



Moray Integration Joint Board

Thursday, 30 January 2020

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, 30 January 2020** at **09:30** to consider the business noted below.

AGENDA

- 1 Welcome and Apologies**
- 2 Declaration of Member's Interests**
- 3 Minute of meeting dated 28 November 2019** **5 - 16**
- 4 Action Log of Meeting dated 28 November 2019** **17 - 18**
- 5 Minute of meeting of Clinical and Care Governance Committee dated 29 August 2019** **19 - 20**
- 6 Chief Officers Report to the Moray Integration Joint Board** **21 - 24**
Report by the Chief Officer
- 7 Membership of Moray Integration Joint Board** **25 - 28**
Report by the Chief Officer
- 8 Chief Officers Operational Responsibilities Update** **29 - 32**
Report by the Chief Officer

9	Chief Internal Auditor Reappointment	33 - 36
	Report by the Chief Officer	
10	Reserves Policy - Review	37 - 46
	Report by the Chief Financial Officer	
11	Annual Report of the Chief Social Work Officer 2018-2019	47 - 76
	Report by the Chief Social Work Officer	
12	Grant Funding Application - Macmillan	77 - 80
	Report by the Chief Officer	

MORAY INTEGRATION JOINT BOARD

MEMBERSHIP

Mr Jonathan Passmore (Chair)	Non-Executive Board Member, NHS Grampian
Councillor Shona Morrison (Vice-Chair)	Moray Council
Councillor Theresa Coull	Moray Council
Councillor Tim Eagle	Moray Council
Mr Sandy Riddell	Non-Executive Board Member, NHS Grampian
Mr Dennis Robertson	Non-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 Service and IJB Hosted Services
Mr Tony Donaghey	UNISON, Moray Council
Ms Pamela Dudek	Chief Officer, Moray Integration Joint Board
Mrs Linda Harper	Lead Nurse, Moray Integration Joint Board
Mr Steven Lindsay	NHS Grampian Staff Partnership Representative
Mr Christopher Littlejohn	Deputy Director of Public Health
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, 28 November 2019

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

PRESENT

Ms Tracey Abdy, Ms Elidh Brown, Mr Tony Donaghey, Mrs Pam Dudek, Councillor Tim Eagle, Mrs Linda Harper, Dr Malcolm Metcalfe, Councillor Shona Morrison, Mr Jonathan Passmore, Mr Sandy Riddell, Mr Dennis Robertson, Mrs Val Thatcher, Dr Lewis Walker

APOLOGIES

Mr Ivan Augustus, Mr Sean Coady (NHS), Councillor Louise Laing, Mr Steven Lindsay, Ms Jane Mackie, Dr Graham Taylor

IN ATTENDANCE

Mrs Lesley Attridge, Service Manager; Mrs Tracey Gervaise, Children and Families Health Service Lead; Mrs Jeanette Netherwood, Corporate Manager; Mr Charles McKerron, Integrated Service Manager and Mrs Isla Whyte, Interim Support Manager as clerk to the Board.

1 Chair of Meeting

The meeting was chaired by Mr Passmore.

2 Welcome and Apologies

The Chair welcomed everyone to the meeting and apologies were noted.

3 Declaration of Member's Interests

Mr Robertson, as a former manager of North East Sensory Services and having continued links, declared an interest in respect of a number of items on the agenda where there is reference to adult care services.

Having declared an interest the Chair agreed there was no requirement for Mr Robertson to leave the meeting during discussion of the items.

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

4 Minute of Meeting dated 31 October 2019

The Minute of the meeting dated 31 October 2019 was submitted for approval.

The Clerk highlighted that the minutes of the Clinical and Care Governance Committee and the Audit, Performance and Risk Committee were not put to the Board for approval and therefore wording should be changed to noting.

Under reference to paragraph 7 of the Minute, Mr Riddell advised it was Mr Robertson who had asked for a change of wording and not Mr Riddell as stated.

Subject to the changes noted above, the Board agreed to approve the minute.

5 Action Log of Meeting dated 31 October 2019

The Action Log of the meeting dated 31 October 2019 was discussed and updated accordingly at the meeting.

6 Chief Officers Report

A report by the Chief Officer (CO) provided the Board with an update on Community Hospitals and Care at Home services in upper Speyside, the Scottish Health Awards and Self-Assessment action plan for integration.

Mrs Dudek informed the Board that The Scottish Health Awards took place on 14 November 2019. Moray teams/individuals were finalists in 4 of the 17 categories, with Distress Brief Interventions winning on the night in the Care for Mental Health Category. The Board wished to formally record their congratulations to those making the finals.

Mrs Dudek reminded the Board that after October's Board meeting members were alerted, informally outside of formal business, of the potential interim closure of Fleming Hospital to inpatients. On 1 November 2019, further admissions to Fleming Hospital were stopped on an interim basis and the Minor Injury Unit temporarily closed. All inpatients at Fleming Hospital have now either transferred to Stephen Hospital or another appropriate facility or have gone home with a care package. Public meetings have been held and a number of staff meetings. Although there are concerns, the public understand the difficulties and are keen to be part of the solution. Mrs Dudek stressed there are the same number of beds available as it has now been possible to open all the beds at Stephen Hospital. Mrs Harper confirmed the staffing situation is now better, adding staff are also able to assist Turner Hospital as they continue to recruit. Day case services are still provided from Fleming Hospital.

Mrs Dudek continued, stating this change allows the senior leadership team to

explore new ways of working and challenge what is possible. Two workshops have taken place around flow and actions from there are being expedited. There are Health Care Support Workers in place supporting home carers and further discussions are ongoing around discharge packs and care at home.

Mr Robertson asked for assurance that staff members are being supported through these changes. Mrs Dudek responded advising staff have been involved in many discussions and although upset realise changes require to be made. Hospital staff and doctors are very supportive and in constant dialogue. Mrs Dudek informed the Board that managers will be more visible in Speyside and supporting care at home staff through healthy working lives initiatives.

Communication pieces around temporary closure of Minor Injury Unit, drop in sessions and Q&As have been prepared. It was agreed to copy in Board members to the communications. The Chair and Vice-Chair will also meet with staff in the area in due course.

In response to a question from Councillor Morrison, Mrs Dudek advised an additional pool car has been given to the team in Speyside. Also secured some additional support from volunteering team in that area which will contribute to assessment around changes for individuals regarding travel.

Councillor Eagle asked if there is a barrier in the recruitment process. Mrs Harper advised there is a new process in place which does take a bit longer, however, this is a Scotland wide issue. Mrs Dudek added she is liaising with Highland and Islands Enterprise and local Business Leaders around what Moray has to offer in a bid to attract more people to Moray for work.

A report will come the January 2020 Board meeting to provide an update on progress with the situation in Speyside.

As stated in the CO report, the improvement action plan developed from the integration self-evaluation submission requires to go through a number of different groups and as such the Chair agreed it will be presented to the Board in January 2020.

7 Membership of Moray Integration Joint Board

A report by the Chief Officer informed the Board of proposed changes to the membership of the Moray Integration Joint Board

Mrs Dudek advised that due to changes in public health, it may not be Mr Littlejohn who would join the Board, as stated in the report. The Board agreed having public health expertise input would be valuable.

Thereafter the Board agreed to Co-opt Mr Chris Littlejohn, Deputy Director of Public Health and Head of Health Improvement, NHS Grampian, or another member of the Public Health team, to the Moray Integration Joint Board.

8 Revenue Budget Monitoring Quarter 2 for 2019-2020

A report by the Chief Financial Officer (CFO) updated the Moray Integration Joint Board (MIJB) on the current Revenue Budget reporting position as at 30 September

2019 and provided a provisional forecast position for the year end.

Firstly, Mrs Abdy highlighted an error; the figure under 2.1 (i) is correct, this conflicts with the figure stated in the financial implications section of the report.

Mrs Abdy advised that there is a £1.6m end of year overspend forecast following use of strategic funds.

Mrs Abdy has offered to meet with budget managers to discuss discretionary spend, vacancies etc. to encourage managers to think differently. The services reviews have proved valuable and Mrs Abdy plans to share the information from these more widely.

The recovery plan is set out in the report. Mr Robertson asked what the Board can do to support this process and asked members what the Board is prepared to do differently going forward, making reference to the Strategic Plan. Mrs Abdy advised she aims to change the style of the report to allow more meaningful conversations, which perhaps a development session could be used to do that.

In response to a question from Mr Robertson, the Chair advised of the approach taken to discuss set aside; there are quarterly meetings between the NHSG Chief Executive and Moray Council Chief Executive, Chief Financial Officer of MIJB, Deputy Director of Finance of NHSG, MIJB Chief Officer, MIJB Chair and MIJB Vice-Chair.

Mrs Abdy highlighted that children transitioning to adult services has created a higher than normal financial pressure for the year. Mrs Abdy continued advising she will be making case of in-year contribution for that and gives assurance to the Board that appropriate conversations are taking place. Additionally, Health and Social Care Moray (HSCM) will be going out to tender for cost of care for a supported housing initiative which is a better approach.

The Chair commended the work of Mrs Abdy and her colleagues in producing this report and plan.

The Board acknowledged the financial position and recognised there may be difficult decisions to make. Transformation of system in Moray, including Dr Gray's Hospital, in terms of older people and unscheduled care is the focus, however, it was noted the scale of efficiency needed in-year is significant and clearly there is limited time available to introduce additional saving measures.

Further discussion took place around models of care and elderly medicine where the key is caring for the elderly who are on the verge of becoming acutely unwell and trying to prevent crisis admission. Part of the Primary Care Improvement Plan is around devising methodologies to keep people safely at home and prevent admission, developing rapid response teams who are community based with Occupational Therapists having a key part to play. Mr Walker informed the Board there have been no applications for the advertised Geriatric Consultant position.

Mr Walker assured the Board measures are in place around prescribing and commended work of pharmacotherapy teams. It was noted there is no control on price and tariffs. The Board went on to discuss prevention and in particular exercise, to which services can signpost patients to. Mrs Brown added there are a range of activities in Moray (51 projects) and noted how important it was they are continued to be invested in.

Mrs Dudek concluded HSCM are key partners around community planning and continue to push those public health priorities around healthy eating, exercise, strengthening and movement.

After further discussion the Board agreed to:

- i. note the financial position of the Board as at 30 September 2019, which shows an overspend of £1,453,329 on core services;
- ii. note the provisional forecast position for 2019/20 of an overspend of £2,791,556 on core services;
- iii. note the revisions to staffing arrangements dealt with under delegated powers and in accordance with financial regulations within the Council (MC0 and NHS Grampian (NHSG) for the period 1 July to 30 September 2019;
- iv. approve for issue, the Directions arising from the updated budget position; and
- v. consider holding a development session to review style of report, narrative and inter-dependencies to allow more meaningful conversations at future meetings.

9 Charging for Services

A report by the CFO asked the MIJB to consider the charges for services for 2020/21 financial year.

Mrs Abdy advised the Contributions Policy is currently under review and will be in place April 2020, the final policy will be presented to the Board thereafter.

Mrs Abdy highlighted Moray is below the Scottish average for community alarm charges and suggest over the next few years they be brought in line with national average. The Board noted it was very useful to see what Moray is charging and subsidising compared to other areas and agreed failing to set reasonable charges impacts on overall budget.

Thereafter the Board agreed to:

- 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;
- ii. approve the changes for recommendation to Moray Council for approval and inclusion into their budget setting processes; and
- iii. note the recommended charges will be subject to assessment for the socio-economic impact and reported back to the MIJB where there is significant impact and no mitigation.

10 Public Sector Climate Change Duties Reporting Submission 2018-19

A report by the CO presented the draft MIJB Climate Change Duties Report submission for 2018/19.

Following discussion the Board agreed to approve the draft submission to

11 Moray Surge Plan with Winter Rotas 2019-20

A report by Isla Whyte, Interim Support Manager, informed the Board of the Health and Social Care Moray (HSCM), Dr Gray's Hospital and GMED Winter/Surge Plans for 2019/20.

Mrs Dudek advised NHS Grampian have already approved their winter plan. Content is now in place for Moray. Mr Metcalfe advised of the mandatory requirement to have a winter plan but noted this is called a surge plan. Mr Riddell added there will be requirements for a surge plan to be needed all year round but that specific detail / initiatives will be required for over the winter period.

Mrs Dudek advised the allocation of winter funds will be used for additional capacity for discharge coordinator at Dr Gray's Hospital and for unscheduled short stay accommodation at Loxa Court.

Mrs Dudek advised the operational plan was produced collectively and further work on flow is underway.

The Board asked that some consideration be given to the timing of the report being presented to the Board and terminology.

After discussion the Board agreed to note that the HSCM, Dr Gray's Hospital and GMED (the NHS out of hours service) have robust and deliverable plans in place to manage the pressures of surge at any time of the year including the festive period.

12 Proposed Delegation of Services - Update

A report by the CO provided the Board with further information on the process and estimated timeline for the delegation of Children and Families Social Work Services and Criminal Justice Services.

The Moray Council, at its meeting on 25 September 2019, agreed to proceed with the next steps to implementation in the potential delegation of Children and Families Social Work services and Criminal Justice Social Work Services to the MIJB. The process of delegation requires the Council to agree on the proposed delegation and a paper went to Moray Council on 27 November 2019 and a similar paper will go to NHS Grampian on 5 December 2019.

Mrs Dudek asked the Board members to state any comments or observations.

Mr Riddell gave his support and commended the Council on this vision. Mrs Abdy has confirmed discussions will take place around assurance of transition of adequate financial resources.

The Chair shared his thoughts on the proposal which included, due diligence for short term finance and long term settlement, status of improvement plan and who owns it during transition and thereafter, governance challenges around Chief Social Work Officer (CSWO) and legislative accountability, capacity and expertise (leadership / model), performance and quality assurance, consideration of a shadow period, time needed to review and adjust all supporting plans.

Mrs Dudek confirmed that as part of partnership arrangements in place for children's services there has been significant involvement already with the improvement plan. Mrs Dudek continued, stating this move is about line management arrangements for children's services and not about separating; multiagency plans still set the direction regardless of structure.

Mrs Dudek agreed a shadow arrangement is a good idea for this shared endeavour to allow shared decision making.

Councillor Eagle highlighted the staffing implications and that communication is vital to give assurance to staff.

Mrs Gervaise suggested using some development time to focus on the statutory requirements and children's services planning arrangements. Mr Riddell suggested including the wider elected members. The Board agreed.

After further discussion the Board agreed to:

- i. note the proposal by the Moray Council at its meeting on 25 September 2019 (para 5 of the Minute refers) to proceed with the next steps to implementation in the potential delegation of Children and Families Social Work services and Criminal Justice Social Work services to the MIJB;
- ii. explore potential of a shadow period during transition if Health Board and Council agree to proceed; and
- iii. have a number of development sessions dedicated to children's services including all elected members.

13 Moray Strategic Plan - Partners in Care 2019-2029

A report by the CO provided the Board with additional key documents supporting the Moray Strategic Plan – Partners in Care 2019-2029 to be published December 2019.

Hard copies of the Strategic Plan were tabled during the meeting. Mrs Dudek advised there has been minor editorial changes and the addition of the foreword since members last had sight of the plan and formal approval has been delayed until now.

Board members confirmed they are content with the plan and the foreword.

The four additional documents circulated with papers for approval are:

- Performance Management Framework
- Organisational Development & Implementation Plan
- Workforce Plan 2019-2022
- Communication, Engagement and Participation Plan

It was agreed the Performance Management Framework requires further work to align with strategic targets. It was agreed that the pyramid diagram at section 5 be updated to show MIJB at the top of the pyramid as opposed to vision.

Councillor Eagle made mention to the *workforce transformation and effective change* section of the Organisational Development & Implementation Plan, where it discusses opportunities for 'no limits' innovation. Councillor Eagle would want this disseminated to all staff. Mrs Abdy added, now HSCM have these plans it is important staff are sighted on them and are clear about what it means for them.

Mr Metcalfe said it would be good to have a section on realistic medicine – embraces innovation/effective use of resources.

Recruiting and retaining staff remains a key area of focus and approach is constantly being reviewed. Mrs Dudek made mention again of the work currently underway with the business community. Mrs Dudek agreed to keep the Board informed of progress with a proposal or update at the very least to the March 2020 MIJB meeting.

Mrs Dudek advised managers will be encouraged to develop and embed a culture that supports transformation and stated there will be further sessions with the Senior Leadership Group around this. Mr Riddell asked to see some narrative included around how this will be resourced and supported.

After further discussion the Board confirmed they are content with these supporting documents as a starting point and agreed to hold workshops on each plan over the next 12 months to fine tune and take back to the Board in November 2020. It was noted these are live documents.

Thereafter the Board agreed to:

- i. approve the Strategic Plan and note Board members will be formally invited to the launch;
- ii. approve the suite of high level supporting documents to the Moray Strategic Plan - Partners in Care 2019-2029 with a view to holding a workshop on each over the next 12 months to refine the live documents;
- iii. note the strategic documents will be reviewed annually; and
- iv. receive a progress update from Mrs Dudek with regards to work underway with the business community in attracting people to live and work in Moray.

14 Strategic Risk Register - November 2019

A report by the CO provided the Board with an overview of the current strategic risks, along with a summary of actions which are in place to mitigate those risks, updated November 2019.

Mrs Dudek confirmed the next iteration of the risk register will be more in line with the strategic plan. There is lots of work underway on operational and strategic risk. There is a scheduled Development session in February to discuss risk appetite.

Mr Metcalfe suggested showing where risks originate from and show how the risk changes. To get consistency would require local authority and NHS Grampian to adopt one system. It was agreed to discuss this further at the workshop. The Chair noted the IJB Chairs meeting is taking place on 29 November 2019 and will agree the terms of reference. Opportunity to discuss joint systems and coordination.

Thereafter the Board agreed to note the:

- i. amendments to the description of risk; and
- ii. the Strategic Risk Register being updated.

15 Update on the Learning Disability Transformation Project

A report by Charles McKerron, Integrated Service Manager (Learning Disabilities-Acting) provided an update to the Board of the continuing progress being made in implementing the Learning Disability Transformation Project.

Mr McKerron stated a progression model is being used which focuses on improved outcomes and reduced need for services. Mr McKerron talked to the report and highlighted section 4.3 which details the additional financial pressure incurred when people who have been placed out of area as children return to Moray as young adults to their own tenancies with support. Mr McKerron went on to explain a Market Shaping Strategy is used giving an opportunity to have an ongoing conversation with local providers of accommodation to ensure the right model of housing is in place to meet need. The use of the CareCubed tool is being actively used which supports the achievement of personal outcomes for service users.

Mr McKerron advised the Overnight Responder Service has been delayed and will now be implemented in January 2020. The high level of concern from some clients' families around this strategy was highlighted to the Board.

Mr Riddell thanked Mr McKerron for this useful and illuminating report and asked if the resources and capacity are in place to keep on track. Mr McKerron responded advising this is not a short term project and lifelong care is required for these clients. He went on to advise they are concentrating on the next 3-5 years and assured the Board focus is on sustainability.

Mr Riddell advised of the need to be able to have the wider view of all transformation change projects and see direction of travel. Mrs Dudek responded advising this started pre-integration and was an early commitment of the change fund.

Mr Metcalfe said this was an excellent example of a transformation project that shows better care and a reduction of cost. Mr McKerron advised that for those who support the model it is working satisfactorily but stressed that there are service users who are sceptical about the model and feel uncomfortable with this situation. There are ongoing conversations with patients / carers, everyone has been given the opportunity to have a voice and everyone who was known to the service was communicated with.

The Board gave thanks to Mr McKerron and restated their support for the Overnight Responder Service trial. The Board confirmed they are comfortable with the communication carried out and safety measures in place.

After discussion the Board agreed that case studies should not be included in future reports even though permission from clients was granted. They agreed it was better to depersonalise and allow Board members to make evidence based decisions.

The Chair requested that the MIJB is not referred to as Committee in future reports.

Thereafter the Board agreed to:

- i. note the continuing progress in implementing the Learning Disability Transformation Project Plan as outlined in The Learning Disability Transformation Project Plan as outlined in The Learning Disability Transformation Project Overview;
- ii. restate their support for the Overnight Responder Service trial; and
- iii. advise officers to not include client case studies in future reports.

16 Jubilee Cottages Elgin - Pilot Project

A report by Lesley Attridge, Service Manager, informed the Board of the evaluation of the Jubilee Cottages.

Mrs Attridge directed the Board to the costs within the report, set out at 4.15 and 4.16. An options appraisal is required to establish where else in the system would this client group go if the cottages weren't available.

The clients are supported in the cottages via existing workforce teams. Mrs Attridge acknowledged there has been a shift in the intended use of the cottages.

Mr Walked asked if the cost per annum at 36% occupancy would be the same if 100% occupancy, Mrs Attridge confirmed it would. In response to a further question from Mr Walker, Mrs Attridge advised HSCM would still cover the cost of these clients if they were not being supported in the cottages i.e. under Tier 2 crisis intervention.

Mr Metcalfe enquired if the space could be utilised differently. Mr Attridge advised if there was to be a change in the use of cottages a report would need to go to the Policy and Resources Committee of Moray Council to explore further. Mrs Dudek advised there are limitations with the cottages i.e. no disabled access. Longevity and maintenance of cottages to be explored.

The Chair suggested the entry criteria be changed to focus on the outcomes instead to maintain flexibility. Mrs Attridge advised there have been various elements that have led to low occupancy i.e. age group, physical limitations and lack of knowledge of the resource.

Mrs Attridge sees a much more inclusive use of the cottages where clients have identified health and social care needs and outcomes identified. Mr Walker added there needs to be a clear entry and exit strategy, not necessarily an end point but a transitions to next appropriate place. Mrs Attridge advised Moray Council housing department would be part of options appraisal.

Mrs Dudek concluded there is an opportunity to use this facility and the limitations were always known. Further work will be carried out between now and March 2020 where all aspects will be considered. A further report with a very clear position will be presented to the Board in March 2020.

After further discussion the Board agreed to:

- i. note the evaluation of the Jubilee Cottages in the report and that the cottages are not being used for the intended use;

- ii. note the need that has been identified through the pilot for accommodation for those with an assessed health or care need and who do not have suitable accommodation;
- iii. instruct officers to progress in partnership with Housing Services, Moray Council, to consider suitable and cost effective options to meet the identified need outlined in the report; and
- iv. the outcome of the options appraisal be brought back to the Board in March 2020.

17 Items for the Attention of the Public

Under reference to paragraph 10 of the minute of the meeting 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. update on Speyside - communication; and
- ii. publication of strategic plan and supporting documents.



MEETING OF MORAY INTEGRATION JOINT BOARD

THURSDAY 28 NOVEMBER 2019

Item 4

ACTION LOG

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
1.	Chief Officer's Report	Report relating to the self-assessment of the position in relation to Drug Related Deaths to go to Moray Alcohol and Drugs Partnership and to the January Moray Integration Joint Board Clinical and Care Governance Committee. Speyside – update on progress Improvement Action Plan (integration)	Jan 2020 Jan 2020 Jan 2020	Pam Dudek Pam Dudek Pam Dudek
2.	Quarter 4 (January – March 2019) Performance Report	Review of local indicators to be reported to the next meeting of the Audit, Performance and Risk Committee.	Jan 2020	Tracey Abdy
3.	Overnight Responder Service Pilot	Report on evaluation of the pilot.	April 2020	Charles McKerron
4.	Adult Protection Committee	Dates for the Adult Protection Committee to be sent to Mr Riddell	Nov 2019	Jane Mackie

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
5.	Revenue Budget Monitoring Report	Issue the Directions arising from the updated budget position.	Nov 2020	Tracey Abdy
		Development session to be considered to review style of report	Tbc	Tracey Abdy
6.	Charging for Services	Approve charges for recommendation to Moray Council for approval and inclusion in their budget setting process.	Nov 2020	Tracey Abdy
		Moray Council Contributions Policy to come to a future Board meeting	May 2020	Tracey Abdy
7.	Public Sector Climate Change Duties	Submit approved report to Sustainable Scotland Network	Nov 2020	Jeanette Netherwood
8.	Proposed Delegation of Services	Hold a number of development sessions dedicated to children's services and invite elected members	Tbc	Pam Dudek
9.	Moray Strategic Plan – Partners in Care	Coordinate launch of the Strategic Plan	Dec 2020	Pam Dudek
		Proposal or update following discussion with business community regarding attracting people to live and work in Moray	March 2020	Pam Dudek
		Supporting documents to come back the Board following workshops on each over next 12 months.	Nov 2020	Pam Dudek
10.	Jubilee Cottages	Options appraisal outcome to be presented to the Board	March 2020	Lesley Attridge
11.	Items for the Attention of the Public	Update on Speyside (Board members to be copied into any comms)	Nov 2019	Fiona McPherson
		Publication of Strategic Plan and supporting documents		



**MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD
CLINICAL AND CARE GOVERNANCE COMMITTEE**

Thursday, 29 August 2019

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

PRESENT

Mr Ivan Augustus, Mr Sean Coady (NHS), Ms Pam Dudek, Councillor Tim Eagle, Ms Jane Mackie, Jeanette Netherwood, Mr Sandy Riddell, Mrs Liz Tait, Dr Graham Taylor, Mrs Val Thatcher

APOLOGIES

Mrs Linda Harper

IN ATTENDANCE

Mrs Caroline Howie, Committee Services Officer as Clerk to the meeting.

1 Chair of Meeting

The meeting was chaired by Mr Sandy Riddell.

2 Declaration of Member's Interests

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

3 Minutes of Meeting dated 30 May 2019

The Minute of the meeting of the Moray Integration Joint Board Clinical and Care Governance Committee dated 30 May 2019 was submitted and approved.

4 Action Log of Meeting dated 30 May 2019

The Action Log of the Moray Integration Joint Board Clinical and Care Governance Committee dated 30 May 2019 was discussed and it was noted that all items due had been completed.

5 Clinical Care Group - Update and Exception Report - Quarter 1

Under reference to paragraph 7 of the Minute of the meeting dated 28 February 2019 a report by the Chief Officer informed the Committee of progress and exceptions in Quarter 1 (April to June 2019).

During lengthy discussion complaints came under scrutiny and it was stated that receipt of complaints was an issue as the same complaint could be received into more than one area. The different systems used in NHS and Moray Council do not help the situation but work is being undertaken to alleviate any issues.

Committee were of the opinion there had been a useful discussion on some of the finer points but felt a further report on the Clinical Care Group would provide assurance.

Thereafter the Committee agreed to:

- i. note the complaints and adverse events summary shown in appendix 1 of the report;
- ii. note the update on Audit, Quality Assurance and Quality Improvement Activity in Health and Social Care Moray (HSCM) shown in appendix 2 of the report;
- iii. note the exception reporting from HSCM Clinical Governance Group; and
- iv. seek a further report on the Clinical Care Group.

6 Duty of Candour Annual Report

A report by the Head of Clinical and Care Governance presented the Committee with information in relation to how Health and Social Care Moray implemented the duty of candour legislation from 1 April 2018 to 31 March 2019.

During discussion it was stated that advice and support was provided across Moray to help understand requirements and ensure appropriate recording.

Thereafter the Committee agreed to note the content of the report and the information contained in appendix 1 of the report.

CHIEF OFFICER'S REPORT TO THE MORAY INTEGRATION JOINT BOARD 30 JANUARY 2020

Overnight Responder Service – Night Owl

This test of change due to commence in the New Year has not yet been able to start. In the interim period where the decision was taken to delay the project there has been significant unrest amongst the families. Anxiety has increased and there is much opposition to the project progression. Local politicians have also raised concern and requested that the project is withdrawn. Charles McKerron, Integrated Service Manager, Learning Disabilities Services, attended a meeting with politicians and the families supported by Enable, a local organisation, where the level of concern was expressed. Alongside this were some subsequent suggestions of a way forward in working with this group of families and those families coming into the system where a different approach may be acceptable. The board are asked through this report to discuss the current position and decision taken at the Board meeting on 29 August 2019 (para 11 of the Minute refers) in relation to this project.

Integration Scheme Review

The Moray Integration Scheme is currently being reviewed alongside the Integration Schemes of the two other Integration Boards in Grampian with a view to submission for approval when all aspects have been reviewed. The Moray Integration Scheme was last reviewed and approved in February 2018.

Children and Families Social Work Services and Criminal Justice Services are currently being worked up as agreed formally by all parties. Work is now underway to assess the detail and impact of this decision and arrangements to work in a shadow period leading up to approval and transition are being considered. NHS Grampian has undertaken discussions with Aberdeen City Integration Joint Board (IJB) to accept the delegation of Mental Health Services based at the Royal Cornhill Hospital in Aberdeen. This follows on from discussions with the Scottish Government where it was noted that in line with the legislation these services should be fully delegated. This request and arrangement would be set up under a hosting arrangement as described within each of the Integration Schemes across Grampian. Given that this is a proposed hosting arrangement, this does affect all of the IJBs and Local Authorities and requires all to be cited on this proposal giving the opportunity to understand, question/comment on these arrangements prior to any approvals progressing. A paper setting out the detail will be presented to the MIJB at the March 2020 Board meeting. Arrangements for Moray Council to be equally cited on this proposal are underway.

Clinical and Care Governance Event 8 January 2020

A Clinical and Care Governance Workshop was held on 8 January in the Alexander Graham Bell Centre and was attended by over 40 representatives from across the Health and Social Care system.

The purpose of the event was to review the framework and to self-evaluate the way assurance around clinical and care governance is taken forward through self-evaluating current arrangements and agreeing where improvements and changes are needed.

Iona Colvin, Chief Social Work Adviser for Scotland, set the scene outlining the Scottish Government's aims and new guidance that is being developed for a partnership approach to improving outcomes, quality and sustainability for integration services. Presentations setting out the key areas of focus were delivered by professional leads; Dr Nick Fluck, Medical Director, Dr Caroline Hiscox, Executive Nurse Director, Professor Susan E. Carr, Director of Allied Health Professions and Public Protection, Jane Mackie, Chief Social Work Officer and Pam Dudek on behalf of Susan Webb, Director of Public Health.

Working in groups attendees considered the questions "What's working well?", "What can we improve?" and "How to take forward?" There were wide and varied discussions including comment on the acronym P.A.I.R – Performance, Assurance, Improvement and Risk that was considered easy to understand and useful as a concept for evaluating services.

Consensus was that the governance structure needs to be simplified and the professional and managerial assurance processes need to be clear and the culture of the organisation needs to focus on relationships and engaging the workforce so it can be a positive, learning organisation.

Sandy Riddell, Chair of Moray IJB Clinical and Care Governance (CCG) Committee summed up the event and advised that a report would be presented to CCG Committee in February that would set out the tangible actions and development plan to take forward the key items identified at the workshop.

Winter Pressures

It should be noted that the winter period so far has been considerably challenging across the system showing some significant surge patterns of activity. The team locally continue to work collaboratively in responding to this however the challenges of the movement of people appropriately through the system and back home continue. Ongoing work to consider the level of change and redesign that can assist in stability of the system remains a key priority in Moray in line with the strategic plan and the 3 ambitions.

20/21 Budget Update

On 13 January 2020 the Cabinet Secretary for Finance, Economy and Fair Work wrote to the Convener of the Finance and Constitution Committee to propose that the Scottish Budget be published on 6 February 2020 with the Local Government circular which would contain details of settlements. The original date for publication was the 12 December 2019 which had to be cancelled due to the UK general election.

On 7 January 2020, the UK Government announced that the UK budget is to be published on 11 March, only three weeks before the start of the new financial

year. The Cabinet Secretary is now proposing to introduce the Bill in Parliament on the same day that he publishes the Scottish Budget and the remaining stages of the Bill will take place to a compressed timescale to be completed within the week commencing 2 March. At the time of writing these timescales are subject to consultation and may change.

These timescales will make it extremely difficult for the MIJB to set its budget by 1 April 2020, however, work will continue across the Partnership to ensure every effort is made to meet this deadline.

Management Structure Update

The Health and Social Care Moray (HSCM) welcomes the four Locality Managers who are now in post and are in the process of meeting their teams.

Iain Macdonald, previously employed as Children's Wellbeing Service Manager for Moray Council, brings a wealth of experience and knowledge in social care and community services from an extensive career across Scotland. Iain's locality will be Forbes/Lossie.

Claire Power, previously Primary Care Lead for HSCM for two years and whom you may already be familiar with, has a background in Dental services. Claire's locality will be Buckie/Cullen/Fochabers.

Lesley Attridge, again whom you may already be familiar with, has an extensive background in Occupational Therapy, Intermediate Care and Service Management. Lesley's locality will be Elgin.

Cheryl St Hilaire has relocated to Moray from Lincoln to join HSCM. Cheryl has considerable experience working within various voluntary and charitable organisations and public sector. Cheryl's locality will be Keith / Speyside.

Each Locality Manager will encompass all health and social care services within their designated locality.

Alison Smart, previously in the post of Service Manager has now moved to the position of Operational Lead Nurse and will be supporting Linda Harper, Lead Nurse, in taking forward operational nursing issues across Moray.

Welcome also to Brendan Stephens, Consultant Social Work Practitioner, who will be working with the Adult Social Work teams and supporting Self Directed Support. Brendan has experience in adult health and social care services. He has worked primarily within local authority learning disabilities and mental services and, more recently, managed an integrated community team within NHS Highland.

Speyside Big Health Care Conversation

HSCM will host a Big Conversation for Speyside next month to engage the community in exploring ways to support people to live well, stay well and age well.

The event at Speyside High School on Wednesday 5 February at 7pm will provide an update on the actions undertaken to mitigate the impact on the locality of the temporary closure of Aberlour's Fleming Hospital. It will also showcase health and care initiatives being undertaken to enable people to live healthier lives for longer where they are supported at home or in a homely setting as far as possible.



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 30 JANUARY 2020

SUBJECT: MEMBERSHIP OF MORAY INTEGRATION JOINT BOARD

BY: CHIEF OFFICER

1. REASON FOR REPORT

- 1.1. To inform the Board of proposed changes to the membership of the Moray Integration Joint Board.

2. RECOMMENDATION

- 2.1. It is recommended that the Moray Integration Joint Board (MIJB) approves the:

- i) changes to the voting membership as described in this report; and
- ii) appointment of Cllr Theresa Coull as Chair of Audit Performance and Risk

3. BACKGROUND

- 3.1. The Public Bodies Joint Working (Scotland) Act 2014 (“the Act”) and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (“the Order”) make provisions about various matters including the membership of the MIJB. As a minimum this must comprise voting members nominated from the NHS Board and Council; co-opted non-voting members who are holders of key posts with the NHS and Council or the MIJB; and co-opted non-voting members who are representatives of groups who have an interest in the MIJB. There is flexibility to appoint additional non-voting members as the Board sees fit. The Moray Health and Social Care Integration Scheme (“Integration Scheme”) outlines certain agreed provisions re membership (and includes the specific provisions taken from the Act and the Order).

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. The Board is asked to note Cllr. Louise Laing is stepping down from membership of MIJB to become the substitute and Cllr. Theresa Coull will be taking on the full role of member of MIJB.
- 4.2. Cllr. Louise Laing was appointed as Chair of Audit Performance and Risk Committee (AP&R) at the meeting of MIJB on 29 August 2019 (para 9 of the minute refers). The Chair of AP&R must not be from the same partner organisation as the Chair of MIJB. The role of Chair alternates between a Council and NHS Member and currently sits with the NHS. Therefore the Chair of AP&R can be Cllr. Tim Eagle or Cllr. Theresa Coull who have discussed the matter and propose Cllr Theresa Coull for the Chair.
- 4.3. Due to recent changes in the members for Moray Council it has highlighted it would be beneficial to broaden the membership from the Council on the MIJB and discussions are taking place with a further report to be submitted to the Board in due course.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning “Moray Partners in Care 2019-2029”

In line with the HSCM Integration Scheme, prepared in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. Effective governance arrangements support the delivery of plans.

(b) Policy and Legal

Complies with the terms of the Integration Scheme.

(c) Financial implications

None arising directly from this report.

(d) Risk Implications and Mitigation

None arising directly from this report.

(e) Staffing Implications

None arising directly from this report.

(f) Property

None arising directly from this report.

(g) Equalities/Socio Economic Impact

An Equalities Impact Assessment is not required because there are no service, policy or organisational changes being proposed.

(h) Consultations

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

6. CONCLUSION

6.1. This report recommends changes to the membership of the MIJB.

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



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 30 JANUARY 2020

SUBJECT: CHIEF OFFICER'S OPERATIONAL RESPONSIBILITIES UPDATE

BY: CHIEF OFFICER

1. REASON FOR REPORT

- 1.1 To provide the Board with an update on the operational responsibilities of the Chief Officer.

2. RECOMMENDATION

- 2.1 **It is recommended that the Moray Integration Joint Board (MIJB) consider and note the progress to date in relation to the Chief Officer's responsibilities as outlined in 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 MIJB 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 MC and NHSG. 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 regarding 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 MIJB shall consider for approval and which it may amend.”

- 3.4 At the meeting on 10 November 2016, the Board agreed the scope of the Chief Officer’s operational responsibilities for: integrated health and social care services delivered by MC and NHSG; strategic planning for integrated health and social care services; integrated health and social care services hosted by MIJB (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).
- 3.5 In August 2018, NHS Grampian asked the Chief Officer, as an interim measure, to take an overview of the line management of Dr Gray’s Hospital discussions with the Chief Executive of NHSG and the desire to ensure positive connections locally with the Health and Social Care Partnership and the Community, given the significant role this hospital plays. 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.
- 3.6 At the meeting on 29 November 2018, the Board approved additions to the Chief Officer’s operational responsibilities with a request for further review in 12 months of the impact on the Chief Officer workload (para 9 of the minute refers).

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 The additions to the Chief Officer workload in November 2018 were focussed around Dr Gray’s hospital services. As described in the amended Chief Officer responsibilities “The Dr Gray’s Hospital Manager and Clinical Director will report into the Chief Officer of the Health and Social Care Partnership. In line with good governance arrangements and Dr Gray’s Hospital will continue to provide assurance on performance via the existing acute sector mechanisms of NHSG already established”. The amendments were in relation to strengthening relationships to support the strategic transformation of service provision across the whole system.
- 4.2 Over the past year since this change was implemented there have been 4 key areas of focus:
- Executive Leadership
 - Management Arrangements including good governance
 - Transformation
 - Specific focus on the ongoing significant challenge of Women and Childrens Services in Moray
- 4.3 The executive leadership role initially was considerably challenged by the continuous operational challenges arising on a daily basis with capacity

issues in the management and clinical leadership team evident. Significant progress has been made with this and additional senior leadership deployed to support the change and the Chief Officer in the discharge of her role.

- 4.4 A new management structure has been signed off and is being implemented following organisational policy. This brings strong local professional and managerial leadership and management to the hospital. The lines of accountability clarified and the relationships with the wider Grampian system are set out in an associated document.
- 4.5 The Transformation Board has been established with the task of setting out the range of services to be available at Dr Gray's Hospital as a small Acute Hospital with the acknowledgement of the expectation of ongoing delivery of care and treatment for the people of Moray and as a key contributor to the North of Scotland arrangements for elective care. The Board is co-chaired by Paul Bachoo, Acute Sector Medical Director and the Chief Officer, support for the board is provided by NHSG and it is also connected to the Strategic Planning and Commissioning Group of the MIJB.
- 4.6 The profile of women and children services remains high, the childrens aspect has progressed well and the final aspects of recruitment due to conclude in February 2020. The Womens services has experienced significant challenges and work continues to progress this to conclusion.
- 4.7 The workload of the Chief Officer has been considerable however the additional resources deployed in acknowledgement of this has made a significant difference, allowing the Chief Officer to function in the Executive Leadership role more effectively.
- 4.8 The connection of Dr Gray's Hospital into the local system remains important and the system being established is starting to show signs of positive outcomes, seeking to maximise the potential of the health and care system.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Moray Partners in Care 2019 – 2029"

The Chief Officer's operational role and work will support delivery of the Board's Strategic 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 MIJB 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 Officer's role does not displace MC/NHSG responsibilities for complying with directions and their governance arrangements to manage risk regarding 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

An Equalities impact assessment is not required as there are no changes to policy in 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 this update on the Chief Officer's operational responsibilities.

Author of Report: Pam Dudek, Chief Officer
Background Papers: with author
Ref:

REPORT TO: MORAY INTEGRATION JOINT BOARD ON 30 JANUARY 2020

SUBJECT: CHIEF INTERNAL AUDITOR REAPPOINTMENT

BY: CHIEF OFFICER

1. REASON FOR REPORT

- 1.1 To ask the Moray Integration Joint Board (MIJB) to consider the reappointment of the Chief Internal Auditor, whose current term of appointment is due to expire as at 31 March 2020.

2. RECOMMENDATION

- 2.1 It is recommended that the MIJB formally agrees to reappoint Atholl Scott, Internal Audit Manager, Moray Council, as the Chief Internal Auditor of the MIJB, for a further period of two years to 31 March 2022.

3. BACKGROUND

- 3.1 Section 12 of the Moray Health and Social Care Integration Scheme sets out the arrangements for establishing an adequate and proportionate internal audit service for review of the arrangements for risk management, governance and control of the delegated resources.
- 3.2 At the meeting on 31 March 2016 (para 7 of the minute refers), the MIJB agreed the key responsibilities of the Chief Internal Auditor role and to formally appoint the Moray Council's Internal Audit Manager as the MIJB Chief Internal Auditor for an initial period of 2 years.
- 3.3 The appointment recognised that existing internal audit arrangements in place within the Council and NHS Grampian would continue as before and that the additionality would be around reporting separately to the MIJB Audit Performance and Risk Committee, considering any specific audit issues that may emerge as a consequence of integration, and also setting in train processes for closer working between NHS Grampian's internal auditors and those of the three north east councils. Moray Council agreed to make available the internal audit resource for these tasks.
- 3.4 At the meeting on 25 January 2018 (para 8 of the minute refers), the MIJB agreed to re-appoint Atholl Scott, Internal Audit Manager, Moray Council, as

the Chief Internal Auditor of the Board, for a further period of two years to 31 March 2020.

- 3.5 The Chief Internal Auditor role is a statutory requirement and a further nomination is required.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 It is the responsibility of the MIJB to establish and maintain adequate and proportionate internal audit arrangements. These for now are considered to be best served by utilising council internal audit staff to provide assurances on funding provided to the MIJB by the council and seeking assurances from the internal auditors of NHS Grampian in regard to contributions to the MIJB by NHS Grampian. It is proposed that the current arrangements continue for a further 2 years to 31 March 2022 to further develop the Internal Audit provision to the MIJB.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Moray Partners in Care 2019 – 2029"

Good governance arrangements will support the MIJB to fulfil stated objectives. The provision of an independent internal audit service is one aspect of good governance.

(b) Policy and Legal

The arrangements to appoint an Internal Audit Service for the MIJB are set out in section 12 of the Integration Scheme and have been referred to within this report.

The MIJB is subject to the accounts and audit provisions contained within Part VII of the Local Government (Scotland) Act 1973 and regulations made under this Act, as it is a body listed under section 106 of the Act. In particular, the Board, by virtue of regulation 7 of The Local Authority Accounts (Scotland) Regulations 2014, must operate a professional and objective internal auditing service in accordance with recognised standards and practices in relation to internal auditing.

(c) Financial implications

The proposed Financial Regulations of the MIJB state that the MIJB shall secure the provision of a continuous internal audit service to provide an independent and objective opinion on the control environment comprising risk management, governance and control of delegated resources. Moray Council's Internal Audit Manager has assumed an extension of duties to fulfil the responsibilities of the Chief Internal Auditor for the MIJB. These services are currently provided at no cost to the MIJB which continues to be the case in 2020/21. There may be financial implications to consider beyond 2020/21.

(d) Risk Implications and Mitigation

If an appointment is not made there will be a breach of regulations and likely adverse comment from the MIJB's external auditor. .

(e) Staffing Implications

Atholl Scott is employed by Moray Council. If reappointed, he will continue to be employed by Moray Council. Duties for the MIJB will continue to fall within his remit. This arrangement will be subject to ongoing review through the Audit, Performance and Risk Committee to ensure delivery of audit services for the MIJB remains sustainable.

(f) Property

None arising directly from this report.

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not needed because the report is to consider a re-appointment.

(h) Consultations

Consultations have been undertaken with the following staff who are in agreement with the content of this report where it relates to their area of responsibility:

- Legal Services Manager, Moray Council
- Chief Financial Officer, MIJB
- Atholl Scott, Internal Audit Manager, Moray Council
- Caroline Howie, Committee Services Officer, Moray Council
- Katrina McGillivray, Senior HR Advisor, Moray Council

6. CONCLUSION

6.1 The period of appointment for the Chief Internal Auditor is due to expire and a further appointment is necessary to meet statutory requirements.

Author of Report: Isla Whyte, Interim Support Manager
Background Papers: Held with author
Ref:



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 30 JANUARY 2020

SUBJECT: RESERVES POLICY – REVIEW

BY: CHIEF FINANCIAL OFFICER

1. REASON FOR REPORT

- 1.1 To seek approval from the Moray Integration Joint Board (MIJB) on its Reserves Policy.

2. RECOMMENDATION

2.1 It is recommended that the MIJB:

- i) approves the Reserves Policy as detailed at Appendix 1; and
- ii) agrees that the next review will be no later than March 2022

3. BACKGROUND

- 3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 empowers Integration Authorities to hold reserves which should be accounted for in their financial accounts.
- 3.2 The 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.
- 3.3 The MIJB has previously considered the purpose and use of reserves and approved its initial Reserves Policy at a meeting of the Board on 31 March 2016 (para 12 of the minute refers).
- 3.4 The Chief Financial Officer is responsible for advising on the targeted optimum level of reserves that the MIJB would aim to hold, known as the prudential target. The MIJB, based on this advice should then approve the policy as part of the budget process.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 The MIJB Reserves Policy has been reviewed and is presented as **APPENDIX 1** to this report.
- 4.2 The Reserves Policy outlines the importance of holding reserves for the long term financial stability of the MIJB to manage pressures from year to year. The MIJB Integration Scheme highlights the process to be followed in circumstances where it is anticipating an overspend position in that uncommitted reserves would firstly be used to address this. Heading into the 2020/21 financial year, the MIJB holds no remaining uncommitted reserves.
- 4.3 In reviewing the Reserves Policy it is necessary to consider both the scale of the MIJB responsibilities and the financial climate it is operating within. The Reserves Policy approved by this Board on 31 January 2019 agreed 2% as being the prudent level of general reserve to be held (Para 8 of the minute refers). As the end of the 2019/20 financial year approaches, there is a forecast overspend position from which it is evident that 2% will not be achievable in the short-term. With this in mind, the review of the Reserves Policy has resulted in the % of general reserves to be unspecified and that over the medium term, the MIJB should be seeking to 'hold a prudent level of general reserves'
- 4.4 It will be necessary to ensure that the Reserves Policy is kept under regular review with the expectation that in future years, an appropriate level of reserves can be maintained.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Moray Partners in Care 2019 – 2029"

The Integration Scheme sets out the requirement for the MIJB to determine the treatment for underspends and the necessity to detail this within an agreed policy. The Reserves Policy makes appropriate reference to the MIJB Strategic Plan.

(b) Policy and Legal

The Public Bodies (Joint Working) (Scotland) Act 2014 empowers the MIJB to hold reserves and in doing so requires a strategy to support the process.

(c) Financial implications

None arising directly from this report.

(d) Risk Implications and Mitigation

The establishment and maintenance of a Reserves Policy, promotes sound financial management practice and supports good governance.

(e) Staffing Implications

None arising directly from this report.

(f) Property

None arising directly from this report.

(g) Equalities/Socio Economic Impact

None arising directly from this report as there has been no change to policy.

(h) Consultations

The Chief Officer and Legal Services Manager (Moray Council) have been consulted and their comments have been incorporated within this report.

6. CONCLUSION

6.1 The Reserves Policy continues to be reviewed in line with published guidance and good governance principles.

Author of Report: Tracey Abdy, Chief Financial Officer
Background Papers: with author
Ref:



MORAY INTEGRATION JOINT BOARD

RESERVES POLICY

<u>Date Created</u>	<u>Date Implemented</u>	<u>Next Review Date</u>
<u>February 2016</u>	<u>1 April 2016</u>	<u>March 2020¹</u>

<u>Developed By</u> <u>Chief Financial Officer</u>	<u>Reviewed By</u> <u>Chief Officer</u>	<u>Approved By</u> <u>MIJB</u>
	<u>January 2020¹⁹</u>	<u>January 20XX¹⁹</u>

VERSION 34.1

CONTENTS

Background	3
Statutory/Regulatory Framework for Reserves	3
Operation of Reserves	4
Role of the Chief Financial Officer	4
Adequacy of Reserves	4
Reporting Framework	5
Accounting and Disclosure	5

1. Background

- 1.1 In July 2014, CIPFA through the Local Authority Accounting Panel (LAAP) issued guidance in the form of LAAP bulletin 99 - *Local Authority Reserves and Balances* in order to assist local authorities (and similar organisations) in developing a framework for reserves. The purpose of the bulletin is to provide guidance to local authority chief finance officers on the establishment and maintenance of local authority reserves and balances in the context of a framework, purpose and key issues to consider when determining the appropriate level of reserves.
- 1.2 The Moray Integration Joint Board (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). The MIJB is able to hold reserves which should be accounted for in the financial accounts of the Board.
- 1.3 The purpose of this Reserves Policy is to:
- Outline the legislative and regulatory framework underpinning the creation, use or assessment of the adequacy of reserves;
 - identify the principles to be employed by the MIJB in assessing the adequacy of the its reserves;
 - indicate how frequently the adequacy of the MIJB's balances and reserves will be reviewed and;
 - Set out arrangements relating to the creation, amendment and the use of reserves and balances.
- 1.4 In common with local authorities, the MIJB can hold reserves within a usable category.

2. Statutory / Regulatory Framework for Reserves

Usable Reserves

- 2.1 Local Government bodies - which includes the MIJB for these purposes - may only hold usable reserves for which there is a statutory or regulatory power to do so. In Scotland, the legislative framework includes:

Usable Reserve - Powers

General Fund - Local Government (Scotland) Act 1973

- 2.2 For each reserve there should be a clear protocol setting out:
- the reason / purpose of the reserve;
 - how and when the reserve can be used;
 - procedures for the reserves management and control; and
 - The timescale for review to ensure continuing relevance and adequacy.

3. Operation of Reserves

3.1 Reserves are generally held for three main purposes:

- to create a working balance to help cushion the impact of uneven cash flows and avoid unnecessary temporary borrowing – this forms part of general reserves;
- to create a contingency to cushion the impact of unexpected events or emergencies – this also forms part of general reserves; and
- to create a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.

3.2 The balance of the reserves normally comprise of the following elements:

- funds that are earmarked or set aside for specific purposes. In Scotland, under Local Government rules, the MIJB cannot have a separate earmarked reserve within the Balance Sheet, but can highlight elements of the General Reserve balance required for specific purposes. The identification of such funds can be highlighted from a number of sources:
- future use of funds for a specific purpose, as agreed by the MIJB; or
- commitments made under the authority of the Chief Officer, which cannot be accrued at specific times (e.g. year-end) due to not being in receipt of the service or goods;
- funds which are not earmarked for specific purposes, but are set aside to deal with unexpected events or emergencies; and
- funds held in excess of the target level of reserves and the identified earmarked sums. Reserves of this nature can be spent or earmarked at the discretion of the MIJB.

4. Role of the Chief Financial Officer

4.1 The Chief Financial Officer is responsible for advising on the target level of reserves that the MIJB would aim to hold, known as the prudential target figure. The MIJB, based on this advice, should then approve the appropriate reserve strategy as part of the budget process.

5. Adequacy of Reserves

5.1 There is no guidance on the minimum level of reserves that should be held. In determining the prudential target, the Chief Financial Officer must take account of the strategic, operational and financial risks facing the MIJB over the medium term and the MIJB's overall approach to risk management.

- 5.2 In determining the prudential target, the Chief Financial Officer should consider the MIJB's Strategic Plan, the medium term financial outlook and the overall financial environment. Guidance also recommends that the Chief Financial Officer reviews any earmarked reserves as part of the annual budget process and continued development of the Strategic Plan.
- 5.3 In light of the size and scale of the MIJB's responsibilities, over the medium term it is proposed to hold that a prudent level of general reserves ~~will represent approximately 23% of net expenditure~~. This value of reserves must be reviewed annually as part of the MIJB's Budget and Strategic Plan; and in light of the financial environment at that time. The level of other earmarked funds will be established as part of the annual financial accounting process.

6. Reporting Framework

- 6.1 The Chief Financial Officer has a fiduciary duty to ensure proper stewardship of public funds.
- 6.2 The level and utilisation of reserves will be formally approved by the MIJB based on the advice of the Chief Financial Officer. To enable the MIJB to reach a decision, the Chief Financial Officer should clearly state the factors that influenced this advice.
- 6.3 As part of the budget report the Chief Financial Officer should state:
- the current value of general reserves, the movement proposed during the year and the estimated year-end balance and the extent that balances are being used to fund recurrent expenditure;
 - the adequacy of general reserves in light of the MIJB's Strategic Plan, the medium term financial outlook and the overall financial environment;
 - an assessment of earmarked reserves and advice on appropriate levels and movements during the year and over the medium term; and
 - If the reserves held are under the prudential target, that the MIJB should be considering actions to meet the target through their budget process.

7. Accounting and Disclosure

- 7.1 Expenditure should not be charged direct to any reserve. Any movement within Revenue Reserves is accounted for as an appropriation and is transparent. Entries within a reserve are specifically restricted to 'contributions to and from the revenue account' with expenditure charged to the service revenue account.



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 30 JANUARY 2020

**SUBJECT: ANNUAL REPORT OF THE CHIEF SOCIAL WORK OFFICER
2018-2019**

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 (CSWO) on the statutory work undertaken on the Council's behalf during the period 1 April 2018 to 31 March 2019 inclusive.

2. RECOMMENDATION

- 2.1. **It is recommended that the Moray Integration Joint Board (MIJB) consider and note the contents of this report.**

3. BACKGROUND

- 3.1. In compliance with their statutory functions under the Social Work (Scotland) Act 1968, all local authorities have a CSWO. For a number of years CSWOs have produced Annual Reports about social work services which are provided for relevant committees, Moray Council and Integration Joint Boards.
- 3.2. The Office of the Chief Social Work Adviser in the Scottish Government (OCSWA) collates an overview Summary Report based on the key content of the reports from all local authorities in Scotland. This summary would:
- be of value to CSWOs and also support the CSWA in their role of raising the profile and highlighting the value and contribution of social work services; and
 - be a useful addition to the set of information available to aid understanding of quality and performance in social work services across Scotland.
- 3.3. 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 known 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.

3.4. 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 Plan “Moray Partners in Care 2019-2029”

This report is in line with Moray 2026 Plan – 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’s Hearings (Scotland) Act 2011
- 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. 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

An Equalities Impact Assessment is not required as there are no changes to policy as a direct result of this report.

(h) Consultations

The following have been consulted in the preparation of this report: Corporate Management Team; Chief Officer, Health & Social Care Moray, Morag Smith, Senior Solicitor (Litigation and Social Care); Head of Housing & Property and Head of Children's Services Social Work, who are in agreement with the content of this report relating to their area.

5. CONCLUSION

5.1. This report shows that Social Work in Moray is adapting and developing to meet current circumstances to better meet the needs of the local population.

Author of Report: Jane Mackie, Chief Social Work Officer

Background Papers: with author

Ref:

ANNUAL REPORT BY LOCAL AUTHORITY CHIEF SOCIAL WORK OFFICER

1 CSWO Summary of Performance - Key challenges, developments and improvements during the year

During 2018/19 the key challenges for social work in Moray continued to be around maintaining, and improving quality of social work service offered within the context of financial constraints and demographic pressure creating increasing demand, particularly in adult services. Throughout adult services a strong focus was maintained on supporting people who use services to gain or regain their maxim abilities. This is evidenced by the recovery focus in Mental Health, the progression model in Learning Disability and in reablement for Older People.

There was considerable impact from external scrutiny: In November 2018 the Care Inspectorate carried out a second Progress Review in relation to Joint Inspection of Services for Children and Young People that had taken place in 2016. During their feedback inspectors noted the improvements that had been made since the 2016 Inspection and discussed areas for ongoing improvement. Inspectors indicated that there would be no requirement for further Progress Reviews in relation to the findings of the 2016 Inspection. A full report was published in March 2019. Ongoing improvements at a Partnership level are monitored through the Executive Leadership Group and at a Social Work specific level through the Practice Governance Board and Performance Management Group.

In Adult services the thematic review of Self Directed Support occurred in October 2018 with the report received in June 2019.

Perhaps the most considerable challenges for Social Work in Moray over 2018/19, were about ensuring that we increased our local profile, explained and demonstrated the importance of Social Work in the wider economy in the context of change, scrutiny, and financial pressure.

Aligned with all these challenges was the critical need to focus on outcomes for all who use our services so that social work can build a strong agenda of improvement whilst demonstrating quality. The focus on outcomes means a shift away from a more process orientated approach and offers opportunities for social work to develop further locally.

On a practical level the role of Chief Social Work officer passed to the Head of Service Adult Services, in Moray Health and Social Care Partnership in August 2018. This move allowed for a reconsideration of governance in Social Work and in relation to Social Work in the Council, and also to reconsider the priorities and approach of social work in Moray.

2. Partnership Working - Governance and Accountability Arrangements

Social Work in Moray works in partnership across a wide range of internal and external partner groups. A key partner for social work is the partnership with people who use services. This was particularly well demonstrated in Mental Health, where the growing voice and presence of the Moray Wellbeing hub, an organisation founded by, and operated by people with lived experience of mental health demonstrated that the principles of social work, of empowerment and collaboration can be shown to have significant ability to create change and improvement. The wellbeing hub has been supported throughout its journey by social work in Moray.

In Children's Services there has been a strong partnership with young people through the Champion's Board. The voice of Care Experienced Children and Young People (CECYP) is at the heart of the actions we take.

In terms of commissioning and procurement of services for children affected by disability, in children's services we liaise with young people when appropriate and with parents, to help design the service specification. Parents are part of the procurement process, in that they support the evaluation stages: their input is valued and valuable.

In children's services where the strengthening of partnership was shown by the growing confidence and importance of the Executive Leadership Group, which is a group of senior managers across all partner agencies involved in Children's services; including Police, Health, Education, and the Third sector commissioned partners. The Chief Social Worker is part of that group, and became vice chair of the group towards end of this reporting period.

Multi-Agency Public Protection Arrangements (MAPPA) in Moray continue to work well in relation to public protection and managing the risk of serious harm posed by those convicted of a sexual offence. The largest proportion of all MAPPA offenders in Moray are managed at Level 1. In 2018/19 considerable focus was on ensuring that each duty to co-operate agency, which includes the local authority and Health Board, has in place processes to ensure information sharing takes place and disclosure is considered for offenders at this level. The local authority and Health Board are represented on the Grampian Management Operational Group and the Grampian Strategic Oversight Group for MAPPA to ensure all processes comply with the Management of Offenders (Scotland) Act 2005.

The Chief Social Worker sits on the Board of the Integrated Joint Board as a non-voting member, and also attends the Clinical and Care Governance Committee of the Integrated Joint Board, and the Strategic Commissioning and Planning Group.

The Partnership with Housing is maintained and developed through a regular Housing Liaison meeting. In particular our relationship with Hanover Housing was continued and strengthened by the development of Linkwood View, a new extra-care development. This Partnership demonstrates how working across agency and disciplinary boundaries can support the practical independence and quality of life for older people and add community capacity.

Social Work also continues to have key roles in the Community Justice Partnership and Alcohol and Drug Partnership.

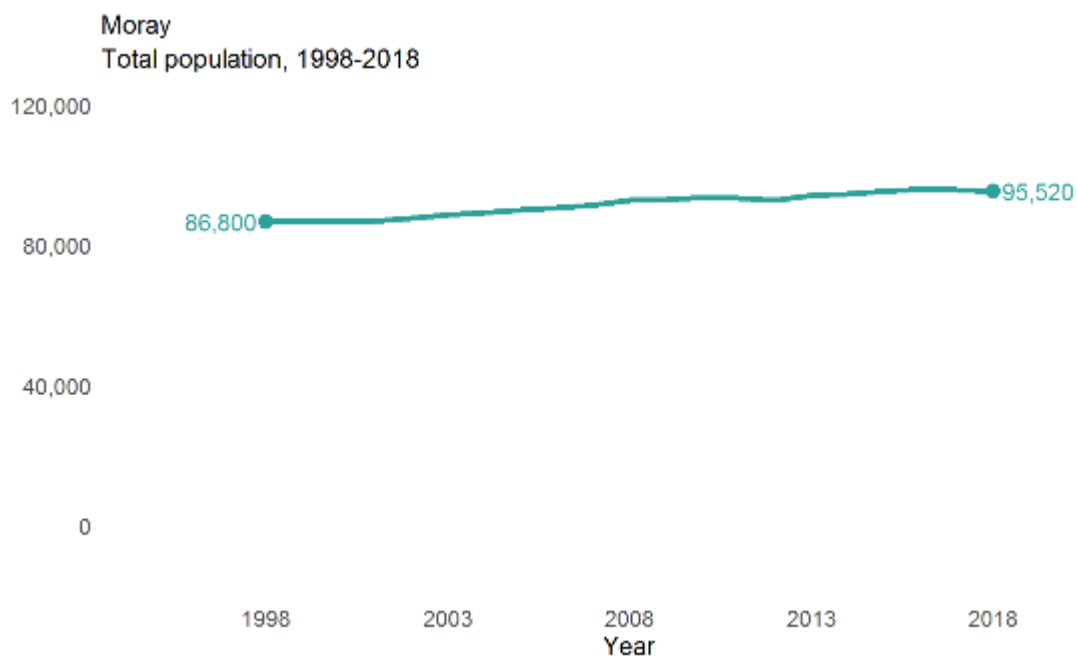
The Chief Social Worker convenes two separate Practice Governance Boards, one in Adult Services which has been operating for 9 years and a Children's service Practice Governance Board began in January 2019. The Chief Social Worker reports directly to the Chief Executive concerning any matters of Social Work and receives the agenda for Council Corporate Management Team. The Practice Governance groups consider Quality, Performance and Risk in Social Care. Practice Governance meetings are attended by senior managers, consultant practitioners and commissioners. A representative from Clinical Governance attends to pick up any relevant issues for the Health Clinical Governance group. Relevant cross cutting issues are escalated to the Clinical and Care Governance Committee of the Integration Joint Board, or the Executive Leadership Group, or the Child Protection Committee in Children's Services.

Strong professional practice and governance is in place through the professional leadership of consultant practitioners who report to the Chief Social Worker, attend Practice Governance and provide professional support to Social Workers and Advanced Practitioners. Consultant Practitioners support managers in complex social care situations, can provide advice and guidance to first line managers and audit the quality of social care work undertaken as requested by practice governance.

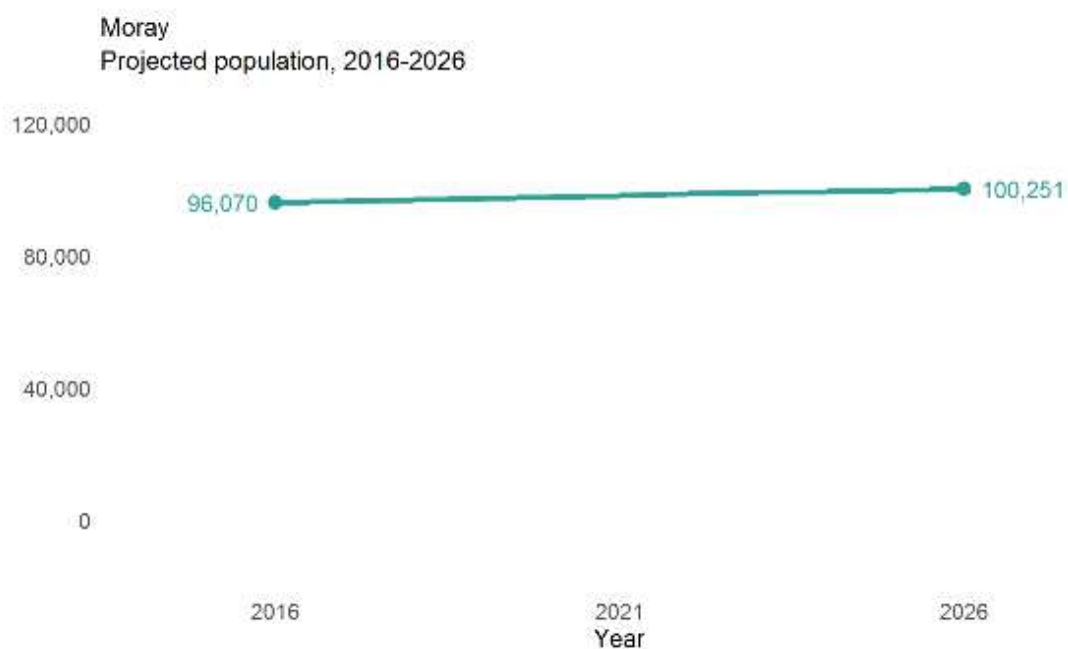
People with lived experience are included in any commissioning change process and during 2018/19 were involved in recommissioning of a mental health and wellbeing service provider.

3. Social Services Delivery Landscape

On 30 June 2018 the Moray population was 95,520. This is a decrease of 0.3% from 95,780 in 2017. Over the same period the population of Scotland increased by 0.2%.



Between 2016 and 2026 the population of Moray is projected to increase from 96,070 to 100,251. This is an increase of 4.4% which compares to a projected increase of 3.2% for Scotland as a whole.



The population changes manifests in recruitment challenges particularly for domiciliary and residential care providers. Moray Council has no internal provision of residential care for older people. There are 13 care homes within Moray that provide 583 places. The number of residential places required in Moray has been kept stable through the use of care at home and the development of extra care housing in partnership with Hanover Housing and Moray Housing Department.

One extra care development of 30 tenancies opened in September 2017 and a further one of 30 tenancies is due to open in November 2019.

A revised market position statement was produced in 2018/19 that focused only on Learning Disability as opposed to the wider landscape as this was an area where particular change and development was sought.

During 2018/19 a group of 5 people with Learning Disability were successfully provided with new housing through partnership working with a Housing Association. The progression model work has identified that a further 73 people with Learning Disability will need alternative housing over the next year to five years, in order to fulfil their progression goals.

Adult Services have a commissioning team comprised of, 1 senior manager, and 4 commissioning officers, with 2 assistants, who lead on all commissioning work within the Integrated Joint Board. This team work with procurement in Moray Council during the procurement phase of work.

Children's service commissioning responsibility has been integrated into overall management responsibilities which has limited time available for redesign. This will be an area of development in the coming year.

Commissioners lead meetings with providers, attended by relevant service managers, which aim to maintain good communication and exchange of information. Meetings are held regularly with care home owners and separately with care home managers. Meetings with Domiciliary Care providers has been more operationally focussed and aimed at achieving maximum capacity of care through cooperative working across the Council area. The pressures on domiciliary care providers in Moray were especially evident this reporting year, with all having difficulty in maintaining their workforce at sufficient levels to meet demand. This impacted upon the sector's ability across Moray. In this reporting period Allied Healthcare, a domiciliary care provider, created concern nationally as insolvency threatened. This had no major impact locally despite Allied being a contracted provider but demonstrates the fragility in this market sector.

Care home provision in Moray is stable and delivered largely by local small to medium providers. In this reporting year a large scale investigation was conducted in one local provider due to Adult Support and Protection concerns. Following this, an improvement plan was agreed with commissioners and monitoring meetings held at regular intervals.

Mental Health provisions in Moray is delivered by two large national providers and both support the recovery agenda very closely. As part of the continued change and development in mental health there was a retendering of some mental health services during 2018/19 to further embed recovery in service design.

4. Resources

There are three significant pressure areas, Learning Disability Provision, Domiciliary care of Older People, children's out of area and in area residential care.

The pressure from Learning Disability demand is being managed through the progression model programme that seeks to ensure that support facilitates increased independence. Use of this model however can only be anticipated to restrict growth pressures to approximately 5% annually and not create cashable savings.

The pressure from care of Older People being supported at home is a major cost pressure for the Integrated Joint Board. We continue to grow the Shared Lives service in Moray. Moray has the largest shared lives service in Scotland and the Moray Chief Social Work Officer chairs the National Champions Network group for Shared Lives Plus in Scotland. This cost effective and high quality service allows people to experience support and care in the home of a shared lives carer rather than an institution. Shared Lives has replaced or reduced the traditional day service attendance in Moray and the growth target in 2018/19 was to expand services of shared lives for people with a learning disability.

Moray directly recruits and supports volunteers. In 2018/19 there were 78 new volunteers recruited during this period, 67 became Buddies (7 of which also took on the role of alarm responder) and 7 more became alarm responders. 5 volunteers are involved in activities in Day Services, 2 in Greenfingers service, 3 in group activities within sheltered housing and 1 to support staff in admin tasks within the department.

We currently support 180 volunteers in the matching process, reviewing of their volunteering roles and organising relevant training. Training figures for this period:

- Adult protection and scam awareness – 35
- Dementia Friendly Awareness – 34 (with Alzheimers Scotland (Moray))
- Stroke Communication – 31 (through Chest Heart and Stroke Organisation)
- Safer People Handling – 4
- Mental Health Awareness – 36 (this was new training developed by training team bespoke for volunteers and piloted by a group of volunteers for first session)
- Suicide Awareness - 8

The number of clients receiving volunteer buddy support on a weekly basis during this time was 146 and the number of clients having volunteer(s) alarm responders was 119.

Moray also built community capacity in 2018/19 by supporting the development of Men's Sheds with over 201 "shedders" accessing Moray's 5 Men's Sheds. Be Active Life Long (BALL) community groups continue to prove popular as an alternative way to improve health and wellbeing with 790 participants taking part each week in the volunteer led groups. Two daytime health and wellbeing discos attracted over 150 people with each event building community capacity on the benefits of physical activity in older age.

The direct recruitment of volunteers and community capacity building demonstrates the commitment of social care in Moray to prevention in adult services. In children's services a locality network approach has been taken with social workers involved in local community network groups to identify what resources would best meet local needs at an early intervention and prevention level. Additionally, in 2018/19 work was taken forward to begin the establishment of Signs of Safety and Family Group Conferencing.

Social Work contributes to the preventative agenda ensuring that social work assessments and plans of support utilising principles of self-directed support are independence, and reablement focused. The voice of people who use services and their risk enablement will be of increased significance going forward.

There were 41 residential placements in Children's services during 18/19 of which 23 were out of area. Of the out of area with education placements 7 out of 20 are for children who have significant learning disability needs who will transition to adult services. During 19/20 a workstream of improvement and change will be established.

5. Service Quality and Performance including delivery of statutory functions

Social work in Moray is performing well in many areas. The involvement in the thematic review of self-directed support demonstrated a confidence and ability in taking this agenda forward. The principles of self-directed support were adopted from inception by the Moray Health and Social Care Partnership through the Partners in Care Policy, and have influenced the approach taken with in the Integrated Joint Board. The Care Inspectorate carried out the thematic review across six Partnership areas, using seven quality indicators. The report highlighted that social work staff had a solid understanding of the values and principles which underpin the legislation with most individuals experiencing choice and control in how their personalised budgets were utilised. The principles and values of SDS will continue to be embedded in line with the recommendations from the review and the national implementation plan for 2019-2021.

Within children's services contract monitoring alongside statutory review requirements is a feature of reviewing the services delivered to the children, young people and families using those services in Moray. Given financial pressures and constraints noted above, as a service and acting in partnership with others, we are seeking to achieve a holding position at this time while the key processes associated with Realigning Children's Service progress. This, together with an audit of commissioning of children services, will inform developments to be made for children on the edge of care and for children who need a "step down" service. The work being undertaken through this programme will inform the Moray Children's Service Plan and identify more effectively where resources need to be targeted. Children's services remain active, engaged and supportive of Scotland Excel processes. .

New statutory responsibilities were implemented in this reporting period. An initial implementation plan delegated the formal assessment of carers to our commissioned carer support partner. In line with the Carers (Scotland) Act 2016, Adult Carers Support Plans replaced Carers Assessments, with our commissioned partner undertaking the majority of this work. Processes required to implement the legislation were reviewed after six months, involving all key stakeholders and amendments made in line with the ongoing evaluation. A local eligibility criteria has been developed and implemented along with clear information and advice relating to Self-Directed Support for Carers. Further requirements within the Act made it necessary for us to waive charges for carers, develop a short breaks statement and to involve carers in hospital discharge planning; where initial work has been undertaken in collaboration with Ward 7 at Dr Gray's Hospital. A holistic review took place toward the end of this reporting period with key recommendations to move forward.

The Mental Health Officer (MHO) Service

There are 14.3 FTE practising MHOs in Moray. All MHOs practice on top of their substantive social work post and there is no specialist team of MHOs. There are 2 FTE MHOs covering out of hours MHO duties when they are on shift and there is a 0.77 FTE deficit in the team for MHO cover.

There are currently 8.3 FTE MHOs on the Mental Health (Care and Treatment) Act duty day time rota. There are 11.3 FTE MHOs who write MHO reports for guardianship and intervention order applications. The out of hours MHOs do not complete guardianship reports.

Workload and capacity of the service

Guardianship and intervention orders MHO report allocations reduced slightly from the previous year. In 2018-2019 there were 56 allocations which included 46 private applications and 10 local authority applications, whereas in the previous year 2017-2018 there were 61 allocations in total. MHOs typically write 5-6 reports each per year pro rata. Moray does not operate an MHO waiting list for guardianship reports; an MHO is allocated upon receipt of a request in the case of a private application and for Local authority

guardianships an MHO is allocated at point of notification to the council's legal services that an intervention under the 2000 Act is required.

In 2018-2019 there were 13 emergency detentions and 62 short term detentions; 19 of these went on to compulsory treatment orders or interim orders. While the number of short term detentions is a slight increase on previous year (57) there was an increase of 88% in CTO applications (19) on previous year (11).

Due to retirement of MHO qualified Out of Hours social worker and their replacement by a non-MHO qualified social worker there were three occasions in 2018-19 where an MHO was not available out of hours.

Social Workers leaving and joining the MHO service in 2018-19

There are 1.8FTE candidates on track for qualifying as an MHO and will be on both AWI and MH Act rotas in Autumn 2019 increasing the numbers of practising MHOs to 16.1 FTE should there be no leavers in the meantime.

Corporate Parenting

Further in children's services there has been engagement with Permanence and Care Excellence (PACE) and there are 4 aims with which we are making progress. These are:

- Aim 1 - By 30 September 2018, 100% of children looked after at home for more than 2 years from 1 June 2018, will undergo a peer review that will be reported to the Service & Team Managers.
- Aim 2 - By 1 July 2019, 90% of looked after & accommodated children, accommodated on or after 1 June 2018, will have a recommendation for permanence within 30 weeks.
- Aim 3 - By 1 July 2019, 60% of children who have had a recommendation for permanence away from home from 1 June 2018, will be presented to the Fostering & Adoption Panel within 15 weeks.
- Aim 4 - By 1 July 2019, 60% of children from 1 June 2018, who have an agency approved permanence plan to be secured via a Permanence Order, will have the order lodged within 16 weeks of the agency decision date.

Our Champion's Board is developing in strength and we have had recent confirmation of extended Life Changes Trust funding for years 2020/21 and 2021/22. The activities within the Champions Board are consistent with a number of the "stop" "go" activities being promoted by the Care Review. Those for Moray having been based on the "asks" of a number of our CEC&YP: the "asks" are consistent with the pillars of the Care Leaver Covenant. The concept of "stop" "go" will be more fully endorsed at a future Board meeting.

The statistics for Moray in relation to Looked After and Accommodated Children are of concern. We have more children in residential care: 30th out of 32 local authorities in Scotland. We also have a higher than average number of children in foster care and less

children in kinship care. The commissioning activity to be concluded in 2019/20 includes the outcome of Realigning Children's Services which will help identify where we might better prevent children becoming looked after and accommodated, especially in residential provision.

We reviewed and redesigned our foster scheme. The new scheme is designed to support relationships; and limit numbers of changes in placements. Carers at assessment are being introduced to the concept of continuing care. The new scheme should support the matching of foster carers to specific children so potentially enabling more to remain in Moray.

Acting together with housing and the third sector a scatter flat initiative has been developed. This means young people are supported in Scottish Short Assured Tenancies in an area of their choosing. When there is confidence that the young person can manage their tenancy this is converted to a full tenancy, given they will have developed links and friends in that community.

To coordinate and lead on all the various social care developments, initiatives and requirements in both children and adult services within an integrated environment the Chief Social Work officer established a Social Work Leaders Group. This group has written a Development Plan that is monitored by the Social Work Leaders. An early initiative of the Social Work Leaders Group was to set up workshops for all registered social work staff to ask them what they thought were the strengths and areas of practice to be developed. The output of these workshops was incorporated in the Development Plan. The development plan was shared with Moray Chief Officer Group. The Plan is attached at **Appendix A**.

Moray has three consultant Social Work Practitioners posts in Adult Services which have been in place for over 5 years. Consultant practitioners demonstrate excellent practice, lead by example, advise and support social workers and managers of social workers. Consultant practitioners attend practice governance meetings, design and undertake practice audits and staff briefing or learning events.

Social Work staff in Moray attend relevant Social Work Scotland groups and network across many areas, including commissioning, Self-Directed Support, Community Care and Learning Disability. Commissioning staff have developed good relationships with Scotland Excel.

6. Workforce

a) Planning

b) Development

There are 163 qualified Social Work staff in Moray across both adult and children's services, including those in management positions. Recruitment of qualified staff is at present not problematic, primarily because retention is relatively high so recruitment requirements are relatively low.

We have 537.4 social care staff in direct Moray Council service provision. Recruitment here can be challenging.

An extensive training programme was offered specifically to Newly Qualified Social Workers (NQSW) and Social Workers in Training over the year. Some were visits from other services to help their understanding of what's available in Moray. This included themes of child protection, alcohol and drugs, self-directed support, professional boundaries, youth justice, dementia, child Sexual Exploitation, child and adolescent brain development, Adverse Childhoods Experiences, and taking care of their own health and wellbeing.

In terms of succession for CSWO role the current Interim Joint Head of Integrated Children's Services has completed the CSWO Post Graduate Diploma qualification and a senior manager has also expressed interest in this.

To strengthen social work development the CSWO has created a social work leaders group that takes responsibility for the social work development plan and the improvement and development of social care in Moray. The potential to include third sector in this has been discussed and by agreement their inclusion deferred for further discussion. Social work leaders maintain active involvement in national Social Work Scotland Networks and other working groups. The Social Work Leaders group has met with SSSC representatives and promoted the role of Social Work in Moray across the Council area. The Social Work Leaders group convened an open event for all social workers in December 2018. The output of this was used to inform the Social Work development plan.

Conclusion

The 50th anniversary of the Social Work (Scotland) Act 1968 has provided us with the opportunity to reaffirm the identity of Social Work in Moray, particularly in respect of tackling inequalities and poverty. As a profession it continues to grow in strength and confidence, which is crucial in ensuring partnership working is the best it can be to improve outcomes for children, families and communities.

Social Work Development Plan

06.02.2019

1.0 Purpose

To implement the first year of a 5 year project plan that will affirm the identity of social work as a single profession across all Council Departments and Sections as well as Health & Social Care Moray.

2.0 Background

Throughout Moray Council, Social Workers operate in a diverse range of different settings which include working with children, the elderly and people experiencing particular challenges in life such as mental health and/or substance misuse or who have a disability.

While it is an organisational necessity that Social Workers are firmly embedded in multi-disciplinary teams and are confident working across a wide range of different professional boundaries, it is also right and proper that we collectively identify ourselves as part of one single profession; social work.

3.0 Underpinning Ethos

Affirming this collective professional identity, which entails sharing a set of underpinning values and theoretical propositions, is important at a time when all local authorities are facing some of the most significant fiscal challenges and upheavals in a generation.

In light of the high levels of inequality and poverty that social workers have to contend with on a daily basis, it is more important than ever that social workers challenge themselves and ask what does it mean to be part of a profession which the International Federation of Social Workers defines as:-

“a practice based profession and an academic discipline that promotes social change and development, social cohesion and the empowerment and liberation of people.”

This definition is also consistent with the British Association of Social Workers (BASW), which since 1975 have adopted a code of practice based on human rights, social justice and professional integrity. At a more focused operational level, the underpinning humanitarian values of BASW are reflected in the Scottish Social Services Council (SSSC) code of conduct.

These 6 SSSC standards state “As a social service worker, I must... protect and promote the rights and interests of people who use services and carers; create and maintain the trust and confidence of people who use services and carers; promote the independence of people who use services while protecting them, as far as possible, from danger and harm; respect the rights of people who use services, whilst striving to make sure that their behaviour does not harm themselves or other people; uphold public trust and confidence in social services; and be accountable for the quality of my work and will take responsibility for maintaining and improving my knowledge and skills.”

If we are to uphold the International Federation of Social Workers definition of social work practice and the BASW and SSSC codes of conduct, what does this mean for our professional practice in Moray?

Moreover, if all Social Workers are leaders, how can we collectively go about shaping our own profession In Moray? To this end, the underpinning premise of this project plan is an invitation for all social workers to consider this question.

4.0 Aim

Consequently, the aim of this project plan is to reflect on this international definition of social work and codes of practice with the intention to:-

- affirm the identity of social work as a single profession across all Council Departments and Sections through a continuous professional development approach, practice care governance and peer professional support.

This aim will be achieved through the delivery of a project plan.

5.0 Milestones

Aligned to this aim, the project plan will outline a range of tasks that will achieve the following project milestones.

The project milestones have been informed by the feedback from participants who took part in the first two workshops in a series of Social Work Practitioner Forums. The workshops were facilitated by the Social Work Training Team and held in December 2018. These milestones are as follows:-

	Theme	Milestone	Description
1.	Governance	<p>Boards are established in both Adult Services and Children Services that provides quality assurance for Social Care and Social Work.</p> <p>This will also include agreeing quality measures for social work in both Integrated Children's Services & Adult Services & a related risk register.</p>	<p>Social Workers/Social Care staff are aware of and are involved in the Governance Board. Improve governance structures across all Social Work Service areas.</p> <p>The Governance Board takes responsibility for the quality of Social Work/Social Care in Moray. The Practitioner Workshops highlighted the importance of creating structures that would give social workers the opportunity to be informed in decisions and to be involved in the solutions.</p>
2.	Self-Evaluation	Implement a structured approach to self-evaluation for all Council Social Workers	<p>Self-evaluation at individual, team, service levels is conducted managerially but not professionally. The approach will consider how to utilise the 'Continuous Learning Framework' and SSSC standards.</p> <p>The feedback from the Practitioner Forums was that social workers also wanted the time to reflect on the continuous improvement process. A self-evaluation approach would assist with this. The workshop participants also noted the importance of establishing a baseline understanding of practitioner knowledge. This activity will also underpin the 'continuous professional development', 'supporting the broader role of Social Work' and 'developing a Social Work Training Plan' milestones.</p>

3.	Communication	Support the professional development of social workers through regular communication and engagement.	<p>Develop a communication strategy that will support the professional development of social work staff through a range of communication activities (e.g. newsletter and journals). Ensure that this approach is congruent with professional values and practice (i.e. inclusive and empowering).</p> <p>Participants at the Practitioner Forum also identified the need to find ways of improving the trust in professional decision making, enhancing the corporate reputation and improving communication links with senior management. Delivering this milestone will mean that the project plan will need to consider how resources (people, time, budget) is fully utilised.</p>
4.	Continuing Professional Development	To deliver a range of activities that will support the learning and development of social workers.	<p>Facilitated by the Social Work Training Team and linking in with the above milestone, Social Workers/Social Care staff in Moray are supported to develop their professional skills and knowledge to progress in their career.</p> <p>There are mechanisms in place to support professional development such as Practitioner Forums and learning opportunities. Professional debate and discussion is promoted in specific Social work approaches and techniques.</p> <p>CPD – Continuing Professional Development/of Social Work/of Social Care skills is embedded in the organisational structure where Social Work/Social Care staff work in Moray.</p> <p>As part of the Practitioner Workshop Forums, social workers also saw stronger links with the NHS Training Team as an opportunity to breakdown professional barriers and further enhance integrated working.</p>
5.	Supporting the broader role of	To develop social workers who are able to support their professional	To operate effectively, Social Workers need to have a thorough understanding of the evolving social policy context –

	Social Work	practice through an in-depth understanding of current developments in social work thinking.	<p>at both national and a local government levels- and how this impacts on their professional practice. Social policy is about causes of social problems and the underpinning theoretical and the ideological perspectives adopted as a means to address these issues. Consequently knowledge of the policy context is essential for all social workers if they are to operate effectively.</p> <p>The feedback from the social work practitioner forums was that there was a need to provide more support in relation to positive risk taking and recording positive risk.</p>
6.	Develop a Social Work Training Plan	To further develop social work professional practice through training and personal development. There are legislative requirements that are specific only to social work (e.g. SDS). This would be reflected in a training plan that would focus on a range of social work development professional issues.	<p>A formal Social Work Training Plan will help support the key themes identified as part of this initiative. It will also be informed by the Care Inspectorate's SDS thematic for adult services and Care Inspectorate's Children's Services Inspection.</p> <p>The Training Plan links well with many of the comments made at the Practitioner Forum in that it will identify the resources needed to deliver training and how this can be undertaken in a co-ordinated way.</p>
7.	Personal Outcomes	To further embed a personal outcomes approach in terms of professional practice.	<p>A personal outcomes approach is a key part of social work professional practice. This milestone will focus on how qualitative data can be used in a meaningful way to support professional social work practice.</p> <p>This milestone also links in with the feedback from the Practitioner Forums, in that 'investing in-house knowledge' was identified as one of the areas for future development.</p>
8.	Social Work Leadership	To explore the impact of management and leadership styles and its impact on	Social Workers who are managers need to be aware of the impact their managerial leadership and managerial style has








		professional social work practice.	<p>on the delivery of services for vulnerable people and on the context in which social work is delivered.</p> <p>Practitioners also need to identify themselves as practitioner leaders, to uphold the values and standards of social work practice, especially in multi-disciplinary teams. Practitioner leaders must also take responsibility for promoting their professional values and standards, and managing the tensions between individual demand and available resources, which is inherent in the social work role.</p> <p>The relationship between social work and social care should be constructive. All social care staff should feel able to contribute equally to leadership and development in social care.</p>
--	--	------------------------------------	--

6.0 Timeline

Ultimately, to achieve the above aim it is anticipated that this will be a 5 year initiative.

Each year will represent a project phase. The following project plan timeline is therefor for the first 12 months. A project plan will be developed for each of the following years of this initiative.

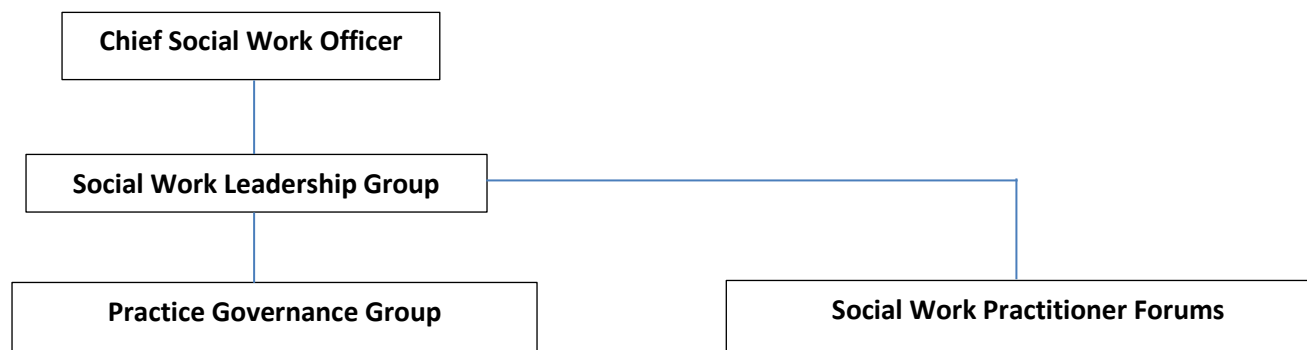
As noted below, it is proposed that the phase 1 of the project plan will run from January to December 2019.

Month		2019											
		Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Milestone	1. Boards are established in both Adult Services and Children Services that provides quality assurance for Social Care and Social Work.					Implement 							
	2. Implement a structured approach to self-evaluation for all Council Social Workers.							Implement 					
	3. Support the professional development of social workers through regular communication and engagement.							Implement 					
	4. To deliver a range of activities that will support the learning and development of social workers.					Implement 							
	5. To develop social workers who are able to support their professional practice through an in-depth understanding of current developments in social work thinking.					Implement 							
	6. Develop a Social Work Training Plan				Implement 								
	7. Personal Outcomes					Implement 							

7.0 Governance

The project sponsor for this plan will be Jane Mackie, Chief Social Work Officer, and the operational implementation of the project plan will be overseen by a Social Work Leadership Group. This Group will work closely with existing practice governance arrangements across all related council departments and sections.

The Social Work Leadership Group will meet on a quarterly basis and will be chaired by the Chief Social Work Officer. The following is an outline of the governance and reporting arrangements:-



It should be noted that the Social Work Leadership Group will have representation from all social work associated service areas (names to be confirmed) and will include the following milestone leads-

Milestone	Lead
1. Boards are established in both Adult Services and Children Services that provides quality assurance for Social Care and Social Work.	Social Work Leadership Group
2. Implement a structured approach to self-evaluation for all Council Social Workers.	Social Work Leadership Group
3. Support the professional development of social workers through regular communication and engagement.	Social Work Leadership Group
4. To deliver a range of activities that will support the learning and development of social workers.	Social Work Leadership Group
5. To develop social workers who are able to support their professional practice through an in-depth understanding of current developments in	Social Work Leadership Group

social work thinking.	
6. To further develop social work professional practice through a Social Work Training Plan.	Social Work Leadership Group
7. To further embed a personal outcomes approach in terms of professional practice.	Social Work Leadership Group

Following a project management methodology, the Social Work Development Project Management Group Meetings will have 2 standing agenda items. These are:-

- Progress Against Project Plan Up-date; and
- Risk & Issues Log

The Senior Project Officer will support the monitoring and review of these documents by this group.

Furthermore, at the end of each phase, the Social Work Development Project Management Group will also consider the outcome of the end of phase learning review. This activity will help to inform the project plan for the next phase of this initiative.

The Social Work Practitioner Forum will also be an essential part of the development approach through allowing social workers the opportunity to shape and influence how the milestones and aim will be realised.

8.0 The Project Plan

Key-add names

Task	Risk Status	% Progress	Activity Name	Who	Start	Finish	Predecessors	Comment
1.0 Milestone: Boards are established in both Adult and Children Services that provides quality assurance for Social Care and Social Work. Lead: tbc (January to April)								
1.1			Task: Develop remit and rationale for Boards that are aligned to existing structures					
1.2			Task: Consult internally on proposed rationale and remit					
1.3			Task: Revise original proposal					
1.4			Task: Submit paper to the Social Work Leadership Group for approval					
1.5			Task Board meetings and a schedule of meetings is agreed					
1.6			Task: A suite of quality measures is drafted across all service areas					
1.7			Task: The draft quality measures are consulted internally					
1.8			Task: Based on the internal consultation, the draft quality measures are consideration by the Social Work Leadership Group					
1.9			Task: The draft quality measures are approved by the Boards and a schedule and process for reporting is confirmed.					
1.10			Task: Develop a Social Work specific risk register.					

Task	Risk Status	% Progress	Activity Name	Who	Start	Finish	Predecessors	Comment
1.11			Task: Format of risk register and the process of completion is agreed at the Board Meeting.					
2.0 Milestone: Implement a structured approach to self-evaluation for all Council Social Workers. Lead: (April to December)								
2.1			Task: Scope all self-evaluation and continuous improvement options.					
2.2			Task: Determine 'best fit' approach.					
2.3			Task: Interim progress report submitted to the Social Work Leadership Group (refine approach)					
2.4			Task: Consult internally on the proposed approach					
2.5			Task Revise proposal and submit to the Social Work Leadership Group for approval					
2.6			Task: Submit self-evaluation approach to Practice Governance Boards for approval.					
2.7			Task: Implement the self-evaluation approach					
3.0 Milestone: Support the professional development of social workers through regular communication and engagement. Lead: (April to June)								
3.1			Task: Write a short brief for a Communication & Engagement Plan					
3.2			Task: Develop a Communication & Engagement Plan					
3.3			Task: Agree the Communication & Engagement Plan at the Social Work Leadership Group					

Task	Risk Status	% Progress	Activity Name	Who	Start	Finish	Predecessors	Comment
3.4			Task: Implement the Communication & Engagement Plan					
4.0 Milestone: To deliver a range of activities that will support the learning and development of social workers. Lead: (January to April)								
4.1			Task: Implement a programme of social work practitioner forums and determine the most effective approach to continuing professional development		30 11 18 & 3 12 18	Ongoing		
4.2			Task: Develop a proposal for continuing professional development based on the above workshops					
4.3			Task: Interim report submitted to the Social Work Leadership Group for initial consideration					
4.4			Task: The proposal is submitted to the Practitioner Forum for further debate and refinement					
4.5			Task: The final proposal is submitted to the Social Work Leadership for approval					
4.6			Task: The final proposal is submitted to the Boards for approval.					
4.7			Task: The approach to continuing professional development is implemented					
5.0 Milestone: To develop social workers who are able to support their professional practice through an in-depth understanding of current developments in social work thinking. Lead: (January to April)								
5.1			Task: Through the practitioner forums consider how this milestone could be best achieved		30 11 18 & 3 12 18	Ongoing		

Task	Risk Status	% Progress	Activity Name	Who	Start	Finish	Predecessors	Comment
5.2			Task: Develop a proposal based on the views of the practitioner forum participants					
5.3			Task: Interim report submitted to the Social Work Leadership Group for initial consideration					
5.4			Task: The proposal is submitted to the Practitioner Forum for further debate and refinement					
5.5			Task: The final proposal is submitted to the Social Work Leadership for approval					
5.6			Task: The final proposal is submitted to the Boards for approval.					
6.0 Milestone: To develop a Social Work Training Plan Lead: (February to March)								
6.1			Task: The Social Work Leadership Group will reflect on the key findings of the Care Inspectorates thematic review of SDS in Adult Community Care Services					
6.2			Task: Informed by this discussion, develop a brief remit for the plan including the scope					
6.3			Task: Draft the Social Work Training Plan					
6.4			Task: The Social Work Leadership Group gives initial consideration to the draft plan					
6.5			Task: The draft plan is submitted for internal consultation, including the Practitioner Forums					
6.6			Task: Based on the outcome of the internal consultation, the Social Work Training Plan is approved by the Social					

Task	Risk Status	% Progress	Activity Name	Who	Start	Finish	Predecessors	Comment
			Work Leadership Group					
6.7			Task: The Social Work Training Plan is approved by the Board					
6.8			Task: The Social Work Training Plan is submitted for consideration and comment to the Care Inspectorate					
7.0 Milestone: Personal Outcomes Lead: (April to May)								
7.1			Task: Develop a proposal to establish a short-life working group that will help embed the use of qualitative data in relation to implementing a personal outcomes approach					
7.2			Task: Discuss and refine the proposal at the Social Work Practitioner Forum					
7.3			Task: Agree membership of the short-life working group					
7.4			Task: Agree proposal at the Social Work Leadership Group					
7.5			Task: Implement proposal					
8.0 Milestone: Social Work Leadership Lead: (April to June)								
8.1			Task: Develop a baseline leadership questionnaire across all SW areas					
8.2			Task: Project Board agree questionnaire					

Task	Risk Status	% Progress	Activity Name	Who	Start	Finish	Predecessors	Comment
8.3			Task: Circulate questionnaire across all SW areas					
8.4			Task: Analyse findings and identify emerging themes					
8.5			Task: Conduct practitioner led focus groups that further explore the key themes identified in the questionnaire					
8.6			Task: Present and test the findings and key recommendations at the Social Work Practitioner Forum					
8.7			Task: Develop a Social Work Leadership Strategy					
8.8			Task: Present Draft Strategy to the Social Work Practitioner Forum and further develop					
8.9			Task: Consult on the further draft Social Work Leadership Strategy					
8.10			Task: Refine and present for final approval Social Work Leadership Strategy to the Project Board					
8.11			Task: Implement Social Work Leadership Strategy					
8.12			Task: Implement a Strategy to facilitate Practitioners as leaders					
8.13			Task: Provide forums for social work and social care staff to collaborate and develop relationships.					



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 30 JANUARY 2020

SUBJECT: GRANT FUNDING APPLICATION – MACMILLAN

BY: CHIEF OFFICER

1. REASON FOR REPORT

- 1.1 To inform the Board of an opportunity that has arisen in relation to attracting external funding.

2. RECOMMENDATION

- 2.1 **It is recommended that the Moray Integration Joint Board (MIJB) considers and approves the proposals to enter into an application for grant funding.**

3. BACKGROUND

- 3.1. The MIJB's financial regulations state that where opportunities arise to attract external funding, relevant officers shall consider the conditions surrounding the funding to ensure they are consistent with the aims and objectives of the Strategic Plan. All grant funding to be secured by the MIJB from external bodies is required to receive approval from the Board to ensure financial implications and any match funding requirements are considered.
- 3.2. Grampian has a population of 595,000 with new cancer diagnosis annually of 3007. There are 19,300 people living with and beyond cancer, with over half of all cancer patients now living for ten years or more following diagnosis. The overall cancer incidence rate (598.6 per 100,000 people) and overall cancer mortality rate (310.1 per 100,000 people) are both lower than the Scotland (2010-14) rates. <http://www.scotpho.org.uk/comparative-health/profiles/online-profiles-tool>
- 3.3. Grampian faces similar challenges to the rest of Scotland in that the number of cancers diagnosed each year continue to increase as the population grows and ages. The number of people surviving and living with cancer in Scotland, and in Grampian, is the highest it has ever been. There is evidence of significant inequalities between and within areas.

- 3.4. In May 2017, Macmillan conducted a scoping exercise in Grampian to identify the priority areas for improvement in response to their strategic framework for action on palliative and end of life care 2016-2021 which resulted in the identification of five main themes which would inform strategic and service development in Grampian. The ambition is for Macmillan together with the three partnerships under the direction of the IJB's in the Grampian area to scope the non-clinical needs of people affected by cancer based on the learning derived from the scoping exercise. The five themes identified were as follows:
- health and social care integration: identify areas of good practice and areas requiring improvement;
 - encouraging preventive models for health and well-being support that promote self-management and self-directed support solutions to care and advice;
 - tackling cancer poverty through services designed to increase access to benefits, mitigating the worst effects of welfare reform, and sustaining people's ability to sustain employment through supporting major employers;
 - creating communities of interest that can act as a resource to support statutory agencies and other providers through volunteering opportunities; and workforce development supported by Macmillan resources that increase mainstream services' ability to respond to the needs of people affected by cancer.
 - Holistic Needs Assessment to ensure practical and social needs are met.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. In late 2018, initial discussions took place with a Macmillan Cancer Support Programme Manager where the three Grampian IJB's were invited to be part of a project entitled 'Improving the Cancer Journey' involving the development of early response to cancer diagnosis and support. The initial discussions were surrounding the potential to provide project management to scope in each of the IJB's what could be considered as a model for the future that would fit with strategic ambition and serve localities whilst seeking to integrate with the changes already progressing.
- 4.2. Progress has been slow in relation to making progress towards the stage of application, one of the factors being that this will span the 3 Grampian IJB's and it has been proposed that Moray will host. Over the course of 2019, discussions have taken place across Grampian and background work has been completed in order to be in a position where an application can be made should each of the three IJB's approve.
- 4.3. Initially, the proposals are for a scoping project, involving a Programme Manager at 0.8 full time equivalent (FTE) and 2.4 FTE Link Workers with an aligned investment of £183k. There is a need to consider how the functions associated with this pathway could be better delivered at a local level, the ambition is not to create another layer but to consider it in the integration space of what the skills and response are, that are required within local resources to

support people through this period of stress and distress, to enhance and promote positive outcomes for people supporting positive wellbeing and welfare.

- 4.4. McMillan have confirmed that further funding may be available should the scoping identify the need for funds to implement the change, the Chief Officer has suggested that this consideration be in the context of the funding required to facilitate change should it be required avoiding the trap of service developments with limited exit strategies. This would be a conversation at a later date depending on the output of the scoping and the proposed shape of services to delivery this type of intervention effectively.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Moray Partners in Care 2019-2029”

The Integration Scheme sets out the requirements for the MIJB surrounding financial governance. Accordingly, the MIJB holds financial regulations that are regularly reviewed and updated.

(b) Policy and Legal

The financial regulations of the MIJB stipulate that any such application for grant funding should first be approved by the Board.

(c) Financial implications

There are currently no direct financial implications that would fall within the budget of the MIJB. This report seeks approval to progress with an application for grant funding, initially as a scoping project with a value of £183k.

(d) Risk Implications and Mitigation

There are risks attached to grant applications in that there may be future impact on the services and finances of the MIJB. Ensuring the MIJB are fully sighted on proposals and given due attention, provides a level of assurance surrounding the consideration of associated risks.

(e) Staffing Implications

None arising directly from this report, however, the application, if approved will result in recruitment of staff to support the scoping project as outlined within the report.

(f) Property

None arising directly from this report.

(g) Equalities/Socio Economic Impact

None arising directly from this report as there has been no change to policy.

(h) Consultations

The MIJB Chief Financial Officer, Locality Manager with the lead for Primary Care and the Legal Services Manager (Moray Council) have been consulted and their comments incorporated within this report.

6. CONCLUSION

6.1. The MIJB are asked to provide approval for the Chief Officer to progress the grant application 'Improving the Cancer Journey' with Macmillan.

Author of Report: Tracey Abdy, Chief Financial Officer
Background Papers: with author
Ref: