

The alliance of community-led health and wellbeing improvement organisations Integration of Health and Social Care

Draft National Guidance on Preparing a Strategic Plan

SCHW Comments on Draft Guidance

The guidance must be clear and easily understood by a wide range of individuals and groups and not only those in public service who spend a lot of their time reading this type of document...otherwise it fails in its 'guidance' purpose.

There is a need to explain the idea of Joint Strategic Commissioning early in the guidance to develop some common understanding of the term and the process it describes. (Strategic plan = Joint Strategic Commissioning Plan). The idea of an "Integration Authority also needs to be clarified.

The term Strategic Planning Group also needs careful explanation and its related idea of 'locality planning' and the relationship between these two planning processes.....and who will be involved in these planning processes and how they will they be identified.

The guidance is full of jargon/technical phrases (what will a lot of these mean in practice) and needs to be submitted for a Plain English assessment eg

- care services should map around the individual and community assets
- shift in the balance of care
- adopting a co-productive approach through meaningful consultation
- positive culture of engagement
- robust option appraisal process
- informal, community capacity building and asset based approaches
- preventative and anticipatory interventions
- route map to the 2020 vision for health and social care
- prioritising investment and disinvestment decisions

- outcomes for people are at the centre of the model
- an outcomes based joint performance framework should be in place
- plans should result in SMART commissioning strategies
- mutually supportive four sector engagement should be in place □ effectively commissioning/decommissioning services and implementing sound appropriate and proportionate procurement arrangements
- the integration delivery principles

The idea of a glossary of terms is worthwhile and should be pursued but should not simply introduce another level of jargon in the explanations.

The important aspect of “guidance” is that it helps to ensure effective and consistent implementation. Will this guidance do that?

The guidance does read positively (with above caveats) and has many worthwhile elements particularly in terms of the involvement and engagement of a wide range of interested parties in producing Strategic Plans. eg

- Plan should be enabling meaningful consultation and engagement with a range of stakeholders
- Consultation across all sectors and care groups
- Partnerships have the chance to think innovatively
- Involve a range of partners in the development of the plan
- Enable local people, local clinicians and professional leaders such as GPs to have a strong voice and core role
- The person at the centre of all decisions
- The commissioning process should be equitable and transparent and open to influence from all stakeholders
- Users and carers should be embedded in the process
- Feedback from people who use services and supports, their carers

and other strategic partners is an essential element of the evidence you need to review your progress.

- Share the draft strategy widely
- A wide and diverse engagement will ensure that the strategic plan is not simply controlled by a small number of people on the strategic planning group

The above elements are critical to the success of strategic planning and set difficult challenges for all involved. However many of the processes involved in the above are wide open to many interpretations and practices in particular consulting, engaging, sharing, influencing, enabling etc. The characteristics of the processes are also open to wide interpretation, for example meaningful, transparent, equitable, strong, core etc. The result is likely to be that across the 32 Integration Authorities the practice will be very varied, inconsistent, lead to islands of excellence and ultimately be a fair bit away from the national implementation of the integration delivery principles.

Perhaps the most disappointing aspect of the guidance is how “same as usual’ it sounds. It has the starting point, tone, structure and rhetoric of many recent Government reports and working papers eg on regeneration, asset based approaches to health improvement, mental health, health inequalities. The hugely challenging task of integrating health and social care is likely to result in an avalanche of papers and reports, lots of workshops and conferences great energy expended on restructuring services, great confusion amongst managers and administrators, tensions among front line staff delivering services and a scramble among third sector and private sector organisations to get a share of the funding available.

Where is guidance on the shifting of power and responsibility to help ensure that

partnerships are indeed more equitable and of similar status; where is the redressing of the balance between the medical and social models of health ; where is the commitment to investment, year in year out in community-led approaches to health and wellbeing improvement; where is the community empowerment?

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