CÙRAM IS SLÀINTE NAN EILEAN SIAR
SHADOW INTEGRATION JOINT BOARD

LOCALITY PLANNING ARRANGEMENTS

PURPOSE OF REPORT

1. To agree that we put arrangements in place for the development of locality planning groups, which are statutorily required.

COMPETENCE

2. There are financial implications for the IJB in respect of the servicing of locality planning groups and the corresponding issue of securing GP involvement.

BACKGROUND

3. Within the context of our work on health and social care integration, there has been considerable debate about how we can ensure localities can exert greater control over the service arrangements around them, to ensure that services are designed with and for people and communities – not delivered 'top down' for administrative convenience. This was a central theme of the 2011 report by the Commission on the future delivery of public services.

4. The IJB is required to develop locality arrangements, to support more localised planning and delivery of services. In the Western Isles, we have identified five localities, as depicted in the map attached at Annex A: Barra & Vatersay; the Uists and Benbecula; Harris; Rural Lewis and Stornoway & Broadbay

5. Localities exist to help ensure that the benefits of integration improve health and wellbeing outcomes by providing a forum for professionals, communities and individuals to inform service redesign and improvement at local level. The localities agenda promotes an ethos of developing services with communities, from the bottom-up. Community empowerment is therefore at the heart of the integration agenda. We need to encourage our communities to become more involved in the services they access, and build on the natural strengths and resilience that our communities have.

6. Within this context, we need to put a renewed focus on the importance of community leadership and community development. This is about more than just the empowerment of Locality Planning Groups, important as that may be: it is also about building on community assets and infrastructure to ensure that local people are able to live purposeful lives. This will mean that people are socially connected to friends and family; and are able to pursue the every-day activities that support people's interests and ambitions. This is often provided by community initiatives which are supported by multiple funding partners and it is important that we continue to support community ventures even when resources are tight.

7. There is emerging evidence of the value of a 'place-based system of care', which involves organisations collaborating to improve health and care services for a geographically-defined population, managing the common resources available to them. This is often based on strong community engagement relationships, which drives the reform process within localities. This is a model that we ought to explore in the Western Isles.

LOCALITY PLANNING

8. In the context of the Public Bodies Act, a locality is defined in the legislation as a smaller area within the borders of an IJB. It refers to the group of people in these areas who must play an active role in service planning for the local population, in order to improve outcomes. Their purpose is to provide an organisational mechanism for local leadership and oversight of service planning, to be fed upwards into the Integration Authority's strategic commissioning plan – localities must have real influence on how resources are spent in their area.

9. Achieving the aspirations we have for health and social care integration will rely upon partners across the health and social care landscape, and our stakeholders, focusing on their joint responsibility to improve outcomes for people. Locality planning is at the heart of this. The Scottish Government guidance indicates that Locality Planning Groups should:

    - Support the principles that underpin collaborative working to ensure a strong vision for service delivery is achieved. Robust communication and engagement methods will be required to ensure the effectiveness of locality arrangements.
    - Support GPs to play a central role in providing and co-ordinating care to local communities, and, by working more closely with a range of others – including the wider primary care team, secondary care and social care colleagues, and third sector providers – to help improve outcomes for local people.
    - Support a proactive approach to capacity building in communities, by forging the connections necessary for participation, and help to foster better integrated working between social, primary and secondary care.

10. In the Western Isles, we would therefore want our Locality Planning Groups to be equipped to deliver the following:

    - To oversee the development of integrated service planning at a locality level;
    - To develop annually a locality plan (with central support), which will set out how the resources are being used within the locality and how services will evolve to meet the needs of the changing population and which are safe and sustainable;
    - To provide a narrative about how local commissioning budgets are used, with subsequent recommendations made to the IJB about its use;
    - To link-in with the IJB's Strategic Planning Group, to ensure that there is a strong connection between the planning done at locality and IJB level;

MEMBERSHIP OF LOCALITY PLANNING GROUPS

11. It is suggested that the locality planning group should involve the following members:

    - At least one representative of the third sector;
    - At least one local elected member;
    - A member of the Integration Joint Board
    - Patient/public/community representatives from each geographical community within the locality area (e.g. for the Uists Locality Planning Group: North Uist, Benbecula, South Uist). The geographical communities would be decided locally.
    - A carer representative
    - Health and social care professionals who are involved in the care of people who use services, including (but not limited to) representatives of General Practice, Nursing and Social Work/Care. This mirrors the IJB.

12. In addition, the Chief Officer of the IJB, the Chief Finance Officer of the IJB, or a representative of the Integration Joint Board Senior Management Team, should have a right of attendance to ensure effective linkages with partnership-level activity.

13. Membership of the locality planning group will not be remunerated. However, the IJB will cover the cost of administrative support – recognising that this will require a modest contribution. It is important that meetings are well-managed if they are to be effective. Previous locality groups have struggled when the communication and administration deteriorated. We think that this will involve a sum of £500 per group per annum, plus travel expenses for representatives to attend the quarterly Strategic Planning Group meetings in Stornoway.

14. Locality arrangements must be fair, accountable, practical and proportionate. The Integration Joint Board, and the strategic commissioning plans they produce, must be more than the sum of the parts of locality plans. 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.

Participation of GPs

15. A key issue for partnerships across Scotland has been around how best to secure GP participation in locality planning groups. When we canvassed our own GPs, a number of views were expressed but one consistent theme emerged: lack of capacity. The lack of capacity within General Practice makes it difficult for GPs to effectively engage in this process, given that their primary responsibility continues to be the clinical care of patients. Even if resources were made available from the Integration Joint Board to fund adequate locum cover to free up the significant time required for this task, the current shortage of GPs makes obtaining suitably qualified and experienced locums unlikely.

16. Our aspiration to involve and empower GPs also sits against a backdrop of wider reforms with the GMS Contract, moving away from the QOF framework (where GPs were rewarded for delivering a basket of clinical activities) towards a core standard payment with a focus on continuous quality improvement. Each practice will be asked to nominate a Practice Quality Lead to engage in a local cluster group, led by a Quality Cluster Lead. This will provide the CQL with a mandate to improve quality in the wider health and social care system, including the use of secondary care, partly based on the input from each practice in the cluster. Having had an initial conversation at the GP sub-group of the Area Medical Committee, it is likely that we will have a single cluster for the Western Isles, thus optimizing the potential for peer review and improvement. This would be led by the Associate Medical Director, who would act as the Cluster Quality Lead.

17. Our challenge is to relate these reforms to the proposed locality planning infrastructure. While the time of Practice Quality Leads will be paid for, this is to undertake peer review/data analysis and engagement – it does not cover participation in locality planning groups. However, if we fail to make these connections, there is a risk that local reforms proposed by Practice Quality Leads may become inconsistent with reforms proposed by the locality planning groups. Ideally, we would find the resources and capacity to ensure that Practice Quality Leads attend the locality planning meetings – but this is challenging in the current climate, with scarce resources and GP shortages. More realistically, it may be that we ask practice managers to attend locality planning groups, and to assume responsibility for linking the conversations around continuous quality improvement to wider debates within locality planning.

Relationship with the IJB

18. Locality Planning Groups will not be formally constituted boards and will therefore not have executive authority to commit resources – or indeed hold an actual budget. To that extent, a strong and effective partnership with the IJB is crucial and that is one of the reasons that there should be a member of the IJB as a member of each locality planning group; and where possible, for a member of the Senior Management Team of the IJB to be in attendance.

19. The Locality Planning Group will have responsibility for the implementation of the IJB Strategic Plan at a local level. This means that there will need to be consideration given to the partnership's strategic objectives and how local arrangements will support its delivery.

20. Within this structure the Locality Planning Group is nonetheless a key drive of change. Indeed, rather than change always being driven from the leadership of the IJB, the locality planning group will have a responsibility to consider the change agenda locally and make recommendations about how services can be changed to improve outcomes. This will include how services are commissioned within the locality.

21. It is important to consider how a planning group which has no formal budget responsibility or service accountability can actually affect change. The answer to this lies in the strength of the relationship with the IJB itself. We want Locality Planning Groups to make recommendations, through the locality plan, to the IJB. For example, it may be that a Locality Planning Group, through its locality plan, advances an argument to increase the role of third sector provision in order to provide a more resilient social care service; or it might argue that the further development of intermediate care capacity would have a beneficial impact on local system flows. In that circumstance, a dialogue would open up with the IJB about the proposals within the locality plan. It may be that the IJB supports the proposals and puts arrangements in place to work with the Locality Planning Group to make it happen. On the other hand, it may be that specific reforms are not feasible from a budgetary or management perspective. The key thing is that the Locality Planning Group itself is empowered to put the argument forward, but with the IJB having the authority (along with the parent bodies) to decide on how and whether to move to implement proposals as part of its wider strategic planning responsibilities.

22. In order to support locality planning groups, the IJB will commit resources for administrative support, as well as data to support analysis of local services and patterns of consumption.

Relationship with NHS Western Isles

23. While the development of Locality Planning Groups are specified in the Public Bodies Act, it is of course true that Health Boards across Scotland have previously supported locality planning groups, albeit with a slightly wider remit around Patient Focus and Public Involvement.

24. In the Western Isles, a number of existing locality planning groups exist, with varying degrees of impact. To that extent, it would make sense to build on current arrangements where these are working well and for the new Locality Planning Groups to assume a wider role in respect of responding to proposed service changes and modernisation from a Health Board perspective.

Relationship with CPP

25. There is already a strong connection between the IJB and the wider community planning agenda. For instance, the Chief Officer of the IJB is a formal member of the Community Planning Partnership Board. However, just as there is a change agenda with health and social care integration, the same is true of community planning.

26. In particular, locality arrangements will also be a key feature of community planning into the future; it will be important that localities for integration build upon and take account of such arrangements, and create effective relationships that improve health and wellbeing outcomes.

27. While it is too early to define the locality arrangements that will emerge under community planning, it is sensible to have a single locality planning infrastructure and therefore arrangements will evolve in time to reflect this.

Locality Plans

28. The views and priorities of localities must be taken into account in the development of the strategic commissioning plan produced by the Integration Authority. This means that localities should plan for how the Integration Authority's resources are to be spent on their local population, and the strategic commissioning plan should consolidate plans agreed in localities. For some services or care groups, it will make sense for more than one locality to work together to plan what is needed.

29. The starting point for the budget for locality plans will be the Integration Authority's resources that are currently used by the locality population. This historic share should be set alongside a "fair" share target, based on locality populations weighted to take account of population need and any factors relating to provision of service in the area. The IJB will share information on the resource use and fair share benchmarks for localities using data available from NHS ISD. This work is underway.

30. Each locality plan should include:

    - A list of all the services under the management of the IJB, relevant to that locality (other than services delivered within the Western Isles hospital – while this may be situated in Stornoway and Broadbay, it serves all localities);
    - A note of priorities for each locality under each of the service headings; and
    - Planned expenditure under each service heading, using the locality budget described above.

Next steps and Communication

31. If members of the IJB are content with these arrangements, the Senior Management Team will work with stakeholders to build capacity and support the development of locality planning groups early in the next financial year. It is important that their development is led and planned from within the localities. Members will be kept apprised of this work.

Recommendations

32. The board is invited to:
    a) Agree that we support the development of locality planning groups, as described above;
    b) Agree that we commit resources to the administration of these groups and support analytical work as required, as outlined above;

c) Agree that we approach Practice Managers in the first instance to represent GP practices;

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