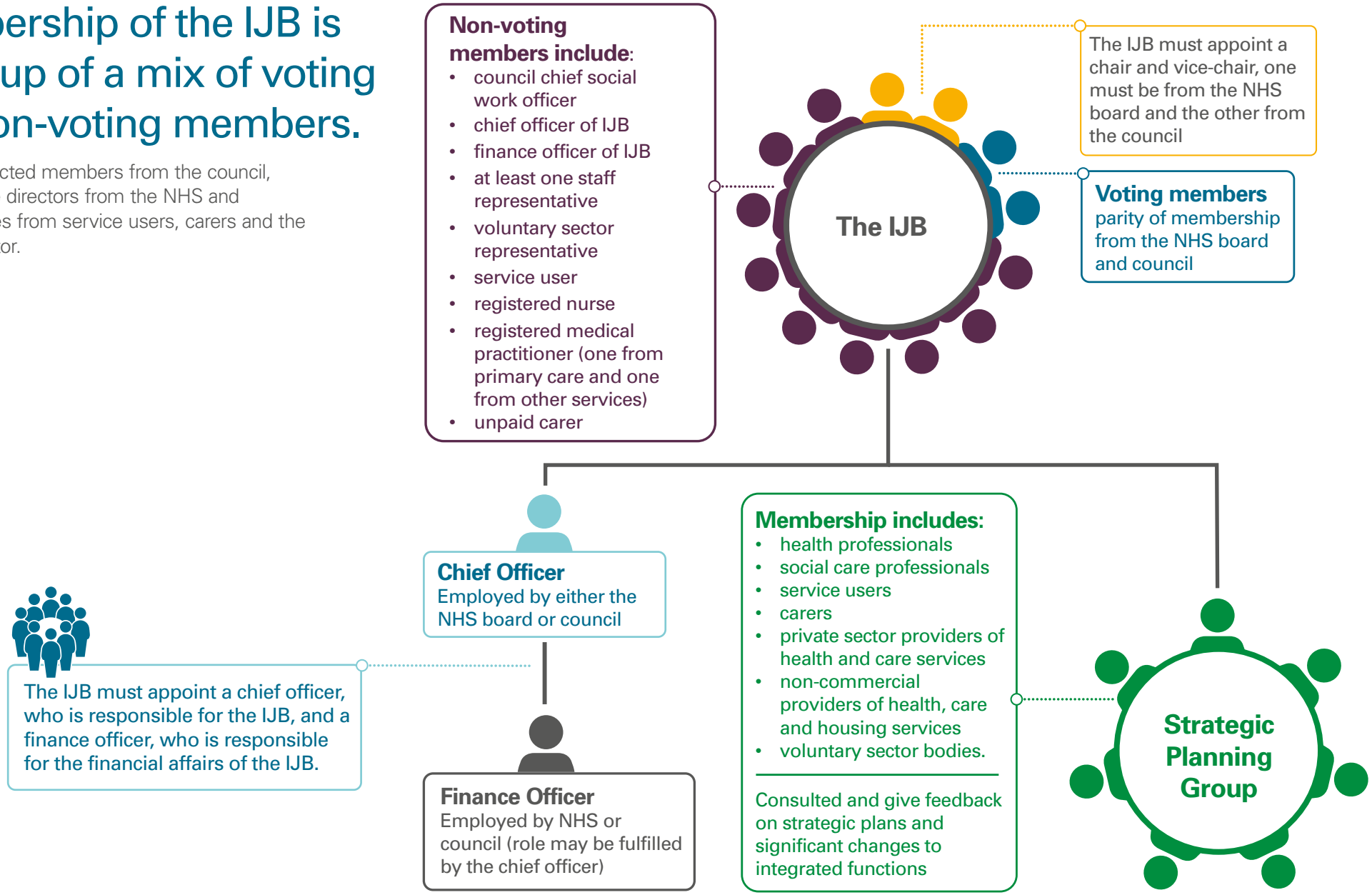
NHS board and council accountable to IJB for the delivery of services as directed

IJB accountable for overseeing the delivery of services

IJB membership

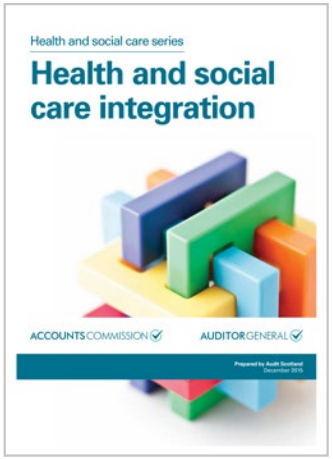
Membership of the IJB is made up of a mix of voting and non-voting members.

It includes elected members from the council, non-executive directors from the NHS and representatives from service users, carers and the voluntary sector.



Our recent health and social care reports

2015
Health and social care integration
December 2015



2016
Changing models of health and social care
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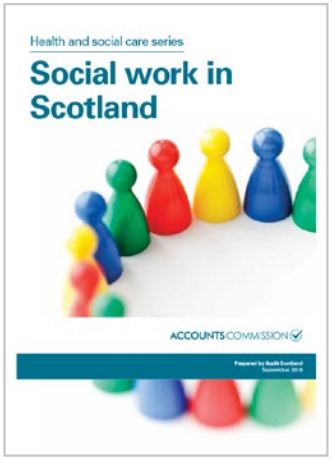
2016
Social work in Scotland
September 2016



2017
NHS workforce planning
July 2017

2017
NHS in Scotland
October 2017

2017
Self-directed support
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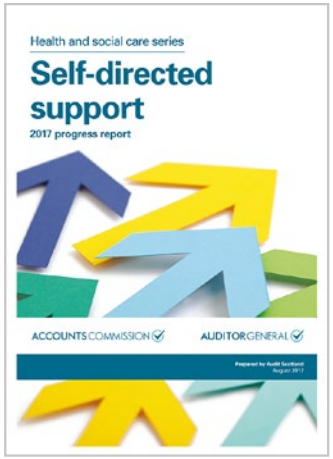

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