



## **CHEX policy briefing 2/17**

**October 2017**

### **A place at the table?**

#### **Community-led health within the new health and social care landscape**

##### **Background**

Three years ago, CHEX produced a policy briefing covering the integration of health and social care in Scotland. In [Integration of health and social care – opportunities for community-led health](#), we summarised the [Public Bodies \(Joint Working\) \(Scotland\) Act](#), which is the legislation setting out how health and social care must be brought together in each Scottish local authority area. We also highlighted any implications and opportunities for community-led health.

The Act required local authorities (who traditionally provided local social care services) and health boards to establish health and social care partnerships (HSCPs), replacing community health (and care) partnerships. This involved the development of a local integration plan, followed by the setting up of integrated authorities to oversee the integration process. The Act emphasised consultation with service users in the development of these arrangements.

With integrated authorities in place across Scotland it is now easier to describe the new structures and how community and voluntary organisations might contribute to the planning of local health and social care provision. This briefing explains what the new arrangements are. We also take the opportunity to highlight where, as well as why, community-led health organisations and approaches fit into the new structures of health and social care in Scotland.

## The new arrangements

The Public Bodies (Joint Working) (Scotland) Act requires health boards and local authorities to integrate a range of services, including adult social care, adult primary care, community health services and some hospital services such as addiction and substance dependency services and mental health services provided by GPs in hospital.<sup>1</sup> In some areas, additional services have been integrated; for instance, children's services.

### *Integrated joint boards and lead agencies*

In most local authority areas, health boards and local authorities have jointly set up an **integration joint board (IJB)**, which integrated services and associated budgets have been delegated to. The IJB is formed of representatives from the local authority and health board and a range of other professions and practices related to health and social care. This includes representation from service users, carers and the third sector. Health board and local authority representatives sit as voting members, whereas other representatives, including those from the voluntary sector and service users, have non-voting membership.

An alternative to the IJB model is the lead agency model, in which the health board and local authority agree which integrated services they will each lead on. Only NHS Highland and Highland Council have taken this approach to integration.

### *Strategic planning groups*

Whether they are IJBs or lead agencies, each integration authority must set up a **strategic planning group (SPG)** which is tasked with developing a strategic commissioning plan, or strategic plan, setting out how integrated services will be delivered using the available budget. This plan must be reviewed every three years. Current strategic plans were published in or before April 2016.

Strategic planning groups are required to involve service users, carers, health and social care providers and professionals, non-commercial providers of social housing and third sector organisations. Third Sector Interfaces have been identified by the Scottish Government as having a key role in strategic planning, acting as a "conduit for the third sector."<sup>2</sup> Strategic planning must 'have regard' to the [National Health](#)

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<sup>1</sup> More detail provided in Burgess, L. (2016) *Integration of Health and Social Care*. Edinburgh: Scottish Parliament SPICe Briefing 16/70 [http://www.parliament.scot/ResearchBriefingsAndFactsheets/S5/SB\\_16-70\\_Integration\\_of\\_Health\\_and\\_Social\\_Care.pdf](http://www.parliament.scot/ResearchBriefingsAndFactsheets/S5/SB_16-70_Integration_of_Health_and_Social_Care.pdf)

<sup>2</sup> The Scottish Government (2015) *The Role of Third Sector Interfaces* <http://www.gov.scot/Resource/0047/00475591.pdf>

[and Wellbeing Outcomes](#), which also have a set of supporting 'integration indicators'.<sup>3</sup>

### *Localities*

In addition to strategic planning, integration authorities must also identify two or more '**localities**' within the geographic area they serve, which provide a way for more localised planning to feed into the strategic plans. This must involve a range of professionals, practitioners and service providers. Once again, representation must also be included from the voluntary sector, carers and service users. Each locality has representation in the strategic planning group.

Localities within health and social care integration are a separate piece of legislation to the locality plans which community planning partnerships (CPPs) have to produce as part of the [Community Empowerment \(Scotland\) Act](#). However, there is a relationship between the two. Integration authorities are named by the Empowerment Act as a community planning partner, and therefore will have an input into both types of 'locality arrangements'. There is an expectation that localities within the integrated structures "build upon and take account of" CPP's locality plans.<sup>4</sup> In some parts of Scotland, such as [Edinburgh](#), the requirements of both Acts have been merged in locality planning arrangements.

## **Opportunities for participation**

The new arrangements potentially create opportunities for community-led health organisations to be involved in the planning of local health and social care services.

### *Involvement in localities*

Localities are the most local tier of the integrated structures. Community-led health organisations that work in a geographic community may be invited into a locality planning process as representatives of the voluntary sector. Organisations that work locally with carers or with people who make use of a particular service might also be invited to participate on that basis. Locality planning should address inequalities and poverty,<sup>5</sup> something many community-led health organisations are very knowledgeable about and to which they will be able to contribute.

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<sup>3</sup> Burgess, L. (2016) *Integration of Health and Social Care*. Edinburgh: Scottish Parliament SPICe Briefing 16/70 [http://www.parliament.scot/ResearchBriefingsAndFactsheets/S5/SB\\_16-70\\_Integration\\_of\\_Health\\_and\\_Social\\_Care.pdf](http://www.parliament.scot/ResearchBriefingsAndFactsheets/S5/SB_16-70_Integration_of_Health_and_Social_Care.pdf), p20

<sup>4</sup> The Scottish Government (2015) *Localities Guidance: Guidance on what localities are for, the principles upon which they should be established, and the ethos under which they should operate*. Edinburgh: The Scottish Government, <http://www.gov.scot/Publications/2015/07/5055> p7

<sup>5</sup> The Scottish Government (2015) *Localities Guidance: Guidance on what localities are for, the principles upon which they should be established, and the ethos under which they should operate*. Edinburgh: The Scottish Government, <http://www.gov.scot/Publications/2015/07/5055> p6

It is unclear exactly what form engagement will take, and this will depend on how the legislation is interpreted and put into place locally. It may be that existing structures such as public participation forums, patient participation groups and local area networks will have an input into localities.<sup>6</sup> If so, it might be worth becoming part of these in order to influence health and social care planning.

As stated above, the Community Empowerment (Scotland) Act requires CPPs to plan at a local level. In some instances, the way to get involved in local IJB processes may be through this form of 'locality planning.' This is the case in Edinburgh, which has four localities, each of which will have its own Local Improvement Plan (LIP)<sup>7</sup>. Lothian Community Health Initiatives' Forum has advised us that community-led health organisations in its network have contributed to the developing of LIPs in the city.

Under the new arrangements, integrated authorities are expected to support people to overcome barriers to engagement, such as people with a disability or whose first language is not English. The Scottish Government's guidance for localities highlights the role of third sector organisations in facilitating the participation of groups who find it more difficult to engage. This could be another way that community-led health organisations contribute at the locality level.

### *Involvement in strategic planning groups and IJBs*

The middle tier, strategic planning, may offer opportunities for organisations who are not restricted to one geographic location but who represent and/or work with people with specific needs, such as people with disabilities or long-term conditions. The strategic planning group works across the whole partnership area so community-led health organisations representing relevant communities of identity will be well placed to participate at this level.

As described above, IJBs must also involve representation from the third sector, carers and service users. Exactly how this representation works will vary according to local arrangements, and it could be that participation is limited to larger voluntary organisations such as the local third sector interface (TSI). Nevertheless, there could be some opportunities for community-led health organisations at this level and, as detailed in the next section, organisations within the CHEX network have reported some engagement with IJBs.

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<sup>6</sup> The Scottish Government (2015) *Localities Guidance: Guidance on what localities are for, the principles upon which they should be established, and the ethos under which they should operate*. Edinburgh: The Scottish Government, <http://www.gov.scot/Publications/2015/07/5055> p8

<sup>7</sup> See <http://www.evoc.org.uk/information/localities/> for more.

### *Different layers of the same onion*

Of course, these levels of planning do not work in isolation from one another. For instance, the Scottish Government guidance on localities specifies that the purpose of localities is to:

“provide an organisational mechanism for local leadership of service planning, to be fed upwards into the Integration Authority’s strategic commissioning plan”<sup>8</sup>

Furthermore, strategic planning groups must contain at least one representative from each locality. Therefore, participation in locality planning should, according to the 2014 Act, contribute to decisions being made at a partnership-wide planning level.

It’s also worth highlighting the [Our Voice website](#), which is a way for people to express their views on health and social care services in Scotland. Developed by a range of public and third sector organisations, Our Voice enables both individuals and groups to contribute ideas and feedback.

### *Progress so far*

Audit Scotland reported in 2015 that localities were relatively undeveloped and that integration authorities still need to do more to move resources towards prevention and community-based approaches.<sup>9</sup>

In spring 2017, CHEX conducted [research](#) with our network on involvement in the new structures. 25 out of 34 respondents reported that they had at least some level of engagement with Health and Social Care Partnerships (HSCPs). 14 of those who had some engagement had only “slightly engaged” with their HSCP, 7 had “moderately engaged” and only 4 reported being “very engaged”. About as many organisations had engaged with their local IJBs as had engaged with locality planning. This could be seen as surprising given the focus of locality planning and strategic planning on involvement of local community organisations. It may however reflect the fact that these layers are relatively undeveloped in many areas.

## **Example – Active Communities, Renfrewshire**

CHEX Network member, Active Communities has a place on the Strategic Partnership Group (SPG) of the Integrated Joint Board in Renfrewshire. Susan McDonald, General Manager of Active Communities, told us that the SPG feeds into the IJB and meets every two months and is attended by officers from Renfrewshire Health & Social Care Partnership including the Chief Officer, staff from other local organisations, carer representatives and community representatives. Local

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<sup>8</sup> The Scottish Government (2015) *Localities Guidance: Guidance on what localities are for, the principles upon which they should be established, and the ethos under which they should operate*. Edinburgh: The Scottish Government, <http://www.gov.scot/Publications/2015/07/5055> p4

<sup>9</sup> Audit Scotland. (2015). Health and social care integration. [http://www.audit-scotland.gov.uk/uploads/docs/report/2015/nr\\_151203\\_health\\_socialcare.pdf](http://www.audit-scotland.gov.uk/uploads/docs/report/2015/nr_151203_health_socialcare.pdf) [Accessed 18/08/17].

organisations that attend include housing associations, care providers and third sector organisations.

### *A good working relationship*

Active Communities had a good working relationship with local statutory partners before being invited onto the SPG when it formed in 2016. Since then, Active Communities has influenced planning in a number of ways. For instance, it has input into the SPG's Action Plan, working to ensure that prominence is given to community-led health's contribution to tackling health inequalities. As part of this, Active Communities successfully asked for the term "community life" to be changed to "community-led activity".

Through the SPG, Active Communities has encouraged the IJB to ensure that there is effective community engagement, given that most people in the community will not be aware of what the Health and Social Care Partnership is. As a result, the Partnership has planned public events and now has a Facebook and Twitter account. The Partnership also funds the [Community Connectors programme](#). This is a collaboration between Linstone Housing, Recovery Across Mental Health (RAMH) and Active Communities that aims to bring together services in the area.

Third sector partners have even helped shape the format of the SPG from a board meeting-style arrangement to smaller discussions involving group exercises. This has enabled participants to feel more comfortable to participate in discussion and led to more productive meetings. Short term working groups also explore key issues, and Active Communities staff are hopeful that their involvement will influence how services are run.

As a community-led health organisation with community members on its Board, Active Communities brings community priorities into strategic planning. Nevertheless, Susan notes that organisations such as hers go to efforts to ensure this happens:

"Third sector members feedback to their teams and networks on the meetings to ensure everyone has the chance to have their say on issues. We are also sent the papers in plenty of time to allow us time to consult. If there are any major issues or concerns we can ask for these to be addressed through the short term working groups." (Susan McDonald, Active Communities)

### *An improvement on what existed before*

The current set up is an improvement on what existed before. Susan highlights that the SPG provides an opportunity for officers to get together with partners. This includes the Chief Officer of Renfrewshire Health and Social Care Partnership who attends most of the meetings.

"It's definitely much more of a partnership, and partners are being listened to, and are more aware of each other's work than before. There's also a recognition and

interest in different ways of working. It's a lot more joined up." (Susan McDonald, Active Communities)

Susan also highlights that the SPG gives partners the chance to understand budget constraints and be more realistic about what's available and what's not. The experience so far is that the IJB is being honest about budget implications and wants to work together in the most effective way possible.

### *Challenges*

Susan points out that community organisations like Active Communities don't always have the time and resources to get involved in structures such as the SPG. Despite welcoming the establishing of short-term working groups, they result in even more meetings. Susan feels that some kind of financial support would help community and voluntary organisations to release staff to take part in health and social care planning.

Too often, Susan feels, the third sector is spoken of as an equal partner but not always treated as one. She adds that the third sector should have a vote in the IJB – currently this is limited to the NHS partners and councillors. A former councillor, who was on the IJB at the setting up stage, was honest enough to admit to Susan that they had limited knowledge of the work of the SPG. Councillors do not attend the SPG and, as a result, Susan has been working to raise awareness of community-led health with the elected members on the IJB.

Despite the constraints in terms of time and capacity, Susan encourages community-led health organisations to get involved in the new structures where possible.

"Don't be afraid of speaking out and pushing to see actions. If you're not at the table then you won't have the chance to influence things" (Susan McDonald, Active Communities)

## **Conclusion**

Susan's experience of being involved in integration structures has largely been positive. CHEX is aware of other community-led health organisations being similarly involved in SPGs, including Lothian Community Health Initiatives' Forum. However, as the results of CHEX's survey suggest, this is possibly not the norm across Scotland. Many community-led health organisations do not feel influential at local and/or national levels, an issue explored in more detail in CHEX's [Healthy Influences](#) research.

Challenges may also arise directly from the new arrangements. For instance, thematic community-led health organisations may struggle to find capacity to attend multiple locality planning groups in different geographical areas. As outlined above, there are opportunities for such groups at strategic planning level, but restricting participation to this level may lead to equality issues being omitted from local geographical plans.

Given that the development of integration structures is still at a fairly early stage, we hope in future to hear of more examples of community-led health organisations feeding into local IJBs through SPGs or locality planning. At the same time, CHEX would also like to hear of any barriers to involvement which we can help to raise awareness of.

For the moment, our advice is to keep an eye on opportunities to be involved in local health and social care planning. At the same time, it would be sensible not to expend too much energy in one direction. There are also other legislative changes that should enable greater influence in decision making and planning, for instance, opportunities arising from the Community Empowerment (Scotland) Act – but more on this in our next briefing!

### *Contact*

**To discuss any of the issues in this briefing, please contact Andrew Paterson, CHEX Policy and Research Officer, on 0141 222 4837 or email [andrew@scdc.org.uk](mailto:andrew@scdc.org.uk).**