Moray Integration Joint Board

Thursday, 29 November 2018

Inkwell Main, Elgin Youth Café

NOTICE IS HEREBY GIVEN that a Meeting of the **Moray Integration Joint Board** is to be held at **Inkwell Main, Elgin Youth Café**, **Francis Place, Elgin, IV30 1LQ** on **Thursday, 29 November 2018** at **09:30.** to consider the business noted below.

AGENDA

MORAY INTEGRATION JOINT BOARD

MEMBERSHIP

Councillor Shona Morrison (Chair)	Moray Council
Ms Christine Lester (Vice-Chair)	Non-Executive Board Member, NHS Grampian
Dame Anne Begg	Non-Executive Board Member, NHS Grampian
Councillor Tim Eagle	Moray Council
Councillor Louise Laing	Moray Council
Mrs Susan Webb	Executive Board Member, NHS Grampian

NON-VOTING MEMBERS

Ms Tracey Abdy	Chief Financial Officer, Moray Integration Joint Board
Mr Ivan Augustus	Carer Representative
Ms Elidh Brown	tsiMORAY
Mr Sean Coady	Head of Primary Care, Specialist Health Improvement and NHS Community Children's Services, Health and Social Care Moray
Mr Tony Donaghey	UNISON, Moray Council
Ms Pamela Gowans	Chief Officer, Moray Integration Joint Board
Mrs Linda Harper	Lead Nurse, Moray Integration Joint Board
Mr Steven Lindsay	NHS Grampian Staff Partnership Representative
Ms Jane Mackie	Chief Social Work Officer, Moray Council
Dr Malcolm Metcalfe	Deputy Medical Director, NHS Grampian
Dr Graham Taylor	Registered Medical Practitioner, Primary Medical Services, Moray Integration Joint Board
Mrs Val Thatcher	Public Partnership Forum Representative
Dr Lewis Walker	Registered Medical Practitioner, Primary Medical Services, Moray Integration Joint Board

Clerk Name: Caroline Howie
Clerk Telephone: 01343 563302
Clerk Email: caroline.howie@moray.gov.uk

MINUTE OF MEETING OF THE INTEGRATION JOINT BOARD

Thursday, 30 August 2018

Inkwell Main, Elgin Youth Café, Francis Place, Elgin, IV30 1LQ

PRESENT

Ms Tracey Abdy, Ms Elidh Brown, Mr Sean Coady (NHS), Tony Donaghey, Councillor Tim Eagle, Ms Pam Gowans, Mrs Linda Harper, Councillor Louise Laing, Ms Christine Lester, Mr Steven Lindsay, Ms Jane Mackie, Dr Malcolm Metcalfe, Councillor Shona Morrison, Dr Graham Taylor, Mrs Val Thatcher, Dr Lewis Walker

APOLOGIES

Mr Ivan Augustus, Dame Anne Begg

IN ATTENDANCE

Legal Services Manager (Litigation and Licensing); Joyce Lorimer, Service Manager; Robin Paterson, Senior Project Officer; Angela Keegan, Day Services Manager and Mrs Caroline Howie, Committee Services Officer as Clerk to the Meeting (all Moray Council).

Also Present

Councillor Theresa Coull, Moray Council and Ms Heidi Tweedie, tsiMoray.

1 Declaration of Member's Interests

There were no declarations of Members' interests in respect of any item on the agenda.

2 Minute of Meeting dated 28 June 2018

The minute of the meeting of the Moray Integration Joint Board dated 26 April 2018 was submitted for approval.

Under reference to paragraph 5 of the Minute the Legal Services Manager (Litigation & Licensing) advised not all changes agreed had been minuted. Following discussion

of requirements the clerk undertook to update the minute.

With this change the minute was agreed.

3 Action Log of Meeting dated 28 June 2018

The Action Log of the Moray Integration Joint Board dated 28 June 2018 was discussed and it was noted that all actions due had been completed.

4 Chief Officers Report

A report by the Chief Officer (CO) provided the Board with an update on key priorities and projects.

Lengthy discussion took place on the local management arrangements for Dr Gray's Hospital and whether the CO had capacity to take this on along with her current substantial remit.

The CO advised the role did not cover operational management of delegated services and undertook to provide a report to the next Board meeting advising the CO's leadership role at Dr Gray's Hospital..

Following further discussion it was agreed to task Mrs Forrest with updating the CO's role and responsibilities to include the new remit with a report to the next meeting for approval of any changes.

Thereafter the Board agreed to:

i. a report on the CO's leadership role at Dr Gray's Hospital being presented to the next meeting in November; and

ii. task Mrs Forrest with updating the CO's role and responsibilities to include the new remit and providing a report for consideration to the next meeting in November.

5 Scottish Living Wage

A report by the Head of Service - Strategy and Commissioning, Moray Council, updated the Board on the implications of the increase to the Scottish Living Wage (SLW) and the requirement for the SLW to be extended to sleepover hours over the course of 2018/19.

The report advised there will be a budgetary impact from the increase from £8.51 to £8.77 (pending review) in the Scottish Local Government Living Wage for Council employees and that a report is being prepared to the Corporate Management Team of Moray Council. Arrangements are being made to implement the change with effect from 1 September 2018.

In response to a question from Mr Donaghey the Chief Financial Officer advised the increase would be paid from 1 September with no backdated payments being made. She further advised there is funding in the budget as this was part of the additional funding given previously by the Government.

The Chair was of the opinion that information in the report under the Equalities/Social Economic Impact heading was written to cover the impact on services and she would like this to cover the impact on people in the future.

Thereafter the Board agreed to:

i. note the uplift of 3.4% which has been applied for 2018/19 in relation to social care providers including Shared Lives carers and Direct Payments; and

ii. approve the uplift to the SLW sleepover nights rate and draw down the associated funding from 1 September 2018 to ensure consistency with the Local Government application and in line with the Scottish Government requirement to implement within the 2018/19 financial year.

6 Moray Primary Care Improvement Plan

Under reference to paragraph 12 of the draft Minute of the meeting of the Board dated 28 June 2018 a report by the Head of Primary Care, Specialist Health Improvement Services and NHS Community Children's Services presented the Moray Primary Care Improvement Plan (PCIP) and noted the content, actions and financial commitment that demonstrates how the new General Medical Services contract will be implemented between April 2018 and March 2021.

Discussion took place on the plan and on the Direction to be issued to Grampian Health Board.

Thereafter the Board agreed:

i. the revised final version of the Moray PCIP which was submitted to the Scottish Government on 31 July 2018; and

ii. that an updated direction will be issued to Grampian Health Board to reflect the requirement to deliver Primary Care Services in line with the Moray PCIP.

7 Revenue Budget Monitoring Quarter 1 for 2018-2019

A report by the Chief Financial Officer updated the Board on the current Revenue Budget reporting position as at 30 June 2018.

Discussion took place on the budget position and in response to a query from the Chair the Chief Financial Officer advised it would be possible to include costs of identified posts in appendix 3 of the report for all future reports.

Thereafter the Board agreed to:

i. note the financial position of the Board as at 30 June 2018 is showing an overspend of £1,032,044;

ii. note the revisions to staffing arrangements dealt with under delegated powers and in accordance with financial regulations with the Council and NHS Grampian for the period 1 April to 30 June 2018 as shown in appendix 3 of the report;

iii. approve for issue, the revised Directions arising from the updated budget position shown in appendices 4 and 5 of the report; and

iv. appendix 3 of the report to include costs of identified posts in all future reports.

8 Merit Awards

Under reference to paragraph 10 of the Minute of the meeting of 26 October 2017 a report by the Chief Officer informed the Board of the format and schedule for the annual awards ceremony, celebrating the dedication and efforts of staff working within Health and Social Care Moray.

Discussion took place on the scheme and it was noted that as there are other schemes within NHS that it would be incumbent on those allocating the awards to check that the recipient was not being awarded elsewhere for the same work.

In response to a query from the Chair the Corporate Manager advised she could add information to the scheme to allow for a Chair's award.

Thereafter, following further discussion, the Board agreed to approve the:

i. criteria for selection;

ii. timing and format of the event; and

iii. the addition of the opportunity for a Chair's award to be added to the Scheme.

9 Moray Integration Joint Board Meeting Dates 2019-20

Under reference to paragraph 9 of the Minute of the meeting of the Board dated 31 August 2017 a report by the Chief Officer proposed the schedule of meetings of the Moray Integration Joint Board (MIJB); the Audit, Performance and Risk (APR) Committee; and the Clinical and Care Governance (CCG) Committee for 2019/20.

Following discussion the Board agreed to endorse the schedule of meetings for the MIJB, APR Committee and CCG Committee for 2019/20.

10 Update on the Learning Disability Transformation Project

Under reference to paragraph 11 of the Minute of the meeting of 31 August 2017 a report by the Head of Service, Strategy and Commissioning, informed the Board of the progress made in implementing the Learning Disability Transformation Project Plan and the benefits that have been realised to date.

The importance of reflection on the model of transformation was discussed. Areas under transformation need to be known so they can be properly assessed and effects of transformation known.

Thereafter the Board agreed to note:

i. the progress made to date in implementing the Learning Disability Transformation Project Plan;

ii. the financial and non-financial benefits that have been realised to date; and

iii. that further updates will be provided to the Board as the project continues to progress.

11 Financial Outlook

Under reference to paragraph 8 of the Minute of the meeting of 29 March 2018 a report by the Chief Financial Officer provided the Board with an overview and early indication of the scale of financial challenge facing the Board over the 5 year period 2018/19 - 2022/23.

The Board discussed various areas in relation to the current financial position and the challenges facing the Board in respect of increasing demand for services and constrained financial resources.

Thereafter the Board agreed to:

i. note that the delegated services are reporting an overspend of £1.032m on core services for the first 3 months of the financial year;

ii. acknowledge the initial financial outlook over the next 5 years; and

iii. support the development of an underpinning financial strategy aligned to the Strategic Plan 2019-2022.

12 Minute of Audit and Risk Committee dated 28 March 2018

The minute of the meeting of the Moray Integration Joint Board Audit and Risk Committee dated 28 March 2018 was submitted and noted.

13 Items for the Attention of the Public

Under reference to paragraph 10 of the minute of the Moray Integration Joint Board dated 26 October 2017 the Board agreed that the following items be brought to the attention of the public:

i. MERIT Awards;

ii. Performance; and

iii. Self-management.

14 Towerview Day Service

A confidential report by John Campbell, Service Manager - Provider Services, informed the Board of operational challenges at Towerview Day Service and provided options for the future sustainability of the service.

Following lengthy discussion the Board agreed to receive a further report in February 2019.

Councillor Morrison, Chair, left the meeting during discussion of this item.

Thereafter the Chair was taken by Mrs Lester.

MINUTE OF MEETING OF THE INTEGRATION JOINT BOARD

Thursday, 27 September 2018

Inkwell Main, Elgin Youth Cafe,

PRESENT

Ms Tracey Abdy, Mr Ivan Augustus, Ms Elidh Brown, Mr Sean Coady (NHS), Tony Donaghey, Councillor Tim Eagle, Ms Pam Gowans, Mrs Linda Harper, Councillor Louise Laing, Ms Christine Lester, Mr Steven Lindsay, Councillor Shona Morrison, Dr Graham Taylor, Mrs Val Thatcher, Mrs Susan Webb

APOLOGIES

Dame Anne Begg, Ms Jane Mackie, Dr Malcolm Metcalfe, Dr Lewis Walker

IN ATTENDANCE

Ms Maggie Bruce, External Auditor; Ms Jeanette Netherwood, Corporate Manager; Ms Heidie Tweeide, tsiMoray.

1 Declaration of Member's Interests

There were no declarations of Members' interests in respect of any item on the agenda.

2 External Auditors Report to those Charged with Governance

A report by the Chief Financial Officer requested the Board consider the reports from the Board's External Auditor for the year ended 31 March 2018 to those charged with governance.

The External Auditor advised a correction to the Key Messages in appendix 2 of the report. Under Financial management and sustainability item 2 should have read effective budgetary monitoring and not effective budgetary arrangements. She advised this would be corrected for the final copy of the report.

Discussion took place on medium and long term planning and how this can be achieved when funding is only known on an annual basis. It was advised medium

and long term planning can be still be achieved as plans can be made using different scenarios.

Further discussion took place on the budget deficit and the Chief Financial Officer advised a report would be presented in November for agreement of a recovery plan.

The Vice-Chair sought clarification on how the statement in appendix 1 of the report relating to failure to achieve a prescribed financial objective related to the Board.

In response the External Auditor advised this was generic and she would have to check its inclusion with her colleague, thereafter she would advise a response through the Chief Financial Officer.

Thereafter the Board agreed to:

i. note the reports from the External Auditor that were within appendices 1 and 2 of the report;

ii. task the Chief Financial Officer with presenting a report on the budget deficit to the November meeting; and

iii. task the External Auditor with seeking clarification on the query from Ms Lester and thereafter issuing a response.

Ms Brown entered the meeting during discussion of this item.

3 2017-18 Audited Annual Accounts

Under reference to paragraph 10 of the minute of the meeting dated 28 June 2018 a report by the Chief Financial Officer submitted the Audited Annual Accounts for the year ended 31 March 2018 for consideration.

The Board joined the Vice-Chair in thanking the Chief Financial Officer for producing a vary clear and concise report on what was a difficult subject.

Thereafter the Board agreed to approve:

i. the Audited Annual Accounts for the financial year 2017/18; and

ii. the signing of the accounts by the Chief Officer, Chief Financial Officer and the Chair of the Board and thereafter the submitting to Audit Scotland.

CHIEF OFFICER'S REPORT TO THE MORAY INTEGRATION JOINT BOARD
29 NOVEMBER 2018

Faculty of Public Health Conference – Double Celebrations for Moray

This year the Faculty of Public Health conference 'Right to Health'; provided the opportunity to showcase examples of public health activity which illustrates how together we can improve everybody's right to enjoy the best attainable health for all.

'Baby Steps' secured best poster in category 1 for 'visual impact, clarity of content and contribution to public health'. 'Baby Steps' is a multi-agency, Midwife led, 8 week programme for women with a body mass index of 30 or above; actively supporting women to take small steps to improve their health and wellbeing. 100% of women reporting an increase in knowledge of the associated risks and how to take steps to improve their health and wellbeing.

'Fit Life' access to Leisure for care experienced young people: best poster in category 2, for 'recognition of successfully involving several organisations in driving forward health improvement.'

To ensure the young people had access to the types of leisure activities they would enjoy, they were involved, engaged, listened to and supported throughout by; the Who Cares? Scotland Development Worker, the participation assistant, Moray Leisure Manager, and Moray corporate parents.

Both programmes were a result of great partnerships and team efforts.

For more information contact laura.sutherland@nhs.net

Positive Feedback

Recognition of important, positive feedback from doctors in training about the quality of training and the training environment has been received in three categories from the Deanery Quality Review Panels for Psychiatry (Pare Core Psychiatry, Psychiatry and General Practice Psychiatry) and also for the Emergency Department at Dr Gray's Hospital.

Huge thanks to the Moray Psychiatric and Emergency Department teams for their hard work in maintaining a high standard of education and training.

For further information contact p.cremin@nhs.net or Alasdair.pattinson@nhs.net

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 29 NOVEMBER 2018**

SUBJECT: **CHIEF OFFICER'S OPERATIONAL RESPONSIBILITIES**

BY: **CHIEF OFFICER**

1. REASON FOR REPORT

1.1 To ask the Board to consider an addition to the Chief Officer's operational responsibilities in relation to hospital services.

2. RECOMMENDATION

2.1 It is recommended that the Moray Integration Joint Board (MIJB) consider and, if so minded, approve, the addition to the Chief Officer's operational responsibilities as detailed in section 4.3 and Appendix 1 of this report

3. BACKGROUND

3.1 Moray Council (MC) and NHS Grampian (NHSG) are responsible for operational delivery of integrated services for over 18's in implementation of IJB directions.

3.2 However, in terms of Section 5.7 of the Health and Social Care Integration Scheme for Moray, MIJB will "through the Chief Officer, have an appropriate role in the operational delivery of services" by Moray Council and NHS Grampian. This was seen as an important means of achieving closer integration of delegated services. This role is not to displace MC/NHSG responsibilities for complying with directions and their governance arrangements to manage risk re service delivery.

3.3 Section 10.3 of the Health and Social Care Integration Scheme for Moray provides that:

"The Chief Officer will be responsible for the operational management of integrated services, other than the health services listed in Annex 4 or the services hosted by another integration authority. Further arrangements in

relation to the Chief Officer's responsibilities for operational management and strategic planning will be set out in a separate document, which the IJB shall consider for approval and which it may amend."

3.4 At its meeting on 10 November 2016, the Board agreed the scope of the Chief Offices Operational responsibilities for: integrated health and social care services delivered by Moray Council and NHS Grampian; strategic planning for integrated health and social care services; integrated health and social care services hosted by Moray IJB (strategic planning and operational oversight)- Primary Care Out of Hours Service (GMED) and Primary Care contracts; NHS Community Health Services for under 18's; integrated hospital services; and some other more general matters to aid the operation of MIJB. (Para 6 of the Minute refers) The approved document is attached as **APPENDIX 1**.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 In relation to integrated hospital services, MIJB does not have operational oversight of these as this oversight remains with NHS Grampian and who, through the General Manager of Acute Services, is responsible for the operational management of integrated hospital services (section 5.3 of the Health and Social Care Integration Scheme for Moray).

4.2 The Health and Social Care Integration Scheme for Moray provides at section 5.10:

"NHS Grampian will provide such information as may be reasonably required by the Chief Officer or the IJB in respect of the delivery of integrated services provided within hospitals that the IJB does not have operational oversight of"

and at section 5.11:

"NHS Grampian and the IJB will work together to ensure that the planning and delivery of integrated (and non-integrated) hospital services are consistent".

4.3 Non- integrated hospital services remain the sole responsibility of NHS Grampian.

4.4 Section 4 of **Appendix 1** relates to integrated hospital services and currently provides:

"Quarterly meetings will take place between the Chief Officer and General Hospital Manager Acute Services, and Dr Gray's Hospital Manager. The Dr Gray's Hospital Manager will also be a member of the Senior Management Team for cross system integration. At these meetings, regular updates will be provided to the Chief Officer on service delivery for integrated hospital services in line with the IJB's Strategic Plan and set aside budgets."

4.3 In August of this year, NHS Grampian asked the Chief Officer, as an interim measure, to take an overview of the line management of Dr Grays following a Cabinet Secretary announcement that the management of the hospital should come back to the local Health and Social Care Partnership. Not all services within Dr Gray's are delegated to the IJB however, it is acknowledged that Dr

Grays in relation to the Moray community is a significant asset providing predominantly care to the people of Moray. In relation to Unscheduled Care, delegated for strategic planning purposes in the legislation to the MIJB, it makes good sense that there is coherent and integrated management locally across the Health and Care system. This new arrangement is therefore favoured as an approach to strengthen the local leadership and assist decision making.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

The Chief Officer's operational role and work will support delivery of the Board's Strategic Commissioning Plan and integrated working.

(b) Policy and Legal

Setting out and agreeing the Chief Officer's operational responsibilities for integrated services complies with the requirements of the Integration Scheme as set out within this report. Setting out and agreeing the Chief Officer's operational responsibilities for hosted services supports Moray IJB in meeting its responsibilities to the other Grampian IJB's.

(c) Financial implications

None arising from this report.

(d) Risk Implications and Mitigation

It is important to set out clearly the operational responsibilities of the Chief Officer to ensure the smooth running of all aspects of integrated and hosted business.

The Chief Officers role does not displace MC/NHSG responsibilities for complying with directions and their governance arrangements to manage risk re integrated service delivery.

(e) Staffing Implications

The Chief Officer is employed by NHS Grampian and is seconded to the Board. Setting out the detail of the Chief Officer's operational responsibilities for services brings clarity to these arrangements.

(f) Property

None arising from this report.

(g) Equalities/Socio Economic Impact

None arising from this report.

(h) Consultations

Consultation on this report has taken place with Caroline Howie, Committee Services Officer, Moray Council Chief Executive and NHS Grampian Chief Executive who are in agreement with the report where it relates to their area of responsibility.

6. CONCLUSION

6.1 The Board is asked to consider an extension to the Chief Officer's operational responsibilities for hospital services.

Author of Report: Margaret Forrest, Legal Services Manager (Litigation & Licensing), Moray Council.
Background Papers:
Ref:

APPENDIX 1

CHIEF OFFICER RESPONSIBILITIES – AS AGREED BY MORAY INTEGRATION JOINT BOARD (IJB) ON 10 NOVEMBER 2016

1. ROLE IN OPERATIONAL DELIVERY OF INTEGRATED HEALTH AND SOCIAL CARE SERVICES BY THE MORAY COUNCIL (TMC) AND NHS GRAMPIAN (NHSG)

Chief Executives of TMC/NHSG

The Chief Officer will meet jointly with the Chief Executives of TMC and GHB:

- quarterly to discuss the performance of delivery of integrated services against the IJB Strategic Plan, strategic decisions made and directions; and
- annually to undertake 3 way appraisal/objective setting.

In addition, the Chief Officer will meet with the NHSG Chief Executive quarterly to discuss the performance of community health services for under 18's and hosted health services.

TMC Corporate Management Team and NHSG Senior Leadership Team

In the interests of continued good partnership working and coherence in public sector leadership, the Chief Officer is a full member of TMC Corporate Management Team (CMT) and NHSG's Senior Leadership Team (SLT).

The Chief Officer will receive agendas and papers for all scheduled meetings of the CMT and SLT and will have an open invitation to attend each meeting or nominate a named deputy to attend on their behalf.

The TMC and SLT recognise that the Chief Officer is required to support the IJB as well as develop working relationships with the CMT and SLT. Attendance at meetings therefore will be dependent on managing those commitments.

TMC/committee and NHSG meetings, and briefings for members

The Chief Officer Officer's primary reporting responsibility is to the IJB. However the Chief Officer will be available to attend meetings of TMC or NHSG where appropriate and to attend at least one meeting annually to present the IJB annual performance report. The Chief Officer will undertake briefings for members as appropriate, whether part of formal meetings or otherwise.

Heads of Integrated Services

The Heads of Integrated Services will report and provide information to the Chief Officer regarding those services to enable her to plan, monitor and ensure delivery of these in accordance with the IJB's objectives. In particular, the Heads of Integrated Services will develop annual operational plans and share these with the Chief Officer as well as cascading them throughout the integrated teams.

The Heads of Integrated Services shall be accountable to the Chief Officer for their actions in exercising powers given to them by their employing organisation in implementation of the IJB's directions for service delivery, and the Chief Officer will in turn be accountable to the Chief Executives of TMC/NHSG. Any required reporting regarding each organisation's implementation of directions will happen via routes decided by TMC/NHSG.

The Chief Officer will be involved in recruiting to the Heads of Integrated Services posts and involved in dealing with any disciplinary or grievance matters in relation to these posts in accordance with the relevant TMC/NHSG policies and procedures. The Heads of Integrated Services will otherwise be responsible for vacancy management, recruitment, retention and management in relation to the joint workforce in line with relevant TMC/NHSG policies and procedures and IJB directions; and working with the Workforce Forum and in drawing support from their respective organisations for recruitment, change management and training and development.

Joint Operational Management Team

The Joint Operational Management Team is where TMC/NHSG Heads of Service bring together all managers of integrated services from both TMC and NHSG. The Chief Officer will attend these meetings on an ad hoc basis as required to support the Heads of Service.

The Chief Officer will ensure that the vision, values and culture underpinning integrated service delivery are communicated to heads of service and that appropriate mechanisms are in place to support Heads of Integrated Services in organisational development and workforce planning to deliver the transformational agenda for health and social care services in line with the IJB's strategy and plans.

Joint TMC/NHSG Finance Team

The Chief Officer, together with Heads of Integrated Services, will have regular meetings with the Chief Finance Officer and her support team of accountants from both TMC/NHSG to consider budgets; to ensure all are informed of financial matters that will have a significant impact on services; and to take financial advice where necessary.

Relevant information and reports provided to the Chief Finance Officer of the IJB will be shared with the Chief Officer to enable the Chief Officer to plan, monitor and ensure delivery of integrated services in accordance with the IJB's objectives.

Audit and Assurance arrangements

The Chief Officer will ensure that appropriate internal controls for integrated services are operating in line with best practice principles by the TMC and NHSG. The Chief Officer and IJB Audit Committee Chair will have input into the preparations for inspection and audit activity within integrated services.

The IJB Audit Committee Chair will meet with the Chairs of TMC and NHSG audit committees to consider an annual audit plan for integrated services. The plan will be prepared by the Chief Internal Auditor, and include topics specific to the IJB and those relating to the work of the IJB drawn from the audit plans of TMC and NHSG respectively.

Integrated Services Programme Manager for integrated service assets and joint systems

The Chief Officer will direct the Programme Manager who in turn will liaise with relevant integrated service managers and TMC/NHSG Joint Finance Team in respect of day to day asset related matters. The Programme Manager will develop and share with the Chief Officer, a programme of work/change including any consolidation or relocating of operational teams. The Programme Manager, will link into the capital planning processes of TMC/NHSG in consultation with the Chief Officer in terms of future capital or asset requirements. This will ensure that priorities for the IJB can be considered and assessed by TMC and NHSG in terms of future investment.

The Chief Officer will also liaise with the Programme Manager in respect of opportunities for harmonising and integrating systems and information sharing.

Lead professionals

The Chief Officer will work alongside TMC Chief Social Work Officer, NHSG's Lead Allied Health Professional, and NHSG's Medical and Nursing Directors in assuring relevant standards, registration for staff and good governance, and will ensure that she and Heads of Integrated Services establish and maintain strong working relationships with those key individuals.

Complaints

The Chief Officer will have an overview of all complaints and responses regarding integrated services. These will be recorded and reported to her quarterly by TMC/NHSG complaints officers. For integrated services delivered by TMC, the Chief Officer will undertake the Director's review stage of the TMC Complaints process. The Chief Officer will also have sight of all recommendations regarding integrated services emanating from a Social Work Complaints Review Committee. The Chief Officer will discuss issues arising from complaints with TMC/NHSG Heads of Integrated Services and TMC Chief Social work Officer as appropriate and use these as a learning opportunity.

2. ROLE IN OPERATIONAL DELIVERY OF NHS COMMUNITY HEALTH SERVICES FOR UNDER 18'S

Head of Service

The Head of Service will report and provide information to the Chief Officer regarding these services to enable her to plan, monitor and ensure delivery of them in accordance with objectives. In particular, the Head of service will develop annual operational plans that embrace links with TMC Head of Integrated Children's services and the wider services within the NHS and share these with the Chief Officer as well as cascading them throughout the community health teams.

Meetings with Head of service will be a vehicle whereby the Chief Officer receives assurance that good governance arrangements are in place for service delivery and whereby the Chief Officer will have oversight of preparations for inspection and audit activity.

The Head of Service shall be accountable to the Chief Officer for their actions, and the Chief Officer will in turn be accountable to the Chief Executive of NHSG.

The Chief Officer will be involved in recruiting to the Head of Service post and involved in dealing with any disciplinary or grievance matters in relation to this post in accordance with the relevant NHSG policies and procedures. The Head of Service will otherwise be responsible for vacancy management; recruitment, retention and management in relation to the workforce in line with relevant NHSG policies and procedures and IJB directions; and working with the workforce on service redesign/implementing change and workforce planning.

Community Health Teams

The Chief Officer will attend meetings on an ad hoc basis as required to support the Head of Service.

NHSG Finance Team

The Chief Officer, together with the Head of Service, will have regular meetings with the NHSG Finance Team to consider budgets; to ensure all are informed of financial matters that will have a significant impact on services; and to take financial advice where necessary.

Complaints

The Chief Officer will have an overview of all complaints and responses regarding community health services. These will be recorded and reported to her quarterly by NHSG's complaints officer. The Chief Officer will discuss issues arising from complaints with the Head of service.

3. ROLE IN OPERATIONAL DELIVERY OF MIJB HOSTED HEALTH SERVICES

Head of Primary Care Contracts and Out of Hours Primary Care Services (GMED)

The Head of Service will report and provide information to the Chief Officer regarding hosted services to enable her to plan, monitor and ensure delivery of them in accordance with objectives. In particular, the Head of Service will develop annual operational plans and share these with the Chief Officer as well as cascading them throughout the hosted services teams.

Meetings with the Head of Service will be a vehicle whereby the Chief Officer receives assurance that good governance arrangements are in place for hosted service delivery across Grampian and whereby the Chief Officer will have oversight of preparations for inspection and audit activity.

The Head of Service shall be accountable to the Chief Officer for their actions, and the Chief Officer will in turn be accountable to the IJB.

The Chief Officer will be involved in recruiting to the Head of Service post and involved in dealing with any disciplinary or grievance matters in relation to this post in accordance with the relevant NHSG policies and procedures. The Head of Service will otherwise be responsible for vacancy management, recruitment, retention and management in relation to the workforce; and working with the Workforce Forum on service redesign/implementing change and workforce planning.

The Chief Officer, in relation to GMED services, will undertake a leadership role for ensuring integration with unscheduled care services provided by NHSG to provide a high level of continuity of care for patients across Grampian. In particular, the Chief Officer will direct the Improvement Programme jointly with the executive sponsor of the programme within NHSG.

NHSG Finance Team

The Chief Officer, together with the Head of Service, will have regular meetings with the Chief Finance Officer and her support team of accountants from both NHSG to consider budgets; to ensure all are informed of financial matters that will have a significant impact on services; and to take financial advice where necessary.

Other IJB's for whom services are hosted

The Chief Officer will provide information about hosted service delivery/operational changes to other IJB's via their respective Chief Officers and the Chief Officers will agree an annual programme of meetings for this purpose.

The Chief Officer will ensure that the Head of Service forges links with senior managers from within other IJB areas and attends Chief Officer meetings as appropriate.

At the scheduled meetings, information will also be shared about performance against targets. If agreed performance targets cannot be achieved all Chief Officers will be involved in, and agree the action to be taken to move towards achievement.

Information on current and emerging strategic planning issues, and the conduct of the planning process will be provided at least every six months within the agreed programme of meetings.

4. ROLE IN OPERATIONAL DELIVERY OF INTEGRATED HOSPITAL SERVICES

The Dr Grays Hospital Manager and the Clinical Director will report into the Chief Officer of the Health and Social Care Partnership. In line with good governance arrangements and Dr Grays will continue to provide assurance on performance via the existing acute sector mechanisms of NHS Grampian already established.

~~**Quarterly**~~ **Regular** meetings will take place between the Chief Officer and General Hospital Manager Acute Services, and Dr Gray's Hospital Manager. The Dr Gray's Hospital Manager will also be a member of the Senior Management Team for cross system integration. At these meetings, regular updates will be provided to the Chief Officer on service delivery for integrated hospital services in line with the IJB's Strategic Plan and set aside budgets. **This arrangement will also be strengthened by the emerging clinical/practitioner alliance bringing services together to integrate where outcomes can be improved for people and efficiencies can be met.**

5. ROLE RE TRADE UNIONS, STAFF REPS AND PROFESSIONAL ORGANISATIONS FOR INTEGRATED WORKFORCE

The workforce group/forum will link to the Chief Officer via Heads of Service. To ensure a consistent approach to their continued involvement in the integration of health and social care the Chief Officer will agree work with Heads of Service for them to deliver on.

6. ROLE RE STRATEGIC PLANNING

The Strategic Planning and Commissioning Executive Group will be led by the Chief Officer and will report to the IJB via the Chief Officer with the aim of driving forward the IJB's Strategic Plan and translating this into an Implementation Plan.

The Chief Officer is responsible for overseeing the establishment of the IJB's risk strategy and profile and risk reporting framework.

7. ROLE RE TMC/NHSG NON-INTEGRATED HEALTH AND SOCIAL CARE SERVICES AND SERVICES HOSTED BY ANOTHER IJB

The Chief Officer will link with TMC/NHSG re non-integrated services to ensure consistency of planning and delivery and to avoid fragmentation of services where there are now split responsibilities. This will happen through the Chief Officers participation in TMC CMT and NHSG SLT.

Additionally, as the Chief Social Work Officer and the Director of Nursing will have a key role in the planning and delivery of non- integrated services, the Chief Officer shall communicate with them regarding the planning and delivery of integrated services to ensure that both integrated and non –integrated services are appropriately co-ordinated.

The Chief Officer will also ensure that Heads of integrated services maintain strong links with relevant managers of non-integrated services.

The Chief Officer will have strategic oversight of services hosted by another IJB by receiving information about hosted service delivery/operational changes from those IJB's via their Chief Officers and all Chief Officers will agree an annual programme of meetings for this purpose. Annual programmes will be agreed by the end of Jun in every year and cover the period from 1 August to 30th June in each year.

At the scheduled Chief Officer meetings, information will also be shared about performance against targets. If agreed performance targets cannot be achieved all Chief Officers will be involved in, and agree the action to be taken to move towards achievement. Information on current and emerging strategic planning issues and the conduct of the planning process will be provided at least every six months within the agreed programme of meetings.

8. ROLE - GENERAL

- IJB Strategy and policy development.
- To implement all decisions and strategies/policies of the IJB, including the issuing of all directions that are agreed by the IJB to TMC/NHSG as appropriate.

- To submit performance reports to each IJB meeting to enable the IJB to oversee and monitor operational delivery of integrated and hosted services against agreed outcomes/indicators and delegated budgets.
- To support the IJB to agree the IJB and committees annual work programme.
- In matters of urgency to act for the IJB in liaison with the Chair and Vice Chair of the IJB and thereafter report without delay to the next meeting of the IJB.
- To consult with the Chair and Vice Chair on matters of a controversial nature and either the Chair or Vice Chair may direct that a report be submitted to the IJB or appropriate committee for consideration.
- To update the IJB on national and local change that may affect the work of the IJB.
- Liaison with and be a point of contact for external local and national bodies as appropriate.
- Civil Contingencies and Business Continuity will be overseen by the Chief Officer with support from the Business Support Manager.
- To operate any complaints process that may be agreed by the IJB from time to time.
- To operate any processes that may be agreed by the IJB from time to time and approve responses on behalf of the IJB to any information requests such as freedom of information requests or subject access requests.
- To operate as required an integrated Senior Management Team.
- When exercising operational responsibilities to do so at all times in accordance with relevant laws, the Integration Scheme, IJB Strategies/policies/ agreements/decisions and within allocated resources and any applicable or agreed timescales.

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 29 NOVEMBER 2018**

SUBJECT: **REVIEW OF STRATEGIC PLANNING AND COMMISSIONING GROUP**

BY: **LEGAL SERVICES MANAGER (LITIGATION & LICENSING), MORAY COUNCIL**

1. REASON FOR REPORT

1.1 To ask the Board to review part of the Board's Scheme of Administration, which deals with the Board's committee structure and working groups, in relation to the Strategic Planning and Commissioning Group.

1.2 To note the approach being set out in pursuit of a whole systems planning approach.

2. RECOMMENDATION

2.1 It is recommended that the Moray Integration Joint Board:

i) review its Strategic Planning and Commissioning Group arrangements attached at Appendix 1;

ii) agree changes to this as the Board sees fit;

iii) note the local and planned pan-Grampian approach to strategic planning and transformation; and

iv) note the Sustainability and Transformation Plan (STP) will be presented to this Board in the spring of 2019.

3. BACKGROUND

3.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 obliges the Integration Joint Board to agree Standing Orders to regulate its meetings and those of its Committees. The Order also lists certain mandatory provisions that require to be included within Standing Orders. Standing Orders may be amended from time to time.

3.2 At its meeting on 28 June 2018 (para. 5 of the minute refers), the Board adopted Standing Orders, incorporating a Scheme of Administration, that amongst other things made provision for the Strategic Planning and Commissioning Group (SPCG). At that time the Chief Officer was also tasked with reviewing the membership of that group, with a further report to be provided to the Board for agreement. This is that report.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 An excerpt from the Board's Scheme of Administration relating to the Strategic Planning and Commissioning Group is attached at **Appendix 1.**

4.2 Suggested amendments for the Board to consider, are shown as struck through and highlighted in red in **Appendix 1**.

4.3 Significant discussions have been underway in respect of Strategic Planning approaches across the local partnership and with extended partners outwith Moray. There are key areas within the public bodies act yet to be enacted appropriately and there are extended opportunities to join up planning for the greater good of the Moray population. These planning areas are:

- Unscheduled Care Delegated Pathways
- Elective Care
- Women and Children's Services
- Future shape of Dr Grays Hospital
- Future shape of secondary care mental health services in Moray

4.4 Discussions with neighbouring Integration Joint Boards (IJBs), NHS Highland and NHS Grampian have identified the need to strengthen how we plan together for the future and how to ensure appropriate consultation and collaboration in line with the Public Bodies (Joint Working)(Scotland) Act 2014. The SPCG membership being strengthened to ensure partnership representation and participation is one solution in achieving this aim.

4.5 In the local context agreement has been reached with NHS Grampian, NHS Highland and the Health and Social Care Partnership that in ensuring our ability to deliver a robust Sustainability and Transformation plan (STP) there is a need for a framework to be put in place to support this. After looking at other systems and considering locally what might work effectively for Moray we are putting in place an alliance approach, this captures the very heart of the spirit of integration and collaboration.

4.6 It is also important in considering this approach that we do not lose sight of the joint commissioning strategy requirements of the integration scheme between the council, NHS and IJB in respect of Moray services.

4.7 The establishment of a Clinical/Practitioner Alliance will ensure key workstreams are developed within a coherent framework adopting the most appropriate approach matching the requirements of redesign putting frontline staff in the driving seat of redesign and using a range of methods:

- Strategic Commissioning methodology
- Improvement methodology

- Glasgow School of Art design methodology
- Health planning approaches

The terms of reference of this grouping is being developed currently, the group will be supported at senior management level across the local system and will oversee and drive key workstreams, this group will report to the SPCG ensuring good governance on workstreams. The ethos of this approach is one system, one budget regardless of organisational boundaries in pursuit of achieving best value from the resources available, ensuring collaborative and innovative approaches across the workforce in pursuit of integration at all levels where appropriate and likely to deliver better outcomes for the people of Moray.

4.8 Discussions on a pan-Grampian basis have also centred around those pathways of unscheduled and scheduled care where a broader whole system approach is required involving all three Integration Authorities and their respective SPCGs, NHS Grampian, the councils and extended partners. A process has been agreed through the Chief Officers and will be tested in the new year with a focus on older peoples care focussed on those aspects sitting under hosted services in the Aberdeen City IJB. The process (**APPENDIX 2**) seeks to review pathways and consider the whole resource currently allocated across Grampian with a view to ensuring a fair shares approach and collaborative future planning, again to ensure the best outcomes for the people of Grampian in line with the current policy direction of care at home or closer to home where possible.

4.9 All approaches noted above will also include the necessary involvement of key stakeholders including public involvement and the SPCG will be the holder of this action ensuring processes and approaches take cognisance of all parties.

4.10 The key deliverables are generated by the existing Strategic Plan of the MIJB 2016-2019, this is under review and will be refreshed in the spring of 2019. This will provide coherent strategic ambitions, supported by design methods and a joined up approach to planning culminating in the delivery of a 3 -5 year STP. This plan will aim to deliver outcomes that ensure sustainable, effective service delivery for the future and good collaboration with communities and the public in engaging with supported self-management and good wellbeing. There will be a need for ongoing dialogue and agreements to ensure that all planning processes line up. Ultimately we are seeking to agree:

- the identified ceiling of care for community care
- the identified ceiling of care for Dr Grays
- the identified areas of planning in relation to a wider network including the rest of Grampian and Highland as appropriate ensuring maximum impact and optimising the outcome possible locally by being part of a wider systems approach.

4.11 NHS Grampian has provided additional resources to bolster the planning and change management capacity of the local system in Moray to ensure success.

4.12 This emerging structure and framework will be kept under review and periodically reported to the MIJB on progress. The STP will be presented to the MIJB in the spring of 2019.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

Effective governance arrangements support the development and delivery of priorities and plans.

(b) Policy and Legal

The Board is required to adopt Standing Orders for Meetings under the Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Order 2014. Standing Orders ensure that the Board's affairs are administered in accordance with the law, probity and proper standards. They should be kept up to date and relevant.

(c) Financial implications

None arising from this report. Work on planning and transformation will take account of the financial framework required to deliver services in the future in a sustainable way.

£400K has been invested by NHS Grampian to support the planning and change management capacity of the local system.

(d) Risk Implications and Mitigation

Agreement of and adherence to Standing Orders help reduce the chance of a successful challenge to Board decisions.

(e) Staffing Implications

None arising directly from this report. Staff partnership and employee relations support will be engaged at all levels in the planning and development of the strategic and transformation plans.

(f) Property

None arising from this report.

(g) Equalities/Socio Economic Impact

None arising from this report as Standing Orders regulate internal procedures only.

(h) Consultations

Consultation on this report has taken place with Caroline Howie, Committee Services Officer, Moray Council, who is in agreement with the report where it relates to her area of responsibility.

6. CONCLUSION

6.1 This report recommends a review of part of the Scheme of Administration, which is itself part of the Board's Standing Orders. This report also sets out the revised approach to strategic planning and transformation for Moray and extended partners ensuring effective collaboration and whole system thinking.

Author of Report: Margaret Forrest, Legal Services Manager (Litigation & Licensing), Moray Council.

Background Papers:

Ref:

APPENDIX 1

(1) Strategic Planning and Commissioning Group

The following has been agreed by the Board for this Working Group:

Membership:

- Chair of Board
- Chief Officer
- Chief Financial Officer
- ~~Head of Adult Services~~
- ~~Head of Primary Care, Prevention & Children Services~~
- Heads of Service, Health and Social Care Moray
- Director of Acute Services, NHS Grampian
- NHS Grampian North of Scotland Regional Lead
- Director of Strategic Commissioning, NHS Highland
- Hospital Manager, Dr Gray's Hospital
- Clinical Lead, Primary Care
- Clinical Lead, Secondary Care
- Housing Representation
- Third Sector Representation
- Independent Sector Representation
- Public Representation
- Locality Representation
- Strategic Planning Project Officer
- Senior Planner, NHS Grampian
- Service Manager, Commissioning Team

Chair:	Chief Officer
Quorum:	Half of the membership.
To be in attendance:	Other representatives may be invited to attend where there are agenda items specific to their role and expertise.
Meeting frequency:	monthly. During the period of revision of the strategic plan, meetings will alternate between business focus and strategic plan review~~.~~, the business meeting will continue on a bi-monthly cycle thereafter.

Remit and powers:

1. To oversee, drive and strengthen strategic planning and commissioning for health and social care services across Moray.

2. To assist the board and its Chief Officer in driving forward the Board's Strategic Plan, establishing a Transformation Plan and translating this into an Implementation Plan that meets the requirements set out in the Public Bodies (Joint Working) (Scotland) Act 2014 in relation to the integration principles and the achievement of the 9 national health and wellbeing outcomes.

3. To take into account the views of localities to develop sustainable ways of ensuring locality representation.

4. To develop and review the Strategic Framework and Implementation Plan that will optimise opportunities to integrate commissioning and service delivery..

5. To ensure effective financial planning practice is embedded into the process for commissioning to assist in delivery of the Strategic Plan. Processes should be clearly monitored for financial monitoring and reporting to Moray IJB.

6. To ensure that all existing contracts put in place by Moray Council and NHS Grampian are reviewed and that necessary stakeholders are brought together to complete the review and agree a process for the future, which will be set out in a Joint Commissioning Strategy that will be brought to the Board for approval.

7. Ongoing monitoring and review of the Strategic Plan.

8. To review the group's effectiveness, and consider its development and training needs at least annually.

9. Members will be expected to:

    - Represent their sector or professional area
    - Ensure the interest of the agreed localities are represented
    - Develop and maintain the necessary links and networks with groups and individuals in the community to enable views to be sought and represented over the development, review and renewal of the strategic plan.
    - Take an active role in the review of the strategic plan.
    - Help ensure the strategic plan reflects the needs and expectations (and that there has been an adequate assessment of those needs and expectations) across the localities.
    - Work collaboratively with each other, with the Strategic Planning Reference Group and with the Joint Operational Management Team of the health and social care public service in Moray.

Commissioning the Delivery of a Strategic Planning Framework for Delegated Services

Background

The Integration Schemes for the Integrated Joint Boards (IJBs) set out their accountable role in terms of strategic planning for delegated acute services. This incorporates strategic planning leadership and the development of a strategic vision and strategic plan which is focussed on the whole patient pathway for the population of Grampian. In Grampian these 6 services and the agreed Lead IJBs are:

Service Identified for Strategic Planning	Agreed Host IJB
Accident and Emergency services provided within hospitals	Moray IJB
Palliative Care services provided within hospitals	Moray IJB
General Medicine hospital services	Aberdeenshire IJB
Respiratory Medicine hospital services	Aberdeenshire IJB
Geriatric Medicine hospital services	Aberdeen City IJB
Rehabilitation Medicine hospital services	Aberdeen City IJB
Mental Health Services	Aberdeen City IJB (Interim)

Objectives of Commissioning

A framework has been developed by the Chief Officers Group in partnership with local strategic planning groups, the NHS Grampian Acute Sector and NHS Grampian Senior Leadership Team which will be used to support strategic planning of those hosted services outlined above.

To achieve the delivery of the framework, planning and facilitation resource requires to be agreed and briefed and will be accountable for the agreed outputs. This document is the brief that sets out the process, outputs and reporting arrangements for those commissioned to provide the resource, and should be read in conjunction with the paper – 'Proposed Planning Framework for Services Delegated for Strategic Planning'. An outline of the Strategic Planning Process is attached at **Appendix 1**.
It should also be noted that certain objectives may be agreed as part of the Strategic Planning Process itself; i.e. Workshop 1 is designed to identify and agree markers for success relative to the service. These can only be confirmed as objectives of commissioning at that stage.

Expected Outputs

Appendix 1 details key outputs at progressive stages of the planning process and includes but is not limited to:

Output / Deliverable	Detail
Pre-workshop Information Pack	This will provide sufficient detail to allow appropriate engagement with stakeholders prior to and during the workshops, examples of which are listed in the Strategic Planning Process
Post workshop reports	This will support stakeholders' engagement as part of the workshop process
Achievement of workshop objectives	As detailed for Workshops 1,2,3 in Appendix 1
Draft Plan	Following Workshop 3, this is an outline of the proposed end to end pathway
Consultation process for	Offering a wide range of stakeholders the opportunity to

Draft Plan	comment on the draft plan
Management of governance process for Draft Plan	Liaising with Host IJB process, as well as other organisational processes
Production of Final Plan	Incorporating any amendments following the consultation process
Scheduling and administration of Workshops	Including the preparation and distribution of information packs
Facilitation of Workshops	Direct facilitation or securing external facilitation

Timescale

The process is designed to be flexible to accommodate the unique aspects of the service itself, local populations and local service delivery as well as any unique drivers or context. In this way, the process for one service may differ from another; however the model process is designed to span a period of approximately 9-12 months from the point of commissioning to endorsement of a Final Plan.

Delivery

It is anticipated that the support necessary to undertake the planning processes can be commissioned from across the structures of the IJBs and NHS Grampian, e.g. the Modernisation Directorate in NHS Grampian or appropriate improvement and transformation staff in each of the organisations. Those inputs which are likely to be required are listed on page 4 of 'Proposed Planning Framework for Services Delegated for Strategic Planning' where external support is necessary, this will be identified at the commissioning stage.

Stakeholders

The relevant stakeholders will form a group that is representative of key professions, viewpoints and structures and is conducive to meaningful discussion and ownership. Stakeholders will be agreed by the each of the four sectors advance of the workshops and are likely to be limited e.g. 10 delegates per sector.

Resources

Spending levels around the services themselves, including direct budgets should be ringfenced until the Final Plan is approved and any agreed resource allocation can be put in place around the end to end pathway.

Staff Policies

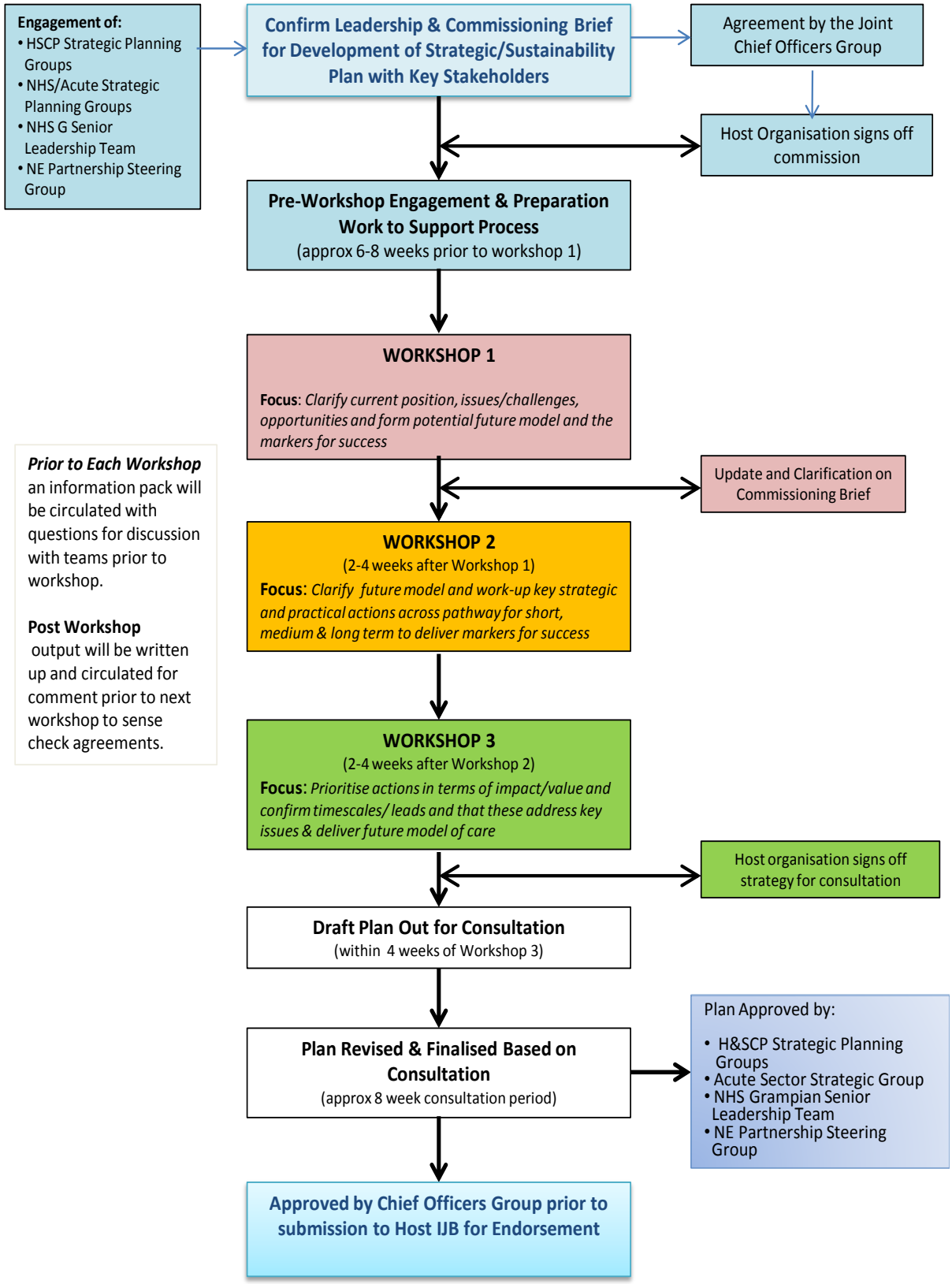
The process is designed to support transformational and system level thinking and offer a forum for radical redesign as appropriate however will be cognisant of relevant staff policies, noting that multiple policies may apply to different staff groups.

Reporting and Governance

Formal reporting will support the governance process as set out in the Strategic Planning Process **(Appendix 1).** Informal reporting arrangements may be agreed with relevant groups as appropriate; this is likely to include a minimum of reporting to the Lead Chief Officer and to the Chief Officers group on a regular basis, e.g. monthly.

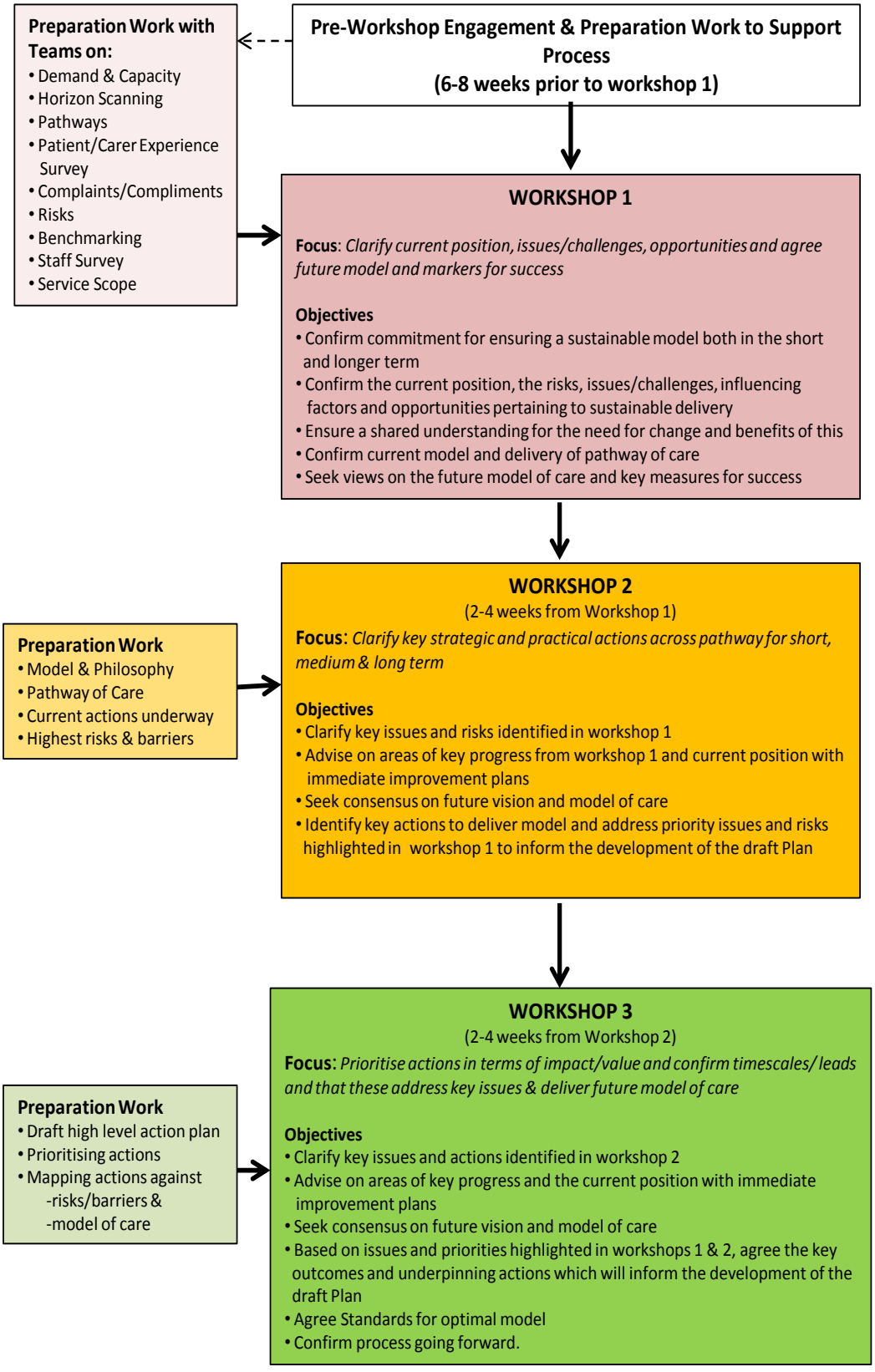
DRAFT V5

High Level Process for Development of Strategic Plans in Grampian



DRAFT V5

High Level Process to for Development of Strategic Plans



REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 29 NOVEMBER 2018**

SUBJECT: **FORRES NEIGHBOURHOOD HEALTH AND SOCIAL SERVICES**

BY: **LESLEY ATTRIDGE, SERVICE MANAGER**

1. REASON FOR REPORT

1.1. To inform the Integration Joint Board of the progression of the redesign of Health and Social Care services in the Forres locality.

2. RECOMMENDATION

2.1 It is recommended that the Moray Integration Joint Board:

i) notes the progress to date of the development of Forres Locality Multi-disciplinary team (MDT) as an evolving system in line with the key objectives of Health and Social Care Moray;

ii) notes the initial findings of the independent research undertaken by Dundee University in relation to the application of the Buurtzorg principles in developing the Forres Neighbourhood Care Team (FNCT) (Appendix 1);

iii) notes the initial findings of the independent research undertaken by Health Improvement Scotland (HiS) in relation to emergency admissions, readmissions and emergency bed days for the test of change (Appendix 2);

iv) notes the initial findings of the independent research undertaken by the Improvement Hub (ihub), part of Healthcare Improvement Scotland (HiS), in relation to the economic impact of the Augmented Care Units (ACU) and FNCT initiative (Appendix 3);

v) agrees to the decommissioning and permanent closure of services at Leanchoil Community Hospital;

vi) agree to support the continuation of the ACUs and the commissioning of Nursing Home beds for the Forres locality for the next 12 months as the local system evolves through the ongoing development of the transformation plan;

vii) the IJB will liaise with the NHS Grampian Board to develop options to ensure that the building and site are most effectively utilised for the benefit of the local community; and

viii) consider and agree the revised direction attached as Appendix 4

3. BACKGROUND

3.1. The Board will recall that following the submission of an interim evaluation report to the Moray Integration Joint Board (MIJB) meeting held on 26 April 2018, it was agreed that the evaluation of the ACU and FNCT test of change would be extended for an additional 8 months to allow further exploration of the impact of this initiative on the evolution of the health and social care system in the Forres Locality area (para 6 of the minute refers). Glossary of Terminology & Abbreviations noted in **Appendix 5**

3.2 The outcome measures of this agreement were to further explore and evaluate the following:

- An Enhanced role for the Community Nursing Staff (both for FNCT and the District Nurse Teams);
- Alternative treatment locations for medical staff to consider in the treatment of frail older people;
- Faster re-ablement and recovery;
- Improved social interaction and less social isolation;
- Improved Informal Carer Experience;
- Improved quality of life;
- A more rewarding workplace for the FNCT staff;
- Best value.

3.3 In approaching the redesign of the Forres neighbourhood the team have considered a number of components as critical in formulating a draft transformation plan. The draft Transformation Plan has been out for consultation and significant feedback has been received. In order for the MIJB Strategic Planning and Commissioning Group to consolidate this extensive data set alongside the evaluation data of the test sites this plan remains in draft and is likely to develop further prior to full agreement on the final outcome being presented. The draft Transformation Plan and associated documents have been made available to the Board in their current form for background reading and are in the public domain via Health & Social Care Moray (H&SCM) website, the public having been at the centre of this ongoing journey of change.

3.4 The work to date has taken cognisance of key legislative frameworks influencing the need for redesign:

Public Bodies (Joint Working)(Scotland) Act 2014 – Integration Principles
Strategic Framework For Action on Palliative & End of Life Care 2015
Scotland's National Dementia Strategy 2017-2020
The New Carers (Scotland) Act 2018

3.5 The planning process takes account of the Health and Social Care Delivery Plan for Scotland 2016 setting out the need for people across Scotland being able to live longer, healthier lives at home or in a homely setting, ensuring

health and social care develop systems that are integrated, focussed on prevention, anticipation and supported self-management as well as ensuring people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

3.6 Moray Integration Joint Board Strategic Plan 2016 -2019 states its aim as being for the people of Moray to lead independent, healthy and fulfilling lives in active and inclusive communities where everyone is valued, respected and supported to achieve their own goals. Alongside, due consideration was given to the 9 national outcomes, the outcomes by which health and social care integration success will be measured.
http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Outcomes

1. Healthier living
2. Independent living
3. Positive experiences
4. Quality of life
5. Reducing health inequalities
6. Carers are supported
7. People are safe from harm
8. Engaged workforce
9. Resources are used effectively and efficiently

3.7 The Moray Partners in Care model provides the framework by which Health and Social Care Moray plan and deliver care, this provides a coherent and consistent approach for all partners.

Tier 1- Help to help you (information and advice), universal services to the whole community and an emphasis on prevention.

Tier 2- Help when you need it (immediate help in a crisis, re-ablement and regain independence).

Tier 3-Ongoing support for those who need it.

Source: Moray Partners in Care (3 Tier) Policy, 2014

3.8 The Forres Locality group for the past 12 months has been working to develop the redesign of Health and Social Care services within the Forres locality. The membership of this Group reflects the key partners involved in delivering health and social care services in the Forres neighbourhood. This includes representatives from primary care (Culbin and Varis Practices), District Nursing, Leanchoil Community Hospital Staff, Social Work, Geriatricians, Allied Health Professionals, Workforce Representative (NHS),

Human Resources Manager (NHS), Forres Area Wellness Network (FAWN) and the independent & residential care sectors.

3.9 A series of public consultations were also undertaken in the Forres locality to inform members of the public about progress to date in order to provide a reassurance and instil public confidence. These sessions also discussed fully the challenges associated with Leanchoil Hospital and the precarious conditions under which this community hospital was having to operate. These sessions also sought to involve local people in providing feedback and influencing the ongoing transformation plan, ensuring the MIJB and leadership team understood the views of the public.

3.10 As noted in the planning documents, submitted to the Board on 25 January 2018, the remit of this Group was "to develop a Transformation Plan that will support the delivery of sustainable health & social care services in the Forres locality area which are safe and will lead to improved personal health and social care outcomes." (para 19 of the Minute refers)

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 The Forres Locality Professional Core Group have undertaken this task and have established a draft transformation plan, and completed further community consultations and applied an Equality Impact Assessment (EIA).

4.2 An options appraisal was undertaken by the professional core group through the public consultation a suite of resources were identified to allow the MDT to develop the model of delivering health and social care in a much more community based approach with the patient at the heart of MDT decisions. This allowed the MDT to wrap the resources and service around the needs of the person and with a primary aim of being able to fulfil this locally. It is however acknowledged that there are always exceptional circumstances where this might not be possible and recent analysis confirms that out of area care is by exception not the norm. This is important to note as there can be anecdotal information suggesting the opposite. For public confidence locally this is of great relevance.

4.3 As an outcome of the options appraisal it became apparent at this point in the change journey that there were some limitations and anxieties around the very frail elderly population and the temporary closure of Leanchoil Hospital. A commissioning approach was utilised to secure further facilities within the Forres area to complement the ACU's which provided support with recovery and reablement. The group identified that this resource would not meet the needs of the very frail elderly with cognitive impairment and therefore a more robust 24/7 facility was required. To meet this need, care home beds were commissioned in one of the local care homes. This further instilled confidence within the public and staff group, supporting early communication engagement, which assured the retention of a bed base within the Forres locality for those most in need.

4.4 The FNCT has also provided support to people at the end of their life and through the collaborative working with the MDT have been able to provide this either within the persons own home or the ACU's where the person no longer wanted to remain at home but stay in their community. Through the evaluation paper available the detail provided by informal carers clearly demonstrates

how this model of care supports the cared for and carer at one of the most difficult times.

4.5 To further note, as part of the evolving MDT and highlighted in the research, the preventative approach from the FNCT has reduced the need to utilise emergency respite. The Out of Hours (OOH) team have also been able to support the Forres locality with assistance in working up until 02.30 am to support the needs of those most in need to remain at home. Since this pilot project started the OOH team have supported 15 people to remain at home in collaborative working with the FNCT team from June 18 to November 18 (at the time of writing). This has provided a responsive service in relation to palliative, end of life and falls for the frail elderly avoiding hospital admissions.

4.6 The Board will note that the three appendices attached cover both the qualitative and quantitative data to support the methodology and ethos adopted by the Forres Locality when looking at best outcomes for people in the Forres area.

Appendix 1: The initial findings of research undertaken by Dundee University in relation to the principles if the application of the Buurtzorg model
Appendix 2: The initial findings of independent research undertaken by Health Improvement Scotland (HiS)
Appendix 3: The initial findings of the independent research undertaken by the Improvement Hub (ihub), part of Healthcare Improvement Scotland (HiS), in relation to the economic impact of the Augmented Care Units (ACU) and FNCT initiative

4.7 Leanchoil Hospital has been closed on a temporary basis since September 2018. In that time the majority of people locally have been retained either at home or in one of the other facilities. For the purpose of the report, a snapshot of activity to look at out of area transfers from 1st September 2018 to 12th November 2018 was carried out. It highlighted 5 patients were transferred to another community hospital within Moray. It should be noted that these out of area transfers were not due to a lack of resource availability within the Forres area. The Service Level Agreement with the care home was also not been enacted at this stage. It does demonstrate the need for further robust processes and conversations to be embedded in the overall system flow from Dr Grays back to the Forres area. This work is currently underway. Thus ensuring continuity of care for people within their locality.

4.8 The recommendation made to close Leanchoil permanently is not one taken lightly. The future of Leanchoil has been the subject of many discussions over the last 10years and with the new Health and Care Centre established in 2014 all operational services transferred apart from the inpatient base. This has left the local service in an ongoing precarious situation. The site closed down with the exception of the inpatient beds, in terms of attracting staff, existing staff moral and the ability to reflect a modern system this facility no longer meets the specification of an environment fit for purpose. With the existing resources and should the recommendation be to continue with the ACUs and Nursing Home beds the senior team believe that it is right to move away from this facility and concentrate on optimising and developing what is possible in Forres, developing further the transformation plan and integrated services at the centre. This does not lead us to a concluded MDT model but gives stability as we redesign.

4.9 The Forres transformation programme is significant for the rest of Moray and nationally as it seeks to understand what is possible when true integration is established and locality planning fully enacted. This is however a process that takes time with requirements for much dialogue with many stakeholders, thus the requirement for ongoing work and ongoing monitoring and evaluation leading to the recommendations within this report.

4.10 The Forres locality has always had lower admission rates when compared across Moray, this trend continues and the early information we are gaining from evaluation suggests improved outcomes for people, quality is not in question in this report from the work completed to date. The question sits mainly with the establishment of a sustainable system alongside being assured that we are optimising the extended workforce now co-located in Forres. Ensuring we have maximised the opportunities possible through an integrated, collaborative effort as opposed to remaining in a disconnected approach to the delivery of care.

4.11 It should be noted going forward that there are two further enablers that need to be explored to optimise the opportunity of the Forres transformation. The first is the need to do some focussed capacity and demand work to fully understand the staffing requirements for the area as integration progresses and the skill mix possibilities. The second is the opportunity of transforming through digital means, these need to be understood together as one has an impact on the other. This also needs to be worked through with the public to ensure any change is one that will be responsive to need and one that the public feel able to engage with whether that is digital consultations or different staff delivering some of the interventions traditionally delivered in a particular way.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

The policy and approach set out in this report is consistent with the ambitions of the MIJB Strategic Plan in providing care at home or close to home with a particular emphasis on the needs of older people. This locality approach is also consistent with the ambition of the LOIP in Moray.

(b) Policy and Legal

This approach supports national policy and the integration principles set out in the Public Bodies (Joint Working) (Scotland) Act 2014.

It should be noted that in terms of legislation the MIJB has responsibility for the commissioning of local services and redesign and in this case the actual facility of Leanchoil is an NHS Grampian Facility.

(c) Financial implications

The current running costs estimate for Forres area noted at £1.9M included costs for existing Leanchoil Community Hospital, the Forres

District Nursing Team, the FNCT/ACU test site at Varis Court, the Forres Health Centre and GP contract for Leanchoil Community Hospital.

These services have been funded from various sources which are core budget, time limited NHS Grampian support relating to the Forres Health and Care Centre development and the use of Scottish Government social care funds as a test of change in the FNCT/ACU service.

For the further development, should the recommendation be accepted, the future recurring cost for the new operating model including the new multi-disciplinary team structure, ACU's and the commissioning of Care Home beds alongside the decommissioning of Leanchoil Community Hospital is £1.7M.

The difference between the current core budget and the costing estimates for the Forres MDT is £410k. This funding allocated to the test of change would require to be committed whilst the redesign remains under evaluation.

The table below highlights the cost implications.

Service Element in Forres	**Core Budget 2018/19**	**Forres MDT Costing Estimates**
	£'000	£'000
Forres District Nursing Team	297	392
Leanchoil Medical Pays	45	45
Leanchoil Ward Costs	501	0
Leanchoil running costs	130	0
Forres H/ Care admin running cost	261	371
Forres H/ Care Nursing	10	169
Forres ACU pilot pay costs	0	541
Forres ACU non pay running costs	0	55
Care Home beds	0	81
TOTAL	**1,244**	**1,654**

(d) Risk Implications and Mitigation

The generation of the draft Transformation Plan was developed to highlight the need for the MDT to develop more readily as a result of the temporary closure of Leanchoil Community Hospital and the associated risk of staff recruitment, patient safety and diminished quality of care to the people of Forres.

It is proposed that the further development of this plan is an appropriate mitigating action to this risk and, if approved by the Board, the regular review of the plan will be subject to regular review by the SPCG and by the MIJB in 6 and 12 months' time or at any time in between should the SPCG note the need to update or escalate to the MIJB.

(e) Staffing Implications

Following the temporary closure of Leanchoil Hospital, and on the principle that there would be no redundancies and, in accordance with NHS Grampian Human Resource Policy and Procedures, there was ongoing engagement with staff at Leanchoil prior to the suspension of operations at the Hospital.

Shortly after the closure, all staff were relocated to other appropriate places of work through consultation, and the nursing team now working as part of the FNCT at Varis Court and kitchen staff are at Dr Gray's.

(f) Property

In relation to property, the Board have the following options to consider:-

If the IJB decide to permanently close services at Leanchoil Community Hospital, pursuing the option of a Community Asset Transfer (CAT) to the Forres community has already been discussed in principle at Forres public meetings and with the Forres Community Council. Arrangements for a CAT are however out with the scope of this report and this option would be further explored in liaison with NHS Grampian as part of an option appraisal exercise to ensure that the building and site are most effectively utilised for the benefit of the local community.

If the IJB agree to approve the continued use of the ACU's at Varis Court, then a variation of the existing contract with Hanover (Scotland) Housing Association Ltd can be secured.

If the IJB do not agree to use the ACU's at Varis Court, then the units can be reverted back to extra care units. H&SCM would have an ongoing cost of care at home for service users who then move into these units.

If the IJB do not agree to commission nursing beds at the local residential care homes, then it is possible to terminate the Service Level Agreement.

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment (EIA) has been undertaken in relation to the impact of the redesign and Transformational Plan.

This also incorporates the Fairer Scotland Duty in relation to the impact of this Transformation Plan on social deprivation.
This has been informed by the community consultation exercise for the plan, the evaluation undertaken in relation to the FNCT & ACU test site and on the information contained within the various sections of the Transformation Plan.

Three key actions were identified from undertaking the EIA. These are:-

- Ensure that as part of the induction for all nursing staff to the FNCT team, that equalities training has been renewed;
- Ensure that all information materials for the ACU's and, in particular, for the guest room within the ACU flats are Lesbian, Gay, Bisexual & Transgender (LGBT) and same sex friendly; and
- Audit usage of the ACU's in relation to protected group status and, in particular, by race, sexual orientation, same sex relationships and gender re-assignment.

These three actions form part of the EIA action plan and have also been incorporated within the Transformation Plan. The completion of these tasks will be overseen by Forres Locality Professional Core Group.

(h) Consultations

The draft Transformation Plan was consulted on from 1 October to 1 November 2018. The Plan was made available via social media and paper copies were made widely available to community outlets including Forres Library, Forres Health Centre and Forres Access Points. Copies were also sent to MPs, MSP's, Elected Members, Forres Neighbourhood Forum and Forres Community Council and Dyke Community Council.

In addition, Officers were present at the Flu Clinics at Forres Town Hall on 24 & 25 October to promote the consultation.

It should be noted that in producing the above report the following documents all of which can be made available for further referencing, informed the detail of this report:

  - Transformation Plan – consultation concluded 1 November 2018
  - Evaluation Report November 2018
  - Consultation report November 2018
  - Equality Impact Assessment November 2018

- This report has been circulated to the following, any comments received have been considered in writing the report:-

- Pam Gowans (Chief Officer)
- Jane Mackie (Head of Services)
- Sean Coady (Head Of Service)

- Roddy Huggan (Commissioning & Performance Manager)
- Karen Innes (Assistant Manager HR, NHS Grampian)
- Philip Shipman (HR Manager Integration)
- Bob Sivewright (Finance Manager, NHS Grampian)
- Deborah O'Shea (Snr Finance Officer)
- Fiona Abbott, Interim Service Manager Adults & Allied Health Professionals
- The Forres Core Professional Group (including GP's from the Varis and Culbin Practices)
- Tracey Abdy (Chief Financial Officer)
- Margaret Forrest, (Legal Services Manager (Licensing & Litigation))
- Matt Offer (FNCT Lead)
- Amanda Croft (Interim Chief Executive, NHS Grampian)
- Gerry Donald (Head of Property & Asset Development)
- Garry Kidd (Assistant Director of Finance, NHS Grampian)
- Don Toonen (Equal Opportunities Officer)
- Nigel Firth (Equality and Diversity Manager)
- Senior Leadership Group, NHS Grampian

6. CONCLUSION

6.1 It has become evident from the work to date that the evolving MDT in the Forres locality has demonstrated that when following the principles of Buurtzorg, then alternative approach can be successful in meeting better outcomes for people. The research highlights that moving away from traditional and conventional approach can ensure resources can be more effectively utilised to those most in need of our Tier 2 and Tier 3 supports. The progress to date has also intended to instil confidence both within the staff and public in continuing with applying this approach to the delivery of health and social care. Advancing with this journey to further explore the opportunities of transformational change and continue to further refine the MDT structure in Forres, fits within the Kings Fund definition of transformational change. The emergence of an entirely new state prompted by a shift in what is considered possible or necessary which results in a profoundly different structure, culture and level of performance.

6.2 Leanchoil has been the subject of much debate for a number of years. The site does not represent a modern health and care facility. With the ability to move cautiously but effectively forward in transforming efforts around retaining this facility do not add value and do not provide best value.

Author of Report: Lesley Attridge, Service Manager

Background Papers: Available from the author.

Ref:

APPENDIX 1

Interim Report:

An analysis of the perceptions of key stakeholders involved in the Forres (Varis Court) Health and Social Care Pilot Project – Initial Thoughts

Nic Beech, Stacey Bushfield, Brian Howieson and Graeme Martin

The School of Business
The University of Dundee

Contents

1.0 Executive Summary

- A team of management academics from the University of Dundee was commissioned to undertake a qualitative analysis of the perceptions of key stakeholders involved with the Forres (Varis Court) Health and Social Care pilot project.
- The Forres (Varis Court) Health and Social Care pilot project — located in the Hanover Housing Association development — offers an opportunity not only to redesign the social care services within sheltered housing but also an opportunity to test out a new model of in-patient care provision.
- It is understood that NHS Health Improvement Scotland is undertaking a financial/economic evaluation of the Forres (Varis Court) Health and Social Care pilot project — the analysis in this Interim Report is qualitative in nature and seeks to understand the perceptions of key stakeholders.
- The purpose of this Interim Report is to highlight emerging themes and findings to inform further discussion — a full and more detailed report will follow in spring 2019.
- Fifteen semi-structured interviews were undertaken by University of Dundee researchers between October 2018 — November 2018. All interviews were recorded and fully transcribed. A thematic analysis was then completed.
- Key points from analysis are as follows:

    - Most people, especially those at the core of the pilot project, 'buy in' to the principles i.e. the more person-centred approach; the community setting; and the flexibility offered. In this respect, we consider that the strategy is correct.
    - But, it is more difficult to implement than first realised due to cultural, political and embedded issues such as establishing new and effective multi-disciplinary teams and differences in perception between professional groups (i.e. professional boundaries are marked).
    - There were some concerns over utilisation and finances, especially from those less-engaged with the day-to-day operations of the pilot project.
    - In addition, it is not clear how success is, can be and will be measured.

- Recommendations and Next Steps:

    - More extensive involvement of the clinical community.
    - Greater thought be given to the criteria for evaluation — quantitative and qualitative — and how these criteria may change over time.
    - Inter: develop further team working between all stakeholders (focusing on identity management and inter-professional working).
    - Intra: further development of Buurtzorg and understanding if this less-medicalised model may enable a quicker flow through the integration of health and social care.
    - Further thought will be required on next stage research — clarity will be required on operational objectives of this new approach and establishing what metrics are indicators of change.
    - In terms of the health and social care system in Moray, this learning could then be beneficial in terms of continuous learning and the future redesign of services.

2.0 The Context

Leanchoil (community) hospital has a reduced staff compliment and major recruitment is now required. The hospital is also in need of a major capital investment to ensure that the building is fit for purpose. A combination of the challenges of recruiting sufficient numbers of nursing staff to sustain safe operating practices and the required investment into the physical fabric of the building has meant that Health & Social Care Moray has identified that there is a high probability that Leanchoil Hospital is not sustainable in the medium- to long-term. At present, it has shut (temporarily).

But (at the same time) there is an ongoing 18-month test site in the Forres Varis Court development (part of the Hanover Housing Association complex) that explores a new model of in-patient health care provision. This was originally conceived as the provision of 24 hour/7 days a week nursing care being provided at 5 of the 33-unit Varis Court development by 8 WTE NHS nursing staff.

Unlike a traditional ward, the 5 flats have 2 bedrooms and a small kitchen that aims to assist with re-ablement and recovery, which is a key element of the test site. This test site has had its funding increased to December 2018. In detail, this test site has adopted the application of the Buurtzorg principles in terms of how the nursing team — who are known as FNCT (Forres Neighbour Care Team) — organise themselves and deliver care and support in relation to the 5 units within the development and also to people in their own homes in a community setting.

At present, significant 'insight' — and areas of interest — has developed from experiences in this test site. To understand this (insight) further and to offer an independent/objective view, a team of management academics from the University of Dundee was commissioned to undertake a qualitative analysis of the perceptions of key stakeholders involved with the Forres (Varis Court) Health and Social Care pilot project.

3.0 Method

Stakeholders associated with Varis Court were interviewed by the University of Dundee researchers during the period October 2018 - November 2018.

The interviewees — sourced from NHS Grampian, Health and Social Care Moray and Hannover Housing Association — were selected by Health & Social Care Moray staff.[1] Fifteen semi-structured interviews were conducted in person in Forres and Elgin and via telephone due to the nature of the distance involved between Dundee and Forres/Elgin.

All interviews were recorded and transcribed for detailed analysis. The aim of this stakeholder and thematic analysis was to assess the effectiveness of the project and potential for improvement from the perspectives of key clinical, care and administrative staff.

It is hoped that this analysis can be used to assess how the interests of those stakeholders should be addressed in future policies and projects.

[1] In this research, no patients were interviewed.

The interview questions are at Annex A. The University of Dundee's Code of Practice for Research Ethics was followed and participant confidentiality was maintained.

For this Interim Report, an initial analysis of the perceptions of some of these key stakeholders was undertaken.[2]

4.0 Initial Findings

Our initial analysis comprises of three categories: What is going well; Associated challenges; and Opportunities. The sub-themes within each category and illustrative quotes are set out in Tables 1-3 below.

Table 1: What is going well?

A1	**A community model that can prevent unnecessary admissions to acute services:** We're looking at having a community model that helps prevent unnecessary admission to acute services by providing care in the community. Whether it is at the person's home or whether it's in an in-patient setting is our aim. Acute services would take someone who's really unwell, who's needing further assessments etc. Whereas we would look at… Well, traditionally, what would happen is if there's no community service to provide it, they would get put into acute care. Because there's no in between [BH03]. You'll be aware of some of the challenges we've been having around staffing in community hospitals, which are largely bed-based models, the Varis Court initiative is an attempt to move away from that. They are trying to provide an environment that supports a cohort of, shall we say, clients to either support their return to home or chances of returning to home after a hospital admission or as part of a hospital prevention strategy, but I think it about improving people's confidence, maintaining their independence as long as possible. I'm not aware its anything longer term than that [GM04]. Forres community nursing team/Varis Court as an inpatient type facility to try and look after our patients in a step-up/step-down manner, either avoiding unnecessary hospital admissions by using GP-led beds in the Varis Court facility or by taking over care from any patients that might be stepping down from the ACE unit in Dr Gray's [SB02]. **It can also involve third and voluntary sectors. In addition, FNCT has established new ways of working:** So, the way I go about my role is that I look far beyond what is going on medically and… Far beyond that and look at that… Look at the different… Loneliness, isolation, cleanliness [BH02]. I think within Varis and the Forres locality the Buurtzorg model is a really good example of we don't just go in and do our own bit, we look at the wider picture, and I suppose until you've had experience of working in that way, it's really challenging [NB02]. **Some patients can lose confidence in hospital – FNCT helps improve this confidence:**

[2] At the time of writing, not all interviews have been transcribed and analysed fully.

	What you find is, with our mean age is something like 86 I think. And, for being in hospital for a short period of time, you can lose that confidence to be at home. And I don't think that's really recognised within the acute services. We will bring them into our service. We will follow them at home to ensure that they get that confidence back again essentially. To be able to cope at home. And manage the things that they would have managed but, because hospital's very debilitating [BH03]. **Varis Court staff are empowered with increasing sense of ownership. A different patient pathway is offered. Locality is very important to patient and family:** You can be holistic in ward seven, I think, but you're very restrained because you're not in their own homes, so… these flats are meant to be [like]their own homes and it's their own homes in the community too, so… I think, because they're in their own homes, and you get to know [BH02]. I think… we all know what our job is and we kind of stick to that and do it very well but this initiative is really trying to push those boundaries and encourage, I suppose, staff groups to work an awful lot more closely with one another and allow those boundaries to be stretched just a little bit …. I think speaking about the Forres neighbourhood team in particular, their job satisfaction as well because they've all come from different backgrounds and all of them have embraced this way of working. They've fed back themselves that they feel that they can practise more autonomously [SB01].
A2	**Understanding of Government policy and practice (i.e. the integration of health and social care and why it is important):** In relation to the Varis Court initiative, the District general hospital requires to discharge patients from acute hospital environment and I guess working with the Varis Court people, we try to identify the most appropriate place to place (people) depending on their most appropriate requirements [GM04].
A3	**Providing an additional service (i.e. stopping bed blocking)/contact. At present, there are occasions when medically 'fit' patients cannot come out of hospital as no follow-on care:** Essentially, if you're in a hospital space there will be an element of, we need the bed again. Which is not a nice thing to be on the receiving end of [BH03]. People's care packages tend to get withdrawn if they stay in hospital and then they have to wait, often much longer, for a new care package, so it goes to the local brokerage where care agencies pick up that care package, and if there isn't one available that person will remain in a hospital…that can take some time, weeks and months. People then tend to lose their independence and skills…things are done for people in traditional hospitals and care systems, rather than with people [GM 04]. **FNCT may also provide a locus of care. Home care improved and Buurtzorg developed in context:** I have to say that I'm involved in other care services where they don't have the nursing staff they do at Varis Court and the difference is dramatic…they don't have the same continuity and level of care without that nursing staff [GM03].

A4	**Move towards an integrated model of care e.g. it is good at neighbourhood and palliative care:** For me, working with the project has been absolutely invaluable; some of the people we look after who would have otherwise been put into hospital or in a nursing home or respite home because their care needs would have increased and they wouldn't have been able to return to the community, so by having the nursing staff and the Hanover care staff, that allows people to live independently for longer in a home environment rather than a hospital [GM04]. Nurses are able to do work in the community. An example of that would be palliative care; we've been able to keep people at home, people don't want to go to hospital to die, they don't want to be in a nursing home environment [GM03]. The feedback we've had is that people are able to stay at home longer, they are able to get drips, they are able to get IV treatment…you know if people are dehydrated from example, they are able to get treatment immediately rather than wait to go into hospital [GM03]. We've had several tenants who've chosen to die at home, so they've been able to stay in the property, their families have been able to stay with them, visit them when they want, their family can cook for them, eat with them…they can have that intimate time, so important when someone is dying…if there's such a thing as a good death, this is it [GM03]. My understanding of the Varis Court initiative is dynamic, but essentially it arises from the Health and Social Care legislation, but essentially, it's about…a step-down facility, where we can put people for a short period of time, maybe two or three weeks maximum to reduce in-patient care….Other major use of hospital admission reductions [GM01].
A5	**Good focus within locality** The FNCT is based at Varis Court but also provide care in the community in patients' homes which has helped to provide continuity of care and individualised care plans. There was a suggestion that this approach is underpinned by a wider awareness amongst primary and community professionals of the benefits of providing care close to home. I think we've provided a much more seamless journey for service users and patients …when they've come through the Forres neighbourhood team, they've… you know, it's allowed them to either follow them in and follow them back out again. … So, I think there's value in that because they obviously get to know the patients a lot better within the locality which is the other bit of the locality working that we've got to try and promote. So, it's not just all the strangers that are inputting into your life at quite serious times. … having their health and social care needs designed around them as an individual rather than just fitting into the mainstream way that, as I say, from a conventional perspective that things have always been delivered [SB01]. Clearly there's a change in the idea that we're now looking at trying to support people at home and trying to keep them at home more than we would do in the traditional sense whereby, if people were to go off legs or to become a bit confused, we would normally look to perhaps admit them to either Leanchoil or Dr Gray's, our main hospital in Elgin, whereas with this new band of nurses we're maybe hoping to be able to avoid hospital

	admissions and even maybe even for people at home rather than bring them into a kind of more supervised place such as Varis Court…..But, you know, the key really is to try and treat our patients at home and in the community rather than sending them into our hospitals [SB02]. A key ongoing element of the project is engaging the acute staff in this philosophy: So, when they're medically stable to be transferred out of hospital, we have to consider getting people back as close to Forres as we can… patients were being placed out with the Forres locality…I guess for the patients themselves, it also might feel a bit disrupted or a bit far from home …the bus route to Speyside is very limited. …So, at the moment we're trying to change the mind set of our Acute colleagues by saying, you know, if somebody from Forres is in Dr Gray's and they're medically stable to be transferred, we have to think about Forres … So, my focus is to try to look at what's safe. Forres first, what have we got in Forres? So, Varis Court is an obvious option as well as home [NB02].

Table 2: Associated Challenges

B1	**Is it working? What are the evaluation criteria? Where are and what are the staff boundaries? What do we understand about the Varis Court initiative? Issues with District Nursing Team (who may feel threatened) and FNCT team (who do 'community' and acute work). Need to rethink MDT approach — keen to see them as one team:** Yes. So, I think we need to start… If it rolls out, I think we need to start from the starting point of joint teams of the community team and the team who will be… And also, educating the carers within that team, and social work, and AHP, so it's one full team [BH01]. The thought is that Varis would like to have a multidisciplinary team approach around the patients at Varis. So there's like physio, occupational therapy, social work, nursing care, GP input, district nurses' input, or the nursing model [unclear]. And I think that is a really good idea to have that approach for everybody and everybody working around one patient in terms of the discharge planning and getting everything sorted for them. The difficulty is they want that done out of existing resources. And the Varis Court model, which has been implemented in other European and Scandinavian countries, when it's been rolled out in other countries, they've had nurses and an occupational therapist and a physiotherapist employed as part of that model. However, Forres has just chosen to recruit nurses. So they are very nursing-strong-led model and don't have any allied health professional involvement within their staffing and their finances. So that, to me, was a bit of a major flaw from the start [NB01]. I understand some of the background, legislation, directions …health and social care integration, and how IJBs operate…in the time I've been here at a level we've been able to put in much more shape around that, and working with…..myself and my colleague we're beginning to have many more conversations about how to manage some of the priorities, for example around population and demographic demands across Moray…how we can come together…its beginning to feel we are making a bit of progress…so that's good [GM04]. Health and Social care integration makes sense in principle…I'm assuming it was done in part to reduce middle management…and improve communication. Improved

	communication I think is happening… what was the question again, is it working…I guess I'm slightly cynical, in part because of the ways of measuring…they try to use all these measures (lists them)….I'm not sure you've got the valid measures…are hospital admissions a good thing or bad thing…it depends. Also it has created a lot of work, lots of meetings even to try to understand it, lots of emails…often just to read an email takes half an hour (when you could actually be doing your job) [GM04]. **Governance issues (professional, clinical):** So, I suppose my concerns are around the governance around what the patient's perception is of the level of care that they're going to get here, that it's going to be low-tech, not even middle-tech, the same as you might get in a community hospital [BH01].
B2	**Identity and inter-professional boundaries** Some interviewees suggested from a clinical side there was scepticism around what the Varis Court initiative was able to deliver and this has created tensions between the different professionals involved: I've had various reports that the (Varis Court) initiative is not hitting the target's set, people are staying longer than is necessary or not hitting the type of people they were supposed to take on board….I'm aware there are a lot of mixed views about it, different opinions about its value, from clinician to clinician and perhaps among some of the different professionals involved ….but I don't have any hard data on that…it's just anecdotal…I don't get the sense from the clinical community about overwhelming support for it…to be honest I think it was about how the whole project was commissioned and decided…theirs a little bit of a difference between the clinical community and the care community if you like…and therefore what can be considered to be a good thing to do, almost presentationally from an health and social care partnership perspective [GM04]. This seems to be a more social work set of objectives but doesn't really replace or offer anything like what is required for the types of patients from a clinical perspective that would be necessary…some of that might be the way in which its been implemented and tested…some people haven't been involved enough early on [GM04]. Alternatively, others stressed that Varis Court and the wider FNCT care at home approach was one of many options and wasn't suitable for all patients/service users. Depending on their needs some individuals would be better suited to care in a Community Hospital outside the locality or in Dr Gray's: We have taken on a lot of patient's care to allow them to be discharged from hospital, in their own homes. But, we're just here for the short-term, rather than the long-term. … So [after about 6 weeks], it's trying to get the social worker to… and then start that care with the carers … It fills a gap. It's somewhere in the middle between a home and hospital. … In the flats, you couldn't have somebody who's quite cognitively, mentally impaired or needs a lot of support… If they're on a hospital ward, they're watched. You can see them. Whereas, here, they're in flats. It's not the best place for everybody [BH02]. Those on the ground also suggested that there were different levels of buy-in locally and admitted that there have been overlaps between the Forres Neighbourhood Care Team and the District Nursing Team but suggested that this is something they will be

	working on going forward: It's historic, but I think social workers particularly. There's always this divide between health and social care…But there's also that between acute and secondary, primary and secondary care. There's still a barrier, albeit invisible, but there's still that lack of… I think its communication honestly, that affects the whole system… It's trying to get them on board and realise what it is we're trying to do which can help them [BH03]. So, Forres isn't that big. We've got the district nursing team, we've got our [FNCT] team, and then we have Leanchoil. That's quite a lot going on in a small town and … I think the district nurses and us have had issues of overlapping of whose patient is who … it is going to be addressed… in Forres. There's two practices … [we get] more referrals from [x] Practice, than we have from [y] Practice [BH02].
B3	**Cost is still a problem i.e. is it cost effective? Some issues relating to capacity usage:** Interviewer: So, you're… If… Just for me to check my understanding, when I said how is this going, you're thinking, well… You don't think the utilisation is correct. Is that what we're saying, in terms of the flats all being used or being optimised, yes? Interviewee: Yes. If you look, one of the flats is now an office [BH01]. I don't think we are rewarded for (meeting targets)…I think qualitative measures are a better measure….we work together more than we did but does that make things better….I don't know. It needs to be funded and I don't think it is [GM01]. I think, yes, it would be wrong for me to say, no, no, everything's hunky dory. It's not. There'd be concerns around the finances moving forward. You know, it doesn't come cheap to try and do something different and deliver services in a different way. I don't want to see people being admitted to the acute hospital and Dr Gray's when they don't need to be. Likewise, I wouldn't like to see the service users of Forres have to travel to other areas of Moray. …and I suppose, you know, one of the worst things would be is if, you know, Leanchoil Hospital had to reopen for any reason, because it isn't fit for purpose as it currently stands. So, these are all concerns for me. So, it is about right place, right person, right time and I think we've managed to do a good majority of that [SB01]. I have concerns more to do with the financial... we're made aware that, you know, there is no new money … there are financial, you know, restraints. … At the end of the day, it would be nice, if you were going to do a pilot like this, to ensure that people are attracted to the job and are able to be retained in the job so that we can actually see whether it works [SB02]. This last quote also highlights a view raised by several participants from a range of backgrounds surrounding a desire for the 'pilot nature' of this initiative to be removed to allow for longer term planning, greater job security for the nursing staff involved, and developing the MDT aspects of the initiative. Other interviewees raised concerns around the reallocation of budgets from other services into Varis Court.
B4	**Perceptions i.e. what is being offered (weekend hospital, respite care, care home)? Do patients understand what FNCT is:**

	Because that's the other thing I do think. So, it comes… This, I think, comes under the NHS, but… It's not a care home facility, but yet it's not a hospital facility, either. So, in terms… If I think about the things that the director of nursing wants us to do with community hospitals, this is a… This is like somebody's home, but yet it's a bit of an inpatient facility too … the boundaries are a bit blurred … it is like being in somebody's own home … But, do the patients coming in here think they're coming into a hospital-type [setting]? [BH01]. **What is the experience of wider professionals?** A view expressed by wider clinicians in the area the initiative has potential to be a useful solution, but the different offerings require different skills and resources and the service faces resource constraints and is yet to be fully tested: What we should have, and I say should have, is a fully-staffed team of nurses that are working a 24-hour seven day a week rota, whereby they are able to look after patients in the Varis Court facility as well as our outreach service centre, our community, whereby they can come in and provide step-up nursing care. …if it was fully-staffed, then that would be something that would be remarkable, I think, with what we were actually planning…what it's like on the ground due to, you know, staffing levels, etc., at this point. My understanding was that you were going to have a 24-hour seven day a week 52-week year with... I think it was 12 Band 5 nurses and you would have a Band 7, overseeing these nurses …at the moment they've got, I believe, five Band 5s and they've now got six Band 2s, which is not really what, I think, we were led to believe at the start. So, again, it's about whether, you know, what we actually have is able to provide the service, both in Varis Court and in the community, and in order to achieve that, you really need to have contracts to allow people to want to work in this new model [SB02]. Others suggested that they were unsure: I've never been particularly clear what type of people we would expect to place in (Varis Court)…to provide a little more context…To be honest with the Varis Court initiative, I've been aware its going through a series of reviews and evaluations…but never been very clear in my role…what are the rules of engagement, what are their admissions policy [GM04].
B5	**Possible funded options outside hospital** Several participants mentioned the possible expansion of the Varis Court model to additional care homes in the area. This proposal seems to have met mixed views with some advocating it as a way of expanding service provision while others raised concerns about logistics, GP availability and workload planning, and the availability of nursing resource.

Table 3: Opportunities

C1	**Teambuilding – thinking beyond the original FNCT** Until recently, although there has been some engagement between the FNCT, the

	district nurses and wider multi-disciplinary care team, they have mainly worked independently — there is potential for, and a desire amongst some participants, for greater collaborative working going forward: > There's elements of it that are going really well and I think that it is mapping out how we would want to deliver care in the future. There's obviously some financial elements to that that we still have to work through and, as I say, for the initiative to really, I suppose, take off, it does now require this next bit of integrated working with all the other MDTs that are located in the Forres area to really actually truly take it to the next stage [SB01]. With the recent (temporary) closure of Leanchoil, staff from the community hospital are now working at Varis Court this has represented quite a big cultural change for these staff as they haven't actively applied to work in the new model so support here will be necessary: > I suppose the other challenge as well is that we have got some nurses from Leanchoil Hospital who are placed in Varis Court, working there at the moment, and I don't think that they've quite got the concept because they, again, are very... within the mind set of being managed whereas it's a very self-managed model. It's that sort of principle. It's very different. So, I think there's a bit of education [NB02].
C2	**Understanding reasons and blockages** Going forward communication is going to be key. It was suggested that the FNCT were fully bought into the approach as they had been able to apply to work in this way. One opportunity going forward relates to engaging the wider MDT and integrating the previous Leanchoil staff into the FNCT and its philosophy — these cultural changes will take time: > You've got people that are very up in a social model and then you've got people that, you know, still very much follow a medical model and certainly we saw that in some of the staff, that when Leanchoil transferred over into the Forres neighbourhood team, which has been part of all of this as well, which is really quite interesting, is just to see how they adapt to the principles and a completely different way of working. So, I would say that would be some of the challenges that we've faced to date. But I don't think they're unsurmountable. I think that we will get there with it. It's just going to take time. It's not something… You know, it's okay putting processes and procedures in place but we're speaking about kind of cultures and behaviours and that's the areas that take a lot longer to turn around [SB01]. From the acute side, it was also suggested that greater training of what the Varis Court site offers and how it compares to a traditional community hospital setting would help change mind sets around patient discharge plans/pathways: > We should really be doing a little bit more promoting Varis Court, if you like, doing sessions with staff, because they are very quick to, we don't know anything about Varis Court, it's a different option that we've not really been involved in any of the discussions around and... So, you know, I have had that said back to me. You know, if we phone and speak to […], we're not really sure if it's appropriate, an appropriate referral. So, I think there's a bit of learning there [NB02].
C3	**Reframe problems being solved i.e. holistic cost**

	As noted above, throughout the interviews there was a real sense that communication could be improved to ensure that everyone knows what the different parts of the service aim to provide. Bringing together the different strands of care and setting out clear boundaries, that is managing expectations, around what the different elements can and cannot do and how they can work together will be important. Linked to this was the sense that any evaluation has to take a holistic approach and appreciate the person-centred goals of the FNCT initiative: My personal opinion about what nursing is, is that I think nursing is about everything… Look after every aspect of their nutrition, their cleanliness… I think that they realised … that they couldn't really just shut Leanchoil Hospital without something being in Forres … [sending] elderly people all across Moray, it's not going to work, and I think there would be an absolute outcry from the people of Forres if there was nothing in place. So, I think it's all been very coordinated [BH02]. In my mind good care is where we are able to take into consideration the needs of the patient and their family or service user, that we can look at their outcomes, to be able to meet those outcomes in an environment that's conducive to them either recovering and rehabbing or, if it is end of life, that they're in a setting that's more homely, that allows them still, obviously, dignity and respect while they're still with them, and I think that's really important for any family members that are around them as well so they experience that as well … I think good care looks... where people have got control and a bit of autonomy over how their care is shaped around them and I think that's why I think Forres neighbourhood team has kind of got that right in the fact that we promote independence when people are either within the units or they're in their own homes … [but] it has to be meaningful to the area … Forres is unique in the fact that we did have a building that was no longer fit to be a community hospital … you need to obviously decommission something to be able to free up finances, resources to commission something else [SB02]. The people. It's about being people-oriented, I think sometimes. Actually, what do they need? It's not just what the patient needs, it's what the relatives and other people who are involved need… I think, from day one, there was always going to be a challenge of putting a new service and a pre-existing service together. Because a lack of understanding about who's doing what and why would we need this … One of the things we're working on at the moment, is trying to get that multi-disciplinary approach. …we're just in the process of trying to get our AHP colleagues, allied health professionals, bought into this as well…Because they're now really pivotal to any service and I think that was one of the things that was missed at the start [BH03].
C4	**Develop a menu of options: costed/evaluated** Several participants noted that Varis Court offered both step up and step-down care, including end of life care but these require quite different approaches, and potentially resources, but is clearly linked to the notion of working in a person-centred approach: So, it's about how we promote a person-centred approach but also giving the patient the choice, because I don't hear an awful lot of that either. You know, we talk to patients and say to them, this is what we're going to do. We don't actually say, well, where would you like to be, because, you know, the palliative care side of things, well, some patients want to go home, some patients don't want to go home and I know that's a separate but Varis Court do support end of life or, you know, the Forres neighbourhood team do support that with our community colleagues. So, I think that's another consideration, that we do start

	to put the patient in the centre [NB02]. Several participants noted confusion over what the main purpose of the Varis Court rooms were and how they would be allocated. Looking ahead it would be useful to cost and evaluate the different menu of options. There also was a suggestion that, to date. they have not been fully occupied / at capacity, as up until recently it was run alongside Leanchoil so ensuring that there is adequate staffing to meet these menu of options is crucial: You know, my main issue at this point is that I would like this to be something that is adequately resourced and the right staff being in the right post in order to be able to have a successful service, not perhaps settling for a workforce which is not as well-skilled as it could be because it's what we're able to get [SB02].
C5	**Decide on policy of location and revenue raising** Some participants raised concerns surrounding the remaining pressures on resources and whether the initiative can deliver its potential. Managing expectations, while also monitoring staffing levels and identifying key pressure points should be key considerations going forward.

5.0 Analysis Summary

In general, there is understanding of the principles of Health and Social Care Integration (H&SCI) and the associated political agenda. Moreover, there is a great deal of investment from stakeholders with most expressing a desire to see this project work, especially given the current temporary closure of Leanchoil. Nevertheless, the interviews reflect different professional logics, career knowledge and how 'close' they were to the project (e.g. sequential models v. integrated models of care; direct involvement v more peripheral involvement; early v late involvement; and 'winners' v 'losers' from the change).

The pilot project was generally thought to be working (relatively) well, in that it provided a much-needed step-up and step-down facility for local service users and patients. The FNCT are engaged and working effectively across the community. Most interviewees agreed that patient care and safety as well as the wider patient experience were key measures of success. However, there was some uncertainty around what good outcomes 'look like' with some suggesting that outcomes (such as hospital admission rates) can be interpreted in many ways. To date, the benefits appear to be largely providing extended social care at the margins, beyond what is already provided. However, with the (potential) closure of Leanchoil, it is expected that the Varis Court accommodation and FNCT could potentially provide a more central care role within community care going forward.

The new arrangements/co-location had been extremely beneficial in integrating social care and raising their profile and voice. We suggest that this cohort may be more positive. There was, however, a feeling that allied health professionals (AHPs) (such as physiotherapists and occupational therapists) could be better integrated into the operational planning. There are also resource constraints here as these professionals are often stretched across wider community care and sometimes acute care.

A big challenge facing the Varis Court model is around communication with both GPs and Hospital Consultants around understanding the model, what is provided and what care the units can safely provide. Some caution was expressed around feeling confident to refer patients into this model. There was also a sense that it (Varis Court) had changed the way GPs worked in the area and they missed the certainty and autonomy they (GPs) had (previously) at Leanchoil and the benefits of a single site for planning.

There was also a suggestion by some that the model has not been tested to the full as it has until recently worked alongside Leanchoil and has been operating on a smaller scale and with a smaller number of trained nurses that was originally envisioned. Yet, others made a case for Varis Court to be no longer a 'pilot' study and for it to become fully embedded in the wider community care provision as this would provide more certainty in terms of long-term planning and, of note, in helping with recruiting and maintaining their nurse cohort.

The suggestion the Varis Court model could be applied at multiple sites received mixed responses and was a concern for some participants with regard to the implications in terms of nurse resourcing and the workload planning of GPs and AHPs.

The sustainability of financing beds and supporting patients with appropriately trained staff was raised by several interviewees. This suggests that there is perhaps a need for a more holistic approach to costing for the initiative that takes into account both the economic and social costs and benefits provided.

6.0 Recommendations

For some professionals the new way of working is a natural extension of best practice. However, for others it can represent a new set of demands to work in different and sometimes unknown ways. Therefore, change needs to be managed in a multi-dimensional way which includes learning time for professionals to adapt skills to the new requirements. This learning may also need training support.

Working in multi-disciplinary teams is central to the project. However, in the perceptions of some respondents the teams are not always in the right balance with some professional groups being over-represented and others under. There is a need to carefully assess the appropriate skill mix and encourage applications from the appropriate professional groups. This could include part-time and flexible modes of working depending on overall demand levels.

A distinct benefit of the new approach could be better quality of engagement with carers and families. It would be advisable to ensure that feedback from carers is captured and included in evaluations. On a related point, there are opportunities to enhance training and support for carers so that return home can be easier and more sustainable. Follow-up evaluations after three months could provide qualitative data alongside other information such as re-admissions data.

Evaluation needs to take account of length of stay by benchmarks so that there is clarity on whether or not patients are staying for "longer than necessary".

Learning about how to work effectively as a multi-disciplinary team is occurring at the moment, but it is not clear that this learning is being systematically captured such that best

practice can be embedded in the system more generally. This could be achieved by periodic learning reviews and recording cases and protocols on the website.

So, in summary, we suggest:

- More extensive involvement of the clinical community.
- Greater thought be given to the criteria for evaluation — quantitative and qualitative — and how these criteria may change over time.
- Inter: develop further team working between all stakeholders (focusing on identity management and inter-professional working).
- Intra: further development of Buurtzorg and understanding if this less-medicalised model may enable a quicker flow through the integration of health and social care.
- Further thought will be required on next stage research — clarity will be required on operational objectives of this new approach and establishing what metrics are indicators of change.
- In terms of the health and social care system in Moray, this learning could then be beneficial in terms of continuous learning and the future redesign of services.

Annex A: Interview Guide

1. Can you give me a little background on your role in relation the Varis Court Extra Care initiative?
2. What is your understanding of the initiative? and how the Forres Neighbour Care Team works?
3. How does this approach compare with traditional care models?
4. What in your mind does good care look like?
5. Who in your mind are the key stakeholders of the initiative?
6. How is the initiative going? * What if anything do you think has changed since the Extra Care initiative began at Varis Court?
7. What have been the most beneficial outcomes for service users and their families following the introduction of this initiative?
8. How has the initiative impacted on staff in the Forres Neighbour Care Team (FNT) and staff in the Multi-Disciplinary Team (MDT)?
9. Do you have any concerns with the initiative? If so, what are they and why?
10. If this initiative was to be rolled out across Moray is there anything you think should change?
11. What, in your mind, would be a good outcome from this trial initiative?

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Moray HSCP Culbin and Varis Medical Practice Hospital Data

November 2018

Improvement Hub
Enabling health and social care improvement

Published November 2018

www.healthcareimprovementscotland.org

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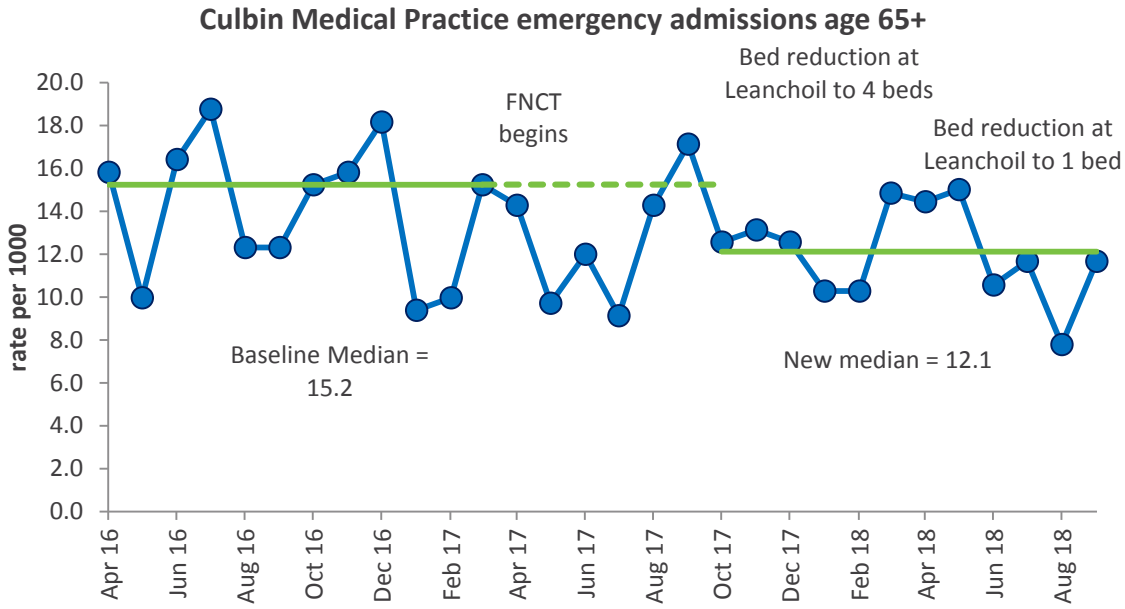
Moray HSCP Culbin and Varis Medical Practice Hospital Data

Hospital data from Moray HSCP has been put into run charts in order to try and ascertain the impact of the Forres Neighbourhood Care Team (FNCT).

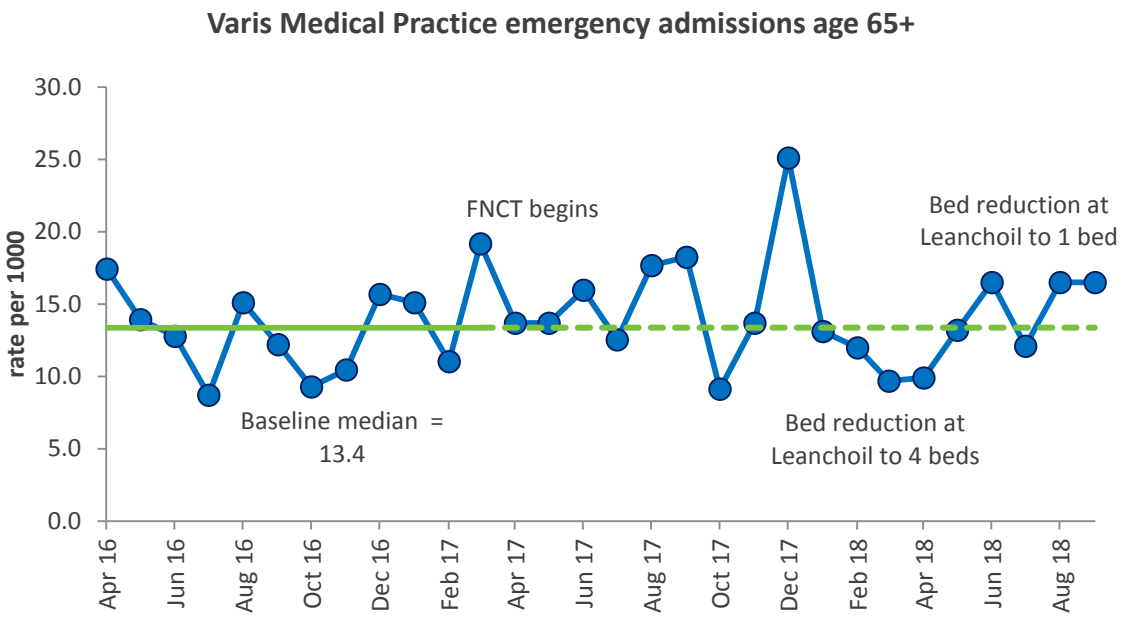
Run charts are simple analytical tools to help us understand changes in data over time.

Emergency admissions

The chart below shows emergency admissions for the Culbin Medical Practice for patients aged 65+. There has been a sustained downwards shift in the rate of emergency hospital admissions for these patients. The baseline median reduced from 15.2 emergency admissions per 1,000 population to 12.1, a fall of 20%.



Varis Medical Practice does not show any change in the rate of emergency medical admissions over the same time period (see chart below).

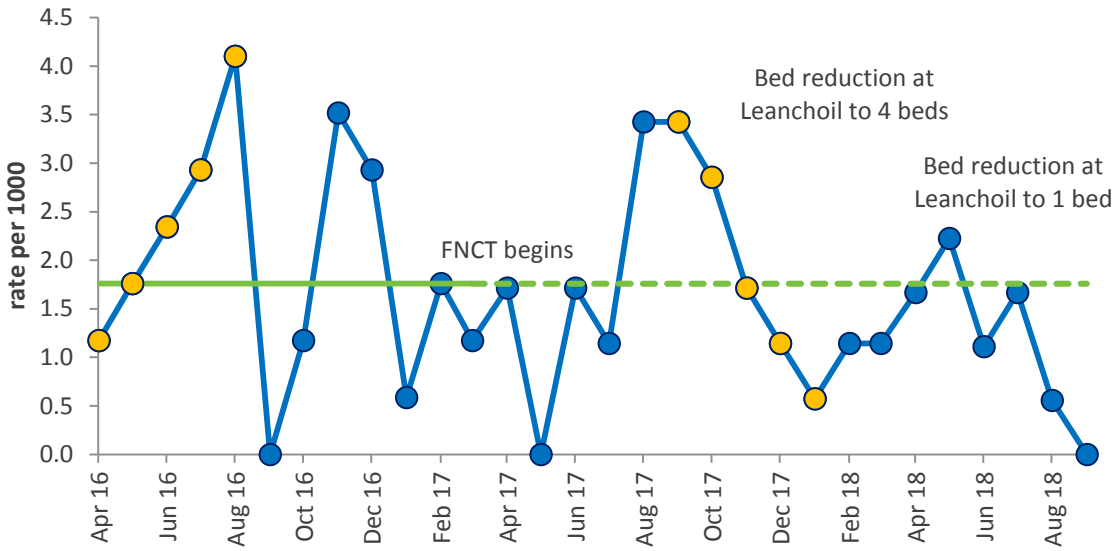


Emergency 28 day readmissions

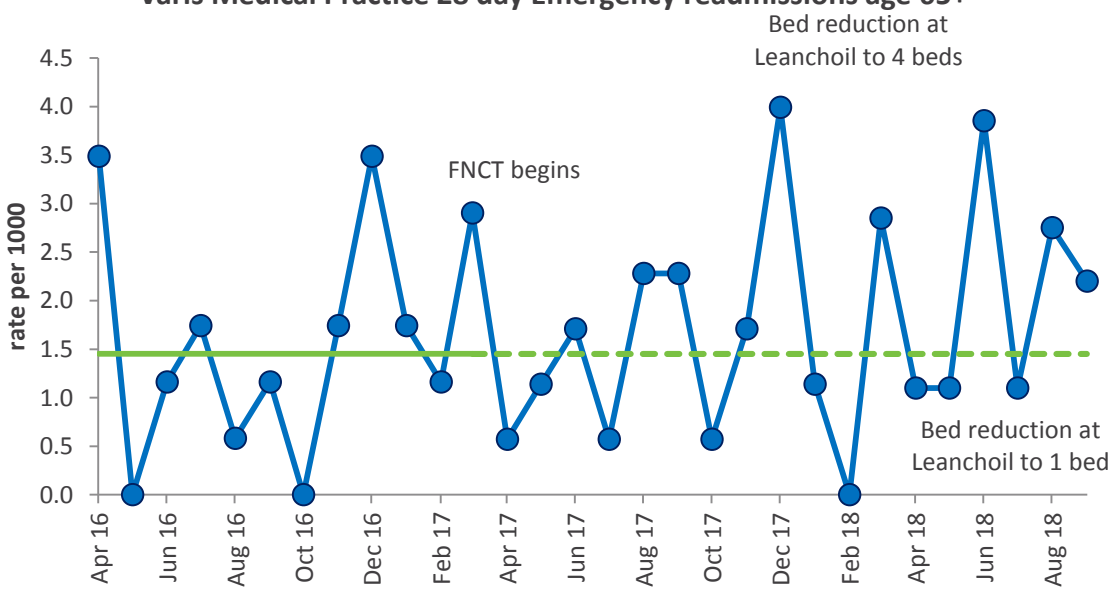
The following two charts show emergency 28 day readmissions. The highlighted yellow points on the chart for Culbin Medical practice show that there was an increasing trend within the baseline period. There was also a decreasing trend following the baseline period.

Varis Medical Practice did not show any significant variation over time in terms of their 28 day emergency readmissions.

Culbin Medical Practice 28 day Emergency readmissions age 65+



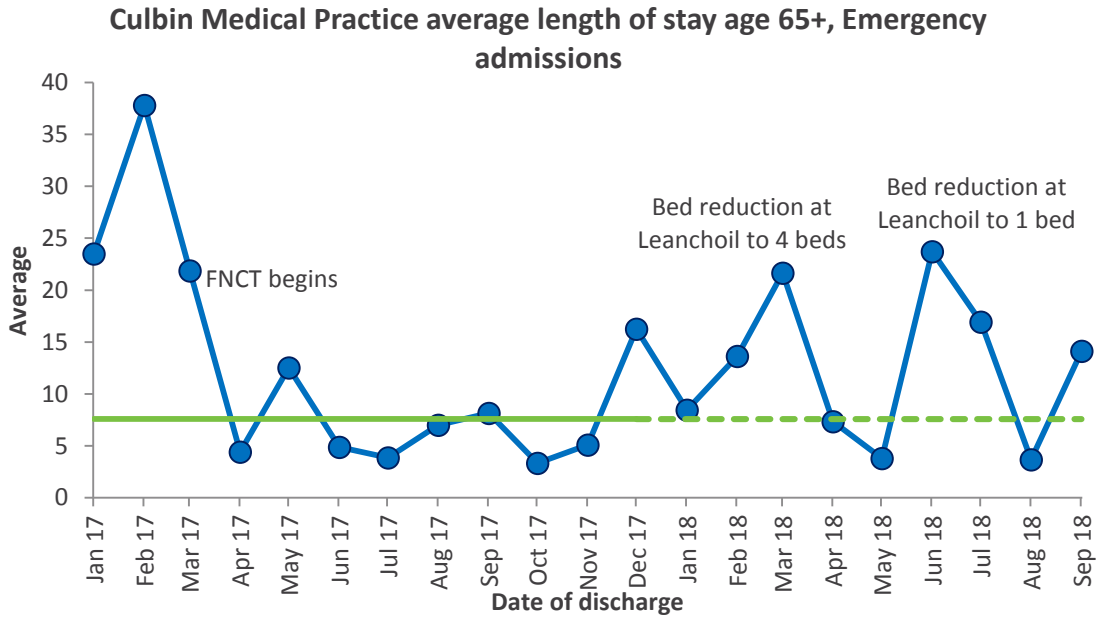
Varis Medical Practice 28 day Emergency readmissions age 65+

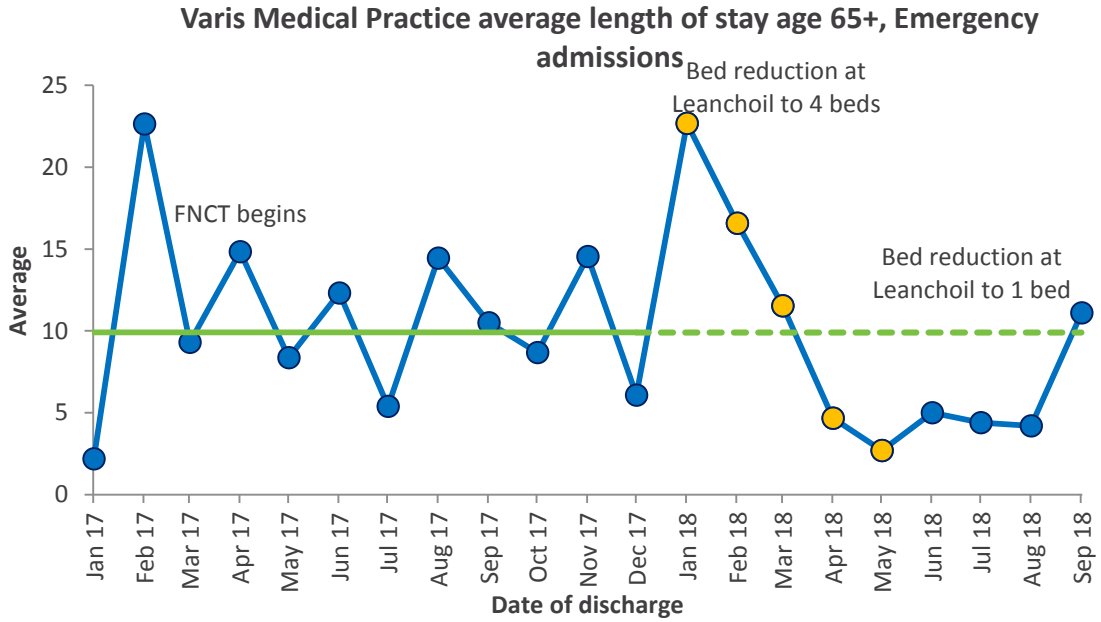


Length of stay

The hospital length of stay data for emergency admissions only represents a subset of patients; those whose admissions were potentially preventable by the FNCT, and only includes admissions to Dr Gray's Hospital and Aberdeen Royal Infirmary. The data is also presented for a shorter time period, allowing less opportunity to assess changes. Please note this data is provisional.

The length of stay data for Culbin Medical Practice doesn't show any change. The data for Varis Medical Practice shows a downward trend in length of stay.





This Document is for internal use of Moray HSCPS

Written November 2018

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Evidence and Evaluation for Improvement Team (EEvIT)

November 2018

Improvement Hub
Enabling health and social care improvement

Forres Neighbourhood Care Team (FNCT) evaluation report:

Snapshot analysis of admissions, length of stay and cost of admission.

Healthcare Improvement Scotland 2018
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Key Points

- The Forres Neighbourhood Care Team (FNCT) is a team that provides in-patient and community nursing and medical care for acute and chronic conditions including end of life and respite, in the Forres locality area.
- Hospital admission data were available from March 2016 to July 2018 for 28 patients who were cared for by the FNCT between January 2018 and April 2018. All 28 patients had a hospital admission within the March 2016 – July 2018 time period.
- These data were analysed to explore any trends or patterns in the available data related to: number of admissions, length of stay, and therefore cost of admissions, before and after the introduction of the FNCT.
- The analysis indicated there were 42 admissions at a cost of £69,028 for the 28 patients included in the data set before introduction of the FNCT. There were 9 admissions at a cost of £5,357 in the data set after the introduction of the FNCT.
- Average length of stay for the 28 patients was 19 days before the introduction of the FNCT, and 7 days after the introduction of the FNCT.
- These data and analyses are subject to a number of important limitations including (but not limited to): unequal data collection length pre and post entry into the FNCT; data were collected from a sample of patients seen by the FNCT rather than all FNCT patients; the sample and data analysis was opportunistic and not part of a pre-defined analysis plan; and crucially, establishing causality with a before and after study design is difficult.
- Due to the data collection issues noted above, it is not possible to definitively conclude the FNCT has reduced admissions (and cost) from 42 admissions (£69,028) to 9 admissions (£5,327) or conclude length of stay has become shorter.
- However it does appear the 28 patients included in the opportunistic sample were associated with a material resource burden before entry into the FNCT (£69,028), and for the same group of patients the cost of admissions is now down to £5,327 for the period up to July 2018. Therefore, there is scope for resource/cost avoidance if the FNCT is able to limit the number of admissions these patients have over the coming months. Anecdotally, from the limited data available, there is also a suggestion that length of stay has decreased for these patients when considering length of stay after the introduction of the FNCT.
- While the analysis shows the potential for reduced resource use associated with the service, it should be borne in mind that there are costs associated with running the FNCT and these have not been factored into this analysis.

Main Report

Introduction

The FNCT is a team that provides in-patient and community nursing and medical care for acute and chronic conditions including end of life and respite, in the Forres locality area. In terms of staffing, the FNCT is primarily made up of nursing staff who provide a 24 hour and 7 days a week service.

The FNCT aims to impact on patient care and experience through a number of channels including reducing hospital admissions, associated length of stay and therefore cost of admissions.

The purpose of this document is to explore any trends or patterns in the available data related to: number of admissions, cost, and length of stay, before and after the introduction of the FNCT in the Forres locality.

Patient Population and Data Set

Patient records were available for a sample of 28 patients who were cared for by the FNCT between January 2018 and April 2018. The patient records included community health index (CHI) numbers which made it possible to obtain admission data (such as number of admissions and length of stay) for each patient, for the following time period: March 2016 to July 2018. The FNCT patient records also provided the date the patient was referred to FNCT, as well as the date the patient was discharged from the FNCT. The patient- specific referral date was used to separate the March 2016-July 2018 admission data into “before” and “after” entry into the FNCT.

It should be noted additional patient records were available for patients who entered into the FNCT between January 2018 and April 2018; however these patients were not included in the hospital admission analysis as they did not have a hospital admission in the March 2016 to July 2018 time period. In addition, the FNCT programme started receiving and discharging patients from around April 2017 and is currently still active. Therefore the patients included in the data set are very much a selected sample; for example they represent a selection of patients seen by the FNCT from January 2018 and April 2018 who had a hospital admission between March 2016 to July 2018 and therefore patterns in this group may not be representative of the broader group treated by FNCT.

Methods

To determine number of admissions in the sample of patients noted above, simple counts were undertaken of all admissions in the data set classified as “before FNCT”, and “after FNCT”. Similarly, average length of stay was calculated by determining the mean length of hospital admissions for those

classified as “before FNCT” and “after FNCT”.

The cost of admissions was assessed by multiplying the length of a particular admission by the appropriate bed day cost. Using the same classification system as above, it was then possible to sum the cost of admission for all admissions categorised as “before FNCT”, and “after FNCT”.

In terms of the bed day costs, costs were taken from the ISD Scotland cost book reflecting 2016/17 prices and were specific to each hospital included in the data set (Dr Gray’s Hospital, Flemming Cottage Hospital, Stephen Cottage Hospital, and Leonchoil Hospital)[1]. A general medicine inpatient cost was applied to the Dr Gray’s admissions, however general medicine costs for the other hospitals were not available and therefore an all specialty cost relevant for each hospital was used instead. Emergency admissions to Dr Gray’s were costed on a cost per case basis as opposed to a cost per bed day due to the short length of stay associated with an emergency admission.

All costs were based on direct costs which included items such as medical and dental, nursing, pharmacy, Allied Health Professional (AHP), other direct care, and laboratory costs. Therefore costs associated with overheads (such as building costs) were omitted in order to generate more conservative cost estimates which may be seen as more representative of the economic value of changes in resource use where it is unlikely that, for example, an entire ward or facility could be closed as a result of an intervention .

Some admissions included in the data set recorded a length of stay of 0; however the analysis assumed a length of stay of 1 day in these instances under the assumption that some health care resource would be associated with the admission. In addition there were only 4 cases of this issue arising in the data set with 3 of these admissions being classified as emergency admissions.

Results

The key results are presented in the table below

Table 1: number, length of stay, and cost of admissions

Analysis	Before FNCT	After FNCT	Difference
Number of admissions	42	9	33
Average length of stay (days)	19	7	12
Cost of admissions (£)	69,028	5,347	63,681

Limitations

- The admission, length of stay and therefore cost data were based on a sample of patients who were discharged by the FNCT over a limited time period (January 2018 and April 2018). Therefore the analysis did not include all patients who would have entered the FNCT since the programme started around April 2017.
- The data sample and subsequent analysis is opportunistic as it was based on data available, and not a pre-defined analysis plan.
- Any interpretation of the data is limited by the small sample size of 28 patients.
- The data set included limited data for the after FNCT period. At most there was 7 months of data from January 2018 to July 2018.
- Some patients who were referred to FNCT in April 2018 will only have a few months of admission data until July 2018.
- Therefore the data set is significantly "skewed" against the before FNCT time period, due to the long data collection period (from March 2016 until January-April 2018 depending on when the patient was admitted to the FNCT), and relatively short after FNCT time period.
- The before and after FNCT periods are not directly comparable due to the different data collection length.
- The analysis assumes patients who were seen by the FNCT between January 2018 and April 2018 were not cared for by the FNCT programme before this time period. Data were not available to confirm whether this assumption was accurate.
- Attributing the effect of any change in admissions, length of stay or cost to the FNCT is difficult due to the before and after study design. Patients may receive additional or new services/treatments outside the FNCT, within the "after FNCT" time period which may affect the results.
- The analysis may be considered a "snapshot" of admissions, length of stay and cost, as opposed to a comprehensive study from which definitive conclusions can be drawn about the resource use changes brought about by the introduction of the service.
- The analysis has only considered the possible resource changes arising from the introduction of this model of care and has not considered the cost to the NHS of providing the FNCT. As such, this is a limited type of economic analysis.
- By focusing only on the patterns of admission as a possible benefit of FNCT, this analysis does not address other important aspects of service introduction such as quality of care or patient preference and satisfaction.

Discussion

Despite the limitations expressed above the analysis does highlight a material resource burden associated with the sample of patients who were seen by the FNCT (42 admissions at a cost of £69,028 before entry into the FNCT). For the same group of patients, the number and cost of admissions is now down to 9 admissions and £5,347 respectively, for the period up to July 2018. Therefore, it appears

there may be scope for significant resource/cost avoidance if the FNCT is able to limit the number of admissions these patients have over the coming months.

Further to this, the costs above are based on a sample of patients and not the "full FNCT" cohort, therefore costs associated with patients before entry into the FNCT could be significantly larger if analysing data for all FNCT patients. This again supports a potential for cost avoidance if the FNCT can reduce admission or length of stay consistently across patients who enter the programme.

In terms of length of stay, the data does support a decrease in the average time spent in hospital for patients who were previously seen by the FNCT. However, it should be noted the length of stay data for the "after FNCT" period is based on only 9 admissions. In addition, it may be difficult to attribute the shortened length of stay directly to the FNCT (i.e. the service is facilitating earlier hospital discharge) as some of these patients may have been described as discharged from the FNCT by the time of their post FNCT admission.

Anecdotally, there was a suggestion from the data of a spike in admissions in the few months prior to entry in the FNCT, with the number of admissions reducing in the period following referral to the FNCT programme. However further data collection and analysis is required to establish this trend.

Conclusion

The analysis presented is a "snap shot" looking at the number of admissions, length of stay, and cost of admissions for a sample of patients seen by the FNCT in January-April 2018. The analysis has a number of important limitations but prior to entry into the FNCT the estimated cost of admissions was £69,028 (42 admissions) and in the few months after entry into FNCT the cost was down to £5,347 (9 admissions). It appears there may be scope for significant resource/cost avoidance if the FNCT is able to limit the number of admissions these patients have over the coming months.

Acknowledgements

Report prepared by Owen Moseley, Healthcare Improvement Scotland, November 2018.

Data and support provided by Pauline Maloy (NHS Grampian), Robin Patterson (Health and Social Care Moray) and Sharon Weiner-Ogilvie (Healthcare Improvement Scotland)

References

1. ISD Scotland National Statistics (2017) “Costs_RO40_2017” http://www.isdscotland.org/Health-Topics/Finance/Costs/Detailed-Tables/Speciality-Costs/Acute-Medical.asp

Written November 2018

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APPENDIX 4

MORAY INTEGRATION JOINT BOARD

DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

GRAMPIAN HEALTH BOARD is hereby directed to deliver for the Board, the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the Board's Strategic Plan, the Moray Primary Care Improvement Plan, and the following:

Prescribing - a robust approach will be applied in pursuing medicines efficiencies including:

a. maximising the use of generic medicines and removing patient choice for the branded product where not clinically indicated
b. challenging the use of medicines of no, or limited, clinical benefit and stopping prescribing.

Leanchoil Community Hospital, Forres – services will no longer be delivered from this site. Over the next 12 months and pending evolution of the local system through the developing Transformation Plan, use will continue to be made of the ACU's and the commissioning of nursing home beds for the Forres locality.

Services:	All services listed in Annex 1, Part 2 and Annex 4 of the Moray Health and Social Care Integration Scheme.
Functions:-	All functions listed in Annex 1, Part 1 of the Moray Health and Social Care Integration Scheme.
Associated Budget (Revised Annual Budget to end of 2018/19 financial year):-	£63.5 million, of which £4 million relates to Moray's share for services to be hosted and £16.5 million relates to primary care prescribing. An additional £10.5 million is set aside for large hospital services.

This direction is effective from 29 November 2018.

Glossary of Terminology and Abbreviations **Appendix 5**

Term	Description
ACU's	An abbreviation for the Augmented Care Units. This refers to the beds commissioned by Health & Social Care Moray at Varis Court supported by a 24/7 Nursing Team.
AHP's	This is an abbreviation for 'Allied Health Professionals.' This is the collective term that covers Occupational Therapists, Podiatrists, Speech and Language Therapists, Physiotherapists.
Burtzog	Refers to the Dutch term for 'neighbourhood care' and focus on support for the holistic health and wellbeing needs of the patient
Commissioning	An approach to identifying a need and then securing a service. This can be in relation to the procurement of an internal or external service.
FAWN	Forres Area Wellness Network.
FNCT	An abbreviation for the Forres Neighbourhood Care Team. This is the Nursing Team that is based at Varis Court
ICT	Stands for Information Communication Technology.
IJB	Abbreviation for the Integration Joint Board. This is the high level governance group that determines the strategy and budget for H&SCM.
Informal Carer	Refers to the unpaid role of someone who supports and cares for someone who is in poor health or has a learning disability. This is often a close family member.
Transformational Change	This refers to an initiative that reflects a completely new way of delivering a service. It contrasts to incremental change which is focused on smaller scale changes or improvements.
H&SCM	Abbreviation for Health & Social Care Moray. This is the organisation that brings together NHS Grampian and Moray Council Community Care Services in terms of the delivery of integrated health and social care services for adults in the local area.
MDT	An abbreviation for Multi-Disciplinary Team. Refers to a group of different health and social care professionals working towards a common goal.
Palliative	Refers to the process of dying. This can however be over a long period of time, sometimes years.
Personal Outcomes	Refers to the impact and difference a health and/or social care intervention has on an individual's life.
Re-ablement	Refers to a short term health and social care intervention (usually no more than 6 weeks) that aims to increase an individual's independence through re-learning skills of daily living.
Respite	This refers to support for an informal carer which provides a break from their caring role. This sometimes means that the cared for person is looked after by a third party.
The Forres Locality Professional Core Group	This refers to the group who have created this plan. See Appendix 1 for a list of the members of health, social care and community representatives.

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 29 NOVEMBER 2018**

SUBJECT: **PUBLIC SECTOR CLIMATE CHANGE DUTIES REPORTING SUBMISSION 2017/18**

BY: **CHIEF OFFICER**

1. REASON FOR REPORT

1.1 To present the draft Moray Integration Joint Board (MIJB) Climate Change Duties Report submission for 2017/18.

2. RECOMMENDATION

2.1 It is recommended that the MIJB consider and approve the draft submission to Sustainable Scotland Network (APPENDIX 1) for the reporting year 2017/18.

3. BACKGROUND

3.1 The Climate Change (Scotland) Act 2009 introduced targets and legislation to reduce Scotland's emissions by at least 80% by 2050.

3.2 Section 44 of the Act places duties on public bodies relating to climate change and requires them to:-

- contribute to delivery of the Act's emissions reduction targets,
- contribute to climate change adaptation, and
- act sustainably

3.3 Following public consultation and parliamentary scrutiny a Statutory Order under section 46 of the Act came into force in November 2015. This Order contained a list of public bodies required to annually report on compliance with the climate change duties. These major players listed in the Order were expected to submit their reports to the Scottish Government for 1 April 2015 to 31 March 2016 by 30 November 2016 and annually thereafter. Both Moray Council and NHS Grampian have fulfilled these requirements.

3.4 Integration Authorities were required to provide annual reports for the first time in November 2017 and this was approved by this Board on 14 December 2017 (para 7 of the minute refers).

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 The report attached in **APPENDIX 1** is required to be submitted to the Scottish Government by 30 November 2018.

4.2 The content is limited because MIJB do not own any property or vehicles and do not develop the policy surrounding the use of fuel, procurement, transport, energy, waste, ICT, property and infrastructure. The policies that are followed by staff are developed by the employing organisation, either Moray Council or NHS Grampian.

4.3 The principle areas that the MIJB and managers can influence is the development of a culture of environmental awareness including climate change impacts and ensuring that policies are adhered to appropriately, for example:-

- to reduce their travelling to meetings & service user contacts where possible
- making use of video/ telephone conferencing if available.
- encouraging staff to car share to/from work and for attending meetings in the same location where possible
- consider further development of use of existing ICT applications such as Attend Anywhere to explore opportunities for reducing travel for staff/patients/service users within Moray
- reducing waste where possible and ensuring appropriate use of recycling bins and appropriate coloured bins for clinical waste.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

As defined within the Moray Integration Scheme values and meeting the strategic aims contained within the MIJB Strategic Plan 2016-19

(b) Policy and Legal

None directly associated with this report

(c) Financial implications

None directly associated with this report

(d) Risk Implications and Mitigation

None directly associated with this report

(e) Staffing Implications

None directly associated with this report

(f) Property

None directly associated with this report

(g) Equalities/Socio Economic Impact

As this is a performance monitoring report, an Equality Impact Assessment is not required as the report does not deal with actions which may impact adversely on groups with protected characteristics.

(h) Consultations

Consultation on this report has taken place with the following staff who are in agreement with the content in relation to their area of responsibility:-

Energy Officer
Legal Services Manager (Litigation & Licensing)
Caroline Howie, Committee Services Officer
Chief Financial Officer, MIJB

6. CONCLUSION

6.1 This report recommends the MIJB consider and approve the draft submission (APPENDIX 1) to the Sustainable Scotland Network

Author of Report: Jeanette Netherwood, Corporate Manager
Background Papers: held by author
Ref:

MORAY IJB 2017/18 CLIMATE CHANGE DUTIES REPORT

1 Profile of reporting body

1a Name of reporting body

Provide the name of the listed body (the "body") which prepared this report.

Moray Integration Joint Board

1b Type of body

Integration Joint Board

1c Highest number of full-time equivalent staff in the body during the report year.

1

1(d) Metrics used by the body

Specify the metrics that the body uses to assess its performance in relation to climate change and sustainability.

Metric	Units	Value	Comments
Population size served	Population	96,000	Represents 1.8% of Scotland's population.

1(e) Overall budget of the body (£).

Specify approximate £/annum for the report year.

£114M

Comments

Funding is provided by NHS Grampian and Moray Council.
Staff of Health and Social Care Moray (circa 1,000 number) are employed by NHS Grampian or Moray Council.

1(f) Report year.

Specify the report year.

2017/18 (Financial year)

1(g) Context

Provide a summary of the body's nature and functions that are relevant to climate change reporting.

The staff of IJB and Health and Social Care Moray operate from buildings owned or leased by NHS Grampian (NHSG) or Moray Council and any information relating to energy, emissions or waste will be included in their respective returns.

Pool cars are used, but again are owned and use fuel that will be reported via the NHS Grampian and Moray Council returns.

Staff of IJB/Health and Social Care Moray operate within the policy and procedures of their employing organisations for property, infrastructure, waste, fuel, procurement and business travel.

Many staff are required to work closely with colleagues in other areas ie NHSG in Aberdeen so video conferencing is promoted to save time, travel costs and emissions.

Due to the rural nature of Moray one of the strategic aims of the Moray Integration Joint Board is to promote local & accessible services and work is underway to identify options and innovations for using digital solutions for service delivery where ever possible to reduce travel and emissions and reduce health inequalities.

2 Governance, Management and Strategy

2a How is climate change governed in the body?

Provide a summary of the roles performed by the body's governance bodies and members in relation to climate change. If any of the body's activities in relation to climate change sit outside its own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify these activities and the governance arrangements.

The climate change activities sit within Moray Council and NHS Grampian's governance arrangements and are included in their reports to Sustainable Scotland Network (NSS)/ Scottish Government.

The MIJB does not have a separate environmental policy but will adopt the commitments in Moray Council and NHS Grampian's Environmental and Climate change policies relevant to MIJB.

2b How is climate change action managed and embedded by the body?

Provide a summary of how decision-making in relation to climate change action by the body is managed and how responsibility is allocated to the body's senior staff, departmental heads etc. If any such decision-making sits outside the body's own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify how this is managed and how responsibility is allocated outside the body.

Decisions in relation to climate change action within the MIJB scope will be managed by the Senior Management Team and reported to MIJB for approval.

Decisions in relation to transport, waste, ICT, procurement, property and infrastructure will be made through the NHSG and Moray Council governance arrangements.

2c Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or similar document?
Provide a brief summary of objectives if they exist.

There were no specific climate change mitigation and adaptation objectives included in the strategic plan 2016/19.

2d Does the body have a climate change plan or strategy?
If yes, provide the name of any such document and details of where a copy of the document may be obtained or accessed.

No the MIJB does not have a specific plan or strategy for climate change.

2e Does the body have any plans or strategies covering the following areas that include climate change?
Provide the name of any such document and the timeframe covered.

No plans or strategies owned by MIJB – NHSG/Moray Council plans and strategies followed

Topic Area	Name of document	Link	Time period covered	Comments
Adaptation				
Business Travel				
Staff Travel				
Energy Efficiency				
Fleet Transport				
Information and Communication Technology				
Renewable energy				
Sustainable/renewable heat				
Waste management				
Water and Sewerage				
Land use				

2f What are the body's top 5 priorities for climate change governance, management and strategy for the year ahead?

Provide a brief summary of the body's areas and activities of focus for the year ahead.

Ensure all staff are aware of climate change and carbon reduction aims and targets as identified in respective employing organisations' policies

To encourage awareness of behaviour changes of staff working within HSCM to reduce carbon footprint through further adoption of policies by :-

- reduce their travelling to meetings & client contacts where possible
- making use of video conferencing or attend anywhere technology if available.
- encouraging staff to car share to/from work and for attending meetings in the same location where possible
- consider further development of use of existing ICT applications such as Attend Anywhere to explore opportunities for reducing travel for staff/patients/clients within Moray
- reducing waste where possible and ensuring appropriate use of recycling bins and appropriate coloured bins for clinical waste.

2g Has the body used the Climate Change Assessment Tool (a) or equivalent tool to self-assess its capability / performance?

If yes, please provide details of the key findings and resultant action taken.

(a) This refers to the tool developed by Resource Efficient Scotland for self-assessing an organisation's capability / performance in relation to climate change.

N/A

2h Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to governance, management and strategy.

The MIJB will support parent organisations to achieve the targets set.

3 Emissions, Targets and Projects

3a Emissions from start of the year which the body uses as a baseline (for its carbon footprint) to the end of the report year.

Complete the following table using the greenhouse gas emissions total for the body calculated on the same basis as for its annual carbon footprint /management reporting or, where applicable, its sustainability reporting. Include greenhouse gas emissions from the body's estate and operations (a) (measured and reported in accordance with Scopes 1 & 2 and, to the extent applicable, selected Scope 3 of the Greenhouse Gas Protocol (b)). If data is not available for any year from the start of the year which is used as a baseline to the end of the report year, provide an explanation in the comments column.

(a) No information is required on the effect of the body on emissions which are not from its estate and operations.

(b) This refers to the document entitled "The greenhouse gas protocol. A corporate accounting and reporting standard (revised edition)", World Business Council for Sustainable Development, Geneva, Switzerland / World Resources Institute, Washington DC, USA (2004), ISBN: 1-56973-568-9.

N/A

3b Breakdown of emission sources

Complete the following table with the breakdown of emission sources from the body's most recent carbon footprint (greenhouse gas inventory); this should correspond to the last entry in the table in 3(a) above. Use the 'Comments' column to explain what is included within each category of emission source entered in the first column. If, for any such category of emission source, it is not possible to provide a simple emission factor(a) leave the field for the emission factor blank and provide the total emissions for that category of emission source in the 'Emissions' column.

If providing consumption data for Water – Supply, please also include the Emission Source and consumption data for Water – Treatment.

If providing consumption data for Grid Electricity (generation), please also include the Emission Source and consumption data for Grid Electricity (transmission & distribution losses).

(a) Emission factors are published annually by the UK Government Department for Environment, Food and Rural Affairs (Defra).

N/A

3c Generation, consumption and export of renewable energy

Provide a summary of the body's annual renewable generation (if any), and whether it is used or exported by the body.

N/A

3d Targets

List all of the body's targets of relevance to its climate change duties. Where applicable, overall carbon targets and any separate land use, energy efficiency, waste, water, information and communication technology, transport, travel and heat targets should be included.

N/A

3e Estimated total annual carbon savings from all projects implemented by the body in the report year

If no projects were implemented against an emissions source, enter "0".

If the body does not have any information for an emissions source, enter "Unknown" into the comments box.

If the body does not include the emissions source in its carbon footprint, enter "N/A" into the comments box.

N/A

3f Detail the top 10 carbon reduction projects to be carried out by the body in the report year

Provide details of the 10 projects which are estimated to achieve the highest carbon savings during report year.

N/A

3g Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the report year

If the emissions increased or decreased due to any such factor in the report year, provide an estimate of the amount and direction.

N/A

3h Anticipated annual carbon savings from all projects implemented by the body in the year ahead

If no projects are expected to be implemented against an emissions source, enter "0".
If the body does not have any information for an emissions source, enter "Unknown" into the comments box.
If the body does not include the emissions source in its carbon footprint, enter "N/A" into the comments box.

N/A

3i Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the year ahead

If the emissions are likely to increase or decrease due to any such factor in the year ahead, provide an estimate of the amount and direction.

N/A

3j Total carbon reduction project savings since the start of the year which the body uses as a baseline for its carbon footprint

If the body has data available, estimate the total emissions savings made from projects since the start of that year ("the baseline year").

N/A

3k Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to its emissions, targets and projects.

The MIJB will continue to participate in and follow the procedures of the NHSG and Moray Council Asset Management Groups.

4 Adaptation

4a Has the body assessed current and future climate-related risks?

If yes, provide a reference or link to any such risk assessment(s).

Moray Council has identified climate change on it's Corporate Risk Register - assessment developed by a group that included consultation with SEPA, Scottish Flood Forum, Adaptation Scotland and Moray Council.
Other impacts of climate change such as flooding are included in Business Continuity plans for services, and the NHS Grampian's Resilience Plan.

4b What arrangements does the body have in place to manage climate-related risks?

Provide details of any climate change adaptation strategies, action plans and risk management procedures, and any climate change adaptation policies which apply across the body.

If specific climate change risks are identified for delivery of the services by MIJB they will be recorded on either service or corporate risk registers and will be managed in accordance with the Risk Management Policy

4c What action has the body taken to adapt to climate change?

Include details of work to increase awareness of the need to adapt to climate change and build the capacity of staff and stakeholders to assess risk and implement action.

A review of guidance notes for managers in relation to risk registers is underway and will be expanded to include the need for consideration of the impact of climate change on service delivery, as identified in information provided by NHSG and Moray Council.

4d Where applicable, what progress has the body made in delivering the policies and proposals referenced N1, N2, N3, B1, B2, B3, S1, S2 and S3 in the Scottish Climate Change Adaptation Programme(a) ("the Programme")?

If the body is listed in the Programme as a body responsible for the delivery of one or more policies and proposals under the objectives N1, N2, N3, B1, B2, B3, S1, S2 and S3, provide details of the progress made by the body in delivering each policy or proposal in the report year.

(a) This refers to the programme for adaptation to climate change laid before the Scottish Parliament under section 53(2) of the Climate Change

(Scotland) Act 2009 (asp 12) which currently has effect. The most recent one is entitled "Climate Ready Scotland: Scottish Climate Change Adaptation Programme" dated May 2014.

N/A

4e What arrangements does the body have in place to review current and future climate risks?

Provide details of arrangements to review current and future climate risks, for example, what timescales are in place to review the climate change risk assessments referred to in Question 4(a) and adaptation strategies, action plans, procedures and policies in Question 4(b).

Risk registers and assessments are reviewed on an annual basis as a minimum.

Moray Council and NHS Grampian will review their arrangements and notify the Chief Officer or senior management team of any actions that required to be taken. This would then be communicated via Operational Management team to services for action.

4f What arrangements does the body have in place to monitor and evaluate the impact of the adaptation actions?

Please provide details of monitoring and evaluation criteria and adaptation indicators used to assess the effectiveness of actions detailed under Question 4(c) and Question 4(d).

The MIJB is reliant on the partner organisations for monitoring and evaluating impact of adaptation actions generally.

4g What are the body's top 5 priorities for the year ahead in relation to climate change adaptation?

Provide a summary of the areas and activities of focus for the year ahead.

The MIJB and Health and Social Care staff will adopt the priorities and policies set out by NHS Grampian and Moray Council

4h Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to adaptation.

N/A

5 Procurement

5a How have procurement policies contributed to compliance with climate change duties?

Provide information relating to how the procurement policies of the body have contributed to its compliance with climate changes duties.

The MIJB does not have its own procurement policy but follows and complies with NHS Grampian and Moray Council policies.

5b How has procurement activity contributed to compliance with climate change duties?

Provide information relating to how procurement activity by the body has contributed to its compliance with climate changes duties.

The MIJB does not have its own procurement policy but follows and complies with NHS Grampian and Moray Council policies.

5c Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to procurement.

The MIJB does not have its own procurement policy but follows and complies with NHS Grampian and Moray Council policies.

6 Validation and Declaration

6a Internal validation process

Briefly describe the body's internal validation process, if any, of the data or information contained within this report.

reviewed by Senior Management Team and approved by Moray Integration Joint Board

6b Peer validation process

Briefly describe the body's peer validation process, if any, of the data or information contained within this report.

Peer reviewed by the Moray Council Energy Officer and the Climate Change and Sustainability Co-ordinator.

6c External validation process

Briefly describe the body's external validation process, if any, of the data or information contained within this report.

N/A

6d No Validation Process

If any information provided in this report has not been validated, identify the information in question and explain why it has not been validated.

N/A

6e Declaration

I confirm that the information in this report is accurate and provides a fair representation of the body's performance in relation to climate change.

Name:	Pam Gowans
Role in the body:	Chief Officer
Date:	16/11/2018

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 29 NOVEMBER 2018**

SUBJECT: **RECORDS MANAGEMENT PLAN**

BY: **CHIEF OFFICER**

1. REASON FOR REPORT

1.1 To present the draft Moray Integration Joint Board (MIJB) records management plan.

2. RECOMMENDATION

2.1 It is recommended that the MIJB consider and approve the draft records management plan for submission to the Keeper of the Records of Scotland for agreement.

3. BACKGROUND

3.1 Under the requirements laid down in Part 1 of the Public Records (Scotland) Act 2011, Moray Integration Joint Board is one of the public authorities required to prepare a records management plan (RMP) setting out arrangements for the management of the authority's records, and to submit the plan to the Keeper of the Records of Scotland for agreement.

3.2 The Keeper has invited the Board to submit a plan by 3 December 2018 and the preparation of this draft will allow time for submission and engagement with the Keeper's assessment team on any matters they wish further clarification.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 On behalf of MIJB, the Records and Heritage Manager, Moray Council has compiled the MIJB RMP **APPENDIX A** for submission to the Keeper along with the evidence for the RMP attached in **APPENDICES 1, 2, 3 and 4**.

4.2 The relevant officers will take forward any matters arising from engagement with the Keeper's assessment team and the final RMP will be submitted to MIJB on 31 January 2019 with the Keepers comments., along with evidence to support the elements contained in the plan.

4.3 Once agreed by the Keeper, the RMP will be filed by the Keeper for reference and an acknowledgement that the plan has been agreed will be published on the National Records of Scotland (NRS) website. The Keeper will request the plan is reviewed after 5 years.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

Information underpins the Board's over-arching strategic objectives and helps it meet its strategic outcomes. Its information supports it to:

- Demonstrate accountability.
- Provide evidence of actions and decisions.
- Assist with the smooth running of business.
- Help build organisational knowledge.

(b) Policy and Legal

The Records Management Plan will fulfil our statutory requirements set out in Part 1 of the Public Records (Scotland) Act 2011.

(c) Financial implications

None directly associated with this report

(d) Risk Implications and Mitigation

None directly associated with this report

(e) Staffing Implications

None directly associated with this report

(f) Property

None directly associated with this report

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not required as the report does not deal with actions which may impact adversely on groups with protected characteristics.

(h) Consultations

Consultation on this report has taken place with the following staff who are in agreement with the content in relation to their area of responsibility:-

Records and Heritage Manager, Legal Services Manager (Litigation & Licensing), Caroline Howie, Committee Services Officer, Chief Financial Officer, MIJB

6. CONCLUSION

6.1 This report recommends the MIJB consider and approve the draft Records Management Plan for submission to the Keeper of the Records of Scotland.

Author of Report: Jeanette Netherwood, Corporate Manager
Background Papers: held by author
Ref:

Moray Integration Joint Board Records Management Plan

November 2018

Version 1.0

Document Control Sheet

Name of Document:	Moray Integration Joint Board; Records Management Plan
Author	Alison Morris, Records and Heritage Manager
Consultees	Moray IJB Board: Pam Gowans Margaret Forrest Information Assurance Group: including; Sean Hoath, Senior Solicitor; Mike Alexander, ICT Security Officer; Atholl Scott, Internal Audit Manager; Sheila Campbell, Principal Librarian Roddy Huggan, Commissioning Manager (H&SCM)
Description of Content	Information and links that address the 14 elements required to complete a Records Management Plan
Distribution:	Upon approval: Moray IJB wide, publically published and held by NRS
Status	Version 1.0. Accepted by Moray Integration Joint Board 29th November 2018
Date	November 2018

Contents

RECORDS MANAGEMENT PLAN

Summary

Moray Integration Joint Board (the Board) is fully committed to compliance with the requirements of the Public Records (Scotland) Act, which came into force on the 1st January 2013. MIJB will therefore follow procedures that aim to ensure that all of its officers, employees of constituent authorities supporting its work, contractors, agents, consultants and other trusted third parties who create public records on behalf of the Board, or manage public records held by the board, are fully aware of and abide by this plan's arrangements.

About the Public Records (Scotland) Act 2011

The Public Records (Scotland) Act 2011 (the Act) came into force on the 1st January 2013, and requires named public authorities to submit a Records Management Plan (RMP) to be agreed by the Keeper of the Records of Scotland. Integration Joint Boards were added to the Act's schedule by the Public Bodies (Joint Working) (Scotland) Act 2014. This document is the Records Management Plan of Moray Integration Joint Board.

About Integration Joint Boards (IJBs)

The integration of health and social care is part of the Scottish Government's programme of reform to improve care and support for those who use health and social care services. It is one of the Scottish Government's top priorities.

The Public Bodies (Joint Working) (Scotland) Act provides the legislative framework for the integration of health and social care services in Scotland.

It will put in place:

- Nationally agreed outcomes, which will apply across health and social care, in service planning by IJBs and service delivery by NHS Boards and Local Authorities.
- A requirement on NHS Boards and Local Authorities to integrate health and social care budgets
- A requirement on Partnerships to strengthen the role of clinicians and care professionals, along with the third and independent sectors, in the planning and delivery of services

Partnerships will be accountable to Ministers, Local Authorities, NHS Board Chairs and the public for delivering the nationally agreed outcomes.

About Moray Integration Joint Board

Moray Integration Joint Board (the Board) is responsible for the planning and oversight of delivery of health and social care integrated functions for Moray.

The Board's Integration Scheme sets out the functions which are delegated by NHS Grampian and Moray Council to the IJB.

The Board operates as a body corporate (a separate legal entity), acting independently of NHS Grampian and Moray Council. The Board consists of six voting members appointed in equal number by NHS Grampian and Moray Council, with a number of representative members who are drawn from the third sector, independent sector, staff, carers and service users. The Board is advised by a number of professionals including the Chief Officer, Medical Director, Nurse Director and Chief Social Work Officer.

The key functions of the Board are to:

- Prepare a Plan for integrated functions that is in accordance with national and local outcomes and integration principles
- Allocate the integrated budget in accordance with the Plan
- Oversee the delivery of services that are within the scope of the Partnership.

Information underpins the Board's over-arching strategic objective and helps it meet its strategic outcomes. Its information supports it to:

- Demonstrate accountability.
- Provide evidence of actions and decisions.
- Assist with the smooth running of business.
- Help build organisational knowledge.

Good recordkeeping practices lead to greater productivity as less time is taken to locate information. Well managed records will help the Board make:

- Better decisions based on complete information.
- Smarter and smoother work practices.
- Consistent and collaborative workgroup practices.
- Better resource management.
- Support for research and development.
- Preservation of vital and historical records.

In addition we are more accountable to the public now than ever before through the increased awareness of openness and transparency within government. Knowledge and information management is now formally recognised as a function of government similar to finance, IT and communications. It is expected that the Board is fully committed to creating, managing, disclosing, protecting and disposing of information effectively and legally.

14 Elements

The Records Management Plan consists of 14 elements:

- Element 1: Senior management responsibility:
- Element 2: Records manager responsibility:
- Element 3: Records management policy statement:
- Element 4: Business classification
- Element 5: Retention schedules
- Element 6: Destruction arrangements
- Element 7: Archiving and transfer arrangements
- Element 8: Information Security
- Element 9: Data protection
- Element 10: Business continuity and vital records
- Element 11: Audit trail
- Element 12: Competency framework for records management staff
- Element 13: Assessment and review
- Element 14: Shared Information

Elements 1, 9, 13 and 14 are covered below.

The remaining 10 elements are all evidenced through the Moray Council's RMP; this is available on the Council's website: http://www.moray.gov.uk/moray_standard/page_92812.html. The Council's RMP was approved by the Keeper of the Records of Scotland 18th November 2014.

Evidence:
Appendix 1 – Letter confirming shared resources Nov 2018

Element 1: Senior Management Responsibility

The Records Management Plan has the backing of Moray Integration Joint Board and the Chief Officer.

The Senior Manager within Moray IJB with overall strategic responsibility for Records management is:

Pam Gowans,
Chief Officer.

Moray Council HQ,
High Street,
Elgin,
IV30 1BX

The Chief Officer is also the Board's Senior Information Risk Officer (SIRO)

Evidence:
Appendix 2 – Letter of Support from Chief Officer, MIJB, Nov 2018

Element 9: Data Protection

The Board, as a data controller, has registered with the ICO:

Data Controller: Moray Integration Joint Board
Registration Number: ZA313945
ICO webpage: https://ico.org.uk/ESDWebPages/Entry/ZA313945

The Board's Data Protection Officer (and Moray Council's) is:

Alison Morris,
Records and Heritage Manager, Moray Council

Moray IJB utilise the training and guidance that are available through the Council. The Council's FOI Team coordinate requests for access to information under FOI(S)A, EIRS, and, DPA, including Subject Access Requests. Specific Data Protection training was provided to the Board on Thursday 26th July 2018 by Alison Morris.

Evidence:
Appendix 3 – IJB DPA Training July 2018 PowerPoint
Appendix 4 – Data Protection Policy 2018

Element 13: Assessment and Review

The Act requires authorities to keep their plans under regular review to ensure arrangements remain fit for purpose. This plan will be reviewed periodically (or sooner if new legislation, codes of practices or national standards are to be introduced).

The Board will produce an annual report highlighting information on the RMP, particularly for elements 9 and 14 to ensure that ICO registration and compliance with DPA, including refresher DPA training, is maintained. Statistics on FOI and SAR requests will also be included. This report will be produced by the Records and Heritage Manager with assistance from HSCM Management and Legal.

Information on relevant updates to the Moray Council's RMP will be conveyed to the Board as appropriate.

Element 14: Shared Information

The Board has numerous partnerships and working relationships with organisations such as Moray Council, NHS Grampian and, of course, Health and Social Care Moray.

Previously the ICO's Data Sharing Code of Practice has been observed (https://ico.org.uk/media/for-organisations/documents/1068/data_sharing_code_of_practice.pdf) and once this is updated the new version will also be observed. All Information Sharing Protocols or Data Sharing Agreements are verified with either Legal or the Records and Heritage Manager.

The majority of documents produced by the Board are publically available. These primarily consist of minutes and reports, as well as guidance on the Board's publication scheme and how to complain. These are all available on the Board's webpages, hosted by Moray Council, http://www.moray.gov.uk/moray_standard/page_100266.html

It is important that the 'ownership' of shared information is clearly established, especially where third party partners or contractors are involved and that the Board's Records Management Plan applies to all third parties who produce or supply information to the council.

List of Appendices

Appendix 1 – Letter confirming shared resources Nov 2018
Appendix 2 – Letter of Support from Chief Officer, MIJB, Nov 2018
Appendix 3 – IJB DPA Training July 2018 Powerpoint
Appendix 4 – Data Protection Policy 2018

APPENDIX 1

Education and Social Care

Alison Morris
Records & Heritage Manager
Elgin Library, Cooper Park, Elgin, Moray, IV30 1HS
Telephone: 01343 562633
Email: alison.morriis@moray.gov.uk
www.moray.gov.uk

Our Ref: Moray IJB RMP Evidence 1
9th November 2018

Dear Keeper of the Records of Scotland,

Moray Integration Joint Board Records Management Plan

Since the creation of the Moray Integration Joint Board (the Board) and the establishment of Health and Social Care Moray there has been a pooling of resources and a combined effort to give these entities the best foundations possible.

The Board and Moray Council shared services such as Legal support, ICT support, administrative services as well as FOI and Records Management assistance. Given this shared working platform it has been reasonable that certain policies and procedures have been shared or replicated, especially within Records and Information Management.

The Council's Records Management Plan (RMP) is currently publically available online, please see: http://www.moray.gov.uk/moray_standard/page_92812.html. This was originally approved by your predecessor 18th November 2014. As a side matter I would like to highlight that the Council's RMP is due for a thorough review in the next year and potential timescales for this have already been discussed with your team.

There are four elements of the Board's RMP that are specifically discussed in their RMP, these are Elements 1, 9, 13 and 14. The remaining elements are already covered by the Council's RMP Elements, as a whole these ensure that Records Management policies, procedures and good practices are utilised for all documents from creation to destruction. A further suite of guidance and advice is available for IJB Officers on the Council's Records Management and Information Security pages. Furthermore, as the Data Protection Officer for both the Council and the Board there is consistent approach on Data Protection, with the underlying message that good records management is the foundation.

Moray IJB emulates the Council's desire for transparency with publishing the vast majority of records they produce. These are available on their pages: http://www.moray.gov.uk/moray_standard/page_100266.html and their FOIs are published alongside the Council's here: http://www.moray.gov.uk/moray_standard/page_62338.html .

With regard to Element 7, as yet no records about or from the Board have been transferred to the Local Heritage Service. The Local Heritage Service covers local heritage information as well as Archival records, and, although run by the Council it is also the repository for a wealth of other organisations too. The reason for this is that records that will be retained for historical value are currently all available online as part of the Board's webpages. A digital archive will be developed to house the key records of the Board in due course.

As Health and Social Care Moray grows it is not anticipated that the Board will alter significantly, however, as both evolve there is scope that in future more of the Board's RMP's elements will be tailored to meet their needs. As such an annual report will be produced to highlight any changes and demands to be addressed; this will ensure that the Board's RMP and records management practices remain relevant and organic.

If there is any further information required or clarifications desired please feel free to contact myself or the IJB Officers.
Yours sincerely,

Alison Morris
Records & Heritage Manager

Health & Social Care Moray

Pam Gowans
Chief Officer
Health & Social Care Moray
Moray Council HQ
High Street
ELGIN IV30 1BX
01343 563552
pamela.gowans@moray.gov.uk
www.hscmoray.co.uk

Your ref:
Our ref:

21 November 2018

Keeper of the Records of Scotland
National Records Scotland
HM General Register House
2 Princes Street,
Edinburgh
EH1 3YY

Dear Keeper

Public Records (Scotland) Act 2011 – Moray Integration Joint Board Records Management Plan

The Public Records (Scotland) Act requires Moray Integration Joint Board to produce and follow a records management plan. This letter of support is Appendix 2 of that Plan.

I confirm that as Chief Officer I have overall responsibility for the Moray Integration Joint Board's Records Management Plan, which has my full support and that of the Board. I will be responsible for ensuring its implementation. As Chief Officer I am also the Board's Senior Information Risk Owner (SIRO).

I also fully endorse the utilising of shared resources with Moray Council. This approach is both practical and gives reassurances that good Records Management practice is already being followed; thus encouraging it to be emulated by the Board as well as by Health and Social Care Moray.

The Board will manage its records in accordance with good records management practices, standards and guidance issued by government, The National Records of

Scotland, the Information and Records Management Society, Archives and Records Association, the Scottish Council on Archives, and, British and International standards.

In following good practice the Board will ensure it has the confidence of the public in our records and information management, and, that we comply with legislation including the Data Protection Act, the Public Records (Scotland) Act, Freedom of Information (Scotland) Act and other access to information legislation.

Yours sincerely,

Pam Gowans
Chief Officer

APPENDIX3

Data Protection Legislation
&
Moray IJB

DPA & GDPR

* Data Protection Act 2018
* General Data Protection Regulation (GDPR)

* Personal Data
  * Special Category Data

Has anything changed?

Yes!

Principles updated
State the **Lawful basis/bases** for processing data – **Privacy Notices**
Rights of individuals have changed
Accountability; data audits were used to map every process the Council does (also used for producing Privacy Notices). New processes will need to be added
"Privacy by Design" - Data Protection Impact Assessment (**DPIA**)
Designated Data Protection Officer (**DPO**)
Penalties; £500,000 is now up to €20,000,000 (!!!)

However, if we were compliant with good habits and practices before then it should be relatively simple to be compliant now.

DPO

Data Protection Officers are required to be named, provide expert advise to the data controller, be a single point of contact with the ICO, sign off DPIAs, investigate breaches and have organisational oversight on all Data Protection matters. DPOs must have suitable resources provided to complete their responsibilities.

Moray IJB's and Council's DPO is Alison Morris, Records and Heritage Manager
records@moray.gov.uk
NHS Grampian's DPO is Roohi Bains, Information Governance Officer
nhsg.dpo@nhs.net

Legal support, FOIs etc all done inhouse therefore DPO inhouse too.

IJB primarily holds information already publically available; DPA is about Personal Info.

Principles;

1 - Processed lawfully, fairly and in a transparent manner.
2 - Collected for specified, explicit and legitimate purposes. (further processing for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes is ok)
3 - Adequate, relevant and limited.
4 - Accurate and, where necessary, **kept up to date**; errors are **erased or rectified** without delay.
5 - Kept no longer than is necessary (stats, historical archiving exempt).
6 - Appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures.

Plus GDPR; **Accountability**

Legal Basis/Bases

At least one of these must apply whenever we processes personal information:
Consent: the individual has given clear consent for the Council to process his/her personal data for a specific purpose.
Contract: the processing is necessary for a contract that the Council has with the individual, or because the individual has asked the Council to take specific steps before entering into a contract.
Legal obligation: the processing is necessary for the Council to comply with the law (not including contractual obligations).
Vital interests: the processing is necessary to protect someone's life.
Public interest: the processing is necessary for the Council to perform a task in the public interest or in the exercise of official authority vested in the Council.
Legitimate interests: (note that this basis is not available to processing carried out by the Council in the performance of its official tasks: it can only apply to the Council when it is fulfilling a different role).

Rights of Data Subjects

The **right to be informed** about how their information will be used.
The **right of access** to their personal information.
The **right to rectification**, which is the right to require the Council to correct any inaccuracies.
The **right to request the erasure** of any personal information held by the Council where the Council no longer has a basis to hold the information.
The **right to request that the processing** of their information is **restricted.**
The **right to data portability.**
The **right to object** to the Council processing their personal information.
Rights in relation to **automated decision making** and profiling.

For more information on Personal Data Rights please see:
Moray Council Website: Data Protection, and, A Guide to Personal Data Rights.
These will explain in more detail how rights may be exercised, how to submit a Subject Access Request (SAR), and, when a right does not apply.

DPIAs

Potential data protection and privacy concerns must be **identified** throughout the lifespan of processes and projects. These should be recorded and mitigations put in place to prevent any DPA breaches.

e.g. a risk could be that info is stored outside Europe, e.g. USA. Privacy Shield currently mitigates this, however, it is right to flag it as a concern.

DPIAs must be signed off by the DPO. If risks cannot be mitigated then either the processes or projects cannot go ahead, or, if it does go ahead the ICO should be consulted.

Guidance is available on the Intranet

What to do if it all goes wrong…

We now have **72 hours** to report a breach to the ICO.
All known and reasonably suspected DPA breaches must be highlighted to line managers and the DPO immediately. The DPO will investigate, make the informed decision as to whether to inform the ICO and be the single point of contact. Contact databreach@moray.gov.uk or Alison directly

Data Breach reporting Guidance is available:
http://intranet.moray.gov.uk/Information_management/information_security.htm

Everyday DPA

* Locking computers (window + L)
* Initials in diaries
* Don't leave personal info in voicemails
* Use bulldog clips/elastic bands/envelopes etc
* Only take the information you need with you
* Check e-mail addresses, telephone numbers, postal addresses etc
* Update details on systems (e.g. Carefirst)
* Check your surroundings – e.g. is supermarket the right place for that conversation, should you be making certain comments over the phone in a crowded office?
* Verify who has a right to info
* Keep work in work times.
* Watermarks/indicators for who has a copy of a report.
* Proof read and remember that one day the person might request to see their information: keep it professional.
* BE AWARE AND MINDFUL

Data Protection Policy

Information Assurance Group

June 2018

Version 1.0

Based on the Information Commissioner's Office (ICO) Guidance on the Data Protection Act 2018 and General Data Protection Regulation (GDPR)

Document Control Sheet

Name of Document:	Data Protection Policy
Author	Alison Morris, Records and Heritage Manager
Consultees	Information Assurance Group: including: Mike Alexander, ICT Security Officer Sheila Campbell, Principal Librarian Sean Hoath, Senior Solicitor Atholl Scott, Internal Audit Manager Graham Jarvis, Acting Corporate Director (Education & Social Care) Scott Reid, GDPR Project Officer Joan Wood, Information Services Librarian
Description of Content	Data Protection Policy statement, and brief guide on the updated Data Protection Act 2018 and the General Data Protection Regulation (GDPR), both came into force May 2018.
Distribution:	Council wide upon approval
Status	Version 1.0
Date	25th May 2018

Contents

Definitions

Data controller: A body that determines the purposes for and manner in which personal data is used. This includes employees of the data controller. The Council is considered to be the data controller for most of its activities that involve personal data.

Data processor: A body that processes data on behalf of and as specified by the data controller. This will always be a third-party with whom the data controller has a contract that specifies what, how and the other conditions under which the data will be processed.

Data subject: A living individual to whom personal data relates.

Joint Data Controllers: These are people or organisations (for example, Moray Council, NHS Grampian or Police Scotland) who jointly process and share information.

Personal data: Any information relating to a data subject, particularly information that can be used to identify them such as: a name, an identification number, location data, an online identifier; or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person. It also includes any expression of opinion about the individual and any indication of the intentions of the data controller or any other person in respect of the individual – e.g., a manager's assessment of an employee's performance during their probation period.

Personal data breach: a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data transmitted, stored or otherwise processed.

Special Category Data (also referred to as **Sensitive Personal Data**): This is personal data consisting of information as to any of the following:

- Racial or ethnic origin.
- Political opinions.
- Religious or philosophical beliefs.
- Trade union membership.
- Genetics.
- Biometrics (where used for ID purposes).
- Health.
- Sex life.
- Sexual orientation.

Special category personal data is subject to much stricter conditions of processing. Personal data relating to criminal convictions and offences are not included but similar extra safeguards apply to its processing.

Processing: The definition of processing covers everything from obtaining and gathering in information to using the information and, eventually, destroying the information.

Third party: Anyone other than the data subject, data controller, data processor and others who, under the direct authority of the controller or processor, are authorised to process personal data.

1. Data Protection Policy Statement

In order to operate efficiently Moray Council must collect and use information about people with whom it works. This may include members of the public, current, past and prospective employees, service users, and, suppliers. In addition, we may be required by law to collect and use information to comply with the requirements of government.

Moray Council will strive for a positive and proactive approach to data collection and management. The Council will ensuring we protect the information we collect; use and share information appropriately; actively managing it so it is relevant and up-to-date, and remain fully compliant with legislation and best practice guidance from the Information Commissioner's Office (ICO). Personal information in all formats are covered by this Policy, including but not limited to: paper files, databases, emails, telephone recordings, CCTV and all information repositories.

The Council recognises that a personal data breach if not addressed in an appropriate and timely manner, can result in physical, material or non-material damage to individuals such as loss of control over their personal data or limitation of their rights, discrimination, identity theft or fraud, financial loss, unauthorised reversal of pseudonymisation, damage to reputation, loss of confidentiality of personal data protected by professional secrecy or any other significant economic or social disadvantage to the individual concerned. Where personal data breaches do occur the Council will, without undue delay, seek to contain the harm to individuals, investigate the breach, and where appropriate report the breach to the ICO, as well as to learn the lessons from any actual or suspected breaches.

This Data Protection Policy applies to all employees and elected members as well as consultants, volunteers, contractors, agents or any other individual performing a function on behalf of the Council. Violations of this Policy may result in disciplinary action against an employee.

2. Introduction

Data Protection legislation, including the Data Protection Act 2018 (DPA) and General Data Protection Regulation (GDPR), provides a frameworks that ensure information is handled properly and gives individuals rights to know how personal information can be collected, used and stored.

There are some key differences between the previous Data Protection Act 1998 and the new legislation; the new rules which have been brought in mean:

- enhanced rights for individuals, such as right to erasure
- new documenting procedures – increased transparency about what we do with personal information; i.e. Privacy Statements
- ensure the minimum amount of information required is requested
- strengthening our rules for deleting and removing data
- notifying the Information Commissioner's Office (ICO) of certain breaches within 72 hours (and increased fines apply)
- dealing with Subject Access Requests within one calendar month
- appointing a Data Protection Officer (DPO) with responsibility for compliance

3. The Data Protection Principles

Data Protection Legislation sets out six principles for the processing of personal information that are legally binding on the Council. The personal information must be:

1. Processed lawfully, fairly and in a transparent manner in relation to data subjects
2. Collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes; further processing for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes shall not be considered to be incompatible with the initial purposes.
3. Adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed.
4. Accurate and, where necessary, kept up to date; every reasonable step must be taken to ensure that personal data that are inaccurate, having regard to the purposes for which they are processed, are erased or rectified without delay.
5. Kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed; personal data may be stored for longer periods insofar as the personal data will be processed solely for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes subject to implementation of the appropriate technical and organisational measures required by Data Protection Legislation in order to safeguard the rights and freedoms of the data subject.
6. Processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures.

4. Lawful Bases for Processing Personal Information

The lawful bases for processing are set out in the General Data Protection Regulation. At least one of these must apply whenever the Council processes personal information:

- **Consent:** the individual has given clear consent for the Council to process his/her personal data for a specific purpose.
- **Contract:** the processing is necessary for a contract that the Council has with the individual, or because the individual has asked the Council to take specific steps before entering into a contract.
- **Legal obligation**: the processing is necessary for the Council to comply with the law (not including contractual obligations).
- **Vital interests:** the processing is necessary to protect someone's life.
- **Public interest:** the processing is necessary for the Council to perform a task in the public interest or in the exercise of official authority vested in the Council.
- **Legitimate interests:** the processing is necessary for the purposes of legitimate interests pursued by the Council or a third party unless there is a good reason to protect the individual's personal data which overrides those legitimate interests. However, this basis is not available to processing carried out by the Council in the performance of its official tasks: it can only apply to the Council when it is fulfilling a different role.

5. Rights of Individuals

Data Protection Legislation provides individuals with the following rights regarding their personal information:

- The right to be informed about how their information will be used.
- The right of access to their personal information.
- The right to rectification, which is the right to require the Council to correct any inaccuracies.
- The right to request the erasure of any personal information held by the Council where the Council no longer has a basis to hold the information.
- The right to request that the processing of their information is restricted.
- The right to data portability.
- The right to object to the Council processing their personal information.
- Rights in relation to automated decision making and profiling.

For more information on Personal Data Rights please see:
Moray Council Website: Data Protection, and, A Guide to Personal Data Rights.
These will explain in more detail how to exercise your rights, including how to submit a Subject Access Request (SAR), and when a right does not apply.

6. Information Commissioner's Office (ICO)

The Information Commissioner's Office (ICO) upholds information rights in the public interest, promoting openness by public bodies and data privacy for individuals.

There are a number of tools available to the ICO for regulating the behaviour of organisations and individuals that collect, use and keep personal information. These include criminal prosecution, non-criminal enforcement and audit. The ICO also has the power to serve a monetary penalty notice on a data controller.

The Council is registered with the ICO; registration number Z7512703.

7. Roles and Responsibilities

Information Asset Owners

The Information Asset Owners (IAOs) are the members of the Corporate Management Team. Their role is to understand what information is held by their services, what is added and what is removed, how information is moved, and who has access and why. Through their Heads of Service and management teams they must ensure that written procedures are in place and followed relating to these activities, risks are assessed, mitigated and the risk assessment processes are audited.

Overall responsibility and accountability for ensuring that all staff and associated third parties comply with information legislation, this Policy and associated policies and procedures, lies with the Senior Management Team.

Data Protection Officer

The role of the Data Protection Officer (DPO) is to:

- Inform and advise the Council and its employees about their obligations to comply with Data Protection Legislation, including DPA and GDPR.
- Monitor compliance of Data Protection, including the assignment of responsibilities, awareness raising and training of staff involved in the processing operations and related audits.
- Provide advice about data protection impact assessments (DPIAs) and monitor their performance;
- Co-operate with the supervisory authority (the ICO) and act as the contact point on issues related to the processing of personal data.

The Council's DPO is the Records and Heritage Manager, records@moray.gov.uk

Information Security Officer

The Information Security Officer is responsible for creating, implementing and maintaining the Council's security policy and procedures to reflect changing local and national requirements. This includes requirements arising from legislation, security standards and national guidance.

The Information Security Officer will support service areas on achieving best practice and compliance with security requirements.

Information Assurance Group

The Council's Information Assurance Group (IAG), among its various functions in relation to information management, assists the Council to implement the Policy. The IAG consists of: the DPO (Records & Heritage Manager), Senior Solicitor, ICT Security Officer, Internal Audit Manager and Principal Librarian.

Employees and Elected Members

All employees, elected members, and any other individuals with access to the Council's information must be familiar with the requirements of the Data Protection Legislation and have a responsibility to ensure that personal information is properly protected at all times. This requires continued compliance with the Council's information policies, procedures and other guidance.

If an employee is found to have breached this policy, they may be subject to the Council's disciplinary procedure. If a criminal offence is considered to have been committed further action may be taken to assist in the prosecution of the offender(s).

It is the responsibility of all employees to promptly report any identified or reasonably suspect data breaches to line managers and the DPO as per the Guidance on Data Security Breach Management. The GDPR makes it compulsory for organisations to report a personal data breach, which is likely to result in a risk to an individual's rights and freedoms, to the ICO within 72 hours of becoming aware. The DPO will investigate, decide whether a breach should be reported to the ICO and will handle the submission of all relevant details.

8. Processing Personal Information

The Council will hold and process personal information only to support those activities it is legally entitled to carry out.

The Council may on occasion share personal information with other organisations. In doing so, the Council will comply with the provisions of the ICO's Data Sharing Code of Practice.

The person the personal information is collected from must be advised of the purpose for which the information will be held or processed and who the information may be shared with.

9. Training

All employees will be provided with training in basic data protection law and practice as soon as reasonably practicable after starting to work for the Council. This is available through CLIVE as an online module and is mandatory to all staff. Heads of Service are responsible for ensuring that employees within their Service are trained appropriately. Specific DPA training can be organised, and is already available for Social Work via the Social Work Training Team.

Elected Members will be provided with training in basic data protection as soon as reasonably practicable after they are elected.

Training should be renewed annually.

10. Further Information and Contacts

Further information is also available from the ICO's website or contact:

Information Co-ordinator,
Elgin Library
Cooper Park
Elgin
IV30 1HS
info@moray.gov.uk
01343562644

Links to Related Policies and Procedures

- Moray Council Information Management Website;
  Records Management Plan, Re-Use of Public Information, Freedom of Information, and, Data Protection general and Subject Access Request information

- Records Management Intranet;
  Records Management policies, Records Retention Schedule etc.

- Information Security Intranet;
  including Information Security Policy, Computer Use Policy.

- Complaints Handling Procedure

- Data Protection Act 2018

- General Data Protection Regulations (EU) 2016/679

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 29 NOVEMBER 2018**

SUBJECT: **TRANSITION TO ADULT SERVICES POLICY**

BY: **JOYCE LORIMER, INTEGRATED SERVICES MANAGER**

1. REASON FOR REPORT

1.1. To inform the Board of the completion of the updated Transition to Adult Services Policy.

2. RECOMMENDATION

2.1. It is recommended that the Moray Integration Joint Board consider the policy and approve the use of the policy for its delegated functions.

3. BACKGROUND

3.1. The process of young people transitioning into adult services has been reviewed to reflect current national and local policies and the expectations placed on public bodies.

3.2. This policy, attached as **APPENDIX 1**, focuses on the transition of young people moving between receipt of support from Children Services to receipt of support from Adult Services, and between young person and adult status.

3.3. In this context, it is not a simple event, and includes the initial planning process through to the actual transfer between services, with the young person, their family and carers being supported throughout.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. The review of the policy has included feedback on the experiences of transitions from young people and their families and from staff in Children and Adult services.

4.2. The policy describes the role of the transition panel, which meets 8 weekly and informs the strategic planning and budget setting required to support young people into adulthood.

4.3. It also clarifies where responsibility for ongoing support and future planning lies from the age of 14.

5. SUMMARY OF IMPLICATIONS

(a) Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019 and the Local Outcomes Improvement Plan (LOIP)

This policy meets the ambitions of the above policies; building a better future for our children and young people in Moray.

(b) Policy and Legal

Moray Corporate Parenting Strategy
Getting it Right for Every Child
http://www.moray.gov.uk/moray_standard/page_56873.html

Supporting & Protecting Adults from Harm
Principles of good transitions
Social Care (Self Directed Support (Scotland) Act 2013)

(c) Financial implications

None arising from this report.

(d) Risk Implications and Mitigation

None arising from this report.

(e) Staffing Implications

None arising from this report.

(f) Property

None arising from this report.

(g) Equalities/Socio Economic Impact

An equalities impact assessment has been completed. This policy should positively support young people requiring ongoing support into adulthood.

Socio economic impact: not relevant for this policy.

(h) Consultations

The following people have been consulted on this report:

Gordon Mackenzie, Team Manager; Kathy Henwood, Acting Head of Integrated Childrens Services; Jane Mackie, Head of Strategy,

Commissioning, Specialist Service Provision & CSWO; Head of Adult Services; Sean Coady, Head of Adult Health & Social Care, and NHS Children's Services; Margaret Forrest, Legal Services Manager (Litigation & Licensing); any comments received have been considered in finalising the report.

6. CONCLUSION

6.1. The board are asked to note the completion of the review of the transition policy and approve its use.

Author of Report: Joyce Lorimer
Background Papers: Held by Author
Ref:

Appendix 1

Transition to Adult Services

POLICY

2018/19

Contents

Transition

Transition, in the context of this document, refers to the process of moving from Children's to Adult services. This is not a single event and will include the initial planning process through to the actual transfer between services, with the young person and their family and carers being supported throughout.

1.0 Aims, Objectives and Scope of the Policy

This policy focuses on the transitions for young people moving between receipt of support from children's services to receipt of support from adult services, and between young person and adult status.

The overall aim of the Policy is to support effective and reliable planning and review processes for individual service users, including young people with additional support needs (ASN) to ensure that the transition from adolescence to adulthood and from children's to adult services is be as smooth as possible. The policy is designed to assist the assessment of need and the planning and targeting of resources, to those young people eligible for adult services.

Specific Objectives of the Policy are that –

a) Eligible transitional and continuing support needs are anticipated in time to enable effective planning to meet those needs.
b) Eligible transitional and continuing support needs are met, to the greatest extent that resources permit.
c) Young people requiring continuing support are enabled, to the greatest extent possible, to achieve their personal outcomes that focus on independent living skills using the Progression Model.
d) Uncertainties for young people, their parents and carers and service providers as to who will do, provide or pay for what, under what circumstances, are minimised.

e) Care Experienced Children and Young People and Care Leavers receive the same quality of support from Moray Integration Joint Board (MIJB), Moray Council and NHS Grampian as they would from a supportive parent throughout the period of transition[1].

This policy applies to all relevant staff within Health and Social Care Moray, the Integrated Children's Services and Educational Services of Moray Council and other Council Services.

2.0 Policy

2.1 General Principles

Getting It Right For Every Child (GIRFEC) is the national approach in Scotland to improving outcomes and supporting the wellbeing of our children and young people by offering the right help at the right time from the right people. It supports them and their parent(s)/carers to work in partnership with the services that can help them. It puts the rights and wellbeing of children and young people at the heart of the services that support them e.g. early learning and childcare, schools, and the NHS, to ensure that everyone works together to improve outcomes for a child or young person.

Most children get all the support and help they need from their parent(s)/carers, wider family and local community, in partnership with services like health and education. Where additional support is needed, the GIRFEC approach aims to make sure that support is easy to access and seamless, with the child at the centre.

The Moray GIRFEC Pathway and Planning Process[2] supports transition through the Named Person and Lead Professional who are responsible for the co-ordination of the child planning process.

Each young person, requiring transitional support, will have a single plan

- Setting out their current and anticipated support needs, taking account of their personal outcomes, wishes and aspirations

[1] Corporate Parenting Strategy http://www.yourmoray.org.uk/downloads/file116360.pdf

[2] GIRFEC http://www.moray.gov.uk/moray_standard/page_56873.html

- Making clear who will pay for or directly resource which services, and specify dates for any transfer of these resourcing arrangements
- Created, in a transparent, accountable partnership, between the young person, parents/ carers and the identified service providers, who can appropriately contribute to the assessment of the young person's needs and the provision of services to meet those needs.
- Created in a manner consistent with human rights, including the rights of children and young people, and the rights and responsibilities of parents/carers
- Agreed at least 6 months before the expected school leaving date
- Effectively coordinated by the Named Person or Lead Professional, with any transition of responsibility or role, clearly set out within such plan.

Planning for future transition entails anticipating and assessing future needs and planning for the provision of any necessary support. Success depends on involving the right services and agencies in an effective partnership to address the needs, concerns and outcomes of young people and their parents/carers. This policy sets out the key processes through which this work should be undertaken for young people. In addition, this policy highlights the duties and responsibilities of all partners to act as a Corporate Parent to Care Experienced Children and Young People and Care Leavers.

2.2 Principles Specific to Transitions to Adult Status, Adulthood and Maturity

Planning for the transition from young person to adulthood, of necessity, begins before the young person has full adult status and capacity, and continues through that transition. Those involved in planning to support a young person through that transition must recognise and accommodate a changing picture as to who has the right to make choices and makes decisions on the part of the young person/adult, and on what legal and clinical basis they do so.

2.3 Parental Responsibility and Children's Rights

The Children (Scotland) Act, 1995 and the Children and Young People (Scotland) Act, 2014 incorporate the right, recognised by the United Nations Convention on the Rights of the Child, that a child, of sufficient age and maturity to give their views and wishes and that these must be taken into consideration in any decision-making processes. Children of 12

years of age and over are generally presumed to be of sufficient age and maturity but children of all ages should be considered on a case by case basis.

The decision as to whether a child of any age has the capacity to retain and process information, to make a decision based on that information, and understand the consequences of any decision he/she makes, lies with the person/people who is/are seeking the child's view.

The 1995 Act also confers on parents the responsibility to a) safeguard and promote the child's health, development and welfare; b) to provide to the child, in a manner appropriate to the stage of development of the child, direction and guidance; and c) to act as the child's legal representative until the child attains 16 years of age.

Staff involved in transition planning for a young person are required to recognise the primary responsibility of parents in relation to that young person whilst not yet an adult, in making choices, if necessary, on their behalf, whilst having regard to the young person's wishes, taking into account their age and maturity. Staff must recognise that parents and young people, separately or together, may benefit from, or in some circumstances be entitled to, independent advocacy.

Duties of all Partners as Corporate Parents

Staff must also be aware of their additional duties as 'Corporate Parents' for Care Experienced Children and Young People and Care Leavers, namely:

- Being alert to matters which, or which might, adversely affect the wellbeing of Care Experienced Children and Young People and Care Leavers;
- assessing the needs of those children and young people for the services and support they provide;
- promoting the interests of those children and young people;
- seeking to provide opportunities to participate in activities which will promote the wellbeing of Care Experienced Children and Young People and Care Leavers;

- taking action to help children and young people access such opportunities and make use of services and access support provided.

2.4 Adult Status

At the age of 16 years, all people, regardless of disability, legally gain adult status and the right to make their own choices and decisions, although the responsibility of parents to provide guidance remains until the age of 18 years. Those involved in planning for transition must recognise the adult status of people with disabilities, whilst taking into account of the impact of any disability affecting their capacity. Disability creates no basis for infringement of the rights attached to adult status.

2.5 Capacity to Exercise Adult Responsibilities

The maturity of every individual will depend on their experiences and the expectations placed upon them. The transition from adolescence to adult maturity will happen at different ages for all young people, including those with disabilities. Different problems and opportunities will be encountered by each young person during this time in his or her life. Where the individual has a disability, these problems may be exacerbated by the nature of any impairment or by the disabling and disempowering attitudes of society. By recognising the adult status of people with disabilities, professionals, and others with an interest in the welfare of the service user, will be able to support, encourage and develop the service user's capacity to make decisions.

At any time, and in relation to any decision, judgements may need to be made about the extent to which an individual needs guidance in exercising their rights[3]. . The Adults with Incapacity (Scotland) Act 2000 and associated Codes of Practice https://www2.gov.scot/Topics/Justice/law/awi/010408awiwebpubs/cop may be relevant where an adult does not have the capacity (this needs to be assessed) to make their own specific decisions at the specific time. Individuals also mature at different rates, and have different cognitive and functional abilities, and blanket assumptions about capacity to make decisions must not be made.

[3] For additional guidance see Supporting and Protecting Adults from Harm Policy and Procedure, and Adults with Incapacity Procedures. http://www.moray.gov.uk/downloads/file63862.pdf

2.6 Access to Advocacy

Advocacy comes in many forms from formal independent advocacy to that provided by a worker or friend. Although there is no duty to provide an advocacy service there is a duty to make information about advocacy available. Young people with a disability and their parents/carers and care experienced young people, up to the age of 26, should be provided with information about the services, advocacy and support that may be available to them and encouraged to use support systems which may meet their needs.

3.0 Transition Planning – The Essentials of Best Practice

'Best Practice' in Moray draws heavily on the Principles of Good Transition 3[4] (compiled by the Scottish Transitions Forum). These Principles include:

- Planning and decision making should be made in a person-centred way, in that:
  - I. young people should be at the centre of their transition planning
  - II. there should be a shared understanding and commitment to person centred approaches across all services
  - III. young people should have a single plan
- Support should be co-ordinated across all services
- Planning should start early and continue up to age 25, if necessary
- Young people, parents/carers must have access to the information they need and are eligible to receive.

Key Features of Best Practice:

- It is important to assess needs, research opportunities and be creative in getting the right support in place in the right format at the right time.
- The Named Person/ Lead Professional in Children's Services ensures clear professional leadership and coordination. Sharing of relevant information in line with Data Protection Legislation is essential [5]

[4] http://scottishtransitions.org.uk/7-principles-of-good-transitions/

[5] https://ec.europa.eu/commission/priorities/justice-and-fundamental-rights/data-protection/2018-reform-eu-data-protection-rules_en

- Child Planning meetings are co-ordinated by the Named Person or Lead Professional in the first instance; this might become the responsibility of another professional as agreed.
- Relevant people key to the plan are invited to contribute to it.
- Where a Lead Professional has been identified, it will be their responsibility to co-ordinate the planning process to support transition into Adult Services.
- The young person and their supporters are enabled to participate in the planning process throughout with their voice being captured.
- The Child's Plan begins to adopt a transitions focus from age 14 years, or **at least two years before** a young persons' planned school leaving date.
- Establishing and not assuming a leaving date is a vital part of transition planning.
- Curriculum for Excellence emphasises self-advocacy and participation in their learning and planning for life.
- Communication, collaboration and cooperation with all partners to the plan have been shown to enhance transition outcomes.
- Use of communication methods appropriate to the needs of the young person is essential.
- All young people have the option to remain in school post 16. If they choose to leave school, they should have an identified positive post school participatory destination.
- In the case of those with significant additional support needs as the result of disability or complex health needs the process of transition planning should be ongoing but begin **at least 3 years before** the young person intends to leave school.
- Adult services transition social worker requires to be notified of young people with a significant additional support need as a result of disability or complex health needs.
- For young people in residential placements, the presumption is always that the young person will return to Moray at the end of the placement, unless they choose to remain in the placement area.[6]
- The Transitions Panel [7] seeks indications of future need at age 15, to enable budget planning to begin. It is imperative that any post school support or resources likely to be

[6] Ordinary residency should be considered for each individual case.

[7] The Transition Panel is a combination of Integrated Children's Services and Health and Social Care Partnership professionals who plan future provision for young people with ongoing support needs.

required are identified and the process begun for approval if these include adult social care needs.

- The cost of ongoing adult care and support needs, and the date at which financial responsibility for the care and support package will be transferred must be agreed at the Transition Panel.

4.0 Self-Directed Support[8] and Transitions Planning

Self-directed Support (SDS) is available for children and young people with disabilities and adults who have been **assessed as eligible** for a social care service.

The Social Care (Self-directed Support) (Scotland) Act 2013 is an approach that shares the core values of inclusion, contribution and empowerment through real choice and respect. The Act created a change to the way services are organised and delivered so that they are shaped more around the individual and are better at meeting the outcomes which they identify as important.

The Self-directed Support (SDS) principles rely on a collaborative approach with families through **completion of a Self-Assessment Questionnaire and social work assessment to establish eligibility for services, level of needs, personal outcomes and options for support. Once agreed**, an identified indicative budget is provided based on a Resource Allocation System (RAS). This budget enables "individuals and families to access the support they want, thereby enabling CHOICE, flexibility and more importantly CONTROL in the decision making process".[9]

The personalised plan might involve the individual or family receiving support from any, or a combination, of the following:

Option 1 - A direct payment made to the supported person to purchase the support they require.

[8] http://www.gov.scot/Publications/2014/04/5438

[9] The Moray Council ICS Draft Self-Directed Support Procedures, May 2017 & Social Care (Self Directed Support) (Scotland) Act 2013 and The Moray Council Adult Services Self Directed Support Policy and Procedure

Option 2 - Allows the supported person the freedom to choose who provides their support, but the council will pay for it on their behalf. Alternatively the budget can be paid to another organisation who will manage the money on their behalf; often called an Individual Service Fund (ISF)

Option 3 - The local authority decides how to spend the money & suggests the support that is available; often called 'Arranged Services'.

Option 4 - Allows for the supported person to choose a mix of two or more of the options for different parts of support.

Regardless of which option is chosen the budget should be spent to achieve the outcomes identified in the plan. This must be reviewed in line with the agreed timescales in preparation for transition to adult services.

4.1 Planning for Self-Directed Support at Transition to Adulthood

The task of those involved at transition is to enable the young person to prepare for life when they have completed their education and plan with them for as smooth a transition as possible.

This involves looking with them at their key assets and strengths and identifying:

- What is important to them and what they want to do
- What support do they need and want
- What ideas they have about how to make these things happen
- How to make decisions relating to their life
- Consider any risks involved and how these may be managed.

5.0 Scope of the Child's Plan during Transition into Adult Social Care

The Child's Plan should focus on and address the young person's aspirations and outcomes and how these will be met as they move into adulthood. Importantly these plans should enable young people to positively learn to take and manage appropriate levels of risk, while

protecting the young person and others from serious, avoidable harm and should take account of any post-16 learning.[10]

Plans to meet the support needs of those continuing to provide unpaid care should be separate from the young person and subject to standard procedures for Carers' Assessments.

5.1 Key Responsibilities and ways of working for Education and Children's Services

The main aim is to ensure that the young person has a valued life in their community.

This requires staff to:

- Convene meetings in appropriate places which are welcoming to the young person and their supporters; the young person and their supporters should be well prepared, agenda agreed and clear; they should be given opportunity to answer and question; the meeting should be constructively honest; there should be time for post meeting debriefing for the young person and their parent/carers/advocate.
- Avoid service/ system centred thinking and setting limits. Individual Budgets (SDS) support this. Child's Plans should evidence that Individual Budgets are encouraging people to exceed their aspirations. See above regarding Self-Directed Support.
- Convey a shift from traditional responses by using all the tools and skills of our respective trades – social work and social care staff are more than just brokers of services, and have a key role in helping young people connect with their communities.
- Celebrate successful outcomes with young people.
- Enable families to empower their young people and prepare them for independence – a whole life approach begins in children's services and continues into adulthood.
- Plan for a young person's life in partnership with them and their supporters – not merely for social care.
- Work in partnership with education and those who know the young person well to encourage the young person to self-advocate where possible and be an active participator in their plan.

[10] The Curriculum for Excellence provides an entitlement to an appropriate curriculum from 3 to 18 years which includes a Senior Phase from S4 to S6. As a result, all young people are entitled to receive 'post-16 learning' in line with their particular needs and strengths.

- Research what is available in communities, share that knowledge with others and make direct contact with services and opportunities.
- Ensure clear informed professional leadership and coordination.
- Enable family leadership, always ensuring that the young person and their families/ supporters are helped to find solutions for difficulties as they arise – don't let them escalate.
- Value and build on the input of families. Connect people to people – a huge amount of support can come from other families who have 'been there'. Families are the constant in the lives of young people, not services.
- Recognise that achieving a fulfilling life is no easy task and may come at significant hidden costs to families. We must be respectful of young people with disabilities and not betray hope with inflated stories of easy success and perfect relationships.

5.2 The Key Responsibilities and Methods of Working for Health and Social Care Moray

The values underpinning their work will mirror that of children's services and a Human Rights based approach will be also evident.

'All young people, their families and carers have the right to be valued as individuals and lead fulfilling lives. They have the right to contribute to Scotland's economy, access and participate in their communities and benefit from a fair and inclusive society'[11],

As already indicated, early planning is essential when it is anticipated that a young person will require additional resource to support them in adulthood or require the commissioning of a service. Rigorous early planning with transition partners enables sufficient time to creatively consider in partnership with the young person what needs to happen and when, to ensure a smooth transition journey to adulthood.

The child's plan will identify likely or potential additional support which requires resources/ funding by relevant agencies no later than 2 years prior to the young person leaving school.

[11] Keys to Life Document: http://www.gov.scot/resource/0042/00424389.pdf

When the child's plan indicates that social care resources may be required post school, Health and Social Care Moray must be informed as early as possible.

In addition to the case by case process, the Transition Panel meets regularly (every 6-8 weeks) to capture and forecast significant future need to build into the budgeting, planning and commissioning of services. This is informed by the Health and Social Care Moray Partners in Care\ 3 Tier Model.[12]

5.3 Ongoing Health Needs into Adulthood

NHS Grampian delivers concurrent universal and/ or targeted services in Moray to individual young people.

A comprehensive handover of care between child and adult health services is required. The key points should be identified in the Child's Plan.

6.0 Young People Moving to Independent Housing or Accommodation

The Council's Housing and Property Services will consider the housing needs of any young person moving towards independent living, including young people with a disability, as required of them under housing legislation. Housing and Property Services will observe equal opportunity requirements in the management of the housing list and allocation of housing. In particular, Housing and Property Services will take into account the needs and circumstances of all relevant groups, including, for example, information for disabled young people on the availability of suitable houses and adaptations.

Section 19 (1) of the Housing (Scotland) Act 1987 sets out the entitlement of anyone aged 16 or over to be admitted to a housing list. Any offer of accommodation will comply with the Council's current Allocation Policy for letting. Property Services will work with other registered social landlords, private sector landlords and voluntary organisations to secure

12 http://community.moray.gov.uk/Care/Procedure/Shared%20Documents/Forms/AllItems.aspx?RootFolder=%2fCare%2fProcedure%2fShared%20Documents%2fMoray%20Partners%20in%20Care%20%283%20Tier%29&FolderCTID=&View=%7b91F3BF47%2d28C6%2d4425%2dBF2E%2d6AFDC7972D5E%7d

sustainable housing options. Housing staff who may be involved in the transition should be invited to appropriate meetings concerning the young person from the point at which the young person turns 14 years of age.

7.0 Performance Monitoring

The monitoring of performance will focus on the extent to which the specific objectives of this policy are being achieved. These are that –

1. Transitional and continuing support needs are anticipated in time to enable effective planning to meet those needs;
    a. There is a competent, agreed assessment of transitional and continuing support needs.
    b. There is a clear, agreed plan setting out how those support needs will be met.
    c. Both assessment and plan are in place at least six months before the young person's anticipated school leaving date.

2. Transitional and continuing support needs are met, to the greatest extent that resources permit;
    a. Outcomes specified in transition plans are consistent with the young people's outcomes and are achieved.
    b. Young people, parents and carers report that they are satisfied with the plan and its implementation.
    c. Costs

3. Uncertainties for young people, their parents and carers and service providers are minimised;
    a. Young people, parents and carers report that they are satisfied with the plan and its implementation.
    b. Disputes between services will be referred to HSCM Service Heads/ Director or senior staff in similar positions at NHS Grampian and/or Moray Council for arbitration. Where there is a disagreement between Heads of Service on any aspect of transitional planning that cannot be resolved through inter-departmental

discussion the matter should be referred to the Corporate Director (Education and Social Care) and/or the NHS Chief Officer for Moray for a decision.

In addition to performance monitoring, the services routinely involved in transition planning will share generalised information about emerging needs as they are identified, the range and volume of services being deployed to meet those needs and their associated costs.

8.0 Equalities Statement

Health & Social Care Moray, Moray Council and NHS Grampian do not discriminate on any grounds, advocate for and are committed to equalities and recognises their responsibilities under the Equalities Act 2010 and the related Public Sector Equality Duty.

In relation to equality of information provision, Health & Social Care Moray will ensure that all communications with individuals are in plain English, and shall publish all information and documentation in a variety of formats and languages. Where required, Health & Social Care Moray will use the services of its translation team to enable effective communication between us and the individual. Where an individual has sight, hearing or other difficulties, we will arrange for information to be provided in the most appropriate format to meet that individual's needs. Health & Social Care Moray will also ensure that there are no physical barriers that could prohibit face to face communications.

If there is a complaint against discrimination, click on the link below for reporting form and procedure: http://www.moray.gov.uk/downloads/file62366.pdf.

Equality and Human Rights Commission Scotland
https://www.equalityhumanrights.com/en/commission-scotland
Advice and Guidance section - https://www.equalityhumanrights.com/en/advice-and-guidance.

9.0 Data Protection

GDPR and the Data Protection Act 2018 governs the way information is obtained, recorded, stored, used and destroyed. Health & Social Care Moray, Moray Council and NHS Grampian comply with all the requirements of the Act and ensure that personal data is processed fairly and lawfully, that it is used for the purpose it was intended and that only relevant information is used. Health & Social Care Moray will ensure that information held is accurate, and where necessary kept up to date and that appropriate measures are taken that would prevent the unauthorised or unlawful use of any "personal information".

10.0 Freedom of Information

The purpose of the Freedom of Information (Scotland) Act 2002 http://www.legislation.gov.uk/asp/2002/13/contents is to "provide a right of access by the public to information held by public authorities". In terms of section 1 of the Act, the general entitlement is that a "person who requests information from a Scottish public authority which holds it is entitled to be given it by the authority". Information which a person is entitled to is the information held by the public authority at the time that the request is made. This is a complex area of the law that can overlap with the Data Protection Act and other legislation.

Please see the following link for guidance to the law in Scotland;
http://www.itspublicknowledge.info/Law/FOISA-EIRsGuidance/Briefings.aspx

All Freedom of Information requests to Health & Social Care Moray, Moray Council or NHS Grampian should be directed to the **FOI/DPA team/officer** in those organisations. At Health & Social Care Moray the contact is info@moray.gov.uk.

11.0 Human Rights Act

The main rights and freedoms covered in the Human Rights Act 1998 are:
Right to life; freedom from torture; freedom from slavery and forced labour; right to liberty and security; right to a fair trial; no punishment without law; right to respect for private and family life; freedom of thought, belief and religion; freedom of expression; freedom of

assembly and association; right to marry; prohibition of discrimination; peaceful enjoyment of property; right to access education and right to free elections.

Public authorities must ensure, in discharging functions that they don't act in a manner incompatible with rights outlined in the Human Rights Act. Only in some limited circumstances can an individual's rights be infringed upon and even then only when done under legal authority, in pursuit of a legitimate aim and when necessary in a democratic society i.e. proportional in terms of finding a balance between carrying out a necessary statutory duty and infringing upon the person's human rights. It is also important that any interference is non-discriminatory. When in doubt about any proposed action legal advice should be sought.

All parts of this policy and associated procedures will comply with obligations within the Human Rights Act

12.0 Review and Feedback

This policy will be reviewed annually.

Appendix One – Transitions Planning Pathway – Looked After Children

Age of child	14 years	15 years (if leaving school at 16)	16 years	17 years	18 years	19 years	21 years	25 years
Co-ordinating Role	Named Person/ Lead Professional[13]	Named Person/ Lead Professional. Begin handover to 16+ Named Person.	Named Person/ Lead Professional	Named Person/ Lead Professional Transition SW (Adult Services) or Integrated Children's Services Worker[14] identified	If eligible for continuing support[15] from Integrated Children's Services coordination will be via Placement Services Team. If eligible for Adult Social Care, co-ordination will be via the appropriate adult team[16].	As 18 years	As 18 years	As 18 years
Leaving date	Provisional leaving date set at TAC	Leaving date confirmed at TAC meeting	Leaving date confirmed	Leaving date confirmed at TAC meeting	Leaving date confirmed (if applicable)	N/A	N/A	N/A

[13] For Looked After Children the Lead Professional will always be the Social worker.

[14] This may be a Placement Services Worker or continue with an Area Team Social Worker dependent on the needs of the young person and what has been agreed at the Planning Meeting

[15] Support may be via Continuing Care, Supported Lodgings and scatter flats or independent living with support.

[16] A young person who requires/meets criteria for ongoing social work support through adult services will transition on their 18th birthday as will associated costs with the following exceptions:

• If a young person remains in education, the plans and funding will continue with Integrated Children's Services (ICS) until the end of the academic year within which they are 18.

• If a young person secures agreement for a 7th year in education, the plans and associated funding will continue with ICS until the end of the academic year in which they reach 19 years.

All plans and associated funding will be agreed through ARAG in ICS.

	Meeting		at TAC meeting					
Assessment and Planning	**Child's Plan Transition Screening Tool** Forward to Adult Services Transitions Team SW. Adult service acknowledges receipt within one month. Noted on Transition Planning Spreadsheet and Care First. **Team around Child (LAAC[17])** (TAC) Meetings	**Child's Plan TAC (LAAC) Meetings** (with focus on transition) **Planning completed at least 6 months prior to leaving date**	As 15 years	As 15 years	If eligible for continuing support from ICS use Pathway Planning Meetings and paperwork. If eligible for adult social care adult planning and assessment tools completed including SDS assessment.	As 18 years	As 18 years	As 18 years
Areas for consideration[18], along with child and family, within assessment / TAC	Self-Directed Support. Post school options inc future living options, education, work, training,	Review of SDS. Review post school options. Impact of benefit changes. Skills Development Scotland invited	As 15 years	Review of SDS. Review post school options. Impact of benefit changes.	Accommodation /employment/training/volunteering options/plans. Benefit claim. Any outstanding AWI issues. Advocacy	As 18 years	As 18 years	As 18 years

[17] LAAC – Looked After and Accommodated Child

[18] Hi Hopes website provides online resource listing of what is available for young people leaving school in the Highlands but has relevant information for a wider geographical area. http://hi-hope.org/ A Moray website is currently being developed.

	volunteering. Capacity to make decisions. Advocacy requirements.	to TAC. Need for Activity Agreement? Review capacity – Guardianship/medical consent applied for if required[19]. Advocacy requirements. **Begin discussion/ assessment re Continuing Care[20].**		Skills Development Scotland invited to TAC. Need for Activity Agreement? Any AWI issues actioned. Advocacy requirements **Need for Continuing Care agreed.**	requirements. Advice and guidance requirements[21].			
Resources	Future financial resource implications considered. Cost of current support responsibility of Children's Services following approval from ARAG[22] if required.	Review future financial resource implications. Children's Services financial responsibility continues.	Review future financial resource implications. Children's Services financial responsibility continues.	Eligible for continuing support from ICS - ARAG. Children's Services financial responsibility continues. Eligible for Adult social care - approval agreed in principle for funding of post 18/post education	Eligible for continuing support from ICS – as 15 years. Eligible for adult social care services- Financial resources required to achieve outcomes are clarified, approved and accessed through Adult services using	As 18 years	As 18 years Eligibility for Continuing Care and Supported Lodges ceases.	As 18 years

[19] Adults with Incapacity (Scotland) Act 2000

[20] See Continuing Care Policy

[21] Requirement to provide advice and guidance for Care Experienced Young people continues to 26th birthday regardless of whether supported by adult or children services.

[22] Additional Resource Allocation Group

				support package from District Adult Care Panel. ICS Commissioning Manager and Adult Care Commissioning Team involved if needs are complex.	SDS. Adult services assume responsibility for financing of support – see footnote 1.			
Carers Needs	Consider referral to Carer's support Service/ need for Carers Support Plan	Review need	Review need	Review need	Review need (if applicable)	Review need (if applicable)	Review need (if applicable)	Review need (if applicable)
Child at Risk of Negative Destination ?	Childs Plans to be tracked and monitored via Learner Pathway Planning meetings[23]. Any pertinent information is recorded within the individual child's plan.	As 14 year old	As 14 year old	As 14 year old	N/A	N/A	N/A	N/A
Family Firm Support (Inc need	Offered by Named Person/PT	Review need	N/A	N/A	N/A	N/A	N/A	N/A

[23] Previously known as Pathway Planning Meetings for young people likely to have a negative destination.

for additional support for those with disabilities)	Guidance.							

Appendix Two – Transitions Planning Pathway – Non Looked After Children

Age of child	14 years	15 years (if leaving school at 16)	16 years	17 years	18 years
Co-ordinating Role	Named Person/ Lead Professional	Named Person/ Lead Professional. Begin handover to 16+ Named Person.	Named Person/ Lead Professional	Named Person/ Lead Professional. Transition SW from Adult Services identified.	Adult Services (as of 18th birthday or when the young person leaves education – whichever is last[24]).
Leaving date	Provisional date set at TAC Meeting.	Leaving date confirmed at TAC Meeting	Leaving date confirmed at TAC Meeting	Leaving date confirmed at TAC Meeting	Leaving date confirmed (if applicable)
Assessment and Planning	**Child's Plan Transition Screening Tool** Forward to Adult Services Transitions Team SW. Adult service acknowledges receipt within one month. Noted on Transition Planning Spreadsheet and Care First. **Team around Child** (TAC) Meetings	**Child's Plan TAC Meetings** (with focus on transition) ICS Transition SW to be invited. **Planning completed at least 6 months prior to leaving date**	As 15 years	As 15 years	Adult planning and assessment tools completed including intended independent living/accommodation options and SDS assessment .

[24] A young person who requires/meets criteria for ongoing social work support through adult services will transition on their 18th birthday as will associated costs with the following exceptions:

- If a young person remains in education, the plans and funding will continue with Integrated Children's Services (ICS) until the end of the academic year within which they are 18.
- If a young person secures agreement for a 7th year in education, the plans and associated funding will continue with ICS until the end of the academic year in which they reach 19 years.

All plans and associated funding will be agreed through ARAG in ICS.

Areas for consideration[25], along with child and family, within assessment/ TAC	Self-Directed Scotland (SDS) Post school options inc future living options, education, work, training, volunteering. Capacity to make decisions Advocacy requirements.	Review of SDS. Review post school options. Impact of benefit changes. Skills Development Scotland invited to TAC. Need for Activity Agreement? Review capacity – Guardianship/medical consent applied for if required[26]. Advocacy requirements.	As 15 years	Review of SDS. Review post school options. Impact of benefit changes. Skills Development Scotland invited to TAC. Need for Activity Agreement? Any AWI issues actioned. Advocacy requirements.	Benefit claim. Any outstanding AWI issues. Advocacy requirements.
Resources	Future financial resource implications considered. Cost of current support responsibility of Children's Services following approval from ARAG[27] if required.	Review future financial resource implications. Children's Services financial responsibility continues.	Review future financial resource implications. Children's Services financial responsibility continues.	Approval agreed in principle for funding of future support package from District Adult Care Panel. Children's Services financial responsibility continues.	Financial resources required to achieve outcomes are clarified, approved and accessed through Adult services using SDS. Adult services assume responsibility for financing of support on 18thBirthday or when young person leaves school (whichever is latest – see footnote 25)
Carers Needs	Consider referral to Carer's support	Review need	Review need	Review need	Review need

[25] Hi Hopes website provides online resource listing of what is available for young people leaving school in the Highlands but has relevant information for a wider geographical area. http://hi-hope.org/ A Moray website is currently being developed.

[26] Adults with Incapacity (Scotland) Act 2000

[27] Additional Resource Allocation Group

	Service/ need for Carers Support Plan				
Child at Risk of Negative Destination?	Childs Plans to be tracked and monitored via Learner Pathway Planning meetings[28]. Any pertinent information is recorded within the individual child's plan.	As 14 year old	As 14 year old	As 14 year old	N/A
Family Firm Support (Inc need for additional support for those with disabilities)	Offered by Named Person/PT Guidance	Review need	N/A	N/A	N/A

[28] Previously known as Pathway Planning Meetings for young people likely to have a negative destination

Appendix Three – Transitions Referral Screening Tool

- To be co-ordinated by the named person/lead professional.

Young Person's Details:

Young Person's name:			
Unique identifier Number (Carefirst/CHI/SEEMIS):		Gender:	
Ethnicity/Language spoken:		Date of birth: Date of 18th birthday:	
Home address:			
Telephone number:			
Is the Young Person aware / in agreement with the referral?			

Parents'/Carers'/Guardians' Details:

Name:	
Relationship to Young Person:	
Address and contact details (if different from above):	
If appropriate, has consent been given from parent/carer/guardian to refer to the Transitions Service?	
Is the young person Looked After?	

School Details:

School attended:	
Contact person , designation and phone number:	
School leaving date (indicate if proposed or actual leaving date):	

Additional Support Needs:

Does the young person have a diagnosed Learning Disability, Autism Spectrum Disorder, mental health difficulty, physical disability or a health condition? If yes, please provide details:	
Are there family / home / environmental factors which could impact on the young person's future?	
Is there a funded care / support package in place? If yes, please provide details:	

Relevant other agencies / professionals / family members / carers currently involved:

Name / Agency	Contact details	Current work / support undertaken

Please indicate if any of the following plans are currently in place for the young person. If yes, please attach a copy to the referral:

Child's Plan		Co-ordinated Support Plan	
Individual Education Plan		Other Support Plan (Please specify):	
Behavioural Support Plan			

Please comment on the young person's needs within each section:

Health and wellbeing:

FACTOR	COMMENTS
Physical health	
Emotional well-being	
Self-awareness / keeping safe / supervision needs	
Self-confidence	

Communication:

FACTOR	COMMENTS
Communication needs	
Understanding of spoken language	
Social skills	
Reading skills	

Self-care:

FACTOR	COMMENTS
Personal care	
Eating and drinking / meal preparation skills	
Supervision needs / keeping safe	

Future Support Needs:

FACTOR	COMMENT
Capacity to make decisions	
Housing needs	
Transport issues / mobility requirements	
Involvement in leisure / work based activities	
Being responsible / managing money – is there a need to apply for welfare benefits such as Personal Independence Payments?	

Views of the Young person and parent(s) / Carer:

What are the young person's wishes for after leaving school?	
What are his/her parent's/carers' wishes for the young person after leaving school?	

Moray Council has an Adult Community Care Eligibility Criteria in place. For more information, please see The Moray Council website for further details.

Date referred:

……..

Signed by

Referrer……

…

(Name):

(Contact Details):

Appendix Four – Related Polices/Procedures/Legislation/Strategies/Plans

- The Equality Act 2010
- The Social Work (Scotland) Act 1968
- The NHS and Community Care Act 1990
- Community Care and Health (Scotland) Act 2002
- Chronically Sick and Disabled Persons Act 1970
- Disabled Persons (Service, Consultation and Representation) Act 1986
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Health and Social Services and Social Security Adjudication's Act 1983
- Adults with Incapacity (Scotland) Act 2000
- The Regulation of Care (Scotland) Act 2001
- Children (Scotland) Act 1995
- Children and Young People (Scotland) Act 2014
- Data Protection Act 2018
- Freedom of Information (Scotland) Act 2002
- The Human Rights Act 1998
- Social Care (Self Directed Support) (Scotland) Act 2013
- Carers (Scotland) Act 2016

Policies/Procedures

- The Moray Council's Allocations Procedure
- The Moray Council's Carers Assessment Policy and Procedure
- The Moray Council's Three Tier Policy.
- The Moray Council ICS Draft Self-Directed Support Procedures, May 2017 & The Moray Council Adult Services Self Directed Support Policy and Procedure

Strategies and Plans linked to this policy

The National Health & Wellbeing Outcomes (high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care**).**

https://www.gov.scot/Topics/Health/Policy/Health-Social-Care-Integration/National-Health-WellbeingOutcomes - particularly Outcome 3,4 and 7

Health & Social Care Moray Strategic Plan 2016 – 2019

http://hscmoray.co.uk/strategic-plan.html .

The Plan stresses the importance of "children's services continuing to work together with adult services in the interests of families and building our future generations".

Other Related Documents

- Independent Review of Free Personal Care and Nursing Care In Scotland – A Report by Lord Sutherland (April 2008)
- Relevant Policy Documents – Health Topic – Scottish Government – www.scotland.gov.uk/Topics/Health
- Circular CCD8/2001: Guidance on Single Shared Assessment of Community Care Needs
- Circular CCD3/2008: National Minimum Information Standards for Assessment and Care Planning for Adults
- National Community Care Outcomes Framework
- COSLA
- National Eligibility Criteria for Adult Social Care and Waiting Times for Personal & Nursing Care
- Getting it Right for Every Child
- Curriculum for Excellence
- 16 Plus Learning Choices
- More Choices, More Chances
- Keys to Life

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 29 NOVEMBER 2018**

SUBJECT: **SHORT BREAKS SERVICES STATEMENT FOR ADULT AND YOUNG CARERS IN MORAY**

BY: **HEAD OF SERVICE, STRATEGY & COMMISSIONING**

1. REASON FOR REPORT

1.1 To inform the Board of the statutory requirement for the production and publication of a Short Break Services Statement for Moray.

2. RECOMMENDATION

2.1 It is recommended that the Moray Integration Joint Board (MIJB) approve for its interest the Short Breaks Services Statement for publication as required under section 35 of the Carers (Scotland) Act 2016

3. BACKGROUND

3.1 The Carers (Scotland) Act 2016 came into force on April 1st 2018 and brought with it a number of duties for local authorities. These include the production and publication of a Short Breaks Services Statement. MIJB has responsibility for this Statement in relation to those of 18 years and over but Moray Council retains the responsibility in relation to those under 18 years of age.

3.2 Guidance was produced by Shared Care Scotland to support local authorities to produce these statements and ensure that they contain at least the minimum information legislatively required.

3.3 Using the above guidance, a joint Short Breaks Services Statement has been produced for adult and young carers. **(APPENDIX 1).** This Statement was presented to Moray Council for consideration and approval in regard to the young carers aspect and was approved on 31 October 2018. (Para 6 of the draft Minute refers).

3.4 Quarriers has been undertaking consultation with carers about this Statement prior to consideration by the MIJB/Moray Council.

3.5 The purpose of the Short Breaks Services Statement is to provide information to carers and cared for people so that they:

- Know they can have a break in a range of ways
- Are informed about short breaks that are available
- Have choice in the support they access
- Can identify what a short break means for them, and how they can be supported to meet their needs and achieve their outcomes.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 The MIJB/Moray Council has a responsibility to produce and publish the Short Breaks Services Statement by 31 December 2018, failure to do so will result in a breach of legislative duty.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

This report is in line with the above:

- Corporate Plan and 10 Year Plan - Ensure Caring and Healthy Communities
- Moray Integration Joint Board Strategic Commissioning Plan 2016-2019 – Carers can continue their caring role whilst maintaining their own health and wellbeing.

(b) Policy and Legal

The production and publication of this document is a legislative duty under Section 35 of the Carers (Scotland) Act 2016.

(c) Financial implications

None directly arising from this report

(d) Risk Implications and Mitigation

None directly arising from this report

(e) Staffing Implications

Resource will be required to update this document on an annual basis

(f) Property

None directly arising from this report

(g) Equalities/Socio Economic Impact

There are no direct equalities issues associated with this report

(h) Consultations

Consultations have been undertaken with the following people who agree with the content of this report with regard to their area of responsibility:
Pam Gowans, Chief Officer
Tracey Abdy, Chief Financial Officer
Jeanette Netherwood, Corporate Manager
Margaret Forrest, Legal Services Manager, (Litigation and Licensing)
Jane Mackie, Head of Service
Sean Coady, Head of Service
Roddy Huggan, Service Manager
Joyce Lorimer, Service Manager
Lesley Attridge, Service Manager

6. CONCLUSION

6.1 The Short Breaks Services Statement provides unpaid carers with information and is part of a suite of intended improvements for carers brought about by the implementation of the Carers (Scotland) Act 2016

6.2 Moray Integration Joint Board are asked to approve the Short Breaks Services Statement for publishing.

Author of Report: Pauline Knox, Senior Commissioning Officer
Background Papers: With the author
Ref:

Appendix 1

Moray Council and Moray Integration Joint Board

20181129 FINAL Short Breaks Services APPENDIX 1

For Adult Carers and Young Carers

Pauline Knox
10/1/2018

Contents

Background

Each Local Authority and Integration Joint Board is required to produce a Short Breaks Services Statement under the duties of the Carers (Scotland) Act 2016. It gives information about the short breaks services available locally and across Scotland for carers and the people they care for. This information may be by way of direct provision within the statement, or by provision of a link to existing local or national systems that currently hold relevant information.

Further duties under the Carers (Scotland) Act 2016 as part of the Carers Charter can be accessed on the Scottish Government website here https://beta.gov.scot/publications/carers-charter/pages/2/

A carer is someone who provides (or intends to provide) care for another person but not:

- If this is only because of that person's age (where they are under 18); or
- If you are caring because you have a contract or as voluntary work

You are an 'adult carer' if you meet the criteria above and are aged 18 or over, and not attending school.

You are a 'young carer' if you meet the criteria above and are either under the age of 18 or 18 or over, but still attending school.

The aim of the statement is to help carers and people with support needs understand:

- What short breaks are
- Who can access them
- What is available in the local area and across Scotland
- How they can access short breaks and find further information

This will enable carers to have more choice and therefore more control over what support is right for them.

The contents of this statement has been informed by what carers have told us during our consultations around both the adult carers and young carers' strategies is

important to them and further engagement with our commissioned carers support service. The statement will continue to be reviewed annually in light of feedback.

Purpose

The purpose of this Short Breaks Services Statement is to provide information to carers and cared for people so that they:

- Know they can have a break in a range of ways
- Are informed about short breaks that are available
- Have choice in the support they access
- Can identify what a short break means for them, and how they can be supported to meet their needs and achieve their outcomes

The statement aims to provide useful information and links for all carers, regardless of any eligibility for formal support through Health & Social Care or Integrated Children's services. Carers who, through either an Adult Carer Support Plan or a Young Carers Statement, are found not to be eligible for formal support may still wish to pursue a short break using their own means and this statement will provide useful information relating to what is available.

In addition, the statement provides information relevant to breaks for the cared for person. The reason for this is the recognition that a break from caring holds significantly more benefit to the carer if the cared for person is also happy with the break that they are having. This is also true where the carer and cared for person wish to experience their break together.

Moray Council and Moray Integration Joint Board are committed to supporting carers to enable them to experience life alongside their caring role and will continue to work in partnership with each other and other organisations to develop and grow the local choices available for short breaks.

Definition of a Short Break

The Carers (Scotland) Act 2016 has no specific definition for short breaks but the Statutory Guidance details the following definition from Shared Care Scotland:

A short break is any form of service or assistance which enables the carer(s) to have periods away from their caring routines or responsibilities.

The purpose is to support the caring relationship and promote the health and well-being of the carer, the supported person, and other family members affected by the caring situation.

Breaks from caring may:

- *Be for short or extended periods*
- *Take place during the day or overnight*
- *Involve the person with support needs having a break away from home allowing the carer time for themselves*
- *Allow the carer a break away with replacement care in place, if required*
- *Take the form of the carer and the person they care for having a break together, with assistance if necessary, to provide a break from the demands of their daily caring routines*

Short breaks are not new and this statement, in addition to the requirements of the Carers Act, is being produced to give formal recognition to the value and importance of short breaks as part of the suite of options for how carers can be supported.

The following case studies are taken from the variety of short breaks that have already taken place in Moray as part of the Creative Breaks funding provided by Scottish Government and administered by Shared Care Scotland through the local Carers Support Service.

L describes herself as the 'glue that holds things together' in her family, often doing things for others or sorting out problems. She feels she has to put everyone else's needs before her own, which is frustrating and stressful. She never feels emotionally balanced, has no energy, can't sleep, rarely feels confident and this all affects her wellbeing. Having taken breaks before that put other people's needs first, with the Carers Support Service's help she focused on what would make her feel better.

She liked the idea of regular opportunities to escape the stresses of her caring role, and bought vouchers for a local beauty spa. Over the summer she experienced a range of relaxation therapies, allowing her to pamper herself.

"Creative Breaks made me think of myself, put myself first for a change. Mentally and physically I feel healthier and stronger and able to go on. I'm able to switch off from things a lot better."

This carer's Creative Break award gave L the permission to care for herself and do something that made her feel and look good.

She has taken the steps to realise her rights to:

- a life outside caring
- regular breaks
- look after her own wellbeing
- and she's thriving on it.

"I'm much better at saying 'no' because my confidence has increased."

D applied for a Creative Break because her energy levels were so low and her stress levels so high that she frequently felt overwhelmed. She needed something to help her feel more positive and confident.

Initially, she mentioned a one-off break with the person she cares for, but conversation with the Carers Support Service helped her consider how she could achieve bigger changes she wanted, but had thought out of reach: to return to work, and have a life outside caring.

The service suggested joining their programme for the nationally-recognised SVQ Health and Care qualification which acknowledges the skills and expertise carers gain in their role and is welcomed by employers. D felt a laptop and printer would help her manage studying and preparation work alongside caring, whilst offering an escape through games and online social opportunities. The Carers Support Service helped her choose and buy her IT equipment.

As a result of studying for her SVQ, D has found work, giving her a new outlook on life and caring.

"My confidence is improving, I'm more able and willing to try out new things and when I can do them, I feel 100%. I'm more positive, have fewer down days, and am better able to get going again when I DO have a down day. I'm also more prepared to ask people for help when I need it.

I feel like a new person, more confident and ready to move forward, and all because of that one Creative Break application!"

A is 12 years old and lives with his mum and dad. He was referred to the Carers Support Service in May 2015 by an Occupational Therapist after his dad experienced a collapsed lung and complications arising from it. Because of the severity of his dad's illness, and dad's sudden dependency on his son and his wife, the OT felt that he would benefit from support to understand and manage his role as a young carer.

A Support Worker met with A one-to-one, completing a Young Carers Assessment to identify the impact his caring role was having on him and where he specifically needed information and support. A's main concerns were how poorly his dad was, and that he would get ill again during the night without him knowing. With the Carers Support Service's help, A created his personal Support Plan, which set out the actions he and the support worker would take to make life easier. This included opportunities for A to take breaks away from his caring role with other young carers. He attended a range of young carer activities where he met with others of a similar age and with similar experiences. His dad returned to work, and A felt he no longer needed dedicated one-to-one support. This support was reduced, although A stayed in touch with the service and continued to take part in group activities, giving him the confidence to cope with changes at home as they happened.

Most teenagers generally need a break from their parents, but when they have a caring role for mum or dad that can be much harder to achieve. Having responsibility for a parent can be overwhelming and frustrating; putting someone else's needs first is not easy, and returning to that time and again is challenging, particularly at an age when peers are experiencing more freedom and independence. N (14) manages to get a break and reduce her daily frustrations by attending martial arts training, but is always aware that she has to go back.

In summer 2017, N was offered the opportunity to attend the WOMAA World Championships in Dublin. Her Creative Break award made it possible for her to attend.

N says, "My break helped me to relax more. It also helped develop my independence. This was the first time I'd been away by myself, although my instructor was with me as the responsible adult. Now I worry about things less because I've seen what I can do. It was a total break from caring which was refreshing, and it has strengthened my support network by building up my relationships with my instructors, so I'm able to carry on with my caring role knowing what's possible."

A Creative Break contributed to N's life outside caring, helping her put her own needs first improving her wellbeing and confidence, and supporting her to return to her caring role refreshed and boosted. In addition, she secured an international award in competition – something she is very proud of. Her mum is equally proud, and not just of N's success - she sees N can cope with new challenges and is capable of even more than she realised.

Outcomes of a short break

Carers will be supported to identify the need for and potential benefit of their short break through the process of having an Adult Carers Support Plan or a Young Carers Statement. The outcomes of a break will be personal to each carer and cared-for person, but for many, are likely to include some, if not all, of the following:

- Having more opportunities to enjoy a life outside/alongside the caring role
- Feeling better supported
- Improved confidence
- Increased ability to cope
- Reduced social isolation and loneliness, for example increasing social circles, connections and activities
- Increased ability to maintain the caring relationship – and sustain the caring role
- Improved health and wellbeing
- Improved quality of life
- Reduced likelihood of breakdown and crisis

Further real life examples of the types of outcomes achieved from short breaks in Moray can be seen in the case studies in the previous section and in the carer quotes below:

Quotes from Creative Breaks recipients 2017-18

- *"It has been so good to get away for several short breaks - to recharge our batteries and get a change of scenery. It has helped morale enormously."* (*Carer took day trips in and around Moray*)
- *"I now have materials to continue my artwork. From now on I will be able to use these materials to enjoy some relaxing time."* (Carer bought art materials to use at home)
- *"I switched off for that period of the break which did me the world of good. I enjoyed every minute of it."* (*Carer stayed for 2 nights in a Moray hotel*)
- *"I felt restored and still do."* (*Carer took a personal retreat in Inverness*)

Opportunities Available

Given that a short break can be delivered through any service or form of assistance the carer feels will provide them with the perception of time away from the caring routine or responsibilities, it would be impossible to be able to include a comprehensive list of all short breaks opportunities in Moray or across Scotland.

The following list gives examples of the different ways that breaks can be provided. There may be eligibility criteria attached to these.

Breaks in specialist/dedicated accommodation

The accommodation, which is only used for short breaks, might be guest houses, community flats, purpose-built or adapted accommodation. Depending on the group catered for, facilities may be able to offer specialist care. *Click here for examples from the Shared Care Scotland Directory*

Breaks in care homes (with or without nursing care)

Some care homes may have a small number of places set aside specifically for short breaks. Rather than simply offering a 'spare bed' the home may provide activities for short-term guests to suit individual needs and interests. *Click here for examples from the Shared Care Scotland Directory*

Breaks in the home of another individual or family

These involve overnight breaks provided by paid or volunteer carers in their own home. These are sometimes referred to as shared lives, family based or adult placement schemes. Families or individuals offering this support are carefully recruited and registered – normally by the local authority or through voluntary sector organisations. *Click here for examples from the Shared Care Scotland Directory*

Breaks provided at home through a care attendant or sitting service

This includes individual support provided in the home of the cared-for person for periods of a few hours or overnight. The purpose may be to provide support while the carer is away, or to support the carer in other ways, e.g. by enabling the carer to have an undisturbed night's sleep. *Click here for examples from the Shared Care Scotland Directory*

Supported access to clubs, interest or activity groups

These opportunities might focus on a particular activity (e.g. sports clubs, leisure activities) and may be based in a community building. These generally take place over a few hours perhaps once or twice a week or, in the case of disabled children, they may be planned over the school holidays. The availability of adapted equipment or trained workers can help people with support needs to enjoy these activities. *Click here for examples from the Shared Care Scotland Directory*

Holiday breaks

These include opportunities for people to have a short break together, or independently. These breaks can be supported in different ways – through an agency specialising in breaks for people with particular needs; in adapted accommodation; or in ordinary hotels and guest houses, perhaps with additional equipment. More mainstream breaks may also be possible with the support of a paid carer or companion. *Click here for examples from the Shared Care Scotland Directory*

Befriending schemes where volunteers provide short breaks

Befriending normally involves a paid worker or volunteer assisting someone with care and support needs to have access to activities, for example going to the cinema, meeting friends, shopping, swimming and other such leisure pursuits. Befriending can be on a one-to-one basis or as part of a group. *Click here for examples from the Shared Care Scotland Directory*

Day care or Day activities

Day care is typically based in a community building and provided by a local authority or voluntary organisation. The degree of flexibility varies; most are characterised by fixed opening hours on particular days; some offer a drop-in service whereby people can attend for part of the day only. Day care is not generally provided for short break or respite purposes but services which offer more flexible arrangements, designed around the needs of both the client and carer, can achieve this purpose.

Hospital/hospice-based break

This type of break is for people who need medical supervision because of complex or intensive health care needs. Some facilities are designed in such a way to create a more homely environment with guest bedrooms, lounges and activity programmes. Some short-term hospital-based care provides a break for the carer.

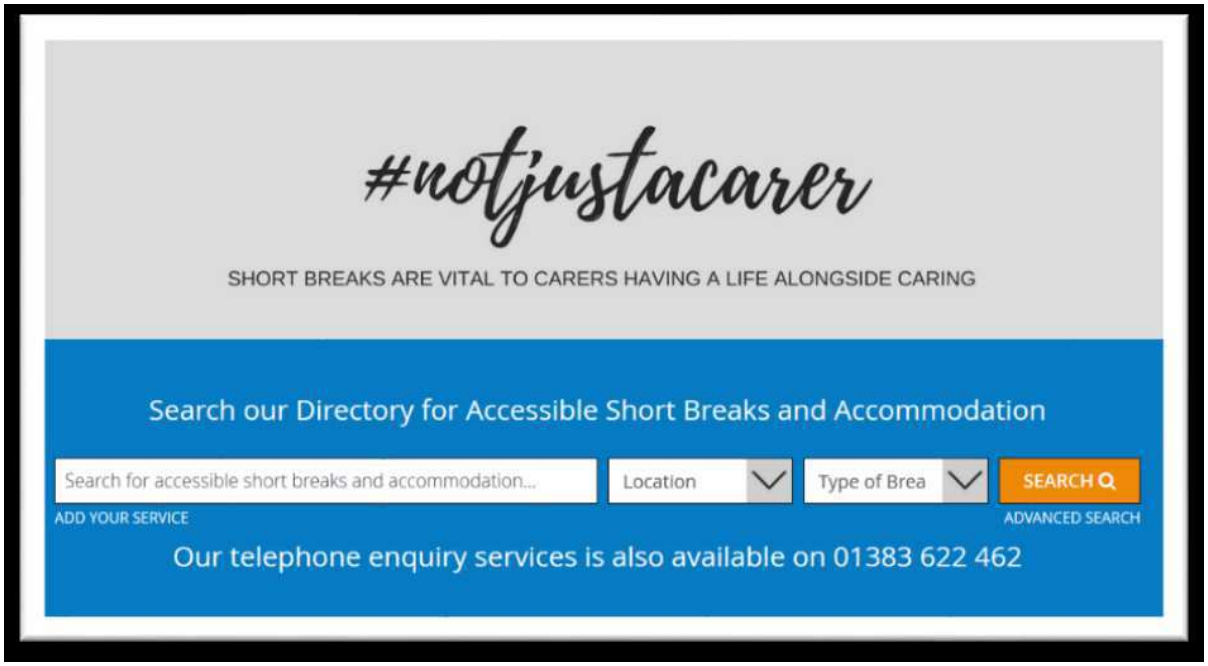
Alternative breaks

Increasingly, with the development of Self-directed Support, more people are finding creative ways to take a break that don't necessarily involve external services. For example, they might use leisure equipment, computers, gardens or anything else that provides a break from routine. *You can read some example 'Short Break Stories' by clicking here*

National Information Sources

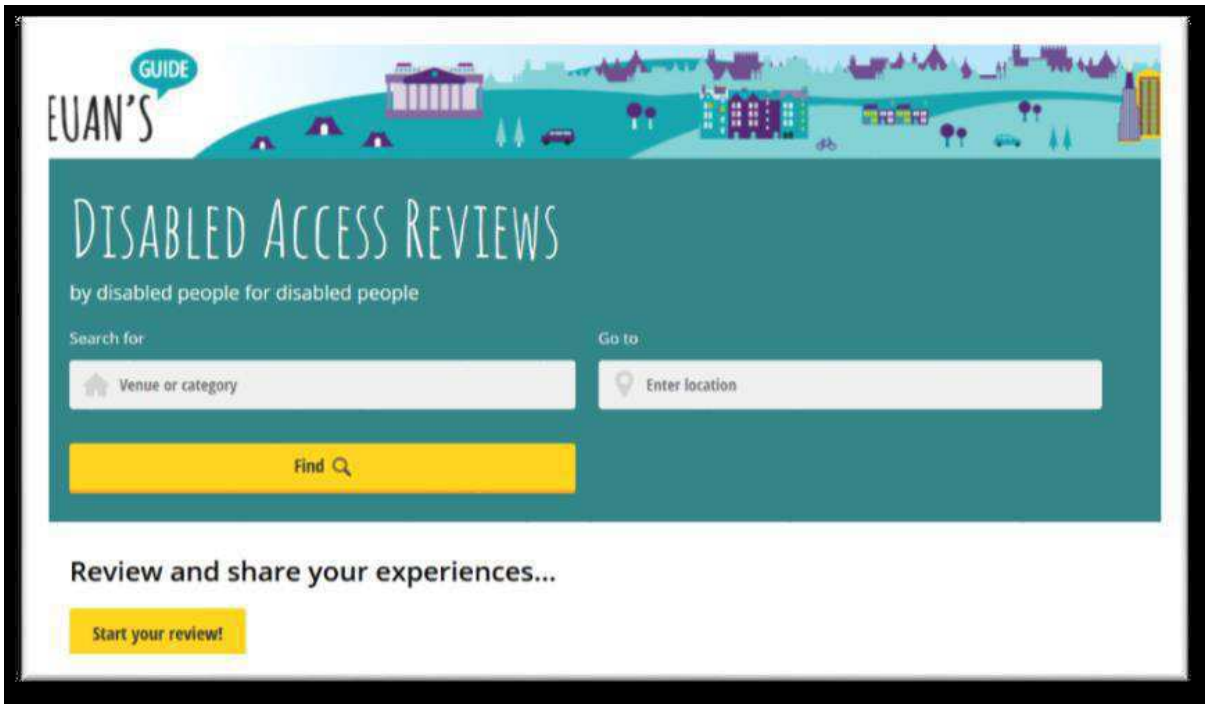
Below are links to some of the national short breaks information sources.

Click here for the Shared Care Scotland Short Breaks Directory



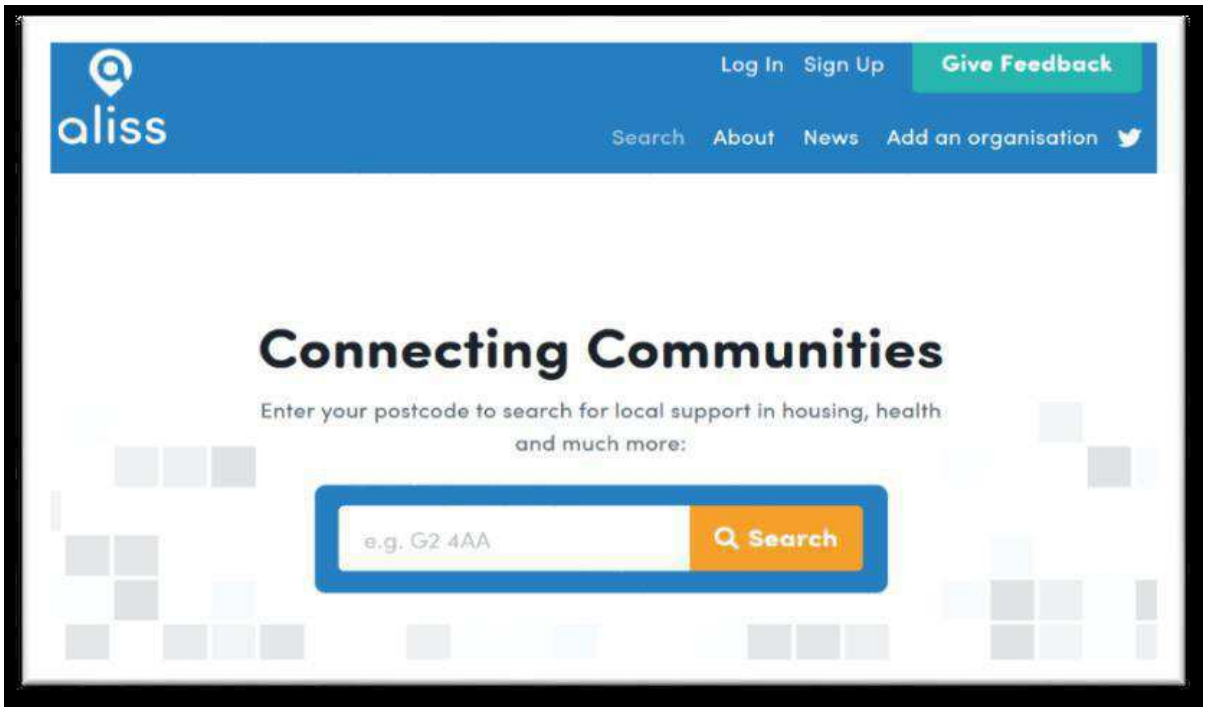
This website contains a searchable directory of short breaks. It also provides information on 'Time to Live', a programme of 12-month small grants available to carer in every local authority area.

Click here for Euan's Guide



Euan's Guide is the disabled access review website that aims to 'remove the fear of the unknown' and inspire people to try new places. The cornerstone of Euan's Guide is its community of independent reviewers, who share their photos and experiences of restaurants, hotels, train stations, attractions and anywhere else they may have visited.

Click here for ALISS



ALISS (A Local Information System for Scotland) aims to increase the availability of health and wellbeing information for people living with long-term conditions, disabled people and unpaid carers. It supports people, communities, professionals and organisations that have information to share.

These national links support carers to access breaks beyond their local area (e.g. if they live in a different local authority area to the cared-for-person).

Local Services

Quarriers Carer Support Service – This service is commissioned by Moray Council and is the main provider of direct support to adult and young carers in Moray. Through Quarriers carers can access local carer groups and support groups along with short break grants that are both locally and nationally funded. Examples of these can be seen in the case studies earlier in this document.

Click here for information about Quarriers Carer Support Service

There are other locally commissioned services that provide care and support to the cared-for person that can support a carer to be able to take a short break through the provision of replacement care. These are generally accessed through receipt of a Social Work/Community Care Assessment and are subject to relevant local eligibility criteria. For more information in the first instance please contact accesscareteam@moray.gov.uk

Eligibility

Short breaks should be planned as part of an outcome-focused conversation, which could be part of the production of an Adult Carers Support Plan or Young Carers Statement.

We (Moray Council and Moray Integration Joint Board), in partnership with our commissioned Carer Support Service, will work with you to identify:

- The impact of caring on your health, wellbeing, employment and ability to socialise
- Possible issues in your relationship with the person you care for (or the wider family)

- The amount of time spent caring each week
- How long it has been since you last had a break
- If you are the only person caring and if you care for more than one person
- Your ability to make arrangements for a short break with support

Under the Carers Act we have a duty to provide all carers with access to information and advice services and this may be through the commissioned carer support service or other universally available information and advice services.

In addition to this all carers may access universal services and support. These are the services generally provided to the public at large (e.g. leisure and recreation facilities, support groups, community groups), or support that is available to all carers without the need for assessment or test of eligibility (e.g. Peer Support Carers Cafes provided by the commissioned carers support service).

For enhanced support such as short breaks or other supports that would be accessed as a result of an assessed need being identified, there are eligibility criteria that would apply. This is the case for supports provided to the cared-for person to meet their identified needs, or for those provided direct to the carer in their own right. The relevant documents can be seen by clicking on the links below:

Click here for the Eligibility Criteria for Community Care

Click here for the Eligibility Criteria for Adult Carers in Moray

Eligibility criteria for Young Carers in Moray can be found on page 8 of the Young Carers Strategy, which can be accessed via the link below.

Other relevant information about support for carers locally can be found in the Adult and Young Carer Strategies which can be seen by clicking the links below:

Click here for Carry on Caring 2016-19 - The Adult Carers Strategy for Moray

Click here for the Young Carers Strategy for Moray

Contributions Policy

Services provided directly to carers do not carry any requirements for financial assessment or subsequent financial contribution.

If a carer has an identified assessed need for a short break, and they meet the eligibility criteria, then they will receive an individual budget that can be used to purchase/arrange the break. If replacement care for the cared-for person is required in order for the carer to be able to take the short break then informal support options should be explored in the first instance, followed by utilisation of routine support already provided to the cared-for person. If neither of these options are suitable then the cared-for person's Social Worker/Community Care Officer will look at what arrangements can be made through formal services (under the Carers Act any such provision of replacement care to support a short break that is an identified, assessed need for an eligible carer, will not be subject to any financial assessment or contribution).

At the time of writing this Short Breaks Services Statement local areas are awaiting further guidance, by way of case studies, from the Carers Act Short Life Working Group (set up by the Scottish Government) on the waiving of charges. Once these are finalised we will be able to provide further clarity around the waiving of charges directly relating to the provision of replacement care.

Further information

The Short Breaks Services Statement will be reviewed annually within each financial year, the first review being due before 31st March 2020. The review will involve consultation with carers and the organisations that support them and this will be done using a variety of methods to ensure as much opportunity as possible for people to contribute their views in a way that works for them.

For further information about this document or any of the information contained in it please contact commissioning@moray.gov.uk in the first instance and your query will be passed to the relevant person/department/place for a response.

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 29 NOVEMBER 2018

SUBJECT: CHARGING FOR SERVICES

BY: CHIEF FINANCIAL OFFICER

1. REASON FOR REPORT

1.1 To ask the Moray Integration Joint Board (MIJB) to consider the charges for services for the 2019/20 financial year.

2. RECOMMENDATION

2.1 It is recommended that the MIJB:

i) adhere to the request of the Moray Council that the MIJB recommend to them, the charges for the services delivered within the delegated functions; and

ii) considers and approves the charges set out at Appendix 1 for recommendation to Moray Council for approval and inclusion into their budget setting processes. The recommended charges will be subject to assessement for the socio-economic impact by Moray Council and reported back to the MIJB for further recommendation where there is significant impact and no mitigation.

3. BACKGROUND

3.1 Integration Authorities do not currently have statutory powers to set charges for the services aligned to delegated functions. Moray Council, therefore has the legal responsibility to set social care charges on behalf of the MIJB.

3.2 Moray Council has in place a Charging for Services policy that was updated and approved by the Policy & Resources Committee on 24 October 2017 (para 8 of the Minute refers). The policy states that a review of charges should be undertaken annually as an integral part of the budget process.

3.3 During 2017 discussions took place between the MIJB Chief Financial Officer and the Head of Financial Services, Moray Council, where it was considered appropriate for the MIJB to be involved in the setting of charges for the services it has commissioning responsibility for. Whilst Moray Council retains

the statutory responsibility for this duty, the recommendation made to the Moray Council Policy and Resources Committee at its meeting of 24 October 2017 was that the MIJB should be requested to recommend the charges for services delivered. A report was presented to this Board on 14 December 2017 where it was agreed that the MIJB would take responsibility for recommending charges for services to Moray Council (para 6 of the minute refers).

3.4 On 2 October 2018, the Moray Council Policy and Resources Committee approved that the MIJB were requested to recommend charges for the services delivered under their remit (Para 4 of the draft Minute refers).

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 The net funding provided to the MIJB from Moray Council considers the impact of social care income generation from charging for services. On this basis, the MIJB Chief Officer, Chief Financial Officer and the Head of Financial Services, Moray Council have met to consider an equitable approach reflecting this position.

4.2 Not all charges are within the control of the Moray Council. Some charges levied by the Council are set by statute, some are limited by statute and some have the method of calculation prescribed by statute.

4.3 Moray Council has set out their methodology for proposing charges in-line with the government's preferred measure of inflation, that being the Consumer Price Index (CPI). The Bank of England target for inflation is 2%. CPI is currently (September 2018) 2.4%. CPIH extends the CPI to include a measure of the costs associated with owning and maintaining a home, along with council tax and is considered the most comprehensive measure of inflation. Currently (September 2018) CPIH is 2.2%. The main measures of inflation have been just under 3% for most of this year and Moray Council has recommended that this is used as the default inflation rate when reviewing charges for 2019/20. In proposing the charges to be levied, recognition has been given to this information.

4.4 In April 2018, The Fairer Scotland Duty, part 1 of the Equality Act 2010 came into force placing legal responsbibility on public bodies in Scotland to consider how they can reduce inequalities of outcome caused by socio-economic disadvantage when making strategic decisions. In this respect, the setting of charges would fall within this section of the duty and as a result due consideration is being given to the consequent impacts and mitigation.

4.5 Officers have followed guiding principles as set out by Moray Council and attention to the service planning responsibilities of the MIJB have been considered in proposing the charges to be recommend to Moray Council as part of their budget setting processes for 2019/20 and will be reported in February 2019. These recommendations are set out at **Appendix 1**.

4.6 Following acceptance of the Moray Council request for the MIJB to recommend the charges for services from 2018/19 onwards it was considered timely for the MIJB to conduct a review of charges. The introduction of Self-Directed Support through the Self Directed Support (Scotland) Act 2013 led the Moray Council to review its charging policy for non-residential services to

ensure a fair, effective, consistent and transparent system. This led to the introduction of the Contributions Policy. Under Self-Directed Support, individuals are informed of their entitlement to support as part of their overall personal budget designed to meet their needs and achieve their outcomes. It also determines how much they will have to contribute (based on their ability to pay) for the care and support they choose. With the introduction of the Contributions Policy, the services which charges are being made for are reduced. It is important to understand that charges still require to be determined to enable personal budgets to be calculated and any associated contributions to be applied to overall budgets.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

The levying of charges for social care services is an essential component of delivering priorities on a sustainable basis.

(b) Policy and Legal

The Public Bodies (Joint Working) (Scotland) Act 2014 dictates that the setting of social care charges will not be able to be delegated by a local authority to an integration authority as part of the joint working arrangements prepared under the Act.

(c) Financial implications

Charging for services provides a consistent approach to the levying of charges where appropriate, however the net financial benefit is limited and constrained by the Contributions Policy.

(d) Risk Implications and Mitigation

There are no risks arising directly from this report. There remains a risk in that any increase or introduction of charges could have a detrimental effect on service uptake.

(e) Staffing Implications

None arising directly from this report

(f) Property

None arising directly from this report

(g) Equalities/Socio Economic Impact

Full assessment of the socio-economic impact of the Social Care charges on the protected groups as outlined in the Fairer Scotland Duties legislation will be undertaken by Moray Council.

(h) Consultations

The Head of Financial Services, Moray Council; Legal Services Manager (Litigation & Licencing), Moray Council; Equal Opportunities Officer, Moray Council and the Head of Service – Strategy and Commissioning, Health & Social Care Moray have been consulted and their comments have been incorporated within this report.

6. CONCLUSION

6.1 Moray Council by way of their statutory duty for setting charges for services has requested the MIJB recommends the charges for services to be delivered for the 2019/20 financial year,ensuring a strategic role is maintained.

Author of Report: Tracey Abdy, Chief Financial Officer, Moray Integration Joint Board

Background Papers:

Ref:

REF	SERVICE	BASIS OF CHARGE/REASON FOR CHANGE	CHARGE 2018/19	PROPOSED CHARGE 2019/20	DATE OF LAST CHANGE
	General				
1.	Moray Lifeline / Telecare	3% increase	£18.72 per quarter inc VAT	£19.28 per quarter inc VAT	April 2018
2.	Blue Badge	Maximum permitted by statute	£20 per badge – badge valid for 3 years	£20 per badge – badge valid for 3 years	April 2012
3.	Stair Lift Maintenance	Contribution to annual maintenance 3% increase	£15.31 per quarter (inc vat)	£15.77 per quarter (inc vat)	April 2018
4.	Wash/Dry Toilet Maintenance	Contribution to annual maintenance 3% increase	£25.00 per quarter	£25.75 per quarter	April 2018
5.	Hire of Day Centre Rooms	3% increase	£5.03 per hour	£5.18 per hour	April 2018
6.	Speyside Lunch Club	3% increase	£5.92 (inc vat)	£6.10 (inc vat)	April 2018
9.	Case Review carried out on behalf of another local authority	3% increase	£91.93	£94.69	April 2018

REF	SERVICE	BASIS OF CHARGE/REASON FOR CHANGE	CHARGE 2018/19	PROPOSED CHARGE 2019/20	DATE OF LAST CHANGE
	Day Care Meals - Older People and Shared Lives:				
10.	Meal	3% increase	£4.81	£4.95	April 2018
10b.	Tea & Biscuits	3% increase	£0.70 per cup	£0.72 per cup	April 2018
10c.	Light meal (Shared Lives Service only)	3% increase	£2.60	£2.68	April 2018
10d.	Packed lunches (Murray Street)	3% increase	£4.81	£4.95	April 2018
	Hanover Housing Association Very Sheltered Accommodation				
11a.	Linn Court, Linn Avenue, Buckie	3% increase	£38.93 - £102.20	£40.10 - £105.27	April 2018
11b.	Cameron Court, Plasmon Hill, Forres	3% increase	£19.95 - £71.65	£20.55 - £73.80	April 2018
11c	Chandlers Court, Elgin	3% increase	£59.75	£61.54	April 2018
	Castlehill Housing Association Very Sheltered Accommodation				
11d.	Bayview Court, Cullen	3% increase	£31.31 - £36.24	£32.25 – £37.33	April 2018
11e.	Conval Court, Aberlour	3% increase	£13.68	£14.09	April 2018

REF	SERVICE	BASIS OF CHARGE/REASON FOR CHANGE	CHARGE 2018/19	PROPOSED CHARGE 2019/20	DATE OF LAST CHANGE
11f.	Tomnabat Court, Tomintoul	3% increase	£21.89	£22.55	April 2018

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 29 NOVEMBER 2018**

SUBJECT: **REVENUE BUDGET MONITORING QUARTER 2 FOR 2018/2019**

BY: **CHIEF FINANCIAL OFFICER**

1. REASON FOR REPORT

1.1 To update the Moray Integration Joint Board (MIJB) on the current Revenue Budget reporting position as at 30 September 2018 and a provisional forecast position for the year end.

2. RECOMMENDATION

2.1 It is recommended that the Moray Integration Joint Board consider and:

i) note the financial position of the Board as at 30 September 2018 is showing an overspend of £1,931,604;

ii) note the provisional forecast position for 2018/19 of an overspend of £3,023,959 on core services;

iii) note the progress on savings previously approved;

iv) note the revisions to staffing arrangements dealt with under delegated powers and in accordance with financial regulations for the period 1 July to 30 September 2018 as shown in Appendix 3; and

v) approve for issue, the revised Directions shown in Appendices 4 and 5 to NHS Grampian and Moray Council respectively.

3. BACKGROUND

3.1. The financial position for the MIJB services at 30 September 2018 is shown at **APPENDIX 1**. The figures reflect the position in that the MIJB core services are currently over spent by £1,931,604**.** This is summarised in the table below.

	Annual Budget £	Budget to Date £	Expenditure to Date £	Variance to date £
MIJB Core Service	111,721,656	55,228,045	57,159,649	(1,931,604)
MIJB Strategic Funds	3,063,744	780,859	590,686	190,173
Total MIJB Expenditure	**114,785,400**	**56,008,904**	**57,750,334**	**(1,741,431)**

A list of services that are included in each budget heading are shown in **APPENDIX 2** for information.

3.2. The first provisional forecast outturn to 31 March 2019 for the MIJB services is included in APPENDIX 1. The figures reflect the overall position in that the MIJB core services are forecast to be over spent by £3,023,959 by the end of the financial year. This is summarised in the table below.

	Annual Budget £	Provisional Outturn to 31 Mar 2019 £	Anticipated Variance to 31 Mar 2019 £	Variance against base budget %
MIJB Core Service	111,721,656	114,745,615	(3,023,959)	(3)
MIJB Strategic Funds	3,063,744	2,057,675	2,057,675	67
Total MIJB Expenditure	**114,785,400**	**116,803,290**	**(1,437,779)**	**(1)**

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. Community Hospitals & Services

4.1.1 There are overspends within community hospitals and services for the four localities Elgin, Buckie, Forres, Keith/Speyside totalling £64,875 to 30 September.

4.1.2 Over spends continue to be realised for these services. The main overspends relates to community hospitals in Buckie (£65,000), Keith (£58,000) community admin (£21,000) relating to Glassgreen Centre and the Joint Store which are being reduced in part by under spends in Forres (£36,000) Dufftown (£41,000) and Aberlour (£6,000) Within community hospitals the task of maintaining staffing cover alongside cumulative prior efficiency targets, continues to present a challenge, however progress is underway through implementation of protocols, implementation of the workforce and professional judgement tools and addressing staff utilisation with the aim of reducing bank costs. Non-financial objectives, including meeting waiting times, patient safety and delayed discharge targets (which are on the increase) still require to be maintained.

4.1.3 This budget is forecasted to be £31,385 over spent by the end of the financial year, this is an improved position primarily due to the monitoring of the use of bank staff and rotation of Community hospital staffing, improved vacancy control and utilisation of skill mix (not replacing like for like) and the interim closure of Leanchoil hospital which has resulted in the relocation of nursing staff back to Speyside.

4.2. Learning Disabilities

4.2.1 The Learning Disability service is currently over spent by £84,950. The overspend is primarily due to the purchase of care for people with complex needs (£101,000), including high cost care packages, start up (one off) costs for Individual service fund (ISF) packages. Other overspends include (£89,000) for day services and other minor overspend variances of £2,980, which is being reduced by £33,000 more income received than expected. This is being further reduced by an underspends relating to staffing vacancies including Allied Health Professionals £33,000, Other Psychology staff £17,000 and physiotherapy £19,000

4.2.2 This budget is forecasted to be £240,477 over spent by the end of the financial year. Based on the current activity the day care is forecast to be overspent by £193,000, with an underspend within the Residential and Nursing element of £129,000. Domiciliary Care continues to be a pressure as there are complex and high cost care packages and this will result in a forecast overspend of £352,000. Moray Council has a provision of £200,000 for clients transitioning from children's services to adult services, business case for the individual clients have been made and funding will be released up to this value once approved.

4.2.3 However, even with this money transferred, the learning disabilities budget will show an overspend. The whole system transformational change programme in learning disabilities can help assure that every opportunity for progressing people's potential for independence is taken, and every support plan is scrutinised prior to authorisation. The system can then have confidence that the money spent is required and appropriate to meet a person's outcomes, but it is not possible to remove the need for ongoing support

4.3. Mental Health

4.3.1 Mental Health services are overspent by £285,452. This includes medical staff including locum staff costs £256,000, Allied Health Professionals £25,000 other staff including Psychology £45,000 and other overspends £45,000 relating mainly to unmet prior efficiency offset in part by underspend on nursing £64,000 and Assessment and Care £22,000. The overspends on these budgets continue to be monitored by senior managers. All staffing vacancies are being scrutinised and an administrative review has been undertaken. Medical sickness absence will reduce in November and medical locum agency spend will reduce in December.

4.3.2 This budget is forecasted to be £614,624 over spent by the end of the financial year. This is a worsening position because in the second half of this year there has been care packages commissioned under Community Treatment Orders which are high costs and are compulsory under the Mental Health Act.

4.4. Addictions

4.4.1 The Addictions service is currently £14,310 under spent to date. The Moray Alcohol & Drugs Partnership is under spent by £52,258 which is being reduced by an over spend in the substance misuse service of £37,508.

4.4.2 This budget is forecasted to be £223,437 under spent by the end of the financial year. This is made up of an under spend in the Moray ADP service of £296,378 and an over spend of £74,361 in the substance misuse service.

4.4.3 The Moray ADP has received from the Scottish Government additional funding of £202,000 to meet the expectations of the national alcohol and drugs strategy and delivery plan. An Investment plan was submitted back to the Scottish Government in October for the utilisation of this additional funding. The expectation is that the funding made available will not be able to be fully committed before the end of this financial year and the forecast reflects a potential underspend in this resource. Further reporting is expected to Scottish Government on the outcomes being delivered against this funding.

4.5. Care Services Provided in-house

4.5.1 Care services provided in-house are underspent by £319,851. There are numerous variances within this budget heading, the most significant are primarily due to the Care at Home service, which are underspent by £189,000 partly due to the implementation of the change management plan and recruitment. There is an underspend of £174,000 for Woodview due to start-up of new clients whom have moved in part way through the year. (£50,000) relating to prior year savings target that has not yet been achieved. £7,000 relates to other minor overspends.

4.5.2 This budget is forecasted to be £692,106 under spent by the end of the financial year. The Care at Home services are forecast to underspend by £368,000 primarily due to staffing. Woodview is forecast to underspend by £345,000 due to staffing budget for a full year and the clients moving in part of the way through the year. This underspend is not expected to continue into 2019/20 where the full year effect of all the tenancies will be in place. Prior year savings against Day Care £50,000 are not expected to be achieved this financial year.

4.6. Older People and Physical Sensory Disability (Assessment & Care)

4.6.1 This budget is over spent by £938,920. This primarily relates to expenditure relating to Hanover for the new sheltered housing complexes at Forres and Elgin. The variances within this overall budget heading reflect the shift in the balance of care to enable people to remain in their homes for longer and for the new models of care piloted by Hanover. This is also representative of the true cost of care.

4.6.2 This budget is forecasted to be £1,820,054 over spent by the end of the financial year. The forecast overspend is primarily in domiciliary care and relates to the Hanover complexes, along with an increase in high cost care packages and the true cost care packages. There is also significant growth within the Shared Lives services and this is forecast to overspend by £86,000. The Residential and Nursing budget will is forecasting an underspend of £241,000 which is a reduction in client numbers and a high level of deferred income being received in the year.

4.6.3 A review of the service is underway using user intelligence to generate efficiencies by offering the opportunity to work more efficiently geographically

with external providers. The Care at Home strategy is also being reviewed, looking for efficiencies through the focus on internal and external work being split in to the tiers

4.7. Intermediate Care & Occupational Therapy

4.7.1 Intermediate Care and Occupational therapy service is currently over spent by £90,537. This is primarily due to the Aids and Adaptions including Community Alarm and telecare equipment budget overspent (£66,000). The other overspend relates to the landlord costs attributable to Jubilee cottages, The Bungalow and Woodview (£25,000). Weekly monitoring of high end equipment expenditure is in place due to the existing pressure on the budget. Service users are being supported to live more independently at home and therefore require equipment and adaptations to support this. This is in line with the demographic growth along with the complexities of conditions that service users require to be supported with at home.

4.7.2 This budget is forecasted to be £94,079 over spent by the end of the financial year. The forecast overspend is primarily due to the commitment spend against aids, adaptation, community alarm and telecare equipment £78,000. There will also be an overspend due to landlord expenditure on Jubilee Cottages, The Bungalow and Woodview £35,000. With the weekly budget monitoring on high end equipment costs it is anticipated that the budget will be brought under control. The process by which equipment is procured through the Joint Equipment store has always historically made it difficult to forecast year end spend. This is because it is not a set order every quarter but a fluid procurement process that changes depending in the volume of service users being assessed and then requiring equipment or adaptations. This changes month to month and therefore the not a static spend each quarter.

4.8. Care Services provided by External Contractors

4.8.1 This budget is overspent by £287,113. This is primarily due to savings targets, £140,000 relates to prior year savings for Older People contracts and £23,000 for 2018/19 savings target that have not yet been achieved. A further overspend relates to the historical Moray Training budget of £111,000. This function, in line with the legislation will be transferred back to Moray Council within the current financial year. The service managers and Commissioning team are currently working with the providers in order to put these savings in place.

4.8.2 This budget is forecasted to be £404,801 over spent by the end of the financial year. Prior year savings of £140,000 and £23,000 savings for this financial year will not be achieved. Moray Training, whilst an expected overspend is forecast of £226,000 will not remain as part of the MIJB budget

4.9. Other Community Services

4.9.1 This combined budget is overspent by £19,461. This is due to overspends in dental services (£13,972) in part arising from efficiency applied, allied health professionals (£16,425) including a reduction in income and staff costs , specialist nurses (£2,246) and pharmacy service (£20,251) arising from staff costs, which is being offset in part by an underspend in public health of £33,433.

4.9.2 This budget is forecasted to be £63,001 over spent by the end of the financial year. This is due to overspends in dental services (£13,944) relating to the phased allocation of budget in later part of year, allied health professionals (£32,849), specialist nurses (£4,493) and pharmacy service (£40,503), which is being offset in part by an underspend in public health of £28,788 where spending is expected to increase during the latter part of the year.

4.10. Admin & Management

4.10.1 Admin and Management is currently under spent by £26,389, this is primarily due to NHS Grampian admin and management underspends in Medical and Management pays

4.10.2 This budget is forecasted to be £449,504 under spent by the end of the financial year. This is primarily due to the vacancy factor target which is expected to be exceeded by £402,229 and under spend of £46,692 due to NHS Grampian Admin and Management as detailed above.

4.11. Primary Care Prescribing

4.11.1 The primary care prescribing budget is reporting an over spend of £448,867 to date. The budget to September includes the full year roll forward budget and a further £100,000 saving approved for 2018/19. This follows the Health & Social Care Prescribing Budget Supporting Information and Data paper which was presented to NHS Grampian, Grampian Medicines Management group on 10 January 2018 and to MIJB on 29 March 2018 (para 10 of the Minute refers), in which an uplift to budget was recommended (£1,200,000) but was not implemented by the MIJB. The current overspend reflects the movement in prices and volume since April. During this period senior management have undertaken a number of cost management activities to reduce the overspend and achieve the additional saving. There remains a significant cost pressure due to the national price increases for a small number of frequently prescribed items.

4.11.2 This budget is forecasted to be £1,019,000 over spent by the end of the financial year reflecting continuance of prescribing volumes and spend in line with current levels.

4.12. Primary Care Moray

4.12.1 The Primary Care Moray service is currently over spent by £27,642 due to continuing overspends in Enhanced Services offset by underspends in Board Administered Funds.

4.12.2 This budget is forecast to be over spent by £92,682 by the end of the financial year as the impact of continuing overspends in Enhanced Services are offset to a lesser degree due to reducing underspends in Boards Administered Funds.

4.13. Hosted Services

4.13.1 This budget is currently overspent by £91,341. This is mainly due to GMED (£75,000), Police Forensic Medical Examiner service (£31,000) Marie Curie

Nurses (£12,000) and other services (£11,341) where there are continuing overspends offset by underspends in other hosted services, including the Prison service (£38,000).

4.13.2 This budget is forecasted to be over spent by £180,927 by the end of the financial year. The service managers are currently reviewing the GMED service and have presented options to reduce the overspend in this service; these options will need to be agreed with all 3 IJB's in Grampian (Moray, Aberdeen City and Aberdeenshire).

4.14. Improvement Grants

4.14.1 This budget is currently underspent by £55,659, this is due to the Improvement grants and the timing of works as the budget is fully committed for 2018/19.

4.14.2 This budget is forecasted to be under spent by £103,666 by the end of the financial year. The Adaptation Governance Board is currently reviewing the processes and related deficiencies in completion of adaptations in a timely manner. The current pathway involves many stages and interlinks across various departments. Streamlining will allow completion of adaptations quicker.

4.15. STRATEGIC FUNDS

4.15.1 Strategic Funds is additional Scottish Government funding for the MIJB, they include:

- Integrated Care Fund (ICF);
- Delayed Discharge (DD) Funds;
- Additional funding received from NHS Grampian during the year which may not been fully utilised during 2018/19, some of which may be needed to be funded in future years; and
- Provisions for earmarked reserves, identified budget pressures, new burdens and savings that were expected at the start of the year.

4.15.2 By the end of the financial year, the Strategic Funds will reduce as the commitments and provisions materialise and the core budgets will increase correspondingly, this can be seen on the forecast figures. When the budget for 2018/19 was set there was a shortfall to be addressed of £4,596,000. On 28 June 2018 a revised Revenue Budget 2018/19 paper was presented to this Board (paragraph 6 of the minute refers). The 2017/18 out-turn position had resulted in remaining reserves of £846,726 to be utilised as part of the 2018/19 budget and further efficiencies had been identified reducing the budget shortfall to £3,293,000. The forecast position gives an overspend of £1,437,779 to the end of the financial year.

4.15.3 On the basis of the current position and the provisional forecast position to the financial year end the MIJB remain in a deficit position, but the projected deficit has reduced to £1,437,779 based on agreed funding levels between the partners, Moray Council's share would be 37% of the deficit: £531,978 and NHS Grampian's share would be 63%, £905,801. Given the remaining estimated shortfall, services are required to consider options for bringing the budget into line and to develop a recovery plan.

4.16. CHANGES TO STAFFING ARRANGEMENTS

4.16.1 At the meeting of the Board on 25 January 2018, the Financial Regulations were approved (para 6 of the minute refers). All changes to staffing arrangements with financial implications and effects on establishment are to be advised to the Board.

4.16.2 Changes to staffing arrangements dealt with under delegated powers through appropriate Council and NHS Grampian procedures for the period 1 July to 30 September 2018, and are detailed in **APPENDIX 3**.

4.17. PROGRESS IN IMPLEMENTING APPROVED SAVINGS

4.17.1 The indicative unbalanced revenue budget for 2018/19 was accepted as a working document at the meeting of this Board on 29 March 2018 (para 8 of the Minute refers). As part of the budget setting process, savings were identified of £1,060,000, and these were implemented during quarter 1. In the budget report approved at the meeting of this Board on 28 June 2018 (para 6 of the Minute refers) further savings were identified of £456,000, and these have been implemented in quarter 2. Progress against implementing all the approved savings is detailed in the table below

4.17.2

Service Area	Description of Saving	£'000	RAG	Comments
Community Hospitals	Process Change and Management	100		Saving posted and achieved in part as the service is expected to overspend by £31,000
Community Nursing	Re-alignment of Responsibilities	125		Saving posted and achieved in the main but the service is forecast to be overspent by £18,000
Mental Health	Purchasing Budget Efficiency	52		Saving posted and achieved in part as the service is expected to overspend by £27,000
Health Improvement	Re-alignment of Post	46		Saving posted and achieved
Care Provided In-House	Re-provision of Respite Services	86		Saving posted, and service now closed
External Commissioning	De-commissioning of Accommodated Respite, Service Review & commissioning cycle	816		The De-commissioning of Accommodated respite has been achieved and exceeded by £69,000. £23,000 saving although posted will not be achieved in 2018/19
Community Services - Dental	Relocation of Staff and Activity	110		Saving posted and achieved in part as the service is expected to overspend by £14,000
Administration & Management	Increase Vacancy Target	50		Vacancy target budget increased £50k and achieved
Prescribing	Medicines Management	100		Saving posted and achieved in part as the service is expected to overspend £1,019,000
Public Health	Uncommitted Budget	31		Saving posted and achieved
Total Approved Savings		**1,516**		
Additional Efficiencies Identified	Savings above the target	148		Efficiency savings identified during the year and additional to those previously approved by the MIJB

Savings will continue to be monitored throughout the financial year and reported back to this Board with the next budget monitoring report.

4.18. UPDATED BUDGET POSITION

4.18.1 During the financial year, budget adjustments will arise relating in the main to the allocation of non-recurring funding that is received via NHS Grampian. In order to establish clarity of these budget allocations a summary reconciliation has been provided below.

	£'s
Approved Funding 29.3.18	**112,268,000**
Balance of IJB reserves c/fwd. to 18/19	846,726
Adjustments in Qtr. 1	2,370,879
Revised funding at start of Qtr. 2	**115,485,605**
Budget adjustments M4-M6	
Prescribing reverse allocation to Scottish Government	(396,843)
Social Care funding veterans allocation	80,461
Additional pay allocation from NHSG	165,802
Plasma M3-M6	20,044
General Dental Service allocation reduction	(31,000)
Forres running costs M4-M6	53,162
ADP additional funding for 18/19	202,703
Winter Pressures funding 18/19	92,802
Other adjustments net	(149,725)
Improvement grants correction (HRA)	(57,500)
Carers Act provisional allocation to Council	(100,000)
Revised Funding to Quarter 3	**115,365,511**

4.18.1 In accordance with the updated budget position, revised Directions have been included at **Appendices 4 and 5** for approval by the Board to be issued to NHS Grampian and Moray Council.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

This report is consistent with the objectives of the Moray 2026 and includes 2018/19 budget information for services included in IJB in 2018/19.

(b) Policy and Legal

There are no policy or legal implications in this report.

(c) Financial implications

The financial details are set out in sections 3-8 of this report and in **APPENDIX 1**. For the period to 30 September 2018, an overspend is reported to the Board of £1,931,604.

The staffing changes detailed in **APPENDIX 3** have already been incorporated in the figures reported.

The movement in the 2018/19 budget as detailed in paragraph 14.8.1 have already been incorporated in the figures reported.

(d) Risk Implications and Mitigation

The most significant risk arising from this report is the control and management of expenditure to provide the Health and Social Care services required for the Moray Area, within budget.

There is also a risk that the disaggregated NHS Grampian budget figures will not have adequate remedial actions in time to prevent overspends. This in turn will increase the reliance on additional monies provided by Scottish Government for specific purposes being utilised to balance these budgets.

The current overspend is not unexpected but gives cause for concern going forward. The reserves of £846,726 have been utilised to reduce the budget shortfall for the 2018/19 budget. Further savings and recovery plans will be required to be identified in order for the MIJB to be able to balance the budget for 2018/19 and cover the budget pressures from 2018/19 onwards.

(e) Staffing Implications

There are no direct implications in this report but **APPENDIX 3** summarises staffing decisions that have been implemented through delegated authority.

(f) Property

There are no direct implications in this report.

(g) Equalities/Socio Economic Impact

There are no equality implications in this report

(h) Consultations

The Chief Officer, the Senior Management Team and the Finance Officers from the Community Health Partnership and Moray Council have been consulted and their comments have been incorporated in this report.

6. CONCLUSION

6.1. The MIJB Budget to 30 September 2018 has an over spend of £1,931,604 and the first provisional forecast position of £3,023,959 overspend. Senior managers will continue to monitor the financial position closely and to develop recovery plans.

6.2. The finance position to 30 September 2018 includes the changes to staffing under delegated authority, as detailed in APPENDIX 3.

6.3. The financial position to 30 September 2018 reflects the updated budget position and a revised Direction has been prepared accordingly, as detailed in APPENDIX 4 and APPENDIX 5.

Author of Report:	D O'Shea Principal Accountant Moray Council & B Sivewright Finance Manager (NHSG)
Background Papers:	Papers held by respective Accountancy teams
Ref:	DOS/LJC/

MORAY INTEGRATION JOINT BOARD

JOINT FINANCE REPORT APRIL 2018 - SEPTEMBER 2018

		Para Ref	Annual Net Budget 2018-19 £'s	Budget (Net) To Date £'s	Actual To Date £'s	Variance £'s	Most recent Forecast £'s	Variance To Budget £'s
	Community Hospitals & services	**4.1**	5,298,871	**2,644,503**	**2,709,378**	**(64,875)**	**5,330,256**	**(31,385)**
	Community Nursing		3,553,529	**1,815,853**	**1,822,260**	**(6,406)**	**3,571,204**	**(17,675)**
	Learning Disabilities	**4.2**	6,144,317	**2,751,178**	**2,836,128**	**(84,950)**	**6,384,793**	**(240,477)**
	Mental Health	**4.3**	7,187,031	**3,563,697**	**3,849,149**	**(285,452)**	**7,801,655**	**(614,624)**
	Addictions	**4.4**	1,152,592	**463,295**	**448,984**	**14,310**	**929,155**	**223,437**
	Adult Protection & Health Improvement		145,420	**62,477**	**62,650**	**(173)**	**145,656**	**(236)**
	Care Services provided in-house	**4.5**	14,883,581	**7,151,734**	**6,831,883**	**319,851**	**14,191,475**	**692,106**
	Older people & PSD - Assessment & Care		16,358,099	7,838,362	8,777,282	(938,920)	18,178,153	(1,820,054)
	Older People & PSD Services	**4.6**	16,358,099	**7,838,362**	**8,777,282**	**(938,920)**	**18,178,153**	**(1,820,054)**
	Intermediate Care & OT		1,403,202	742,937	833,474	(90,537)	1,497,281	(94,079)
	Intermediate Care & OT	**4.7**	1,403,202	**742,937**	**833,474**	**(90,537)**	**1,497,281**	**(94,079)**
	Care Services provided by External Contractors	**4.8**	9,722,340	**5,411,223**	**5,698,336**	**(287,113)**	**10,127,141**	**(404,801)**
	Other Community Services	**4.9**	7,067,870	**3,547,121**	**3,566,582**	**(19,461)**	**7,130,871**	**(63,001)**
	Admin & Management	**4.10**	1,756,241	**839,046**	**812,657**	**26,389**	**1,306,737**	**449,504**
	Primary Care Prescribing	**4.11**	16,352,103	**8,185,814**	**8,634,680**	**(448,867)**	**17,371,103**	**(1,019,000)**
	Primary Care Services	**4.12**	15,220,151	**7,502,102**	**7,529,744**	**(27,642)**	**15,312,833**	**(92,682)**
	Hosted Services	**4.13**	3,883,541	**1,938,743**	**2,030,084**	**(91,341)**	**4,064,468**	**(180,927)**
	Out of Area		669,268	**318,502**	**320,578**	**(2,077)**	**583,000**	**86,268**
	Improvement Grants	**4.14**	923,500	**451,458**	**395,799**	**55,659**	**819,834**	**103,666**
	Total Moray IJB Core		**111,721,656**	**55,228,045**	**57,159,649**	**(1,931,604)**	**114,745,615**	(3,023,959)
	Strategic Funds							
	ICF/DD Funding		1,147,167	552,691	469,263	83,428	831,056	316,111
	Other non-recurring Strategic Funds in the ledger		682,391	79,981	121,422	(41,441)	512,619	169,772
	Provisions		1,234,186	148,186	0	148,186	714,000	1,100,297
	Total Strategic Funds	**5.2**	**3,063,744**	**780,859**	**590,686**	**190,173**	**2,057,675**	**1,586,180**
	Total Moray IJB (incl. other strategic funds) and other costs not in ledger		**114,785,400**	**56,008,904**	**57,750,334**	**(1,741,431)**	**116,803,290**	**(1,437,779)**
	Set Aside Budget		**10,593,000**	**5,296,500**	**5,296,500**	**0**	**10,593,000**	**0**

Funded By:

NHS Grampian	74,964,980
Moray Council	39,553,805
Balance of reserves	846,726
	115,365,511
Overspend to be addressed	**1,437,779**
	116,803,290

Description of MIJB Core Services

1. Community Hospitals related to the five community hospitals In Moray

2. Community Nursing related to Community Nursing services throughout Moray.

3. Learning Disabilities budget comprises of:-
   - Transitions,
   - Staff – social work and admin infrastructure,
   - External purchasing of care for residential & nursing care,
   - External purchasing of care for respite, day care and domiciliary care,
   - Medical, Nursing, Allied Health Professionals and other staff.

4. Mental Health budget comprises of:-
   - Staff social work and admin infrastructure,
   - External purchasing of care for residential & nursing care,
   - External purchasing of care for respite, day care and domiciliary care,
   - In patient accommodation in Buckie & Elgin.
   - Medical, Nursing, Allied Health Professionals and other staff.

5. Addictions budget comprises of:-
   - Staff – social work and admin infrastructure,
   - Medical and nursing staff
   - External purchasing of care for residential & nursing care,
   - External purchasing of care for respite, day care and domiciliary care,
   - Moray Alcohol & Drugs Partnership.

6. Adult Protection and Health Improvement

7. Care Services provided in-house Services budget comprises of:-
   - Employment Support services,
   - Care at Home service/ re-ablement,
   - Integrated Day services (including Moray Resource Centre),
   - Supported Housing/Respite and
   - Occupational Therapy Equipment Store.

8. Older People & Physical Sensory Disability (PSD) budget comprises of:-
   - Staff – social work infrastructure (including access team and area teams),
   - External purchasing of care for residential & nursing care,
   - External purchasing of care for respite, day care and domiciliary care and
   - Residential & Nursing Care home (permanent care),

9. Intermediate Care & Occupational Therapy budget includes:-
   - Staff – OT infrastructure
   - Occupational therapy equipment
   - Telecare/ Community Alarm equipment,
   - Blue Badge scheme

10. The Care Services provided by External Contractors Services budget includes:-
    - Commissioning and Performance team,
    - Carefirst team,
    - Social Work contracts (for all services)
    - Older People development,
    - Community Care finance,
    - Self Directed support,
    - Employability services and
    - Moray Training

11. Other Community Services budget comprises of:-
    - Community services for each locality (Allied Health Professionals (AHP's), Dental services, Public Health, Pharmacy and other specialist nursing roles).

12. Admin & Management budget comprises of :-
    - Admin & Management staff infrastructure
    - Business Support
    - Contribution to the Chief Officer costs
    - Target for staffing efficiencies from vacancies

13. Primary Care Prescribing includes cost of drugs prescribed in Moray.

14. Primary Care Services relate to General Practitioner GP services in Moray.

15. IJB Hosted, comprises of a range of services hosted by IJB's but provided on a Grampian wide basis. These include:-

    - GMED out of hours service.
    - Intermediate care of elderly & rehab.
    - Marie Curie Nursing Service – out of hours nursing service for end of life patients
    - Continence Service – provides advice on continence issues and runs continence clinics
    - Sexual Health service
    - Diabetes Development Funding – overseen by the diabetes Network. Also covers the retinal screening service
    - Chronic Oedema Service – provides specialist support to oedema patients
    - Heart Failure Service – provided specialist nursing support to patients suffering from heart failure.
    - HMP Grampian – provision of healthcare to HMP Grampian.

16. Out of Area Placements for a range of needs and conditions in accommodation out with Grampian

17. Improvement Grants manged by Council Housing Service, budget comprises of:-
    - Disabled adaptations
    - Private Sector Improvement grants
    - Grass cutting scheme

Other definitions:

Tier 1- Help to help you (information and advice), universal services to the whole community and an emphasis on prevention.

Tier 2- Help when you need it (immediate help in a crisis, re-ablement) and regaining independence.

Tier 3- Ongoing support for those in need through the delivery of 1 or more self-directed support options.

HEALTH & SOCIAL CARE MORAY

DELEGATED AUTHORITY REPORTS - PERIOD JULY 18 – SEPTEMBER 18

Title of DAR	Summary of Proposal	Post(s)	Permanent/ Temporary	Duration (if Temporary)	Effective Dates	Funding
TUPE transfer Parklands Staff	Transfer 3 staff members from Parklands after retendering of Day Care Contract	Grade 4 Day Care Assistants 22.5hrs/18hrs/18hrs	Permanent	N/A	July 18	Virement from external day care purchasing to internal day care provision
Client specific staff – Woodview	Client move from out of area services to purpose built Supported Acc unit Woodview	8 x 1.0 fteGrade 4 Support Workers and 1 x 1.00fte Grade 5 Key Worker	Permanent	N/A	June 18	Identified as budget pressure funding required £324,605
Client specific staff – Woodview	Client move to purpose built Supported Acc unit Woodview	4 x 1.0fte Grade 4 Support Workers, and 1x Grade 5 Key Worker	Permanent	N/A	June 18	Identified as budget pressure funding required £182,129
Client specific staff - Woodview	Client move to purpose built Supported Acc unit Woodview	5 x 1.0fte Grade 4 Support Workers and 1 x Grade 5 Key Worker	Permanent	N/A	June 18	Identified as budget pressure funding required £217,748
Systems Integration Project Assistants	Extend temporary posts for 3 months	2 x 0.5 grade 6 Project Assistants	Temporary	3 months	October 18	Full year budget cfwd from PY in core funding
Assistant CCO	Temporary secondment Asst CCO post in Access team	21.75 hrs Grade 5 Asst CCO	Temporary	6 months	July 18 – December 18	Vacant Grade 9 SW post being held to fund
Support Workers OPDS	Re align staffing in Rothes/ Dufftown by utilising vacant posts in MRC and KRC	2 x Grade 4 Day Service Support Worker	Permanent	N/A	September 18	Deleting vacant post in MRC and KRC to fund creation of grade 4 posts

Care at Home – Data Inputters	To make the temporary posts to permanent	0.7 fte Grade 2 (paid Living wage)	Permanent	N/A	October 18	Change Management plan of restructure of CAH service had a small budget surplus which was held as these posts were being reviewed.
Joint Commissioning Officer	To make temporary post permanent	Transfer temporary Grade 9 x 30hrs LD Commissioning Officer post funded from ICF into vacant post core Grade 9 x 29 hrs LD Commissioning Officer post and to increase the post from 29 hrs to 30hrs	Permanent	N/A	October 18	Virement of £1,630 from allowances budget from Performance Team

MORAY INTEGRATION JOINT BOARD

DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

GRAMPIAN HEALTH BOARD is hereby directed to deliver for the Board, the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the Board's Strategic Plan, the Moray Primary Care Improvement Plan, and the following:

Prescribing - a robust approach will be applied in pursuing medicines efficiencies including:

a. maximising the use of generic medicines and removing patient choice for the branded product where not clinically indicated
b. challenging the use of medicines of no, or limited, clinical benefit and stopping prescribing.

Leanchoil Community Hospital, Forres – services will no longer be delivered from this site. Over the next 12 months and pending evolution of the local system through the developing Transformation Plan, use will continue to be made of the ACU's and the commissioning of nursing home beds for the Forres locality.

Services:	All services listed in Annex 1, Part 2 and Annex 4 of the Moray Health and Social Care Integration Scheme.
Functions:-	All functions listed in Annex 1, Part 1 of the Moray Health and Social Care Integration Scheme.
Associated Budget (Revised Annual Budget to end of 2018/19 financial year):-	£63.5 million, of which £4million relates to Moray's share for services to be hosted and £16.5 million relates to primary care prescribing. An additional £10.5 million is set aside for large hospital services.

This direction is effective from 29 November 2018.

MORAY INTEGRATION JOINT BOARD

DIRECTION

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

MORAY COUNCIL is hereby directed to deliver for the Board, the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the Board's Strategic Plan

Services:	All services listed in Annex 2, Part 2 of the Moray Health and Social Care Integration Scheme.
Functions:-	All functions listed in Annex 2, Part 1 of the Moray Health and Social Care Integration Scheme.
Associated Budget:-	£52.5 million, of which £0.5 million is ring fenced for Housing Revenue Account aids and adaptations.

This direction is effective from 29 November 2018.

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 29 NOVEMBER 2018

SUBJECT: FINANCIAL RECOVERY PLAN

BY: CHIEF FINANCIAL OFFICER

1. REASON FOR REPORT

1.1. To provide the Moray Integration Joint Board (MIJB) with details of the immediate mitigating actions proposed to achieve financial balance in 2018/19 and the plans to address the over-riding overspend in future years.

2. RECOMMENDATIONS

2.1. It is recommended that the MIJB consider and note the:

i) management action being taken to reduce the forecast overspend in the current financial year; and

ii) financial recovery plan agreed with the Director of Finance, NHS Grampian and the Head of Financial Services, Moray Council, designed to address the overspend on core budget in the current financial year and beyond.

3. BACKGROUND

3.1 INTEGRATION SCHEME – FINANCIAL CONTEXT

3.1.1. In the event of an overspend being forecast, the Chief Officer and Chief Financial Officer should in the first instance agree corrective action. Should the corrective action not resolve the overspending then the Chief Officer and Chief Financial Officer and the Director of Finance NHS Grampian and Section 95 Officer of Moray Council must agree a recovery plan to balance the overspend.

3.1.2. The MIJB Integration Scheme sets out that in the event of an MIJB overspend, NHS Grampian and Moray Council are required to jointly make additional one-off payments to meet this overspend with the split of payments being based on each party's proportionate share of the baseline payment, regardless of which arm of the budget the overspend has occurred in. This

calculation has been prepared by the MIJB Chief Financial Officer and agreed with the Directors of Finance (NHS Grampian) and the Section 95 Officer (Moray Council). The split based on baseline funding levels has been agreed at 63% share to NHS Grampian and 37% Moray Council.

3.1.3 On 29 March 2018, an indicative budget was presented to the MIJB that was unbalanced displaying a budget shortfall of £4.596m (para 8 of the minute refers). At this point, £1.060m savings had been identified. The MIJB accepted this indicative position and tasked the Chief Officer, Chief Financial Officer and Senior Managers with identifying further savings, continuing to pursue alternative methods of service delivery in driving the pace of change, whilst ensuring safe levels of care for the people of Moray. An improved position was subsequently presented to the Board for approval on 28 June 2018 (para 6 of the minute refers) where the budget shortfall had been reduced to £3.293m based on further efficiencies that had been identified and the utilisation of all remaining reserves.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 CURRENT FINANCIAL POSITION AND FORECAST

4.1.1 The MIJB has funding as at 30 September 2018 for the 2018/19 financial year of £115m to commission the health and social care services aligned to the functions that have been delegated by the Partners, Moray Council and NHS Grampian. The financial position as at 30 September 2018 shows an overspend on core services of £1.932m. The initial financial forecast to the end 2018/19 suggests an overspend on core services of £3.024m and after application of strategic funds this reduces the in-year forecast overspend to £1.438m which displays a significantly improved position from the highlighted shortfall presented in March 18 of £4.596m. If the forecast remains consistent then the additional payments required by the Partners at the end of this financial year would be £0.906m NHS Grampian and £0.532m Moray Council.

4.1.2 The MIJB has been well sighted on the financial challenges facing them and that any remaining reserves would require to be utilised in 2018/19 to support the budget position. Holding reserves is an essential part of financial planning, with the intention, in part being to cushion the impact of unexpected events. The MIJB has in place a Reserves Policy that it should seek to apply fully in future years, however there is a national view that due to the pressures on IJB budgets, any level of reserves will be difficult to sustain. The MIJB are also aware that whilst service redesign in order to shift the balance of care is at the core of their priorities, the reality remains that re-design of this magnitude will take time. When considered against the level of savings required in the short-term being in the region of £3m, there remains a high residual risk that financial balance may not be achieved.

4.1.3 Given the budget shortfall evident at the start of the financial year and continuing pressures being experienced through increasing demand for services, the Senior Management Team has implemented the following to date:

- £1.5m savings applied to the 2018/19 budget;
- full utilisation of remaining reserves - £0.847m;

- implemented further efficiencies (£0.080m; as at 30 September);
- restricted the application of Strategic Funds where it is viable to do so.

Additional interventions have been implemented by way of corrective action that is in line with the Integration Scheme. Communication has been made across service managers and operational teams with budget responsibility which is being closely monitored for effectiveness. These actions have been summarised below:

- increased scrutiny of vacancy management and approval process;
- escalation of expenditure authorisation and heightened scrutiny through reporting; and
- early identification of emerging pressures for senior management team decision

The Senior Management Team's view currently is that the implementation of the above has enabled the improved financial position that is presented at the half way point in the year. Close monitoring and high level scrutiny will continue in order to address the remaining forecast overspend in the current financial year of £1.438m and reduce the pressure on the Partner organisations.

4.2 FINANCIAL RECOVERY PLAN

4.2.1 Planning for financial recovery for 2018/19 and beyond continues. It is generally accepted that service re-design takes time to implement whilst ensuring the wellbeing of the population, however, emerging themes and proposals are being considered through MIJB development sessions and the Strategic Planning and Commissioning Group and will be brought back for formal decision making as appropriate.

4.2.2 The table below displays the position for the current year and outlines how the MIJB will continue to address the remaining forecast overspend of £1.438m. There is a significant risk that should be noted in achieving a fully balanced position given the actions and progress taken to date.

	2018/19
	£ 000's
Forecast Overspend on Core Services @ 30.9.18	3,024
Forecast overspend following consideration of Strategic Funds and Management Action to date @ 30.9.18	1,438
Identified themes to address remaining current year overspend	
Further restrictions on Discretionary Spend	
Vacancy management	
Optimising slippage in strategic funds	

4.2.3 The MIJB is required to address the overspend on core services which is forecast to be £3m in the 2018/19 financial year. The high level plan being progressed shows the recovery over the years 2019/20 to 2021/22, prior to

consideration of growth which is estimated between 3.5 – 4%. Further explanations are provided below in paras 4.2.4 – 4.2.9.

	2019/20	2020/21	2021/22
	£ 000's	£ 000's	£ 000's
Forecast Overspend 18/19 on Core services to be addressed	-3,000)	-777	2,073
Non - recurring use of reserves	(847)		
Over-riding Overspend to be addressed in Future Years	**(3,847)**	**-777**	**2,073**
Mental Health Strategy – Phase 4	300	300	
In-House Provided Care	500	200	200
Community Hospital Redesign	100	100	100
Externally Commissioned Services	350	400	300
GP Prescribing – Medicines Management	200	250	250
Moray Alliance		500	750
Slippage on Strategic Funds	1,500	1,000	1,000
Accountancy driven efficiencies	120	100	100
Total Projected Savings	**3,070**	**2,850**	**2,700**
Residual Overspend (prior to growth consideration)	**-777**	**2,073**	**4,773**

4.2.4 Additional investment through the Primary Care Improvement Fund has been provided to support Action 15 of the Mental Health Strategy 2017-27 and increase the workforce to give access to dedicated mental health professionals to all A & E's, all GP practices, every police station custody suite and to prisoners. Over the next 5 years, the investment across Scotland will rise to £35m in the final year for 800 additional mental health workers. For Moray, the allocation will rise to £0.551m in 2021/22. The Mental Health Strategy is now in phase 4 and will introduce new ways of working for Community Mental Health Teams, shorter involvement in cases and more efficient use of the tiered system. There is a real and current focus on redesign and tests of change are already underway and subject to regular evaluation. The main focus areas of redesign have been:

- aligning services with primary care through the introduction of integrated teams, both in practices and communities;
- Community Psychiatric Nurse in practices, Mental Health Hubs and Out Patient
- Action 15 Crises response and Distress Brief Interventions
- Ward 4 in-patient and Muirton Ward redesign

4.2.5 In-House Provided Care has achieved significant savings over the past two years and the MIJB has made positive changes for service users through the re-provisioning of respite services. Packages of care have successfully been brought in-house throughout the year. The service manager has identified further savings that can be achieved primarily by re-aligning existing services over a two year period. Proposals will be subject to full consultation and engagement and be presented to the MIJB for decision making as appropriate.

4.2.6 In the next financial year, a full options appraisal of Community Hospitals will be carried out to further explore the benefits and potential of Multi-Disciplinary Team (MDT) working. The purpose of this review will be to determine with key stakeholders the role of Community Hospitals in the future provision of services, this will consider the model of care delivered in the context of the whole system across Moray and how progress can be made to a sustainable and effective health and care system in the future. Community Hospitals sit with historical budgets; those budgets do not necessarily match the requirements for the future in the wake of demographic changes and the need for an emphasis on rehabilitation and reablement. Whilst the financial position has improved with a reduction in the overspend there remain key questions relating to the future locality models and achieving an optimal model of delivery.

4.2.7 The budget for our externally commissioned services has been reduced due to savings identified by the service and approved by the Board. These amount to £0.140m in 2017/18 and £1.422m for the current financial year. As work progresses through the commissioning cycle there are efficiencies that can be realised due to the ability to progress more efficient models of service delivery where the service user needs are the focus in respect of choice and control. Efficiencies can only be realised through externally commissioned services by ensuring that planning for the needs of patients/ service users are embedded within process as new and transformational ways of delivering services are pursued.

4.2.8 GP Prescribing remains a volatile budget area and limiting in control. It continues to be an area of overspend reflecting the movement in prices and volume. Senior management have undertaken a number of cost management activities to reduce the overspend and achieve a savings target that has been applied. Results are being achieved through medicines management processes and are considered effective in addressing the overlying overspend.

4.2.9 Currently being developed is a 3-5 year sustainability and transformation programme which will support the delivery of the Strategic Plan 2019 – 22 and the single system approach that was outlined by the Chief Officer at the meeting of the MIJB on 28 June 2018 (para 6 of the minute refers). The intention is that through cross-system planning, opportunities for reshaping services across Moray as part of a whole system are optimised and enhanced, resulting in better service provision for the population whilst working within a challenging financial environment. This is being progressed through the Moray Alliance which includes representation from Dr Gray's Hospital, Glasgow School of Art, General Practice and Primary Care and through established links with the Third Sector and The Digital Health Institute. Innovation and improvement will be fundamental to the culture of the Alliance and the ethos will not be bound by historic links and patterns of patient flow but will have the freedom to develop wider relationships. Support has been provided by NHS Grampian to assist in this ambitious development.

4.2.10 The MIJB is committed to achieving a balanced budget position whilst ensuring statutory duties are adhered to and remaining consistent with the policy objectives as depicted by The Public Bodies (Joint Working) (Scotland) Act 2014. Regular updates will be provided in relation to the emerging financial position for the current financial year and as the MIJB take decisions

in relation to future opportunities for re-design and efficiency, the financial implications will be further communicated.

5 SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

Financial planning and recovery is key to the successful delivery of health and social care services in Moray and in accordance with the Strategic Plan.

(b) Policy and Legal

In accordance with the Public Bodies (Joint Working) (Scotland) Act 2014, MIJB is subject to the audit and accounts regulations and legislation of a body under Section 106 of the Local Government (Scotland) Act 1973 and is classified as a local government body for accounts purposes by the Office for National Statistics (ONS). Financial planning is a key element to this process. The Integration Scheme for the MIJB sets out the requirement for the agreement of a recovery plan to be agreed and established when a financial overspend is considered likely.

(c) Financial implications

Considered throughout the body of this report.

(d) Risk Implications and Mitigation

The key risk to the MIJB is to deliver fully on the Strategic Plan in the context of the prevailing financial position. The financial climate remains extremely challenging for the MIJB and its funding partners. There is a potential risk around strategic funds and the ability to utilise slippage to support budget position. Financial recovery planning is an important element to the process of providing clarity around the wider risks pertinent to the financial situation of the Board and the mitigating actions being taken.

(e) Staffing Implications

None arising directly from this report. Any staffing implications arising through further consideration of the detail contained within this report will be subject to separate and appropriate engagement prior to being presented to the Board for formal decision making.

(f) Property

None arising directly from this reports.

(g) Equalities/Socio Economic Impact

None arising directly from this report

(h) Consultations

Consultations have taken place with the Senior Management Team , the Head of Financial Services and Legal Services Manager (Litigation and Licencing) (both Moray Council) and the Deputy Director of Finance, NHS Grampian. Any comments received have been considered in writing this report.

6 CONCLUSION

6.1 The MIJB Integration Scheme sets out the requirement for the Chief Officer and Chief Financial Officer of the Board to agree a recovery plan with the Director of Finance, NHS Grampian and the Section 95 Officer, Moray Council to address the overspending budget. This report content has been discussed and agreed according to the Scheme.

6.2 The MIJB is committed to achieving a balanced budget position whilst ensuring statutory duties are complied with and remain consistent with the policy objectives as depicted by The Public Bodies (Joint Working) (Scotland) Act 2014. Regular updates will be provided in relation to the emerging financial position for the current financial year and as the MIJB take decisions in relation to future opportunities for re-design and efficiency, the financial implications will be further considered and communicated to the Director of Finance NHS Grampian and the Head of Finance, Moray Council.

Author of Report: Tracey Abdy, Chief Financial Officer
Background Papers: with author
Ref:

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 29 NOVEMBER 2018**

SUBJECT: **ANNUAL REPORT OF THE CHIEF SOCIAL WORK OFFICER 2017-2018**

BY: **CHIEF SOCIAL WORK OFFICER**

1. REASON FOR REPORT

1.1. To inform the Board of the annual report of the Chief Social Work Officer on the statutory work undertaken on the Council's behalf during the period 1 April 2017 to 31 March 2018 inclusive. The report considers major policy and service initiatives across Social Work during the reporting period, summarises key issues in relation to governance and protection issues and advises the Board on measures taken to strengthen workforce.

2. RECOMMENDATION

2.1. It is recommended that the Moray Integration Joint Board consider and note the contents of this report.

3. BACKGROUND

3.1. A requirement that every local authority should have a professionally qualified Chief Social Work Officer (CSWO) is contained with Section 3 of The Social Work (Scotland) Act 1968. Particular qualifications are set down in the regulations. This is one of a small number of officer roles and duties with which local authorities have to comply.

3.2. The Council's Social Work Services require to support and protect people of all ages as well as contributing to community safety by reducing offending and managing the risk posed by know offenders. Social Work has to manage this together with the implications of significant demographic change and financial constraint whilst fulfilling a widening array of legal obligations and duties.

3.3. In April 2014 the Office of the Chief Social Work Advisor for Scotland issued new guidance for CSWO Reports in Scotland. This guidance also included a template for the report structure which has been used to produce the report for Moray 2017/18. The report contains information under the following headings:

- Moray Profile
- Key Challenges & Developments 2017/18
- Partnership Structures & Governance Arrangements
- Social Services Delivery Landscape
- Finance
- Service Quality and Performance
- Statutory Functions
- Workforce Development

3.4. The annual report is attached at **APPENDIX 1.**

4. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

This report is in line with the Moray Council Corporate Plan, the Moray IJB Strategic Plan and the LOIP– healthier citizens, ambitious and confident young people, adults living healthier, sustainable independent lives safeguarded from harm and Council priority 4 – More of our children have a better start in life and are ready to succeed.

(b) Policy and Legal

The services referred to in this report fall within the scope of a number of important pieces of legislation including:

- Social Work (Scotland) Act 1968
- The Adult Support & Protection (Scotland) Act 2007
- The Community Care & Health (Scotland) Act 2002
- The Children (Scotland) Act 1995
- The Joint Inspection of Children's Services & Inspection of Social Work Services (Scotland) Act 2006
- Adoption and Children (Scotland) Act 2007
- Looked After Children (Scotland) Regulations 2009
- The Public Bodies (Joint Working) (Scotland) Act 2014
- Children & Young People (Scotland) Act 2014

Significant policies and white papers that relate to these services include:

- Changing Lives, the Future of Unpaid Care in Scotland (2006)
- Delivery for Health (2005)
- All our Futures: Planning for a Scotland with an Ageing Population (2007)
- Better Health, Better Care: Action Plan for a Healthier Scotland (2007)
- Better Outcomes for Older People: Framework for Joint Services (2005)
- National Guidance for Child Protection in Scotland, The Scottish Government 2014

(c) Financial implications
There are no direct financial implications arising from this report. Financial performance is highlighted within the finance section of **APPENDIX 1**. Future priorities will be addressed within the context of the financial planning process.

(d) Risk Implications and Mitigation
There are no risk implications associated with or arising from this report.

(e) Staffing Implications
There are no staffing implications directly relating to this report.

(f) Property
There are no property implications arising from this report.

(g) Equalities/Socio Economic Impact
There are no issues directly arising from this report.

(h) Consultations
The following have been consulted in the preparation of this report: Chief Officer and Chief Financial Officer, Moray Council Corporate Management Team; Alasdair McEachan, Head of Legal and Democratic Services; Head of Housing & Property; Head of Integrated Children's Services and Democratic Services Manager, who are in agreement with the content.

5. CONCLUSION

5.1. This is the ninth CSWO annual report for Moray. The overall conclusion is that Moray's Social Work Services has continued to adapt and improve in what has been, and will continue to be, a very challenging context and financial constraint. However, local staff have steadily improved and adapted what they do and have prioritised their resources to meet the growing demands associated with protecting and caring for the most vulnerable members of our community.

Author of Report: Jane Mackie, Chief Social Work Officer
Background Papers: With author

Ref:

Moray Council
Chief Social Work Officer Annual Report
2017/2018

INDEX	PAGE

Moray Profile

Geographically Moray is the 8th largest Council area in Scotland, covering an area of 2,238 square kilometres, from the Cairngorm Mountains in the south to the coast of the Moray Firth in the north. However, in terms of its population, it ranks 22nd out of 32 with a population of 96,070[1]. The average population density is low at just 43 people per square kilometre, compared with 69 people per square kilometre nationally. Approximately 57% of the population live in the 5 main towns of Elgin, Forres, Buckie, Lossiemouth and Keith, where the population density is approximately 2,500 people per square kilometre.

Low population density indicates that Moray has a high proportion of people living in rural areas. The Scottish Governments 6 fold Urban/Rural classification[2] (Mid 2016) shows that 42% of the population live in either "Accessible" or "Remote"[3] rural areas, the 10th highest in Scotland and more than twice the national average (17%).

High proportional populations living in rural areas can pose challenges for services such as locality of essential services and time taken to travel to them. In terms of distance from a settlement of 10,000 or more, more than a quarter of Moray's population reside more than 30 minutes travel away. Only three other mainland authorities have higher levels.

The mid-2017 population estimates for Scotland[1] put Moray's population at 95,780 – 48,305 females (Decrease of 112 from 2016) and 47,475 males (Decrease of 178 from 2016). In the past 30 years there has been only one year (2003) where the male population has exceeded the number of females, in recent years however the gap has closed. With the expected influx of RAF personnel in the coming years it is likely that the gap will close further. Time trends show that Moray's population continues to grow at a slightly higher rate than the national average with the largest growth rate witnessed within the 65+ age group. In the 20 years since 1997 Moray has witnessed a 49% increase in the number of 65+ aged people (13,446 in 1997 to 20,054 in 2017). It is likely that the numbers in this age bracket will continue to rise in future years which will place significant strain on the resources required to meet their needs. In contrast the 6-29 age group has witnessed a reduction from 19% in 1997 to 16% in 2017; between 1197 and 2017 there was a reduction of 1,235 of people aged 16-29 in Moray.

Population Breakdown[1]			
Ages	***Male***	***Female***	***%***
0-4	2,431	2,258	4.9%
5-11	3,883	3,665	7.9%
12-17	3,264	3,067	6.6%
18-24	4,103	3,322	7.8%
25-44	11,133	11,091	23.2%
45-64	13,590	13,919	28.7%
65+	9,071	10,983	20.9%
TOTALS	47,475	48,305	

[1] National Records of Scotland, Mid-2017 Population estimates Scotland

[2] http://www.gov.scot/Publications/2018/03/6040

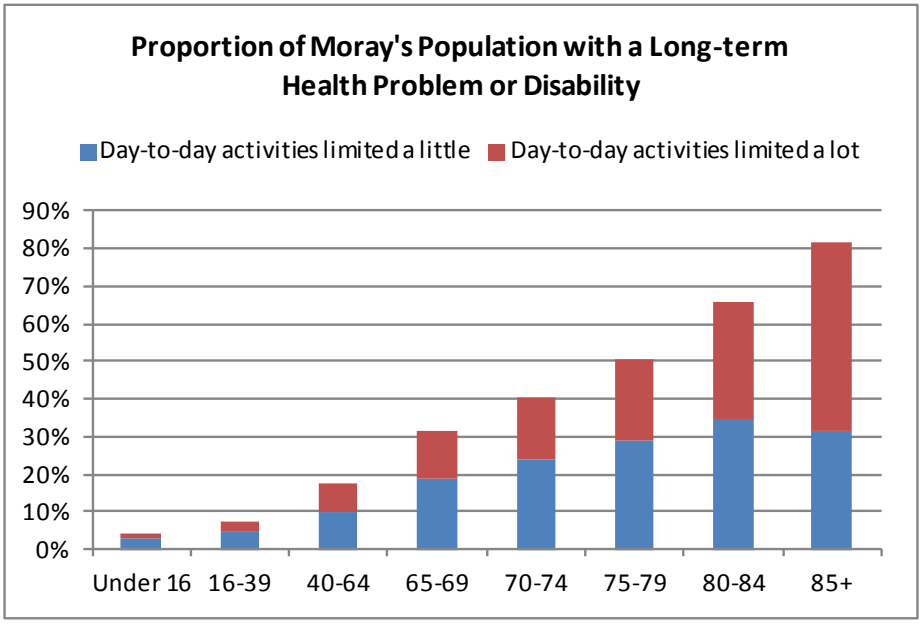
[3] Accessible & Remote rural areas are classed as settlements of less than 3,000 people.

Between June 2016 and June 2017 there were 867 births in Moray and 1,007 deaths, for the third consecutive year deaths have exceeded births, this change has also been replicated nationally. With Scotland's population continuing to increase year on year, and Moray increasing at a higher rate, these increases are heavily influenced by net civilian migration from within Scotland, the rest of the UK and overseas.

The latest census (2011) data shows that Moray has a very small proportion of residents (5.2%) from out with the British Isles. "White Scottish" account for 77.7% of Moray's overall population which is significantly less than the national figure (84.0%). The "White – Other British" residents contribute 18.0% of Moray's population which is proportionately double the national figure (7.9%). This is likely due to the large transient populations at the two large military bases in Moray and others who have retired to the area after finishing their service.

The largest non-white ethnicity in Moray is Asian, accounting for 0.6% of the population, the majority of who are Pakistani or Chinese. People of mixed or multiple ethnicity account for 0.25% of Moray's population, while those of African or Caribbean ethnicity each account for about 0.1%. Other ethnic groups account for the remaining 0.1%.

At the time of the 2011 census a total of 16,520 people in Moray are limited to some extent in their day-to-day activities by a long-term health problem or disability. About 7,050 are limited "a lot" and about 9,470 are limited "a little". This equates to 7.5% and 10.2% of the population respectively. An age breakdown illustrates the increasing incidence of limiting conditions with age. In all age groups the proportion limited a little is larger than the proportion limited a lot, except for those aged 85yrs and over. So not only do a much greater proportion of older people have their day-to-day activities limited by a long-term health problem or disability but the extent of that limitation is also greater. With Scotland's and Moray's population aging this trend is likely to continue which in turn will place increasingly more pressure on health care services.



Moray's Children

As of September 2017, in Moray there were 1,688 children registered for ante pre-school/pre-school[4] an increase of 41 from 2016. This includes 64 under 3yr olds (identical to 2016) and 119 deferred entry pupils (31 more than 2016). At the same time there were 7,049 children on the primary school roll and 4,856 on the secondary school roll (59 less than 2016). School roll numbers are forecasted eight years in advance. Forecasts for 2025 show an increase in Primary by 10% and Secondary schools by 21%.

At the end of March 2018 there were 218 looked after children in Moray, 172 (83.5%) of whom were accommodated in community placement, 23 (10.5%) in a residential placement within Moray, 21 (9.6%) in an out of area residential placement and two children in an out of area secure placement.

In December 2017[5] there were 447 school children in Moray for whom English is not their first language, an additional 100 attend nursery[5]; 47 different languages are spoken. Long-term trends show that these numbers are increasing which is reflective of the increasing migrant population of Moray; in the past year however numbers have reduced which may be reflective of the impact of Brexit.

As at December 2017 there were 3,951 school aged children with recorded additional support needs (ASN) – 1,843 in Primary school and 1,493 in Secondary, this equates to a third of the total school population. In addition there were 200 children in Early Years Education with ASN, equating to 12% of all registrations. All areas have shown increases since December 2016; children with ASN in Early Years Education by 0.5%, Primary school children by 6.8% and Secondary school children by 3.1%.

[4] Early Years & childcare Statistics 2017

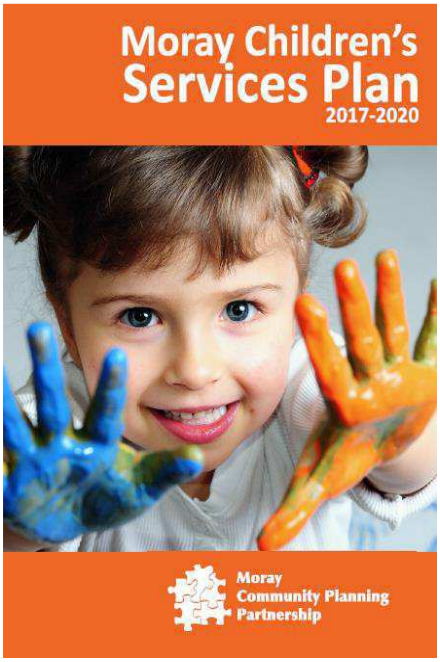
[5] Pupils in Scotland 2016

Key challenges and developments during 2017/18

2017/18 continued to be a challenging year for Integrated Children's Services in terms of both embedding developments from the previous year and continuing the improvements identified following the inspection of children's services with Community Planning Partners in 2016 and the subsequent progress review in September 2017.

We progressed and embedded developments started in 2016/17:

- Locality Management Groups became increasingly significant in responding to localised need.
- We completed and published our ASN strategy.
- We contributed to the review of the Children's Service Plan –



- We continued to progress the improvement priorities identified through inspection.
- We responded to the continuing financial pressure facing the authority.

Improvements from Inspection

A joint inspection of services for children and young people in Moray under the auspices of Moray's Community Planning partners was carried out between August and November 2016. As a result of the inspection 6 areas for improvement were identified by the Care Inspectorate, as below:

- Improve standards of operational practice, by setting clear expectations for staff and strengthening approaches to quality assurance and staff supervision.
- Improve initial risk assessment of, and response to, vulnerable children and young people at risk of, or experiencing neglectful parenting, or cumulative harm.
- Strengthen collective vision and collaborative leadership, to direct the delivery of integrated children's services. It should be underpinned by a strategic needs assessment and robust performance information and demonstrate

measurable improvements in outcomes for children, young people and families.
- Strengthen the governance, leadership and accountability of the child protection committee.
- Implement a framework of joint self-evaluation, ensuring a clear focus on improved outcomes for children and young people, including those in need of protection.
- Strengthen the approach to corporate parenting, participation and children's rights to deliver improvements at pace.

Recognising that these improvements would take time to deliver the following priorities were identified across the partnership:

- To protect children and young people from the risk of neglect and cumulative harm.
- To strengthen performance management, self-evaluation and quality assurance to demonstrate improved outcomes for children and young people.
- To improve operational practice through strengthening support and supervision of staff.

A progress review was carried out by the Care Inspectorate in September 2017; the report published in December 2017 can be accessed here

The inspectors acknowledged that the findings of the original report had been taken seriously and there had been a lot of hard work undertaken, however they also recognised that *"Partners recognise they need to maintain the current momentum and energy levels if they are going to achieve sustained improvement and change. Given the limited number of officers and many competing demands, partners will need to invest in building capacity at all levels within services to do so."*

Following on from the original inspection and subsequent review ICS have been very involved in the ongoing implementation of the improvement plan to address the issues identified.

In addition we have:

- Developed and agreed a transitions policy with adult services
- Returned services previously delivered through third sector partners and redirected the resources to invest in and improve the standard of social work assessment.
- Streamlined internal allocation processes.
- Carried out an audit of young people's pathways through services in order to identify further improvement.
- Supported teams around children with risk management and risk enabling policies and practice in order to increase the number of additional resource packages and reduce the risk of young people going out of area.

During 2017/18, the key challenges for Community Care were:

Common themes emerged - the need to create the conditions of effective inter-disciplinary working; the need for empowered localities to provide a stronger

connection between how resources were used and the needs of the community; the need to redesign the system of care to sustain the independence of the people who use services.

Meeting the care needs of the people of Moray longer-term requires focusing on the following key challenges:

Demographically, the projected population of older people in Moray increased (a continual trend). The ageing population and increasing numbers of people with long term conditions and complex generated demand demonstrated a pressure which cannot be met long-term unless alternative service delivery models are generated. Based on the pressure in 2016/17, the population increase almost certainly means a shortfall in budget to meet the needs of the elderly population.

Staff recruitment and retention was a key area of concern within community care, taking into account the complex nature of care models and the number and skill mix of professionals involved in meeting the needs of people that we provide services to. A particular area of concern was within learning disabilities and meeting the needs of individuals with intensive complex care needs. Pressures also existed within home care and the recruitment and retention of staff which presented capacity issues.

The financial challenges in 2016/17 to meet our priorities, in parallel with managing the risks of an increasing population and providing safe and effective care to those with more complex health conditions cannot be underestimated and is a high risk on the MIJB's Strategic Risk Register, with zero appetite for risk of harm to people.
In Mental Health a detailed multi-agency scoping exercise took place to inform a retendering process for flexible recovery focussed community support services. The retendering and recommissioning exercise is planned for Autumn 2018. Part of the tender will focus on people with high and complex support needs.

In home care the first stage of a service redesign resulted in home carers being provided with new job titles; social care assistants and with salaried roles that regularise their income.

2. Partnership Working - Governance and Accountability Arrangements

The Chief Social Work Officer in Moray is the Head of Integrated Children's Services. The CSWO is responsible for monitoring Social Work service activity across the Council and Integration Joint Board to ensure agreed standards are met and that professional standards are maintained. The post assists Moray Council in understanding the complexities of Social Work Service commissioning and provision; including particular issues such as child protection, adult protection and the management of high risk offenders, as well as the key role Social Work plays in contributing to the achievement of local and national outcomes. The CSWO also has a responsibility for overall performance improvement and the identification and management of corporate risk insofar as these relate to Social Work Services.

The Head of Integrated Children's Services fulfils her responsibility as CSWO by:

- Reporting directly to the Corporate Director (Education and Social Care) to ensure that he is appropriately advised on Social Work issues;
- Reporting to Moray Council's Corporate Management Team on areas that directly relate to social work services, including highlighting areas of potential risk;
- Meeting regularly with elected members (including chairs/vice chairs, group leaders and leading briefings on critical developments) to ensure that they are appropriately advised on Social Work matters;
- Providing regular reports on Social Work practice and performance to appropriate committees;
- Contributing to the Integration Joint Board, the Community Planning Partnership, and the Public Protection Partnership; and Moray Chief Officer's Group;
- Meeting regularly with the Head of Community Care and the Chief Officer for Moray Health and Social Care Partnership.

Moray Council Governance

Children and Young People's Committee

It is the role of the Children and Young People's Committee to exercise the functions of the Council:

- As an Education Authority within the terms of relevant legislation with regard to school education, nurseries and child care, Gaelic and children's services.
- With regard to leisure, libraries and museums, sport and the arts, CLD and lifelong learning.
- With regard to the Children (Scotland) Act 1995, and to determine the Council's policies in regard thereto, including youth justice.
- In respect of looked after children and young people leaving care.
- To deal with Child Protection issues.
- In respect of the Adoption and Fostering of children in terms of the Adoption (Scotland) Act 1978. The Adoption and Children (Scotland) Act 2007 and the Foster Children (Scotland) Act 1984.

As a Local Authority, Moray Council has a statutory duty to provide services to young people and their families who are in need across the Council area. The responsibility for overall delivery of this service in Moray lies with the Department of Education and Social Care which comprises the following sections;

- Integrated Children's Services
- Schools and Curriculum Development
- Lifelong Learning, Culture and Sport

The department is led by the Corporate Director (Education and Social Care), assisted by three Heads of Service, each leading one of the sections above.

Integrated Children's Services

In addition to the Head of Integrated Children's Services the department has the following managers each with specific responsibility for their section:

- Corporate Parenting and Commissioning Manager – responsible for Commissioning and Placement Services.
- Children's Wellbeing Service Manager – responsible for early engagement, intake and assessment and outreach teams.
- ASN Manager – responsible for Additional Support Needs, English as an Additional Language, Pinefield parc, Autism and Communication Disorders, Beechbrae and the Sensory Teams.
- Justice Services Manager – responsible for the Criminal Justice, and Out of Hours Social Work Teams.
- Principal Educational Psychologist – responsibility for Educational Psychology Team.
- Strategy Manager – responsible for policy and strategy development.
- Continuing Support Service Manager – responsible for the Reviewing team and longer term intervention through the Continuing Support Teams.

Moray Community Planning Partnership (CPP) Children`s and Young People`s Services Governance Structure

Following the outcome of the 2016 joint services inspection a new governance structure was put in place for children`s and young people`s services at a Community Planning Partnership (CPP) level.

Moray Chief Officers' Group (MCOG)

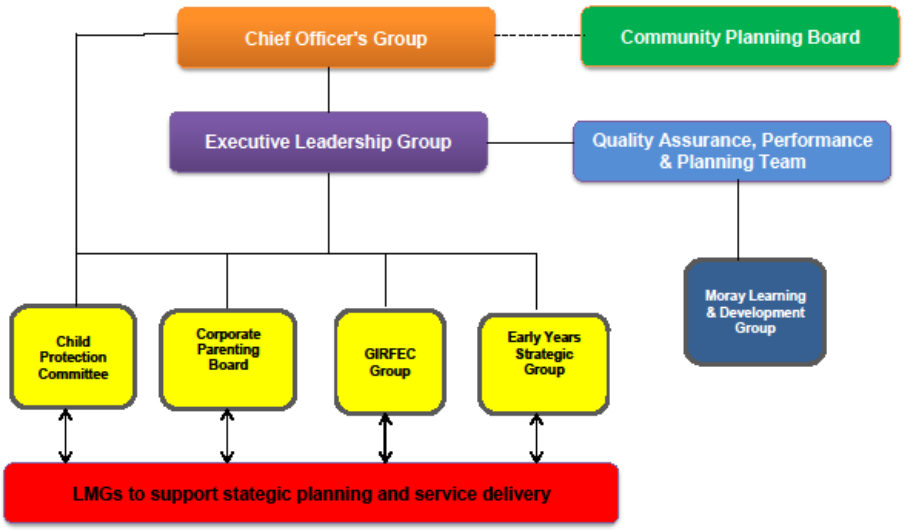
The MCOG was formed to provide a collective vision and collaborative leadership to direct the delivery and improvements of children's services in Moray.

Executive Leadership Group (ELG)

The Executive Leadership Group (ELG) was formed to lead, develop and drive forward the joint services agenda for children, young people and families in Moray.

The following four strategic groups will oversee the delivery of the strategic and improvement priorities across the partnership: -

- GIRFEC (including Mental Health and Wellbeing)
- Child Protection Committee
- Early Years
- Corporate Parenting



Moray Integration Joint Board
The key governance structures are: Practice governance, achieved through the Practice Governance Board (PGB) which meets every 5/6 weeks. The PGB now reports to the Clinical & Care Governance Committee.

The Chief Social Work Officer is present, or represented at the Integrated Joint Board and the Health & Care Governance Committee.

Health and Social Care Moray was formally established in April 2016 and brings together a wide range of health and social work services into a single operational system. The Moray Integration Joint Board (MIJB) is responsible for planning and overseeing the delivery of a full range of community health and social work/social care services and is also responsible for a number of Grampian health services relating to primary care.

Throughout the course of 2016/17, the MIJB has taken key decisions in relation to the establishment of the Partnership including the appointment of Officers, the delegation of functions and operating and governance arrangements. The MIJB's strategic vision is:

"To enable the people of Moray to lead independent, healthy and fulfilling lives in active and inclusive communities where everyone is valued, respected and supported to achieve their own goals."

3. Social Services Delivery Landscape

The societal context shows that Moray is experiencing pressure from demographic change, both in terms of ageing population and a net loss of young people. These factors combined can create a sometimes challenging labour market for social care. The social care sector in Moray is delivered by the public sector and independent sector in both voluntary and commercial organisations. The sector is coordinated through commissioning activity in Community Care and Integrated Children's Services.

Provision of residential care for Looked After Children (LAC) in Moray is provided by Moray Council, Action for Children, Aberlour and by Scottish Autism. Prior to the contracts coming to an end procurement activity, consistent with The Moray Council financial regulations, will commence in line with the method detailed within the ICS Commissioning Framework.

Adult Social Care

Adult services are delivered by a range of service providers both internally by Moray Council and externally through contracted arrangements.

There were no changes in the number of residential care homes or placements available and the number of placements made remained relatively static.

In partnership with Hanover (Scotland) Housing Ltd, we also reported on a substantial extra care development at Varis Court, Forres. The new build provided housing with care for older people; including people with care.

Although the benefits of the test site are in the process of being fully evaluated, it is clear that important insights and learning can be gained from this project that will inform the future design of health and social care services in the Forres Area.

The benefits of Health & Social Care Moray's partnership were further demonstrated last year with the opening of the Linkwood View Development at Glassgreen, Elgin.

Following its opening in 2017, all units are filled and the development is making an important contribution to the delivery of extra care housing for a wide mix of tenancy groups in the Moray area. The age range is more diverse than other developments with older people, learning disabilities, mental health and dementia tenancies being accommodated and supported.

In May 2017, 6 vacant houses were opened, transformed into halfway homes for people ready to leave hospital. The £120,000 project provides a homely environment where people can work on regaining their independence. During their short stay in the cottages, they are supported by a team of staff to manage everyday living tasks such as getting in and out of bed and preparing meals. The specific rehabilitation aimed at the Jubilee Cottages differs from standard rehabilitation in the way that the service is provided in a low risk, controlled home environment through high intensity and collaborative rehabilitation to foster an encouraged independence to return home in a maximum of 6 weeks. The rehabilitation service is provided free of charge by the Community Care Department and cottages are equipped with a

telecare service to provide a 24-hour on call response. The project has accommodated 12 residents throughout the year.

Scottish Living Wage

When the Scottish Living Wage (SLW) was introduced in 2016/17 care staff from different organisations were on different hourly rates, therefore to ensure any increase in funding was fairly distributed it was agreed that the SLW increase should be factually based on the actual workers hourly rates. To obtain accurate information care providers were ask to complete a spreadsheet detailing the hourly rates paid to their staff and an uplift based on the employer's spreadsheet was then applied. It was then concluded that having applied the uplift for 2016/17 all staff should now be in receipt of the Scottish Living Wage and therefore any further increase in the Scottish Living wage should be offered to care providers as a percentage increase of their contract value.

After consulting with other Health & Social Care partnerships across Scotland, Health & Social Care Moray have agreed the SLW uplift for 2018/19 should be in line with the National Care Home increase of 3.39% and applied from the 1st May 2018. The uplift rate will be reviewed on an annual basis.

Tribunal ruling on the Sleepover rate

In March 2017 at an Employment Appeal Tribunal it was ruled that if a carer is required to be present through the night, and that there's an agreement between parties that the carer would work in the night if needed, then this period counts as work time and should be paid for accordingly. This is true even if the carer is not physically needed and sleeps all night, because the job itself is to be present. All care providers whose staff are currently paid at a sleepover rate are considering the implications of this ruling and deciding whether there is a need to continue to provide sleepover cover and if so which members of staff will now be entitled to the SLW hourly rate. Consultation is currently taking place with the care providers to ascertain which members of their staff will continue to be required through the night and thus entitled to the hourly rate. Once this information has been obtained it is proposed to offer an uplift to those care providers affected by the ruling to enable them to pay the Scottish Living Wage from the 1st September 2018 to staff who were previously paid at the sleepover rate.

4. Resources

Moray Council continues to experience severe financial pressure. Work has been progressed to identify potential areas for savings from 2016 onwards. The CSWO has been very involved in the discussions in respect of Integrated Children's Services; however this does pose a dilemma for those who hold the CSWO post as Head of Service. There are occasions when obliged to offer up savings as Head of Service which may mean a reduced service provision which, as CSWO, you would advise against in terms of risk.

2017/18 Gross Social Work Expenditure

	£000's
Children's Panel	18
Service Strategy	900
Criminal justice social work services	1,055
Adults with physical or sensory disabilities	4,205
Adults with Other Needs	1,148
Mental Health	2,318
Learning Disabilities	16,625
Older Persons	27,917
Children & Families	20,645
	74,831

Integrated Children's Services Financial Position

The most significant overspend for Integrated Children's Services is in the Out of Area budget. The spend in 2016/17 was £6,017,922
and for 2017/18 the spend was £6,615,182.

The pressures the department faces include:

- Our children and young people need cared for more usually on a permanent basis.
- For example of 89 children in foster care placements 40 are in permanent care arrangements and for 18 further children or young people care planning is concerned with permanence.
- Of local fostering provision there are currently 5 households with placement availably (depending on matching considerations) for 5 children.
- During the session 2018/19 we will be working on developing a new foster scheme and seeking committee approval for this. We consider that with a fee based scheme skilled carers are more likely to identify themselves as have the necessary ability, with training, to fulfil the caring role.
- Following due process and certain other changes, including adoption or need for residential accommodation, the number of children placed in independent foster care has reduced from the reported 19 placements in the 2016/2017

report to 14. 12 of that number of 14 are matched placement, or in the process of becoming matched, given planning being concerned with permanence.

- We have a number of residential placements in Moray to meet a range of needs including complex learning and autism needs as well as what is referred to a social emotional behavioural needs. Residential provision in Moray is supplied by Moray Council, Action for Children, Aberlour Child Care Trust and Scottish Autism: the total number of beds available are 21 plus an assessment bed.
- There were a further 22 residential beds out of Moray placement being made on a number of needs. Placement breakdown, especially adoption or long term fostering breakdown is increasing and we are undertaking an audit into this issue.
- The increase in activity in the education development of the SEBN provision will ensure planning is effective for young people returning to Moray. This takes time and planning to ensure alternative education package paired with appropriate care placement.

Health & Social Care Financial Position

MORAY INTEGRATED JOINT BOARD
SOCIAL CARE SERVICES OUTTURN 2017/18
MORAY INTEGRATION SERVICES FINANCIAL OUT TURN 2017/18

	£ 000'S
Learning Disabilities	5,585
Mental Health	962
Addictions	1,003
Adult Protection & Health Improvement	144
Care Services provided in-house	13,427
Older people & PSD - Assessment & Care	16,945
Intermediate Care & OT	1,508
Care Services provided by External Contractors	11,024
Admin & Management	708
	51,306

Due to the focussed structure of the IJB this is presented as outturn rather than budget against actual as this would distort things given that the funds that flow to the IJB from the Council aren't the same as those that flow back to the Council.

However, key financial pressures remain in domiciliary care for older people and complex learning disability.

5. Service Quality and Performance including delivery of statutory functions

Service Quality and Performance

Social work services contribute to the development of Moray as identified in Moray 2026, which provides a strategic context for the delivery of social work services in Moray.

Health & Social Care Moray

Moray Council has been imbedding the ethos of Self-Directed Support (SDS) since 2012. Since the enactment of the Social Care (Self-Directed Support)(Scotland) Act 2013, all individuals who are eligible for long term support are assessed through the SDS processes alongside the values and principles which underpin the legislation. The legislation has enabled individuals to take greater control over their care and support, allowing them to live the life they want having their support delivered in a personalised way.

Budgets are allocated to individuals through the use of a Resource Allocation System (RAS) with work currently being undertaken to review the current price point to ensure that this is still set at a sufficient level to allow individuals to meet their outcomes in line with rising costs of provision.

For the reporting period of 2017/18 there were a total of 1,315 individuals who were in receipt of SDS, this can be broken down as follows:

SDS Option	No. of clients
Option 1	199
Option 2	212
Option 3	892
Option 4	12

The number of individuals in receipt of a Direct Payment fluctuates throughout the reporting period; however the number of individuals opting to receive their care and support through Option 1 has steadily increased since the implementation of the SDS legislation.

A pilot project has been undertaken to specifically look at Individual Service Funds (ISF's) which form part of Option 2 of SDS. The project was coproduced in conjunction with potential ISF providers to enable widespread learning and the development of a provision which allows for greater flexibility similar to that afforded to a Direct Payment. The project showed that, despite the numbers of individuals opting to have an ISF being low, those that did receive an ISF, did so to have the choice and flexibility afforded with a Direct Payment yet without the direct control of their personal budget. The project has produced valuable learning and development for both Moray Council and the ISF providers to be able to take this into mainstream delivery of SDS. A final report has been written highlighting the outcomes of the

project and next steps to continue our learning and development of ISF's to enable greater choice to be offered through SDS.

Moray Council were one of two test sites for the Scottish Government with the aim to explore and test the use of all SDS options to those individuals living in residential care. At present this group of individuals are not able to receive Option 1 of SDS within the current SDS legislation, with the question being as to whether this option of SDS should be made available to those in residential care. The two year project explored what this would look like for the individual, and the impact that this would have on both them and the care home itself. A final report has been written for submission to the Scottish Government and recommendations will be made to the Minister in due course based on the findings from Moray and our partner test site in East Renfrewshire in due course. The reports will help determine as to whether there should be a legislative change to allow the use of Direct Payments to those individuals in residential care. Local learning which we can draw upon is the value in having meaningful conversations with individuals residing in care homes in Moray and the positive impact that this can have on them. Personalised outcomes can be developed regardless of any legislative change relating to the use of Direct Payments until such a time when there may be a change in legislation.

A revised action plan is being developed following on from a series of workshops with staff and service users, taking on board their views as to where we are in the implementation of the SDS legislation and the steps which we still need to take to successfully implement the ethos behind SDS. The aim is to ensure that our systems and processes support the principles of SDS, allowing for choice, control and flexibility to underpin the work we do in recognition of the 10 year strategy (2010-2020) for embedding SDS. This has required a cultural change both in the workforce and with the individuals we support to allow for a change in the way in which assessments are undertaken and outcomes identified.

Health & Social Care Moray Performance

Health & Social Care performance is monitored and reviewed monthly on a formal basis. The following statistics demonstrate activity over period 2017/18:

- The rate of those in Permanent Care has gone from 23.42 in Q1 March 2017 to 23.24 as of March 2018. There has been a raw figure increase for the respective quarters of; 454 to 459.
- For the personal outcome "Having Things To Do", where in 2016/17 the question was met 66.7% times, partially met 30% and not met 3.3%. In 2017/18 these numbers were 66.4% met, 29.8% partially met and 3.8% not met. As a result the direct rate of not met has been increased by 0.5%.
- For the personal outcome "Feeling Safe", where in 2016/17 the question was met 78.7%, partially met 19.8% and not met 1.5%. In 2017/18 these numbers are 77.3% met, 20.7% partially met and 2.0% not met. This is an increase of 0.5% not met. This demonstrates a reasonable stability in terms of outcome reporting.

Balance of Care (Number of Service Users Receiving Permanent Care and Homecare)				
	Permanent Care	Homecare	Receiving less than 10 hours of Homecare	Receiving 10+ hours of Homecare
Jun-17	467	888	551	337
Sept-17	483	900	557	343
Dec-17	469	894	557	337
Mar-18	459	919	574	345

The number of Older People in Permanent Care has fluctuated this year and for the first time in 4 years the numbers of those receiving care increased year on year. Despite the increasing numbers, however, there was a noticeable reduction from June onwards in those receiving Permanent Care. This resulted in an end of year rate per 1000 in permanent care being lower than last year despite a slightly higher figure, due to the increase in the 65+ demographic.

Integrated Children's Services

In 2016 Education and Social Care adopted a departmental service improvement plan. This plan included further detail in relation to the national position -

Indicator	2015/16	2016/17	Change	Performance Against Comparators / National
Integrated Children's Services				
The gross cost of "Children Looked After" in residential based services per child per week	**£3,792**	**£4,018**	**+£226**	**Moray** –gross cost of "Children Looked After" in residential based services per child per week - **£4,018 (Rank 9th)** *(Rank 1st highest gross cost)* **Scotland - £3,404**
The gross cost of "Children Looked After" in a community setting per child per week	**£393**	**£435**	**+£42**	**Moray** –gross cost of "Children Looked After" in a community setting per child per week - **£435 (Rank 3rd)** *(Rank 1st highest gross cost)* **Scotland - £313**
Balance of care for looked after children: % of children being looked after in the community	**83.6%**	**82.3%**	**-1.3%**	**Moray** – looked after children: % of children being looked after in the community – **83.6% (Rank 31st)** *(Rank 1st highest proportion in foster/family placements rather than residential accommodation)* **Scotland– 89.9%**

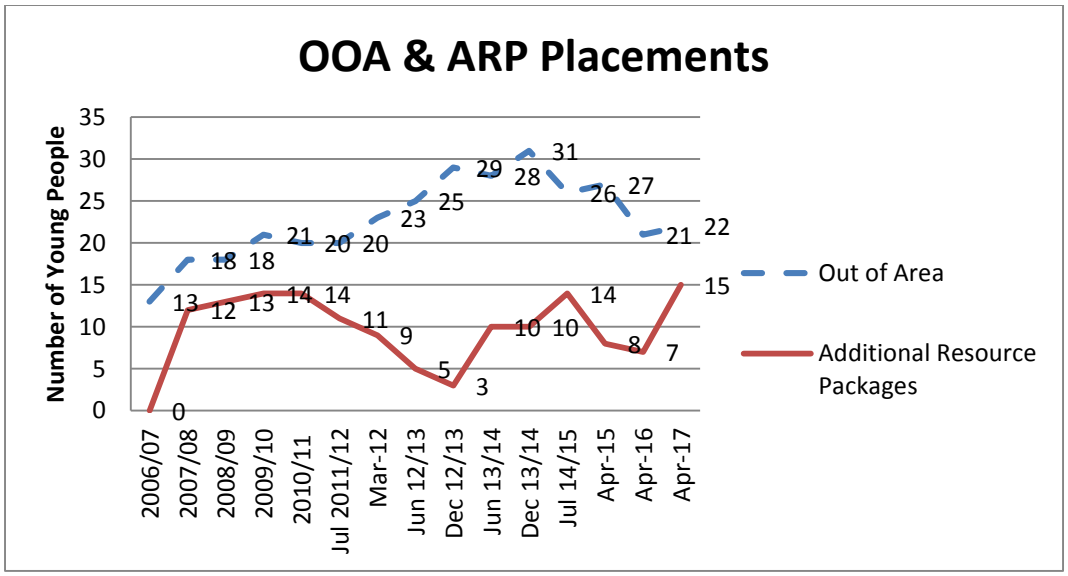
At the end of March 2018 the overall rate of Looked After and Accommodated Children (LAAC) in Moray stood at 9.3 (per 1,000 of the child population), the target rate of 8/1,000 has not been achieved since quarter 2 of 2015/16. The majority of children are accommodated in a family placement (73.4 %); however this proportion has consistently reduced throughout the course of the year from 79.9 % at the end of quarter 1, and, continues to remain below the 80% target. The percentage of LAAC accommodated in a residential placement within Moray has increased to 13.3%, an increase of 1.3% from the same period last year and well above the target threshold of 8.5%. The percentage of LAAC accommodated in a residential placement outwith Moray has increased to 13.2%, an increase of 4.3% from the same period last year and well above the target threshold of 10.5%. It was envisaged that with the

provision of an additional six spaces within the new build Cala unit need for out of area placements would reduce, this however has proven not to be the case. Although occupancy levels in the Cala unit are high, as are the other Third Sector units, there clearly remains the need to accommodate children in units' outwith Moray which places pressure on budget resources.

Data is not available for 2017/18 in relation to young people involved in crime, however data from 2016/17 for young people aged 8-17 shows an increase in offences and in the number of young people committing these offences. Between 2015/16 and 2016/17 the number of offences increased from 617 to 731 (18%) and the numbers involved in committing these offences increased significantly from 252 to 326 (29%). This increase in offenders is a reversal of the trend over the previous five years where numbers have steadily decreased from a high point of 473 in 2011/12.

Criminal Justice performance indicators are now included within the Integrated Children's Services suite of indicators. Throughout the course of 2017/18 a total of 503 Criminal Justice social work reports were submitted to courts, all of which were submitted by the due date. 2017/18 has witnessed a significant rise in the number of Community payback orders issued. In 2017/18 there was a 25% increase in orders issued in comparison to 2016/17 (163 – 205).

Number of Out of Area Residential Placements & Additional Resource Packages – April 2017



The April 2017 figure represents: -

A. Out of area residential placements consisting: -
   (i) 20 residential placements for Looked After Children; 3 of which are expected to end no later than July 2017;
   (ii) 2 educational placements requested by parents for children with specific educational needs each of which will end by July 2017.

A total of 22 residential placements, which is an increase of 1 since April 2016.

B. Additional resource packages consisting of 15 additional resource packages, 7 of which maintain looked after children in school/education.

Apart from the joint children's services inspection progress review the service had four further inspections:

Moray's Supported Lodgings Project was inspected in September 2017 by the Care Inspectorate. The service provides an Adult Placement Service to young adults in the Moray area who have been Looked After Children. The aims and objectives of the service are to help young people currently aged 16 - 21 move from a care setting into a supportive environment to help them prepare to live independently in the community.

Inspectors reported on the following quality indicators and the evaluation for the Moray Project was as follows: -

- Quality of Care and Support Grade 5 Very Good
- Quality of Staffing Grade 5 Very Good
- Quality of Management and Leadership Not assessed

Moray's Adoption Service was inspected in August 2017 by the Care Inspectorate. The Moray Adoption Service provides an adoption service for children and young people assessed as being in need of permanent care away from home and recruits and supports adoptive families to provide adoption placements.

Inspectors reported on the following quality indicators and the evaluation for the adoption service was as follows: -

- Quality of Care and Support Grade 5 Very Good
- Quality of Staffing Grade 5 Very Good
- Quality of Management and Leadership Not assessed

Moray's Fostering Service was inspected in August 2017 by the Care Inspectorate. The Moray Fostering Service provides a fostering and family placement service for children and young people aged 0 -18 years. The Council recruits, assesses, approves, supports and trains carers to provide a fostering service to a range of children throughout Moray. This includes long-term and short-term care as well as respite care.

Inspectors reported on the following quality indicators and the evaluation for the fostering service was as follows: -

- Quality of Care and Support Grade 5 Very Good
- Quality of Staffing Grade 5 Very Good
- Quality of Management and Leadership Not assessed

Moray's Residential Service, managed by the council, Cala, was inspected in July 2017 by the Care Inspectorate. The service provides 6 residential placements for young people 11 and over with the aim of providing a therapeutic setting to support recovery from trauma and positive movement towards independence.

Inspectors reported on the following quality indicators and the evaluation for Cala was as follows: -

• Quality of Care and Support	Grade 4	Good
• Quality of Staffing	Grade 4	Good
• Quality of Management and Leadership	Grade 4	Good
• Quality of Environment	Grade 5	Very Good

This represents considerable improvement against previous inspections.

2017/18 has seen considerable drive and energy across all agencies pulling, and pooling, together resources and we are now beginning to achieve a number of the asks of the young people, asks which should thereafter evidence positive difference to the lives and experiences of our Care Experienced Young People. Three main achievements were: -

- The launch of the Champions Board;
- The launch of the Corporate Parenting Strategy for Moray Community Planning Partnership;
- Moray signing up to the Care Leavers Covenant.

With clear vision and leadership the focus areas for Corporate Parenting in Moray for the next year will be:-

- Continue to work in partnership to deliver on our 10 Guarantees - which is consistent with leading and implementing Moray's Corporate Parenting Strategy;
- Focus on staff training so that all Corporate Parents feel competent and confident – this is consistent with ensuring Moray is fully undertaking its duties with regards the Children and Young People (Scotland) Act 2014 and providing support and guidance to all corporate parents;
- Continue to have Champions Board meetings every 4 months – which will reflect our active engagement with our CECYP, by hearing and acting on their views which should continue to support us to improve our approaches to corporate parenting;
- Embed the PACE improvement methodology;
- Be SMARTER with our measurements – we will revisit and refresh those listed in the Strategy.

Complaints 2017/18

	Number of Complaints	Number and % responded to in target timescale	Number Upheld / Part Upheld / Not Upheld or Lack of Evidence
Integrated Children's Services	18	7 (39%)	3 / 9 / 6
Community Care	28	24 (86%)	7/ 9 / 12
Total	**46**	**31 (67%)**	**10 / 18 / 18**

A total of 18 ICS complaints were responded to and closed within the reporting year. Of these complaints three were frontline complaints, none of which were upheld. 15 complaints were resolved at investigative stage. Three investigative complaints were upheld, six were part-upheld and the remaining three were not upheld. The three frontline complaints were all responded to within the 5 day target. Of the 15 investigative complaints only 4 (26%) were responded to within the 20 day timescale.

Complaints in Community Care were higher in number, reflecting the larger size of the service. Of these complaints 18 were frontline complaints, 5 of which were upheld. There were 6 investigative complaints, 2 of which were upheld and 4 escalated investigation complaints, none of which were upheld.

The complaints process has changed following National requirements and there will no longer be the option of a Review Committee. People not satisfied after formal investigation and response will be advised to refer their complaints to the Ombudsman.

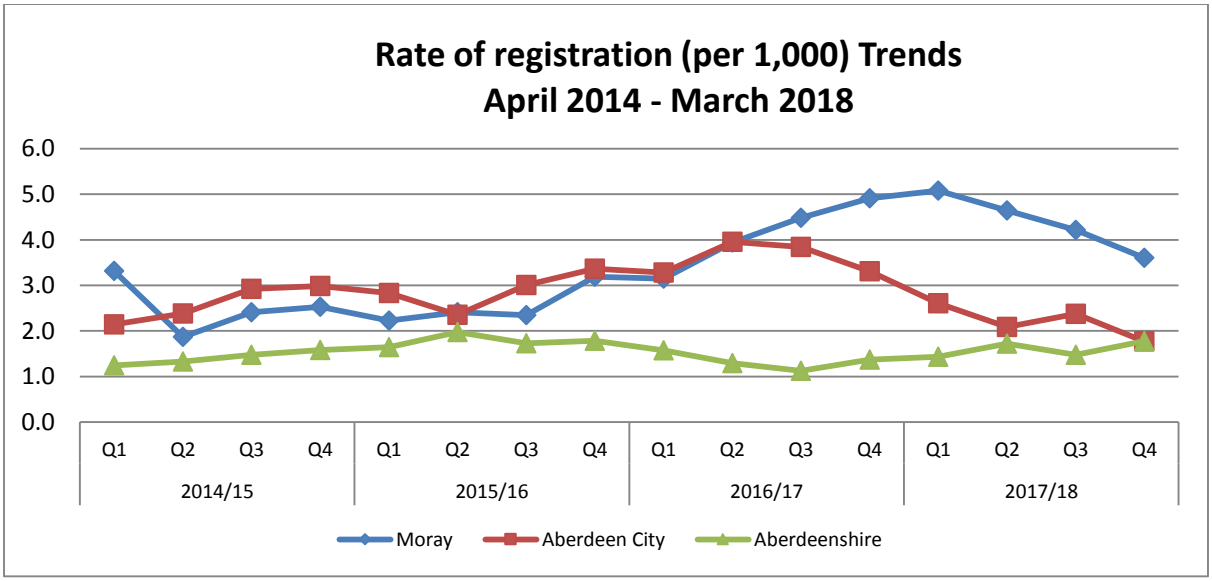
STATUTORY FUNCTIONS

Child Protection

The Moray Child Protection Committee (CPC) has updated several key multi-agency documents over the past year including the role and remit of the Child Protection Co-ordinating Group, implementing the Significant Case Review procedure and refreshing the IRD procedure. The updated resources can be found here: http://www.moray.gov.uk/moray_standard/page_90286.html

The Moray CPC regularly receives performance management information which is derived locally and from the North East of Scotland Child Protection Register (CPR) which covers Aberdeenshire, Aberdeen City and Moray and is managed by the Child Protection Partnership (CPP). This information provides data trends across Moray in relation to risk indicators and comparisons to previous quarters throughout the year. The number of children recorded on the CPR in Moray has risen to 70 plus as can be seen in the chart below which is above the national average as of 31 March 2017.

Moray CPC is currently reviewing all performance management information in order to gather and present meaningful information that can help identify both good practice and areas for improvement. Most importantly Moray CPC is looking to provide rich analysis behind the performance management information so that this can be used to improve outcomes for children and direct targeted resources accordingly.



Over the past year the Moray CPC has:

- Strengthened its Governance through the creation of Chief Officers Group and subsequent revised structure across the Moray Partnership
- Successfully held a development day with all staff connected to Moray CPC and actioned the key feedback
- Developed and implemented the Significant Case Review procedure for all staff
- Updated guidance for all staff on the process for Police Concern Reports under the Children and Young People (Scotland) Act 2014

- Successfully conducted an IRD audit and taken the learning into the new IRD procedure which was launched and will be subject to review in 2018is set for a multi-agency launch later in 2017
- Introduced a Neglect sub group of the CPC to take forward the Neglect agenda across Moray

- Published guidance and training for staff on accessing Legal Services.

Moray CPC is considering how it can take help take forward the outcomes from the recent Joint Children's Service Inspection carried out by the Care Inspectorate, its own improvement plan, and the recommendations from the National Child Protection Improvement Programme set out by Scottish Government. The ongoing audit and review of IRDs and Childs Planning Meetings will further enhance the CPCs ability to keep children safe and improve outcomes for all children cross Moray.

The Moray CPC has played a key role in the progress of the Moray Learning and Development Group (MLDG). The MLDG consists of experienced professionals from Health, Education, Social Work, Police, and Third Sector. It is the responsibility of the MLDG to develop and deliver a multi-agency Child Protection, GIRFEC and Early Years training calendar for all staff working with children and young people across Moray. After a successful year the MLDG are currently rolling out 3 monthly training calendars to address multi-agency training gaps and, importantly, will quality assure the training to measure its impact on practice. There are various training courses available which can be found here

A key development area for the Moray CPC moving forward is how best to engage children, young people, families and their communities in the child protection agenda and the wider consideration of protecting children. We are working with the third sector and services to progress this.

This will allow us to consider the effectiveness of the work of the CPC and ensure that our work meets locally identified priorities and supports a safer family/safer community approach.

Adult Support & Protection

The previous report identified areas required to promote better awareness of Adult Support & Protection:

Continue to raise public awareness and for NHS staff, work continues on promoting awareness across Moray. The ASP trainer has completed in excess of 40 training sessions in the last year. Modules 1 and 2 focus on those working directly with service users both in the community and within a care home setting. Modules 3 and 4 specifically target social workers who have a minimum of 1 year experience – this enables them to become Council Officers and able to complete ASP investigations on behalf of Health and Social Care Moray. A variety of public information is made available with all relevant information being displayed on council web site, leaflets, and posters. Data collected for the Moray Adult Protection Committee (MAPC) and Scottish Government statistics indicate another increase in referrals over the past year. The number of referrals from Police Scotland have also increased; however, these involve a large number of people with known addictions along with those who are at risk of suicide. In most circumstances there is evidence to suggest people being referred have mental health related issues.

In particular the MAPC has focussed on raising the profile of, and awareness of financial harm.

Additionally, the APU consultant practitioner attends the weekly public safety hub established in January 2015 and led by the community safety team based in Elgin. It is attended by all statutory agencies and relevant information is shared proportionately. There have been improvements in agencies attending ASP case conferences and it is felt this is due to the sharing of information and the introduction of these weekly hub meetings.

The Interagency Grampian Working Group (representatives from Moray, Aberdeen City and Aberdeenshire) has updated the Interagency Grampian Policy and Procedures for ASP and this has been approved by all three APC's. To assist MAPC in fulfilling its multi-agency functions and responsibilities, a series of short life working groups have been established to take forward the work of the Committee. In addition there are now three sub groups which meet on a regular basis to address the key functions of MAPC:

- The Grampian Working Group;
- The Grampian Joint Training Group; and
- The Financial Harm Group

In addition, recognition is also taken of the outcomes from national reports on adverse events.

In raising the profile of financial harm there are many challenges for Adult Support and Protection across all agencies, one being co-operation from the many financial institutions and Moray have distributed leaflets, posters to be displayed in business premises and it is hoped this will enhance awareness across Moray. The introduction of the updated and Scotland wide approved form - Re: Request for Information from Financial Institutions - Section 10 Adult Support and Protection (Scotland) Act 2007 (ASPA) has now been implemented. It is anticipated this will encourage financial institutions to participate more willingly in the ASP process therefore reducing the risk to Adults at Risk of financial harm or exploitation.

An ASP protocol for 16 – 18 year olds was agreed early in 2018 and rolled out in the first instance to Access team where it is triaged. Consideration is given to whether it meets the three point test or if it is a wellbeing issue within the GIRFEC agenda. It is then forwarded to the appropriate service for attention.

Our focus for the year 2018 to 2019 will be;

- Develop new training methods that will focus on more joint training between partner agencies
- Ensure policies and procedures are relevant and robust
- The APC will develop a risk register in response to the recent introduction of inspections carried out across 6 local authorities across Scotland
- Large Scale Investigation policy will be reviewed by the Grampian Working Group.

Criminal Justice

Over the past year Criminal Justice staff have continued to be involved in contributing to the Improvement Plan associated with the National Multi Agency Public Protection Arrangements (MAPPA) Inspection.

Moray Criminal Justice Service acted as a pilot area in relation to the introduction of the new MAPPA templates. We provided feedback to the Risk Management Authority which helped shape the roll-out of the planned national training of the templates by the RMA.

Following the training given to all staff the Moving Forward Making Changes case management pack is now delivered to High Risk Sex Offenders.

Joint work with Police, Youth Justice and other Council Services continues in order to improve outcomes for young people at risk of offending.

Officers have been involved in preparing for and addressing the changes to Community Justice which resulted from the Scottish Government's Community Justice Re-design. Following considerable consultation with the public and across the partnership the new Community Justice Partnership (CJP) held its first meeting on 13th January 2017; the CJP also submitted its first plan to government in line with the statutory requirements.

Integrated Mental Health Services

Good Mental Health for All in Moray 2016-2026 was launched in September 2016. The strategy was developed by people with lived experience of mental health problems, their families and those involved in mental health service delivery. It focusses on protection, promotion, prevention and early intervention as well as treatment and care services. It is recovery focussed and promotes a strengths based perspective.

Phase 1 of the implementation plan focussed on mental wellbeing and early intervention and much was achieved in 2016/17 including: the commissioning and opening of the Mental Health and Wellness Centre operated by Penumbra; the employment of Link Workers attached to GP practices for people experiencing distress; the commissioning of Peer Support Workers to increase community capacity and to improve self- management skills; the delivery of Wellness Recovery Action Planning (WRAP) and Living Life to the Full courses led by Community Recovery and Wellbeing Champions. In 2017/18 these services have become established and embedded into the range of community wellbeing supports.

In 2017/18 phase 2 of the implementation plan focused on care and housing support for people who have continuing mental health support needs. The Partnership has undertaken a highly detailed multi-agency scoping exercise to inform a retendering process for flexible recovery focussed community support services. The retendering and recommissioning exercise is planned for autumn 2018. Part of the tender will be for services for people with high and complex support needs with the intention of reducing the number and duration of admissions to hospital.

The coming year will see a review of the function of the Community Mental Health Team.

Specific achievements in Mental Health care are:

- The newly commissioned Mental Health and Wellness Centre has opened. It is operated by Penumbra and located in a shop premises in the centre of Elgin. Member s of the public can access it directly to receive short term support and/or information about mainstream and targeted activities in Moray to promote mental wellbeing and it provides a first contact for people in distress.
- Link workers attached to GP practices are employed to provide direct access for GPs to time limited help and support for people experiencing mental distress.
- Peer Support Workers have been commissioned in Moray to increase community capacity and to improve self- management skills.
- The Making Recovery Real Initiative has progressed throughout the past year, with Recovery Café events and Recovery Roadshow events taking place in Moray.
- The Partnership has supported delivery of Wellness Recovery Action Planning (WRAP) and Living Life to the Full courses. These are led by Community Recovery and Wellbeing Champions contracted through the Scottish Recovery Network. The Wellbeing Hub also runs these programmes.
- A recovery service improvement exercise is planned throughout the mental health service using SRI2. This will inform future developments in recovery focussed service delivery.
- A review of commissioning for residential based care and housing support for those who have high and complex support needs is being progressed and will continue into the coming year.
- The coming year will see a review of the function of the Community Mental Health Team

Mental Health Social Work Team

In the past year has been a development towards a re-enablement approach which results in shorter term interventions. There continue to be challenges around differing thresholds for the secondary service and understanding of social workers' roles within the wider service.

One of the priorities for the Mental Health Social Work Team for the coming year is a focus on strengthening a recovery approach to the support that is provided to individuals who live with mental ill health. The team is keen to develop their skills in evidence based ways of working with people and are undergoing training in Mindfulness techniques.

The acute mental health ward has limited bed capacity due to staff recruitment difficulties and this has had an effect on the mental health team who have had to be more creative in their support of service users experiencing deterioration in their mental health. This has included using provider hours flexibly to provide intensive support to individuals at times of crisis.

Mental Health Officers

The Mental Health Social Work Team Manager and Consultant Practitioner have an overview of all casework undertaken by the Mental Health Officer service. Accountability for the service has been strengthened and the MHO Governance Group including Mental Health Team Manager, Consultant Practitioner, Service Manager Learning Disability and Chief Social Work Officer now meet biannually to discuss issues arising from the MHO provision.

In the past year four MHO candidates successfully completed the MHO course and three are practicing as MHOs on the daytime rota. One of the new MHOs is working as an MHO out of hours.

In 2017/18 there were no experienced social workers interested in training to be an MHO and for this reason a call for notes of interest was relayed to the teams in autumn 2017 which brought a positive response. A meeting was held with the individuals who expressed an interest and they had chance to find out about the role and about the course prior to formal recruitment in spring 2018. Two social workers who noted interest have now been recruited to the 2018/19 programme and some social workers have indicated their interest for future years.

There are currently 15.87 FTE MHOs in Moray. It is positive to note that 6 MHOs (35%) in the service are aged under 40. However 6 MHOs (35%) are 55 or over and are likely to retire within the next 12 years. Retirement is not the only aspect that needs to be considered as some MHOs are promoted and cease to practice and others may not fulfil all aspects of MHO duties due to their specific post or occasionally for health reasons. However unless there are a number of MHOs leaving the service then Moray should continue to be able to meet its statutory mental health responsibilities without difficulty.

The Mental Health Officer Forum is well established and is well attended. Peer supervision groups have been introduced in 2017 and these groups meet quarterly to discuss cases and share learning. Enhanced support for newly qualified MHOs has been introduced.

Mental Health Care and Treatment Scotland Act 2003

Orders granted

Year	EDC	STD	CTOs granted	CO	Live CTOs as at year end
2016/17	11	66	10	1	29
2017/18	13	57	11	1	33

EDC = Emergency Detention Certificate**, STD =** Short Term Detention Certificate**, CTO =** Compulsory Treatment Order**, CO =** Compulsion Order

Comparing figures from previous year the numbers of Short Term Detentions have reduced which is difficult to explain with any certainty but possibly reflects the reduced number of beds available in Scotland for acute psychiatric admissions. However the variance for orders is small and this does not necessarily indicate any particular trend. MHOs are involved in mandatory reviews for people on a Compulsory Treatment Order so end of year figures in the table above give an indication of the level of MHO involvement required.

Adults with Incapacity (Scotland) Act 2000

Table 4 - MHO reports requested

Type of order	2017-2018			2016-2017		
	CSWO	**Private**	**Total**	**CSWO**	**Private**	**Total**
Welfare	2	7	9	3	18	21
Welfare+finance	2	24	26	8	35	43
Welfare+ intervention order	7	7	14	3	3	6
Welfare+finance +intervention order	0	1	1	0	0	0
Intervention order	3	2	5	0	1	1
Variation	0	2	2	0	0	0
Variation +intervention order	1	0	1	0	0	0
Renewal	2	1	3	2	1	3
Total	**17**	**44**	**61**	**16**	**58**	**74**

The rate of requests for Adults with Incapacity MHO reports has levelled out from the previous year's high. There were 61 requests for guardianship reports in 2017/18 and 74 requests in 2016/17.

In 2017/18, 34.5% of all applications included intervention orders as opposed to 9.5% of all applications in 2016/17. Intervention orders require a separate report so where welfare powers and intervention orders are part of the application this increases workload. The increase in Intervention Order applications in 2017/18 is inflated because of the need to sign tenancies on behalf of users of the learning disability service who moved accommodation as a result of the accommodation review.

The table above shows that 39% of all applications in 2017/18 were local authority applications whereas in 2016/17 only 22% of all applications were local authority applications. This increase in 2017/18 may also reflect the need to authorise accommodation moves for people who have no family members able or willing to apply for powers.

Local authority and private welfare guardianships

Service user groups subject to welfare guardianships as at 31/03/18	Private welfare guardianships	Local authority welfare guardianships*	Total welfare guardianships
Learning disability	108	12	120 (55%)
Dementia	61	26	87 (40%)
Mental Health	0	3	3 (1%)
Acquired Brain Injury	6	1	7 (3%)
Total	**175**	**43**	**217 (100%)**

*excludes cross border placements where guardianship is held by another local authority

The table above reflects the statutory workload for community care teams who supervise private guardians and are delegated welfare powers from the CSWO. The supervision of guardians within the time scales is difficult to achieve. A prompt from the AWI administrator notifying social workers of review is in place and it has been recommended to social workers that they schedule reviews to coincide with annual social work reviews of the support plan.

The table shows that where possible families are encouraged to apply for powers rather than the local authority, as the legislation requires. In consequence the CSWO holds only 25%of all welfare guardianships in Moray.

The table shows that people with learning disability are the highest service user group (55%) subject to welfare guardianship but only 10% of these are held by the local authority. People with dementia is the second largest service user group and accounts for 40% of all welfare guardianships of which the local authority holds 43%. The trigger for action under AWI for older people tends to be a health crisis where the person is admitted to hospital. Often an older adult being admitted to hospital receives a capacity assessment and the conclusion is reached that the adult does not have capacity to make decisions about their future care. Consequently, the person remains in hospital until action can be taken under AWI. The length of time that private guardianships in particular take to complete is contributing to the delays in hospital discharge.

Section 13ZA Social Work Scotland Act 1968 is used only occasionally to place older adults with incapacity in care homes. Factors that preclude its use include complex family relationships, financial and property matters exceeding the level at which access to funds would be appropriate or the adult had indicated that they would never wish to go into a care home. Discussions continue to find a solution to reduce long stay hospital admission where there is capacity.

Complex Needs – Learning Disability

The work done by the Accommodation Review highlighted a number of improvement opportunities in LD services, in addition to this there was additional pressure on resources from the people, many with high cost care needs, coming into adult services following transition from school. There was also an acknowledgement that there were high levels of existing expenditure on support for people who have a learning disability and there were opportunities around the integration of health and social care in learning disability services. It was acknowledged that a new operational model was needed and Alder Associates were identified as consultants to support both the development of a new model and health and social care integration in LD services. A series of workshops were held leading to the adoption of the progression model which incorporates longer term planning, working to individual outcomes and the development of a range of sustainable housing options. Early indicators are that the adoption of the model is supporting a number of individuals to enjoy improved outcomes and is leading to benefits realisation in terms of improved lifestyles, living arrangements and cost saving.

Woodview (Urquhart Place, Lhanbryde)

The decision to decommission a care home at Maybank, Forres for service users with severe autism and to commission a new build on the outskirts of Lhanbryde was taken in 2013. This was a time when a critical report had been published by the Care Inspectorate in relation to the quality of care provided at Maybank for 4 service users with severe autism.

The report reflected Adult Community Care's concerns regarding the overall suitability of the Maybank property to support people with challenging behaviour and the related impact that this had on recruitment and the retention of staff.

During the week of 14 August 2017, Maybank was decommissioned as a care home residence and the 4 service users became tenants at a £2.5m new build development consisting of 8 bungalows, an office and communal area at Woodview on the outskirts of Lhanbryde.

Although, this represents the initial phase of the project, there has been a significant drop in the recorded incidents and a reduction in the medication for the tenants. Staff retention rates also remain high. Overall, this project has already had a significant positive impact on the lives of the tenants and members of staff.

Plans are in place to support a further 4 service users from Moray and out of area to move to Woodview in the Spring of 2018.

6. Workforce

a) Planning
b) Development

Moray Council's corporate workforce strategy sets out the council's overarching approach to developing a skilled, motivated and flexible workforce able to deliver efficient high quality services that will make a difference to the community of Moray. The main themes for 2017-18 continued to be workforce transformation and change, employee engagement, leadership development and capacity with the addition of recruitment and skills development and while these broad themes are set at a corporate level, there is an expectation that they are cascaded throughout the organisation and embedded within all workforce development activity. Underpinning this, Moray Council continued to promote and develop a positive workforce culture in line with the values set out in Working Together for a Positive Workforce incorporating the corporate plans and aspirations.

As part of the Council's Organisational Development Service the social work training team have continued to support employees within the social work disciplines across services and teams to meet their registration requirements as well as developing, delivering, facilitating and promoting a range of learning and development opportunities.

The learning and development delivered has been based on the information gathered from managers via the annual training needs analysis (derived from supervision, individual casework, team meetings and for some employees from the corporate employee review and development programme). Discussions with heads of service about the strategic requirements for the workforce and responding to demand arising from the Care Inspectorate Joint Inspection of Services for Children and Young People in Moray and partnership arrangements with the Moray Integrated Joint Board also strongly influence the learning and development that is delivered. This has included contributing to the review of supervision, development of a self-evaluation tool within Children's Services Social Work, training on Adverse Childhood Experiences and adolescent brain development.

Training and development support continues to be provided to the residential services for children and young people to facilitate the learning and development of the team as well as ensuring attainment of SSSC registration requirements mainly with regard to SVQs in Children and Young People. This has included a number of specific development days for team building which has improved the overall cohesiveness of the teams. SVQs and Professional Development Awards are also provided for workforce development across Adult Services.

The training team continues to sponsor and co-ordinate the attainment of the practice teacher qualification for a number of social workers across the organisation both financially and through facilitating and supporting access to social work students through placements at various points throughout the year.

Work also continues to support newly qualified social workers to evidence their post registration training and learning (PRTL) ensuring that core competencies are embedded, specialist skills are developed and effective learning is promoted.

Placements and support continues to be provided to a number of Social Workers in training on a regular basis.

Work has progressed on our response to the Foster Care Standard that has been developed based on one of the outcomes of the 2013 National Foster Care Review A review of the training calendar to ensure the new standards are met has taken place with a new programme of training produced for Placement Services and some areas for development identified.

A number of post-graduate qualifications continue to be sponsored including the Post-Graduate Certificate in Child Welfare and Protection and the Mental Health Officer Award to ensure the council's capacity for knowledge and skill within these specialist areas is kept up to date.

Workforce development activity has also been delivered through the multi-agency Moray Learning and Development Group (MLDG) which works on behalf of the Community Planning Partnership and is responsible for the development, delivery and quality assurance of a multi-agency Child Protection, GIRFEC and Early Years training calendar for all staff working with children and young people across Moray.

In 2017 the MLDG successfully delivered its a full and varied programme of multi-agency training calendar which also incorporated developing training to address the key training needs emerging from the afore mentioned Care Inspectorate Joint Inspection of Services for Children and Young People in Moray as well as training needs emerging from the Moray Children's Services Plan 2017-2020.

As part of the response to the training and development needs arising from the joint inspection of services for children and young people, an organisational development strategy has been drafted. The purpose of this strategy is to create and develop a learning organisation approach across the partnership.

Work to support the learning and development of the social work workforce within adult services continues as part of the social work training team's standard training catalogue. This is largely focused on the workforce development aspects of rolling out the Progression Model within the Learning Disabilities Service.

Instruction in Behaviour Support Strategies and Safer People Handling continues to be a core element of the training delivered to the workforce as required.

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 29 NOVEMBER 2018**

SUBJECT: **SURGE PLAN 2018/19**

BY: **ROSEMARY REEVE, INTERIM PUBLIC DENTAL SERVICE MANAGER**

1. REASON FOR REPORT

1.1. To inform the Board of the Health & Social Care Moray, Dr Gray's Hospital and the GMed Surge Plans for 2018/19.

2. RECOMMENDATION

2.1. It is recommended that the Moray Integration Joint Board (MIJB) considers and notes that Health and Social Care Moray, Dr Gray's Hospital and GMed have robust and deliverable plans to manage the pressures of surge at any time of the year including Winter/Festive Period.

3. BACKGROUND

3.1. Throughout the year Moray Acute and Community hospitals experience fluctuating challenges with patient flow in and out of the hospitals. This is proactively managed on a daily basis through attendance at the daily Dr Gray's hospital and whole system huddles and the push/pull effect of the daily dynamic discharge process.

3.2. Pressure increases over the winter/festive period and into January as a result of additional illnesses (such as flu and norovirus) and where normal winter temperatures can causes increases in respiratory and cardiovascular problems affecting the most vulnerable groups in society. This then leads to an increase in the need to to admit people into hospital or to provide support to people within their own homes.

3.3. The key to successful Surge Planning is to ensure that wherever possible, season specific challenges are pre-empted, as well as having a robust Unscheduled Care Plan reflecting the nationally recognised and recommended 6 essential actions (listed below). This includes ensuring good hospital flow

through additional surge periods, times when the demand moves above normal activity and brings additional pressure.

3.4. The Moray Surge Plan reflects the national programme of the 6 Essential Actions to Improving Unscheduled (unplanned) Care Programme. These are:-

1. Clinically Focused and Empowered Hospital Management i.e. by continuing to focus attention on improving the flow of patients through the Hospital infrastructure by means of local discussions and resolute attention on key areas within the patient journey between hospitals and from hospital back to their home(s).

2. Capacity and Patient Flow Realignment i.e. undertaking regular reviews of various data resources such as Safety Brief & Flow huddles, Community Hospital Situation Report, Breach Analysis and the Cross Sector huddles, to improve this.

3. Patient rather than Bed Management - Operational Performance i.e. review processes that support the smooth flow of patients from the hospital front door, with a specific focus on services by admission/discharge predictions, balancing capacity and demand etc

4. Medical and Surgical Clinical Processes arranged for optimal care i.e. triage to appropriate assessment, access to assessment/diagnostics etc

5. 7 day services – to smooth variation across “out of hours” and weekend working by assessing how variation can be eliminated from pathways with a focus on specific service i.e. smooth admission/discharge profile; diagnostics and support services etc.

6. Ensuring Patients are cared for in their own homes i.e. continue working in partnership with IJBs to ensure Delayed Discharge Plans can be delivered and further improve discharge processes and pathways between the acute and community settings.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 The operational plan details how Health and Social Care Moray and Moray Acute Services, including GMed, will manage the fluctuating pressures over the year including the Winter/festive period and demonstrates that Health and Social Care Moray have pre-empted the specific seasonal challenges. The plan can be viewed in the meeting documents for this meeting at https://moray.cmis.uk.com/moray/CouncilandGovernance/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/408/Committee/18/Default.aspx .

4.2 The planwill come into effect from 1 December 2018 and will run throughout the year - December 2018 to November 2019.

4.3 During this period, the Moray Unscheduled Care Group/Huddle will continue to meet for the purpose of monitoring progress in relation to the completion of the actions identified within the plan and to ensure close review of admission and discharge data.

4.4 Progress reports and recommendations for significant actions will be escalated through existing operational reporting channels with any areas of concern being highlighted to senior managers or the senior manager on call out of hours.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019

Health & Social Care Moray, Dr Gray's Hospital and the GMed Surge Plan for 2018/19 are aligned with the National and Locally agreed priorities as well as the National Health and Wellbeing Outcomes.

(b) Policy and Legal

None arising from this report

(c) Financial implications

There are no immediate financial implications arising from the report. The Scottish Government has provided a temporary allocation of funding to support winter pressures that might faced during 2018/19 at the level of £93k.

(d) Risk Implications and Mitigation

Any risks relating to the Health & Social Care Moray, Dr Gray's Hospital and the GMed Surge Plan will be considered and recorded in Datix (risk management system NHS) and escalated where appropriate through the appropriate management structure.

(e) Staffing Implications

At this time there are no staffing implications, however staffing is of significant relevance throughout this period as winter ailments will also affect staff. By planning ahead and maintaining vigilance on staffing levels, early action will be taken as appropriate to mitigate this risk.

(f) Property

There are no property implications directly arising from this report, however there are times when property issues have contributed to surge pressures and through the huddles property issues can be expedited through the appropriate departments to ensure no loss of bed capacity.

(g) Equalities/Socio Economic Impact

There are no negative impacts on equality groups or any potential for infringement of individual's human rights identified. Access is equal for all people presenting for care, however there are national campaigns to focus resource to targeting people with significant health issues and

those who are elderly or suffering from long term conditions, to assist in keeping well throughout winter e.g. people suffering from chronic obstructive airways disease (COPD) who can experience significant deterioration in health during bad weather

(h) Consultations

The report has been for consultation with Chief Officer, Chief Financial officer, Legal Services Manager (Licencing and Litigation), Caroline Howie, Committee Services Officer and Corporate Manager and their comments have been incorporated into the report.

6. CONCLUSION

6.1 Surge planning is a critical part of operational business to ensure business continuity during a potentially pressured time of the year. the Moray team have worked closely with all key stakeholders under the guidance of the NHS Grampian lead for Winter Planning to establish local plans in line with national guidance and good practice.

Author of Report: Rosemary Reeve, Interim Public Dental Service Manager
Background Papers: Available on request from author
Ref:

MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD

CLINICAL AND CARE GOVERNANCE COMMITTEE

THURSDAY 31 MAY 2018

INKWELL MAIN, ELGIN YOUTH CAFÉ

PRESENT

VOTING MEMBERS

Mrs Susan Webb (Chair)	Executive Board Member, NHS Grampian

NON-VOTING MEMBERS

Mr Ivan Augustus	Carer Representative
Ms Pam Gowans	Chief Officer, Moray Integration Joint Board
Mrs Linda Harper	Lead Nurse, Moray Integration Joint Board
Ms Joyce Lorimer substitute for Mrs Maclaren	Service Manager, Social Work, Moray Council
Dr Malcolm Metcalfe	Secondary Care Advisor, Moray Integration Joint Board
Dr Graham Taylor	Registered Medical Practitioner, Primary Medical Services
Mrs Val Thatcher	PPF Representative

IN ATTENDANCE

Mr Sean Coady	Head of Primary Care, Specialist Health Improvement and NHS Community Children's Services, Health and Social Care Moray
Mrs Ann Hodges	Consultant Psychiatrist
Ms Jane Mackie	Head of Adult Health and Social Care, Health and Social Care Moray
Ms Pauline Merchant	Clinical Governance Coordinator, Moray Health and Social Care Partnership
Ms Jeanette Netherwood	Corporate Manager, Health and Social Care Moray
Mrs Liz Tait	Professional Lead for Clinical Governance and Interim Head of Quality Governance and Risk Unit
Mrs Caroline Howie	Committee Services Officer, as Clerk to the Committee

APOLOGIES

Councillor Shona Morrison (Vice Chair)	Moray Council
Mr Tony Donaghey	UNISON, Moray Council
Mrs Susan Maclaren	Chief Social Work Officer, Moray Council

1.	**DECLARATION OF MEMBERS' INTERESTS**
	There were no declarations of Members' interests in respect of any item on the agenda.
2.	**MINUTE OF MEETING DATED 2 FEBRUARY 2018.**
	The minute of the meeting of the Moray Integration Joint Board Clinical and Care Governance Committee dated 2 February 2018 was submitted and approved.
3.	**ACTION LOG DATED 2 FEBRUARY 2018**
	The Action Log of the Moray Integration Joint Board Clinical and Care Governance Committee dated 2 February 2018 was discussed and it was noted that all items due, other than the following, had been completed. Item 4 – Updated Clinical and Care Governance Operational Arrangements – not yet completed, to be presented to the next Board meeting in August. Item 5 – Duty of Candour Consultation – the recommendation was supported but it was agreed to request a report on any learning outcomes to be provided to Committee in one year's time.
4.	**HEALTH AND SOCIAL CARE STANDARDS**
	A report by the Clinical Governance Coordinator informed the Committee of National Health and Social Care (H&SC) Standards awareness and implementation. Lengthy discussion took place on the challenges faced in implementing the Standards and how this will be progressed. It was stated that this should not become a 'tick box' exercise but should make a real difference to care. Among other things a key element should be the measure of patient involvement in their own care. Although person centred care has been a central element for some time the Standards now identify what this would involve. Ms Tait advised that Mr A McGowan, the National Implementation Lead, was visiting Elgin today. He is looking at how these standards can be implemented. Ms Tait asked if the Committee would wish to volunteer to work with national colleagues to develop an implementation plan. It was acknowledged that the Standards give an opportunity to improve practice on how service users are involved in their own care. Consultation with colleagues nationally will help provide information for the formation of an implementation plan. Thereafter the Committee agreed to i) note the newly published H&SC Standards, as attached as appendix 1 to

	the report, will be adopted across Health and Social Care Moray; ii) instruct the Heads of Service, Health and Social Care Moray, to produce an implementation plan; iii) note a means of monitoring performance against the standards will be developed and presented to this Committee at a future meeting; and iv) Ms Tait issuing an invitation to Mr McGowan to collaborate with the implementation of the H&SC Standards.
5.	**LARGE SCALE INVESTIGATION – Heard in Confidence**
	A report by the Head of Adult Services informed the Committee of the process of Large Scale Investigation, undertaken following reports of concern about Adult Protection Support and Protection involving more than 2 people and the commencement of a Large Scale Investigation at a specific care home subsequent to Care Inspection concerns being raised. Following discussion the Committee agreed to note: i) the contents of the report; and ii) an update on the outcome of a Large Scale Investigation will be provided to Committee when completed.

MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD

SPECIAL AUDIT, PERFORMANCE AND RISK COMMITTEE

THURSDAY 26 JULY 2018

INKWELL MAIN, ELGIN YOUTH CAFÉ

PRESENT

VOTING MEMBERS

Dame Anne Begg (Chair)	Non-Exec Board Member, NHS Grampian
Councillor Louise Laing	Moray Council
Mrs Susan Webb	Executive Board Member, NHS Grampian

NON-VOTING MEMBERS

Ms Elidh Brown	tsiMoray

IN ATTENDANCE

Ms Tracey Abdy	Chief Financial Officer
Ms Pamela Gowans	Chief Officer
Mr Atholl Scott	Chief Internal Auditor
Ms Jeanette Netherwood	Corporate Manager
Ms Heidi Tweedie	tsiMoray
Mrs Caroline Howie	Committee Services Officer, Moray Council, as Clerk to the Committee

APOLOGIES

Councillor Tim Eagle	Moray Council
Mr Steven Lindsay	NHS Grampian Staff Partnership Representative

1.	**DECLARATION OF MEMBERS' INTERESTS**
	There were no declarations of Members' interests in respect of any item on the agenda.
2.	**MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD AUDIT AND RISK COMMITTEE DATED 29 MARCH 2018**

	The minute of the meeting of the Moray Integration Joint Board Audit and Risk Committee dated 29 March 2018 was submitted and approved.
3.	**ACTION LOG OF THE MORAY INTEGRATION JOINT BOARD AUDIT AND RISK COMMITTEE DATED 29 MARCH 2018**
	The Action Log of the Moray Integration Joint Board Audit and Risk Committee dated 29 March 2018 was discussed and it was noted that all actions had been completed.
4.	**RISK POLICY**
	A report by the Chief Officer presented the updated Risk Policy for the Moray Integration Joint Board for approval. It was advised there were no material changes to the Policy. Discussion took place on how risks are categorised and the frequency of review. It was stated that a risk categorised as very high may be reviewed every three months whereas those risks that are likely to be rare will not need to be reviewed so often as the controls will not change. It was noted that in the matrix of risk in appendix 1 of the report that if a risk was likely to have a rare occurrence then the consequence/impact, even if extreme, would lead to the risk being no more than medium. It was agreed that even if an event was rare if it was extreme it could be very high risk. It was advised the matrix was a starting point for agreeing risks but during discussion it was agreed that a narrative to explain the reasoning behind risk scores would be beneficial. The Corporate Manager was tasked with reviewing the possibility of including a narrative and providing a further report to Committee. Thereafter the Committee agreed to: i) approve the updated Risk Policy provided in appendix 1 of the report; ii) task the Corporate Manager with reviewing the possibility of including a narrative explaining the reasoning behind risk scores; and iii) note a further report will be presented to Committee in due course.
5.	**STRATEGIC RISK REGISTER – JULY 2018**
	A report by the Chief Officer provided an overview of the current strategic risks, along with a summary of actions which are in place to mitigate those risks, updated as at July 2018. Discussion took place on mitigating actions and what can be done to reduce risk. The Chair stated the register was easier to understand than what was previously presented and asked if all present were of the opinion the correct risks were being reviewed or if there was anything that should be added or removed. During further discussion it was agreed a risk assessment of the General Data Protection Regulation (GDPR) should be undertaken. Thereafter, following further lengthy discussion, the Committee agreed to note:

	i) the updated defined strategic risks for the Integration Joint Board; ii) the updated Strategic Risk Register; and iii) a risk assessment of the GDPR will be undertaken.
6.	**ANNUAL PERFORMANCE REPORT 2017/18**
	A report by the Chief Officer requested the Committee consider and approve the draft Annual Performance Report 2017/18. It was stated that production of the report for publication by 31 July had been challenging as the updated indicators for 2017/18 produced by the Information Services Division for Scotland had not been made available until the beginning of June 2018. Lengthy discussion took place on the content of the report and the need to not only deliver services well but also to capture the information for inclusion in reports such as this. Thereafter the Committee agreed to: i) note the approach taken to produce the 2017/18 Annual Performance Report; and ii) approve the report in appendix 1 of the report for publication by the 31 July 2018.
7.	**PERFORMANCE REMIT**
	Under reference to paragraph 5 of the draft Minute of the Moray Integration Joint Board meeting of 28 June 2018 a report by the Legal Services Manager (Litigation & Licensing), Moray Council, invited the Committee to consider its expanded remit regarding performance. Following consideration and discussion of the information and other needs required in order to provide direction to officers the Committee agreed to note the expanded remit attached as appendix 1 of the report.
8.	**QUARTER 4 (JANUARY – MARCH 2018) PERFORMANCE REPORT**
	A report by the Chief Officer updated the Committee on the performance of the Moray Integration Joint Board (IJB) as at Quarter 4, 2017/18, including: ▪ National core suite indicators and comparison to 32 national IJBs performance (appendix 1 of the report); ▪ Local indicators linked to strategic priorities for Quarter 4 (Jan-Mar 18) (appendix 2 of the report); and ▪ Highlight report on data presented in the National and Local indicators. (appendix 3 of the report). Discussion took place on the performance as noted in the indicators contained within the three appendices to the report. In-depth discussions covered bed capacity and delays in discharging patients. It was stated that delaying discharge may be cultural as it may be thought to be helping the wider family cope, however this is not always in the best interests of the patient. Further work is required to improve and decrease delays.

	It was the opinion of the Committee that it was good to compare Moray with the rest of Scotland however it was felt that comparison with previous local indicator results would allow a greater understanding of improvement and slippage. Thereafter the Committee agreed to note: i) the Red, Amber, Green assessment criteria as noted in paragraph 4.1 of the report; and ii) that local indicators will be included in future for comparison against previous local results.
9.	**INTERNAL AUDIT ANNUAL REPORT 2017/18**
	Under reference to paragraph 5 of the Minute of the meeting of the Moray Integration Joint Board (MIJB) Audit and Risk Committee dated 25 May 2017 a report by the Chief Internal Auditor advised the Committee of the internal audit work undertaken relating to the MIJB for the financial year ended 31 March 2018, and provided an opinion on the adequacy of the internal control systems examined. Committee was advised that from the audit work completed, appropriate governance and risk management arrangements have been established in line with guidance, but in specific areas reviewed some control weaknesses were evident which present opportunities for improvement. It was stated that improvement was an ongoing process and that opportunities had been recognised and were being worked on. Thereafter the Committee agreed to note the audit opinion derived from audit work completed. Ms Tweedie left the meeting during discussion of this item.