



REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD 30 AUGUST 2017

ABERDEENSHIRE HSCP LOCALITY PLANNING UPDATE

1 Recommendation

It is recommended that the IJB:-

1.1 support the approach being taken and progress for locality planning in Aberdeenshire HSCP

2 Risk

- 2.1 IJB risk 7 (Effective Leadership of IJB). To ensure appropriate information is presented to IJB to allow it to deliver this function.
- 2.2 The Public Bodies (Joint Working) (Scotland) Act 2014 requires Health and Social Care Partnerships to define their localities (smaller areas within the borders of the Integration Authority) and how they will lead service planning at this locality level.

3 Background

- 3.1 Aberdeenshire Health and Social Care Partnership (AHSCP) identified 6 localities within its Scheme of Establishment aligned with the council's administrative areas.
- 3.2 The purpose of this report is to update the IJB on progress of locality planning arrangements. In accordance with legislation, localities are intended to be central to the process of integration, bringing together service users, carers, and health and care professionals to plan and help redesign services. Creating forums to bring these people together will enable them to play an active role in service design and improvement. As well as to raise awareness of current services, identify local priorities and create a culture where these local relationships can lead to real change.
- 3.3 The Scottish Government Guidance sets out who it expects to be involved:
 - health and social care professionals (including GPs and Primary Care Contractors) involved in the care of people using services
 - housing sector representatives
 - third and independent sector representatives
 - carers' and patients' representatives
 - service managers for the locality
 - acute sector representatives



- public health / health improvement

- 3.4 Within Aberdeenshire we recognise Area Committees and the Area Management structure as key partners for engagement for locality planning. Teams will with engage with their local Area Committees to ensure committees are informed and involved in this process.
- 3.5 Locality planning sits within the current planning landscape and there is no hierarchy in terms of locality and strategic planning. These sit side by side in response to the challenges faced by health and social care services and look to transform and redesign services to meet those challenges.

Progress

- 3.6 There were a round of engagement events at the end of last year across all six localities. The events were attended by staff across health, social care, housing and voluntary and independent sectors. A summary of outputs and recommendations were considered by the Strategic Planning sub-group and a terms of reference for the 6 areas was drafted (please see appendix 1).
- 3.7 Currently in the preparation phase for implementation of locality planning. The timescale is agreed as below;



- 3.8 As part of preparation, Partnership Area teams have been holding table top discussions supported by strategic development to plan locality group meetings and identify representatives locally to attend meetings which will begin in August – September 2017.
- 3.9 In addition, locality profiles have been drafted and disseminated and further work is being doing to make these into an easily accessible information for the wide range of professionals and lay people who will be attending the locality planning groups. The profiles will be available on the Aberdeenshire HSCP website.

Challenges

- 3.10 It is noted that there is currently established planning arrangements across partners and services and with the addition of both health and social care and Community Empowerment locality planning requirements there is concerns around further layers of planning. Unintended consequences would be silo arrangements and a further burden of work plans and actions. Therefore, each locality area is progressing discussions with Community Planning partners to establish close links and mechanisms to progress HSCP locality planning arrangements and to ensure focus of priorities across partners.



- 3.11 To ensure equity of priorities and thus outcomes across Aberdeenshire there needs to be arrangements put in place to give consistency across the 6 localities. A framework, timeline, terms of reference and report templates for the groups have been drafted to help achieve this.
- 3.12 In order to deliver locality planning with (not for) communities it is vital to build a lasting relationship with individuals who use services, communities, carers and third sector/voluntary groups.
- 3.13 Locality planning can be seen as one opportunity within this for the public to engage with services and coproduce action plans and arrangements for service delivery in the area. The Partnership area teams are working with both third sector and community groups to ensure representation at meetings.
- 3.14 It is recognized that service user, patient and resident representation is an ongoing challenge which is faced nationally. Several initiatives are currently underway under our strategic priority 'engaging with communities' and we look to use this to maximum effect in terms of opportunities to engage and involve people in decision-making for services and their localities. Examples of this work is wide ranging and examples include, 'your voice, your choice' programme, community capacity building toolkit and user guide, and What Works Scotland research and evidence review on community linking models and community capacity building for health.
- 3.15 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officer within Business Services of the Council have been consulted in the preparation of this report and their comments have been incorporated within the report.

4 Equalities, Staffing and Financial Implications

- 4.1 An Equality Impact Assessment is not required as there will be no differential impact, as a result of the report, on people with protected characteristics.
- 4.2 There are no specific staffing or financial implications arising from this report.

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Date: 17 August 2017

APPENDIX 1

LOCALITY PLANNING GROUPS: TERMS OF REFERENCE DRAFT

Role:

- To promote the values and priorities of the Strategic plan for Aberdeenshire HSCP ;
- To support and empower the 20 'location HSCP Groups' to deliver those in their own locality/location.

Remits: (to be agreed)

- To assess need, prioritise and plan how all resources within the locality are used in pursuit of delivering the outcomes of the Strategic Plan.
- To involve representatives of a locality in any decisions or planned changes that are likely to significantly affect service provision in that locality.
- To produce a locality plan that includes (as a minimum):
 - A list of all the services under the management of the Integration Authority of which the locality is part
 - A note of priorities for each locality under each of the service headings
 - Planned expenditure under each service heading, within the overall locality budget.
- To plan expenditure on integrated health and social care services in the locality, based on local priorities.

Representatives: (bold is legislated)

- **health and social care professionals (including GPs and Primary Care Contractors) involved in the care of people using services**
- **housing sector representatives**
- **third and independent sector representatives**
- **carers' and patients' representatives**
- **service managers for the locality**
- **acute sector representatives**
- **public health / health improvement**
- Aberdeenshire Council Area Managers
- Strategy and Business Services (improvement / strategy/ asset management/ admin / finance / performance)
- Private Sector
- Community Planning / Community Council
- Mental Health / Learning Disability Manager
- Team Managers

Frequency / Location

- Meetings to be monthly for the initial 6 month period then the groups can agree to a less frequent model once set up.



- Location should be rotational within each area and where possible offer ability to teleconference or skype/vc if available to reduce travel/ impact to staff.

