The State of Education and Training in Integrated Care in Scotland, UK

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Country context

Scotland has been a devolved nation of the United Kingdom since 1998 with the Scottish Government having power and responsibility for the majority of Public Services in Scotland which includes health and social care.

Scotland is made up of a mixture of urban, rural and island communities and has an estimated population of 5.5 million and it is estimated to grow to 5.7 million by 2039. National Records for Scotland (2018) suggest that by 2039 it is estimated that 25% of the population are expected to be over the age of 65.

Scotland is recognised as having a lower life expectancy than the other countries of the United Kingdom and has one of the lowest in Western Europe (Scottish Public Health Observatory, 2023). The experience of multiple disadvantages, including a minority experiencing severe multiple disadvantages, is contributing to a growing gap in health outcomes. In 2012, Barnett et al. highlighted that 20% of people have multimorbidity, with the prevalence of this being almost 40% higher in most deprived areas of Scotland compared to the least deprived.

There is evidence from Miall, Fergie and Pearce (2022) that since 2012-2022, there has been a stagnation in life expectancy in comparison to the previous 10 years, where there had been some improvements noted, particularly in reducing deaths from cancer, cardiovascular disease, alcohol deaths and suicide. They suggest that some of the worsening mortality rates and widening inequalities since 2012 will have been exacerbated further by the COVID-19 pandemic.

The Scottish Government (2022) highlight that over the next 20 years will see an ageing population, a continuing shift in the pattern of disease towards long-term conditions and growing numbers of older people with multiple conditions and complex needs and the impact of this on them and their immediate carers. They have also highlighted that the number of drug-related deaths has increased substantially over the last 20 years, with 4.6 times as many drug-related deaths in 2020 compared with 2000. In relation to alcohol consumption in 2020, adults in Scotland drank an average of 9.4 litres of alcohol per head which is 18.0 units per adult per week. This is the lowest level in 26 years. However, it's still nearly 30% more than the low-risk guidelines of 14 units. Finally, 62% of adults in Scotland were overweight or obese, which has remained stable since 2008. However, in 2019, 30% of children in Scotland (ages 2-15) were at risk of being overweight, approximately half of which are at risk of obesity.

As previously highlighted, health and social care are fully devolved to Scotland from the UK Government. To fund public services, the Scottish Government receives a Block Grant from the UK Government and has tax-raising powers. 85% of funding to Local Authorities is from the Scottish Government.

There are 14 local health boards within Scotland and 32 local government organisations that have a statutory duty for social care and social work. Within Scotland, there is universal health care coverage, which includes no co-payments for prescriptions. In 2002, free personal care for the over 65 was introduced, which has since been extended to under 65 for people living with dementia.

In 2011 the Christie Commission proposed four priorities for reform of public services in Scotland. These were:

- A shift towards prevention and early intervention to prevent negative outcomes.
- Greater integration of public services at a local level bringing public, third and independent sector partners together with communities to deliver outcomes that matter to people.
- Greater investment in the people who deliver services through developing the workforce and effective public sector leadership.
- Improved performance through greater transparency, innovation and use of digital technology.

This then led to the Public Bodies Joint Working (Scotland) Act 2014. Local authorities and health boards were required by law to work together to plan and deliver adult community health and social care services. From this, integrated governance arrangements for health and social care were established in 2015, with 31 health and social care partnerships being established. In delivering the integration scheme, the partnership could choose between the Body Corporate model or Lead Agency arrangement. 30 Integration Authorities used the Body Corporate model and established distinct legal entities under the direction of the Integration Joint Board. Only one chose the Lead Agency arrangement.

Once the arrangements were established it allowed for:

- Integrated budget for health and social care
- A single chief accountable officer has oversight of the delivery
- All adult care groups +/- children's services & criminal justice
- Strategic and locality planning and commissioning based on population needs
- Nine national outcomes for health and well-being to be met to ensure that the outcomes are meaningful to people and their local area

In 2013, Scotland also introduced the Social Care (Self-directed Support) (Scotland) Act 2013. This act is the law that enables local authorities to provide support to certain carers and social care services to people who need them. It aims to promote rights and give people more choice and control over how they receive their support and applies to both adults and children. Individuals have a right to choice, control and flexibility of social care to meet personal outcomes.

From 2014 Health and Social Care Partnerships offer four options for social care:

- **Option 1:** Taken as a direct payment.
- **Option 2:** Allocated to an organisation that the person chooses, and the person is in charge of how it is spent.
- **Option 3:** The person chooses to allow the council to arrange and determine their services. There is a 20:80 split of direct provision v commissioned from independent/voluntary sector providers
- **Option 4:** a mix of these options chosen for different types of support

Following the COVID-19 Pandemic, the Scottish Government (2021) commissioned an independent review of Adult Social Care. The remit of the review was to recommend improvements that could be made to adult social care support in Scotland, particularly in terms of the outcomes achieved by and with people who use services.

The report highlighted 3 things that should change to secure better outcomes. These are:

1. Shift the paradigm
2. Strengthen the foundations
3. Redesign the system

Following this, the Scottish Government proposed a National Care Service (Scotland) Bill which would allow Scottish Ministers to transfer social care responsibility from local authorities to a new, national service. The Scottish government had described this as the "biggest public service reform in Scotland since devolution". This could include adult and children's services and areas such as justice and social work. As the Bill progressed, there was growing criticism of it and in January 2025 it was announced that the proposed Bill would be reformed with the plan for a national service being removed and Local Authorities maintaining responsibility for social care. The reformed Bill now proposes smaller changes which includes the establishment of a dedicated advisory board and it will proceed with Parts 2: Health and Social Care Information and Parts 3: Reforms Connected To Delivery And Regulation Of Care of the Bill.

The Third Sector

The Third sector in Scotland plays a key role in the delivery of health and social care. It is involved in nearly every area of local life – housing, advice, support, sports, representation, arts, education, health, care, environment and more. Some of the key attributes of the Third sector are:

- positive community purpose
- run by an unpaid (or mostly unpaid) committee
- not set up to distribute profit to shareholders
- not affiliated to a political party or a government body.

Third-sector interfaces (TSIs) offer a single point of access in each local authority area in order to develop the third sector, increase social enterprise, build relationships with community planning partners and support volunteering and volunteers.

In Scotland, there are 25,199 Charities on the Scottish Charity register with 208,977 paid members of staff by Scottish Charities.

Health and Social Care Workforce

The health and social care workforce is the largest in Scotland with over 400,000 people working in many different roles and settings

The establishment of a National Workforce Strategy for Health and Social Care in Scotland (2022) aims to achieve a sustainable, skilled workforce with attractive career choices where all are respected and valued for the work they do. This highlights 5 pillars of the workforce journey

- Plan
- Attract
- Train
- Employ
- Nurture

The strategy highlights that the Scottish Government continues to work towards achieving Fair Work across both Health and Social Care.

Education and training focused on integrated care

Macro

There a number of Continuing professional Development programme to support the health and social care workforce. These tend to be delivered through the national organisations including NHS Education for Scotland and Scottish Social Services Council. Further Education Colleges, Universities and local organisations also offer and deliver CPD. These offerings tend to be leadership and quality improvement focused and not specific to integration.

In 2021 the NHS Scotland Academy opened to offer accelerated training for a wide range of health and social care roles and professionals. At present there are some induction resources for social care professionals however most of the training appears to be clinical and advancing practice focused.

Meso

There are post-graduate pre-registration programmes for vocational programmes across Scotland which are all guided by the standard of their specific governing bodies. There are other post-graduate programmes that focus on clinical specialism and advanced practice roles. These are all programmes that will encourage and support interprofessional learning, at this time there is nothing specific to integrated care in the programme specifications.

From a nursing perspective over the past few years there have been Graduate Diploma (SCQF level 9) and Post graduate Certificate (SCQF Level 11) in Integrated Community Nursing programmes developed.

The MSc Leading people-centred integrated care programme provides a progressive pathway of master's level studies for working professionals. It is intended for people involved in planning, commissioning or providing care and support across health, social care, housing, independent and third sectors and for those who have a role in education, regulation, inspection or assuring the quality of integrated services and practice. Creating the conditions, leadership, value and people and communities are at the heart of the programme.

There are other post graduate programmes within Scotland related to health and care, leadership and person-centred care however none of these programmes appear to have explicit modules/ reference to integrated care.

Micro

In Scotland the undergraduate curricula for medicine, nursing, AHP's, Pharmacy and Social Work is informed by the education and training requirements of the regulatory bodies. Although interprofessional learning is an essential component of all programmes, at this time, there is nothing specific to integrated care.

There are some undergraduate programmes within Scotland that attract the broader Health and Social Care workforce which have core integration components in the curriculum.

For staff working in Social Care, there are Scottish Vocational Qualifications at various Scottish Credit and Qualifications Framework (SCQF) levels from 5-10, which promote collaborative working and leadership capabilities but not specific to integration. There is currently a consultation for a new Scottish Vocational Qualification at SCQF Level 7 on Integrated Health and Social Care.

There are National Certificates, Higher National Certificates and Higher National Diploma qualifications in Social Services and also Health Care to support grassroot education which can provide pathways into vocational and other degree programmes.

The education for social prescribing link workers appears to be all in-house education.

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About the International Foundation for Integrated Care (IFIC)

The International Foundation for Integrated Care (IFIC) is a not-for-profit foundation dedicated to improving the lives of people and communities by advancing the science, knowledge, and adoption of integrated care around the world.

Our vision is that individuals, families, and communities benefit from person-centred, coordinated care and support that enables them to live healthy and fulfilling lives. We work to overcome the fragmentation in health and care systems by promoting models of care that are holistic, co-produced, continuous, coordinated, equitable, and sustainable.

As the leading international voice for integrated care, IFIC brings together researchers, health and care professionals, policymakers and people, families and communities. We provide a unique platform for collaboration, knowledge exchange, and innovation to drive system change.

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