



Localities Consultation 11th August - 3rd November 2014

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Strategic Context

- Christie Report (2011) new relationship between citizens and public services in which communities and individuals are empowered to take a real stake in the planning and delivery of public services in a way which best meets local needs and priorities.
- “All Hands on Deck”, published in July 2013 highlights that localities are the engine room of integration, centred on people and the communities they live in.
- The Public Bodies (Joint Working) Scotland Act 2014 requires that Local Authority should be divided into two or more localities.



What is Community Planning?

Partners include:

- Health, housing and social work,
- Voluntary sector,
- Transport
- Fire and Police,
- Further education
- Many other partners including enterprise and Fife businesses.



Community planning...

- A commitment from organisations to work together, and not apart, to provide public services.
- The aims are to make sure people and communities are genuinely engaged in the decisions made on public services which affect them.



How did we approach this?

- Identified *planning principles*
- Identified *possible options* based on what we know
- Considered available *Data*
- *Conclusions* for consultation



Fife Locality Planning Principles

- Impact on those who use the service
- Meeting local priorities
- Reflect variation
- Support integrated models
- Community involvement
- Benefits to the local area



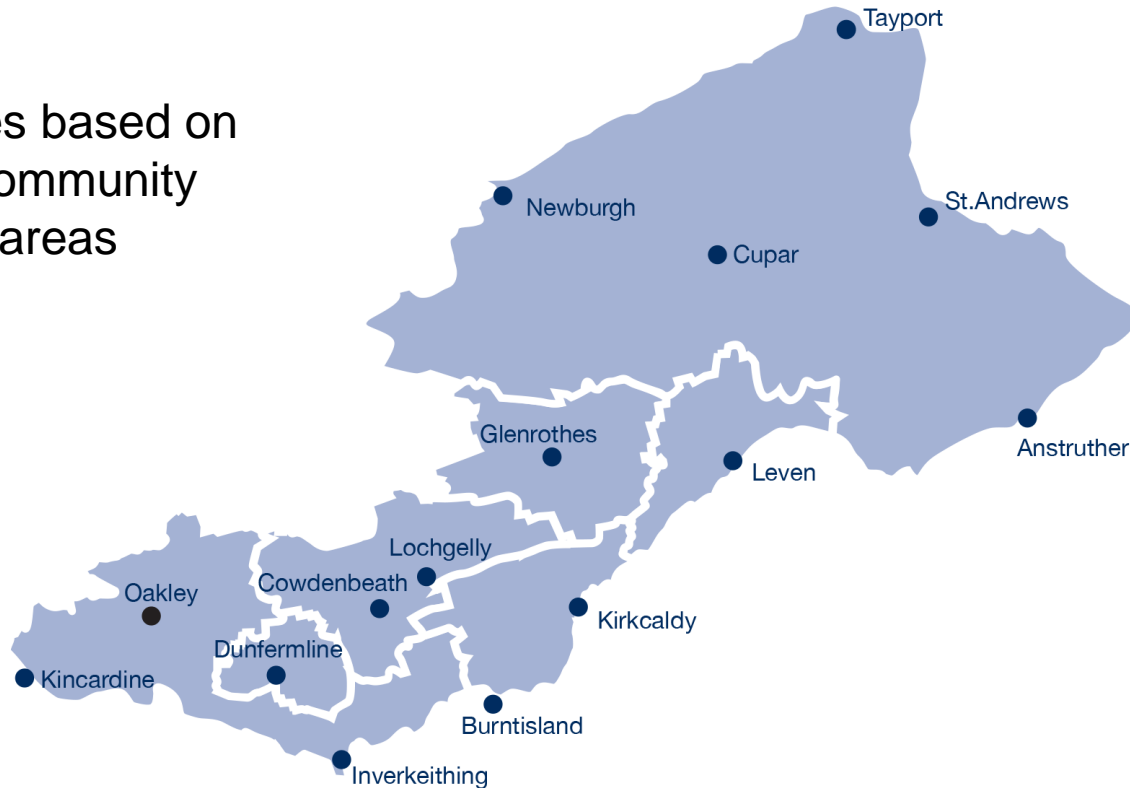
Options for Localities

1. 7, based on the community planning boundaries(North East Fife, Glenrothes, Kirkcaldy, Levenmouth, Dunfermline South West Fife and Cowdenbeath)
2. 3, based on the CHPs (Dunfermline and West Fife, Kirkcaldy and Levenmouth and Glenrothes/ North East Fife)
3. 3, based on historical planning boundaries (East, West and Central)
4. 2, based on current social work structure(East and West)



Health & Social Care Integration in Fife

Option 1
7 localities based on
current community
planning areas





Health & Social Care Integration in Fife

Option 2
3 localities based
on CHP
boundaries





Health & Social Care Integration in Fife

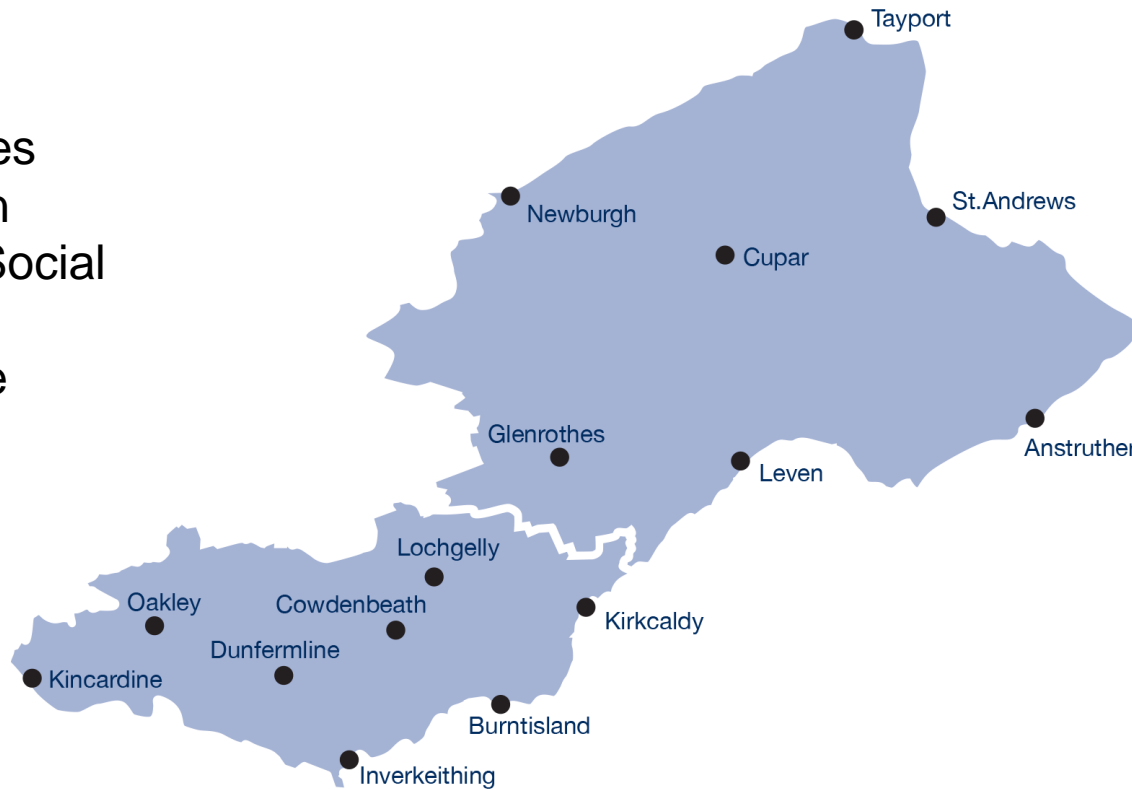
Option 3
3 localities
based on
historical
planning
boundaries





Health & Social Care Integration in Fife

Option 4
2 localities
based on
current Social
Work
Structure





Population distribution >65s

Data	Option 1	Option 2	Option 3	Option 4
Populations >65s	NE- 22% LM – 12% Kirk – 17% Glen – 13% C’beath 11% Dun – 12% SW Fife 13%	KL – 27% GNEF – 35% DWF – 36%	Not available but would be more evenly distributed	West 52% East 48%



Activity

Data	Option 1	Option 2	Option 3	Option 4
SW contacts	NE- 1125 LM – 1650 Kirk – 2175 Glen – 1750 C’beath 1425 Dun – 1200 SW Fife 1375	KL – 3600 GNEF – 3100 DWF - 4000	Not available but would be more evenly distributed	West-6000 East-4700
Home care client numbers	NE- 700 LM – 500 Kirk – 710 Glen – 615 C’beath 440 Dun – 490 SW Fife - 450	KL- 1250 GNEF -1350 DWF - 1400	Not available but would be more evenly distributed	West - 2100 East – 1900



GP registration living outside locality

Data	Option 1	Option 2	Option 3	Option 4
GP (% patients living outside the locality*	5%	0.8%	2.3%	0.7%



The rationale for decision making in terms of locality arrangements

- would be based on which option best meets the agreed planning principles.



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Summary of strengths and weaknesses

Options	Strengths	Weaknesses
1	Closer alignment to communities and hard to reach groups, reflecting local needs.	Some services may not be able to be fully integrated and discreet to the local area. Highest level of patients living outside the locality
2	Already exists and is currently aligned with GP practices, with low levels of patients living outside locality	Further removed from communities, but reflects collections of several communities.
3	Difficult to identify due to lack of alignment with other structures	High levels of patients living outside the locality and poor alignment with local community planning areas.
4	Lowest level of patients living out with the locality.	Significantly removed from local communities, so would require sub division.



Analysis

- The 7 locality option, based on community planning areas, most closely met the criteria.
- Appreciating that even these localities have communities within each, and locality working would need to reflect this.
- The 7 locality option is therefore proposed.

Benefits

- Strengthening links with GP's and other groups working in the localities.
- Building stronger networks with local groups charities, voluntary and independent orgs.
- Combining knowledge and expertise to take account differing needs now and in the future.



Benefits continued

- Consistent provision of core services across all localities with local flexibility to plan in a way that reflect local need.
- Using established community planning structures.
- Meets Scottish Government planning principles.



Common questions

- Is this about management structures? – no, it is about planning and involvement of local people.
- Why do this? – by involving local people, and the wider system e.g. housing and other community planning partners in co-producing solutions and service models, we can better meet needs and reduce inequalities.



Getting involved – we want your views

- www.fifedirect.org.uk/integration
- Call 03451 555555 ext 444230
- Consultation ends 3rd Nov 2014
- Formal report will be submitted to the Shadow Integrated Joint Board on 27th November 2014.