

## **ESTABLISHING A PERMANENT STRATEGIC PLANNING GROUP TO SUPPORT THE INTEGRATION OF SOCIAL CARE AND HEALTH.**

### **Aim**

- 1.1 To set out the duty under the Joint Working (Public Bodies) (Scotland) Act 2014 to establish a Strategic Planning Group to support the Health and Social Care Integration arrangements.
- 1.2 To set out proposed options for a local Strategic Planning Group in terms of size and composition with a view to agreeing a preferred option for presentation to the NHS Board and Council.
- 1.3 To set out the process and timescales for the establishment of the local Strategic Planning Group
- 1.4 To set out a draft terms of reference for the Strategic Planning Group including a role description for members of the Group.

### **Background**

- 2.1 As part of the requirements laid down in the Public Bodies (Joint Working) (Scotland) Act 2014, the Integration Joint Board must produce a Strategic Commissioning Plan that sets out how they will plan and deliver services for the Borders over the medium term (three years) and, through this, how they will meet the 9 National Health and Wellbeing Outcomes and achieve the core aims of integration:
  - To improve the quality and consistency of services for patients, carers, service users and their families;
  - To provide seamless, integrated, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so; and
  - To ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older.
- 2.2 All stakeholders must be fully engaged in the preparation, publication and review of the Strategic Commissioning Plan as part of an on-going, cyclical process. To ensure this, the Act requires each Integration Authority to establish a Strategic Planning Group.
- 2.3 The role of the Strategic Planning Group (SPG) is to support the Integration Joint Board in the cyclical development and finalising of the Plan and the continuing review of the progress in its delivery against the agreed national and local outcomes.
- 2.4 The Strategic Planning Group will be concerned with a series of questions throughout the commissioning process, such as the following, based on work by Audit Scotland:

- How many people will need services and what type will they need?
  - What is the current provision, is it the right level, quality and cost?
  - How can these services improve people's lives?
  - Which Services will best achieve this?
  - How do we develop these services at an affordable cost?
  - How do we procure and deliver these services to best effect?
  - How do we monitor and review these services?
- 2.5 The process, itself, does not start or end with the publication of the strategic commissioning plan. Engagement with stakeholders and the involvement of the Strategic Planning Group are all part of a continual, iterative cycle.
- 2.6 The role of the Strategic Planning Group is in developing and finalising the strategic commissioning plan and in continuing to review progress, measured against the statutory outcomes for health and wellbeing, and associated indicators. The Strategic Commissioning Plan should be revised as necessary (and at least every three years), with the involvement of the Strategic Planning Group.
- 2.7 The views of localities must be taken into account with the Integration Authority required to identify the most appropriate person to represent each locality on the Strategic Planning Group. Local flexibility is allowed, so that an individual can represent more than one locality.

### **Prescribed Groups**

- 3.1 The Statutory Guidance on Strategic Planning, see Appendix 3, provides local flexibility on the size and composition of the Strategic Planning Group. However, the Integration Authority is required to involve a range of relevant stakeholders. These groups **must** include representatives of groups prescribed by the Scottish Ministers in regulations as having an interest. These are:
- Users of health care
  - Carers of users of health care
  - Commercial providers of health care
  - Non-commercial providers of health care
  - Health professionals
  - Social care professionals
  - Users of social care
  - Carers of users of social care
  - Commercial providers of social care
  - Non-commercial providers of social care
  - Non-commercial providers of social housing
  - Third sector bodies carrying out activities related to health or social care
- 3.2 The Integration Authority can include other persons it considers appropriate, and must include members nominated by the Local Authority or the Health Board, or both. In effect, this provides for the partners who prepared the Integration Scheme, and are party to the integrated arrangements, to be involved in the development of the strategic commissioning plan.

- 3.3 Including the required representation within the Strategic Planning Group has the potential to create a large and unwieldy Group. There is clearly the need to strike a balance between an effective and manageable group and effective representation of prescribed communities of interest as well as localities. Feedback from other Integration Partnerships across Scotland suggests that the Sizes of Strategic Planning Groups vary from between 15 and 70.

### Proposed Options

- 4.1 Two options are set out in paragraphs 4.2 and 4.3 below. Both options are based on the principles that:

- Group members represent their communities of interest/professional groups.
- Group members will ensure that localities are represented. Locality responsibilities will be assigned to Group members.
- That there will be a General Practitioner representative on the Group as one of the prescribed Health Professionals
- That the arrangements are seen as a starting point and are kept under review to ensure that they are as effective as possible.

In both options it is proposed that the representation from the NHS and Council, over and above the prescribed list (see 3.2 above) is as set out in Table 1 below:

**Table 1. NHS Borders and Scottish Borders Representatives**

Role	No.	Description
Chair	1	Up to October 2015, it is proposed that the Chair be the Executive of the Strategic Planning Work Stream in the Integration Programme (currently Dr. Eric Baijal). After October 2015, this role will be taken by the Chief Officer.
NHS Reps	2	Lead officer in the drafting process and the Children's Commissioner – to ensure a link with Children's services.
SBC Reps	2	Lead officer in the drafting process and a representative from Children's Services
Staff Rep	1	A representative from the Joint Staff Forum

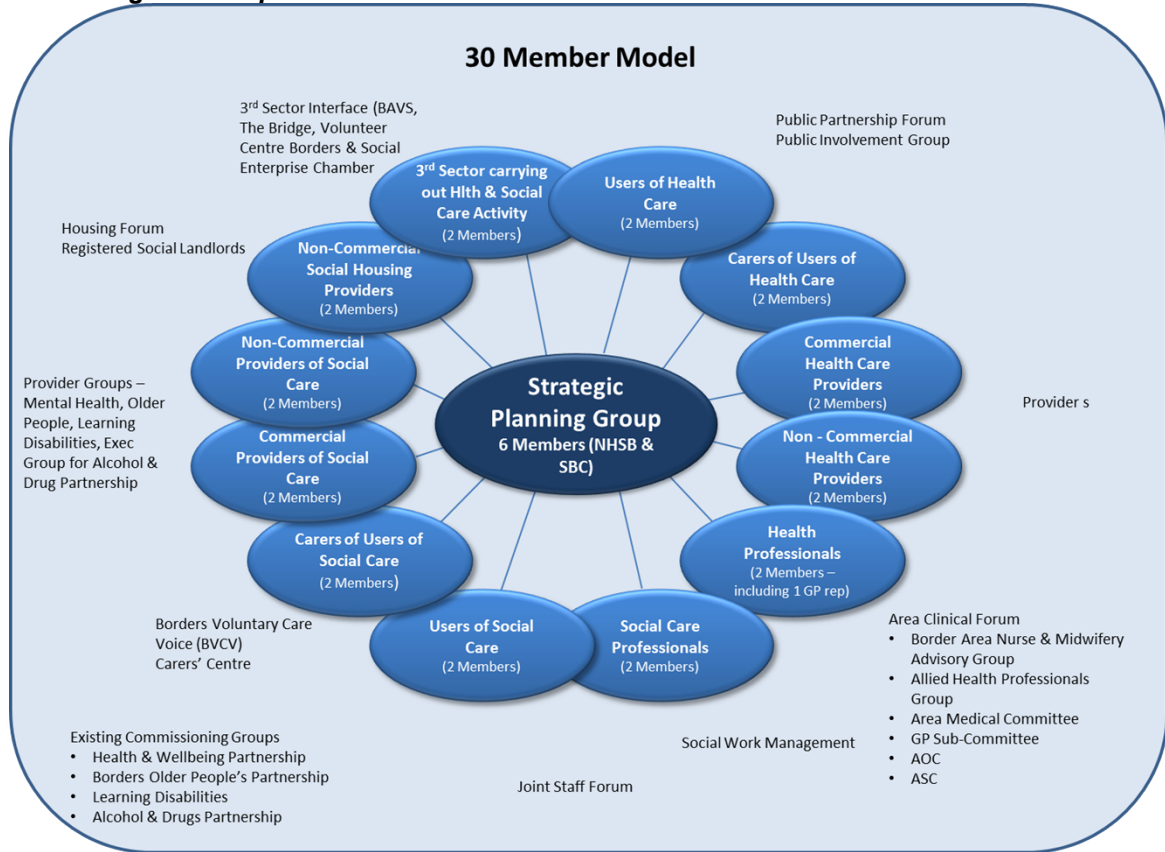
Other officials may be required to attend any meetings as and when required.

### 4.2 Option 1 – 30 Members

- 4.2.1 This option is based on the 6 representatives as per Table 1 above and two reps from each of the prescribed groups (24 Representatives) as shown in Figure 1 below.

4.2.2 Although this option allows for 2 representatives from each of the prescribed groups, it is questionable as to whether all groups would need – or whether it is practical to have – two representatives each (e.g. Commercial and non-commercial providers of health care).

**Figure 1 – Option 1: The 30 Member Model**



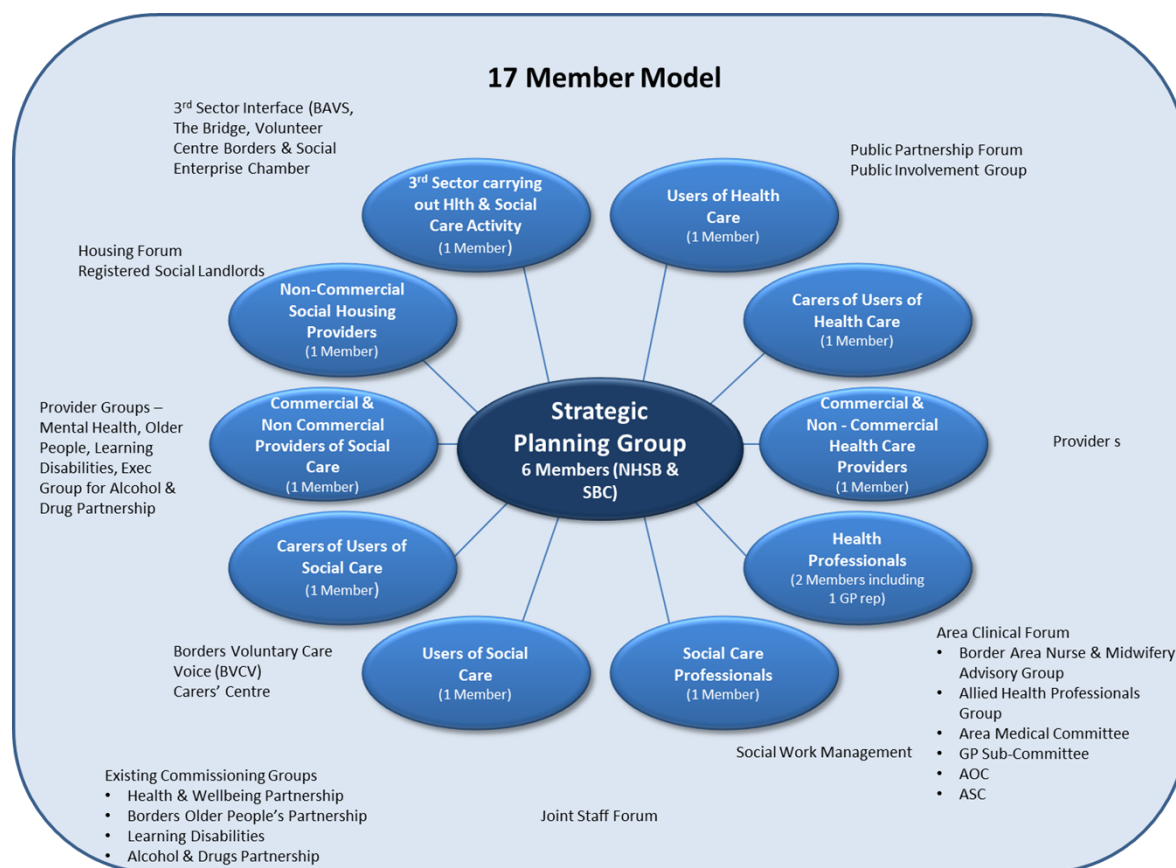
4.2.3 While the larger group provides an opportunity for more representatives to be directly involved in the Group, the size may mean that it will be more difficult to manage and, therefore, possibly less effective.

**4.3 Option 2 – 17 Member Model**

4.3.1 This option is based on the six representatives in Table 1, and single representatives from the prescribed groups – with the exception of Commercial and Non Commercial provides of both Health Care (a single rep for the two groups) and similarly a single rep for both Commercial and Non-Commercial providers. Health professionals have two representatives, one of which is a GP rep see Figure 2 below.

4.3.2 This smaller group is recommended as a preferred solution as it is simpler to manage and still retains the same level of representation.

**Figure 2 – Option 2: The 17 Member Model**



## Process & Timescales for Establishing the Strategic Planning Group

- 5.1 If both the Council and NHS Board agree the preferred model, representatives will be recruited to ensure that the Group is in place by end of March. A first, induction meeting will be arranged at the end of March/beginning of April and the Group will be need to be in place in time to review of the first draft of the Strategic Commissioning Plan and the development of the second draft (scheduled from 6<sup>th</sup> April – 5<sup>th</sup> May).
- 5.2 An outline plan for the recruitment of the Group has been drafted and is set out in Appendix 1 of this report. It is proposed, to progress this once a preferred model has been agreed by the Council and NHS Board.

## Terms of Reference

- 6.1 A draft Terms of Reference is set out in Appendix 2 and sets out both the role of the group and the role of representatives. The draft Terms of Reference are currently out to consultation with members of the Strategic Planning Project Board and will be updated in the light of their comments.
- 6.2 It is anticipated that, after initiation, the Strategic Planning Group will meet formally no more than once a quarter. A detailed schedule of meetings will be drafted in line with the cycle of developing, monitoring and renewing the Strategic Commissioning Plan. It is also anticipated that, at least annually, there would be a wider event involving the wider stakeholders that the Strategic Planning Group represents.

## Summary

- 7.1 The paper sets out proposals for the establishment of a Strategic Planning Group to support the Shadow Integration Board/Integration Joint Board in the development of a its integration arrangements and, in particular, the cyclical development, monitoring and renewal of its Strategic Commissioning Plan. The establishment of a Strategic Planning Group is required by the Joint Working (Public Bodies) (Scotland) Act 2014.
- 7.2 Two options are proposed for the structure of the local Strategic Planning Group - a Group of 30 and, the preferred option, a Group of 17 representatives. Both options will ensure that all stakeholder groups prescribed under the Regulations are represented along with the NHS and the Council.
- 7.3 The Strategic Planning Group needs to be in place by the end of March so that it can support the work in reviewing the first draft of the Strategic Commissioning Plan and developing the second draft (6<sup>th</sup> April – 5<sup>th</sup> May) prior to wider consultation in June – September. Once the model is agreed, the Group will be recruited as per Appendix 1.
- 7.4 A draft Terms of Reference for the Group is set out in Appendix 2. This is currently out for consultation with members of the Strategic Planning Project Board and will be developed further with their comments.

## Recommendation

The H&SC Integration Shadow Board is asked to **agree** the report and the preferred option of 17 members as set out in 4.3 of the report. If agreed, reports will be prepared for Council and the NHS Board on this basis.

<b>Policy/Strategy Implications</b>	None directly as a result of this report. However, the Strategic Planning Group will support the cyclical review and development of the Strategic Planning arrangements for the integrated adult social care and health in the borders.
<b>Consultation</b>	The arrangements will ensure that all stakeholder groups are involved in the development, review and renewal of the Strategic Commissioning Plan.
<b>Risk Assessment</b>	Risks are being managed by the Integration Programme Board and the Strategic Planning Project Board.
<b>Compliance with requirements on Equality and Diversity</b>	The arrangements aim to support equalities and diversity by ensuring robust stakeholder engagement. An equalities impact assessment of these arrangements is being prepared and will be presented to Council and the NHS Board
<b>Resource/Staffing Implications</b>	It is not anticipated that there will be significant staff resources required to

	support this arrangement. Some provision will need to be made for reasonable expenses for Group members.
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**Approved by**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
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