



# CÙRAM IS SLÀINTE NAN EILEAN SIAR

WESTERN ISLES HEALTH AND SOCIAL CARE PARTNERSHIP

## REVIEW OF LOCALITY PLANNING

Report by Chief Officer

### PURPOSE OF REPORT

1. To update members on our ongoing work to review Locality Planning.

### COMPETENCE

2. There are no legal, revenue or HR implications associated with the paper, which is simply for noting.

### SUMMARY

3. The Western Isles Integration Joint Board (IJB) is currently reviewing our approach to locality planning. As outlined in the attached Scottish Government guidance, locality planning provides an opportunity for communities and professionals – including GPs, social workers, nurses, Allied Health Professionals and others – to take an active role in, and provide leadership for, local planning of service provision.
4. Each Integration Authority is required to define and agree the area of each of its localities in consultation with local professionals and communities. Locality areas should relate to natural communities and take account of GP practices. The size of localities will vary, but will need to feel “right” to people living and working in the area: large enough to offer sufficient scope for service improvement, but small enough to feel local and “real”. In the Western Isles, we have been operating on the basis of five localities: Barra & Vatersay; Uist & Benbecula; Harris; Rural Lewis; and Stornoway & Broadbay.
5. To ensure the quality of localities’ input to strategic planning, in addition to community representation, they must function with the direct involvement and leadership of health and social care professionals who are involved in the care of people who use services; representatives of the housing sector; representatives of the third and independent sectors; representatives of carers and patients; and people managing services in the area of the Integration Authority.
6. Locality arrangements must be fair, accountable, practical and proportionate. Localities exist to help ensure that the benefits of better integration improve health and wellbeing outcomes by providing a forum for professionals, communities and individuals to inform service redesign and improvement.
7. We are now at the stage of formally considering different options about how our locality planning arrangements operate into the future and have sought stakeholder input into:
  - How we can improve connections between Locality Planning Groups (LPGs) and communities
  - How we can improve connections between LPGs and the IJB
  - How we can improve participation at LPGs
  - Locality Boundaries
  - How LPGs can be empowered to influence service redesign and improvement.





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8. The feedback that was provided was instructive and following discussion at the IJB in September 2019, it was agreed the Chief Officer would meet with the five existing LPG Chairs to agree a proposal that would be brought to the IJB meeting.
9. That work has now been undertaken and the following propositions are put forward for further consideration:
  - There needs to be a fuller commitment to the principles of empowerment, allowing local professionals and community stakeholders not only to be consulted on service reform but to sit at the heart of this. If LPGs are to be more than 'talking shops' or consultative bodies, they need to be invested with responsibility and undertake more meaningful work.
  - In support of this observation, more work is needed to support locality planning, including investing in the locality planning infrastructure. That means not only supporting the administration of meetings, but providing effective analytical support. LPGs often have strong local insight into community expectations and the effectiveness of local service provision, but don't always have access to good analytical information. In particular, 'consumption budgets' need to become readily available to support service planning (these are not budgets capable of resource allocation but rather describe patterns of health and social care demand within localities, i.e. how health and care resources are consumed).
  - Localities should have regard to the coordination of resources beyond the traditional statutory sector: links should be made to crown estate monies, community generated income, third sector bodies and community capacity more generally. This will secure maximum strategic coordination.
  - The number of LPGs should grow from 5 to 7. It is widely agreed that Rural Lewis is not a cohesive entity and as such it is recommended that it is split into three: the north west, from Barvas to Ness; the west side, including Uig and Bernera; and Lochs. This also has the advantage of aligning with the Comhairle's recent work around community engagement.
  - LPGs should be open to the public but should continue to have a defined membership, including HSCP Senior Management Representation.
  - Links to the IJB should be strengthened. LPG updates should be presented at each meeting of the IJB, and each LPG should have an IJB member on it. Alongside the principle of empowerment, we should also carefully delineate the roles of the IJB, Health Board and Comhairle. This will be important in managing expectations around the LPG role, especially in relation to major capital investments and major service redesign.
10. If members of the IJB are content with this direction, further work will be undertaken to produce a statement of purpose and a standardised Terms of Reference for LPGs and brought to a future meeting of the IJB for agreement.

### RECOMMENDATIONS

11. It is recommended that members of the IJB discuss the suggestions outlined in this paper.

**Ron Culley, Chief Officer, CÙRAM IS SLÀINTE**





Integration Joint Board 26.03.20  
Agenda Item: 7.4  
Purpose: Information

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