LOCALITIES

Aim

1.1 The paper describes the vital role of localities as planning units for the development of the locality plans for Health and Social Care Integration. It sets out the purpose of localities in relation to locality planning, how they may be defined and the purpose and process of locality planning.

1.2 The important conclusion is that locality planning for Health and Social Care Integration should be based on the existing five localities within the Borders.

Background

2.1 The legislation and associated guidance requires the Health and Social Care Partnership Integration Joint Board's Strategic Plan to:-

- Divide each local authority area into at least 2 localities;
- Set out separately the arrangements for carrying out integration in each locality;
- Set out in the Strategic Plan Services that reflect local needs and resources;
- Take account of the different needs of different people in each area;
- Give localities the ability to influence the content of Strategic Plans; and
- Ensure local needs are fed into the strategic commissioning process.

2.2 Building on the assets of individuals and communities and moving away from a focus on deficits is an integral element of the co-production approach essential to good quality strategic planning. Locality Planning is a key element of Health and Social Care Integration. With the assent given to the Public Bodies Joint Working (Scotland) Act in April this year, it has become a statutory requirement in planning and delivering of health and social care services. From April 2016 Partnership Strategic Plans will require to provide details of the way in which NHS Borders and Scottish Borders Council along with others plan to commission services in identified localities. Locality working is a good way of involving the full range of stakeholders in Health and Social Care Integration; the strategic planning process for Health and Social Care Integration is to be locality-based planning.

2.3 Locality plans are to be part of the Health and Social Care Partnership Strategic Plan. They should be a transparent means of influencing the Strategic Plan, reflecting needs assessments and users' views. In previous discussions it was agreed that a defined approach on localities needed agreed and incorporated into strategic planning discussions. Health and Social Care Partnerships are to identify localities for that purpose by April 2015. Locality plans are to reflect local structures and the relevant place-based agenda as well as outlining the locality interface with the strategic plan of the partnership as well as care group plans and any community

plan. These plans are to cover governance, the scheme of delegation, control of resources, process and engagement, developing a local place-based agenda while prioritising community, complexity and the "real-life" perspective. The approach to Locality Planning outlined in this paper proposes the creation of a series of locality planning arrangements.

The purpose of localities

2.4 Locality planning should take a population approach and provide a place-based focus. The aims are prevention, anticipation and behavioural change. These plans should enable partnerships to ensure a local focus more effectively on health inequalities. Such planning requires access to good local data on public health issues, evidence of those interventions which are effective and access to appropriate expertise at the partnership level.

2.4.1 Locality planning in this context is the:

- Joint strategic planning that is informed by, and responsive to, local priorities as articulated by practitioners and other stakeholders including; third sector representatives, elected members and community representatives who understand local needs; and

- Senior practitioners being empowered to agree and initiate changes to services at the locality level which are of benefit to the local population.

2.5 Working at locality level allows better engagement with individuals and communities in a particular area. The purpose of this in terms of developing a locality plan for integrated health and social care is to agree with individuals and communities the outcomes they want in terms of integrated health and social care and also what contribution they can make to achieving those outcomes – "partnership planning" or "co-production."

Defining a locality

2.6 A locality may be described as geographic, a place, whereas a community is simply a group of people. Up to 26 natural communities have been identified in the Borders. A full list of these is provided at Appendix 1.

2.6.1 However, for neighbourhoods to function as effective vehicles for assessing need and defining service requirements, information requires to be available to support this task. Currently information from all of the sources needed on which to plan health and social care provision and support is not available at the level of all of the natural communities detailed in Appendix 1. Instead it is available at Intermediate Data-zone Level as outlined at Appendix 2. Consideration also needs to be given to how best to incorporate GP practices and their populations. If neighbourhoods represent the bottom level in strategic planning the larger "locality" level referred to in Appendix 3 is the next level. This sits between individual neighbourhoods and the Partnership level. It represents the level at which a potential resource base can be formed for the effective planning and commissioning of community based health and social care services, created around a cluster of neighbourhoods with largely similar characteristics.

2.7 Criteria that define a locality in this context include

2.7.1 Population – "All Hands on Deck" states that "Localities will be the population of a geographical area somewhere above the catchment area of, for example, a general medical practice and below the population of the Health and Social Care Partnership. This is to facilitate efficient, effective planning. A locality needs to cover an area which comes together naturally on a community of geographic basis. This level is the key building block for integration, the level at which it is most conceivable to take decisions on the practical change to reshape care effectively. For example, key practitioners are likely to be known to one another.

2.7.2 Potential for change - A locality needs to have the potential to be aggregated into larger units or disaggregated down to the level of data zones depending on the purpose it is used for. The five commonly recognised localities in the Borders can be configured in various ways to meet other needs.

2.7.3 History - The five localities in the Borders (Appendix 3) have historical links to the old borough councils and are the areas covered by the local authority's five Area Forums. Given they are already formalised in this way they can readily constitute formal planning groups of the partnership representing communities and neighbourhoods. A beneficial legacy is a history of successful use for similar purposes in the past. A good example of that is the Cheviot Project. The five localities have an existing infrastructure for engagement which has been successfully used in the past. "All Hands on Deck" states that history is crucial.

2.8 This summary appraisal of the existing five localities against the key criteria indicates that they are fit for purpose. To develop and implement new localities require public and political support, new administrative arrangements and the resource to do these and other things. Such work could compromise the requirement to identify localities by April 2015. Such investment seems disproportionate, particularly as initiating planning on the basis of the five localities does not preclude future change to localities but does allow work to proceed to the required timescales and also gives the added benefit of action learning. New localities would take time to mature. In conclusion, it is recommended that locality planning proceeds, at least initially, on the basis of the existing five localities in the Borders.

Purpose of Locality Planning

2.9 The intent of locality planning is to secure improved wellbeing within a context integrated services. The most effective and efficient use of the range of resources is implicit, not just those that belong to the Health and Social Care Partnership but also those available to the locality. It must facilitate health and social care sectors combining effective delivery of traditional core roles but with a focus on preventing ill-health. Plans should be person centred and specify relevant local partnership outcomes and indicators of quality at locality level. They will need to articulate new models of care to deliver the desired outcome. Locality planning must also recognise and plan for issues which cross localities and are likely to disrupt effective function.

Process of locality planning

2.10 Locality planning in this context is the:

- Joint strategic planning that is informed by, and responsive to, local priorities as articulated by practitioners and other stakeholders including; third sector representatives, elected members and community representatives who understand local needs; and

- Senior practitioners being empowered to agree and initiate changes to services at the locality level which are of benefit to the local population.

2.11 Successful locality planning requires appropriate on-going engagement with local professional and other leadership. The full range of interested parties should have the opportunity for substantial input, including users, health professionals, social care professionals, carers, third sector, the independent sector, locally elected members, housing interests and so on. This should include very clear linkages with Community Planning Partnership processes and Community Councils. It needs to be solution-led, outward facing with a public profile, creative about serious community engagement. To unlock local planning potential the emphasis must always be on flexibility for local design and local delivery but this has to be balanced by the need for consistency on a larger scale. Localities must have clear accountability for their plans, both to the Health and Social Care Partnership and communities. GPs are central to locality planning because of the universal coverage of their practice, its holistic, person centred care, advocacy, risk management skills, gatekeeping, their influence in the community.

Next Steps

2.12 In seeking to take forward this approach to Locality Planning, outline approval is sought from the Partnership Shadow Integration Board. If approved this will be followed up at a later date with a more detailed and costed proposal, to ensure both effective and efficient locality planning and community engagement within the level of localities as defined above and in Appendix 3.

Summary

3.1 Effective locality planning needs to be an inclusive process of co-production and is crucial to the delivery of Health and Social Care Integration.

3.2 Considering several criteria the existing five localities in the borders are, at least in the first instance, appropriate units for locality planning purposes. They should wherever possible relate to natural communities.

Recommendation

The Integration Shadow Board is asked to **agree** five localities for the purposes of the strategic planning as part of the integration of Health and Social Care.

Policy/Strategy Implications	The recommendations of this report impact positively on the development of the

	Strategic Plan for Health and Social Care Integration.
Consultation	This agreement will be consulted on as part of the consultation on the Strategic Plan.
Risk Assessment	The proposals this paper mitigate the risk of developing new localities for planning for Health and Social Care Integration.
Compliance with requirements on Equality and Diversity	Compliant.
Resource/Staffing Implications	No direct implications.

Approved by

Name	Designation	Name	Designation
Susan Manion	Chief Officer		

Author(s)

Name	Designation	Name	Designation
Bob Howarth	Planning Manager	Dr Eric Baijal	Joint Director of Public Health

Appendix 1

Natural Communities

Hawick Galashiels Peebles Kelso Selkirk	Over 5,000 of general population
Jedburgh Eyemouth Innerleithen Duns Tweedbank	Between 2000 and 5,000 of general population.
Coldstream Earlston West Linton Newtown St Boswells Chirnside	Between 1,200 and 2,000 of general population
Lauder St Boswells Eddleston Newcastleton Walkerburn	Between 700 and 1,200 of general population
Greenlaw Denholm Stow	Between 600 and 700 of general population
Coldingham Ayton Kirk Yetholm	Between 500 and 600 of general population

Appendix 2

Intermediate Data Zones

Hawick West End
Hawick Central
Hawick North
Galashiels South
Galashiels West
Galashiels North
Peebles South
Peebles North
Kelso South
Kelso North
Selkirk
Jedburgh
Eyemouth
Innerleithen and Walkerburn area
Duns
Melrose and Tweedbank
Coldstream and area
Earlston, Lauder and Stow
West Linton and Broughton area
St. Boswells and Newtown area
Langlee
Burnfoot and area
Cheviot East
Cheviot West
Berwickshire West
Berwickshire Central
Berwickshire East
Newcastleton and Teviot area
Ettrick, Yarrow and Yair

Appendix 3

Map of the Five Localities in the Borders