Locality Plans

Programme Initiation Document

V1.1

Background

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 and subsequently a locality plan. These plans will demonstrate how the Partnership seeks to meet the National Health & Wellbeing Outcomes and the objectives set out in the Strategic Plan at a local level.

A locality is defined 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.

Providing ownership to localities to address key issues, through public and staff engagement, matched with an evidence base, and resulting in a clear and achievable locality plan can be the most effective way of bringing about transformational change across Moray.

The model for locality working in Moray will take into account the following four key principles.

- Practicing person centred care
- Building resilience through prevention
- Transition from hospital to home
- Changing perception through awareness

The purpose of this document is to outline a 6 month programme of activity that will develop and implement the four locality plans across Moray – Elgin; Forres and Lossiemouth; Buckie, Cullen and Fochabers; and Speyside and Keith.

This will be delivered through the establishment of a Locality Plan Management Group programme board with the following membership:

Role	Representative	Responsibilities
Executive Lead	Sean Coady	Ensure goals are aligned with the overall strategy. Gather support, communicate goals and overcoming resistance. Provide ongoing clinical leadership & direction to the programme team
Locality Managers	Lesley Attridge Iain MacDonald Claire Power Cheryl St Hilaire	Accountable for ensuring the programme meets its objectives, delivers the projected outcomes and realises the required benefits
Project Manager	Jamie Fraser	Planning, executing, monitoring, controlling and closing projects within the programme
Communications and Engagement Officer	Fiona McPherson	Communications and engagement with the public.
Performance Officer	Duncan Sage	Performance and health intelligence.
Finance Officer	Bob Sivewright Tara Gaughan	Accountancy and finance support
Clinical Consultants	Lewis Walker Jane Mackie Sam Thomas Audrey Steel-Chalmers	To provide clinical support and oversight

Objectives

The key objectives of the Locality Plans are to:

- Demonstrate how the National Health and Wellbeing Outcomes and objectives set out in the Strategic Plan will be delivered at a local level.
- 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.
- 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 colleagues, and third sector providers – to help improve outcomes for local people.
- 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.

Outcomes (measurable)

- Quantitative and Qualitative health intelligence will be used to influence the priorities of the locality plans.
- Locality delivery plans will specifically describe principles and outcomes relating to local issues and challenges.
- Establish Locality Planning Core Group with stakeholder representation to engage with people living and working in the locality
- Development and establishment of Locality Dashboards to allow the monitoring and analysis of the strengths and areas of improvement within each locality.
- Improvement in community resilience and better use of community assets.

Scope

Locality plans will be developed through a mix of profile analysis and community and professional engagement. The scope of this programme will include:

- Analysis of both national and local health and care data and statistics; asset/resource mapping and demographic information. Intelligence gathered here will feed into Locality Dashboards which can be used to monitor the strengths and areas of improvement within each locality.
- Establish Locality Planning Group with stakeholder representation to engage with people living and working in the locality. Representation will be required from both professional, third sector groups and community groups.
- Ensuring proposed improvements are driven by what matters to the individual localities.

Benefits

- Local intelligence-lead service delivery that tackles the issues prominent within each locality.
- Increased and enhanced partnership working through Multi-Disciplinary Teams (MDT)
- A clear forward looking vision to enable professionals to practice shared decision making.

Impact

Locality Plans will positively impact the stakeholders of Moray Health and Social Care by guiding and supporting the implementation of local health priorities. By building upon insights, experiences and resources in localities, Partnerships can improve local networks, develop robust, productive professional relationships, improve outcomes and enhance community resilience.

Key Stakeholders

- Patients, Carers, Volunteers and the Public
- General Practice
- Staff across Primary and Secondary Care including independent contractor primary care providers e.g. Optometrists and Dentists
- Social Care
- Third Sector
- Health and Social Care Partnership staff
- Housing
- Change Programmes (specifically Leads, programme/project managers)
- The NHS Grampian Board
- Commissioning
- Integrated Joint Boards
- Partner organisations e.g. SAS, NHS 24, other Boards areas who access services

Programme Approach

The Locality Plan Management Group will provide leadership to this programme of work, chaired by the Executive Lead.
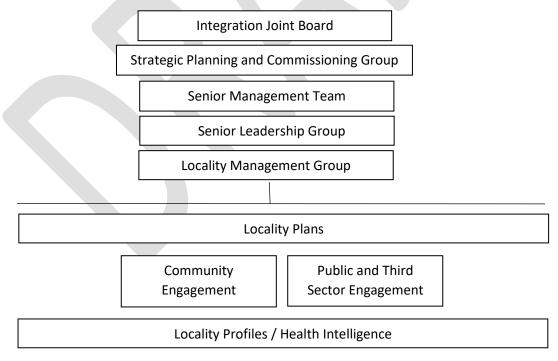
The priority areas of work will be driven by a number of work-streams supported by a Locality Manager.

Each of the work-streams will have a key representative attend the monthly Locality Planning Group meetings to report on the current status of the work-streams progress.

A pathway approach to identifying areas for improvement is advocated by the Management Group.

Project/Programme Management documents will be used across the work-streams to produce regular progress reports which will provide a summary of how the programme is functioning and progressing as a whole including identification of areas of good practice that can be shared.

A Risk register will be used to monitor any threats to the programme and a live action tracker will be updated regularly and shared with the members of the board and work-streams detailing the deliverables progressing.

LOCALITY MANAGEMENT PLAN PROGRAMME STRUCTURE

Integration Joint Board
Strategic Planning and Commissioning Group
Senior Management Team
Senior Leadership Group
Locality Management Group

Locality Plans

Community Engagement	Public and Third Sector Engagement

Locality Profiles / Health Intelligence

Appendix A shows the various work streams and timelines.

Budget

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.

Financial information will be localised to enable each locality to monitor and scrutinise spend thus ensuring best value. As well as providing a sense of ownership locality performance information will help determine that the services being provided reflects the best use of public finances.

There will be an increased emphasis on identifying and accessing additional funding pathways for developing initiatives and services. This matched with an evidence base developed through the use of quality improvement methodology will provide the opportunity to commission services to meet needs locally and Moray wide.

Timeframe

A timeframe of 6 months has been established to bring the locality plans to a first iteration.

Risk & Mitigation

The key risks that pose concern to the programme are:

- Workforce capacity and engagement at service level
- Buy-in from other Health Care Professionals
- Public understanding and engagement

Governance

Governance of the Localities Plan programme will be via the Locality Plan Management Group who will report bi-monthly to the Senior Management Team.

Evaluation

Using a Quality Improvement Methodology approach to service level improvement projects will provide measured outcomes at a local level. The key to robust evaluation of the implementation of a localities ethos across Moray will be centred on the experiences of our patients and service users.

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).

Appendix A

Locality Plans
Planning Schedule 21/22

		September	October	November	December	January	February	OUTPUTS
1	**Locality Profiles**							
1.1	Identify key criteria							Locality profile which includes key demographic information to help shape locality plans. Includes information on population size, age, employment,
1.2	Collection and analysis							
1.3	Reporting							
2	**Community Engagement**							
2.1	Develop engagement plan							Community-led intelligence on what the population wants. Allows feedback from the community but also opportunity to think about community resiliance.
2.2	Implement engagement plan							
2.3	Feedback and reporting							
3	**Professional Engagement**							
3.1	Establish Locality Planning Groups							Public Sector and Third Sector-led intelligence on what issues and challenges are current and emerging. Includes work to establish MDTS
3.2	Identify key issues and challenges							
3.3	Feedback and Reporting							
3.4	Establish MDTs							
4	**Locality Plans**							
4.1	First draft							Feedback from Workstreams 2 and 3 fed into help establish first draft of Locality Plans.
4.2	Report to SMT							