



Themes: Cooperation and Integration, Ageing and Care; Country: United Kingdom; Language: English; Year: 2017; Event: N/A		
Programme's name:	Integration of Health and Social Care- The Public Bodies (Joint Working) (Scotland) Act 2014	
Original title:		
Organisation / Country:	Scotland, UK	
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<u>Summary:</u>	The Public Bodies (Joint Working) (Scotland) Act 2014 placed a requirement on the national health boards and local authorities to integrate health and social care budgets, the governance, planning and resourcing of adult social care services, adult primary care and community health services and some hospital services. The Act also put in place nationally agreed outcomes and a requirement on partnerships to strengthen the role of clinicians and care professionals, along with the third sectors, in the planning and delivery of services. The Act allowed for partners to work jointly. Two or more local authorities can work with a NHS (National Health Service) board to create an integration authority. Integration authorities (also known as partnerships) are jointly accountable to Scottish Ministers, local authorities, NHS board chairs and the public for delivering the nationally agreed outcomes. Legislation requiring the integration of health and social care came into effect in April 2016, and new Integration Authorities now have responsibility for over £8 billion of funding for local services which was previously managed separately by NHS Boards and Local Authorities. Integration of health and social care services presents an opportunity for improved outcomes for all those who access services, whether universal or targeted. Integrated service provision can reduce duplication, shorten waiting times, and put the person, not the need, at the centre of the service.	





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<u>Resources:</u>	The Scottish Government estimated that the initial cost of integrating adult services would be £34.2 million over the five years up to 2016/17 and £6.3 million after this, whilst they would be able to deliver budget efficiencies of between £138 and £157 million (Scottish Parliament Centre, 2016).
	The Scottish Government has provided a package of additional investment of almost £500 million in transitioning to this new approach to date, including:
	<ul> <li>£100 million per year since 2015 on an Integrated Care Fund to shift the balance of care towards prevention and support services to deliver improved outcomes for local communities.</li> <li>£30 million per year to support Integration Authorities to reduce delayed discharges, including the development of a range of community based services like intermediate care beds, reablement at home and other preventative services.</li> <li>£250 million transfer in the 2016/17 budget to support payment of the living wage and health and social care integration.</li> <li>£107 million of additional investment to be directed to Health and Social Care Partnerships, which will deliver the Scottish Government's commitment on the Living Wage and support sustainability in social care.</li> </ul>
<u>Objectives:</u>	<ul> <li>In a context of an ageing society, the integration of health and care is a way to make more efficient and effective use of limited resources and is believed to be central to the challenge of improving outcomes for patients and service users. The Public Bodies (Joint Working) (Scotland) Act 2014 aims to: <ul> <li>improve the quality and consistency of services for patients, carers, service users and their families;</li> <li>provide seamless, joined up quality health and social care services in order to care for people in their homes or a homely setting where it is safe to do so;</li> <li>ensure resources are used effectively and efficiently to deliver services that meet the increasing number of people with longer term and often complex needs, many of whom are older.</li> </ul> </li> </ul>





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Issues encountered:	<ul> <li>Significant demand pressures, particularly arising from an ageing population.</li> <li>Financial austerity facing the wider public sector.</li> <li>Ensuring that the transition to new structures did not/does not impact on service delivery.</li> <li>Ongoing implementation of self-directed support and what that might mean for local authority provided services.</li> <li>Challenge of bringing together two culturally diverse organisations with different governance structures and conditions of service.</li> <li>Logistics of co-locating staff to facilitate joint services and of establishing data sharing systems.</li> </ul>
Outcomes:	All Partnerships are responsible for adult social care, adult primary health care and unscheduled adult hospital care. Some are also responsible for children's care and criminal justice social work. Implementation is still at an early stage, health and social care partnerships have only been fully operational since 1 April 2016. There has been no national evaluation of the impact to date. A new model of scrutiny, with joint inspection undertaken by the Care Inspectorate and Healthcare Improvement Scotland, is being rolled out. Although some joint inspections of services for older people have taken place, these were carried out during the transition year or very early in the first year of integrated arrangements. As such, it is difficult to comment on impact or outcomes.
Evaluation of practice:	Each Integration Authority is required to publish an annual performance report, which will set out how they are improving the National Health and Wellbeing Outcomes. These reports will all need to include information about the core suite of indicators, supported by local measures and contextualising data to provide a broader picture of local performance.
Sources of further information:	Public Bodies (Joint Working) (Scotland) Act 2014