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**REPORT TO: MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK COMMITTEE 6 DECEMBER 2021**

**SUBJECT: LOCALITLY 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 Audit, Performance and Risk (APR) Committee on the current status of Locality Planning within Moray.

## **2. RECOMMENDATION**

**2.1 It is recommended that the APR Committee:**

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

## **3. BACKGROUND**

3.1. 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.

3.2. 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.

- 3.3. MIJB made its commitment to locality planning within the 2019 Strategic Plan (Partners in Care). 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 and resources 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 locally and support the workforce in their daily endeavours.”
- 3.4. Four localities have been identified and locality managers were recruited in early 2020 just before the outbreak of the Covid-19 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.
- 3.5. The four localities are:
  - Elgin
  - Forres and Lossiemouth
  - Speyside and Keith
  - Buckie, Cullen and Fochabers
- 3.6. A Project Implementation Document was produced (**see Appendix 1**) and was presented to the Strategic Planning and Commissioning Group on 22 September 2021. This was followed by a Senior Leadership Group Development Session on 8 November 2021. A summary of the output from that session can be seen under **Appendix 2**. Feedback from both these sessions has been used to inform the current plan.

#### **4. KEY MATTERS RELEVANT TO RECOMMENDATION**

- 4.1. A number of work streams have been identified on how locality planning will be brought forward. Whilst these have been identified separately it is important to stress that these will be carried out in tandem, allowing for continual feedback and evaluation on how to take the entire process forward.

##### **Locality Profiles**

- 4.2. 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 those areas 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. Profiles will be developed with both micro and macro level information.
- 4.3. At a micro level, information is being gathered by our Health Intelligence team. Using locality dashboards, day-to-day, and where possible real time,

information is being collected to give Locality Managers a thorough understanding of what is happening within their localities at any given moment. Preliminary dashboard information has been collected in regards to both health and social care information and work will soon start on refining the dashboards to ensure they are providing the correct balance of information to help inform locality profiles.

- 4.4. Demographic information is also being sought. This will provide data intelligence at a macro level, including information on population, health behaviours and currently available health and social care assets etc. Continuing from the work completed under the 2019 Moray Joint Strategic Needs Assessment it is hoped information can be updated and split down to a locality level helping to get a better understanding of the area and help identify emerging risks and challenges. Work is underway to establish the information and metrics that can be obtained for the identified locality areas. There are different localities used across Council services and discussions are underway to ensure consistency of approach.

### **Locality Oversight Groups**

- 4.5. A key part of locality networks will be the formation of Locality Oversight Groups. These groups will operate at a strategic level with their responsibility being to support the implementation of the MIJB Strategic Plan at a locality level. Using information available via the locality dashboards, locality profiling and patient and service user engagement the group will help inform local priorities that will make up Locality Plans.
- 4.6. Membership of the Locality Oversight Group will include a range of health, social care and third sector representation with the make-up of each group being based on the needs of the individual locality. In practice each locality will establish a core Locality Oversight Group with additional representation being brought in when required.
- 4.7. Work has already begun with some locality managers developing their oversight groups. There is a time commitment required, both in terms of establishing the groups but also in the commitment required by each of the representatives. Ensuring there is buy in for the process will be important.

### **Locality Networks**

- 4.8. 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.
- 4.9. The make-up of locality networks will be wide and varied. As well as health, social care and third sector representation it is important to hear from community organisations, private sector and those with lived-in experiences. It is important that any engagement is continual and not just a one off
- 4.10. An engagement plan is currently being drafted and will take into consideration guidance issued by Scottish Government, primarily Care Services – Planning with People: guidance. **See Appendix 3.**

### **Multi-Disciplinary Teams (MDTs)**

- 4.11. The strategic plan defines an MDT as a team made up of professionals across health, social care and third sector who work together to address holistic needs of the patient or service user in order to improve delivery of care and reduce fragmentation.
- 4.12. Under locality planning 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.
- 4.13. In practice, each locality will have a number of separate MDTs – either based in a specific location or dealing with certain patient types. Some MDTs are already established but others will need to be formed. Again, this will require a time commitment.

## **5. OTHER CONSIDERATIONS**

- 5.1. 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.
- 5.2. Whilst locality planning builds on the themes and priorities identified under the Christie Report, 2011 newer works such as The Promise, 2020 and The Independent Review of Adult Social Care, 2021 will also have an impact on designing services going forward.
- 5.3. Realistic medicine and the person centred approach will also be key to developing locality plans and this is where the MDT model will be most apparent. Understanding how locality plans are linked into a whole system approach, taking into consideration Home First project streams as well as Hospital without Walls and frailty pathways will be crucial. It is important to ensure that locality plans do not become isolated work streams but instead are embedded into both the Moray and Grampian wide service.

## **6. WHAT HAPPENS NEXT**

### **Locality Plan Management Group**

- 6.1. A steering group is to be established and will meet in mid-November to discuss the next steps in developing the plans. Representation will be made up of health, social care, clinical, finance, commissioning, communications and management staff. 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.

### **Locality Profiling**

- 6.2. Work will continue on the development of locality profiles with the dashboard being refined. The larger piece of work will be understanding of wider demographic information and that will be done in conjunction with partners in Public Health.

### **Engagement plan**

- 6.3. The above mentioned engagement plan will be progressed. Early feedback suggests that engagement should not be a single exercise, but instead allow for a continual dialogue between all parties. A piece of work will soon start look at how a Health and Social Care Moray membership scheme might be rolled out as a way to get community buy-in and participation.

### **Staff Communications**

- 6.4. Equally important will be how staff are brought along the journey, ensuring that they have an equal voice and that any major changes is signposted early on in the locality planning process.

## **7. 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 effectively will lead to greater efficiencies. Deliberation will need to be given to how commissioning forms part of locality planning and 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) Consultations**

Consultations have taken place with Chief Officer, Chief Financial Officer, Corporate Manager, Consultant in Public Health, Public

Involvement Officer, HSCM and Tracey Sutherland, Committee Services Office and comments incorporated.

## **8. CONCLUSION**

- 8.1. Locality planning will provide the opportunity to identify health and social care priorities within natural communities and plan service delivery from the ground up.**
- 8.2. MDT working at its truest form should lead to greater communication, integrated working and overall efficiencies.**
- 8.3. An update on the locality plans will be brought before the MIJB in March 2022.**

Author of Report: Jamie Fraser, Project Manager

Background Papers:

Ref: