

Scottish Borders Health & Social Care
Integration Joint Board

Meeting Date: 19 June 2019



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HEALTH & SOCIAL CARE – LOCALITIES APPROACH

Purpose of Report:	To propose a refreshed approach for locality working in relation to Health & Social Care Locality Plans
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Recommendations:	<p>The Health & Social Care Integration Joint Board is asked to agree:</p> <ol style="list-style-type: none"> 1. H&SC Locality Plans and actions should be aligned to CPP themes and outcomes (and also aligned under the 3 H&SC Strategic Objectives). 2. Each locality has an identified 'Locality Lead', responsible for the planning and delivery of the H&SC actions. It is anticipated that the bulk of these will align under the 'Our health, care and wellbeing' CPP theme. 3. Identified members of IJB Leadership Team are allocated to specific localities. Their role to work with each 'Locality Lead' to plan and deliver the H&SC actions. 4. An admin resource is put in place to support the Locality Leads and IJB Leadership Team members in the delivery of H&SC actions and activity across all 5 localities and to ensure the coordination of relevant papers and updates for SPG, Area Partnership and CPP meetings. 5. All 5 Locality Leads should be members of Strategic Planning Group (SPG) 6. 1x Locality Lead is selected to represents the others when attending IJB (this could be on a rotational basis).
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Personnel:	Tbc
Carers:	Tbc
Equalities:	Tbc
Financial:	Tbc
Legal:	Tbc
Risk Implications:	tbc

1. Locality Plans Background

- 1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 put in place the legislative framework to integrate health and social care services in Scotland. Section 29(3)(a) of the Act required each Integration Authority to establish at least two localities within its area. The Scottish Borders has 5 localities:
- Berwickshire
 - Cheviot
 - Eildon
 - Teviot & Liddesdale
 - Tweeddale.
- 1.2 The Community Empowerment (Scotland) Act 2015 instructed authorities to form a Community Planning Partnership (CPP) for the local authority area. The CPP must prepare and publish a local outcomes improvement plan (LOIP) which sets out the local outcomes that the CPP has prioritised for improvement.
- 1.3 To address the requirements of the Public Bodies and the Community Empowerment Acts, Scottish Borders created:
- 5 Health & Social Care Locality Plans 2017-19 (one for each Locality).
 - A Community Plan for the Borders.
- 1.4 The CPP Guidance also stated that CPPs should publish a locality plan for each locality. The latest version of the Community Plan (May 2018) includes locality plans (*these are currently under development*).
- 1.5 The result could be 5x Health and Social Care Locality Plans and 5x CPP Locality Plans. These plans primarily focused on tackling inequalities and delivering improved outcomes for local people. The current governance arrangements are:
- 5x Health & Social Care Locality Plans developed and delivered by Locality Working Groups (LWG), who report through Strategic Planning Group (SPG) to Integration Joint Board (IJB).
 - 5x CPP Locality plans are developed and delivered by Area Partnerships, who report to Community Planning Partnership (CPP). Of which IJB is a statutory consultee.

1.6 With the current set of H&SC Locality Plans coming to an end (2019), is there an opportunity to better align H&SC Locality Plans with the CPP and to improve the resourcing, planning and delivery of actions. The February 2019 Ministerial Strategic Group (MSG) report on 'Progress with Integration of Health and Social Care JBs' included a number of proposals including:

- IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.
- Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB.
- Effective approaches for community engagement and participation must be put in place for integration.
- Improved understanding of effective working relationships with carers, people using services and local communities is required.

.... which relate to improved use of IJB resource and improved locality/community engagement and participation.

2. Community Plan & Community Planning Partnership

2.1 The latest version of the Community Plan (May 2018) continues its focus on reducing inequalities. The plan highlights what the Borders-wide inequalities are, and how the Community Planning Partnership (CPP) together and with local communities and businesses can address these to deliver improved outcomes. The plan goes on to say that a small number of inequalities and outcomes are not Borders-wide and are more localised to specific communities, for example rural isolation. To reflect localised inequalities, 5x CPP Locality Plans are being developed. The planned CPP Locality Plans will each include demographics and SIMD data at Locality level. The CPP and the 5xCPP plans are set out under four themes of:

- Our economy, skills and learning
- Our health, care and wellbeing
- Our quality of life
- Our place

2.2 These themes are further broken down into specific outcomes. For example, the desired outcomes under 'Our Health, Care and Wellbeing' are:

- More people in good health and leading an active lifestyle at every age and stage of life
- More people in good mental health at every age and stage of life
- Improved support and care for older people

....which all apply to Health and Social Care. Additionally there are outcomes under the three other CPP themes that could also apply to H&SC including:

- More people benefitting from better connectivity [*Our economy, skills and learning*]
- Fewer people experiencing violence (incl. domestic abuse) [*Our quality of life*]
- More people living independently in affordable and sustainable homes [*Our place*]

3. Health and Social Care Locality Plans

- 3.1 The Integrated Strategic Plan (2018-21) has been structured around three strategic objectives of:
1. We will improve the health of the population and reduce the number of hospital admissions.
 2. We will improve the flow of patients into, through and out of hospital.
 3. We will improve the capacity within the community for people who have been in receipt of health and social care services to better manage their own conditions and support those who care for them.
- 3.2 The original purpose of the H&SC Locality Plans was to ensure that local representatives – including health and social care professionals, third and independent sectors, housing, service users and carers – were given the opportunity to influence and inform service planning, *“as we move towards achieving the objectives set out in the Strategic Plan.”*
- 3.3 The 2017-19 H&SC Locality Plans acknowledge that CPPs are required to produce Locality Plans (under the requirements of the Community Empowerment Scotland Act 2015). However, in regard to any requirement for a completely separate set of H&SC Locality Plans, the Chief Officer Health & Social Care stated in his foreword to the 2017-19 H&SC Locality Plans that ***“In the future our aspiration is to bring these plans together within one plan.”***

The next section looks options for better incorporating H&SC Locality Plans within the CPP.

4. Combining CPP Locality Plans and H&SC Locality Plans

- 4.1 The Community Plan has developed over time and the Integration Strategic Plan 2018-21 has been updated. The current H&SC Locality Plans end this year (2019) and are due for revision.
- 4.2 The CPP Locality Plans focus on reducing inequality. The H&SC Locality plans have focused on *“ensuring local professionals and the public can be involved in service planning”*. However, in practice, are these aims different? (e.g.) if reducing inequalities is about closing the gap between the least and most disadvantaged in our communities (because people living in more affluent areas tend to live longer, healthier lives than those in less affluent areas), then is there any reason why H&SC actions should not be broadly focused on this as well?
- 4.3 With regard to identified local priorities, the current H&SC Locality Plans (2017-19) demonstrate that there is **not** a great deal of difference between the localities – for example, 5 of the 9 identified local priorities in each of the current H&SC Locality Plans are identical.

Local Priorities identified	Berwickshire	Cheviot	Eildon	Teviot & Liddesdale	Tweeddale
Increase the availability of locally based rehabilitation services	X	X	X	X	X
Increase the range of housing options available across the locality	X	X	X	X	X
Improve support for unpaid carers	X	X	X	X	X
Increase the range of care and support options available to enable people to stay in their own homes & communities	X	X	X	X	X
Improve the availability and accessibility of services and/or improve transport links	X	X	X	X	X
Improve efficiency and effectiveness of existing co-located and integrated teams		X			
Reduce the number of people attending BGH on multiple occasions			X		
Reduce the number of people admitted to hospital with drug and alcohol related problems			X		
Develop robust preventative services and early intervention for long-term conditions				X	

These 5 shared priorities can be regarded as Borders-wide priorities, and are concerned with improving rehabilitation services, housing options, care & support, support for carers and accessibility/transport. The remaining 4 priorities (based on how they are worded) do not appear to be specific to any particular locality (i.e.) unless people admitted to hospital with drug and alcohol related problems is a particular issue only for Eildon.

- 4.4 Using a best-fit approach, the table overleaf shows how the H&SC Locality Plan local priorities above could fit under the under the three Strategic Objectives and also how they *could* be aligned to CPP themes and outcomes. (the majority of which fit under the 'Our health, care and wellbeing' theme)

Table 1: 2017-19 H&SC Locality Plan identified priorities – mapped to H&SC Strategic Objectives & a selection of CPP outcomes

HSC Locality Plan Priorities (current)	H&SC (BEST FIT)			Selection of CPP Themes & Outcomes (BEST FIT)				
	Strategic Objectives			Our Health, Care and Wellbeing			Our Economy, skills & learning	Our place
	Improve health & reduce hospital admissions	Improve flow into, through and out of hospital	Improve community capacity for people to better manage their own conditions and support those who care for them.	More people in good health and leading an active lifestyle	More people in good mental health	Improved support and care for older people	More people benefitting from better connectivity	More people living independently in affordable and sustainable homes
Increase the availability of locally based rehabilitation services	X			X				
Increase the range of housing options available across the locality			X					X
Improve support for unpaid carers			X			X		
Increase the range of care and support options available to enable people to stay in their own homes & communities			X			X		
Improve the availability and accessibility of services and/or improve transport links			X				X	
Improve efficiency and effectiveness of existing co-located and integrated teams			X			X		
Reduce the number of people attending BGH on multiple occasions		X				X		
Reduce the number of people admitted to hospital with drug and alcohol related problems	X				X			
Develop robust preventative services and early intervention for long-term conditions	X			X				

5. Governance & Resource arrangements

5.1 A meeting was held on 29th January 2019 with Locality Working Group representatives. The names of the attendees is shown in *Appendix 1*. There was a lot of discussion but the broad themes coming out of the meeting concerned:

- Governance
- Resource & Support
- Participation & Planning

5.2 GOVERNANCE

Some of the points raised at the 29th Jan meeting with regard to governance included:

- Locality groups want to have genuine strategic influence
- There is a lack of clarity in what is required from locality groups?
- Groups need clear Terms of Reference

5.3 There are probably 2 options with regard to governance:

- (1) Fully integrate the H&SC Locality Plans within CPP and Area Partnership governance. Each Area Partnership meets 5x per year, is chaired by a local Elected Member and each meeting has a formal agenda & minute produced. Each Area Partnership has an asset register, information about events & venues, area profiles/stats and as discussed already, each CPP Area partnership will also have a Locality Plan.
- (2) Do not fully integrate H&SC Locality Plans within CPP and Area Partnership arrangements, but align H&SC activity to CPP themes and outcomes and better resource the planning and delivery of H&SC actions.

5.4 RESOURCE & SUPPORT

At the 29th January LWG meeting, resource was mentioned a number of times. This covered two main areas of:

- a desire for resource to arrange meetings, take minutes and to organise local activity (i.e.) identified staffing resource to organise activity and to ensure consistency across all 5 localities.
- availability of and/or access to budget to invest in the delivery of local actions.

5.5 Improved resource could be delivered through:

- Identification of a 'Locality Lead' to be responsible for the planning and delivery of the 'Our health, care and wellbeing' CPP theme.
- Identified members of the IJB Leadership Team allocated to specific localities. Their role being to support respective Locality Leads in coordinating the planning and action delivery of the 'Our health, care and wellbeing' theme within each locality.
- IJB provision of an admin resource to support Locality Leads and Leadership Team to deliver the 'Our health, care and wellbeing' theme across the 5 localities. The admin role would also be responsible for coordinating relevant papers and updates for Area Partnership meetings.
- The locality groups would be represented on the Strategic Planning Group

and therefore influence the delivery of the Health & Social Care Partnership Strategic Plan and support the local delivery of community health and social care services.

5.6 PARTICIPATION & PLANNING

Participation and planning at local level will in large part depend on what Governance and Resource/Support arrangements are in place. Critically, there is a requirement to encourage wider representation at local level and broader participation in Locality planning and delivery groups (i.e.) to encourage and develop representation from individuals/groups who would not normally volunteer or want to be involved.

The recent SBC budget announcement to create a consolidated Community Fund of over £1.2m, devolved to Area Partnerships giving local communities decision-making power on how this budget is spent in their area, could help to address this at Area Partnership level. Access to IJB/ICF funding could help address this for H&SC specific delivery.

With regard to participation, part of the remit of the IJB Leadership Team members allocated to each Locality could be to develop wider local participation in planning and action delivery.

Appendix 2: LWG summit – 29th January 2019 attendees

Table 1	Table2
<ul style="list-style-type: none"> • Margaret Taylor • Diane McDonald • Claire Veitch • Susan Hogg • Jenny Merchiston • Andrea McKenzie 	<ul style="list-style-type: none"> • Kathy Cremin • Lisa Riddell • Juliana Amaral • Erica Reid
Table 3	Table 4
<ul style="list-style-type: none"> • Penny Oliver • Nichola Sewell • Gordon Elliot • Lucasz Bogus • Peter Cooper • Charmain Ledsham 	<ul style="list-style-type: none"> • Diana Findlay • Jane Douglas • Jim Armstrong • Kathleen Travers • Heather Batch • Tom McGrath
Table 5	
<ul style="list-style-type: none"> • Pauline Grigor • Alex Jones • Caroline Fahim • Janet Dobson • Sam Wallace • Katie Cathrow 	

High level themes emerging from comments/discussion
<p>Resource/Support</p> <ul style="list-style-type: none"> - Planning for meetings with clear, well-planned agendas - Resource each group (e.g.) paid Chair, paid admin, expenses for members - Budget to enable carers to attend - Would anyone from existing LWG want to take on the role of chair? <p>Governance</p> <ul style="list-style-type: none"> - What are expectations at strategic/senior level? - Need clear direction re delivering the 3 strategic objectives - Need to have a genuine strategic influence - Need clear Terms of Reference (to specify governance and relationship with CPP, Area Partnerships, SPG, IJB....) - Require clear work-plans and actions. Commitment will be built from this - Share good practice across localities (is there a danger that the same thing is developed in isolation in 5 localities) - Have a Core group – with people then invited in or drop out as required? - Have a nominated lead – across 5 localities (who could be rep at SPG) <p>Participation, Involvement & Planning</p> <ul style="list-style-type: none"> - Groups should be the mechanism for consultation and participation - Ensure that there is representation from all key partners - Ensure a good mix of membership - Consider the frequency of meetings. Monthly was too frequent - Build interest and ownership – hook people in - Be clear on what people are committing to - Needs to be a bottom up approach (that aligns to strategic aims) - Needs public awareness - Make it easy for people to participate. Having meetings where people are, rather than expect people to come to meetings