
Report To: Inverclyde Integration Joint Board **Date:** 18 June 2018

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Inverclyde Health & Social Care
Partnership **Report No:**
IJB/32/2018/HW

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Subject: AUDIT SCOTLAND REPORT: WHAT IS INTEGRATION?
APRIL 2018

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the IJB about the publication of an Audit Scotland Report, "What is Integration?" in April 2018.

2.0 SUMMARY

- 2.1 The Audit Scotland paper provides an outline of the key legislative requirements in setting up integrated health and social care arrangements, based on the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Integration Joint Board notes the contents of this report.

Louise Long
Chief Officer

Lesley Aird
Chief Financial Officer

4.0 BACKGROUND

- 4.1 The Audit Scotland paper, "What is Integration?" provides an outline of the key legislative requirements in setting up integrated health and social care arrangements, based on the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.
- 4.2 These requirements have already been laid before the Integration Joint Board in a report called "Overview of Development of Governance Arrangements, presented to the IJB on 26th January 2016.

5.0 SPECIFIC AREAS OF FOCUS

- 5.1 The report opens by highlighting that the HSCP is responsible for budgets over £8 billion worth of public money. It describes the legislative journey leading to the creation of HSCPs and IJBs, and re-states the nine National Wellbeing Outcomes.
- 5.2 It then goes on to highlight the different models in place within Scotland, and common principles across all models.
- 5.3 The report concludes by outlining the statutory membership of IJBs and Strategic Planning Groups (SPGs).
- 5.4 Although the report does not offer any new information or fresh insights, it is helpful to have these requirements laid out in a single, simple and easy-to-read format.

6.0 IMPLICATIONS

6.1 FINANCE

There are no financial implications.

One off Costs

| Cost Centre | Budget Heading | Budget Years | Proposed Spend this Report £000 | Virement From | Other Comments |
|-------------|----------------|--------------|------------------------------------|---------------|----------------|
| N/A | | | | | |

Annually Recurring Costs / (Savings)

| Cost Centre | Budget Heading | With Effect from | Annual Net Impact £000 | Virement From | Other Comments |
|-------------|----------------|------------------|---------------------------|---------------|----------------|
| N/A | | | | | |

LEGAL

- 6.2 There are no new legal implications arising from this report.

HUMAN RESOURCES

- 6.3 There are no specific human resources implications arising from this report.

EQUALITIES

- 6.4 There are no equality issues within this report.

6.4.1 Has an Equality Impact Assessment been carried out?

| | |
|---|---|
| | YES (see attached appendix) |
| √ | NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required. |

6.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

| Equalities Outcome | Implications |
|---|---------------------|
| People, including individuals from the above protected characteristic groups, can access HSCP services. | None |
| Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated. | None |
| People with protected characteristics feel safe within their communities. | None |
| People with protected characteristics feel included in the planning and developing of services. | None |
| HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do. | None |
| Opportunities to support Learning Disability service users experiencing gender based violence are maximised. | None |
| Positive attitudes towards the resettled refugee community in Inverclyde are promoted. | None |

6.5 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are no clinical or care governance issues within this report.

6.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

| National Wellbeing Outcome | Implications |
|--|---------------------|
| People are able to look after and improve their own health and wellbeing and live in good health for longer. | None |
| 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 | None |
| People who use health and social care services have positive experiences of those services, and have their dignity respected. | None |
| Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services. | None |
| Health and social care services contribute to | None |

| | |
|--|------|
| reducing health inequalities. | |
| People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing. | None |
| People using health and social care services are safe from harm. | None |
| 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. | None |
| Resources are used effectively in the provision of health and social care services. | None |

7.0 CONSULTATION

7.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

8.0 BACKGROUND PAPERS

8.1 None.

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 

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.


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
- government agencies, eg the Scottish Prison Service, Historic Environment Scotland
- 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 

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

Reports

| | | | | |
|--|---|---|---|---|
|  October 26, 2012 |  October 16, 2012 |  August 24, 2012 |  July 27, 2012 |  February 9, 2012 |
|  November 26, 2014 |  October 11, 2014 |  September 22, 2014 |  March 16, 2014 |  December 9, 2014 |

Future work

| | | |
|--|--|---|
|  Partnership action 2014 |  Partnership action 2016 |  Work programme 2017-2021 |
|--|--|---|

Other resources

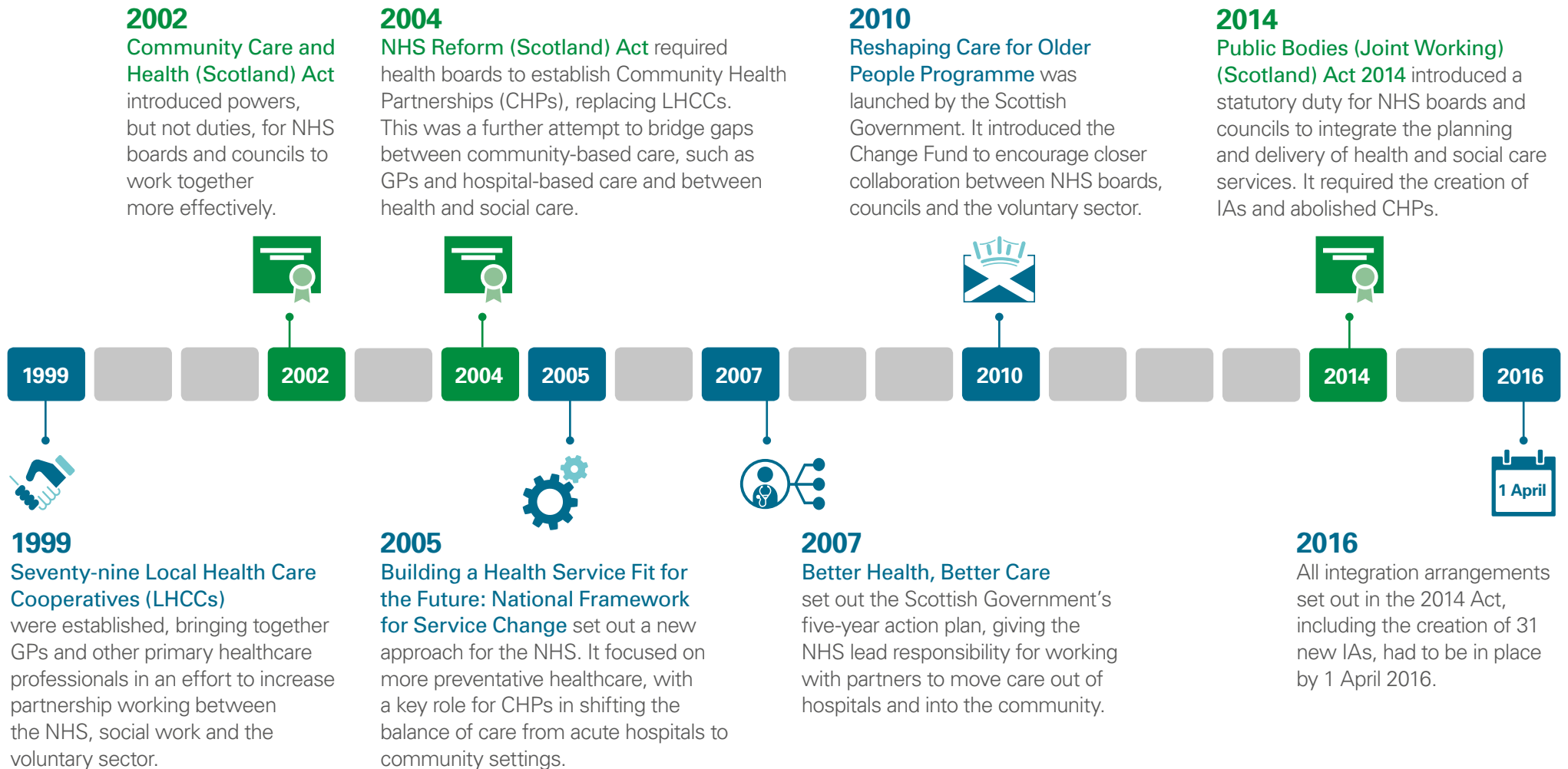
Links

 PDF download

 Web link

A brief history of integration in Scotland

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



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

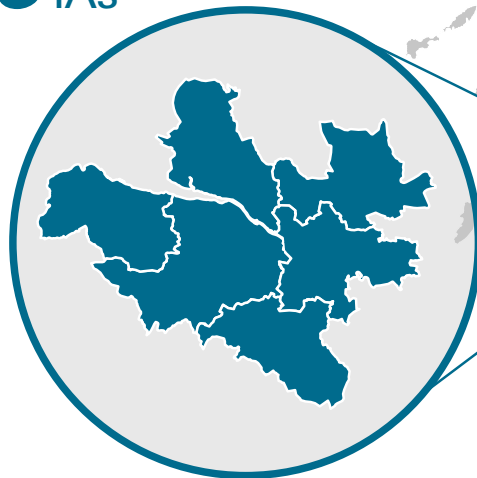
There are 31 IAs, established through partnerships between the 14 NHS boards and 32 councils in Scotland

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:

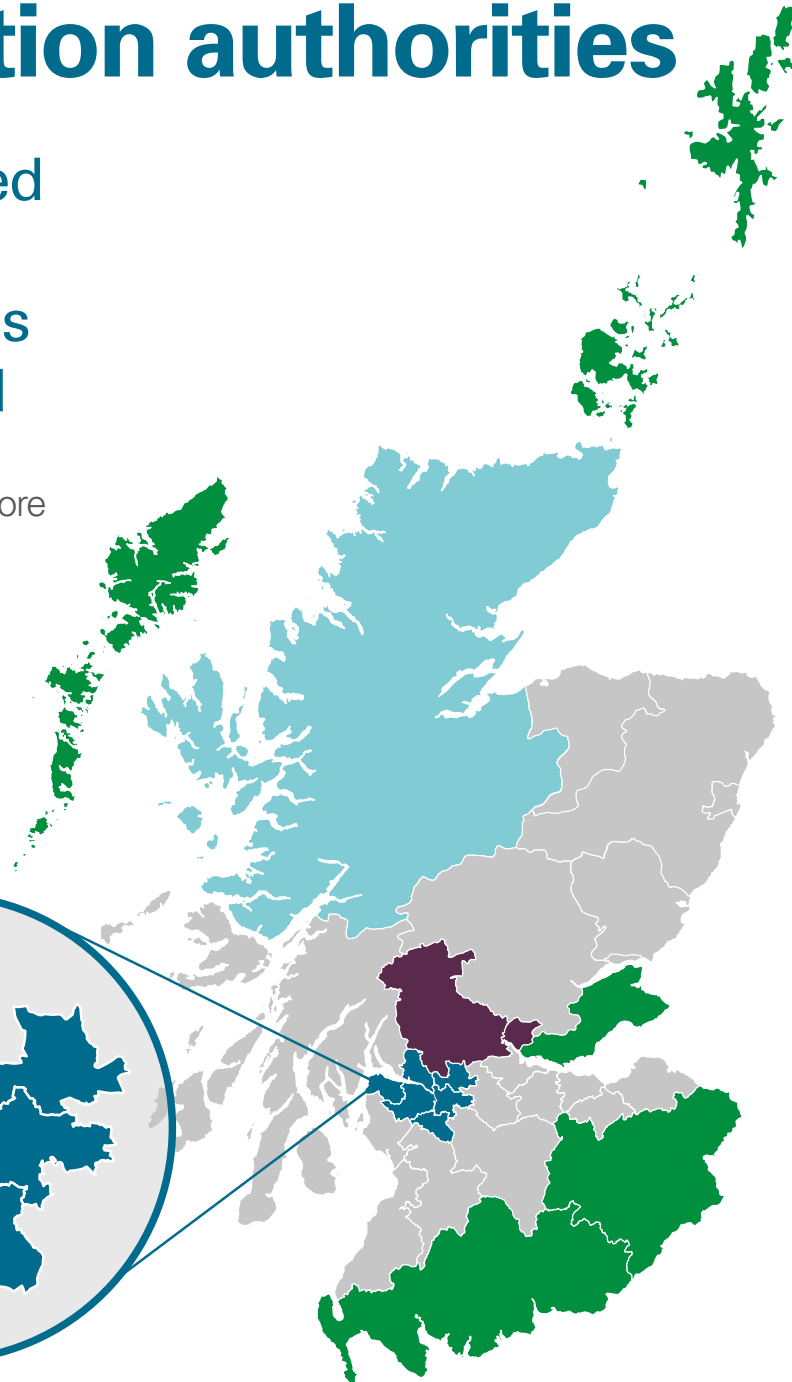
Borders, Dumfries and Galloway, Fife, Orkney, Shetland and Western Isles.

 **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.

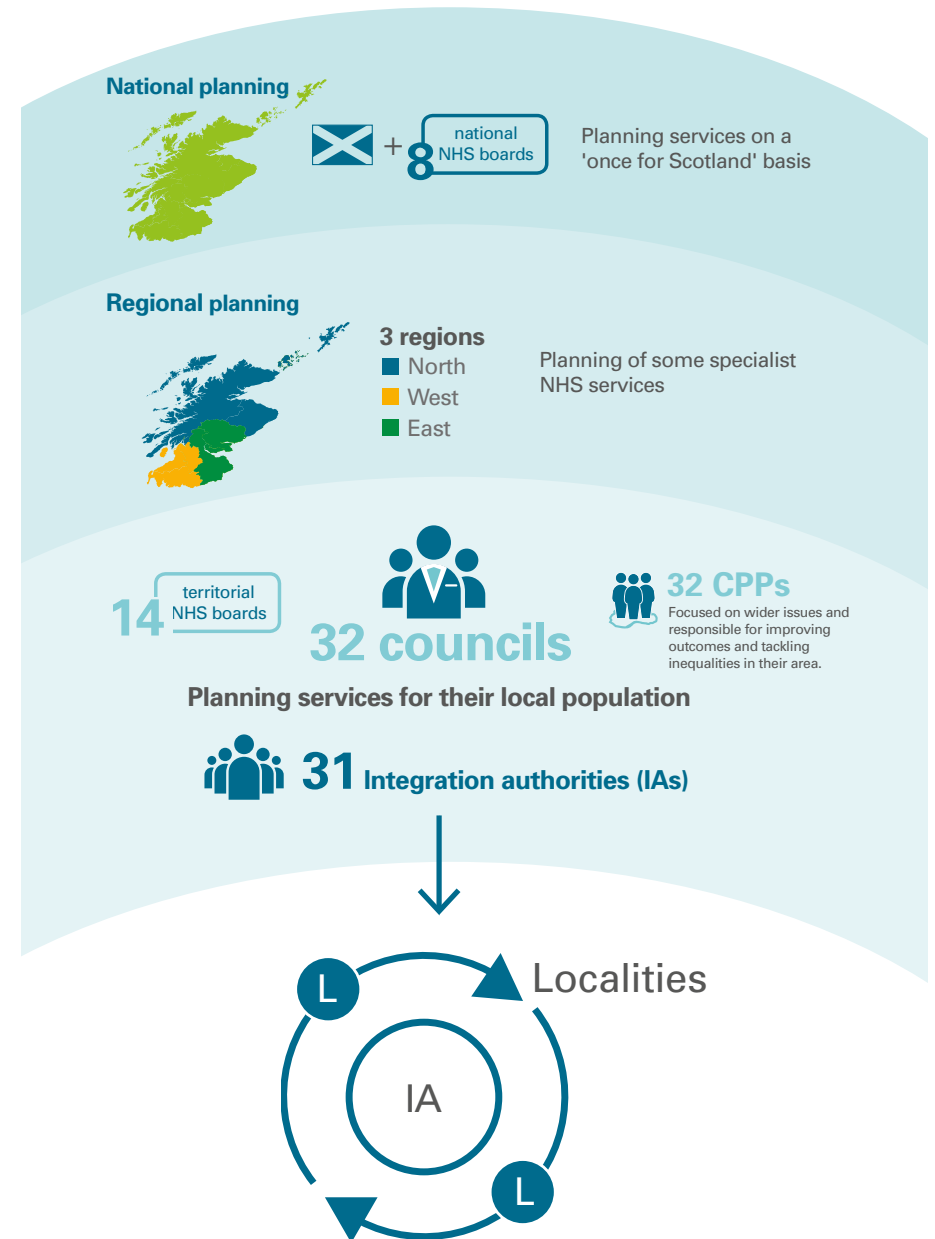


Integration authorities and planning of services

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

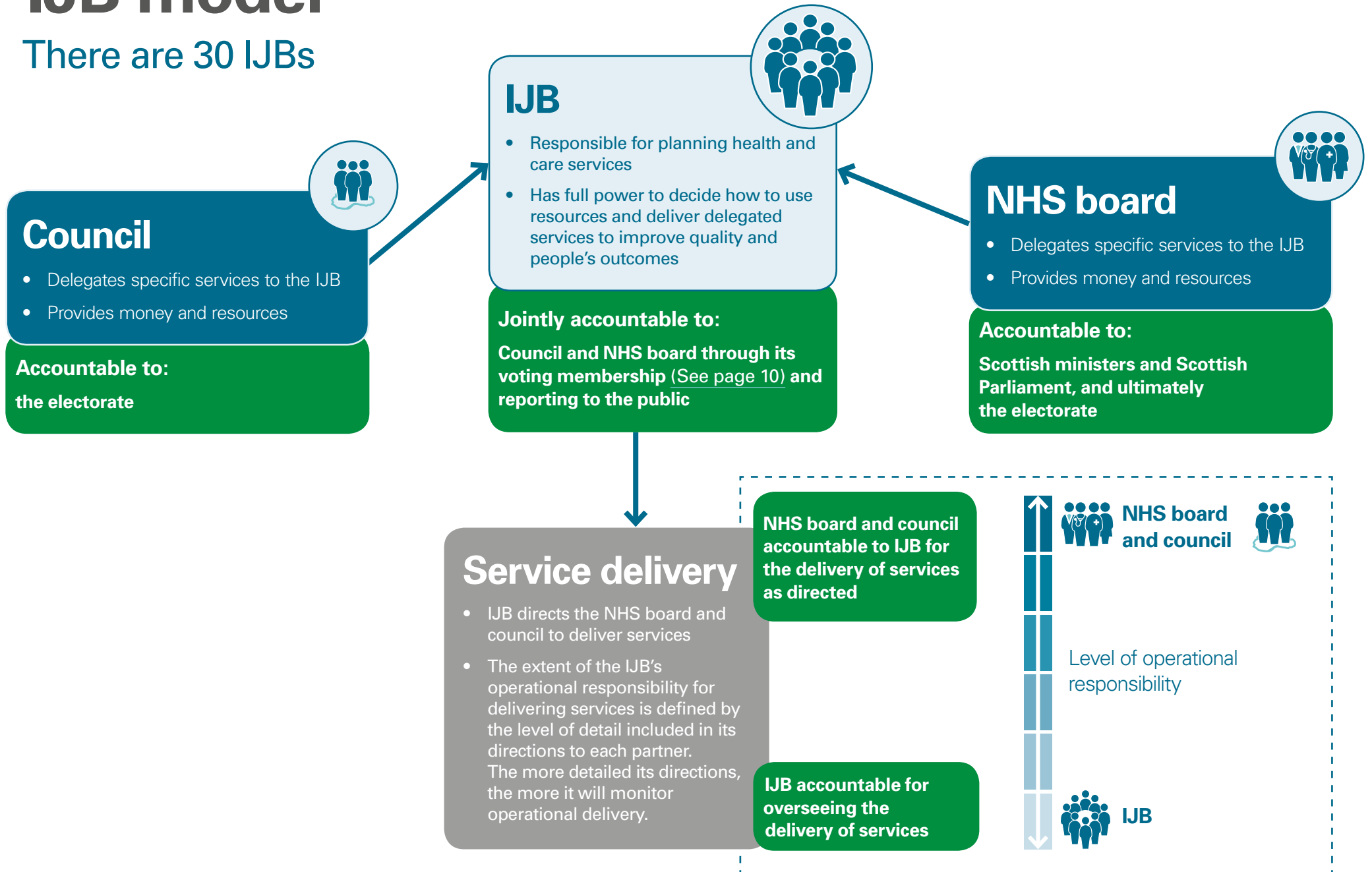
- eg Highland Council delegates adult social care services to NHS Highland as the lead agency
- Delegates services, money and staff to the lead agency.

Service delivery

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

IJB model

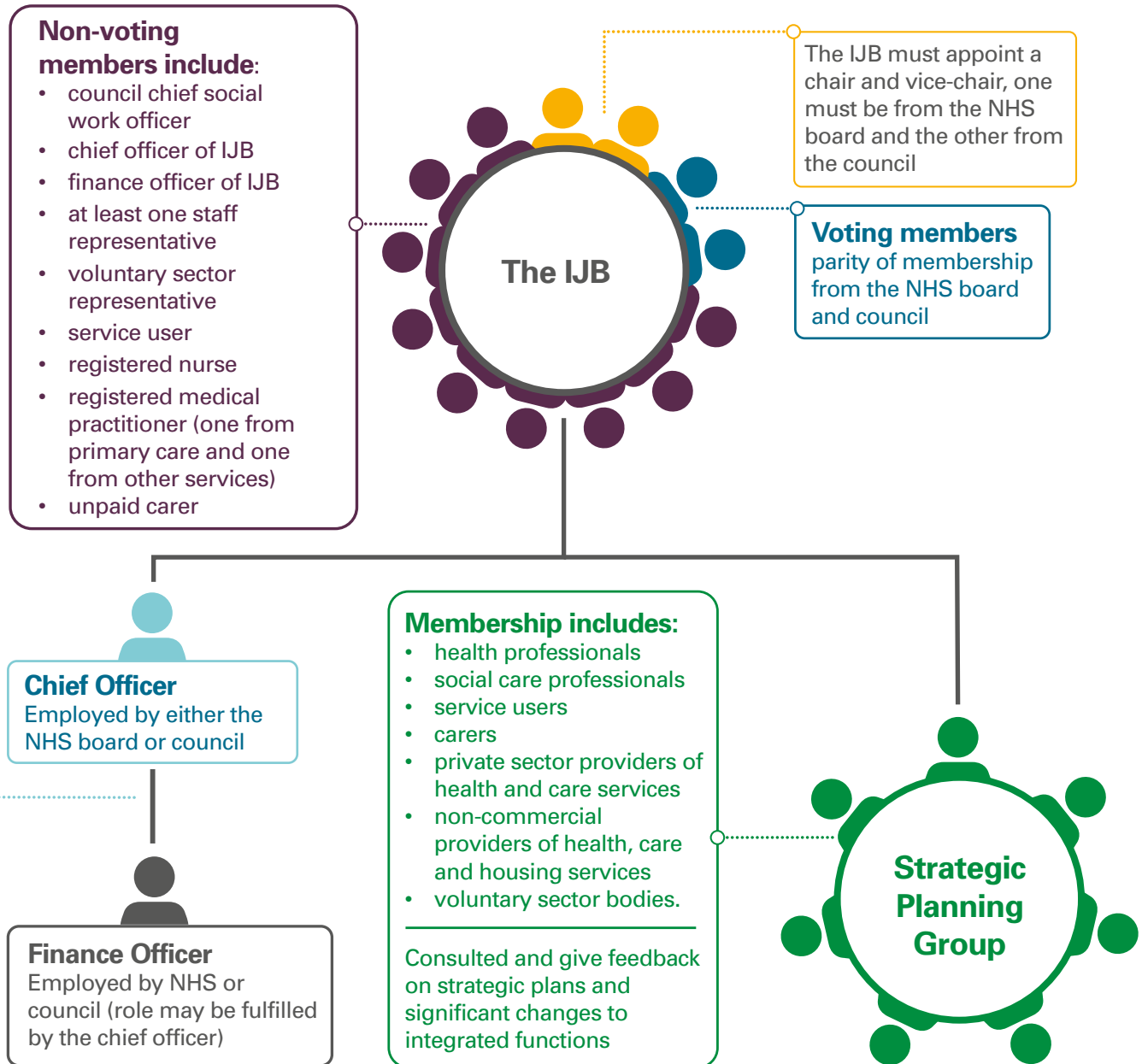
There are 30 IJBs



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



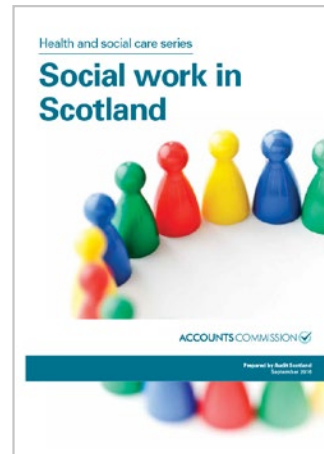
2016

Changing models of health and social care
March 2016



2016

Social work in Scotland
September 2016



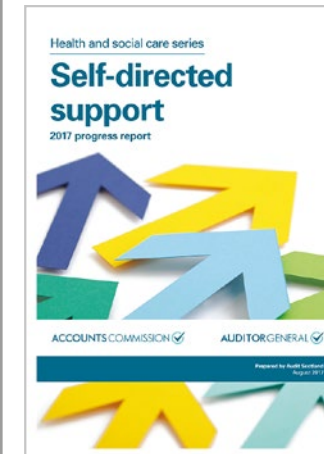
2017

NHS workforce planning
July 2017



2017

Self-directed support
August 2017



2017

NHS in Scotland
October 2017



2015

Health and social care integration
December 2015



Find out more at our [Transforming health and social care e-hub](#)




What is integration?

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

This report is available in PDF format

www.audit-scotland.gov.uk 

If you require this publication in an alternative format and/or language, please contact us to discuss your needs: 0131 625 1500 or info@audit-scotland.gov.uk 

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