

Appendix 1 – Localities Development day Output 10th June 2016

	West Locality: Marion Barton and Dr Margaret Douglas
Characteristics of the locality	<p>Ex mining communities</p> <ul style="list-style-type: none"> - Heritage - Health legacy <p>Rurality</p> <ul style="list-style-type: none"> - Several rural and remote communities; issues with Isolation; Access and Inequalities; perception of fewer resources <p>Demographic change</p> <ul style="list-style-type: none"> - Growing population – 2/3 existing; 1/3 incomers - Aging population - Increasing Number with LTC <p>Impact on needs and demands for services</p> <ul style="list-style-type: none"> - Demographic change - Sense of mismatch of need and demand – some with high levels of need make little use of services and vice versa - Increasing need for both formal and informal care <p>Sense of community</p> <ul style="list-style-type: none"> - Strong community identity and spirit - Poor image from outsiders - Potential lowering of sense of identity as new people move in, and may not integrate - Stoical in relation to health, often low use of services - Perception that people more open to change than previously <p>Economic issues</p> <ul style="list-style-type: none"> - Most industry is service and distribution, and public sector employment - Lot of commuting – dormitory towns, may affect sense of community - Unemployment, underemployment, low wages - So high need for access to financial advice and support <p>Housing</p> <ul style="list-style-type: none"> - Old housing stock and newer developments - New housing can bring developer contributions for schools but not health facilities. Schools noted as an important focus for community. - Increased housing implies loss of greenspace - High level of churn – people may aspire to move out - can lead to concentrations of disadvantage as people with highest needs move into properties that are vacated <p>Transport</p> <ul style="list-style-type: none"> - Transport challenging in rural areas - Increased connections over last 20 years - Increased traffic – due to rising population and increased car ownership – potential air quality issues <p>Infrastructure</p> <ul style="list-style-type: none"> - Good community infrastructure – Community Development Trusts, Pastors - Good leisure and other facilities - Perception of decline of town centres, lot of fast food and charity shops - Overall increase in shops, restaurants, services, facilities, sports participation <p>Crime</p> <p>High perception of crime although low crime rates – noted new Police Community Teams</p>

Priorities to work on for Locality Plan	Make use of information, data and intelligence <ul style="list-style-type: none"> - Use needs assessment to identify gaps - Also identify good practice that could spread
	Access issues <ul style="list-style-type: none"> - Look at why people attend A&E - GP access and DNAs – will be looked at by cluster group - Access to other services - Consider developing links into services for people with highest needs who do not attend for support
	Support to maintain people at home <ul style="list-style-type: none"> - Includes support for families and unpaid carers - Consider resilience, support, information and access needs
	Develop community capacity <ul style="list-style-type: none"> - Use of community led evaluation – make sure this includes people with the highest needs
	Develop third sector capacity <ul style="list-style-type: none"> - Role of VSG
	Develop/support GP practices <ul style="list-style-type: none"> - Recognised as central to people's experience of health and social care - Capacity in GP - Partnership with third sector eg support groups, buddies etc - Breakdown barriers to other services - Make better use of Partnership centres and multi-agency teams – eg share information across, signpost to other services - Share best practice

	East Locality: Jane Kellock and Aisha Chaudhary
What works well	<ul style="list-style-type: none"> ✓ x4 Neighbourhood networks in Livingston; enables further engagement with local communities ✓ Engaging carers through community facilities for example coffee mornings set up provide=ding further engagement with health services and information ie Marie Curie and benefits advice services ✓ Place specific engagement with specific populations groups, for example young people through football activities ✓ Local knowledge shared through partnerships to identify services and create links ✓ Networking effective and non complex ✓ Health & Social Care Partnership structures are in existence and operating ✓ Use of social media through FaceBook for community engagement, enquiries, sharing information and distributing needs assessment survey ✓ Community newsletter ✓ Buildings: partnership centres which are accessible ✓ New house builds ✓ Hospital facility ✓ Strong Health & Social Care Service
Top 3 successes	<ol style="list-style-type: none"> 1. Partnership working 2. Use of community assets 3. Places of interest
Key Challenges to build on:	<ul style="list-style-type: none"> ✓ Demand on GP service <ul style="list-style-type: none"> ○ Complex cases; Need to develop expertise to manage such cases ○ Time constraint to deal with cases effectively ○ Availability of appointments ✓ Workforce shortage <ul style="list-style-type: none"> ○ Consider the role of the GP service ○ Alternative services options with wider role i.e. community pharmacy ✓ Similar position with Health & Social Care services <ul style="list-style-type: none"> ○ Requirement to purchase specialist services to meet the need of growing demand ○ Supply/demand ✓ Engage and communicate with public on access to public services and what would best work ✓ Raise public awareness and educate how they should be making best use of existing services and access alternative services where possible ✓ Improve how existing services operate to deliver better service and route i.e. NHS 24 triage patients to out of hours service – improvements ✓ Manage expectations of population and supply, particular to local areas ✓ Health inequalities are prevalent across regions/areas not just in areas of deprivation. Consider interventions that are evidence based, which work. Consider improvement methodology approach to existing interventions. ✓ Impact of housing benefit cap on most vulnerable households
Priorities / Scope of the Localities Group	Link with existing structures <ul style="list-style-type: none"> • Mapping of existing services/across sectors

	<ul style="list-style-type: none"> • Care Commission groups
	Investment for Interventions <ul style="list-style-type: none"> • Evidence based • Improvement methodology- tests of change
	Quality of Care <ul style="list-style-type: none"> • Avoid hospital admissions • Link to frailty work
	Engagement; Communication; Participation Responding to local needs- 2 way process Educate and raise public awareness Sign post
	Share Good practice
	Some additional comments which came out through the discussion: <ul style="list-style-type: none"> ✓ Better understanding of breadth of services and areas which require support ✓ Support for GP practice – look at particular hot spots in the system to facilitate best use of resources and better value for investment ✓ Support people better to make use of and access community based services