

This Lifeline Project Infographic presents an overview of health and social care integration in Scotland and Greater Manchester from April 2016; it also explores the potential risks and barriers facing these approaches.



## Scotland



## Greater Manchester

### Scottish Government



Health and Social Care was devolved to Scottish Parliament as part of the Scotland Act 1998

### UK Government



2020 Vision for Health & Social Care

The "Christie Commission"

### Public Bodies (Joint Working) (Scotland Act) 2014

NHS 5 Year Forward View

GM Stronger Together Strategy

### Greater Manchester Health and Social Care Devolution 2016

### SERVICES TO BE INTEGRATED

The governance, planning and resourcing of **adult social care services**, **adult primary care** and **community health services** and **hospital services**, including: A&E services, general, geriatric, rehabilitation and respiratory medicine, psychiatry of learning disability, palliative care, addiction and substance dependence services, and, mental health services and services provided by GPs in hospital. The Act also allows the integration of other areas of activity, such as children's health and social care services, and criminal justice social work.

Health and social care services to be devolved include: **acute care**, **primary care**, **community services**, **mental health service**, **social care** and **public health**. GM have set out their intention to use the newly devolved powers to radically reform health and social care; integration sits at the very centre of their approach. Initial joint commissioning work streams are: mental health, specialised commissioning, population health, learning disabilities, services for adults/children, primary care, substance misuse, and, employment and skills.

### BUDGET

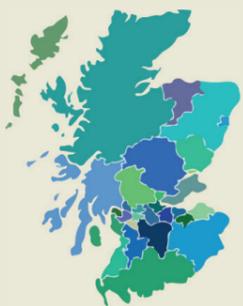
### BUDGET

'Do Nothing' Deficit: £422 - £625 MILLION  
Delegated Budget: £8 BILLION  
Expected Savings: £138 - £157 MILLION

'Do Nothing' Deficit: £2 BILLION  
Delegated Budget: £6 BILLION  
Expected Savings: £1.5 BILLION

### THE NEW STRUCTURE

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31 **Integrated Authorities (IAs)** have been created combining Local Authorities and NHS Boards; IAs use their resources to commission coordinated services and are required to develop a **Strategic Plan**. IAs have a choice of 2 delivery models; the most common delivery model (chosen by 30 out of 31 IAs) is the creation of an **Integrated Joint Board (IJBs)**. IJB membership consists of the Council, NHS Boards, service users, health and social care practitioners and the voluntary/third sector.



NHS England, 12 NHS CCGs, 15 NHS providers and 10 LAs entered into **Memorandum of Understanding** agreement to take formal control of the health and social care budget. A **Strategic Partnership Board** sets the vision, direction and strategy for the GM health and social care economy, and a **Joint Commissioning Board** (a combination of 23 GM commissioning organisations) commissions services at the GM level to deliver their vision. However, local commissioning will remain a local responsibility.

IJBs control the budgets delegated by the IA and use these resources to achieve the objectives of the **Strategic Plan**. IJBs then direct the LA and NHS Board to deliver services in line with this Plan.

At the centre of the new delivery is the **Taking Charge GM Plan**, which is supported by 10 **Locality Plans**, 15 **NHS Provider Plans** and 20 **GM Work Stream Plans**.

### DESIRED OUTCOMES

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#### There are 9 National 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 LTCs, or who are frail, are able to live independently and at home or in a homely setting in their community
3. People who use services have positive experiences of them, and have their dignity respected
4. Services are centred on helping to maintain or improve the quality of life of people who use them
5. Services contribute to reducing health inequalities
6. People who provide unpaid care are supported to look after their own health and wellbeing
7. People who use services are safe from harm
8. People who work in 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 services

#### Core Objectives:

1. Improve the health and wellbeing and life chances of GM residents
  2. Improve the quality of public services and outcomes for GM residents
  3. Reduce inequalities that exist both within GM and between GM and the rest of the country
  4. Unlock devolution dividends to support public service reform
  5. Ensure services are clinically and financially sustainable and create a sustainable public service economy
- GM has also set out population health outcomes, based around a life course approach, whereby all residents will: **START WELL - LIVE WELL - AGE WELL**

## RISKS AND BARRIERS

### DEMAND

Demand is both a barrier and an instigator for integration. These strategies have been designed to deal with rising health and social care needs, particularly amongst the ageing population. However, the size of those needs is enormous: in Scotland 1 in 4 adults has some form of long-term illness or disability, in Glasgow 1 in 10 adults has never had a job, in GM homelessness is spiralling and 30% of children are living below the poverty line. Scottish strategic plans have been described as being 'too aspirational', and the same could be said of GM given the scale of the challenge.

### CULTURE

Integration will require a radical culture change and the creation of new relationships both between organisations, and with the public. Power needs to be balanced and parity of esteem nurtured. Social care (including that provided by the VCSE sector) can no longer be seen as the poorer, less qualified, relation. Workforce development and training (all of which requires investment) is essential. Culture change is a delicate process potentially undermined by workforces that, according to Audit Scotland, 'are being organised in response to budget pressures rather than strategic needs'.

### FINANCE

Put simply, everyone is being asked to deliver more for less. There are 'unprecedented levels of financial challenges' throughout the UK's health and social care systems, and the BMA has argued that we can't discuss 'good integration' without highlighting the importance of additional resources. However, additional resources, such as the Transformation Fund, have been accused of being nothing more than a 'deficit mop-up'. Fears have also been raised regarding 'cost-creep' when (means-tested) social care and (free at the point of use) healthcare are merged.

### COMPLEXITY

Integrating health and social care involves a large array of organisations, in Scotland a single IJB can involve 23 - 35 members, in GM it's 37. Timescales have been accused of being too short in Scotland, and despite much recent attention, partnership work between GM LAs hasn't happened within the last year, but in the last 30. Finally, if complexity can be overcome, clarity is required as to how success is measured; how is good practice from Glasgow shared with Falkirk? If GM is to commission shared services, how is quality/access assured for those in Wigan as much as those in Trafford?



## DATA SOURCES:



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AGMA, NHS England & GM Association of CCGs (February 2015) Greater Manchester Health and Social Care Devolution: Memorandum of Understanding

The Alliance (September 2013) Health and Social Care in Scotland: Integration or Transformation

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Audit Scotland (March 2016) Changing Models of Health and Social Care

BMA Scotland (2014) How to make integration work in practice: a BMA Scotland Paper on joining up Health and Social Care

Christie Commission (June 2011) The Future Delivery of Public Services

Gainsbury, S (2016) 'Transformation Fund' or deficit mop-up? Time for an honest conversation. Nuffield Trust

GMCA, NHS in GM (December 2015) Taking Charge of our Health and Social Care in GM: The Plan

GMCA, NHS in GM (April 2016) Commissioning for reform: The Greater Manchester Commissioning Strategy

GMCA & GM LEP (2013) Stronger Together: Greater Manchester Strategy

House of Commons Communities and Local Government Committee (February 2016) Devolution: the next five years and beyond

NHS (October 2014) 5 Year Forward View

NHS Scotland (2013) A Route Map to the 2020 Vision for Health and Social Care

Paterson, S (26 May 2016) One in ten adults in Glasgow has never had a job. Herald Scotland

Scottish Government (February 2015) National Health and Wellbeing Outcomes: A framework for improving the planning and delivery of integrated health and social care services

Waters, E (11 May 2016) A New Lens on Poverty. Big Issue North

Williams, J (2016) One freezing morning in Manchester, meet the people sleeping rough on our streets. Manchester Evening News

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