

# A plain English guide to Integration Joint Boards

*Health and social care services, money and communities in Scotland*

## At a glance

- IJBs bring together NHS Boards, councils and other partners.
- They plan and direct many health and social care services locally.
- They decide how delegated resources should be used.
- Their aim is to improve outcomes by bringing services together for people and communities.

## 1. Who is this guide for?

This guide is for people who want a practical, non-technical explanation of what IJBs are, what they do, and why they matter.

## 2. What is an IJB?

Integration Joint Boards (IJBs) are part of Scotland's health and social care system. An IJB is a public body responsible for planning and directing a range of health and social care services in a particular area. The basic idea is quite simple:

The NHS and council put some of their health and social care responsibilities and money together, and the IJB decides how those resources should be used to meet local needs.

IJBs are based broadly on the number of local authority areas, there are 31 Integration Authorities (IAs) across 32 local authority areas. This means some NHS Boards will work with several IJBs, some NHS Boards have one IJB and one IJB has two council partners.

The Scottish Government sets national policy and legislation, while NHS Boards and councils are responsible for delivering services. IJBs bring these services together and decide how resources should be used locally to best meet the needs of their communities.

## 3. What does an IJB not do?

An IJB does not directly employ most frontline staff and generally does not provide services itself. Staff are employed by NHS Boards, local authorities or commissioned

providers. The IJB's role is to plan services, agree priorities and direct how delegated resources should be used.

## 4. Who sits on an IJB?

IJBs bring together people from local authorities, NHS Boards, people with lived experience and other stakeholders and professional experts. Membership is split between:

- Voting members
- Non-voting members

Voting members include Local Councillors, Non-Executive Directors from health boards and lived experience representatives.

Non-voting members include representatives from the independent sector, union representatives, professional advisors and others who can contribute to discussion and advise but do not have voting rights.

## 5. What services can an IJB be responsible for?

The law says some services must be included in IJB arrangements. Additional services can also be included if this is agreed locally.

Exactly what is delegated can vary between areas. Local Integration Schemes set out the services that the NHS Board and Local Authority have agreed should be delegated and these generally fall into a few broad groups.

### Health services

The health services delegated to IJBs are predominantly services delivered in the community. These can include:

- District nursing
- Community nursing
- Community mental health services
- Community learning disability services
- Community geriatric medicine
- Community palliative care
- Community addiction services
- Community continence services
- Community kidney dialysis
- Allied health professional services delivered in outpatient or community services
- Primary medical services

- Dental services
- Pharmaceutical services
- Ophthalmic services

These services are listed in the legal rules that say which NHS Board functions can be delegated to an IJB.

## What about hospitals?

Most acute hospital services are not automatically part of the IJB's delegated functions in the same way as community health and social care. However, there are important connections between IJBs and hospital services.

IJBs may be heavily involved in planning how people move between hospital and community care, preventing unnecessary admissions, supporting people after discharge, or planning services where hospital and community services need to work together.

There can also be arrangements involving particular acute or “hosted” services, community hospitals and/or mental health inpatient facilities meaning that decisions may need to be coordinated across several IJB services.

“Set Aside” is one way IJBs can understand the total value of the hospital spend associated with the IJB's population. It is what the NHS spends on services used by people in an IJB area, mainly unscheduled hospital care such as emergency admissions. Although the NHS Board continues to manage and spend the money, the budget is recorded as belonging to the IJB and is intended to give the IJBs an understanding of, and influence on, hospital spend linked to the IJBs population.

## Social work and care services

The legal arrangements cover a wide range of adult social work and social care functions. These can include:

- Social work services for adults and older people
- Care at home
- Personal care
- Support for adults with physical disabilities
- Support for adults with learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection
- Support for people experiencing domestic abuse
- Carers' support
- Community care assessment

- Care home services
- Adult placement services
- Day services
- Local area coordination
- Respite and short-break provisions
- Occupational therapy
- Reablement
- Equipment and telecare
- Housing support connected to health and social care
- Adaptations, aids and equipment
- Services supporting people leaving hospital
- Some services provided through voluntary and third-sector organisations

Social care services extend far beyond home care or care home arrangements and can mean that people are able to be supported in their communities to live independently, manage a disability, recover from an illness, receive mental health support, get help as a carer and avoid going into hospital in the first place.

### Can IJBs have additional services?

Yes, IJBs across Scotland can and do have a range of additional services. These include:

- Children's health services
- Children's social care/social work
- Justice social work
- Homelessness services
- Other acute hospital inpatient services
- Specialist mental health services
- Prison healthcare

## 6. What does this mean in real life?

People will interact with services delegated to the IJB in a number of ways.

Suppose an older person has had a fall, resulting in an injury. They might interact with several parts of the system.

1. Hospital – they receive treatment
2. Hospital discharge team – someone considers what support they will need to return home
3. Community health services and primary care – a district nurse, occupational therapist, physiotherapist or the person's general practice might become involved

4. Social care – the person might receive care at home, equipment, adaptations or reablement
5. Community services – they might receive longer-term support to remain independent.

Without integration, those can feel like completely different systems. Navigating between services could be bureaucratic with each service focused solely on their bit of the puzzle.

With integration, the question is not which organisation is responsible but rather how can health and social care services come together to support this person.

## 7. What does an IJB actually decide?

IJBs consider what the local area needs to achieve for the population over the next few years, and how the money available should be used to achieve that.

Each IJB has a Strategic Plan setting out how integrated services are intended to be delivered and how they will contribute to the national health and wellbeing outcomes. The Strategic Plan is developed locally with a wide range of partners and representatives from the community and voluntary groups.

That might mean deciding to put a greater emphasis on:

- Prevention
- Care at home
- Reducing hospital admissions
- Mental health
- Supporting people with dementia
- Community rehabilitation
- Or many other areas important to the local community

These choices matter because money is finite. If money is directed towards one area, there may be less available for another.

### Measuring success

The IJB regularly looks at information on performance, quality, activity and finances to understand how well services are performing.

This helps the Board assess whether services are improving outcomes for local people, identify where improvements may be needed and ensure resources are being used as effectively as possible.

## Who is accountable for decisions?

The IJB makes decisions about strategy, priorities and how delegated services should be used. NHS Boards, local authorities and providers remain responsible for delivering services safely and effectively.

This means accountability is shared across the organisations involved in integration.

## 8. The money

An IJB isn't given an unlimited pot of money. It is responsible for managing substantial public resources while demand for services can be extremely high.

The IJB receives its funding from two main places:

- The NHS Board provides funding for the health services that have been delegated to the IJB
- The local authority (council) provides funding for the social work and social care services that have been delegated to the IJB.

The IJB then decides how best to use that money to meet the needs of the local area while delivering a balanced budget.

Demand for support is increasing because people are living longer, often with more complex health and care needs. At the same time, public funding is limited. This means IJBs must make difficult choices about how best to use available resources to meet the needs of those most at risk in our communities and deliver against legal responsibilities. This includes changing eligibility criteria to access care or making changes to services to ensure the services we support deliver the best possible outcomes for the level of investment.

In practice, financial pressure can make it harder for IJBs to invest in early intervention and prevention, even when those services may reduce demand in the longer term. This can mean more funding has to be focused on people with the most urgent or complex needs now.

## Managing the IJB's finances

Every IJB has a Chief Finance Officer who provides professional financial advice and support to the Board.

The Chief Finance Officer helps the IJB set its budget, monitors how resources are being used and supports longer-term financial planning. They work closely with the Chief Officer, NHS Board and Council to help ensure public money is used wisely and services remain financially sustainable.

## 9. What is a Health and Social Care Partnership (HSCP)?

There can be confusion between the IJB and HSCP, with the terms sometimes used interchangeably, but they are not the same. In simple terms:

- The IJB is the formal decision-making and governance body
- The HSCP is the partnership arrangement through which integrated health and social care services are managed and delivered.

So the IJB decides the direction and allocates resources and the HSCP puts the plans into place. Staff working within the HSCP are employed by the Local Authority or NHS Board but work together in an integrated way.

### The role of the Chief Officer

The Health and Social Care Partnership is led by a Chief Officer, who is appointed jointly by the NHS Board and the Council. The Chief Officer is responsible for leading the partnership and putting the decisions of the IJB into practice.

Working with staff, partner organisations and local communities, the Chief Officer helps ensure services are planned, delivered and improved in line with local priorities and the IJB's Strategic Plan.

## 10. What are “localities”?

IJBs can divide their area into smaller localities for planning purposes. Each locality can look at things like how many older people live there, demand for social care and access to GPs and community services.

This means IJBs can understand what the priorities are for smaller areas which will then feed into an overall strategic plan and IJBs can plan and deliver services differently for each locality while meeting the overall plan for the IJB area.

## 11. Why do IJBs talk about “prevention”?

IJBs want to have services in place which support people to live longer, healthier lives in the community.

Having supports and services in place at an earlier stage that reduce the chance of someone developing greater health or social care needs later on. It can help people remain independent, reduce pressure on unpaid carers and reduce the level of high-cost intensive services later.

Preventative services can be things like:

- Falls prevention
- Community rehabilitation
- Early mental-health support
- Adaptations to make someone's home safer

In order to properly invest in preventative services, the IJB must first have sufficient funding to support those currently in the greatest need – only additional funding could be used for preventative services and for early support.

## 12. Why is integration important?

Integrating health and social care services at a local level ensures more joined-up support tailored to people's needs so that they don't need to navigate around complicated processes in order to access the services they need.

The IJB brings the NHS and councils together and creates the opportunity for communities to influence how those services work together locally.

## 13. Key points to remember

- An IJB brings the NHS, councils, people with lived experience and other partners together.
- It plans and directs many health and social care services for a local area.
- It decides how delegated resources should be used to meet local needs.
- Good integration should make services feel more joined-up for people and communities.
- Money is limited, so IJBs often have to make difficult choices.

## Integration Joint Boards

