Strategic Planning for Health and Social Care Integration

INTRODUCTION

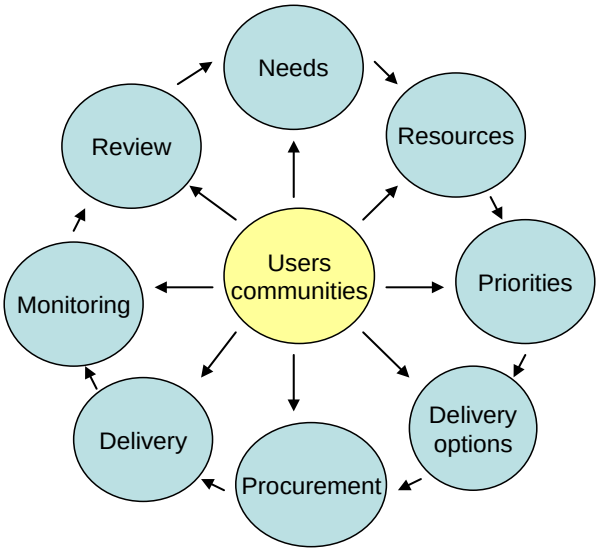
The Public Bodies (Joint Working) (Scotland) Act 2014 ("the Act") places a duty on Integration Authorities (in Shetland, the Integration Joint Board) to create a "strategic plan" for the integrated functions and budgets that they control. The strategic plan is the output of what is more commonly referred to as the "strategic commissioning" process.

Commissioning[1] can be described as the means to secure the best value for local citizens. It is the process of translating aspirations and need, by specifying and procuring services for the local population, into services which deliver the best possible health and wellbeing outcomes and provide the best possible health and social care provision within the best use of available resources.

Most definitions of commissioning paint a picture of a cycle of activities at a strategic level. There are variations of the picture of the cycle but they include the same logical process and are concerned with whole groups of people (as opposed to commissioning services for an individual) - including:

- assessing the needs of a population;
- setting priorities and developing commissioning strategies to meet those needs in line with local and national targets;
- securing services from providers to meet those needs and targets;
- monitoring and evaluating outcomes; and
- engaging and involving a range of stakeholders, service users and communities in the process.

The commissioning cycle



Historically in Shetland, joint strategic planning has been developed through client group focussed partnerships (eg the Mental Health Strategy, Shetland Alcohol and Drugs Partnership, the development of the Older People's Strategy), and the mechanisms of the

[1] Joint Strategic Commissioning – A Definition: Strategic Commissioning Steering Group, June 2012

Community Health and Care Partnership (CHCP) Agreement which brought together service planning across joint services.

In 2015/16 this was developed into the Shetland Joint Strategic Commissioning Plan.

LOCALITY PLANNING

The Act and supporting guidance also obliges local partnerships to develop their engagement with local communities through the process of Locality Planning – each partnership is required to have a minimum of 2 localities for this purpose, whose views must be taken into account as part of the strategic commissioning process. Localities, and locality planning, provide a key mechanism for strong local clinical, professional and community leadership, ensuring that services are planned and led locally in a way that is engaged with the community.

In Shetland we have 7 localities for the purposes of Locality Planning, to fit with the Community Planning Partnership defined localities. These are:

- North Isles – Yell, Unst and Fetlar
- Whalsay and Skerries
- North Mainland - Brae/Hillswick
- West Mainland - Bixter/Walls (including Foula)
- Central – Scalloway/Burra
- Lerwick and Bressay
- South Mainland - Levenwick (including Fair Isle)

Once Partnerships are established, their duty to meet statutory requirements is to produce a strategic commissioning plan and to begin the integration arrangements. This needs to be done by April 2016, though Partnerships are encouraged to agree plans earlier to commence their responsibilities. Functions cannot be delegated to the Integration Authorities until the strategic commissioning plan has been adopted.

Meanwhile Shetland prepared a Joint Strategic Commissioning Plan (the Strategic Plan) for 2015/16, developed in line with the guidance on Joint Strategic Commissioning, which was approved by both SIC and Shetland NHS Board (and by NHS Shetland for all NHS services) for the start of the financial year.

Now the IJB has been established (in Shetland the IJB was established in June 2015) it will consider the Strategic Plan at its meeting in November 2015, and hopefully will be in a position to approve the Plan in order to be able to take up its duties.

STRATEGIC PLANNING GROUP

To ensure the effective engagement of stakeholders, the Act requires each Integration Authority to establish a Strategic Planning Group.

The role of the Strategic Planning Group is to develop and finalise the strategic commissioning plan, and to continue to review progress, measured against the statutory outcomes for health and wellbeing, and associated indicators.
The group must involve members nominated by the Local Authority and the Health Board. In addition, 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 (as defined by the Act)
- Social care professionals (as defined by the Act)
- 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.

The Integration Authority can include other persons it considers appropriate, such as Local Authority housing colleagues. Since Shetland Islands Council has agreed that strategic planning for housing should be included in the joint strategic planning arrangements that will support the work of the IJB, a representative of the Council's Housing Service will be included in the Strategic Planning Group.

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. It is proposed that locality membership of the Group is agreed once the management arrangements for locality based services are confirmed by the Director of Community Health and Social Care.

In Shetland we have established a shadow strategic planning group composed of the Health and Social Care Integration Steering Group and the CHCP Strategic Management Team, which has been engaged in the development and approval of the draft Joint Strategic (Commissioning) Plan, in line with the guidance.

The IJB is now being asked to establish a Strategic Planning Group with a revised membership and Terms of Reference in line with the guidance, as above.

THE DEVELOPMENT OF STRATEGIC PLANNING

The guidance on strategic planning to support Health and Social Care Integration helpfully sets out expectations and advice on the process of strategic planning and its development to support the changes in services and improvements in outcomes that integration is aiming to achieve.

A number of these are met locally through our historical strategic planning arrangements and within our current plan:

- Identifying the total resources available across health and social care – as defined by service budgets.

- Joint Strategic Needs Assessment to inform the Plan – met within specific areas where client group planning has taken place: eg on mental health, substance misuse, older people, health improvement; and through localities eg through the development of the Older Peoples Strategy with extensive engagement within localities across Shetland, and the Localities Project in relation to developing multi-disciplinary service teams and shaping care models.
- Agreeing desired outcomes[2] and linking these to performance monitoring – in place to some extent, but an area where further development work is needed to get a more outcomes-focussed approach, and to get performance monitoring more clearly linked to service redesign.
- Engagement & participation: "the Act places a duty on the Integration Joint Board to involve a range of service providers, service users and their carers, representative bodies, and professionals in the commissioning process."[3] – achieved locally through the engagement mechanisms for client group strategy development and services planning, and the usual engagement and consultation used historically for the CHCP Agreement. This includes representation of Third sector organisations in local strategic partnerships, staff engagement through the relevant service teams and Joint Staff Forum, professional engagement via the professional NHS bodies represented at Area Clinical Forum and its professional Committees (now extended to social care professionals with membership of the Chief Social Work Officer); and public engagement through the PPF mechanisms as well as consultation via the Integration web-site.
- Assuring sound clinical and care governance is embedded - achieved through engagement with relevant professional advisory mechanisms, and the revision of current clinical and care governance arrangements for the Integration Partnership within the Integration Scheme and the Clinical, Care and Professional Governance arrangements agreed by the IJB.
- Using a coherent approach to selecting and prioritising investment and disinvestment decisions – met in part through current budget setting processes within SIC and NHS Shetland, which are under development for the IJB, and in further development work detailed below.

Further work undertaken during 2015 includes:

- the arrangements for carrying out the integration functions in the Local Authority area over the period of the plan in relation to each locality set up for Locality Planning purposes.

  This includes support for the process of Locality Planning: during 2015 we have started the process of locality profiling to help determine local needs. A series of Locality Planning meetings have been held with key staff and stakeholder representatives (user, carer, third sector) brought together with Local Councillors and Community Council representative(s) in each locality, to begin to identify local needs and the potential for local action to take forward the development of locality based services. The outcomes of these meetings have been fed into the development of the 2016-19 Strategic Plan. This work needs to continue, to develop the locality planning infrastructure and influence – to reflect more closely the needs

[2] National health and wellbeing outcomes – see Appendix 1
[3] Scottish Government Strategic Commissioning Plan Guidance http://www.gov.scot/Resource/0046/00466819.pdf

and plans articulated at locality level, developing budgets at locality level, and the more consistent engagement of localities in the process of strategic commissioning (see Appendix B).

Arrangements for management of more integrated service delivery within localities are still in progress: these include health and social care team development within localities, and management arrangements for integrated services at locality level.

There are a number of other areas where we have identified the potential for learning and development during 2015/16 to achieve a more 'mature' Strategic Plan in line with the guidance and expectations for the purposes of integration:

- moving from service plans to a more client group focus;
- developing strategic needs assessment across all areas of the plan;
- developing the focus on outcomes and key performance indicators (KPIs) that show progress towards the outcomes; and
- building in outcomes and actions from strategies currently under development or being refreshed, and from future strategic priorities
    - Older people
    - Dementia
    - Primary care
    - Disability
- developing our understanding of resources in more detail against investment in specific client groups (as opposed to services) and functions within the plan, and linking investment to the achievement of outcomes;
- using a coherent approach to selecting and prioritising investment and disinvestment decisions within the IJB;
- developing the process of Strategic Planning to more actively engage stakeholders through the processes described above, and to take account of the principles for strategic planning set out in the guidance (Appendix A);
- developing the role of the Strategic Planning Group once established to help achieve this;
- develop the strategic commissioning plan for 2016/19 to then be a 3 year plan.

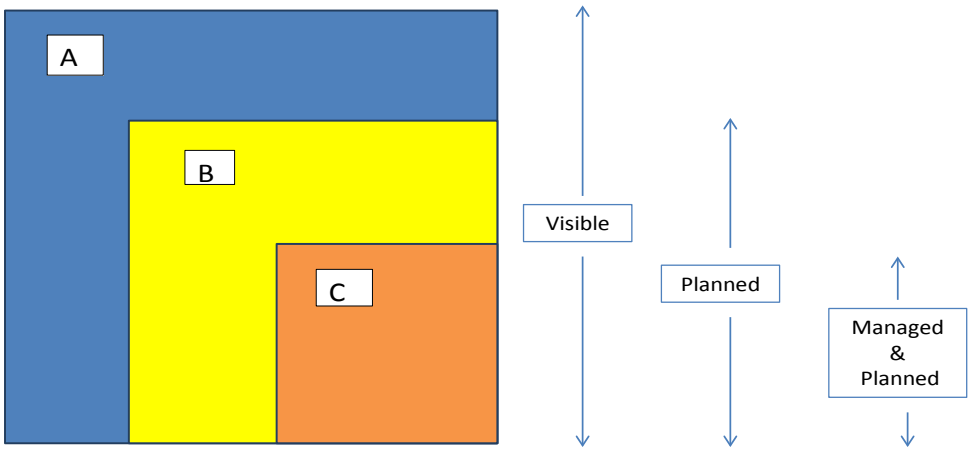
IMPLICATIONS FOR NHS PLANNING

In Shetland because of the size of our population and local services, we have produced a single strategic commissioning plan to cover all NHS services as well as those services included in Integration. We expect our planning to be done for the whole system of health and social care, rather than creating an artificial separation between integrated health and social care and acute / specialist services planning.

We can also expect the development of our planning processes to support Integration, (in terms of more sophisticated financial and activity analysis to inform redesign, strategic needs assessment etc), to also improve and inform our NHS planning.

Finally, we need to understand the boundaries of the budgets we are planning with and how the planning influence of the IJB will relate to non-integrated budgets - see diagram below. This is work that we progressing through our strategic planning development programme along with the work on more detailed budgeting within the strategic plan.

Consumption of Health and Social Care resources



Dr Sarah Taylor
Director of Public Health & Planning **November 2015**

APPENDIX A

Integration delivery principles and national health and wellbeing outcomes

The integration delivery principles are:

- that the main purpose of services which are provided to meet integration functions is to improve the wellbeing of service-users,

- that, in so far as consistent with the main purpose, those services should be provided in a way which, so far as possible:
    - is integrated from the point of view of service-users
    - takes account of the particular needs of different service-users
    - takes account of the particular needs of service-users in different parts of the area in which the service is being provided
    - takes account of the particular characteristics and circumstances of different service-users
    - respects the rights of service-users
    - takes account of the dignity of service-users
    - takes account of the participation by service-users in the community in which service-users live
    - protects and improves the safety of service-users
    - improves the quality of the service
    - is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)
    - best anticipates needs and prevents them arising
    - makes the best use of the available facilities, people and other resources.

The national health and wellbeing outcomes:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
7. People using health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

APPENDIX B

Locality planning

Planning in localities is one of the requirements set out in the Public Bodies (Joint Working) (Scotland) Act 2014 Part 1 section 29 (3), which states that partnerships must:

(a) divide the area of the local authority into two or more localities, and
(b) set out separately arrangements for the carrying out of the integration functions in relation to each such locality

- Directing service delivery as set out in the Strategic Plan, directly managing jointly managed services and the management of services across localities through arrangements set out in the Integration Scheme and supporting documentation
- Commissioning services in line with the Strategic Plan and
- Locality planning to inform Strategic Commissioning.

Shetland has a population of circa 23,000 which is a comparatively small population compared to most other local authority and health board areas. We therefore need to balance the small size of sub-dividing local areas with the need to plan at a level that has meaning for local communities.

In Shetland there is a long history of health and care services working together in defined geographical areas, which has been facilitated in most areas by the close physical location of Health Centres and Care Centres. Over recent years decision making in care services has been devolved to as local a level as possible, which has enabled the Care Centres to develop into service provision "hubs" for their local community, providing a range of services from permanent residential care, planned and emergency respite care, day care, support at home, and meals on wheels to the people within the geographical area which they serve.

For the majority of areas the boundaries of GP practices, health centre staff and care teams are co-terminous and this provides an opportunity for us to build on these 'neighbourhoods', both for developing integrated service delivery at that local level, and as building blocks for locality planning. Planning at 'neighbourhood' level will enable a very locally responsive service to be provided to meet the needs of the community at both an individual, and community level.

As well as working towards more joint service delivery and development, Integration obliges the development of locality planning.

We are therefore working with 7 planning localities within the Integration Board area to match the 7 Community Planning localities. These are:

- North Isles – Yell, Unst and Fetlar
- Whalsay and Skerries
- North Mainland - Brae/Hillswick
- West Mainland - Bixter/Walls (including Foula)
- Central – Scalloway/Burra
- Lerwick and Bressay
- South Mainland - Levenwick (including Fair Isle)

Within each of the localities, from the building blocks at 'neighbourhood' level (ie health and care centre level), we are building a local profile which includes demographic and health and care needs data as well as service information, activity and budgets, that will be used to influence the future shape and structure of service delivery through locality planning.

Community Planning: Community Planning sees public, private and third sector organisations working together, and with communities, to plan and deliver better services which make a real difference to people's lives. (Shetland Partnership, Our Community Plan, 2013). We see the development of locality planning to support Health and Social Care Integration as working alongside and together with the community planning process, so that it both helps with, and benefits from, the strengthening of community involvement that Community Planning is aiming for, and so that the decisions made about Health & Social Care resources contribute to the Community Planning aim of ensuring that available resources are used effectively and sound decisions taken for the overall benefit of the people of Shetland.

We are looking at how the Community Planning process can help to support the community engagement necessary for Locality Planning for Health and Social Care Integration. This also needs to be developed over time to involve community planning partners at locality level, as well as other key stakeholders such as Community Councils, who have a key role to play in terms of maintaining dialogue with the local community to ensure that planning and service delivery in localities addresses the needs identified within neighbourhoods.

<u>Areas for development:</u>

1. Locality profiling – starting with current profiles developed in public health, the plan is to add in data from the national Health & Social Care Dataset, and develop to include activity / budgets at locality level eventually for all services in scope for integrated planning. Participatory budgeting will help inform understanding in localities about how budgets are being spent, and of decisions to be made about prioritising services etc.

2. We have held an initial locality planning meeting in each locality with key health & care staff, representing: GP, care home & at home resources, community nursing, health improvement, housing, OT and social work (with the potential to include others eg pharmacy, physiotherapy); links to community reps / voluntary sector – via the third sector representative elect on the IJB and the SIC Community Development Team; Local Authority elected members for that area and representatives of local Community Councils.

   Their initial purpose has been to understand locality profiling data and gather information on locality issues / needs to inform the commissioning plan as part of local Strategic Needs Assessment. The meetings identified priority issues and links into current or planned work, so if issues arose relating to a particular service, these were fed into that service or the relevant programme. Service Managers were charged with taking these issues (and potential solutions) into account in the development of plans. Staff working in localities were also encouraged to take action within their delegated responsibility to help develop more integrated working and solve service problems at a local level.

   A summary of the information gathered from these meetings will be included as an Appendix to the 2016-19 Strategic Commissioning Plan.

3. Over time, the aim is to develop information about localities and their influence on service activity and spend, and develop processes for engagement in service planning and commissioning, with more focus on and influence by the localities. This should prompt consideration of different solutions in different localities (linked to service delivery as well as service planning), and support the potential for devolved budgets and devolved decision making.

   Initially, the planning team has supported this process, linking into the Community Planning support team. Once management support for localities has been identified, locality planning needs to link into locality management arrangements so that local service managers take a key role in engaging in locality planning, understanding budgets and resources, planning change to meet needs identified, and then in translating plans into action within localities, as will other (specialist) Service Managers (the commissioning process).