



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	01 December 2020
<b>Report Title</b>	Update on Effective Working in Localities
<b>Report Number</b>	HSCP.20.060
<b>Lead Officer</b>	Sandra MacLeod, Chief Officer
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<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Appendices</b>	A: Integration of Locality Planning and Community Empowerment Models for Community Planning Aberdeen and Aberdeen City Health & Social Care Partnership

### 1. Purpose of the Report

- 1.1. The purpose of this report is to update the Integration Joint Board on the development of effective locality working in Aberdeen City.

### 2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:

- a) Notes progress of the development of effective locality working.



## INTEGRATION JOINT BOARD

- b) Endorses the proposed integration of locality planning and community empowerment models as described in the Community Planning Aberdeen paper at Appendix A.

### 3. Summary of Key Information

3.1. At the IJB meeting on 19<sup>th</sup> November 2019 approval was given to move to three Localities and the Chief Officer was instructed to report back to IJB on the progress towards integrated locality working in December 2020. The 2019 report detailed a phased approach which is shown in the table below and the subsequent text of this current report provides an update on progress against each of the phases.

Phase	Activity	Time-scale
1	Supporting the establishment and development of 3 Locality Empowerment Groups (LEGs)	<b>November 2019- November 2020</b>
2	Upskilling and development of both Locality Empowerment Groups and Operational Teams	<b>April 2020 onwards</b>
3	Redesign of staffing teams, aligned with our localities	<b>November 2019 to November 2020</b>
4	Integrated locality working	<b>January 2021 onwards</b>

#### Phase 1: Supporting the establishment and development of 3 Locality Empowerment Groups (LEGs)

To support the establishment and development of three LEGs an initial recruitment campaign took place in February 2020 to encourage anyone who could improve health and wellbeing in their community to get involved. The response to the campaign was very positive resulting in 75 people expressing an interest in being involved, with many having no previous involvement in the Locality Leadership Groups.

People were invited to three informal sessions in March, which were planned to take place across the City at different times of the day and evening. Approximately 20 to 25 people signed up for each event. The last session was held virtually due to the initial Covid-19 lockdown measures. The aim of these informal sessions was to start



## INTEGRATION JOINT BOARD

the process of co-designing the LEGs with participants and understanding how they wanted to be involved, what support they needed, who else should be involved and what the next steps should be.

Following the COVID19 outbreak, the development of LEGs was paused initially. This was due to the large number of people volunteering in response to the pandemic. A survey was issued in June to re-connect with people already signed up. The survey asked if they were willing to continue to engage online to progress with the development of LEGs. The response was overwhelmingly positive and three online sessions were held in July with 40 people taking part. Two easy read documents were produced after the March and July sessions summarising feedback for those participating. Next steps have been compiled and shared with people who have expressed an interest in continuing to be involved. Themes such as flexibility; using plain English; and a motivation to empower and influence change were common which led to plans to develop a shared purpose session.

At present 177 people have expressed an interest to be involved in the LEGs. A communication and engagement plan has been established with 28 touch points which range from School Councils and Housing Tenant groups to community food networks. There have also been interfaces on the development of LEGs with the GP Clusters.

Demographic information on those signed up has been collated to ensure the LEGs are representative of the population of Aberdeen. A targeted recruitment drive has now been put in place to increase membership in line with the nine protected characteristics under the Equality Act 2010.

### **Phase 2: Upskilling and development of Locality Empowerment Groups**

In line with the principles of co-production, initial engagement has focused on how people want to be involved; who should be involved; and what they need to get involved. Flexibility has been identified as key and therefore ways for people to get involved include various digital platforms (ensuring these comply with security/information governance protocols.. We will ensure people are not excluded by providing managed support.

Induction sessions were held for those wanting to understand the scope of health and social care better. A number of virtual sessions to co-create a shared purpose were also held and the LEGs will now decide how to represent the agreed statement visually.



## INTEGRATION JOINT BOARD

To ensure regular communication and to focus on the development of LEGs, six weekly updates have been provided to people who register as members of the Locality Empowerment groups.

It is important the LEGs are able to influence decisions and therefore a governance framework has been developed that shows the proactive exchange with the Strategic Planning Group. Discussions with the LEGs are underway as to how they will be represented on the Strategic Planning Group.

A number of virtual sessions have taken place to enable LEGs to influence key priority projects being undertaken across the partnership Huddles to deliver Operation home First (OHF). These include: information sharing and being part of communication plans; the review of day care, day activity services and respite; promoting and encouraging the uptake of the flu vaccine; and influencing the way Community Treatment and Care Services are delivered in the future.

It is envisaged the LEGs will have a key role in contributing to the development of the next version of the Strategic Plan ensuring this is truly coproduced, and a timeline has been created to enable this to take place.

### **Phase 2: Upskilling and development of Operational Teams and Phase 3: Redesign of staffing teams, aligned with our localities**

Two workshops were held in March to describe and discuss what locality working would mean for staff.

Since June 2020 various operational teams have joined together to ensure delivery of key priorities within OHF. These are:

- The delivery of the new Care at Home Contract from 1st November
- The provision of multi-disciplinary teams (MDT) “wrap around support” for Care Homes
- The delivery of the different aspects of the “Stepped Care” approach
- The redesign of Day Care and Day Activity opportunities
- Workforce planning and the alignment of staff to localities



## **INTEGRATION JOINT BOARD**

### The delivery of the Care at Home Contract

The tender for the delivery of Care at Home support was awarded to the Granite Care Consortium. A consortium of 10 providers in the City. The implementation date for the contract was November 1<sup>st</sup>. There has been a significant level of collaborative working amongst the providers and ACHSCP staff during the transitional phase. New pathways, systems and processes have been designed; a means of capturing outcomes has been developed; and care packages have been transferred.

### MDT Wrap around support for Care Homes

The purpose of this work stream is to ensure that there is a more integrated approach to the delivery of care within our nursing and residential facilities within each locality in the City. The aim is to create a supportive and collaborative MDT aligned to each care home who work in partnership with providers to sustain good standards of care and ensure positive outcomes for our residents. Work has been undertaken to identify areas of good practice, and good integrated team working, and to replicate this approach in areas where this is not happening. Early findings suggest a link between previous areas of concern within our residential and care homes and the degree to which support is delivered by the wider health and care teams.

### Delivering our “Stepped Care” approach

Currently there are three key areas of focus within our Stepped Care approach:

- Hospital at Home
- Enhanced Community Support
- Staying well staying connected

#### Hospital at Home

Hospital at home is a model of delivering care for people at home, rather than in hospital, where it is safe to do so. There are two elements of this model – prevention of admission and earlier / active recovery discharge planning. Whilst the work has been under development for the past two years, the recent focus has been to “scale up” the capacity within the team and also to create pathways with other relevant services – for example with GMED over the weekends.



## INTEGRATION JOINT BOARD

### Enhanced Community Support

Over the past few months, there has been a lot of work done to develop opportunities to provide enhanced community support. One aspect of this has been the emergence of daily and weekly locality virtual multidisciplinary “huddles”. These huddles provide an opportunity for individual team members to raise immediate concerns that they may have regarding a member of the community and for the whole team to respond by stepping up their input to avoid any further deterioration in the person’s condition, or their need for a hospital admission.

### Staying well, staying connected

This is a great example of partnership working between health and social care and the third and independent sector. The purpose of this group is to foster a stepped care approach ensuring that members of our community can move up and down the continuum as their needs fluctuate. There is a focus on “right person, right organisation” which allows for a wider engagement with partners who have not traditionally been involved in the delivery of health and care. The focus is on restoring and nurturing physical and mental well-being.

### The redesign of day care and day activities

The redesign has strong links to our localities work and our stepped care approach, ensuring that we are able to sustain carers and cared for through the provision of an outcomes focussed model of delivery which incorporates short breaks. The implementation group consists of representatives of providers and ACHSCP staff.

### Workforce Planning

There is a current focus on the design of workforce for community nursing and social work. In addition to this, there is a specific piece of work considering the workforce implications of scaling up the delivery of hospital at home.

Most services now have aligned team members to the locality in which they work. For the most part, team members are mainly delivering services in a virtual way, and therefore their physical presence in a geographical locality is extremely limited.



## INTEGRATION JOINT BOARD

### Phase 4: Integrated locality working

Over the course of the last four years, it has become apparent that there is significant overlap and duplication between the two locality planning models for the Aberdeen City Health and Social Care Partnership and Community Planning Aberdeen (CPA). A review of the two models has identified significant benefits to be gained from implementing a more integrated approach to locality planning for communities, partners and staff.

The paper attached at Appendix A, describes the review and proposals for revised arrangements intended to reduce duplication of effort and simplify the landscape for community engagement offering a clear, streamlined route which makes it easier, simpler and more appealing for people to engage. It is hoped this will enable stronger representation of community views in service and strategic planning which will in turn lead to person led delivery and improved outcomes.

In essence the proposal is that locality planning for both the ACHSCP and CPA will be integrated, that the existing three locality areas (North, Central and South) as agreed by the IJB, will be known city wide as the localities; that the scope of Locality Empowerment Groups will expand to cover not only health outcomes, but all LOIP Stretch Outcomes; that the former CPA localities will be renamed Priority Neighbourhoods; that there will be shared Locality Plans which the LEGs will oversee delivery of; that the CPA Locality Partnerships will be renamed Priority Neighbourhood Partnerships and will continue to focus on the particular needs within these areas; that the Locality Plans will include a focus on Priority Neighbourhoods (with an option to separate out these plans for the Priority Neighbourhood audience).

The LEGs with their wider remit will continue to link to the Strategic Planning Group and the IJB will continue to be updated on their progress. The IJB will also sign off the health and social care aspects of the Locality Plans. The LEGs will help inform the refreshed LOIP and stretch outcomes which in turn will feed into the refresh of the IJB Strategic Plan. The paper at Appendix A is due to be considered at the CPA Board on 3rd December for approval. Detail of consultation work undertaken to date and further timelines is provided at section 7.1 of the CPA report but is included below for ease of reference: -

Key Milestones	Timescale
Draft report and recommendations considered by CPA Management Group	Completed



## INTEGRATION JOINT BOARD

Complete review of shared resources to support delivery of the new integrated model	Completed
Online consultation events for community planning partners	Completed
Online consultation event with HSCP Locality Empowerment Group members	Completed
Consultation with CPA Locality Partnerships	Completed
ACC Transformation Board	24 Nov 20
ACHSCP Integration Joint Board	01 Dec 20
Final Report and recommendations approved by CPA Board	3 Dec 20
First meetings of the new integrated LEGs held by end January	Jan 21
Development of Locality Plans to align with development of refreshed LOIP	Jul 21
Revised CPA Improvement Programme to reflect totality of improvement projects taking place across the Partnership	Sep 21
Phase 2 review of connection with new integrated Locality Planning Model and partnership forums, community groups and community councils	Oct 21

Subject to agreement, a shared communications plan will be prepared to inform communities about the new arrangements and engage them in the implementation phase,

There is also the intention to initiate a second phase review of locality planning which will look in depth at the network of community groups in Aberdeen and how we connect with these going forward to expand neighbourhood planning.

### 4. Implications for IJB

- 4.1. Equalities - It is anticipated that this report will have a neutral to positive impact on the protected characteristics covered by the Equality Act 2010. The Strategic Plan and our locality approach have a focus on addressing inequalities in access to health and social care services.
- 4.2. Fairer Scotland Duty - It is anticipated that this report will have a neutral to positive impact on people affected by socio-economic disadvantage. The Strategic Plan and our locality approach have a focus on addressing inequalities in access to health and social care services.
- 4.3. Financial - There are no direct financial implications arising from the





## INTEGRATION JOINT BOARD

recommendations of this report. Supporting the locality empowerment groups and the delivery of locality-based services will be undertaken within the existing Medium-Term Financial Framework.

- 4.4. Workforce - the shift to locality focus will directly impact on our workforce and as such we will provide support to staff to lead and deliver these changes
- 4.5. Legal - There are no anticipated legal implications in relation to this report.
- 4.6. Covid-19 – There were initial delays to progress of the phases due to re-prioritisation of work during the first wave of Covid-19. Significant progress has, however, been made since June and although some progress has still to be made, much ground has been caught up.
- 4.7. Other

### 5. Links to ACHSCP Strategic Plan

5.1. This report links directly to the Communities Aim of our current Strategic Plan and our commitment to “Enable our communities to utilise their energy, strengths, people and assets to self-organise and exercise autonomy” and specifically to the first five priorities within that commitment.

- i. Promote community engagement, participation and empowerment
- ii. Implement the new locality model
- iii. Promote an asset- based approach
- iv. Encourage co-design and co-production of services
- v. Work with our partners in Community Planning to deliver on the LOIP

5.2. The work detailed in this report also supports the development of the next Strategic plan.

### 6. Management of Risk

#### 6.1. Identified risks(s)

The IJB is required under the Public Bodies Joint Working Act 2014 to work in localities and by the Community Empowerment (Scotland) Act 2015 to engage with communities and help them to build capacity. There is a risk



## INTEGRATION JOINT BOARD



that, if we do not move to an empowering locality-based approach to service delivery, we will be failing in our duties in relation to these pieces of legislation.

**6.2. Link to risks on strategic or operational risk register:**

This report links directly to Risk 8 on the Strategic Risk Register - There is a risk that the IJB does not maximise the opportunities offered by locality working.

**6.3. How might the content of this report impact or mitigate these risks:**

Working in a collaborative and empowering way with communities will mitigate the above risk.

Approvals	
	Sandra Macleod (Chief Officer)
	Alex Stephen (Chief Finance Officer)