

A fragmented picture of integration

How streamlined are the governance, planning and funding structures for social care at the local level?

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Introduction

The Coalition of Care and Support Providers in Scotland (CCPS) represents not-for-profit providers of care and support in Scotland. As a membership organisation it works strategically and collaboratively to Inspire, Influence, Involve and Inform. It has a longstanding commissioning and procurement programme and is a key partner in national policy discussions about social care and support, working closely with members to influence Scottish Government, COSLA, MSPs and other key decision-makers.

As a national organisation, CCPS is not closely connected to local decision-making. Nevertheless, local governance structures and processes have a major impact on the sustainability of the support that CCPS member organisations provide and on whether national policy and legislation can be implemented effectively. This report was commissioned to provide a high-level overview of the local strategic planning and funding landscape. It is an accompanying paper to our report [*The View from on the Ground: CCPS Member Views on Governance, Planning and Funding Structures for Social Care at the Local Level*](#).

This review takes place as Scottish social care emerges from a three-year debate about the establishment of a National Care Service. The Care Reform (Scotland) Act 2025 focuses on specific, targeted changes to the existing system rather than the structural reorganisation originally proposed by the National Care Service Bill of 2022. In the meantime, pre-existing issues have worsened, as CCPS has highlighted consistently in its campaigning and policy work, including the ‘Fund social care like it matters’ campaign in the lead-up to the 2026-2027 Scottish Budget and regular parliamentary briefings highlighting the need for investment and reform. Previous research commissioned by CCPS lays out the challenges:

- ‘It’s out of whack: Expert voices on ethical commissioning and procurement in not-for-profit social care’ (CCPS, 2023), written by Pennie Taylor.
- ‘From strategic intent to procurement of adult social care and support in Scotland’ Part 1: Literature Review (CCPS, 2024a) and Part 2: Analysis of current experience and ideas for improvement (CCPS, 2024b), written by Professors Stephen Gibb and Anne Hendry.

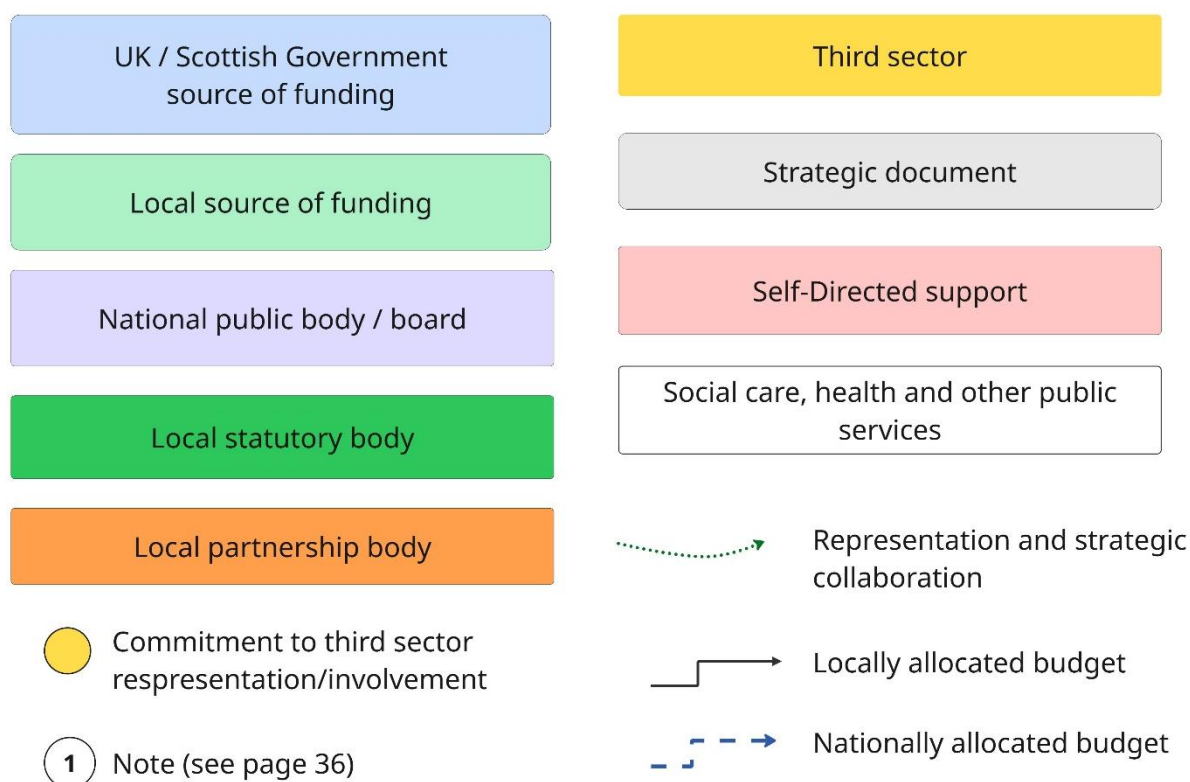
This project is primarily a fact-finding mission. What this report adds to the existing evidence is an accessible, overarching view of the complexity in the funding landscape. It presents the findings of desk research looking at governance, planning and funding structures, and maps the bodies involved, drawing together key information about their roles, responsibilities, and accountabilities, referencing any existing evaluation. It is clearly not a simple landscape to either interpret or navigate, and we accept there may be errors or omissions in our mapping of structures.

Roles and responsibilities in local strategic planning

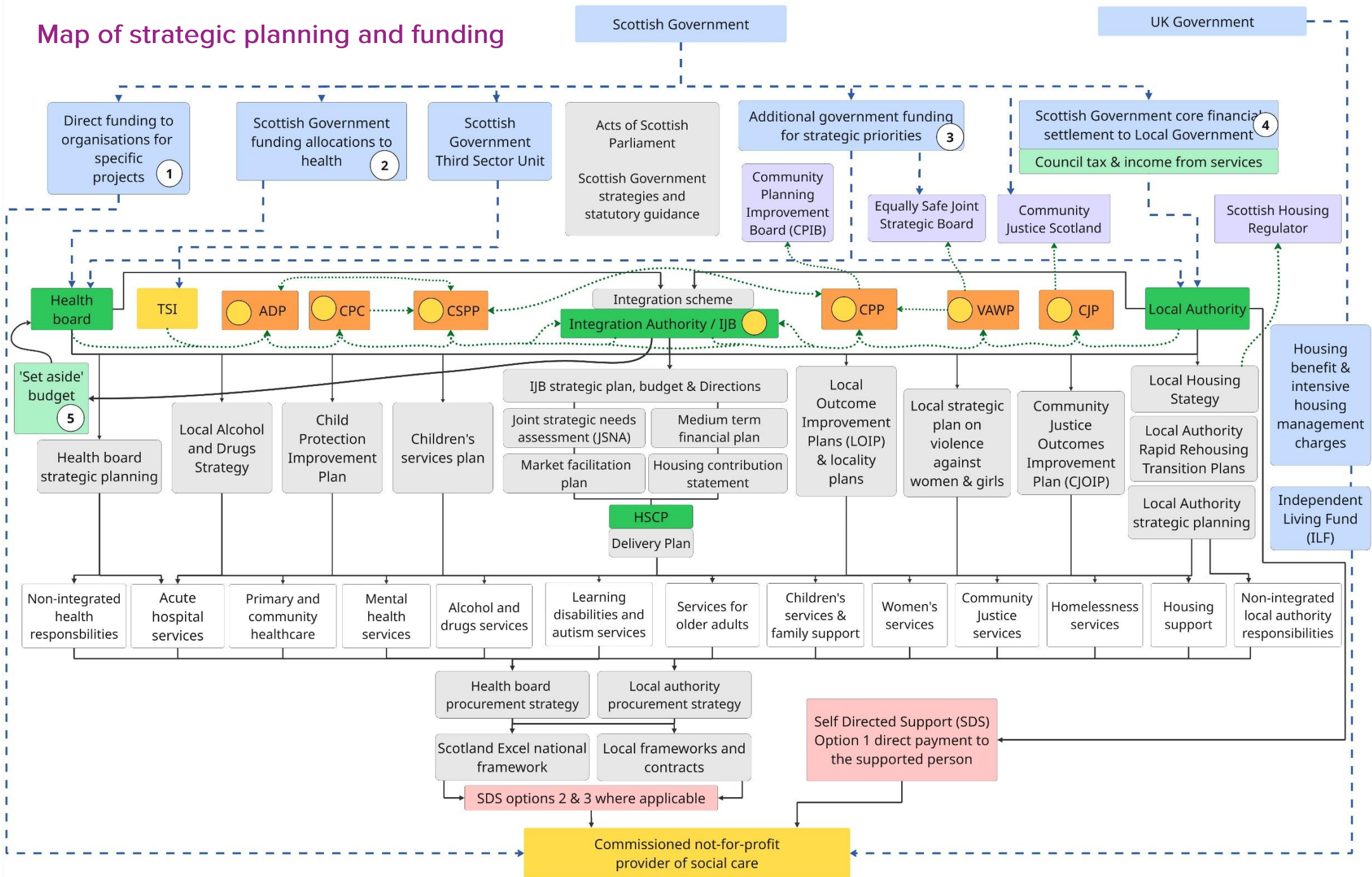
The report provides a description of the roles and responsibilities of each of the following bodies and gives a summary of how they are held accountable, drawing on any existing evaluation of their work.

The system map on the next page offers an attempt at building an overarching picture of how decisions are made about local social care services.

Key



Map of strategic planning and funding



Integration Authorities – Integrated Joint Boards (IJBs)

Integration authorities are strategic partnerships between local authorities and health boards that jointly govern and plan local health and social care. They are independent legal entities created by the Public Bodies (Joint Working) (Scotland) Act 2014, intended to shift resource towards preventative and community-based services (Scottish Government, 2015a).

Integration authorities work towards the nine National Health and Wellbeing Outcomes and in alignment with 12 principles of integration (Scottish Government, 2015a; Audit Scotland, 2018b, p. 16). They are all responsible for adult social care, primary and community healthcare, and unscheduled hospital care for adults (Audit Scotland, 2018b). Each area designs the detail of its own approach, and so each integration authority has a slightly different set of specific responsibilities. In some local areas it takes responsibility for children's services (11 areas), criminal justice social work (16 areas), and/or "planned acute health services" (3 areas) (Audit Scotland, 2018b). An integration authority may also agree to host specialist services on behalf of a region.

These responsibilities, and the structures and processes for decision-making, are laid out in the area's integration scheme document, which specifies the creation of an **Integrated Joint Board (IJB)** to manage them.¹ Voting members of IJBs – to date, elected councillors and non-executive health board directors – make the formal decisions. IJBs also include a Chief Officer and Finance Officer, professional representatives from across health and social care (including the third sector) and people with lived experience, all in a non-voting, advisory capacity. This is due to change from September 2026, from which date people with lived experience, carers and third sector representatives will gain voting rights (CTSI, 2026). Every IJB must also have a broader Strategic Planning Group (Audit Scotland, 2018c). IJB funding comes entirely from local authority (approximately 30%) and health board contributions (approximately 70%) (Scottish Government, 2015b, p. 41; Audit Scotland, 2025a).

IJBs conduct a Joint Strategic Needs Assessment (JSNA) for their area and use this to develop a strategic plan for local health and social care (also called 'strategic commissioning'); they must agree a balanced budget. They issue formal 'directions' back to the local authority and the health board to deliver the plan together as a **Health and Social Care Partnership (HSCP)**, delegating the funds back to them. In practice, responsibilities are typically aligned with existing expertise, with local authorities leading on social care commissioning and procurement, and health boards on community health and unscheduled care. In 2024-25, NHS boards delegated £8 billion to IJBs (47% of their budgets) and received £7.9 billion to provide HSCP services (Audit Scotland, 2025c, p. 8). CCPS published research in 2024 which suggested improvements to the 'directions' process (CCPS, 2024b).

¹ Highland Council and NHS Highland operate differently, using a 'lead agency' model. This is under review, with a Highland IJB expected in 2026 (NHS Highland, 2025b) (healthandcare.scot, 2024). Given this, and for simplicity, the rest of this report uses the term 'IJB' rather than 'integration authority'.

Accountability and evaluation of IJBs

Audit Scotland monitors IJBs through annual audit and has produced national-level progress reports (Audit Scotland, 2015; 2018b), performance reports (Audit Scotland, 2024b), and financial bulletins (Audit Scotland, 2025a; 2026c). COSLA and the Ministerial Strategic Group for Health and Community Care have also reviewed progress on integration (Scottish Government and COSLA, 2019). These reviews have recognised relative improvements in joined-up services, as well as the “complex and unprecedented pressures and challenges” the sector has recently faced (Audit Scotland, 2024b). Audit Scotland consistently finds a lack of depth to reforms, however, and highlights serious financial sustainability concerns.

Complex, challenging governance structures

Audit Scotland expressed early concern that governance arrangements for IJBs were complex with “potentially confusing lines of accountability”. They identified weaknesses in the scope and quality of early strategic plans, which set out broad directions without detail on services, staff or finances (Audit Scotland, 2015). They have also consistently highlighted capacity and leadership challenges, particularly high turnover of Chief Officers (Audit Scotland, 2018b; 2025a; 2026c). The King’s Fund (2018) similarly stressed the centrality of the Chief Officer role to the Scottish system and suggested that the leadership challenge is “generally underestimated”.

There have been difficulties in shifting historic power dynamics. Early on, Audit Scotland (2018b) found that IJBs were struggling to exert their influence on budget setting, with councils and health boards tending towards working separately. Around the same time, COSLA and Scottish Government’s review (2019) concluded:

“IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations. Local audits of the Health Board and Local Authority must take account of the expectation that money will be spent differently. We should be focused on outcomes, not which public body put in which pound to the pot.”

Recent reports have focused more on financial and performance reporting, but Audit Scotland (2024b, p. 13) briefly note that previously identified partnership challenges remain. These challenges have persisted during a prolonged period of policy uncertainty surrounding National Care Service (NCS) reform. Early iterations of the National Care Service (Scotland) Bill proposed significant changes to local governance arrangements, including the replacement of existing integration structures with new care boards. However, these proposals were subsequently removed during the parliamentary process, and the Care Reform (Scotland) Act 2025 did not change the existing Integration Joint Board (IJB) framework. Although there is no NCS established in statute, the Scottish Government has established a non-statutory NCS Advisory Board, with COSLA, to provide advice on improving social care, social work and community health services. This body has no formal, statutory governance or oversight role in relation to IJBs (Scottish Government, 2026e).

Difficulties tracking progress

Audit Scotland (2015) initially identified a lack of clarity in how the core suite of integration indicators for IJBs would measure change. Collecting and collating high quality data has been a challenge ever since (Audit Scotland, 2024b). In their recent performance report, Audit Scotland (2026a, pp. 3; 9-10) signpost to their new interactive data tool and find a “*general long-term picture of declining performance and satisfaction*”, while commenting on ongoing data quality challenges. They acknowledge the commitments of Scottish Government and COSLA to address data gaps and quality issues, for example, through the Service Renewal Framework and adoption of CHI numbers to improve social care records and data sharing, but note the long and unclear timelines for this to make a difference. They recommend that Public Health Scotland should work with IJBs to review and improve the core suite of integration indicators as a matter of urgency.

Financial sustainability

Integration Authorities were introduced to make health and social care more sustainable through joint working (Scottish Government, 2015a, p. 4), with the expectation that there would be some savings as compared to the previous model (Audit Scotland, 2015, p. 25). Financial pressures have therefore always existed, but the current situation is becoming critical. Audit Scotland’s most recent financial bulletin (2026c) describes this in the strongest terms. Twenty-two IJBs reported an operating deficit in 2024-25, entering 2025-2026 with a collective £449 million funding gap – higher, for the first time, than their financial reserves. Almost half now hold no contingency reserves and savings plans lack transparency. Reliance on non-recurring savings means holding staff vacancies, adding pressure for the workforce without resolving long-term issues. Most audits raised financial sustainability risks in 2024 and 2025 (Audit Scotland, 2024b; 2026c). In their 2023-2024 financial bulletin (2025a), Audit Scotland note that concerns go beyond budgetary pressures to include breached reserve policies, as well as:

“inaccurate information provided or not presented in line with regulations; insufficient detail provided to allow the reader to fully assess the board’s overall performance; financial forecasting requiring more accuracy; [and a need] to enhance the reporting to provide greater clarity regarding the underlying IJB budget and performance against the budget during the year.”

Lack of depth to reform

There is recognition that any shift to outcomes-based commissioning has been slow and needs to improve. Audit Scotland (2024b) found that:

“current commissioning and procurement practices are driven largely by budgets, competition and cost rather than outcomes for people”.

A research piece by ScotPHN (2019) reflected that it was difficult for IJBs to focus on strategic “upstream” public health and preventative work due to constant crisis management demands, and this is unlikely to have changed. Scottish Government’s refreshed strategic planning guidance for IJBs (2024c) reiterates and clarifies the duty to involve providers in planning.

“It is vital that the full extent of the third sector’s knowledge, expertise and information, both in relation to communities and the sector itself, is brought to bear upon commissioning and locality planning in order to achieve the outcomes of health and social care integration.”

The organisations that support lived experience and carer representatives on IJBs have published a report with suggestions for how their engagement and support could be improved (The ALLIANCE; Coalition of Carers in Scotland, 2024). A recent survey of council leaders also found high levels of concern about IJBs among them, with the report calling for review of their role in the system (LGiU, 2026). Audit Scotland’s ‘NHS in Scotland: Spotlight on governance’ report (Audit Scotland, 2025d, p. 13) suggests that leaders in health boards may have similar concerns.

Health and social care partnerships

Health and social care partnerships (HSCPs) are the operational arrangements through which local authorities and health boards deliver the strategic plan and directions of the IJB (Audit Scotland, 2018b). Staff remain employed by either the NHS board or local authority and work together to deliver services under IJB direction. HSCPs are led by a Chief Officer, who sits on the IJB as a non-voting member and is accountable to it for their strategic work. They report formally to the Chief Executives of the health board and local authority, creating potential for unclear lines of accountability (Health and Social Care Scotland, 2026; The King's Fund, 2018). The Chief Officer brings together senior managers from community health, social work and social care and any other delegated functions into a single operational structure – the HSCP (Scottish Government, 2020b). The HSCP Chief Officer and senior team translate IJB strategic planning and directions into a concrete delivery plan and design the detail of service models (service commissioning). Operational managers and procurement teams in the local authority and NHS (working within the HSCP structure) deliver and/or procure the services and pathways.

Accountability and evaluation of HSCPs

HSCPs contribute to the IJB’s annual performance and financial reporting, although national data is collated on the core suite of integration indicators by Public Health Scotland (Scottish Government, 2016d). HSCPs are jointly inspected by the Care Inspectorate and Healthcare Improvement Scotland on their integrated adult services using the question, “How effectively is the partnership working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?” (Scottish Government, 2015e). This includes evaluation of integrated processes, service commissioning, management and leadership. For example, in two of the most recent joint inspections focused on adults living with mental illness, Dundee received a score of ‘very good’ for commissioning arrangements, compared to Inverclyde’s ‘good’ (Care Inspectorate and HIS, 2026; 2024). However, these inspections are not systematically compared across Scotland because they take an individual improvement approach.

Audit Scotland’s finance and performance report (2024b, p. 25) finds that, across HSCPs:

- *“Improvements to commissioning and procurement arrangements have been slow, with cost rather than outcomes driving decision-making”.*
- *“Time and resource are focused on contracts renewal processes instead of a more strategic long-term approach”.*
- *“Risks around the effective delivery of service are largely put onto the providers”.*

Local authorities

Local authorities have statutory responsibility for a wide range of public services including social care. Some responsibilities must be delegated to the IJB. Beyond this, which responsibilities they carry out directly, and which they delegate, varies according to the local approach to integration. For example, in 11 areas, children’s social work is delegated to the IJB, while education remains with the council. This can mean a single child’s support package may be part of two governance structures, managed jointly through the Children’s Services Planning Partnership (discussed further on page 15).

Local authorities are required to take this kind of partnership approach to many of their duties, working through the partnership bodies described over the following pages. Most partnerships are not legal entities and do not receive their own budgets. This means that:

- 1) Local authorities continue to hold statutory responsibility for the outcomes.
- 2) Local authority structures, budgets and teams, in practice, deliver or procure the services planned by partnership bodies, as well as administering a significant portion of the IJB budget in their partnership role with the HSCPs. This puts the local authority at the centre of local procurement.

Housing responsibilities

Local authorities commission and procure housing services both from the integrated IJB budget in their role as HSCP partners (e.g. delegated housing support), and from their own retained budget to fulfil their own responsibilities (e.g. their legal responsibility to support people experiencing or at risk of homelessness). They have a general duty to collaborate with stakeholders but there are no housing-related partnership bodies.

Each local authority has a Local Housing Strategy and Rapid Rehousing Transition Plan, supported by an assessment of housing need and provision and informed by national strategy ([Housing to 2040](#) and the [Ending Homelessness Together Action Plan](#) (Scottish Government, 2019a). These are local authority responsibilities that are part of local authority overall strategic planning. However, Local Housing Strategies must closely align with the IJB Strategic Plan so that the local authority and IJB can work collaboratively on integrated housing-related functions (e.g. housing support where it is delivered alongside personal care), with the arrangements for this outlined in the IJB’s Housing Contribution Statement (Scottish Government, 2015c).

Housing support and homelessness are key areas where the line between integrated and non-integrated responsibilities becomes complicated and unclear, with the exact division of responsibilities differing in each area depending on the detail of the integration scheme. Local

authorities also work closely with Registered Social Landlords/Housing Associations to deliver housing services, especially where they do not have social housing stock of their own. Many of these Registered Social Landlords also offer housing support and are themselves commissioned providers of integrated and non-integrated housing-related services. The level of variety in local roles and responsibilities around housing, housing support and homelessness support makes it difficult to compare between local authorities or take a national perspective (Rocket Science, 2021).

Finance, commissioning and procurement responsibilities

Local authorities delegate funds annually to IJBs to fund integrated services, including adult social care. They then receive funds back in their capacity as HSCP partners, with directions to commission and deliver or procure certain services. In practice, this means that most externally provided social care services are procured by local authority procurement teams.

Scotland Excel is the Centre of Procurement Expertise for local government, governed by a committee of elected councillors. It offers national frameworks through which Scottish public bodies can purchase goods and services, including a range of adult and children's social care support, aiming to streamline and standardise procurement processes (Scotland Excel, 2026). Scotland Excel reports that there are 20 councils participating on their Care and Support Framework and 31 councils on the Care Homes for Adults Framework, "though all councils are eligible to participate" (Scotland Excel, 2026a). There is no data available online for local authority participation in the Children's Residential, Residential Rehabilitation or Secure Care frameworks. Formal participation in a framework does not necessarily mean that the local authority has used it to procure services. Our accompanying report *The View from on the Ground: CCPS Member Views on Governance, Planning and Funding Structures for Social Care at the Local Level* shows examples of where local authorities are members of the Scotland Excel frameworks but still choose to contract the services themselves.

Accountability and evaluation of local authorities

Local authorities are primarily accountable to the electorate. Their use of public funds is scrutinised by councillors and audited by the Accounts Commission. They complete national data returns and are part of various improvement and assurance arrangements (Improvement Service, 2024b). Audit Scotland (2019b, p. 27) has recognised the challenges created by the "increasingly complex governance and accountability landscape" of partnership working:

"On some issues, the centre of gravity in discussion and decision-making is moving away from councils themselves, yet councillors must remain sighted on their duties to their council and [accountability] to the local communities it serves"

Recent reports, including evidence given to the Local Government, Housing and Planning Committee of the Scottish Parliament (Heald, 2024) raise serious concern about local authorities' financial sustainability. In a recent survey by LGiU (2026), a UK membership body for local councils, 89% of Scottish council leaders surveyed agreed that cuts to their services in 2025-26 will have a negative impact on people's quality of life and increase risk to vulnerable people. 44% agreed that there is a danger that financial constraints will prevent

them fulfilling their statutory duties in 2026-2027. 58% expected cuts to adult social care, which was considered “the most significant short-term and long-term pressure on council finances”. The Accounts Commission described a £542 million budget gap in 2024-2025 and recommended:

“In 2026, councils should take action to progress significant outstanding recommendations from previous years around transparency of financial reporting” (Audit Scotland, 2026d).

The last two financial bulletin reports raise medium-term financial sustainability concerns for councils. While challenging, the warnings are less immediate than the short-term concerns raised for IJBs. (Audit Scotland, 2024c; 2026d, p. 35).

Evaluation and accountability for housing

Scottish Government reviews and approves all Local Housing Strategies against set criteria. Local authorities also report annually to the Scottish Housing Regulator, which conducts periodic thematic reviews, for example, into homelessness services (2023). In 2021, the Salvation Army commissioned research into Scottish spending on homelessness that concluded it was not possible to track the homelessness budget through public financial reporting (Rocket Science, 2021):

“[T]he breakdown in expenditure on the different services and support offered by local authorities is difficult to understand and is not transparent.”

Local authority housing managers were found to have little influence on budgets, which many reported were:

“based on historic expenditure and ... not adjusted to meet either increases or decreases in demand or ... changing needs.”

Evaluation and accountability for finance, commissioning and procurement

Scotland Excel leads on rounds of ‘Pulse Checks’ through the Procurement and Commercial Improvement Programme (PCIP), designed to support and encourage continuous improvement of procurement practice (Procurement Journey, 2023). Although there is bespoke [best practice guidance](#) for the procurement of care and support contracts, which are procured under the Light Touch Regime (Scottish Government, 2021), there does not appear to be detailed content about care and support procurement in PCIP pulse check reports.² Audit Scotland previously reviewed procurement in councils but has not done so since 2016.

NHS health boards

Although most service commissioning and procurement of integrated social care is managed by local authorities, there are cases where NHS health boards take the lead. Health boards also procure from third sector providers for non-integrated services. For example, NHS

² Based on review of two published PCIP Pulse Check Assessment reports available from [Dumfries and Galloway Council 2024](#) and [Fife Council 2024](#).

Highland procured Community Link Worker services from two third sector organisations in 2023-24 (NHS Highland, 2025a). This is done through NHS procurement teams, strategies and structures, or via NHS National Procurement frameworks; these frameworks are managed through what was NHS National Services Scotland (NSS) and from April 2026 is [Public Services Delivery Scotland \(PSD Scotland\)](#).

Accountability and evaluation of health boards

Health boards in Scotland are held accountable for their use of public funds through a mix of internal financial controls, government oversight and external scrutiny, including an annual report on the performance of the NHS by the Auditor General. The recent '[NHS in Scotland: spotlight on governance](#)' report noted how complex the planning and governance of healthcare is becoming, with the range of partners at local, regional and national level making accountability more complex (Audit Scotland, 2025d). It recommends review of the planning framework at national level. Similarly to the reports on IJBs, it reflects on the challenges created by high turnover of senior health leaders.

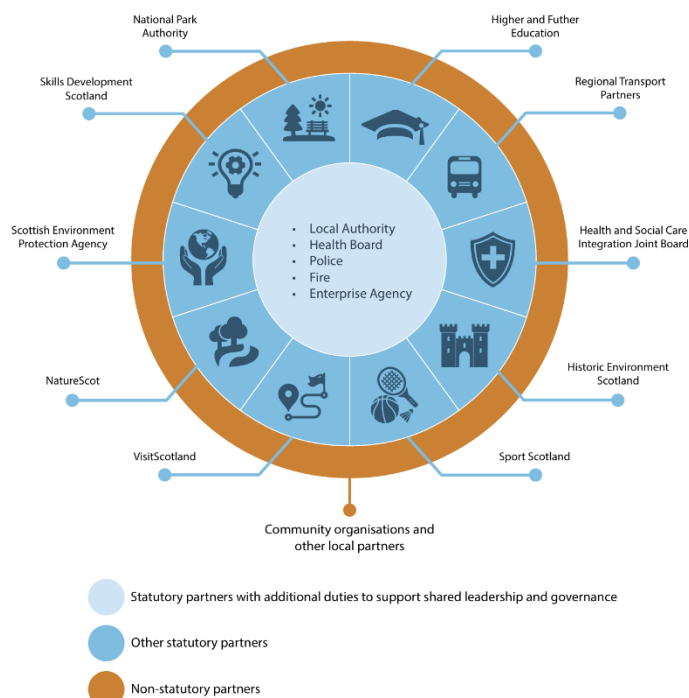
The challenges of financial sustainability and increasing demand have created an accepted need for service reform, leading to the Public Service Reform Strategy, the Health and Social Care Service Renewal Framework, Population Health Framework and NHS Scotland Operational Improvement Plan. The 'NHS in 2025' report (Audit Scotland, 2025b) highlights the difficulties ahead to deliver on these strategies, which restate longstanding commitments that have been consistently hard to achieve, such as shifting the balance of care to the community.

Community Planning Partnerships (CPPs)

Community Planning Partnerships (CPPs) were established from 2003 to enable joint working and community engagement in decisions about public services. They were intended to “rationalise a cluttered landscape” by connecting local and national priorities (Audit Scotland, 2006). They were given a clarified statutory purpose through the Community Empowerment (Scotland) Act 2015 Part 2 to improve local outcomes and address inequalities through co-production, capacity building and shared leadership (SPICe Research, 2015). They are not legal entities and rely on their statutory members for budget and commissioning and procurement support.

CPPs are made up of local community representatives and a range of local public bodies, who each have a duty to contribute towards improving local priority outcomes (Improvement Service, 2023; Scottish Government, 2016a). There is no set approach to how they must operate, but typically they have a high-level strategic board of councillors and senior officers, with most planning and delivery work happening through smaller thematic or neighbourhood groups (Improvement Service, 2023).

CPPs prepare and publish Local Outcomes Improvement Plans (LOIPs) and smaller-scale Locality Plans. These prioritise local outcomes, link them to national outcomes, and identify who will do what, by when, with what resources (Scottish Government, 2016a; Improvement Service, 2023; 2026). Community Planning Partnerships are connected nationally by the Scottish Community Planning Network (SCPN) and supported by the Community Planning Improvement Board (Improvement Service, 2026).



Source: The Scottish Parliament, Community Planning: Post-Legislative Scrutiny of Part 2 of the Community Empowerment (Scotland) Act 2015, June 2023

Evaluation of Community Planning Partnerships

Audit Scotland (2018a) published an initial impact report on the changes to CPPs following the Community Empowerment (Scotland) Act 2015. It references the similar timing of the creation of IJBs and other new bodies for regional and local partnership working:

“[T]his increasingly crowded landscape of public service reform creates risks around the capacity and ability of CPPs to fulfil their role in delivering the systemwide change envisaged by the Christie report”.

In a survey by the Improvement Service (2024a), CPP strategic board members’ self-assessments were relatively positive; the majority (74%) agreed that their CPP had achieved improvements which could not have been delivered by individual organisations, with effective local collaboration to address complex issues and prioritise preventative approaches. There was less agreement around whether partners contribute sufficient funds to deliver local priority outcomes. This self-assessment exercise will be conducted again within 2026.

Post-legislative scrutiny by the former Scottish Parliament Local Government, Housing and Planning Committee (2023) found considerable variation in performance between CPPs, especially in response to the pandemic. There were varying reflections on their engagement

with the third sector through Third Sector Interfaces (TSIs), with some TSIs expressing frustrations about being ignored. The Community Planning Improvement Board has recognised this and is seeking to improve third sector engagement through [new guidelines written with SCVO](#).

Questions about the collective leadership of CPPs are a theme across the evaluative sources. All note that local authorities often remain in their traditional leadership position. National public bodies struggle to engage meaningfully across all local areas and tend to leave the council to fund CPP activities, despite it formally being a shared responsibility. This is reflected in decision-making and power dynamics (ScotPHN, 2019; Scottish Parliament Local Government, Housing and Planning Committee, 2023; Improvement Service, 2024a). In response to the post-legislative scrutiny, the Scottish Government's review of the Act (2025e) committed to refresh community planning guidance, reassess CPP funding, and consider amending the Act to require that TSIs are CPP members.

Children's Services Planning Partnerships (CSPPs)

Local authorities and health boards are required to jointly prepare a Children's Services Plan for their area, whether or not their children's services are integrated. Children's Services Planning Partnerships (CSPPs) are the collective that works to develop and implement these plans for joined-up, responsive and, where possible, preventative support to children and families. Depending on the area's approach to integration, the Children's Services Plan may include children's health and social care services that are the responsibility of the IJB/HSCP. It also encompasses children's services across education, and other public services (e.g. libraries), taking a whole family approach (Children in Scotland, 2026; Scottish Government, 2020a).

CSPPs are collective leadership and planning mechanisms, not legal bodies. Their role is to influence and align local children's services. While their plans should take account of how priorities can be resourced, budgets and contract management sit with the local authority, HSCP, and health board representatives. Many CSPPs have direct representation from national children's charities, as well as broader third sector representation through the Third Sector Interface (TSI). CSPPs are expected to work collaboratively with the Community Planning Partnership, as well as with children, young people and families (Scottish Government, 2020a).

Their role currently includes directing the local authority's use of Element 1 Whole Family Wellbeing Funding³ to build capacity for family support services in line with the [WFWF](#)

³ The WFWF programme is delivered through three funding elements:

- Element 1: Funding provided directly to Children's Services Planning Partnerships (CSPPs) to expand and redesign local family support services.
- Element 2: National support for local transformation, including improvement support, learning networks, evaluation and capacity building.
- Element 3: Cross-government system change projects intended to address national barriers to reform and support the delivery of holistic whole-family support across policy areas.

[Routemap and National Principles of Holistic Whole Family Support](#) (Scottish Government, 2024f).

Evaluation of CSPPs

Scottish Government conducts a full review of all Children's Services Plans on a fixed three-year cycle, providing individual feedback and a published summary (Scottish Government, 2020a). These reviews find Children's Services Planning to be generally well-embedded locally, with CSPPs providing a useful strategic forum for collaboration. They also highlight inconsistency in how well plans link to resources, prevention, and measurable outcomes (Scottish Government, 2022b). In the review of 2023-2026 plans, 13 CSPPs failed to achieve the criterion around financial planning and had provided partial or very limited budget information. Only a minority of areas had clearly set out total spending across education, children's health and social care, or linked this properly to the CSPP's priorities (Scottish Government, 2025b).

CELCIS conducted a major review of children's services as part of the National Care Service planning process. Their report highlights the complexity of accountability and governance structures, noting that the flexibility in integration approaches has resulted in structures that are "varied, complex and subject to change", sometimes making it "difficult to determine which agency or structure (the local authority, the NHS health board and/or Integrated Joint Board/HSCP) was responsible" for services (CELCIS, 2023).

There is currently a major evaluation of the Whole Family Wellbeing Funding (WFWF) underway, due to report fully in 2027 (Scottish Government, 2025g).

Alcohol and Drugs Partnerships (ADPs)

Alcohol and Drug Partnerships (ADPs) are multi-agency bodies that plan, coordinate and oversee alcohol and drug prevention, treatment and recovery services. Members include the local authority, health board, IJB/HSCP, police, prison service, third sector representatives through the Third Sector Interface (TSI) and specialist third sector organisations, and people with lived and living experience, supported by an ADP Coordinator (Scottish Government, 2026g).

The ADP's core role is to develop and implement a local Alcohol and Drugs Strategy focused on reducing harm, improving outcomes, and aligning local work with Scotland's Alcohol and Drugs Strategic Plan 2026-2035 (Scottish Government, 2026h) (previously the National Mission on Drugs) through the Alcohol and Drugs Partnership Delivery Framework (Scottish Government, 2026a). They report directly to Scottish Government, as well as locally, on their performance against national outcomes.

ADPs are non-statutory bodies embedded within community planning and health and social care integration. ADPs make decisions about what types of services are commissioned, but the statutory responsibility and procurement remain with the IJB and local authority. ADPs receive some dedicated funding for national strategic objectives. This is distributed through integration authorities, routed via the health board.

Evaluation of ADPs

Alcohol and drug use in Scotland remains a high-profile policy issue. Audit Scotland has reviewed alcohol and drug services three times in the last six years (2024a; 2022; Audit Scotland, 2019a), in addition to an earlier Care Inspectorate review of ADPs (2017). In the most recent report, Audit Scotland (2024a) finds that ADPs are limited in their power to influence change and direct funding. Audit Scotland suggests that clearer accountability and better information to inform service planning is needed across partnerships. Scottish Government also retains significant national control. Although autonomy is increasing, in 2024 Audit Scotland reported the Scottish Government's position:

"The Scottish Government does not consider ADP governance and their financial and performance reporting arrangements sufficiently mature at present to make giving full autonomy to ADPs appropriate."

The report recommends national evaluation of the cost effectiveness of alcohol and drug services and comments on the complexity of funding structures, the challenges of annual funding uncertainty, and recent real-terms funding cuts.

The Public Health Scotland (2024) midpoint evaluation of the National Drug Deaths Mission 2021-2026 included a survey of ADP coordinators about governance and accountability arrangements. It also found a need for greater clarity of accountability and reporting requirements, greater support and partnership working from local authorities and health boards (third sector partners were considered very proactive), and noted that ADPs would value greater autonomy.

These reports were direct precursors to the new Partnership Delivery Framework (Scottish Government, 2026a), designed to clarify accountability, responsibility and governance.

Community Justice Partnerships (CJPs)

Community Justice Partnerships are local strategic groups that bring together statutory partners to plan, coordinate and improve community justice services by developing and reporting on a Community Justice Outcomes Improvement Plan (CJOIP) (Scottish Government, 2024a). CJPs were established by the Community Justice (Scotland) Act 2016 (Scottish Government, 2023a). Their members must include the council, health board, IJB, Police Scotland, the courts, the Scottish Fire and Rescue Service, the Scottish Prison Service, and Skills Development Scotland. Accountability for outcomes is collective, with support and scrutiny from Community Justice Scotland. Funding comes mainly from local authority budgets, with additions from Scottish Government for specific priorities (not formally ringfenced). There is also a ringfenced grant to councils for Justice Social Work, which has been fixed at £86.45 million since at least 2010-11 (Scottish Government, 2024e; 2026b)

Third-sector organisations are seen as core partners for person-centred support, innovation, and reaching people who might not engage with statutory services. CJPs have a duty to create routes for third sector organisations to influence commissioning priorities and service models. CJPs must publish a Participation Statement explaining how they have involved the

third sector and communities in planning (Scottish Government, 2016c). The Criminal Justice Voluntary Sector Forum (CJVVSF) has been involved with several pieces of work to support engagement between the third sector and local CJs, including Strengthening Engagement Transition 2015-2018, and Making the Change 2019-2020 (CCPS, 2026).

Evaluation of CJs

Community Justice Scotland publishes an Outcome Activity Annual Report reviewing progress. Community Justice accounted for less than 2% of the Scottish Government's overall justice budget in 2024/25 (Community Justice Scotland, 2024a). The 2022-2023 report highlighted ongoing difficulties engaging statutory partners with CJs, placing this in a context of challenge and change across the public sector (Community Justice Scotland, 2024b):

"The funding streams are complex, sometimes opaque, and often set on annual cycles that inhibit partner agencies' ability to plan and sustain a skilled and experienced workforce."

"We recommend that ... all partners work together to ensure that community justice across the public and third sectors is resourced in a way that matches the policy ambition".

A national self-evaluation guide for community justice is available from the Care Inspectorate to support CJs to assess their own performance across key outcome areas and drive continuous improvement (Care Inspectorate; Scottish Government; Community Justice Scotland, 2023). These can be initiated, supported and validated by the Care Inspectorate, [in which case they are published](#), but none have been added to the directory since 2020.

Violence Against Women Partnerships (VAWPs)

Violence Against Women Partnership (VAWPs) are multi-agency partnerships that plan and coordinate work to reduce violence against women and girls under the Equally Safe Strategy, within the umbrella of community planning. They develop strategic plans to guide local work and must identify resources (including capacity) from within key agencies to support it, with some direct funding from Scottish Government. Minimum standards require representation from women's aid and other third sector organisations, with annual performance reporting through the CPP's Local Outcomes Improvement Plan (Scottish Government, 2023b; Scottish Government, 2016e).

The Equally Safe Joint Strategic Board oversees the implementation of Equally Safe at national level, bringing partners together including national local government and specialist representatives from the third sector (Scottish Government, 2026c). It is accountable for the Delivering Equally Safe Fund administered by Inspiring Scotland, which provides £21.6 million a year (until 2028) directly to projects, including many from the third sector.

Evaluation of VAWPs

VAWPs report against the Equally Safe Quality Standards and Performance Framework and complete a data return through the Improvement Service (Improvement Service, 2018).

An Independent Review of Funding and Commissioning of Violence Against Women and Girls (VAWG) Services recommended that VAWPs are put on a statutory footing to provide a set of Minimum Core Services (Scottish Government, 2023d). It found significant funding challenges and a lack of specialist commissioning:

“It proved difficult to identify specific allocations within the Scottish Budget and their distribution across spending and service providers due to a lack of clarity within the Scottish budget documentation, and a lack of specificity in budget lines and programme spending. While there is no suggestion that the resultant difficulties in accessing and identifying spend and the lack of transparency in “following the money” are intentional, they certainly serve to obscure funding pathways and render the process less transparent. This has the effect of making it more difficult for funders, service providers, partners across agencies, to have a clear understanding of the levels of resourcing and spend, and therefore more difficult to identify outcomes.”

Child Protection Committees (CPCs)

Child Protection Committees develop and implement child protection strategy across agencies and the local community. They have existed since 1991 and include representation from social work, education and Police Scotland, as well as the health board, HSCP, and various council officers. As of 2017, 13 CPCs had third sector representation through the Third Sector Interface (TSI); national children’s or women’s aid charities were involved in the other 17 (CELCIS, 2017). CPCs have a Lead Officer and an inter-agency training coordinator – the level and configuration of this dedicated resource is left to local areas to decide.

CPCs have practical duties in the local governance of child protection. This includes development of a local improvement plan. CPCs must maintain a strong link with integrated children’s services planning to ensure that child protection needs can be met across all services. CPCs also have a responsibility to engage the third sector in effective partnership working, for example, by establishing a dedicated local group for third sector engagement in child protection, and by ensuring they too are connected to the Children’s Services Planning Partnership.

CPCs report to a local Chief Officers Group (COG) made up of the chief officers of the health board, local authority and the Chief Constable of the local police – this applies regardless of whether children’s services are integrated or otherwise (Scottish Government, 2019b).

Evaluation of CPCs

CPCs and the broader child protection system in Scotland were evaluated by the Care Inspectorate (2014) and subject to a government review supported by CELCIS (Scottish Government, 2017; CELCIS, 2017), which found that CPCs were not consistently engaged in strategic planning through the CSPP. CPCs self-evaluate against the Quality Framework for children and young people in need of care and protection (Care Inspectorate, 2022). CELCIS (2024) reviewed their self-evaluation exercises in relation to local implementation of the National Guidance for Child Protection in Scotland 2021 and found a significant amount of

activity and good progress. All the evaluation reports referenced here call for better data use, quality assurance, and stronger links to children's services planning.

A note on Adult Protection Committees

Each local area also has an Adult Protection Committee (APC) that supports multi-agency working to protect adults at risk of harm. APCs involve equivalent statutory partners and report into the same Chief Officers Groups. However, their focus is more on oversight, quality, assurance and coordination; they do not link into local strategic planning and strategic commissioning in the same way as CPCs (Scottish Government, 2022a).

Third Sector Interfaces (TSIs)

In each local authority area, the Third Sector Interface supports, develops and advocates for the third sector. TSIs are core to third sector engagement and involvement in local partnership structures like the CPP, CSPP, ADP, CPC, and CJP.

TSIs formally provide the core third sector representation to CPPs. At the time of the Public Bodies (Joint Working) Scotland Act 2014, they were seen to have had success in involving the full range of the third sector across geographic and thematic forums, and so became the third sector representative bodies for local health and social care integration and strategic commissioning. Health boards, local authorities and IJBs have a statutory responsibility to involve the third sector in the planning and design of integrated services. There is an expectation built into the Scottish Government guidance that this will be done through the TSIs (Scottish Government, 2015d).

This guidance outlines the TSI role is as **the conduit** for third sector engagement. Scottish Government (2015d, p. 4) are clear that the role “is not to represent every concern”. They co-ordinate the seat on the IJB and involvement in the IJB Strategic Planning Group, but:

“...other than this it should support expertise to come to different tables from within the third sector itself. The TSI can co-ordinate this activity and ensure diverse voices are heard. IJBs should expect to see robust processes and protocols for information sharing, engagement and influencing on behalf of the sector.”

TSIs were formed in 2010, when around 120 local volunteering, social enterprise, and voluntary sector support organisations were combined through a challenging set of reforms. They are still a very diverse group. Some are single organisations; others are local partnerships. They differ widely in their level of local funding and the demography and geography of the area they serve. They operate nationally as the [TSI Network Scotland](#) and report to Scottish Government's Third Sector Unit (Scottish Government, 2015d; Scottish Government, 2016b).

The Scottish Government conducted an evaluation of TSIs in 2016. TSIs each receive a core Scottish Government grant, the size of which varied considerably. The average was enough to resource a team of four to five staff. There was a huge range in the extent to which TSIs rely on this: the evaluation found that the proportion of TSI income it accounted for ranged from 10% to 93%. Most TSIs have at least some additional local, national, or charitable project

funding. They may offer chargeable services (e.g. accountancy) or deliver community services themselves. This results in huge variation in the scale of their work and capacity (Scottish Government, 2016b).

Evaluation of TSIs

TSIs submit annual workplans and outcome reports to the Third Sector Unit at Scottish Government. These set their work in a strategic context and connect to the National Performance Framework (Evaluation Support Scotland, 2018).

The Scottish Government's 2016 review found that the TSIs were widely considered a good initiative compared to what had gone before, but highlighted capacity concerns, governance challenges, and the inherent difficulties of the conduit role. This included a lack of expertise on specialist issues, and difficulty communicating and engaging with a large and diverse sector. There was a suggestion that the new responsibility for CPPs and IJBs to work through the TSIs may have displaced previous engagement with national third sector organisations (Scottish Government, 2016b, page 38). Indeed, most of the organisations surveyed for the study were small – only 4% operated across several local authority areas. It was recognised that bigger organisations are likely only to engage with the TSI for strategic work, as they have less need for its wider support offer. The evaluation recommended that TSIs should focus more on becoming a strategic vehicle of involvement in integration, over and above their other task-focused functions (Scottish Government, 2016b). It also led to the closure of Voluntary Action Scotland, which acted as a national intermediary for the TSIs until 2017 (Armour, 2017).

What Works Scotland (2020) engaged with the TSIs on improving their participation in community planning, but the details are not available. They too note the challenges of the conduit role and describe TSIs grappling with how to facilitate participation, communicate with the sector, and represent the sector in a transparent way across various partnerships.

TSI representatives took part in a Scottish Government review (2022c) to understand the barriers to effective collaboration between third sector organisations and the public sector. They also commissioned their own review of their contributions to the pandemic response (Evaluation Support Scotland, 2021), which celebrates their local work in this period and calls for fairer funding. Most recently, GCVS (Glasgow's TSI) facilitated a review group looking at third and public sector collaboration. Representatives felt there was a lack of awareness and understanding of how to engage in the Glasgow TSI Network. They discussed the philosophical challenges of what it means to 'represent' the third sector and the extent to which there can be a "single third sector message". They note the challenge of the TSI conduit role:

"There are hundreds of decision-making spaces in the city and thousands of third sector organisations. There is simply insufficient resource in the system to enable full representation of the sector at every level" (GCVS, 2025).

Developing policy – Local Governance Review

The Local Governance review is a joint ongoing initiative between Scottish Government and COSLA, with the aim of strengthening local democracy and community empowerment. Launched in 2018, its national Democracy Matters consultation reported in 2024 (Scottish Government, 2024b). In a joint statement, Scottish Government and COSLA stated:

“The Local Governance Review is also recalibrating how we share powers, responsibilities and resources at Local Authority and Community Planning Partnership level to maximise, and make best use of, the collective resource in each area” (Scottish Government and COSLA, 2024e).

It is not yet clear how, or if, this direction of travel will affect current structures for partnership working. However, the findings of the review have led to the consideration of Single Authority Models (SAMs) in island and rural contexts (Scottish Government, 2026d). Options are being considered in Argyll & Bute, Orkney and Na h-Eileanan Siar, moving towards greater integration across sectors in light of their particular challenges and facilitating joined-up working “not just in health and social care, but also in housing, education and other public services” (Argyll and Bute Council, 2025). This could plausibly mean changes to the Public Bodies (Joint Working) (Scotland) Act in the next Parliament (NHS Highland, 2025d; NHS Highland, 2025c).

The role of national funding

The Scottish Government also funds some services directly. Nationally funded work is usually project-based for specific policy priorities, tests of change for new innovative ideas, or ‘bridging’ funding for system changes that local budgets will eventually take responsibility for. For example, 12 projects have central funding to deliver national projects under Element 3 of the Whole Family Wellbeing Fund.

In some cases, specialist services not needed in every local area may be funded directly by Government. For example, the Corra Foundation is administering £13 million of Government funding, working with seven organisations (some third sector) to deliver national or specialist alcohol and drugs services. In general, national funding is the exception not the norm, and standard practice is that funding for social care comes via local routes.

The Scottish Government also provides funding for specific policy purposes in addition to the core financial settlement for local authorities (for example, the Whole Family Wellbeing Fund Element 1 or additional funding for justice social work). These allocations are received by local authorities and directed by the partnership through strategic planning (e.g. the CSPP or CJP) but must be spent in line with Scottish Government policy intention and reported on separately (Scottish Government, 2023c, p. 48). In previous years, an estimated list of these funds was published in the Scottish Government budget. For the last two years, this list has been added as a supplementary publication later, with the detail of exact actual sums left with Scottish Government policy teams (Scottish Government, 2026i; Scottish Government, 2025d).

As part of the Verity House Partnership Agreement between Scottish Government and COSLA in 2023, Scottish Government agreed to reduce ringfencing of funds to enable local authorities to take responsibility for management of their own budgets in line with local priorities and needs. Scottish Government notes that a cumulative total of almost £2.3 billion that would previously have been ringfenced has been baselined into local authorities' General Revenue Grant since 2024-25. This includes £773.8 million of the 2026-2027 local government financial settlement (Scottish Government, 2026f). Ongoing Scottish Government direction of local budgets continues to be raised as a concern by local government leaders, Verity House notwithstanding (LGiU, 2026). This includes concerns about funds that are not officially ringfenced but are given with clear direction about their intended use; the Adult Social Care pay uplift funds are an example of this.

In summary

Partnership working is the lynchpin of the current approach to leading public services across the UK, with strong consensus around it. It is widely accepted as a way to create change in a complex system, although it is extremely difficult to definitively link something so complex and varied to improved outcomes (Cook, 2015; CELCIS, 2023). Looking across the sources reviewed in this report, there are recurring messages about the difficulty with decision-making, unclear lines of accountability and lack of financial transparency. While it is positive that the different partnerships are encouraged to stay connected to each other's work, the level of cross-representation and the requirement to formally have regard to each other's strategies creates an overwhelming set of governance requirements (see the 'wider planning duties' statutory guidance for IJBs (Scottish Government, 2024c, pp. 10; 27-30)).

As a desk review, this piece of research could not begin to address the complexities that inevitably sit underneath all these structures in the interpersonal and interorganisational relationships that will characterise the work. Having researched integration across the four nations of the UK, The King's Fund (2018) emphasised Scotland's implementation challenge:

"[I]t was noticeable that Scotland had made progress in all the policy and systems issues identified as important (and yet, unsurprisingly, the aspects that cannot be legislated for, notably developing relationships and embedding cultural change, continued to require work)."

Establishing and maintaining effective partnerships is known to be deeply complex in practice, requiring the negotiation of power, authority and influence (Cook, 2015). Many of these partnership structures are likely to involve an overlapping group of people, with some individuals wearing different 'hats' in different settings (ScotPHN, 2019). Due to local differences and the range of approaches taken to integration, it is also likely that the systems work quite differently in each local area – something which is not very visible at the national level, nor much addressed in evaluations and reviews (CELCIS, 2023).

Many of the challenges raised about local partnership working echo the challenges raised by CCPS and its partners. Writing for the Local Government Information Unity (LGIU), the Chief Executive of SCVO put the challenge to local authorities that, "all the things councils complain about in relation to Scottish Government funding of local government, they pass on to voluntary organisations" (Fowlie, 2025). For example, the Independent Strategic Review for VAWG makes the point that procurement regulation could be applied more flexibly than it is by local authorities which default to competitive tendering (Scottish Government, 2023d, pp. 75, Chapter 10). Self-Directed Support Option 2 has also been under-utilised and Individual Service Funds remain under-developed and inconsistently available across Scotland (In Control Scotland, 2022).

These governance and partnership challenges sit alongside significant financial pressures across social care and the wider public sector. As holders of statutory responsibilities and funding for most partnership work, the local authority, IJB and health board have a hugely complicated financial management and reporting task. In this, evidence from Audit Scotland suggests that there is a need for significant improvement from all three, most urgently in the

quality and transparency of IJB financial reporting. Various reports in this review describe the difficulty of tracking a particular budget through public sector financial reports.

It is worth remembering that the system has had little opportunity to recover from the pandemic response, given constant cost pressures since. Many of the partnership working arrangements have their statutory basis in the Public Bodies (Joint Working) (Scotland) Act 2014 and the Community Empowerment (Scotland) Act 2015, which were still in their first few years of a long-term transformation effort when Covid-19 broke out in 2020 (CELCIS, 2023). In the time since, it is unlikely that there has been much focus on strengthening IJBs, as the National Care Service debate cast doubt on whether they would continue to exist (Audit Scotland, 2025a).

Notwithstanding the longer-term implementation challenges, the immediate reality is that financial pressures are increasingly forcing difficult choices about services. IJBs are making decisions about service reduction (Rutherford, 2026), while public expectations for service provision remain high (LGiU, 2026, p. 9). Audit Scotland's (2026c) most recent report at the time of writing concludes that:

"IJBs need to take decisive action and make difficult decisions about services... They must be transparent with service users and the public about the potential impact of these changes on service performance and outcomes."

The reality is that the current system makes it difficult to innovate or change things. In their recent review of attempts to reduce delayed discharge, Audit Scotland (2026b) suggests:

"Different priorities, strategies, and cultures among the national and local bodies involved in community health and social care, create a web of shared responsibility, complicating decision-making, governance, planning, and operational activities".

There is a real risk that the current overlapping partnership structures diffuse decision-making and accountability to the point that everyone in the system sees power as located somewhere else, creating 'collaborative inertia' rather than 'collaborative advantage' (Huxham and Vangen, 2000, as cited by Cook 2015).

It is not the purpose of this review to suggest policy solutions, but to lay out the current system in an accessible way. What emerges from this review is a system that is neither as simple nor as linear as it can sometimes appear in formal descriptions of governance and accountability. Social care is shaped by a wide range of actors operating across national and local government, health, housing, justice and the third sector, each with different responsibilities, incentives and constraints. Making sense of how decisions are made, how funding flows through the system and where accountability ultimately lies remains a challenge for policymakers. Understanding these interdependencies is an important starting point for any future discussion about reform and improvement.

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Notes on the system map

1. **Direct government funding to organisations for specific projects.** For example: (1) 12 projects have central funding to deliver national projects under Element 3 of the Whole Family Wellbeing Fund. (2) The Corra Foundation is administering £13 million of Government funding, working with 7 organisations (some third sector) delivering national or specialist alcohol and drugs services.
2. **Scottish Government funding allocations to health.** Scottish Government allocate funding to health boards by applying agreed adjustments and uplifts to the prior year's allocations. This includes adjustments towards the target allocations for parity of funding between health boards, as calculated by the NHS Resource Allocations Formula (NRAC) (Public Health Scotland, 2026). This was developed in 2010, and is based on the age, sex, morbidity and life circumstances of each health board area's population and its geography. As of 2024, health boards sat no further than 0.6% away from parity (Scottish Government, 2024d).
3. **Additional government funding for strategic priorities.** Some funds (e.g. the Whole Family Wellbeing Fund Element 1 or additional funding for justice social work) are allocated in addition to the core settlement to local authorities (see note 4). These are received by the council and directed by the partnership through strategic planning (e.g. the CSPP or CJP). They must be spent in line with Scottish Government policy intention and reported on (Scottish Government, 2023c, p. 48).
4. **Scottish Government core financial settlement to Local Government.** About 60% of local authority budget comes from the Scottish Government grant - the General Revenue Fund (GRF) (Scottish Government, 2025f). The total available from the Scottish Budget/spending review is distributed between areas using the Grant Aided Expenditure (GAE) and Special Island Needs Assessment (SINA) methodologies outlined in the Green Book, plus a share of non-domestic rates, specific revenue grants, and a Capital Grant (Scottish Government, 2025c). Most of this funding is received by the local authority as a block, to budget locally. Some is formally ringfenced for a specific purpose (e.g. the grant for Criminal Justice Social Work) or provided with direction for it to be used in a specific policy area (e.g. funding for the adult social care workforce uplift to the real living wage) (Scottish Government, 2025a).
5. **'Set aside' budget.** Budget assigned back to the health board by the IJB to run large hospital services. This accounts for about 9% of the IJB budget, and has been a cause of debate and concern because it is not being directed by the IJB with its strategic focus on prioritising prevention. Audit Scotland (Audit Scotland, 2018b) identified the main problem as a lack of common understanding and agreement on how to implement this part of the legislation, describing it as a "fundamental issue which will hinder IJBs' ability to change the system."

Methods

The aim of the document review was to improve our understanding of local governance and funding structures, synthesising primarily grey literature into a summary review holding everything in one place, while linking to greater detail.

Grey literature was scoped through a rapid scan of the web pages of Scottish Government and public bodies (Audit Scotland, the Care Inspectorate, Community Justice Scotland, the Scottish Housing Regulator), followed by Google searches using the names of the various bodies and partnerships and the terms, 'role', 'responsibilities', 'evaluation' and 'report'. Links and references to other documents during the reading were followed and added to the document list. Previous CCPS reports were included at the suggestion of CCPS staff.

The summaries were constructed using the following guiding questions:

- What is the role and legislative context? What is the purpose within the system?
- What evaluation has there been of how this is working? What are the key challenges?
- What are the gaps or outstanding questions?

Use of AI: The document search was assisted by Perplexity AI, using the following questions:

- In Scotland, what is the role of [body or partnership name]?
- What evaluation has there been of [body or partnership name] in Scotland?
- How are [body or partnership name] held accountable in Scotland?

Perplexity AI was used only to source documents and was not used in the writing of the report.

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