



AUDIT & PERFORMANCE SYSTEMS COMMITTEE

Date of Meeting	12.02.2019
Report Title	Localities – Update on Progress
Report Number	HSCP.18.139
Lead Officer	Sandra Ross, Chief Officer
Report Author Details	Anne McKenzie Aligned senior manager – North Locality
Consultation Checklist Completed	Yes
Appendices	NA

1. Purpose of the Report

- 1.1. This report provides the Audit & Performance System Committee with an update on progress with locality working to date. In particular, an update on achievements to date, barriers to achievement, and the rationale for change from a four to three locality model.

2. Recommendations

- 2.1. It is recommended that the Audit & Performance Systems Committee:
- a) Note the contents of this report

3. Summary of Key Information

What is a locality?

- 3.1. A locality is defined with the Public Bodies (Joint Working) (Scotland) Act 2014 as a smaller area within the borders of an Integration Authority. The purpose of creating localities is not to draw lines on a map, but to provide an organisational mechanism for local leadership of service planning, to be fed upwards into the Integration Authority's strategic commissioning plan. In the Scottish Government guidance note on localities, localities refer to the group



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of people in these areas who must play an active role in service planning for the local population, to improve outcomes. It recognises that this group of people will come from a range of different backgrounds, accustomed to different working styles, and that it will take time for them to find the best way to work together

3.2. Requirements from the Public Bodies (Joint Working) (Scotland) Act 2014 Requirements of Integration Authorities

- Define 2 or more localities.
- Ensure that localities are represented on the Strategic Planning group
- Involve and consult representatives of the locality where the integration authority is taking a decision which is likely to significantly affect service provision

3.3. Requirements of Localities

- Collaborative working using robust communication and engagement methods
- Supporting GPs to play a central role in providing coordinated care to local communities, working with the primary care, secondary/acute care, social care and the third/independent sector
- Community capacity building in order to forge connections

Locality Arrangements

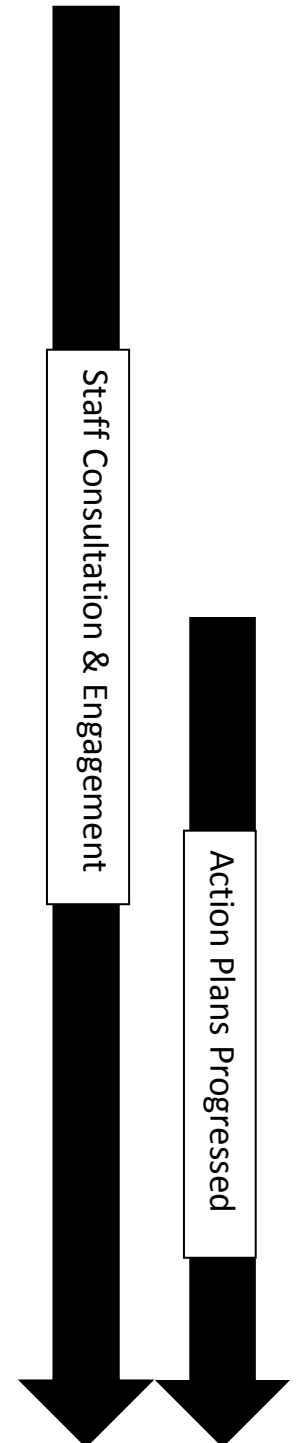
- 3.4. During the year preceding the launch of the ACHSCP, the shadow IJB identified four localities. These were based on alignment with GP structures at that time. Given the early stage of the organisation at that time, an option was identified for this to be reviewed at the appropriate time.



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Localities Key Milestones

Pre-November 2017	Locality Engagement and formation of Locality Leadership Groups (LLGs). Health needs assessment per locality.
November 2017	All Heads of Locality in post. Draft locality plans written based on the public health and locality consultation.
December 2017	Draft locality plans submitted to and approved by the Integration Joint Board.
January 2018	Locality action plans are created.
February 2018	Terms of Reference for the LLGs are reviewed with LLG members.
March 2018	Localities 'Go Live' and consultation with staff. Plans to move to locality teams from April 2018.
April 2018	Plans to move to locality teams postponed to allow for reconsideration of the structure.
October 2018	Interim structure established. Heads of Locality assume different responsibilities, but remain as senior leadership team 'link' to LLGs
November 2018 onwards	Public consultation opens on "move from 4 to 3 localities".





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- 3.5. While there has been a pause in the planned changes to organisational arrangements to align services across the localities, there has been a significant amount of work done in all 4 localities to build relationships across the LLGs and wider community networks and groups and we are beginning to see the benefits of this investment and some real traction in the actions being progressed within each of the locality plans.

- 3.6. The new Chief Officer implemented an interim leadership team due to vacancies in a number of posts at a senior level. This included a halt on the implementation of the previously agreed localities staffing structures whilst the leadership structure of the Partnership is reviewed. The Head of Operations is currently undertaking this review and it will include recommendations on how the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 in regard to localities should be delivered in future.

- 3.7. Common achievements and barriers across all localities:

Achievements	Barriers
Creation and approval of the locality plans based upon local engagement events or surveys, consultation, and the available public health profile information.	Public Health data is available retrospectively Whilst the engagement process endeavoured to have a wide reach and reflect the views of the local population, the level of participation varied across different localities
Creation of locality action plans, with measurable outcomes.	Limitations of the available data and engagement with the local population at the time the initial plans were being developed
Establishment and development of Locality Leadership Groups. A diverse group of people coming together – some with very little prior knowledge of Health and Social Care – to take accountability of the delivery of the actions within the plan. Focus has been on relationship building and developing trust to underpin collaborative working	An element of confusion about the difference between HSCP Locality Leadership Groups and Aberdeen City Council Locality Partnerships. The difference in number and lack of configuration of plans. The exception to this being Torry, where the locality plans map across. In this case, to the exclusion of the rest of the South locality within the HSCP.
Further investigation of the evidence to identify particular opportunities for change for	Available data and capacity to support this engagement activity





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example social isolation, access to support for unpaid carers.	
Establishment of sub groups to progress actions outwith the Locality Leadership Group Meetings	Capacity available to support local subgroups
All localities accessing training in Co production approach commissioned by IJB	Time to embed this approach to be at the stage genuinely co-producing solutions to shared challenges

3.8. Specific Examples of Progress

- Increased levels of unpaid carers accessing support – consultation with unpaid carers to determine why they currently do not access support.
- Better understanding of the health profile of each locality through further exploration of available data.
- Working in partnership with Aberdeen University to explore a means of improving the mental Health and Wellbeing of University students and subsequently reducing the demand for Primary Care interventions.
- Co – production approach – working with members of the community to establish a resource of “Falls Ambassadors”, relaying key messages about preventing falls to their peers across the City. Working in conjunction with Robert Gordon’s university students to create materials, including a video to promote key messages. Good example of work being carried out in one locality initially spreading across the whole city. South locality diabetes peer support project – Living Well With Diabetes.
- Establishing a West Wellbeing network which is exploring some of the key issues within the locality around social isolation and possible ways to build connections to mitigate some of these.
- Working with infrastructure colleagues to develop a model of delivery of Primary care e.g. across the North Corridor of the City, responding to public consultation within the design of the business case; exploring models of primary care for the new Countesswells development.
- Considering a means of improving access to care across an area of the City with a higher level of unmet need. Learning about locality level multi disciplinary working and the opportunities that shared systems offer to improving access to services.
- Locality asset mapping workshop to develop and share knowledge of what is available across the area to support health and wellbeing.



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- West Locality community and staff engagement group established and have developed a framework and range of tools to support engagement work and developing a plan to promote key health and wellbeing activity across the year linked to the locality plan.
- Formed linkages with the Red Cross with regard to training and support of volunteers for our 'Alone Together' Co-production project to combat social isolation.
- Central Locality Carers and Health Equality sub group are looking at barriers to accessing services for carers e.g. language barriers, financial issues, knowledge and how easy it is/is not to access a GP.
- Coffee morning organised in St. Clements Episcopalian Church Mastrick to pull together the views of local people with regard to health & social care. A report is being compiled.

Rationale for Moving to Three Localities

The past year has offered an opportunity to explore the benefits of locality working within the Health and Social care partnership. It has also offered an opportunity to determine how locality working might be improved in the future in order to maximise the outcomes for the local population.

Three Locality Model

- 3.9.** In a previous paper to its October meeting, the IJB agreed to Instruct the Chief Officer to review the locality structure and consult with relevant stakeholders and staff on the proposal to move from a four to a three-locality model and report back to the IJB on 26th of March 2019 with the results of this review and consultation along with the new Strategic Plan once finalised. Relevant stakeholders included staff, partner organisations, members of the locality leadership groups and public consultation sessions. Key findings included:
- 3.10. More than half of those consulted said that moving to three localities is desirable.** 56% of people consulted said that this would be a good idea, (of the remainder, approximately half said they didn't think it was desirable and half said they weren't sure).



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- 3.11. However, 79% of people agree with the rationale for moving to three localities.** The reasons for this difference may be about people needing more information before taking a view of whether this is a good idea in practice.
- 3.12.** Of those who felt a move to three localities would be helpful, the following reasons were given: better alignment; less confusion; more efficient working; and more effective change.
- 3.13.** Of those who felt a move to three localities wouldn't be helpful, the following are reasons which were given: locality populations become too diverse; confusion of boundaries; loss of previous efforts; and impact on staff.

Next Steps

- 3.14.** The feedback from this locality specific consultation has and will continue to influence our draft strategic plan, which will commence its formal consultation process shortly. During the consultation period for the strategic plan, there will be further opportunity to hear from a wide range of stakeholders.
- 3.15.** Feedback will inform reports on the Strategic Plan and Locality Working which will be considered by the Integration Joint Board in March 2019.

Further Information

- 3.16.** Feedback and a presentation of the results of the public consultation are available on our website here: <https://www.aberdeencityhscp.scot/our-delivery/locality-consultation/>

4. Implications for IJB

- 4.1.** Equalities – there are no direct equalities implications arising from the recommendations of this report.
- 4.2.** Fairer Scotland Duty - there are no direct implications for the Fairer Scotland Duty arising from the recommendations of this report.
- 4.3.** Financial—there are no direct financial implications arising from the recommendations of this report.



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- 4.4. Workforce—there are no direct workforce implications arising from the recommendations of this report
- 4.5. Legal - there are no direct workforce implications arising from the recommendations of this report.
- 4.6. Other - there are no other implications arising from the recommendations of this report.

5. Links to ACHSCP Strategic Plan

- 5.1. Localities underpin the majority of the components of the IJB Strategic Plan and will be reflected in the revised strategic plan due to be presented to the IJB in March 2019.

6. Management of Risk

- 6.1. **Identified risks(s)** There is a risk that the IJB does not maximise the opportunities offered by locality working.
- 6.2. **Link to risks on strategic or operational risk register:** Strategic Risk 8
- 6.3. **How might the content of this report impact or mitigate these risks:**
This update on localities working and the process of consultation towards a move to three localities helps ensure the IJB & APS Committee are assured on progress.