REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 31 MARCH 2022**

SUBJECT: **LOCALITY PLANNING**

BY: **SEAN COADY, HEAD OF SERVICE**

1. REASON FOR REPORT

1.1. The purpose of this report is to provide an overview to the Board on the current status of Locality Planning within Moray.

2. RECOMMENDATION

2.1 It is recommended that the Moray Integration Joint Board (MIJB):

> **i)** **notes the progress towards delivering the identified aims for Locality Planning in Moray and confirms that this programme should remain a priority activity to meet the objectives of the Strategic Plan; and**

> **ii)** **notes the intention to deliver a first draft of locality plans to the MIJB by the end of September 2022; and**

> **iii)** **requests that further reports will be brought to the MIJB as specific decisions are required.**

3. BACKGROUND

3.1. Locality planning empowers communities and individuals to have a say in how health and social care services are delivered across Moray at a locality level.

3.2. Locality planning was a key outcome of the Christie Commission on the future delivery of public services report, 2011. It stated that funding at that time was inadequate to deliver the services of the future and that there would need to be a rethink on how these were provided. It commented that the traditional 'top down' approach was no longer adequate and instead services should be rebuilt from the ground up, being designed with and for people and communities whilst having a thorough understanding of their needs.

3.3. The Public Bodies (Joint Working) (Scotland) Act 2014 specified that new Health and Social Care Partnerships set up two or more localities that allow service planning at locally relevant geographies within natural communities. Other responsibilities include the need to consult with appropriate

representation when service provision is likely to be significantly affected and to report on the performance of planning and carrying out functions within those localities.

3.4. MIJB made its commitment to locality planning within the 2019 - 29 Strategic Plan. Sitting under Theme 2: Home First the plan states that:

"We will put in place lead managers with responsibility for getting to know their location, the people within it, working hand in glove with communities to shape services by interacting better with what communities themselves have to offer. They will ensure coherent co-ordination of the teams and support the workforce in their daily endeavours."

3.5. Four localities have been identified and locality managers were recruited in early 2020 just before the outbreak of the pandemic. Covid and other work-related pressures have resulted in less available time to develop localities. A project manager was recruited with a 12-month contract in July 2021 to support locality managers and the process.

3.6. The four localities are:

- Elgin

- Forres and Lossiemouth

- Speyside and Keith

- Buckie, Cullen and Fochabers

3.7. Localities are not to be defined by hard borders but instead should represent natural communities. Localities are defined by geography, the people that live and work in the area, the characteristics of the population and to some extent by existing services such as the location of community hospitals, health centres and social work offices. The map below gives a visual indication of the 4 individual localities across Moray.
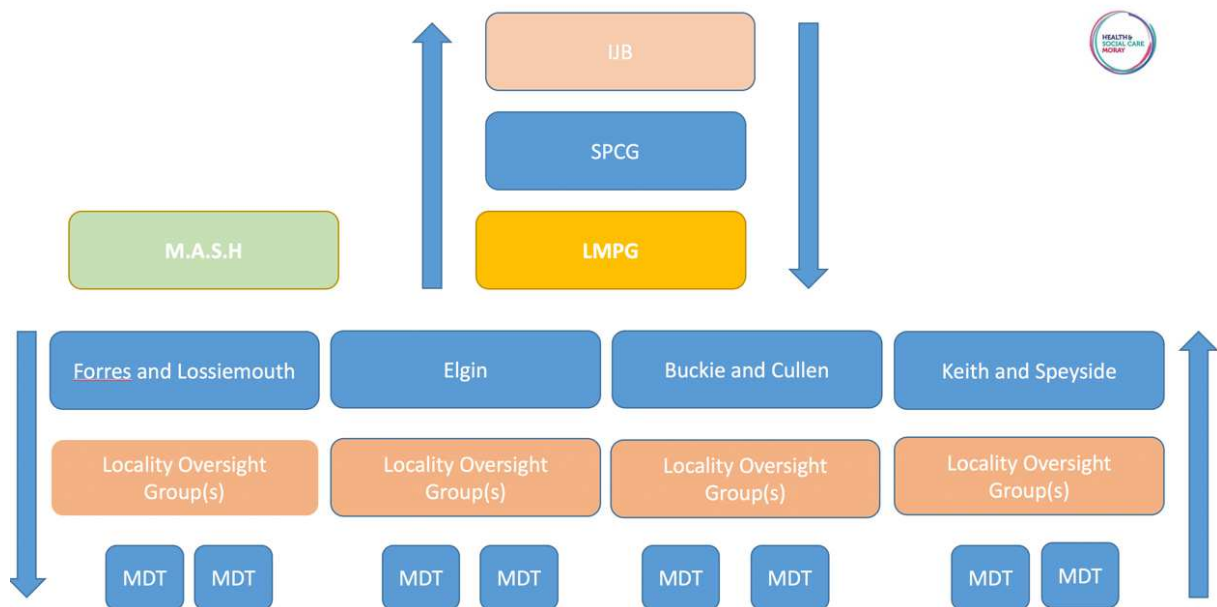

3.8. A Senior Leadership Group Development Session was held on 8 November 2021 with positive attendance and feedback. The session discussed the core elements of locality planning and identified key areas of development. A report was sent to the Audit, Performance and Risk Committee on 6 December 2021

(para 10 refers). Progress was temporarily delayed as the focus was diverted from locality planning in response to the Omicron variant and winter pressures.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. Membership to the Locality Plan Management Group (LMPG) was widened to ensure there was sufficient representation from all aspects of locality planning. The steering group, who will initially be meeting every 14 days for three months, will drive forward the delivery of locality plans with collective thinking to help identify and implement opportunities. Working at a strategic level the group will be required to ensure there is sufficient buy-in of the process throughout the entirety of Health and Social Care Moray. This group had its first meeting on 22 February 2022 and was well attended with positive feedback.

4.2. After three months the group will continue to drive and support the locality planning ethos as well as linking in with a yet to be developed multi-agency support hub (M.A.S.H). This will mirror the governance structure currently being used by our partners in Children and Families Services and will support the feed of information both up and down. At this point the LPMG will likely be referred to as the HSCM Wellbeing Partnership Group. The diagram below illustrates the governance structure.

Locality Profiles

4.3. Understanding the current state of each locality is an important step in deciding its priorities. Locality profiles are being developed to gain better insight into the current strengths and weaknesses of that area with regards to health and social care. The main purpose of locality profiles is to have evidence-based findings that can form the basis for engagement and discussion around local priorities.

4.4. A locality dashboard has already been developed that provides a daily overview of the current position of key health and social care metrics within Moray. This includes for example; the current number of delayed discharges; community hospital and care home capacity; and number of people waiting for social care assessments. Locality Managers are considering what further information is required to ascertain areas for specific focus in each locality.

4.5. In tandem, higher level demographic and health information is also being sought. Further breakdowns and analysis of the Strategic Needs Assessment is underway. Public Health Scotland have recently provided East and West profiles for Moray, and further work will be undertaken to identify which of this information is suitable for further breakdown to localities. The aim is to have the right level of quantitative and qualitative data informing locality profiles.

Locality Networks – Engagement

4.6. Community buy-in will be essential to ensuring locality planning works. Since locality plans must be developed from the ground up it will be important that the voice of the community is heard. Equally important is understanding what the community is able to offer and contribute to locality plans. Locality networks will need to be developed that allows for meaningful dialogue.

4.7. The LPMG have emphasised the need to get this right and take forward an inclusive model of ongoing engagement. Work is being done to identify current best-practice models and both a communications and engagement plan is to be developed as a matter of priority. It is anticipated a locality road show will be a key component of early engagement.

Locality Networks – Oversight Groups

4.8. The role of the Locality Oversight Groups is to support the implementation of the strategic objectives at a locality level. Information available through the locality dashboard, locality profiling, Patient, Service User and Employee feedback as well as national local good and national practices will all be used to identify the local priorities for each plan.

4.9. Each locality will have its own Locality Oversight Group and discussions are ongoing to identify how these will be developed. Locality Managers will have flexibility to operate their group as they see fit – acknowledging current working relationships and practices.

Locality Networks – MDTS

4.10. Under locality planning Multi-Disciplinary Teams (MDTs) work together to provide co-ordinated care more locally and allow team members to acknowledge the skills and expertise of others within the team, ensuring each member has an equal voice. Work will need to be done to better develop this, taking advantage of existing teams whilst also identifying opportunities for improvement.

Other Considerations

4.11. Work is currently being led by our partner, Moray Council, to develop Children and Families locality plans. Whilst HSCM is a key contributor to those plans consideration will need to be given on how these link in with plans discussed in this paper, ensuring there is shared learning and no duplication of efforts.

4.12. In a similar fashion, the work being done through other community planning initiatives such as the Local Outcome Improvement Plan (LOIP) will also need to be considered.

5. WHAT HAPPENES NEXT

5.1. A timetable (**Appendix 1**) has been drawn up allowing a first draft of locality plans to be presented to the Board by 29 September 2022. Key milestones have been identified for the individual elements and appropriate project management documentation has been established to monitor progress. It should be noted that many of the elements will have continual development with each contributing to future locality plans.

5.2. In accordance with the nine national health and wellbeing outcomes set by the Scottish Government, the Health and Social Care Moray strategic priorities and the various community and staff consultation and engagement events, local priorities will be identified. The LPMG has agreed that up to 5 priorities should be identified by each locality for the first set of plans. Once identified, an action plan will be developed showing how the priorities will be delivered within the locality.

5.3. As part of locality planning the HSCM budget needs to be split down to a locality level. To meet our legislative requirements this information is currently available at an East/West split but further analysis will need to done to identify which costs can be shown at a locality level. The LPMG appreciates that a complete split of budgets may not be achievable in the short term, and this should be seen as an iterative exercise over many locality planning cycles.

5.4. In line with the MIJB performance framework, locality performance management will be developed to monitor progress of the identified action plans in achieving the stated outcomes required

6. SUMMARY OF IMPLICATIONS

a) **Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Moray Partners in Care 2019 – 2029"**
The aims of Locality Planning in Moray have significant alignment to the themes of the MIJB strategic plan and in particular to the Home First theme.

b) **Policy and Legal**
None directly associated with this report

c) **Financial implications**
At present there are no direct financial implications to locality planning. It is hoped that opportunities to pull together resources and work more collaboratively will lead to greater efficiencies. Deliberation will need to be given to how commissioning forms part of locality planning its impact on the acquisition of services.

d) **Risk Implications and Mitigation**
The risks around being unable to successfully embed a locality model in our culture and system will be identified on a project by project basis and mitigations identified accordingly.

e)   Staffing Implications
As the modelling for change in service delivery progresses the staffing implications will be identified and taken forward following the appropriate policies. Short term funding has been allocated to the transformation programmes to allow them to move to pilot phase. This has facilitated some additional staff resource to be identified and attached to the programmes.

f)   Property
There are no property implications to this report.

g)   Equalities/Socio Economic Impact
There are no changes to policy as a result of this report.

(h)   Climate Change and Biodiversity Impacts
There are no direct climate change and biodiversity implications arising from this report.

i)   Consultations
Consultations have taken place with the Home First Delivery Group, Chief Officer, Chief Financial Officer, Chief Social Work Officer, Chief Nurse and AHP lead Clinical Lead, Head of Service and Corporate Manager, Consultant in Public Health, Involvement Officer, HSCM and Tracey Sutherland, Committee Services Officer and comments incorporated.

7.   CONCLUSION

7.1.   Locality planning will provide the opportunity to identify health and social care priorities within natural communities and plan service delivery from the ground up.

7.2.   MDT working at its truest form should lead to greater communication, integrated working and overall efficiencies.

7.3.   A first draft of locality plans is to be presented to the MIJB at the end of September 2022.

Author of Report: Jamie Fraser, Project Manager

Background Papers:

Ref: