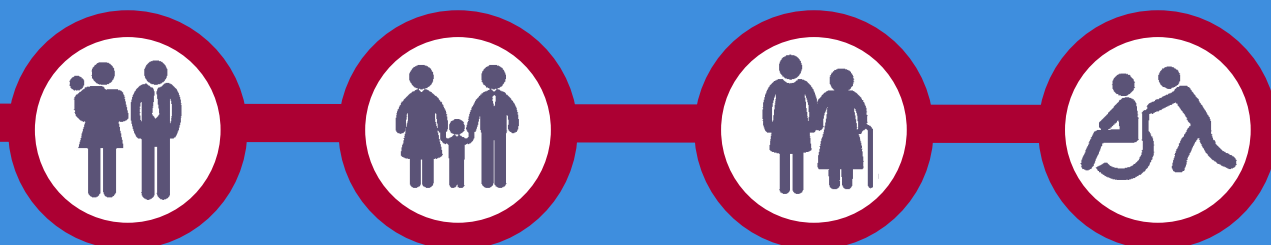




The Scottish
Government
Riaghaltas na h-Alba

Localities Guidance

Guidance on what localities are for, the principles upon which they should be established, and the ethos under which they should operate



1 WHAT IS THIS GUIDANCE ABOUT?

1.1. The Public Bodies (Joint Working) (Scotland) Act 2014¹ (the Act) puts in place the legislative framework to integrate health and social care services in Scotland. Section 29(3)(a) of the Act requires each Integration Authority to establish at least two localities within its area.

1.2. A criticism of Community Health Partnerships was the lack of opportunity for communities and professionals – including GPs, acute clinicians, social workers, nurses, Allied Health Professionals, pharmacists and others – to take an active role in, and provide leadership for, local planning of service provision. Localities provide one route, under integration, to improve upon this, and to ensure strong community, clinical and professional leadership of strategic commissioning of services².

1.3. This guidance reinforces the importance of localities. Achieving the aspirations we share for health and social care integration will rely upon partners across the health and social care landscape, and their stakeholders, focussing, together, on their joint responsibility to improve outcomes for people. Every locality will involve a range of people from different backgrounds, who are accustomed to different working styles and arrangements. When different people come together with a shared responsibility in this way it can of course take some time to find the best way to work together. This guidance should be used to support the establishment of localities, particularly during the period of transition to new ways of working under integration.

‘ . . . effective services must be designed with and for people and communities – not delivered ‘top down’ for administrative convenience’

The Christie Commission Report

Commission on the future delivery of public services, June 2011

2 HOW IS THIS GUIDANCE SET OUT?

2.1 This guidance covers the following topics:

- Who should read this guidance?
- What other guidance is relevant?
- What is this guidance for?
- What are localities?
- What are the legal requirements on Integration Authorities relating to localities?
 - In the Act
 - In Regulations
- Who should be involved in localities?
- How should localities work in practice?

¹ http://www.legislation.gov.uk/asp/2014/9/pdfs/asp_20140009_en.pdf

² <http://www.scotland.gov.uk/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Implementation/ImplementationGuidance/SCPlans>

- What is the relationship between localities and community planning?
- Partners participating in localities:
 - General Practice
 - Primary Care
 - Secondary Care
 - Housing
 - Social Work and Social Care
 - Third, voluntary and independent sector
 - Communities
- Summary

3 WHO SHOULD READ THIS GUIDANCE?

3.1 This guidance is for everyone who is involved in integration in local health and social care systems. In particular, it is of interest to:

- the members of Integration Authorities, upon which the legislation places responsibilities in terms of establishing, supporting and understanding activity in localities;
- people working in Health Boards and Local Authorities, who will need to support and help implement the requirements on Integration Authorities to establish, support and understand activity in localities;
- clinicians and other professionals, for whom localities provide a real opportunity to contribute directly to the shape of local service provision;
- people working in multi-disciplinary teams;
- members of strategic planning groups;
- people working in the third and independent sectors who provide a range of social care services for people within localities; and
- people in local communities, who can get involved in localities in order to support and influence the design and delivery of health and social care services.

4 WHAT OTHER GUIDANCE IS RELEVANT?

4.1 This guidance should be read alongside the Scottish Government's guidance on clinical and care governance³ under integration, guidance on managing integrated budgets⁴, and guidance on strategic commissioning⁵ for integration.

5 WHAT IS THIS GUIDANCE FOR?

5.1 This guidance sets out what localities are for, the principles upon which they should be established, and the ethos under which they should operate. It describes what it should be like for different people and professions to take part in locality arrangements, and it covers some of the practicalities that Integration

³ http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Implementation/working_Groups/CCGG/ClinCareGovFwork

⁴ <http://www.scotland.gov.uk/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Implementation/ImplementationGuidance>

⁵ <http://www.gov.scot/Resource/0046/00466819.pdf>

Authorities should take into account when establishing and supporting localities.

- 5.2 The guidance has been written with input from a range of partners, reflecting the people and professionals who need to take part in localities.
- 5.3 This guidance does not repeat the arguments already made about why localities are important, or why Scotland is integrating health and social care. Both of these principles are taken as read. It builds upon, but does not repeat, All Hands On Deck⁶, the think-piece previously published by the Scottish Government on the importance of localities, to which this guidance is complementary.
- 5.4 Section 53 of the Act states that Local Authorities, Health Boards and Integration Authorities must pay regard to any guidance, such as this, issued by Scottish Ministers in relation to the Act.

6 WHAT ARE LOCALITIES?

- 6.1 A locality is defined in the Act as a smaller area within the borders of an Integration Authority. The purpose of creating localities is not to draw lines on a map. Their purpose is to provide an organisational mechanism for local leadership 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.
- 6.2 Each Integration Authority is required to define and agree the area of each of its localities in consultation with local professionals and communities. Locality areas should relate to natural communities and take account of clusters of GP practices, which may in turn need to be realigned to fit with other services. The size of localities will vary, but will need to feel “right” to people living and working in the area: large enough to offer sufficient scope for service improvement, but small enough to feel local and “real”.
- 6.3 In this guidance, when we refer to localities, we are referring 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.
- 6.4 Localities must:
 - a) 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 assure the effectiveness of locality arrangements.
 - b) 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

⁶ <http://www.iitscotland.org.uk/wp-content/uploads/2014/10/All-Hands-on-Deck-2013.pdf>

colleagues, and third sector providers – to help improve outcomes for local people.

- c) Support a proactive approach to capacity building in communities, by forging the connections necessary for participation, and help to foster better integrated working between primary and secondary care.

7 WHAT ARE THE LEGAL REQUIREMENTS ON INTEGRATION AUTHORITIES RELATING TO LOCALITIES?

In the Act – Role in Strategic Planning

7.1 The Public Bodies (Joint Working) (Scotland) Act 2014 places a number of requirements on Integration Authorities that relate to the role of localities in strategic planning, as follows:

- a) Within the strategic commissioning plan, each Integration Authority (lead agency or Integration Joint Board) must include information on the following two points:
 - i. How it will divide its area into two or more localities, i.e., what the boundaries of each locality are; and
 - ii. How it will carry out its functions in relation to each such locality: this information must be set out separately for each locality, and cannot just be a generic statement that assumes that all localities will work in the same way as one another. (Section 29)
- b) When setting up and running its strategic planning group, the Integration Authority must include a person to represent the interests of each locality. One person can represent more than one locality, where that is agreed locally to be appropriate. (Section 32)
- c) Where an Integration Authority is taking a decision that is likely to significantly affect service provision in a locality, it must take such action as it thinks fit to involve and consult appropriate representatives of that locality in the decision, and must also pay reasonable expenses and allowances to enable those representatives to give their view. (Section 41)

In Regulations: Annual Performance Reporting

7.2 The (Public Bodies) (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014⁷ contain further detail, setting out the matters relating to localities on which the Integration Authority must report annually. These Regulations establish with further clarity the Integration Authority's responsibilities in relation to the influence that localities must have, and must be shown to have had, on the strategic commissioning plan and service delivery.

⁷ <http://www.legislation.gov.uk/ssi/2014/326/contents/made>

7.3 The Integration Authority's annual performance report must include an assessment of performance in planning and carrying out functions in localities, as follows:

- a) a description of the arrangements made in relation to consulting and involving localities;
- b) an assessment of how these arrangements have contributed to the provision of services and support in each locality;
- c) the proportion of the Integration Authority's total budget that was spent on each locality; and
- d) in relation to the information described at c), above, a comparison between the reporting year and the five preceding reporting years (or, where there have been fewer than five preceding reporting years, all preceding reporting years).

8 WHO SHOULD BE INVOLVED IN LOCALITIES?

8.1 To ensure the quality of localities' input to strategic planning, they must function with the direct involvement and leadership of:

- health and social care professionals who are involved in the care of people who use services.
- representatives of the housing sector.
- representatives of the third and independent sectors.
- carers' and patients' representatives.
- people managing services in the area of the Integration Authority.

9 HOW SHOULD LOCALITIES WORK IN PRACTICE?

9.1 Locality arrangements must be fair, accountable, practical and proportionate. Integration Authorities, and the strategic commissioning plans they produce, must be more than the sum of the parts of locality plans. Strategic and locality level planning must work together to create the best possible working arrangements and to enable them to take account of local, and often deep rooted, issues, such as inequalities and poverty.

9.2 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.

9.3 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.

- 9.4 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. Local systems can obtain information on the resource use and fair share benchmarks for their localities using data available from NHS NSS⁸.
- 9.5 Localities must be well organised, and with sufficient structure to co-ordinate their input to strategic planning. The principle of moving away from top-down planning will only work if each locality is organised and supported to make an effective contribution. Each locality must therefore have a locality lead, who may be a GP from one of the practice clusters in the locality.
- 9.6 Each locality plan should include:
- A list of all the services under the management of the Integration Authority of which the locality is a part;
 - 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.

10 WHAT IS THE RELATIONSHIP BETWEEN LOCALITIES AND COMMUNITY PLANNING?

- 10.1 Each Integration Authority will have two or more localities, which will contribute to its strategic commissioning plan. The Integration Authority will be a statutory community planning partner and therefore subject to duties placed on Community Planning Partnerships and partners by Part 2 of the Community Empowerment (Scotland) Bill.
- 10.2 Some locality arrangements already exist under community planning; it will be important that localities for integration build upon and take account of such arrangements, and create effective relationships between CPPs and Integration Authorities that health achieve the national health and wellbeing outcomes.

11 PARTICIPATING IN LOCALITIES

- 11.1 Different participants in localities will bring different skills and insights to the process. Working across and with one another is critical to the success of integration. People and communities will be enabled to flourish only where all parts of the system work collaboratively to empower local decision making and active citizenship. This section sets out some principles for the kind of experience that different participants should have.

⁸ <http://www.isdscotland.org/Products-and-Services/Health-and-Social-Care-Integration/>

- 11.2 **General Practice.** The GMS contract makes provision for every GP practice to nominate an integration liaison, which provides a starting point for GP engagement in integration.
- 11.3 GP involvement in localities will to some extent vary from place to place. The key principle is that GPs must be meaningfully and thoroughly represented, engaged and directly involved in localities. In some places, this could mean that the locality group includes a named GP, or other practice member, from every GP practice. In other places, it could mean that the locality group includes a GP, or other practice member, from each of its GP clusters. The role for these representatives, whether GPs themselves or other practice members, will be to meet with the locality lead on a regular basis, to provide a clinical community of leadership.
- 11.4 Agreement on GP membership of localities should be reached by the Integration Authority and the Local Medical Committee. Additionally, the contribution of local Area Clinical Forum and Professional Advisory Committees will be critical to the development of localities, and to ensuring that each representative group has the opportunity to contribute appropriately.
- 11.5 **Primary Care.** Each profession in the wider primary care team should have the opportunity to participate in the development of the locality plan and local decision making that affects their profession, either via membership of the locality or via a clear mechanism that enables them to feed into and be made aware of the decision making process.
- 11.6 **Secondary Care.** It will be important to take account of the views of people working in secondary care. Again, arrangements in this respect will vary from place to place; local Managed Clinical Network and Community Hospital arrangements will provide a starting point for secondary care engagement in localities. Clinicians and representatives from unscheduled care and geriatric medicine specialists, in particular, should be involved.
- 11.7 **Housing.** Localities should also take account of input from people who have responsibility for housing, given the focus within integration on supporting people, as far as possible, to stay in their own homes and building healthy, resilient communities.
- 11.8 **Social Work and Social Care.** Social workers, and people working in social care more generally, play an important role in helping people to maintain their independence; their input will be critical to effective locality arrangements.
- 11.9 **Communities.** People living locally must have a meaningful role in localities. Existing Public Participation Forums and local patient participation groups can play a valuable role as communities of interest, as can existing planning and consultative groups such as Community Councils or Local Area Networks.
- 11.10 Integration is intended specifically to improve care for people with complex support requirements. Many will be older people. Disabled people will also form a key constituency, for whom localities – and integration more widely –

bring the opportunity to influence service design to make a really positive difference to their lives. It is often challenging for older people and disabled people to be heard, much less to engage meaningfully in co-production⁹. It will be important that localities are set up with accessibility and creativity in mind, particularly for people who are socially isolated. Integration Authorities should consider innovative approaches to engaging people, including identifying how third sector organisations may be better placed to facilitate the involvement of people for whom participation may present challenges.

- 11.11 The contribution of public health and health promotion is vitally important to support the evidence base of what each locality areas challenges are and to assist in making the biggest impact on inequalities.

12 SUMMARY

- 12.1 Localities can play a very powerful role in making integration a success across Scotland. By using this guidance to build upon the insights, experience and resources in localities, Partnerships can improve local networks, develop robust, productive professional relationships, and improve outcomes.

⁹ <http://www.ilis.co.uk/get-active/publications/co-production-toolkit>



The Scottish
Government
Riaghaltas na h-Alba

© Crown copyright 2015

OG
L

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3 or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at www.scotland.gov.uk

Any enquiries regarding this publication should be sent to us at
The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

ISBN: 978-1-78544-290-2 (web only)

Published by The Scottish Government, July 2015

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS43518 (07/15)

w w w . s c o t l a n d . g o v . u k