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News release

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Health and social care integration faces major challenges

Significant risks must be addressed if a major reform of health and social care is to fundamentally change how services are delivered, and improve outcomes for the people who use them.

Integrating health and social care services is a key Scottish Government policy, focussed on meeting the challenges of Scotland's ageing population by shifting resources to community-based and preventative care at home, or in a homely setting.

A new report for the Accounts Commission and Auditor General has reviewed the progress made to establish new integration authorities (IAs), which will be responsible for planning joint health and social care services and managing budgets totalling over £8 billion by 1 April 2016.

While all 31 IAs are expected to be operational by the 1 April deadline, the report states that significant risks must be addressed if integration is to provide the substantial changes needed to health and social care.

These risks include difficulties with agreeing budgets, complex governance arrangements, and workforce planning. The report states that IAs must set clear targets and timescales to demonstrate how integrated services will deliver care differently, to better meet people's needs.

There is also evidence to suggest that IAs won't be able to make a major impact in their first year.

Douglas Sinclair, chair of the Accounts Commission, said: "Millions of people in Scotland need and rely on health and social care services, and we know that demand is likely to increase in the years to come.

"Integration has the potential to be a powerful instrument for change, and the Scottish Government, NHS boards and councils have done well to get management arrangements in place. However, there's a real and pressing need for integration authorities to take the lead now and begin strategically shifting resources towards a different, more community-based approach to healthcare."

The report makes detailed recommendations to help the Scottish Government, IAs, councils and NHS boards address the issues identified.

Caroline Gardner, Auditor General for Scotland, added: "The creation of new bodies responsible for £8 billion of public money is a significant and complex process, so it's important to recognise the early progress that's been achieved to date.

"If these new bodies are to achieve the scale and pace of change that's needed, there should be a clear understanding of who is accountable for delivering integrated services, and strategic plans that show how integration authorities will use resources to transform delivery of health and social care."

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Notes to editors

- 1. The Public Bodies (Joint Working) (Scotland) Act 2014 sets out a framework for integrating adult health and social care services. The Act creates new partnerships, known as integration authorities (IAs), with statutory responsibilities to coordinate local health and social care services. The Scottish Government has estimated that IAs will oversee annual budgets totalling over £8 billion, around two-thirds of Scotland's spending on health and social work.
- 2. Around two million people in Scotland have at least one long-term condition, and one in four adults has some form of long-term illness or disability (see Exhibit 1). By the age of 75, almost two-thirds of people will have developed a long-term condition. Combined life expectancy for males and females at birth has increased from 72 to 79 years since 1980, although there are significant variations across Scotland, largely linked to levels of deprivation and inequalities. The population aged over 75 years is projected to increase by a further 63 per cent over the next 20 years.
- 3. The Scottish Government estimates that the need for health and social care services will rise by between 18 and 29 per cent between 2010 and 2030.
- 4. This is the first of three planned audits of this major reform programme. Subsequent audits will look at IAs' progress after their first year of being established, and their longer-term impact in shifting resources to preventative services and community-based care and in improving outcomes for the people who use these services.
- 5. This work builds on previous audits that have examined joint working in health and social care. Our Review of Community Health Partnerships highlighted the organisational barriers to improving partnership working between NHS boards and councils, and the importance of strong, shared leadership across health and social care. The Accounts Commission's subsequent report on Reshaping care for older people found continuing slow progress in providing joined up health and social care services.
- 6. Audit Scotland has prepared this report for the Auditor General for Scotland and the Accounts Commission for Scotland. All Audit Scotland reports published since 2000 are available at www.audit-scotland.gov.uk
- The Auditor General appoints auditors to Scotland's central government and NHS bodies; examines how public bodies spend public money; helps them to manage their finances to the highest standards; and checks whether they achieve value for money. The Auditor General is independent and is not subject to the control of the Scottish Government or the Scottish Parliament
- The Accounts Commission is the public spending watchdog for local government. It holds
 councils and various joint boards and committees in Scotland to account and help them improve.
 It operates impartially and independently of councils and of the Scottish Government, and meets
 and reports in public
- Audit Scotland is a statutory body set up in April 2000, under the Public Finance and Accountability (Scotland) Act, 2000. It provides services to the Auditor General for Scotland and the Accounts Commission for Scotland.