

Volume 15, 27 May 2015

Publisher: Uopen Journals

URL: <http://www.ijic.org>

Cite this as: Int J Integr Care 2015; Annual Conf Suppl; [URN:NBN:NL:UI:10-1-117032](https://nbn-resolving.org/urn:nbn:nl:ui:10-1-117032)

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Conference Abstract

## Working together to improve health and social care outcomes in Scotland

*Kathleen Bessos, Scottish Government, United Kingdom*

Correspondence to: **Kathleen Bessos**, Scottish Government, United Kingdom, E-mail: [kathleen.bessos@scotland.gsi.gov.uk](mailto:kathleen.bessos@scotland.gsi.gov.uk)

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### Abstract

Earlier this year, the Scottish Parliament passed the Public Bodies (Joint Working) (Scotland) Act 2014, which establishes a framework to ensure health and social care services in Scotland are planned, resourced and delivered jointly by Health Boards and Local Authorities, working with non-statutory partners to improve outcomes for people using services, their carers and families. The Act sets out a core set of principles and the legislative framework for integrating health and social care. Health Boards and Local Authorities will establish integrated partnership arrangements, called Integration Authorities, which will deliver national outcomes for health and wellbeing from a pooled budget for health and social care services.

Integration Authorities will set up locality arrangements with local professional leadership of service planning. The Act places a heavy emphasis on the importance of effective strategic commissioning of services underpinned by a good, shared understanding of the population's needs, and informed by professional and local community input.

The new law applies to adult health and social care services – Health Boards and Local Authorities can also include children's health and social care services, criminal justice social work, housing support etc. in their integrated arrangements if they agree to do so locally. The legislation includes a strong role for the third and independent sectors, clinicians, social workers, other professionals, and local communities.

What will the reforms look like?

Two models of integration are available for Health Boards and Local Authorities to choose from:

- delegation of functions and resources between Health Boards and Local Authorities.
- delegation of functions and resources by Health Boards and Local Authorities to a body corporate.

An integrated budget will be established in each partnership to support delivery of integrated functions, which will cover at least adult social care, adult community health care, and aspects of adult hospital care that are most amenable to service redesign in support of prevention and better outcomes. Ministers will establish in Regulations which functions (and therefore budgets) must be included in the integrated arrangement.

Each partnership will establish locality planning arrangements at sub-partnership level, which will provide a forum for local professional leadership of service planning.

Each partnership will put in place a joint strategic commissioning plan for functions and budgets under its control – the joint strategic commissioning plan will be widely consulted upon with non-statutory partners, patient and service user representatives, etc.

Where the body corporate model is used, a chief officer must be appointed by the partnership to provide a single point of management for the integrated budget and integrated service delivery. In the delegation between partners model, this single point of management falls to the Chief Executive of the “lead” agency (i.e., the partner to whom functions and resources are delegated). The Act focuses on the importance of effective joint strategic planning and commissioning of services. This approach builds on the wealth of evidence for successful integration of health and social care from elsewhere in the UK and further afield, which demonstrates that, while no single organisational approach is required to deliver improvement, the following characteristics are consistently displayed by successful systems:

- Local planning systems focus on population need, rather than historic structures. Health and social care systems plan together for older people, for example – or for adults with chronic obstructive pulmonary disorder, or for children with complex needs, or for any other care group that is a local priority – rather than planning separately in terms of “health” provision and “social care” provision.
- Resources across health and social care are pooled to support delivery of the population-based plan. Resources reflect population need, and are managed to follow patient/service user need in order to deliver maximum benefit. This approach eliminates the risk of cost shunting, which can permit financial gain from poor performance on the part of one partner, at the cost of the other.
- Mechanisms are in place to ensure the opportunity for leadership by local clinicians and professionals from across health and social care, particularly GPs, in planning service provision. Clinical buy-in and leadership of integration is fundamental to improving outcomes.
- Strong, effective, consistent local leadership retains a relentless focus on outcomes for patients and service users.

## **Keywords**

**joint working; integrated; partnership**

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## **PowerPoint presentation**

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