

NHS GRAMPIAN

Keith and East Locality Review

1. Recommendations

A considerable amount of innovative planning and engagement has been undertaken by the Moray Health and Social care Partnership to review and develop a new model of care for the Keith and East Locality. The purpose of submitting this paper to the Board is to summarise the key elements of the review and highlight the good practice being applied.

The Board is asked to:

- Endorse the innovative approach being taken to develop the service model for the Keith and East Locality
- Endorse the scope and structure of the review as it aims to complete an Initial Agreement for a new health and social care facility in Keith and East Locality.

2. Strategic Context

The Strategic Needs Assessment (SNA) for the Keith and East locality was completed in respect of the re-provision of the Keith Health Centre in 2018. This assessment set out the ambition for this locality and the aim of achieving a plan that would indicate the requirements of a new health centre fit for the future. The re-provision of Keith Health Centre has been high on Moray priorities for a number of years the SNA completing the first step in a formal process. The SNA also set out the wider strategic ambition in the context of what was possible, co-location of other public services based in Keith and potentially in need of re-provision. There was also an acknowledgment that this campus could provide aspects of elective care through the enhanced provision of outpatients and diagnostics, with a consideration of a space to delivery rural education for health and social care.

Central to this ambition is the need to set out the future model of health and care for the population of Keith and East Locality. Planning will also take cognisance of West Aberdeenshire and the ongoing potential to support the people living in the vicinity through such facilities. NHS Grampian is responsible for the delivery of any new health centres in terms of infrastructure, whilst the Moray Integration Joint Board is responsible for service design and change as the strategic commissioner. This project is tasked with completing an Initial Agreement setting the scene for detailed planning and modelling of the future services in order that the scope of the building requirements can be quantified.

All of this is underpinned by the case for changed set out in the Christie Commission 2011, challenging the sustainability of the current system of health and care and the need for radical change in delivery models to ensure sustainability of services. The Keith and East Locality provide a fantastic opportunity to take a fresh approach to service design. In line with the principles of locality planning and integration we are able to fulfil a planning arrangement that seeks to co-create with the people of the locality the shape of services necessary looking forward within the resources available, seeking to optimise this through understanding the wider landscape of

opportunity by working with the community and the wider partners operating in the area. This requires transformation and innovative ideas to prevail.

3. Key matters relevant to recommendation

The initial agreement (IA) forms part of a suite of IAs that will be presented as a bundle to the Scottish Government. This in itself does not guarantee funding but places this project alongside others in line to be considered for future investment. No timescale is possible to determine in terms of delivery however this completes a very necessary part of the formal process. The IA will be presented alongside the other projects in the bundle Board in April 2020. The public have been made aware of this aspect so ensure that expectations are clear.

Regardless of the timescales for any re-provision of a building there is a need to ensure our model of care in each locality across Moray is fit for the future and there is a need to progress change now where it is relevant and possible.

A number of interim measures have already been taken to improve the existing facilities within the Keith Medical Practice, including enhancing accommodation for training.

The approach taken is one of extensive public engagement, with workshops and different means by which people can be part of the planning process and influence the shape of things to come. An initial engagement event was launched on the 23 July 2019 in Keith at a local Hall, this was well attended and a very positive interaction with those in attendance both staff and the public. Staff engagement sessions have also been initiated with Staff Partnership involvement and Senior Management. The aim of this level of engagement is to ensure that planning takes account of and draws upon the skills, knowledge and lived experience of everyone with an interest in health and care in the area, supporting them to work with us create a positive change.

We have also embarked on a parallel piece of work that we are referring to as “care in between” pan-Moray. This relates to the care requirements of the people within a neighbourhood who do not require an acute hospital admission but cannot remain at home and need some additional short term intervention to stay well and maintain their independence. We have commissioned Glasgow School of Art to drive forward this piece of work across Moray. Our current situation is that we have 4 Community Hospitals in one locality (East) and none in the other locality (West). New models of care are being tested and some judgement needs to be made as to what will fit well for the future. This project will run concurrently with the development of the wider health and care model, ensuring coherence and that the future infrastructure requirements are fully understood. Currently Keith Health Centre is attached to and services the Community Hospital a facility valued highly by the local population, currently delivering high quality care for predominantly an older population. It is critical that we have a clear position on what the future model requires in this area and where Community Hospitals sit as we go forward. This remains an important question for all involved.

Existing service arrangements are not designed to provide elective care in the community as effectively as believed to be possible. – There were 25000 episodes of attendance of patients accessing outpatients in Aberdeen from Moray last year. In

terms of our Fairer Scotland Duty this challenges us to consider alternative ways of delivering these types of services, reducing the impact on people and their families of extensive travel, potential loss of earnings that have significant impact on their personal circumstances. Moray has a profile of a low wage economy often preventing people from accessing assistance so these types of pressures can have wider impacts on determinants of health and wellbeing.

There is also an opportunity within the Elective arena to consider if this type of facility could provide a community hub and key people from Moray are engaged in the planning of this model in line with that NHS Grampian programme of work.

In line with the standard Project Management approach a formal structure is in place overseen by a Programme Board. This board has strong multi-agency and public representation and a dedicated Project Manager is in place working both locally and regionally with key leads in NHS Grampian and the other partnerships aligned to the IAs being developed there.

Both the IA and the Care In between projects aim to report by December 2019 with a prototype of the model of care required.

Initial Agreement will be submitted to Asset Management Group spring 2020.

4. Risk Mitigation

The following risks have been identified:

- a. The Health and Social Care Partnership have limited resources and capacity to deliver the business case; within agreed timescales
- b. Community & Locality planning partner's objectives do not match with the project objectives and timescales
- c. Poor stakeholder participation for identified GMS Provider resulting in a lack of support for project objectives/failure to agree a preferred service model solution
- d. .
- e. Poor stakeholder participation from the Care in between Project does not match with objectives for the Initial Agreement.
- f. Acute & Elective Care stakeholders have different/conflicting expectations of the outcome of the project: impacting on the business case programme
- g. Unable to secure funding for technological solutions for new models of care

The following actions are being undertaken to mitigate the risks:

- a. Workshops being held to determine the shortlist of options. If the stakeholders cannot agree, project group would make a recommendation based on scoring, facts and evidence available to the board.

- b. Officers will work on the preferred way forward and if the preferred option is above the budget they will develop a further option within budget and consider varying levels of service model.
- c. Business Cases are developed at earliest opportunity to secure funding and identify any resource transfer between secondary and primary care (secondary and elective care budgets)

5. Responsible Executive Director and contact for further information

If you require any further information in advance of the Board meeting please contact:

Responsible Executive Director

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Contact for further information

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