

Moray Integration Joint Board

Thursday, 26 November 2020

remote locations via video conference

NOTICE IS HEREBY GIVEN that a Meeting of the **Moray Integration Joint Board** is to be held at **remote locations via video conference**, on **Thursday, 26 November 2020** at **09:30** to consider the business noted below.

<u>AGENDA</u>

1	Welcome and Apologies	
2	Declaration of Member's Interests	
3	Minute of Meeting of 24 September 2020	5 - 10
4	Action Log of the Meeting of the Moray Integration Joint	11 - 12
	Board dated 24 September 2020	
5	Minute of Meeting of the Clinical and Care Governance	13 - 18
	Committee 27 August 2020 (for noting)	
6	Chief Officer Report	19 - 24
	Report by Interim Chief Officer	
7	Revenue Budget Monitoring Quarter 2 for 2020-21	25 - 46
	Report by Chief Financial Officer	





8	External Auditors' Report to those Charged with	47 - 84
	Governance	
	Report by Chief Financial Officer	
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10	Charging for Services Report by Chief Financial Officer	139 - 148
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12	Progress on the Implementation of the Carers (Scotland) Act 2016	159 - 164
	Report by Jane Mackie, Chief Social Work Officer/Head of Service Strategy and Commissioning	
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14	Delegation of Children and Families and Justice Social Work Services	173 - 180
	Report by Interim Chief Officer	
15	Public Sector Climate Change Duties Reporting Submission 2019-20	181 - 196
	Report by Interim Chief Officer	
16	Communication	

Item(s) which the Committee may wish to consider with the Press and Public excluded

- 17 Forres Locality Pathfinder Project Varis ACU and FNCT Service Review
 - Information relating to staffing matters;

¹⁸ Improving the Cancer Journey

 Information relating to the financial or business affairs of any particular person(s);

MORAY INTEGRATION JOINT BOARD

MEMBERSHIP

Mr Jonathan Passmore (Chair)

Councillor Shona Morrison (Vice-Chair) Councillor Theresa Coull Councillor Tim Eagle Mr Sandy Riddell

Mr Dennis Robertson

Non-Executive Board Member, NHS Grampian Moray Council

Moray Council Moray Council Non-Executive Board Member, NHS Grampian Non-Executive Board Member, NHS Grampian

NON-VOTING MEMBERS

Ms Tracey Abdy Mr Ivan Augustus Ms Elidh Brown Dr June Brown	Chief Financial Officer, Moray Integration Joint Board Carer Representative Third Sector Representative (tsiMoray) Nurse Director – Health and Social Care
Mr Sean Coady	Partnerships/Interim Deputy Executive Nurse Director Head of Service and IJB Hosted Services
Ms Karen Donaldson	UNISON, Moray Council
Mr Simon Bokor-Ingram	Chief Officer, 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 Dr Lewis Walker	Public Partnership Forum Representative Registered Medical Practitioner, Primary Medical Services, Moray Integration Joint Board

Clerk Name: Clerk Telephone: 01343 563014 Clerk Email: committee.services@moray.gov.uk



MINUTE OF MEETING OF THE INTEGRATION JOINT BOARD

Thursday, 24 September 2020

remote locations via video conference,

PRESENT

Ms Tracey Abdy, Mr Ivan Augustus, Simon Bokor-Ingram, Ms Elidh Brown, Dr June Brown, Mr Sean Coady (NHS), Councillor Theresa Coull, Ms Karen Donaldson, Councillor Tim Eagle, Nicholas Fluck, Mr Steven Lindsay, Mr Chris Littlejohn, Ms Jane Mackie, Dr Malcolm Metcalfe, Councillor Shona Morrison, Mr Sandy Riddell, Mr Dennis Robertson, Dr Graham Taylor, Mrs Val Thatcher, Dr Lewis Walker

APOLOGIES

IN ATTENDANCE

Also in attendance at the above meeting were Jeanette Netherwood (Corporate Manager), Fiona McPherson (Public Involvement Officer), Heidi Tweedie (Moray Wellbeing Hub), Isla Whyte (Interim Support Manager), Marjorie Kennie (Administrator) and Moira Patrick (Democratic Services Manager) as Clerk to the Meeting.

1. Welcome and Apologies

Councillor Morrison in her capacity as Depute Chair, welcomed everyone to the meeting and noted that no apologies had been received.

2. Declaration of Member's Interests

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





3. Membership of Board and Committees - Update

A report by the Chief Officer asked the Board to note the following changes to the Membership during September 2020:

- Intimation by Mr Jonathan Passmore of his intention to step down from the Board with effect from 13 September 2020;
- Appointment of Professor Nick Fluck Non-Executive Board Member, NHS Grampian to replace Mr Passmore and as a member of the Audit, Performance and Risk Committee;
- Appointment of Caroline Hiscox as the Chief Executive NHS Grampian from November 2020 and that she will be invited to attend future meetings of the Board in an Ex-Officio capacity.

In noting the changes listed, the Board joined Councillor Morrison in recording its thanks to Jonathan Passsmore for the leadership and direction he has provided to the Moray Integration Joint Board (MIJB) during his time as Chair.

The Board further welcomed Prof Nick Fluck to the MIJB as a voting member and new member of the Audit, Perfomance and Risk Committee.

In noting that Dr Graham Taylor will be stepping down from his role on the Board with effect from 30 September 2020, Mr Riddell, as Chair of the Clinical and Care Governance Committee stated that Dr Taylor will be greatly missed and thanked him for his counsel. The Board echoed Mr Riddell's sentitments and wished Dr Taylor well.

The Board also joined the Chair in congratulating Pam Dudek on her appointment as Chief Executive of NHS Highland.

Thereafter Councillor Morrison advised that Mr Dennis Robertson had been nominated by NHS Grampian as Chair to replace Jonathan Passsmore and there being no one otherwise minded, formally handed over the Chair to Mr Robertson.

4. Chair of Meeting

Mr Dennis Robertson took the Chair.

5. Minute of the Meeting of the Moray Integration Joint Board dated 30 July 2020

The minute of the Meeting dated 30 July 2020 was submitted and approved subject to the word 'practitional ' being replaced by the word 'practitioner' in relation to Dr Walker's title.

6. Action Log of the Meeting of the Moray Integration Joint Board dated 30 July 2020

The action log of the meeting dated 30 July 2020 was discussed and updated accordingly.

7. Chief Officer Report

A report by the Interim Chief Officer informed the Board of the activities that support the delivery against the Board's strategic priorities articulated in the Strategic Delivery Plan and the delivery against the 9 Health and Wellbeing outcomes. The report also outlined key work for the Partnership that includes the implementation of Home First, alongside preparations for winter and budget control.

During discussion Mr Riddell expressed some concern in relation to the reporting of Adult and Children's Services and that in his opinion required to be looked at through a single lens approach.

In response the Chair suggested that a workshop focusing on the integration of Children's Services could be included as part of the Integration Scheme Review. This was agreed.

Following further consideration the Board agreed:

(i) to note the contents of the report;

(ii) that transforming services to meet the aspirations of the MIJB's Strategic Plan remains a priority, and

(iii) that a workshop focusing on the integration of Children's Services be included as part of the Integration Scheme Review.

8. Revenue Budget Monitoring Quarter 1 for 2020-21

A report by the Chief Financial Officer updated the Moray Integration Joint Board (MIJB) of the current Revenue Budget reporting position for the MIJB budget as at 30 June 2020.

Following consideration the Board agreed to:

(i) note the financial position of the Board as at 30 June 2020 is showing an overspend of £149,205;

(ii) note the progress against recovery and transformation plan, and the enhancements required to address the emerging pressures as a result of COVID-19, and,

(iii) approve for issue, the Direction arising from the updated budget position shown in Appendix 3 of the report.

9. Moray Winter Surge Action Plan 2020-21

A report by the Interim Chief Officer informed the Board of the Health and Social Care Moray Winter/Surge Action Plan for 2020/21.

Following consideration the Board agreed:

(i) to note that Health and Social Care Moray (HSCM), including 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;

(ii) to note that Moray Winter/Surge Action Plan 2020/21 has been submitted to NHS Grampian for inclusion in the Grampian Health and Social Care Winter (Surge) Plan, and

(iii) that updates be provided to the Board through the Chief Officer's Report.

10. Flu Immunisation Delivery Plan Moray Update

A report by the Head of Service and IJB Hosted Services informed the Board on the current position of the Flu Immunisation Delivery Plan for Moray 2020.

Following consideration the Board agreed to note the locality based and mixed model arrangements to deliver the flu immunisation programme in Moray in 2020.

11. Eligibility Criteria for Access to Adult Social Care

A report by the Chief Social Work Officer asked the Board to agree to end the temporary, suspended arrangement of care packages and revert to substantive eligibility criteria to meet both critical and substantial need.

Following consideration the Board agreed to return to both substantial and critical provision as recommended by the Chief Social Work Officer.

Councillor Eagle left the meeting during discussion of this item.

12. Standards Officer and Depute Officer Reappointment

A report by the Interim Chief Officer asked the Board to consider the re-appointment of its Standards Officer and one Depute, whose current terms of appointment are due to expire in October 2020.

Following consideration the Board agreed to:

(i) formally nominate for approval by the Standards Commission, Alasdair McEachan, Head of Governance, Strategy and Performance, Moray Council, as the Standards Officer of the MIJB, for a further period of 18 months until April 2022;

(ii) formally nominate for approval by the Standards Commission, Aileen Scott, Legal Services Manager, Moray Council, as Depute Standards Officer of the MIJB, for a further period of 18 months until April 2022;

(iii) task the Interim Chief Officer with writing to the Standards Commission with the relevant information; and

(iv) task the Interim Chief Officer with negotiating the longer term arrangements for this role.

13. Membership of Moray Integration Joint Board - Proposed Increase

A report by the Interim Chief Officer asked the Board to consider and approve the proposal to request an increase of one voting member from each party being Moray Council and Grampian Health Board.

Following consideration the Board agreed the proposal for an increase in the Board's membership and instructed the Interim Chief Officer to submit the request to the partner organisations.

14. Delegated Authority for Chief Officer

A report by the Interim Chief Officer asking the Board to revoke the delegated authority granted by the Board to the Chief Officer on 26 March 2020 to take decisions that would normally require Board approval if the Board was unable to meet as a result of restrictions arising from the COVID-19 pandemic.

Following consideration the Board agreed to revoke the delegated authority granted on 26 March 2020 for the foreseeable future to the Chief Officer or Interim Chief Officer, to take decisions in respect of matters that would normally require Board approval, subject to consultation taking place with the Chair and Vice Chair of the Board, if the Board is unable to meet.

15. Governance Assurance - Clinical and Care Governance and Audit Performance and Risk Committees

A report by the Interim Chief Officer provided an update to the MIJB of the governance arrangements that were in place during COVID-19 initial response and progress in relation to the review of clinical and care governance arrangements and the assurance frameworks for Clinical and Care Governance and Audit, Performance and Risk Committees.

Following consideration the Board agreed to note:

(i) the governance arrangements during the initial response to COVID-19;

arrangements (ii) existing governance and draft proposals for developments to the governance arrangements for Clinical and Care Governance Committee as outlined in Appendix 1 and 2 of the report, and

(iii) the existing framework for Audit, Performance and Risk Committee outlined in Appendix 3 of the report and the planned development session.

16. Risk Policy (Updated)

A report by the Interim Chief Officer presented the updated Risk Policy to the Board for approval.

Following consideration the Board agreed to approve the updated Risk Policy provided as Appendix 1 to the report.

17. Moray Integration Joint Board Meeting Dates 2021-22

A report by the Interim Chief Officer proposed the schedule of meetings of the Moray Integration Joint Board, the Audit, Performance and Risk Committee and the Clinical and Care Governance Committee for 2021/22.

Following consideration the Board agreed to endorse the schedule of meetings for the Moray Integration Joint Board, the Audit, Performance and Risk Committee and the Clinical and Care Governance Committee for 2021/22.

18. Members Expenses

A report by the Chief Financial Officer informed the Board of amendments to the policy for re-imbursement of expenditure incurred by individuals discharging their duties in relation to Moray Integration Joint Board.

Following consideration the Board agreed to note the changes made to the Members' Expenses Policy included as Appendix 1 to the report.

19. Closure of Meeting

The Chair closed the meeting at 12.00pm.

MEETING OF MORAY INTEGRATION JOINT BOARD



THURSDAY 24 SEPTEMBER 2020

ACTION LOG

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
1.	Action Log Dated 25 May 2020	MSG Improvement Action Plan – has not currently been prioritised, this will be taken forward through discussion at a MIJB development session	End Dec 2020	Chief Officer
		Chief Officers Report – Integration Scheme Review will be progressing through workshops before Christmas with one of the workshops focusing on the integration of Children's Services	Dec 2020	Chief Officer
		Forres Locality Pathfinder Project – Interim Progress Report – Update to be provided before end of this financial year.	26 Nov 2020	lain Macdonald
2.	Action Log Dated 26 Jun 2020	Department of Public Health Annual Report 18-19 & A Healthier and More Active Future for The North East of Scotland 2019-2022 Strategy Report with a detailed plan of approach be provided to the MIJB in 6 months time.	Jan2021	Chris Littlejohn
		Jubilee Cottages, Elgin - Pilot Project - Report to be brought to the meting in November with an assumption of the end of	26 Nov 2020	Chief Officer



ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
		use of Jubilee Cottages unless an ongoing need is indentified to continue role in a broader estate context.		
3.	Action Log Dated 30 Jul 2020	Specialist Housing for People with Learning Disability - Timeline for the additional information to be available for the Board to be brought to future meeting of the IJB	Jan 2021	Chief Officer
4.	Children's Social Work Services and Homefirst	Agreed that development session be arranged to discuss including Children's Social Work Services in the Homefirst approach.	tbc	Chief Officer
5.	Carers Network	Report to be brought back to MIJB providing more detail on how carers network is supported in Moray	26 Nov 2020	Chief Officer



MINUTE OF MEETING OF THE INTEGRATION JOINT BOARD

CLINICAL AND CARE GOVERNANCE COMMITTEE

Thursday, 27 August 2020

remote locations via video conference

PRESENT

Mr Sandy Riddell, Cllr Tim Eagle, Mr Ivan Augustus, Mr Simon Bokor-Ingram, Ms Karen Donaldson, Mrs Jane Mackie, Dr Malcolm Metcalfe, Dr Graham Taylor, Mr Sean Coady, Mrs Jeanette Netherwood, Mrs Liz Tait and Ms Sam Thomas

APOLOGIES

Mrs Val Thatcher, Dr Ann Hodges, Ms Pauline Merchant and Dr June Brown

IN ATTENDANCE

Also in attendance at the above meeting was Ms Joyce Johnston, Interim Head of Children and Families and Justice Social Work; Cllr Shona Morrison, Moray Council; and Mrs Isla Whyte, Interim Support Manager, as clerk to the Board.

1. Chair of Meeting

The meeting was chaired by Mr Riddell.

2. Welcome and Apologies

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

3. Declaration of Member's Interests

The Chair declared his role of Chair of Mental Welfare Commission in respect of Item 11 on the agenda. Mrs Tait also advised she has close links with the Infected Blood Inquiry.

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

4. Minute of Board Meeting dated 27 February 2020

The Minute of the meeting dated 27 February 2020 was submitted for approval. Page 13 The Board agreed to approve the minute as submitted.

5. Action Log of Board Meeting dated 25 June 2020

The Action Log of the meeting dated 25 June 2020 was discussed and updated accordingly at the meeting.

6. Clinical Governance Group Escalation Report

A report by Dr Graham Taylor, Clinical Lead, informs the Committee of progress and exceptions report to the Clinical Governance Group during Quarter 1 of 2020/21.

Dr Taylor confirmed the Health and Social Care Moray (HSCM) Clinical Governance Group continue to develop lines of communication to support the dissemination of information for sharing and action throughout the whole clinical system in Moray. Any issues that require to be escalated will be taken to this Committee.

After discussion the group felt there may be benefit in a joint Clinical Risk Management (CRM) group meeting with acute sector and x3 partnerships across Grampian.

Cllr Eagle requested further information around 4.8 of the report. Mr Coady responded to advise following the clinical governance workshop held in January 2020 he took the opportunity to seek assurance from NHS Grampian that Senior Charge Nurses (SCNs) would have the capacity to complete these audits. The Director of Nursing investigated the situation and put appropriate support in place for SCNs and formally wrote the Clinical Governance Group to say issue resolved.

Mr Augustus sought clarification on current processes with regards to timescales for responding to complaints as 4.4 of the report highlights a delay in responses to complainants. Mr Coady will seek an update on this from Dr June Brown and offered to prepare a report for the next Committee setting out the process and performance against timescales.

The Committee noted the contents of the report.

7. Clinical Governance Group Annual Report 2019-20

A report by Dr Graham Taylor, Clinical Lead, informs the Committee of the Annual Report from the Clinical Governance Group.

Dr Taylor highlighted section 1.1 of the annual report which outlines the aims of the Clinical Governance Group. Dr Taylor advised independent contractor services are obligated to report through national processes and as such means Moray Integration Joint Board (MIJB) may not be completely sighted on everything.

In terms of adverse events (particularly abuse, violence, disruptive behaviour and accidents) Mr Metcalf asked for more details i.e. benchmarking / more information so learning can be applied to improve situation. Dr Taylor responded this is something the Clinical Risk Management group will look more closely at. Cllr Eagle suggested comparing the figures with previous years, perhaps it shows a downward trend for instance.

The Committee discussed the new digital culture health and social care services now find themselves in and how to measure the quality of care that is given. It was noted that remote areas of Scotland have been doing this for a long time, showing really good outcomes. The Clinical Risk Management group will continue to monitor situation i.e. adverse events / complaints. Mr Metcalfe offered to discuss with NHSG Health Intelligence team to ascertain measures in place.

The Committee noted the Annual Report from HSCM Clinical Governance Group.

8. Deaths Involving Coronavirus (COVID-19) up to 28 June 2020

A report by the Interim Chief Officer informs the Committee of key findings with regards to deaths involving coronavirus in Moray during the period of 16 March 2020 to 28 June 2020.

Mr Bokor-Ingram confirmed this information can be taken regularly to this Committee.

Overall the number of cases in Moray continues to be low compared to the rest of Scotland. Mr Bokor-Ingram credited the community of Moray in terms of compliance and the incredible response from independent care home providers in Moray. Acknowledgement was also given to the HSCM team in Moray who have been working directly with care homes throughout the pandemic and continue to do so on a daily basis.

Dr Taylor added practitioners have to continue to work as is COVID-19 is prevalent which presents some challenges from members of public who feel COVID-19 is no longer a threat. Need to continue local messaging around the facts. It was also noted that Moray is beginning to see a rise in excess deaths; above 5 year average.

The Committee noted the information provided within the report and at Appendix 1 and 2.

9. Child Protection Assurance Report

A report by the Interim Chief Officer informs the Committee of Child Protection activity in Moray during COVID-19 pandemic.

Moray Child Protection Committee retains the overview of Child Protection activity across Moray, assuring appropriate governance, and reports to the Public Protection Chief Officer's Group. Weekly submissions to Scottish Government on a broad dataset focussing on child protection and vulnerable families and also adult protection and homelessness were put in place.

Child Protection has remained a key focus throughout the pandemic, with a weekly standard set for seeing every child on the register – this is higher than the national standard. There has been a decline in child protection activity from Easter; now seeing that level increasing.

In Moray there are around 30 children on Child Protection Register – that is from 17 families. To put into context there are approx. 20,000 under 18s in Moray. There has been an increase in referrals from anonymous sources over last few months, which

could be due to increased adverts / social media campaigns for friends, family and neighbours to be alert and raise concerns. There has been an increase in reregistration of children to the register. Those on the register through lockdown were already known to social work. Neglect and parental drug use is still highest reasons for children to be put on the register.

Ms Johnston added it is not possible to give a guarantee that every child is absolutely safe from harm but can assure the Committee that when concerns are raised they are dealt with appropriately.

Cllr Eagle referred to point 7.4 of the report where it states the reasons for children being placed on the register since March 2020, highlighting that 45% were due to concerns of parental drug misuse and 41% due to concerns of neglect. Cllr Eagle stressed the need to have a strong and sustained approached to drug and alcohol misuse in Moray. Ms Johnston agreed, adding need to understand the wider poverty and depravation issues around that and mental health issues, noting parents have often experienced similar issues themselves as children.

In terms of concluding the report to give an assurance it was noted that child protection is a multifactorial / multiagency system and there would need to be a qualitative dive into that to give that level of assurance. There is a high level of scrutiny in place around child protection and even more so during this pandemic. The Chair confirmed the report provided him with assurance that local arrangements are providing children on the register with the best support.

The Committee noted the contents of the report.

10.Care Homes Update

A report by the Chief Social Work Officer provides the Committee with an update regarding the current status of the Care Homes in Moray whilst delivering services during the COVID-19 pandemic.

Mrs Mackie highlighted to the Committee that although Moray may not have experienced COVID-19 to a high degree there are ongoing impacts of dealing with the pandemic. Regulations imposed have put pressure on Care Home staff i.e. weekly testing for all staff, different visiting arrangements, expectation of families, PPE requirements etc. It is also worth noting today there are the beginnings of research emerging showing impact of living in an environment where relationships have been disrupted and the negative impact this may have.

Test and Protect could mean large groups of staff may have to be off work. Dr Taylor added living with the long term effect of staff and residents in Care Homes is still to be realised.

In response to a question from the Chair, Mrs Mackie advised plans for implementation of indoor visiting have been submitted to Public Health team for ratification. The daily oversight groups has this item on their agenda.

Staff that have been redeployed to Duffus Wing, Spynie Hospital, are going back to their substantive posts during September. SSSC arrangement in place where social care staff can be deployed through register set up but Moray hasn't required use of that. There is also a mechanism in place via NHS Grampian where staff can be deployed to care homes should there be a need.

The Committee noted the continued work that is being undertaken to support the Care Homes in Moray and the positive results of working in partnership with them.

11. Adult Protection Inspection Preparation

A report by Jane Mackie, Head of Service, informs the Committee of work underway with regards to a review of Adult Support and Protection processes in Moray.

Awaiting confirmation of resumption of inspections of adult services, as yet no timescales or methodology have been received. Review and redesign of adult support and protection processes in Moray will now recommence with COVID-19 in mind.

The Chair confirmed he now attends the Adult Protection Committee.

The Committee agreed to note the contents of this report.

12. Lessons Learned from Reducing Delayed Discharges and Hospital Admissions, Health and Social Care Scotland

A report by Sean Coady, Head of Service, informs the Committee of the report findings from Health and Social Care Scotland in relation to lessons learned from reducing delayed discharges and hospital admissions during the initial period of the COVID-19 outbreak in March and April 2020.

The report has been shared with the Home First Delivery Group (HFDG). This group is working on several work streams that link to managing delayed discharges. The HFDG reports through Moray Transformation Board.

Cllr Eagle asked what performance measures are in place to keep people safe and what resources are available to implement these measures. Mr Coady advised there is a pan Grampian approach to this and locally performance teams have pulled together a dashboard.

Mr Bokor-Ingram stated this will be a whole system shift, a different way of working. Resource is a particular challenge here but focus needs to be on what needs to be prioritised to support people to get them home. Need to invest to stop spending on other areas. A measure of success will be having far fewer people delayed.

Ms Donaldson asked that more communications with regards to Home First are shared with unions. Mr Coady confirmed unions have a seat on delivery group and additional reps are welcome. There is also a weekly briefing in place.

The Committee felt the wording in the Health and Social Care Scotland report around Adults with Incapacity legislative framework being a major barrier wasn't reflective of the situation. Teams certainly don't see this safeguarding as a barrier.

The Committee agreed to note the findings of the report and the lessons identified and the intention to incorporate this learning into the development of the Home First strategic theme.

13.COVID-19 and Impact on Governance System – Discussion regarding email from MIJB Chair 06.08.20

Mr Bokor-Ingram is of the view that the Committee is sighted on the right issues, the Chair agreed stating reports are informative and the Committee has good, helpful discussions. The Committee agreed there is a good level of oversight and scrutiny in place. Committee meetings are timetabled for the remainder of this financial year and the formal Committee meetings have now resumed.

It was agreed a report will be submitted to September's MIJB meeting highlighting the state of play and the processes in place to provide assurance to the MIJB Chair.

14. Confidential Item – Health and Social Care Moray Complaints for Quarter 1 2020-2021

A report by the Chief Nurse informed the Committee of the complaints and the work is ongoing with teams to ensure consistency and quality of responses. Sharing learning across the whole system, including independent contractors. As previously discussed the CRM meeting has oversight of all complaints, lessons learned and actions taken.

Going forward it was acknowledged there needs to be more focus on the 'so what?' for example have the numbers of that type of complaint fallen since actions/measures put in place. This will provide the Committee with more assurance that changes across the system are having a positive impact.

Mr Metcalfe advised he would like to see more detail around the complaints i.e. how long have they been in the system and reason for not meeting timescales and who decides if complaints are upheld or not.

The Committee agreed to consider and note the totals, lessons learned and action taken for complaints submitted and completed within the last quarter and requested more information about lessons learned, patterns and actions undertaken in future reports.



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 26 NOVEMBER 2020

SUBJECT: CHIEF OFFICER REPORT

BY: INTERIM CHIEF OFFICER

1. <u>REASON FOR REPORT</u>

1.1 To inform the Board of the Interim Chief Officer activities that support the delivery against the IJB's strategic priorities articulated in the Strategic Plan, and the delivery against the 9 Health and Wellbeing outcomes. Key work for the Partnership includes the implementation of Home First, alongside preparations for winter, responding to the ongoing COVID-19 pandemic, and budget control.

2. <u>RECOMMENDATION</u>

- 2.1. It is recommended that the Moray Integration Joint Board (MIJB):
 - i) note and comment on the content of the report; and
 - ii) agree that transforming services to meet the aspirations of the MIJB's Strategic Plan remains a priority.

3. BACKGROUND

Operation Home First

- 3.1. Responding to COVID-19 has brought about rapid change, fast tracking many of the plans that had been under development in line with our Strategic Plan. The reduction of delayed discharges and the increased use of technology for consultations are two examples, where we had aspirations but the pace was slow.
- 3.2. The strong relationships that exist in North East Scotland between key partners has enabled a swift and cohesive set of responses to how services have been delivered, and challenges met. Whole system leadership has built the common approach, with rapid and decisive decision making within the limits of delegated authority.





- 3.3. The Home First principles include:
 - Building on the initial response
 - Maintaining agile thinking and decision making
 - Retaining our ability to respond to COVID-19 related demand, and winter surges in demand
 - Using a home first approach for all care where that is safe to do so
 - Utilising available technology to widen and ease access to services
 - Avoidance of admission
 - Removing delays for discharge from hospital
 - Maintaining safe services for those Shielding
 - Removing barriers between primary and secondary care, with as much care as possible in communities
- 3.4. Work is being co-ordinated and driven by the 3 health and social care partnerships and acute services, with a local programme of work in Moray sitting within that framework, supported by local clinicians, practitioners and managers. We were keen that locally Children's Social Work Services were included in the Home First approach, with the framework supporting the efforts to improve outcomes particularly for looked after children.
- 3.5. Key performance indicators and data to identify the impacts of change are being developed and will be used to demonstrate progress in all the areas of work. A commission has been developed by the Chief Officers, with staff resources being funded through the NHS Grampian remobilisation plan.

Winter Planning

- 3.6. The Health and Social Care Partnership has contributed to the NHS Grampian winter plan, and ensuring that our local planning fits the Moray context and is cognisant of lessons learned from previous winters. The planning also meets the aspirations of the Remobilisation Plan which is being led by NHS Grampian. We continue to develop the planning, with the additional challenge injected in how we would continue to deliver services with staff absences due to COVID-19, across our in-house and independent provision. We are also using the "Adult Social Care Winter Preparedeness Plan 2020-21" just published by Scottish Government in our planning.
- 3.7. An action plan is in place with joint work between the Partnership and Dr Gray's Hospital to reduce the number of people delayed in their discharge from hospital. There are a number of work streams in place to achieve a reduction and to gain the best outcomes for individuals. With winter upon us maintaining patient flow through the system is really important.

Flu Vaccination Programme

- 3.8. Our Chief Nurse is leading the local flu vaccination campaign, and despite the administrative challenges across Grampian at the start, we are on trajectory and continuing to offer opportunities for people to get immunised.
- 3.9. Planning has begun to prepare for the availability of a COVID-19 vaccine, and a full time manager has been appointed from within the current establishment for Moray. This will be the most challenging and complex

vaccine programme delivered to date, and will be supported by a number of clinical leads and managers, and drawing on the experience of our Chief Nurse and the flu campaign.

Remobilisation

- 3.10. The Grampian Remobilisation Plan sets out the whole-system overarching response to living with COVID-19 based on the innovation and reform accelerated during the initial response. Our priority with our partners is to seek the opportunity for more innovation and reform, whilst at the same time adapting to "living with COVID-19" and supporting the phases of the Scottish Government route map and creating stabilisation and resilience of health and care services to meet population needs.
- 3.11. The Plan supports phased transition to redesign and rebuild the 'new' normal over the next 12-24 months. Central to the Plan is ensuring a move into the next phase of living with COVID-19 and commence the co-ordinated stepping-up of services that is safe and clinically prioritised, minimising harm to patients, public, our staff and other professionals working across the system. The approach and key priorities within the Plan have been informed by a wide range of clinical and non-clinical stakeholders and expert groups within NHS Grampian, the three Health and Social Care Partnerships and other health and care partners within the North East.
- 3.12. A performance and assurance framework has been put in place by the System Leadership Team of which the Chief Officer is a member. A monthly progress report will be available setting out overall progress along with key areas of concern/risk for further exploration. These reports will also be shared with a range of cross-system groups. A review of progress (14th October) shows that 63% of the 158 milestones set out in the Plan for delivery by the end of October are completed or on track to be completed by the end of October 2020. The chart below illustrates the breakdown.
- 3.13. Part One of the Plan can be accessed via the following link <u>Grampian</u> <u>Remobilisation Plan - Part One</u>



Care of Learning Disability Clients

- 3.14. The MIJB, as part of the strategic planning for the long term care of Learning Disability clients, will receive in due course an update of the Learning Disability Strategy, which will then inform any future case for resources to support those clients.
- 3.15. The MIJB Development Session timetabled for the 17 December will inform on the development of the Strategy. A formal paper will be presented to the January 2021 MIJB meeting with an update on the strategy development; emerging issues; and a timeline for completion.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 We remain in a pandemic response phase, and must be ready to step up quickly where that is required. In parallel, there is the opportunity to accelerate work to achieve the MIJB ambitions as set out in the Strategic Plan, and Home First is the programme designed to do that.
- 4.2 The challenges of finance have not gone away, and the underlying deficit must be reduced. Funding partners are unlikely to have the ability to cover overspends going forwards. Re-mobilisation Plan funding will only cover additional expenditure, and the Partnership faces a potentially difficult winter.

4.3 Transformational change, or redesign, that provides quality and safe services, whilst bringing more efficient ways of operating, will be the focus for the senior management team as the route to operating within a finite budget, while meeting the health and care needs of the Moray population.

5. <u>SUMMARY OF IMPLICATIONS</u>

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

Working with our partners to support people so they can cope with, and where possible, overcome the health and wellbeing challenges they may face.

Ensuring that the right care is provided at the right place at the right time when people are in need. Ensuring that our systems are as simple and efficient as possible.

(b) Policy and Legal

The Chief Officer continues to operate within the appropriate level of delegated authority, ensuring that the MIJB is sighted on key issues at the earliest opportunity, and continues to influence and agree the strategic direction.

(c) Financial implications

There are no financial implications arising directly from this report. Our Mobilisation Plan was approved, and the Chief Finance Officer reports regularly on variations to plan to ensure that the Scottish Government are sighted on additional costs arising from COVID-19.

The key drive of Operation Home First is to secure quality and capacity. More efficient ways of working will cost less, allowing re-investment in services. There is a link between the aspirations of Home First and the set-aside, and also the potential to shift planned hospital outpatient activity to community settings. Staff and or finance will need to follow the patient in order to adequately resource the community setting.

(d) Risk Implications and Mitigation

The risk of not redesigning services will mean that Health and Social Care Moray cannot respond adequately to future demands.

(e) Staffing Implications

Staff remain the organisation's greatest asset, and we must continue to engage with all sectors to ensure full involvement, which will create the best solutions to the challenges we face.

(f) Property

There are no issues arising directly from this report.

(g) Equalities/Socio Economic Impact

Any proposed permanent change to service delivery will need to be impact assessed to ensure that we are not disadvantaging any section of our community.

HSCM will continue to work closely with all our partners to ensure that we contribute to the health and well-being of the community and support the recovery phase of the COVID-19 pandemic.

(h) Consultations

Any major service change will be subject to proper consultation. There are no direct implications arising from this report.

6. <u>CONCLUSION</u>

6.1 The MIJB are asked to acknowledge the significant efforts of staff, across in-house providers, externally commissioned services, the Independent and Third Sector, who are supporting the response to the COVID-19 pandemic, and the drive to create resilience and sustainability through positive change.

Author of Report: Simon Bokor-Ingram, Interim Chief Officer



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 26 NOVEMBER 2020

SUBJECT: REVENUE BUDGET MONITORING QUARTER 2 FOR 2020/21

BY: CHIEF FINANCIAL OFFICER

1. <u>REASON FOR REPORT</u>

1.1 To update the Moray Integration Joint Board (MIJB) of the current Revenue Budget reporting position as at 30 September 2020 and provide a provisional forecast position for the year-end for the MIJB budget.

2. <u>RECOMMENDATIONS</u>

- 2.1 It is recommended that the MIJB:
 - i) note the financial position of the Board as at 30 September 2020 is showing an overspend of £60,863 on core services;
 - ii) note the provisional forecast position for 2020/21 of an overspend of £301,708 on total budget;
 - iii) note the progress against the recovery and transformation plan,
 - iv) note the revisions to staffing arrangements dealt with under delegated powers and in accordance with financial regulations within the Council (MC) and NHS Grampian (NHSG) for the period 1 July to 30 September 2020 as shown in APPENDIX 3; and
 - v) approve for issue, the Direction arising from the updated budget position shown in Appendix 4.

3. BACKGROUND

3.1 The financial position for the MIJB services at 30 September 2020 is shown at **APPENDIX 1.** The figures reflect the position in that the MIJB core services are currently over spent by £60,863. This is summarised in the table below.





	Annual Budget	Budget to	Expenditure to	Variance to
		date	date	date
	£	£	£	
				£
MIJB Core Service	123,027,778	60,973,523	61,034,385	(60,863)
MIJB Strategic Funds	3,831,694	1,601,366	1,627,407	(26,040)
Set Aside Budget	12,252,000	-	-	-
Total MIJB Expenditure	139,111,472	62,574,889	62,661,792	(86,903)

A list of services that are included in each budget heading are shown in **APPENDIX 2** for information.

3.2 The first provisional forecast outturn to 31 March 2021 for the MIJB services is included in **APPENDIX 1**. The figures reflect the overall position in that the MIJB core services are forecast to be over spent by £301,708 by the end of the financial year. This is summarised in the table below.

	Annual Budget £	Provisional Outturn to 31 Mar 2019	Anticipated Variance to 31 Mar 2019	Variance against base budget %
MIJB Core Service	123,027,778	± 123,537,018	(509,241)	(0.4)
MIJB Strategic Funds	3,831,694	3,501,219	207,533	5
Set Aside Budget	12,252,000	12,252,000	-	-
Total MIJB Expenditure	139,111,472	139,413,180	(301,708)	(0.2)

4. KEY MATTERS/SIGNIFICANT VARIANCES FOR 2020/21

Community Hospitals & Services

- 4.1 There are continuing overspends within community hospitals and services for the four localities: Elgin, Buckie, Forres and Keith/Speyside totalling £126,788 to 30 September.
- 4.2 Overspends continue to be realised for the services. The main overspend relates to community hospitals in Buckie £99,363 Keith £50,395 and Aberlour £26,532 alongside other minor overspends totalling £9,380. The overspend in Buckie and Keith and are mainly longstanding relating to staffing. The overspend in Aberlour is attributable to the additional cost of currently commissioned care beds. Managers continue to seek to actively manage this. This is offset in part by underspends in Dufftown £45,022, and other services £13,860.
- 4.3 This budget is forecasted to be £234,202 over spent by the end of the financial year, this is only slightly improved recognising the task of maintaining staffing and non-financial objectives including waiting times and delayed discharge objectives. The current forecast is based on the existing situation but due to the work required over the next few months a significantly different picture may present at the end of this financial year.

Community Nursing

- 4.4 Community nursing service is underspend by £223,170. This is primarily due to underspend across the Community Health Visiting service related to vacancies and development within the service.
- 4.5 This budget is forecasted to be £377,728 under spent by the end of the financial year. This position includes the impact of vacancies where new appointments are only just about to commence, staff in training not yet at full cost and budgetary allocation provided in 2020/21 to allow for banding adjustment to qualified staff which was nationally agreed.

Learning Disabilities

- 4.6 The Learning Disability service is overspent by £144,195. The overspend is primarily due to overspends on the purchase of care for people with complex needs of £234,000 which includes young people transitioning from children's services and people being supported to leave hospital. Underspends in staffing of £84,642 mainly relating to physiotherapy, occupational therapy, speech and language and psychology services and other minor underspends totalling £5,163.
- 4.7 This budget is forecasted to be £361,768 over spent by the end of the financial year after including assumptions that the overspend on purchase of care will be £529,000 and staffing underspends will continue at a level of £167.
- 4.8 The whole system transformational change programme in learning disabilities can help to assure that every opportunity for progressing people' potential for independence is being taken, and every support plan is scrutinised prior to authorisation. The system can then have confidence that the money spent is required and appropriate to meet a person's outcomes, but it is not possible to remove the need for ongoing support. Whilst every element of expenditure is scrutinised prior to authorisation at service manager level, it has not been possible to reduce expenditure in line with the budget, as the nature of learning disabilities means that people will require on-going, lifelong support, The current level of scrutiny will remain in place, with only critical or substantial needs being met.

Care Services Provided In-House

- 4.9 This budget is underspent by £780,637. This primarily relates to staffing costs totalling £657,798 (this includes underspends in Care at Home service £291,558; Community Support workers £143,424; Re-ablement £54,041, Barlink £18,246, Woodview £112,416 and Waulkmill of £38,113). There are associated underspends in staff transport of £51,405, client transport of £74,426, admin £28,053 and property costs of £22,451, which is being further reduced due to less income received then expected £48,590 and other minor variances totalling £5,906.
- 4.10 This budget is forecasted to be £1,524,000 under spent by the end of the financial year. The staffing cost underspends are expected to continue totalling £1,282,000 and corresponding under spends in staff transport £95,000 and client transport £198,000. Continuing underspends in Admin

£24,000, property costs £24,000 and other underspends totalling £31,000. This is being reduced by continued loss of income anticipated to be £130,000 primarily due to client transport.

4.11 In-House provided care is being closely monitored in relation to the ongoing changes within the service to ensure budget can be aligned accordingly.

Older People and Physical Sensory Disability (Assessment & Care)

- 4.12 This budget is overspent by £927,951. This includes an overspend for domiciliary care in the area teams £1,049,125 and permanent care £176,891. This is being reduced by underspends in day care £202,535 transport £47,777, respite £45,526 and other minor variances of £2,227. The variances within day care, transport and respite are due to the services being closed due to Covid.
- 4.13 This budget is forecasted to be £2,113,000 over spent by the end of the financial year. The forecast overspend is expected to continue as detailed above, with domiciliary care overspend of £2,434,754 and permanent care £300,000 which is offset in part by continuing underspends in day care £611,165, respite £7,589 and other minor underspends totalling £3,000. The underspends in day care and respite are based on these services to be closed for the year. The extent of the underspends and any likely reduction will be based on re-mobilisation over the coming months.
- 4.14 Monitoring the level of spend within domiciliary care with external providers will continue in the context of the wider budget and shifting patterns of expenditure and the progress being made in relation to increased investment into new housing models.

Care Services Provided by External Contractors

- 4.15 This budget is under spent by £156,862. This primarily relates to Learning Disability (LD) contracts £174,885 where services have had to cease due to the Covid pandemic and other minor underspends of £1,538. Which is being reduced by increase in OLM licences and care cubed £19,562.
- 4.16 This budget is forecasted to be £347,000 over spent by the end of the financial year primarily due to the above variances continuing, LD contracts underspend by £387,000 and other minor variances totalling £2,562. Which is being reduced by increase in OLM licences, care cubed £19,562, and prior year savings unachieved totalling £23,000

Other Community Services

4.17 This relates to underspends in Allied Health Professionals (AHP's) £117,531 (which includes underspends in Podiatry, Physiotherapy and Speech and Language Therapy where ongoing difficulties are being experienced in recruitment), Dental services £34,868 where underspends exist in Community Dental services arising from staffing, Public Health £20,451 where timing of expenditure within services varies during the year and Specialist Nursing services £68,945 (where there is an ongoing underspend in the Oaks service where community hub is now located). These underspends are offset in part

by an overspend in Pharmacy £25,433 which is related to staff costs that are expected to continue.

4.18 This budget is forecasted to be £433,129 under spent by the end of the financial year. Managers are aware of position in relation to their services but the forecast broadly anticipates continuance of current expenditure patterns as detailed above

Admin & Management

- 4.19 Admin and Management is currently underspent by £68,273. This includes £36,001 relating to over spends in salaries relating to provision of management, shortfall in budget for Sure Start nursing and Child Protection staffing. Within Business Support an underspend to date of £98,804 includes, Step Down beds relating to contract compliance and Winter Pressures where expenditure is lower than budget to date and other minor underspends totalling £5,470.
- 4.20 This budget is forecasted to be £613,876 under spent by the end of the financial year. This is primarily due to the vacancy factor target which is expected to be exceeded by £560,847 and under spend of £148,609 within Business Support being reduced by on over spend £101,960 due to NHS Grampian Admin and Management as detailed above, which also includes the impact of budget realignment from management to operational area and continuing shortfall for Sure Start and other minor underspends of £6,380.

Primary Care Prescribing

- 4.21 The primary care prescribing budget is reporting an overspend of £350,889 to September 2020. This position is based on four month's actuals from April to July and includes the continuing impact on price and volume from the impact of Covid-19. The material disruptive impact to the prescribing pattern both in relation to price and volume arising from Covid is currently ongoing. Work is ongoing both locally at Grampian Primary Care Prescribing Group to investigate this and nationally, the prescribing advisors network are working with Primary Care (Family Health Services executives) to analyse the situation to determine expected future volume and price movements to enable further revision of forecasts
- 4.22 This budget is forecasted to be £1,009,000 over spent by the end of the financial year reflecting assumed future volumes now consistent with prior year and for price to remain consistent with current level, which is higher than anticipated. The prescribing position is a major risk area.

Hosted Services

- 4.23 Hosted services is overspent by £105,361, primarily due to the GMED out of hours service £178,670 that is offset by cumulative underspends £73,709 in other hosted services including Intermediate Care and Sexual Health services.
- 4.24 This budget is forecasted to be over spent by £220,622 by the end of the financial year mainly attributable to GMED out of hours service. Service

managers are continuing to review the GMED service to ensure resilience and sustainability especially during winter.

Improvement Grants

4.25 Improvement grants is breakeven at 30 September 2020, however at the end of the financial year this budget is expected to be under spent by £200,000. This is predominately due to the impact of Covid upon the work that has been able to be completed during the restrictions of the pandemic.

5. STRATEGIC FUNDS

- 5.1 Strategic Funds is additional Scottish Government funding for the MIJB, they include:
 - Integrated Care Fund (ICF);
 - Delayed Discharge (DD) Funds;
 - Additional funding received via NHS Grampian (this may not be fully utilised in the year resulting in a contribution to overall IJB financial position at year-end, which then needs to be earmarked as a commitment for the future year.
 - Provisions for earmarked reserves has been made to fund unutilised allocation for Primary Care Improvement Funds and Action 15 in 2020/21, identified budget pressures, new burdens and savings that were expected at the start of the year.
- 5.2 By the end of the financial year, the Strategic Funds will reduce as the commitments and provisions materialise and the core budgets will increase correspondingly.

6. PROGRESS AGAINST THE RECOVERY & TRANSFORMATION PLAN

- 6.1 The Revenue Budget 2020/21 was presented to the MIJB 26 March 2020 (para 11 of the minute refers). The paper presented a balanced budget through the identification of efficiencies through Recovery and Transformation.
- 6.2 The progress against the Recovery and Transformation Plan is reported in the table below and will continue to be reported to the Board during the 2020/21 financial year. The table details progress during the second quarter against the original recovery plan.

Efficiencies	Para Ref	Full Year Target	Expected progress at 30 September 2020	Status (R A G)	Actual Progress against target at 30 September 2020
		£'000	£'000		£'000
Accountancy driven		223	112	G	246

External Commissioning	6.3	249	124	R	9
Increased income from charging	6.4	261	131	R	28
In-house provided care	6.5	157	78	А	68
Transformational change	6.5	341	158	G	72
Prescribing – medicines management	6.6	206	103	R	0
Prescribing – National reduction in drug tariff	6.6	500	250	R	0
Other		7	3	R	0
Total Projected Efficiencies		1,944	972		423

- 6.3 Commissioning activity was stood down in March 2020 and staff were redeployed to support the Covid-19 response. In recent weeks, further commissioning activity has been re-established. Progress has therefore been slow but opportunities to refocus activity are being developed with a view to achieving some level of savings during the latter part of the year.
- 6.4 Savings from increases in charging are being met in part currently where these formed part of the charging policy that was approved by Moray Council at its meeting of the Policy and Resources Committee on 14 January 2020 (para 9 of the minute refers). Some other elements to this area of recovery are subject to policy change, which require approval from Moray Council. Covid 19 has created a delay due to reduced, scheduled meetings earlier in the year that will mean these savings will not be delivered in full during the year. A plan has been developed to take this forward relating to the contributions policy, also being presented to the MIJB today.
- 6.5 Redesign and transformation of specific internal services formed part of the recovery and transformation plan. The response to the pandemic has taken precedence over review and redesign, however, opportunities for alternative ways of delivering services are being realised due to the current situation. This will be further enhanced as we progress through winter and the Home First delivery programme. It is recognised that significant budget re-alignment will be required going forward to match activity.
- 6.6 Prescribing was set to deliver significant savings during 2020/21 in the main as a result of a national reduction in the drug tariff. The Covid-19 pandemic has placed significant pressure on this budget creating uncertainty around this element of efficiency. Whilst there are national conversations taking place as to how the prescribing situation can be supported going forward, the impact being felt currently is that this will have a significant impact on the savings programme.

7. IMPACT OF COVID – 19 & WINTER PRESSURES

- 7.1 There has been commitment from Scottish Government to provide additional funding to support the impact of Covid-19. For Moray, this translates to £4.9m. The latest submission of our local mobilisation plan was made on 23 October 2020 (via NHS Grampian). The plan estimates that additional spend relating to Covid-19 will be £5.2m to the end of the financial year. Additionally, the plan indicated that the underachievement of savings would be in the region of £1m that corresponds to 6.2 above in relation to the shortfall as at 30 September 2020. There has been no written confirmation from Scottish Government (SG) at the time of writing the report, but there is clear indication that SG will also support this detrimental impact of Covid-19 on the budget. If this proves to be the case then the impact on the 20/21 financial position would result in a break-even position. A reserves position is not anticipated. Future reporting to MIJB will be updated to reflect the actual commitment made by SG. The largest proportion of Covid 19 related spend continues to be in support of the sustainability payments being made to providers and the costs of operating the Elgin Community Hub.
- 7.2 The Chief Financial Officer is able to provide reasonable assurance at this stage that the estimated costs of Covid-19 to the end of the financial year will be met within the funding envelope provided by SG. Close and continuous focus is being applied and the position will continue to be closely monitored and reported appropriately to MIJB. This budget monitoring report for the second quarter of 2020/21 shows no adverse variance on the financial impact of Covid-19. The costs incurred up to 30 September 2020 can be summarised as:

Description	Spend to 30 September £000's
Reducing Delayed Discharge	264
Staffing	424
Provider Sustainability Payments	427
Payments to Primary Care Contracts	381
Cleaning, materials & PPE	10
Elgin Community Hub	522
Prescribing	94
Clinical leadership	78
Total	2,200

7.3 In addition to Covid funding, additional SG resource has been secured to address the winter period and the additional pressure this will exert on the wider system. This has been co-ordinated on a Grampian wide basis with input from the three IJB Chief Officers and the Chief Officer of Acute services. The total additional funding is £5.5m of which the Moray share is £0.871m. This will be monitored and reported through NHS Grampian and is required to be spent by 31 March 2021. Oversight of the Moray element will be through the Health and Social Care Moray senior management team.

8. CHANGES TO STAFFING ARRANGEMENTS

8.1 At the meeting of the Board on 28 March 2019, the Financial Regulations were approved (para 11 of the minute refers). All changes to staffing

arrangements with financial implications and effects on establishment are to be advised to the Board.

8.2 Changes to staffing arrangements dealt with under delegated powers through appropriate Council and NHS Grampian procedures for the period 1 July to 30 September 2020, and are detailed in **APPENDIX 3**.

9. UPDATED BUDGET POSITION

- 9.1 During the financial year, budget adjustments arise relating in the main to the allocation of non-recurring funding that is received via NHS Grampian. In order to establish clarity of these budget allocations a summary reconciliation has been provided below.
- 9.2 In addition, the MIJB, concluded the financial year 2019/20 in an overspend position following the application of reserves. In line with the Integration Scheme, the funding Partners were called upon to meet this overspend in the proportions aligned to the risk-sharing scheme. Communication has remained paramount throughout the year so the effects of the MIJB overspend could be built into the financial planning of NHS Grampian and Moray Council. These additional contributions are also show in the table below:

	£'s
Approved Funding 26.3.20	123,818,000
Set Aside Funding 26.3.20	11,765,000
Amended directions from NHSG 3.6.20	412,064
Balance of IJB reserves c/fwd. to 19/20	186,692
Amendment to Set Aside funding	487,000
Budget adjustments qtr 1	849,528
Revised Funding to Quarter 2	137,518,284
Budget adjustments M04-M06	
Open University	20,000
Moray School Nurse	36,800
Clinical Guidance Intranet	(7,200)
Primary Care	20,186
Hosted Recharges	31,583
Other	1,858
GP Premises	111,742
Childsmile & Oral Health	131,765
PCIF	816,105
Covid 19 2nd Allocation	430,000
NHS Earmarked Reserves Creditor Balance 20/21	347
Revised Funding to Quarter 3	139,111,470

9.3 In accordance with the updated budget position, revised Directions have been included at **APPENDIX 4** for approval by the Board to be issued to NHS Grampian.

10. SUMMARY OF IMPLICATIONS

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

This report is consistent with the objectives of the Strategic Plan and includes budget information for services included in the MIJB Revenue Budget 2020/21.

(b) Policy and Legal

It is the responsibility of the organisation receiving the direction to work with the Chief Officer and Chief Financial Officer to deliver services within the resources identified. The Moray Integration Scheme (para 12.8 of the 2015 Integration Scheme) makes provision for dealing with in year variations to budget and forecast overspend by reference to agreed corrective action and recovery plans. It also makes provision for dealing with year-end actual overspend where such action and plans have been unsuccessful in balancing the relevant budget by reference to use of MIJB reserves and additional payments from NHS Grampian and Moray Council.

(c) Financial implications

The financial details are set out in sections 3-9 of this report and in **APPENDIX 1**. For the period to 30 September 2020, an overspend is reported to the Board of $\pounds 86,903$.

The staffing changes detailed in paragraph 8 have already been incorporated in the figures reported.

The movement in the 2020/21 budget as detailed in paragraph 9 have already been incorporated in the figures reported.

(d) Risk Implications and Mitigations

The most significant risk arising from this report is the control and management of expenditure to provide the Health and Social Care services required for the Moray Area, within budget. In particular, in relation to the Prescribing budget. A separate report to this Board is being made on the pressures facing Prescribing. Additionally, the impact of Covid-19 requires close monitoring.

The year-end overspend position for 2020/21 continues to give cause for concern going forward. The general reserves were depleted in 2018/19. Additional savings continue to be sought and a recovery and transformation plan is in place in order to support the 2020/21 budget and beyond. This is currently under continuous review given the anticipated underachievement in this financial year.

The impact of Covid related expenditure is still a potential risk, although the Scottish Government have made funding available, there is still a risk that the spend, currently estimated at £5.5m will exceed the additional funding being made available. The impact is being closely monitored.

(e) Staffing Implications

There are no direct implications in this report.

(f) Property

There are no direct implications in this report.

(g) Equalities/Socio Economic Impact

There are no direct equality/socio economic implications as there has been no change to policy.

(h) Consultations

The Chief Officer, the Health and Social Care Moray Senior Leadership Group and the Finance Officers from Health and Social Care Moray have been consulted and their comments have been incorporated in this report where appropriate.

11. CONCLUSION

- 11.1 The MIJB Budget to 30 September 2020 has an over spend of £60,863 and the first provisional forecast position of £509,241 overspend on core services. Senior Managers will continue to monitor the financial position closely and continue to report on the Recovery and Transformation Plan.
- 11.2 The finance position to 30 September 2020 includes the changes to staffing under delegated authority, as detailed in APPENDIX 3.
- 11.3 The financial position to 30 September 2020 reflects the updated budget position and revised Directions have been prepared accordingly, as detailed in APPENDIX 4.
- 11.4 Officers must remain focussed on transformation redesign, and the efficiency of services as the financial challenges will continue beyond this year, and planning carried out now will create opportunities in future years.

Author of Report: D O'Shea Principal Accountant (MC) & B Sivewright Finance Manager (NHSG) Background Papers: Papers held by respective Accountancy teams Ref:
JOINT FINANCE REPORT APRIL 2020 - SEPTEMBER 2020

	Para Ref	Annual Net Budget £'s 2020-21	Budget (Net) To Date £'s 2020-21	Actual To Date £'s 2020-21	Variance £'s 2020-21	Most recent Forecast £'s 2020-21	Variance To Budget £'s 2020-21	Forecast Variance % 2020-21
Community Hospitals	4.1	5,284,859	2,641,752	2,768,540	(126,788)	5,519,061	(234,202)	(4)
Community Nursing	4.2	4,979,200	2,476,848	2,253,678	223,170	4,601,472	377,728	8
Learning Disabilities	4.3	7,858,632	3,575,370	3,719,566	(144,195)	8,220,400	(361,768)	(5)
Mental Health		8,580,367	4,187,548	4,153,778	33,770	8,510,870	69,497	1
Addictions		1,136,939	564,151	551,190	12,962	1,125,095	11,844	1
Adult Protection & Health Improve	ment	156,290	62,693	62,339	354	155,380	910	1
Care Services provided in-house	4.4	16,853,248	8,183,003	7,402,366	780,637	15,329,248	1,524,000	9
Older People & PSD Services	4.5	17,865,158	8,587,000	9,514,951	(927,951)	19,978,158	(2,113,000)	(12)
Intermediate Care & OT		1,553,796	827,346	814,222	13,124	1,641,696	(87,900)	(6)
Care Services provided by External Contractors	4.6	8,422,172	4,185,280	4,028,418	156,862	8,075,172	347,000	4
Other Community Services	4.7	8,081,575	4,013,415	3,797,053	216,363	7,648,446	433,129	5
Admin & Management	4.8	2,560,983	1,420,292	1,352,019	68,273	1,947,107	613,876	24
Primary Care Prescribing	4.9	16,938,905	8,911,740	9,262,629	(350,889)	17,947,905	(1,009,000)	(6)
Primary Care Services		16,740,690	8,372,254	8,262,286	109,968	16,656,690	84,000	1
Hosted Services	4.10	4,408,096	2,183,921	2,289,282	(105,361)	4,628,718	(220,622)	(5)
Out of Area		669,268	381,776	402,938	(21,162)	814,000	(144,732)	(22)
Improvement Grants		937,600	399,133	399,133	0	737,600	200,000	21
Total Moray IJB Core		123,027,778	60,973,523	61,034,385	(60,863)	123,537,018	(509,241)	(0)
Other Recurring Strategic Funds in the ledger Integrated Care fund/Delayed Disch	arge	638,538	167,512	167,480	32	340,511	298,027	47
Other Recurring Strategic Funds in the ledger	5.1	638,538	167,512	167,480	32	340,511	298,027	47
Other non-recurring Strategic Funds in the ledger		802,054	541,991	568,063	(26,072)	768,257	33,797	4
Total Moray IJB Including Other Strategic funds in the ledger	5.1	124,468,369	61,683,026	61,769,929	(86,903)	124,645,786	(177,417)	(0)
Other resources not included under core and strategic	5.1	2,391,101	891,863	891,863	0	2,515,394	(124,293)	
Total Moray IJB (incl. other strategic funds) and other costs not in ledger		126,859,470	62,574,889	62,661,792	(86,903)	127,161,180	(301,710)	(0)
Set Aside Budget		12,252,000		-	-	12,252,000	0	0
Overall Total Moray IJB		139,111,470	62,574,889	62,661,792	(86,903)	139,413,180	(301,710)	
Funded By: NHS Grampian NHS Grampian - Set Aside Moray Council IJB FUNDING		81,872,870 12,252,000 44,986,600 139,111,470						

Description of MIJB Core Services

- 1. Community Hospitals/Medicine/Support related to the four community hospitals and support in Moray.
- 2. Community Nursing related to Community Nursing services throughout Moray, including District Nurses Team and Health Visitor Teams.
- 3. Learning Disabilities budget comprises of:-
 - Transitions,
 - Staff social work and admin infrastructure,
 - External purchasing of care for residential & nursing care,
 - External purchasing of care for respite, day care and domiciliary care,
 - Medical, Nursing, Allied Health Professionals and other staff.
- 4. Mental Health budget comprises of:-
 - Staff social work and admin infrastructure,
 - External purchasing of care for residential & nursing care,
 - External purchasing of care for respite, day care and domiciliary care,
 - In patient accommodation in Buckie & Elgin.
 - Medical, Nursing, Allied Health Professionals and other staff.
- 5. Addictions budget comprises of:-
 - Staff social work and admin infrastructure,
 - Medical and nursing staff
 - External purchasing of care for residential & nursing care,
 - External purchasing of care for respite, day care and domiciliary care,
 - Moray Alcohol & Drugs Partnership.
- 6. Adult Protection and Health Improvement
- 7. Care Services provided in-house Services budget comprises of:-
 - Employment Support services,
 - Care at Home service/ re-ablement,
 - Integrated Day services (including Moray Resource Centre),
 - Supported Housing/Respite and
 - Occupational Therapy Equipment Store.
- 8. Older People & Physical Sensory Disability (PSD) budget comprises of:-
 - Staff social work infrastructure (including access team and area teams),
 - External purchasing of care for residential & nursing care,
 - External purchasing of care for respite, day care and domiciliary care and
 - Residential & Nursing Care home (permanent care),
- 9. Intermediate Care & Occupational Therapy budget includes:-
 - Staff OT infrastructure
 - Occupational therapy equipment
 - Telecare/ Community Alarm equipment,
 - Blue Badge scheme

10. The Care Services provided by External Contractors Services budget includes:-

- Commissioning and Performance team,
- Carefirst team,
- Social Work contracts (for all services)
- Older People development,
- Community Care finance,
- Self Directed support.

11. Other Community Services budget comprises of:-

• Community services for each locality (Allied Health Professionals (AHP's), Dental services, Public Health, Pharmacy and other specialist nursing roles).

12. Admin & Management budget comprises of :-

- Admin & Management staff infrastructure
- Business Support Contribution to the Chief Officer costs
- Target for staffing efficiencies from vacancies

13. Primary Care Prescribing includes cost of drugs prescribed in Moray.

- 14. Primary Care Services relate to General Practitioner GP services in Moray.
- 15. IJB Hosted, comprises of a range of services hosted by IJB's but provided on a Grampian wide basis. These include:-
 - GMED out of hours service.
 - Intermediate care of elderly & rehab.
 - Marie Curie Nursing Service out of hours nursing service for end of life patients
 - Continence Service provides advice on continence issues and runs continence clinics
 - Sexual Health service
 - Diabetes Development Funding overseen by the diabetes Network. Also covers the retinal screening service
 - Chronic Oedema Service provides specialist support to oedema patients
 - Heart Failure Service provided specialist nursing support to patients suffering from heart failure.
 - HMP Grampian provision of healthcare to HMP Grampian.
- 16. Out of Area Placements for a range of needs and conditions in accommodation out with Grampian

17. Improvement Grants manged by Council Housing Service, budget comprises of:-

- Disabled adaptations
- Private Sector Improvement grants
- Grass cutting scheme

Other definitions:

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

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

Tier 3- Ongoing support for those in need through the delivery of 1 or more selfdirected support options.

HEALTH & SOCIAL CARE MORAY

DELEGATED AUTHORITY REPORTS - PERIOD JULY to SEPT 2020

Title of DAR	Summary of Proposal	<u>Post(s)</u>	Permanent/ Temporary	Duration (if Temporary)	Effective Dates	Funding
Nursing staff	Nursing input for PCIF Community Treatment and Care services	Band 3 13 hours	Permanent	N/A	Aug 2020	Primary Care Improvement Fund
Nursing Staff	Nursing input for PCIF Community Treatment and Care services	Band 5 22 hours	Permanent	N/A	Aug 2020	Primary Care Improvement Fund
Pharmacist	Pharmacist for PCIF Pharmacotherapy implementation	Band 7 75 hours	Permanent	N/A	Aug 2020	Primary Care Improvement Fund
Pharmacy Technician	Pharmacy Technician for PCIF Pharmacotherapy implementation	Band 5 52.5 hours	Permanent	N/A	Aug 2020	Primary Care Improvement Fund
Senior Commissioning Officer	Delete G9 Commissioning Officer, Create G10 Senior Commissioning Officer. Delete G5 1.0fte Financial Assessment Officer and create G5 21.75hr Financial Officer	Delete G9 Commissioning Officer Create G10 Commissioning Officer Reduce G5 Financial Officer post from 36.25 to 21.75 hrs	Perm	N/A		Reduction in G5 post used to fund increase of G9 to G10
Addictions Services - Delete Vacant Team Manager Post	Delete 0.50 G11 Team Manager post as post fully funded by MADP	G11 0.50fte Team Manager	Perm			Budget saving £33,000
Employment Support delete 3.52fte EDW posts	Delete vacant posts as the service does not require	3.52fte Grade 7 Employment Development Workers	Perm	N/A		Budget saving £136,000

MORAY INTEGRATION JOINT BOARD

DIRECTION

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

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

Services will be provided in line with the Board's Strategic Plan.

Services:	All services listed in Annex 1, Part 2 and Annex 4 of the Moray Health and Social Care Integration Scheme.
Functions:-	All functions listed in Annex 1, Part 1 of the Moray Health and Social Care Integration Scheme.
Associated Budget:-	£68.2 million, of which £4.4 million relates to Moray's share for services to be hosted and £17 million relates to primary care prescribing.
	An additional £12.3 million is set aside for large hospital services.

This direction is effective from 26 November 2020.



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 26 NOVEMBER 2020

SUBJECT: EXTERNAL AUDITORS' REPORT TO THOSE CHARGED WITH GOVERNANCE

BY: CHIEF FINANCIAL OFFICER

1. <u>REASON FOR REPORT</u>

1.1 To request the Moray Integration Joint Board (MIJB) consider the reports to those charged with governance from the Board's External Auditor for the year ended 31 March 2020.

2. <u>RECOMMENDATION</u>

2.1 It is recommended that the MIJB considers and notes the reports from the External Auditor within Appendices 1 and 2.

3. BACKGROUND

3.1 The responsibilities of Audit Scotland as the independent auditor are established by the Local Government (Scotland) Act 1973, the code of Audit Practice (2016), which can be found at https://www.audit-scotland.gov.uk/uploads/docs/report/2016/code audit practice 16.pdf and supplementary guidance, and are supported by the auditing profession's ethical guidance.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 The work carried out by Audit Scotland during 2019/20 has produced two reports that are subject to the consideration of those charged with governance. The reports are attached as follows:
 - Independent Auditors Report to those charged with governance (APPENDIX 1)
 - The Annual Audit Report 2019/20 (APPENDIX 2)
- 4.2 The audit opinions expressed were all unqualified and are reported within the 'independent auditors report' included within **APPENDIX 1**.





- 4.3 The Annual Audit Report included at **APPENDIX 2** provides an Action Plan where recommendations for improvement are made, based on the findings of the review. These recommendations have been discussed with management and corresponding actions have been agreed, together with timescales for completion.
- 4.4 The Annual Audit Report provides a summary of the significant audit risks identified during planning. The results and conclusions of this work are noted within the report.

5. <u>SUMMARY OF IMPLICATIONS</u>

(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 work of the external auditor and the production of these reports for those charged with governance have been completed within the specified timescales agreed.

(b) Policy and Legal

The Public Bodies (Joint Working) (Scotland) Act 2014 requires that the Moray Integration Joint Board (MIJB) is subject to the audit and accounts provisions of a body under Section 106 of the Local Government (Scotland) Act 1973.

(c) Financial implications

There are no direct financial implications arising from this report.

(d) Risk Implications and Mitigation

The external auditor, Audit Scotland, through the audit process, provides assurance to the Board that the Annual Accounts for 2019/20 give a true and fair view of the financial position. The Annual Audit Report highlights risks identified during the audit process and recommendations for action that have been agreed by management.

(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 resultant policy change.

(h) Consultations

Consultation has taken place between Audit Scotland and the Chief Financial Officer of the MIJB in preparation of the Annual Audit Report. Any comments received have been considered in writing this report.

6. <u>CONCLUSION</u>

6.1 The External Auditor has issued an unqualified opinion for the 2019/20 Annual Accounts. The Annual Audit Report, Independent Auditors' Report and the Letter of Representation present the full findings.

Author of Report: Tracey Abdy, Chief Financial Officer Background Papers: with author Ref: 102 West Port Edinburgh EH3 9DN 8 Nelson Mandela Place Glasgow G2 1BT The Green House Beechwood Business Park North Inverness IV2 3BL

AUDIT SCOTLAND

T: 0131 625 1500 E: info@audit-scotland.gov.uk www.audit-scotland.gov.uk

> Moray Integration Joint Board C/O Moray Council High Street Elgin IV30 1BX

Moray Integration Joint Board Audit of 2019/20 annual accounts

Independent auditor's report

 Our audit work on the 2019/20 annual accounts is now substantially complete. Subject to the satisfactory conclusion of the outstanding matter referred to later in this letter and receipt of a revised set of annual accounts for final review, we anticipate being able to issue unmodified audit opinions in the independent auditor's report on 26 November 2020. The proposed report is attached at Appendix A.

Annual audit report

- 2. Under International Standards on Auditing in the UK, we report specific matters arising from the audit of the financial statements to those charged with governance of a body in sufficient time to enable appropriate action. We present for the Integration Joint Board's consideration our draft annual report on the 2019/20 audit. No significant findings have been highlighted in respect of the audit of the financial statements.
- 3. The report also sets out conclusions from our consideration of the four audit dimensions that frame the wider scope of public audit as set out in the Code of Audit Practice.
- 4. This report will be issued in final form after the annual accounts have been certified.

Unadjusted misstatements

- 5. We also report to those charged with governance all unadjusted misstatements which we have identified during our audit, other than those of a trivial nature and request that these misstatements be corrected.
- 6. We have no unadjusted misstatements to be corrected.

Fraud, subsequent events and compliance with laws and regulations

7. In presenting this report to the Integration Joint Board we seek confirmation from those charged with governance of any instances of any actual, suspected or alleged fraud; any subsequent events that have occurred since the date of the financial statements; or material non-compliance with laws and regulations affecting the entity that should be brought to our attention.

26 November 2020

Representations from Chief Financial Officer

- 8. As part of the completion of our audit, we are seeking written representations from the Section 95 Officer on aspects of the annual accounts, including the judgements and estimates made.
- A draft letter of representation is attached at Appendix B. This should be signed and returned to us by the Section 95 Officer with the signed annual accounts prior to the independent auditor's report being certified.

Outstanding matters

10. At the time of drafting this report, we were still waiting final confirmation of assurances from the auditor of the Moray Council.

APPENDIX A: Proposed Independent Auditor's Report

Independent auditor's report to the members of Moray Integration Joint Board and the Accounts Commission

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Moray Integration Joint Board for the year ended 31 March 2020 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20 (the 2019/20 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2019/20 Code of the state of affairs of Moray Integration Joint Board as at 31 March 2020 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2019/20 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the <u>Code of Audit Practice</u> approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was given delegated responsibility as engagement lead and certifying auditor on 10 April 2017. The period of total uninterrupted appointment is four years. I am independent of Moray Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the Moray Integration Joint Board. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Financial Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about Moray Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Risks of material misstatement

I report in a separate Annual Audit Report, available from the <u>Audit Scotland website</u>, the most significant assessed risks of material misstatement that I identified and my conclusions thereon.

Responsibilities of the Chief Financial Officer and Moray Integration Joint Board for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Financial Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Financial Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Financial Officer is responsible for assessing Moray Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

Moray Integration Joint Board is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved. I therefore design and perform audit procedures which respond to the assessed risks of material misstatement due to fraud.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website <u>www.frc.org.uk/auditorsresponsibilities</u>. This description forms part of my auditor's report.

Other information in the annual accounts

The Chief Financial Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and my auditor's report thereon. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with my audit of the financial statements, my responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether there is a material misstatement in the financial statement of the other information. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Report on other requirements

Opinions on matters prescribed by the Accounts Commission

In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit; or
- there has been a failure to achieve a prescribed financial objective.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Brian Howarth, Audit Director

Audit Scotland 4th Floor 8 Nelson Mandela Place Glasgow G2 1BT

26 November 2020

APPENDIX B: Letter of Representation (ISA 580)

Brian Howarth, Audit Director Audit Scotland 4th Floor 8 Nelson Mandela Place Glasgow G2 1BT

Dear Brian

Moray Integration Joint Board Annual Accounts 2019/20

- This representation letter is provided about your audit of the annual accounts of Moray Integration Joint Board for the year ended 31 March 2020 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view in accordance with the financial reporting framework, and for expressing other opinions on the remuneration report, management commentary and annual governance statement.
- I confirm to the best of my knowledge and belief and having made appropriate enquiries, the following representations given to you in connection with your audit of Moray Integration Joint Board annual accounts for the year ended 31 March 2020.

General

- 3. Moray Integration Joint Board and I have fulfilled our statutory responsibilities for the preparation of the 2019/20 annual accounts. All the accounting records, documentation and other matters which I am aware are relevant to the preparation of the annual accounts have been made available to you for the purposes of your audit. All transactions undertaken by Moray Integration Joint Board have been recorded in the accounting records and are properly reflected in the financial statements.
- 4. I confirm that I am not aware of any uncorrected misstatements.

Financial Reporting Framework

- 5. The annual accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20 (2019/20 accounting code), and in accordance with the requirements of the Local Government (Scotland) Act 1973, the Local Government in Scotland Act 2003 and The Local Authority Accounts (Scotland) Regulations 2014.
- 6. In accordance with the 2014 regulations, I have ensured that the financial statements give a true and fair view of the financial position of Moray Integration Joint Board at 31 March 2020 and the transactions for 2019/20.

Accounting Policies & Estimates

 All significant accounting policies applied are as shown in the notes to the financial statements. The accounting policies are determined by the 2019/20 accounting code where applicable. Where the code does not specifically apply, I have used judgement in developing and applying an accounting policy that results in information that is relevant and reliable. All accounting policies applied are appropriate to Moray Integration Joint Board circumstances and have been consistently applied.

8. The significant assumptions used in making accounting estimates are reasonable and properly reflected in the financial statements. Judgements used in making estimates have been based on the latest available, reliable information. Estimates have been revised where there are changes in the circumstances on which the original estimate was based or as a result of new information or experience.

Going Concern Basis of Accounting

9. I have assessed Moray Integration Joint Board's ability to continue to use the going concern basis of accounting and have concluded that it is appropriate. I am not aware of any material uncertainties that may cast significant doubt on Moray Integration Joint Board's ability to continue as a going concern.

Fraud

- **10.** I have provided you with all information in relation to:
 - my assessment of the risk that the financial statements may be materially misstated because of fraud
 - any allegations of fraud or suspected fraud affecting the financial statements
 - fraud or suspected fraud that I am aware of involving management, employees who have a significant role in internal control, or others that could have a material effect on the financial statements.

Laws and Regulations

11. I have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.

Related Party Transactions

12. All material transactions with related parties have been appropriately accounted for and disclosed in the financial statements in accordance with the 2019/20 accounting code. I have made available to you the identity of all the Moray Integration Joint Board's related parties and all the related party relationships and transactions of which I am aware.

Remuneration Report

 The Remuneration Report has been prepared in accordance with the Local Authority Accounts (Scotland) Amendment Regulations 2014, and all required information of which I am aware has been provided to you.

Management commentary

14. I confirm that the Management Commentary has been prepared in accordance with the statutory guidance and the information is consistent with the financial statements.

Corporate Governance

- 15. I confirm that the Moray Integration Joint Board has undertaken a review of the system of internal control during 2019/20 to establish the extent to which it complies with proper practices set out in the Delivering Good Governance in Local Government: Framework 2016. I have disclosed to you all deficiencies in internal control identified from this review or of which I am otherwise aware.
- 16. I confirm that the Annual Governance Statement has been prepared in accordance with the Delivering Good Governance in Local Government: Framework 2016 and the information is consistent with the financial statements. There have been no changes in the corporate governance arrangements or issues identified, since 31 March 2020, which require to be reflected.

Events Subsequent to the Date of the Balance Sheet

17. All events subsequent to 31 March 2020 for which the 2019/20 accounting code requires adjustment or disclosure have been adjusted or disclosed.

Yours sincerely

Chief Financial Officer

Item 8

Moray Integration Joint Board

DRAFT 2019/20 Annual Audit Report





Prepared for Moray Integration Joint Board and the Controller of Audit 26 November 2020

Who we are

The Auditor General, the Accounts Commission and Audit Scotland work together to deliver public audit in Scotland:

- the Auditor General is an independent crown appointment, made on the recommendation of the Scottish Parliament, to audit the Scottish Government, NHS and other bodies and report to Parliament on their financial health and performance
- the Accounts Commission is an independent public body appointed by Scottish ministers to hold local government to account. The Controller of Audit is an independent post established by statute, with powers to report directly to the Commission on the audit of local government
- Audit Scotland is governed by a board, consisting of the Auditor General, the chair of the Accounts Commission, a non-executive board chair, and two non-executive members appointed by the Scottish Commission for Public Audit, a commission of the Scottish Parliament.



About us

Our vision is to be a world-class audit organisation that improves the use of public money.

Through our work for the Auditor General and the Accounts Commission, we provide independent assurance to the people of Scotland that public money is spent properly and provides value. We aim to achieve this by:

- carrying out relevant and timely audits of the way the public sector manages and spends money
- reporting our findings and conclusions in public
- identifying risks, making clear and relevant recommendations.

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Key messages

2019/20 annual report and accounts

- 1 Our audit opinions on the annual accounts of the Moray Integration Joint Board are unmodified.
- 2 The unaudited accounts were submitted later than originally planned and the limitations of remote working impacted on our audit timetable.

Financial management and sustainability

- **3** The 2019/20 budget was balanced, but relied on planned savings of £3.1 million, of which 60% were not delivered. The IJB reported a small deficit of £0.07 million in 2019/20, but this was after an additional £2 million deficit funding by partner bodies and the use of £1 million of strategic funds to support core services.
- 4 Early indications from 2020/21 are that the £0.9 million of savings identified in the recovery plan will not be achieved due to Covid-19.
- 5 The IJB now has a medium-term financial plan in place, but this needs to be reviewed due to the impact of COVID-19. Latest estimates report that £5.2 million of additional costs will be incurred during 202/21 due to COVID-19.
- 6 The IJB holds no contingency reserves, and a limited amount of earmarked reserves which cannot be relied on to support future deficits.

Governance, transparency and best value

- 7 Governance arrangements are appropriate. These were adapted in response to COVID-19. There have been recent changes to the IJB's Board and senior management.
- 8 A ten-year Strategic Plan was approved by the Board in December 2019.
- **9** The IJB has effective arrangements in place for monitoring performance, but this and national reporting has been disrupted by COVID-19.
- **10**The IJB still needs to develop arrangements to demonstrate how it secures best value.

Introduction

1. This report is a summary of our findings arising from the 2019/20 audit of Moray Integration Joint Board (the IJB).

2. The scope of our audit was set out in our Annual Audit Plan which was circulated to members of the Audit, Performance and Risk Committee in April 2020. This report comprises the findings from our main elements of work in 2019/20 including:

- an audit of the IJB's 2019/20 annual accounts including the issue of an independent auditor's report setting out my opinions
- consideration of the four audit dimensions that frame the wider scope of public audit set out in the <u>Code of Audit Practice 2016</u> (Exhibit 1).



3. Subsequent to the publication of the Annual Audit Plan, in common with all public bodies, the IJB and partner bodies have had to respond to the global coronavirus pandemic. For the financial year 2019/20, only the final few weeks were affected, however the effects will have significant impact into 2020/21. We have carried out our planned audit work remotely to comply with travel restrictions and physical distancing.

Adding value through the audit

4. We add value to the IJB via the audit process by:

- identifying and providing insight on significant risks, and making clear and relevant recommendations
- sharing intelligence and good practice through our national reports (Appendix 3) and good practice guides



 providing clear and focused conclusions on the appropriateness, effectiveness and impact of corporate governance, performance management arrangements and financial sustainability

5. In so doing, we aim to help the IJB promote improved standards of governance, better management and decision making and more effective use of resources.

Responsibilities and reporting

6. The IJB has primary responsibility for ensuring the proper financial stewardship of public funds. This includes preparing annual accounts that are in accordance with proper accounting practices. The IJB is also responsible for compliance with legislation, and putting arrangements in place for governance, propriety and regularity that enable it to successfully deliver its objectives.

7. Our responsibilities, as independent auditor appointed by the Accounts Commission, are established by the Local Government (Scotland) Act 1973, the Code of Audit Practice (2016), supplementary guidance, and International Standards on Auditing in the UK.

8. As public sector auditors we give independent opinions on the annual accounts. Additionally, we conclude on:

- the appropriateness and effectiveness of the performance management arrangements,
- the suitability and effectiveness of corporate governance arrangements,
- the financial position and arrangements for securing financial sustainability.

9. Further details of the respective responsibilities of management and the auditor can be found in the <u>Code of Audit Practice 2016</u> and supplementary guidance.

10. This report raises matters from our audit. Weaknesses or risks identified are only those which have come to our attention during our normal audit work and may not be all that exist. Communicating these does not absolve management from its responsibility to address the issues we raise and to maintain adequate systems of control.

11. Our annual audit report contains an agreed action plan at <u>Appendix 1</u>. It sets out specific recommendations, responsible officers and dates for implementation. It also includes outstanding actions from last year and progress against these.

Auditor Independence

12. Auditors appointed by the Accounts Commission or Auditor General must comply with the Code of Audit Practice and relevant supporting guidance. When auditing the financial statements, auditors must comply with professional standards issued by the Financial Reporting Council and those of the professional accountancy bodies.

13. We can confirm that we comply with the Financial Reporting Council's Ethical Standard. We can also confirm that we have not undertaken any non-audit related services and therefore the 2019/20 audit fee of $\pounds 26,560$, as set out in our Annual Audit Plan, remains unchanged. We are not aware of any relationships that could compromise our objectivity and independence.

14. This report is addressed to both the board and the Controller of Audit and will be published on Audit Scotland's website <u>www.audit-scotland.gov.uk</u> in due course.

15. We would like to thank all management and staff who have been involved in our work for their co-operation and assistance during the audit.

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Part 1 Audit of 2019/20 annual accounts



Main judgements

Our audit opinions on the annual accounts are unmodified.

The unaudited accounts were submitted later than originally planned and the limitations of remote working impacted on our audit timetable.

The set aside amount in the 2019/20 annual accounts is £12.3 million which increased from earlier estimates based on 2017/18 activity levels. It is fully funded by NHS Grampian and has no impact on the net outturn.

The annual report and accounts are the principal means of accounting for the stewardship of the resources and performance.

Our audit opinions on the annual accounts are unmodified

16. The annual accounts for the year ended 31 March 2020 were approved by the Board on 26 November 2020 (TBC). We reported within the independent auditor's report that:

- the financial statements give a true and fair view and were properly prepared in accordance with the financial reporting framework
- the audited part of the remuneration report, management commentary, and annual governance statement were all consistent with the financial statements and properly prepared in accordance with proper accounting practices.

The annual accounts were submitted one month later than initially planned and the limitations of remote working impacted on our audit timetable

17. The unaudited accounts were received on 30 July 2020 which was one month later than the agreed audit timetable set out in our Annual Audit Plan. Both Moray Council and NHS Grampian elected to take advantage of the extended reporting deadline permitted by Schedule 6 of the Coronavirus (Scotland) Act 2020. The IJB was also affected as the IJB depends on the financial systems and reporting in the partner bodies.

18. The IJB does not have any assets, nor does it directly incur expenditure or employ staff, other than appointing the Chief Officer and Chief Financial Officer. All funding and expenditure for the IJB is incurred by partner bodies and processed in their accounts. Satisfactory arrangements are in place to identify this income and expenditure and report this to the IJB.

19. Audit Scotland's <u>Covid-19: Guide for audit and risk committees (August 2020)</u> recommends that members consider whether there is sufficient capacity to deal with competing pressures, such as preparing annual accounts, at a time when working practices are having to be adapted due to Covid-19.

20. The working papers provided to support the accounts were of a good standard and the Chief Financial Officer provided good support to the audit team which enabled the audit to run smoothly.

Overall materiality is £1.3 million

21. The assessment of what is material is a matter of professional judgement. It involves considering both the amount and nature of the misstatement in the annual report and accounts.

22. On receipt of the unaudited annual accounts we reviewed our materiality calculations and concluded that they remained appropriate. Our initial assessment of materiality for the annual accounts was carried out during the planning phase of the audit and is summarised in Exhibit 2.

Exhibit 2 Materiality values

Materiality level	Amount
Overall materiality	£1.3 million
Performance materiality	£780,000
Reporting threshold	£65,000

Source: Audit Scotland, 2019/20 Annual Audit Plan

Appendix 2 identifies the main risks of material misstatement and our audit work to address these

23. <u>Appendix 2</u> provides our assessment of risks of material misstatement in the annual accounts and any wider audit dimension risks, that we identified during the audit. It also identifies the work we undertook to address these risks and our conclusions from this work.

We have one significant finding to report from the audit

24. International Standard on Auditing (UK) 260 requires us to communicate significant findings from the audit to those charged with governance, including our view about the qualitative aspects of the body's accounting practices covering accounting policies, accounting estimates and financial statements disclosures. We have one significant finding to report with respect to the financial statements.

Exhibit 3 Significant findings from the audit of the financial statements

Audit findings

Resolution

Estimates of hospital set aside

The annual accounts include the amount set aside for large hospital services. The set aside amount in the 2019/20 annual accounts is £12.3 million. This figure was updated during the year following receipt of the validated 2017/18 activity levels from the Information Services Division (ISD). The original set aside amount approved as part of the 2019/20 IJB revenue budget was £10.6 million. The expenditure is matched by an equivalent funding contribution so there is no impact on the IJB's outturn or on accumulated reserves and NHS Grampian is responsible for managing any overspends on the set-aside budget. On this basis, we do not consider it is a significant accounting estimate for Moray Integrated Joint Board.

We received assurances from the auditor of NHS Grampian that the set aside figures in the IJB accounts had been reviewed and was appropriate.

There were no material adjustments to the audited accounts

25. There were no material adjustments to the unaudited accounts arising from our audit.

Some progress has been made on prior year recommendations

26. The IJB has made some progress in implementing our prior year audit recommendations. Two of the four recommendations have been fully actioned. For actions not yet implemented, revised responses and timescales have been agreed with management, and are set out in <u>Appendix 1</u>.

Part 2 Financial management and sustainability



Main judgements

The 2019/20 budget was balanced, but relied on planned savings of £3.1 million, of which 60% were not delivered.

The IJB reported a small deficit of £0.07 million in 2019/20, but this was after an additional £2 million deficit funding by partner bodies and the use of £1 million of strategic funds to support core services.

Early indications from 2020/21 are that £0.9 million of savings identified in the recovery plan will not be achieved due to Covid-19.

The IJB now has a medium-term financial plan in place, but this needs to be reviewed to reflect the impact of COVID-19. Latest estimates report that £5.2 million of additional costs will be incurred during 202/21 due to COVID-19.

The IJB holds no contingency reserves, and a limited amount of earmarked reserves which cannot be relied on to support future deficits.

Financial management is about financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively. Financial sustainability looks forward to the medium and longer term to consider plans

The 2019/20 budget was balanced but relied on planned savings of £3.1 million

27. The IJB approved its 2019/20 budget on 28 March 2019. Budget pressures of £4.1 million were identified which were offset by additional partner funding. A recovery plan was agreed to address the £3.1 million forecasted underlying overspend on core services from 2018/19. The main element of this plan related to slippage against strategic funds (£1.5 million), meaning that the IJB continue to rely on strategic funds to support core services.

Planned 2019/20 savings were not achieved and £1.9 million of targeted savings were moved into 2020/21

28. As the year progressed, the IJB recognised that savings would not be realised and the savings recovery plan was reprofiled, with £1.9 million of savings targets moved to 2020/21. There is some uncertainty over potential savings identified such as prescribing (£0.2 million), the costs of which tend to be more volatile than other areas. In addition, savings of £0.3 million have been identified arising from transformational change. This will depend on the successful implementation of the programme of transformation outlined in the ten-year Strategic Plan.

The IJB reported a deficit of $\pounds 0.07$ million in 2019/20, but this was after $\pounds 2$ million deficit funding by partner bodies and the use of $\pounds 1$ million of strategic funds

29. The year-end outturn was presented to the Board on 25 June 2020. An overspend on core services of £3 million was reported. In-year strategic funds of £1 million were used to support core services together with deficit funding from the partner bodies of £2 million.

Financial monitoring reports accurately forecasted the year-end budget outturn

30. The Quarter 2 and Quarter 3 financial monitoring reports forecast the increasing overspend on core services (<u>Exhibit 4</u>).

Exhibit 4 Financial monitoring reports and projected budget outturn

	Core budget forecast (over) / underspend (£m)	Strategic Funds forecast (over) / underspend (£m)	Year-end forecast (over) / underspend (£m)
Quarter 2	(1.45)	-	(1.45)
Quarter 3	(3.36)	1.66	(1.70)
Year-end outturn report	(3.04)	0.97	(2.07)
Deficit funding by partners			2.0
Accounts as at 31 March 2020	-	-	(0.07)

Source: Financial monitoring reports taken to the Board and 2019/20 Moray IJB annual accounts

31. Financial monitoring reports are comprehensive and provide the IJB with sufficient detail. However, the reports treat transfers from earmarked reserves as additional in-year funding which is then inconsistent with the presentation in the financial statements and not reconciled in reports. This was included as an audit recommendation in 2018/19 but this has not yet been actioned.

Early indications from 2020/21 are that £0.9 million of savings identified in the recovery plan will not be achieved due to COVID-19

32. The Quarter 1 budget monitoring report for 2020/21 (presented to the Board in September 2020) identified a total overspend to date of £0.1 million. The Quarter 1 report does not provide a forecasted year-end position, but it does provide an update on the achievement of efficiencies identified in the recovery plan. For the period to the end of June 2020, £0.49 million of core budget savings were expected to be realised. However, actual progress against the recovery plan is savings of £0.26 million, mainly attributable to savings arising from transformational change. Latest estimates (see paragraph 39) indicate that £0.9 million of savings will not be achieved in 2020/21 due to COVID-19.

33. The fact that commissioning activity was stood down in March 2020 to support the COVID-19 response has contributed to lower than expected savings being achieved. In addition, prescribing was set to deliver significant savings during 2020/21 as a result of a national reduction in the drug tariff. The COVID-19 pandemic has placed significant pressure on this budget creating uncertainty around this element of efficiency.

34. The Chief Financial Officer has advised that the budget is likely to be subject to revisions as the impact of COVID-19 becomes clearer. A mid-year review of the financial planning assumptions considering the 2019/20 outturn and COVID-19 is currently ongoing and will be reported to a future meeting of the IJB.



The IJB's 2020/21 budget should be reviewed to reflect the impact of COVID-19.

The IJB has a medium-term financial plan, but this needs to be reviewed to reflect the impact of COVID-19

35. We have previously recommended that Moray IJB should create a financial plan covering the medium to long-term and the IJB now has a financial framework which covers the five-year period 2019/20 – 2023/24. It outlines the projected funding shortfalls over the period and how these may be addressed. We assessed the framework against the Audit Scotland paper, <u>Scotland's Public Finances: A</u> <u>Follow-up Audit</u> and we have concluded that it is comprehensive, the assumptions built into the plan are reasonable and the projections are supported by a sensitivity analysis.

36. The IJB's 2019-29 Strategic Plan was approved by the Board in December 2019, having been subject to a four-week stakeholder consultation. The medium-term financial plan supports delivery of the ten-year Strategic Plan and will be reviewed as the Plan progresses.

37. The CFO recognises that both COVID-19 and EU withdrawal present a significant risk to the accuracy of the financial planning assumptions adopted. Some of the uncertainty relating to EU withdrawal includes the impact on supply chains (particularly in relation to prescribing), the labour market and alternatives to EU funding. The financial plan will need to be updated as more information becomes available.

Recommendation 2

The IJB's medium-term financial plan should be reviewed due to the impact of COVID-19 and EU Withdrawal.

Latest estimates report that that additional costs of £5.2 million will be incurred in 2020/21 due to COVID-19

38. In April 2020, the MIJB Chief Officer submitted the initial Mobilisation Plan for Moray to Scottish Government. This formed part of the mobilisation plan for Grampian to be implemented in partnership between NHS Grampian, the three Grampian Integration Authorities and the multi-agency Local Resilience Partnership. The mobilisation plan set out the context, at the time of submission, around delayed discharges, staff absence levels, care home bed capacity and high-level modelling around community and primary care modelling. The plan included financial estimates with monthly updates provided to the Scottish Government.

39. Latest estimates (as at end of September 2020) report that COVID-19 will result in additional costs of \pounds 5.2 million for MIJB in the year to 31 March 2021. In addition, \pounds 0.9 million of planned savings will not be achieved. Key areas of projected additional spend include:

- social care sustainability payments £1.9 million
- delayed discharge £1 million
- community hub in Elgin £0.9 million.

40. The Scottish Government has allocated total additional funding of £4.9 million to Moray IJB to date to cover the financial impact of Covid-19. Further funding in relation to unachieved savings is uncertain at this stage.

The IJB holds no contingency reserves, and a limited amount of earmarked reserves which cannot be relied on to support future deficits

41. The balance on Moray IJB's General Fund as at 31 March 2020 is £0.187 million, comprised entirely of earmarked reserves. There is no contingency reserve with which to cushion the future financial impact of unexpected events. The IJB has a reserves policy in place, which was approved by the Board in January 2019. It states that a prudent level of general reserves should represent approximately 2 per cent of net expenditure – this would equate to £2.7 million. This absence of reserves now places even greater importance on financial management, transformation and the achievement of planned savings, as the IJB is no longer able to resort to reserves to cover future deficits.

The partner bodies have sound systems of internal control in place

42. The IJB does not have any financial systems of its own, instead it relies upon the financial systems of the host bodies to record all transactions. The key financial systems which the IJB relies on include general ledger, trade payables, trade receivables and payroll.

43. As part of our audit approach we sought assurances from the external auditor of NHS Grampian and Moray Council (in accordance with ISA 402). Some control weaknesses were identified within NHS Grampian and Moray Council and the auditors undertook additional audit procedures to obtain the assurances required for their audit opinions. No issues were identified from completion of these additional procedures.

The partner bodies have appropriate arrangements in place for the prevention and detection of fraud and error

44. The IJB does not maintain its own policies relating to the prevention and detection of fraud and error but instead depends on those in place at its partner bodies. We have responsibility for reviewing the arrangements put in place by management for the prevention and detection of fraud. The IJB uses the financial systems of NHS Grampian and Moray Council and so anti-fraud arrangements are the responsibility of these organisations. We have received assurances from the auditors of NHS Grampian and Moray Council (in accordance with ISA 402) and have no issues to bring to your attention.

Part 3 Governance, transparency and best value



Main judgements

Governance arrangements are appropriate. These were adapted in response to COVID-19.

- A ten-year Strategic Plan was approved by the Board in December 2019.
- There have been recent changes to the IJB's Board and senior management.

The IJB has effective arrangements in place for monitoring performance, but this and national reporting has been disrupted by COVID-19.

The IJB still needs to develop arrangements to demonstrate how it secures best value.

Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision-making and transparent reporting of financial and performance information. Best Value is concerned with using resources effectively and continually improving services.

Governance arrangements are appropriate

45. The IJB is supported by an Audit, Performance and Risk Committee. The integration scheme sets out the governance arrangements for membership of the IJB. Our observations at committee meetings throughout the year has found that these are conducted in a professional manner and there is a good degree of scrutiny and challenge by members.

46. Full details of the meetings held by the IJB are available on the Moray IJB website. Committee papers and minutes of meetings are publicly available, and members of the public are permitted to attend and observe meetings. Public notice of each meeting is given on the council's website.

Governance arrangements were adapted in response to COVID-19

47. The impact of Covid-19 on governance arrangements from March 2020 has been set out in the governance statement that forms part of the IJB's annual accounts. The following adjustments were made to normal arrangements:

- the IJB and Audit, Performance and Risk Committee meetings were held virtually from March 2020 and so public access was restricted. This was essential to protect public health and comply with physical distancing guidelines. Agendas, papers and minutes continued to be made available on the IJB website
- meetings of the IJB continued in line with the original timetable. Meetings of the Audit, Performance and Risk Committee were impacted, with the February and June 2020 meetings being cancelled. Papers for the June 2020 meeting were circulated to members for scrutiny, with questions and answers submitted via e-mail
- meeting agendas were restricted to core business (decision making) to minimise the impact on officers' time, allowing them to focus on critical business
- delegated authority was granted to the Chief Officer to take decisions which would normally require Board approval. This authority was revoked in September 2020 as the Board concluded that its new governance arrangements were suitably established.

48. Overall, the changes to governance arrangements were reasonable and no specific risks have been identified.

The IJB has developed a ten-year Strategic Plan

49. Moray IJB has developed a ten-year Strategic Plan covering the period 2019-2029 which was approved by the Board in October 2019. It was developed in conjunction with a suite of supporting documents which include the medium-term financial framework, transformation programme, and workforce plan. A four-week public consultation was conducted prior to publication – this was largely positive with 71% of respondents fully supporting the strategy.

50. To inform the Plan, a Strategic Needs Assessment was carried out in 2018 to gather intelligence about the key health and social care needs in the area. Key areas for focus were identified which included the fact that there is a significant military / veteran population in Moray, representing unique health and social care challenges, and a growing proportion of the Moray population suffer from multimorbidity.

51. The Strategic Plan identifies three key themes:

- **Building resilience** this focuses on building resilience among service users such as through prioritisation of early intervention and encouraging individuals to take personal responsibility for their own health.
- **HomeFirst** this encourages being supported at home or in a homely setting for as long as possible, prioritising this over hospital admissions where appropriate.
- **Partners in Care** this encourages more extensive stakeholder engagement, allowing service users to have more control over the care, for example by supporting people in their preference for palliative care.

52. Our review of the Strategic Plan concluded that it was comprehensive and identifies the key challenges facing the IJB over the next ten years. However, as outlined in paragraph 37, the Plan and its supporting frameworks will now need to be reviewed to take account of the effect of COVID-19.

The IJB's board and senior management has experienced recent changes

53. The Chief Officer of the IJB, was seconded to NHS Highland to take up the post of Interim Deputy Chief Executive in April 2020, and a new Interim Chief Officer was appointed.

54. The positions of Chair and Vice-Chair of the Board were rotated in October 2019, but in October 2020 the chair resigned from the IJB and a new Chair has been appointed from NHS Grampian.

Registers of interest on the Moray IJB website are not kept up to date

55. An exercise was conducted at the end of the financial year to update the registers of interest for voting, non-voting and co-opted members. However, these were not updated by all members, and in some instances an email update was provided in the place of a completed declaration.

56. The Chief Financial Officer has advised that responsibility for maintaining registers of interest will pass from Moray Council's committee services to the IJB which should rectify this issue for 2020/21.

The IJB has effective arrangements in place for monitoring performance, but this has been disrupted by COVID-19

57. The Audit, Performance and Risk Committee usually receive quarterly performance updates. Due to changes in reporting arrangements arising from COVID-19, Quarter 3 and 4 were presented to the Board instead. The quarterly reports were presented to the IJB considerably after the reporting period they relate to. The Quarter 3 performance report (covering the period to December 2019) was considered by the Board in May 2020 while the Quarter 4 report (covering the period to March 2020) was considered by the Board in June 2020.

58. The quarterly performance reporting arrangements were reviewed in May 2020. Performance is still measured using a RAG (red / amber / green) system, but the previous 17 local indicators have been reassessed to ensure they are aligned to the new Strategic Plan. There are now 14 local indicators.

59. The Quarter 4 performance report showed five of the indicators as being green, one amber, three red, and five have no available data due to temporary reallocation of resources as a result of the COVID-19 pandemic. The three red indicators relate to:

- number of delayed discharges at the end of the quarter
- number of bed days occupied by delayed discharges per quarter per 1000 (18+ population)
- percentage of patients commencing Psychological Therapy Treatment within 18 weeks of referral

Moray IJB appears to be performing well against national performance indicators, but national data is incomplete due to COVID-19

60. <u>Exhibit 5</u> shows the IJB's performance against the Scottish Government core suite of integration indicators relative to the average performance of other integration authorities in Scotland. Moray IJB appears to be performing well against national performance indicators but national date is incomplete due to COVID-19.





Source: Moray IJB performance reports

Note: Current data is not available for several indicators as a result of Scottish Government staff redeployment for COVID-19 work. Public Health Scotland also advised integration authorities to base 2019/20 performance on the 2019 calendar year for most indicators.

Improvements are required to the arrangements in place for securing best value

61. Integration Joint Boards have a statutory duty to make arrangements to secure best value. To achieve this, IJBs should have effective arrangements for scrutinising performance, monitoring progress towards their strategic objectives and holding partners to account. Our audit covers the four audit dimensions, as set out in <u>Exhibit 1</u>, which are key components of securing best value in the provision of services and the use of resources.

62. The Best Value Assurance Report for Moray Council was published in August 2020 and despite urgent improvements to council services being required, the report concluded that the IJB performs well despite the financial challenges it faces.

63. Moray IJB clearly recognise the importance of securing best value, with this being highlighted in their ten-year Strategic Plan. However, the self-evaluation exercise submitted to the Board in June 2019 underlined the need to 'develop better processes to evaluate and measure outcomes in line with Best Value'. There have been no progress updates on implementation of the recommendations in the self-evaluation presented to the Board. The IJB should monitor progress against the recommendations to ensure best value is being secured.



The IJB should develop its own assessment of Best Value.

The annual performance report is moving towards locality reporting

64. The Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to produce an annual performance report and publish this within four months of the year end. Due to the COVID-19 disruption the Scottish Government extended the publication deadline and Moray IJB published their annual performance report on 12 August 2020.

65. We have previously recommended that the annual performance report should analyse financial performance by locality. Our review of the report confirmed that this has still not been implemented. However, a recently implemented management structure has secured four Locality Managers who are all now in post and work is underway to align budget responsibility to locality areas.

National performance audit reports

66. Audit Scotland carries out a national performance audit programme on behalf of the Accounts Commission and the Auditor General for Scotland. During 2019/20 we published some reports which may be of direct interest to the IJB as outlined in <u>Appendix 3</u>.

Appendix 1 Action plan 2019/20



No.

1

2

3

the Board in June 2019. It

improvement, including the

processes to evaluate and

no update provided to the Board on the progress against

improvement.

measure outcomes in line with

Best Value'. There has been

implementing these areas for

included 11 areas for

need to 'develop better

Issue/risk



Recommendation

	Kooominonaaton	action/tim
2020/21 budget	The 2020/21 budget should be reviewed to reflect the impact of COVID-19.	The budget is
The 2020/21 budget was balanced but this relies on the delivery of £1.9 million in savings. Significant revisions to the budget may be required due to the financial impact of COVID-19.		review, toget of non-delive forecast posi the 2020/21 f showing an e overspend of is being close view to budg
Risk: the budget is		will be require
identified savings.	hievable without further ified savings.	Responsible
		Chief Officer Officer
		Target comp
		Continuing th
Medium-term financial plan	The IJB's medium-term financial plan should be	The medium- will be review
The IJB now has a medium- term financial plan that spans	reviewed due to the impact of	2021/22 bud
the period 2019/20 to 2023/24	Covid-19 and EU withdrawal.	Responsible
to reflect the impact of COVID- 19 and EU withdrawal.	•	Chief Officer Officer
Risk: the financial planning		Target comp
assumptions in the medium- term plan may now be inaccurate.		31 March 202
Self-evaluation exercise	The IJB should develop its	The response
A self-evaluation exercise was undertaken and presented to	own assessment of Best Value.	pandemic ha to this. There opportunity to



Agreed management ning

is under continuous ther with the impact erable savings. The ition to the end of financial year is estimated of £0.3 million which selv monitored with a get realignment that red for 2021/22.

e officer:

r / Chief Financial

pletion date:

hroughout 2020/21

n-term financial plan wed as part of the get setting process

e officer:

r / Chief Financial

pletion date:

)21

se to the Covid as delayed attention e will be the opportunity to refocus attention on this, starting with a planned development session for the IJB early in 2021, which would only be delayed again because of a Covid response or particular winter pressures.

Responsible officer:

Chief Officer

Target completion date:

31 March 2021

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Issue/risk



Recommendation



Agreed management action/timing

Risk: the IJB	is unable to
demonstrate	how it delivers
Best Value.	

c/f 4	Financial monitoring reports The financial monitoring	Financial monitoring reports should be reviewed to ensure that the outturn clearly	Monitoring reports will be updated to reflect this recommendation.
	reports treat transfers from reserves as additional in-year	reflects the expected position in the financial statements or	Responsible officer:
	funding. This is inconsistent with the presentation in the	includes a reconciliation	Chief Officer
	financial statements.	should be provided which ensures reserves are not	Target completion date:
	Risk: the financial position of the IJB is unclear.	treated as in-year income.	31 March 2021
c/f 5	Registers of interest	All voting, non-voting and co-	An amended process has been
	All voting, non-voting and co- opted members are required to	opted members should update their registers of	introduced to address this situation.
	complete and update their	interest at least annually and these should be made	Responsible officer:
	register of interests. Our review of the registers of	available on the IJB's	Chief Officer
	interest available on the IJB's	website.	Target completion date:
	website noted that these are still not all up to date.		31 March 2021
	Risk the IJB is failing to keep an up to date register of interests.		

Follow up of prior year recommendations

6	Financial monitoring reports	The financial monitoring reports should be reviewed to ensure that the outturn clearly reflects the expected position in the financial statements	Outstanding – refer to point 4 The 2019/20 financial monitoring reports continue to treat transfers from reserves as additional in-year funding.
7	Medium- and long-term financial planning	A long-term financial strategy (5 years +) supported by clear and detailed financial plans (3 years +) should be prepared. This is increasingly important as demand pressures increase, financial settlements continue to reduce, and fundamental service redesign over a longer time frame becomes necessary. Plans should set out scenario plans (best, worst, most likely).	Complete The IJB now has a ten-year Strategic Plan in place, supported by a five-year financial framework which includes detailed scenario planning. This will need to be updated to reflect the impact of COVID-19 and EU withdrawal – refer to point 2 above.

No.

No.	lssue/risk	Recommendation	Agreed management action/timing
8	Registers of interest	All voting, non-voting and co- opted members should update their registers of interest at least annually and these should be made available on the IJB's website.	Outstanding – refer to point 5 The registers of interest available on the IJB's website are still not all up to date.
9	Annual Performance Report	The annual performance report should be published in accordance with the timescale as set out in the 2014 regulations. The contents of the annual performance report should be improved to include information about financial performance analysed by locality.	Complete The reporting deadline for the annual performance report was extended by the Scottish Government due to COVID-19. The IJB's report was published on 12 August 2020. Financial performance is still not analysed by locality in the annual performance report.

Appendix 2 Significant audit risks identified during planning

The table below sets out the audit risks we identified during our planning of the audit and how we addressed each risk in arriving at our conclusion. The risks are categorised between those where there is a risk of material misstatement in the annual report and accounts and those relating our wider responsibility under the <u>Code of Audit Practice 2016</u>.

Audit risk Assurance		Assurance procedure	Results and conclusions
Ri	sks of material misstatement	in the financial statements	
1	Management override of controls Auditing Standards require that audits are planned to consider the risk of material misstatement caused by fraud, which is presumed to be a significant risk in any audit. This includes the risk of management override of controls to change the position disclosed in the financial statements.	Assurance from partner body auditors on the accuracy and completeness of year-end financial reports. Check accuracy and completeness of the consolidation of financial reports from partners. Detailed testing of significant adjustments at year end. Review financial monitoring reports during the year.	The partner body auditors provided assurances on the accuracy and completeness of the financial reports used to prepare the accounts. We agreed the consolidation schedule to financial reports from partners and no issues were identified. We tested significant year-end adjustments and no issues were identified.
			The financial position was supported by reporting during the year.
			Conclusion: we did not identify any incidents of management

Risks identified from the auditor's wider responsibility under the Code of Audit Practice

2 Risk to financial sustainability

Recent financial monitoring reports forecast a £1.7 million overspend (after application of strategic funds and ring-fenced reserves) for 2019/20 which will require to be funded by partner bodies. A shortfall of £1 million in savings set out in the financial recovery plan agreed in November 2018 has contributed to this overspend.

There is a risk that the recovery plan's savings are not achievable and that without any reserves to fall back on the current service is not financially sustainable. Review the newly developed 10-year Strategic Plan and associated medium-term financial framework for reasonableness.

Review financial monitoring reports during the year, and progress against the recovery plan.

Consider the 2020/21 revenue budget and plans to address any funding gap which may arise. The financial assumptions built into the medium-term financial framework were judged to be reasonable, but it now needs to be updated to reflect the financial impact of Covid-19 and EU Withdrawal. We made a recommendation to complete this in Appendix 1.

override of controls

Budgetary control was robust throughout 2019/20, with only minor disruptions to reporting arising from Covid-19. Savings identified in the recovery plan were not fully achieved due to the impact of Covid-19 – slippage against strategic funds continues to constitute a significant proportion of projected savings, meaning that this is being used to

A	udit risk	Assurance procedure	Results and conclusions
	In previous years we have recommended that a long-term		support core services rather than fund strategic change.
	financial strategy (5 years +) should be prepared. In October 2019, the IJB agreed a medium term (3-5 years) financial framework to support the new Strategic Plan.		A budget was agreed for 2020/21, but successful achievement of this is dependent on realising £1.9 million of savings. There is significant uncertainty over the achievement of some of these
There is a risk that the underlying assumptions in the financial framework are not reasonable, and that the IJB is			savings as the financial impact of Covid-19 takes effect. We made a recommendation to complete this in <u>Appendix 1</u> .
	not able to adequately respond to financial risks as they arise.		Conclusion: the short-term financial sustainability of the IJB is uncertain based on savings targets, planned use of strategic funds to support core services and relatively low levels of reserves
3	Risk to effective financial management	Review financial monitoring during the year and report	The IJB benefits from a robust financial monitoring process, but
	Last year we reported that the financial monitoring reports treat transfers from reserves as	progress against the 2018/19 audit recommendation.	financial reports continue to treat transfers from reserves as additional in-year funding.
	additional in-year funding which makes it difficult to reconcile the projected outturn position with the disclosures made in the financial statements. There is a		Limited progress has been made against audit recommendations from prior years. We made a further recommendation to complete this in <u>Appendix 1</u> .
	risk that financial pressures are not identified and managed in a timely manner if the financial position reported throughout the year does not reflect the expected position in the financial statements.		Conclusion: the IJB has an effective financial monitoring process in place but needs to improve how funding from reserves is reflected in monitoring reports.

Appendix 3 Summary of national performance reports 2019/20



Moray Integration Joint Board DRAFT 2019/20 Annual Audit Report

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REPORT TO: MORAY INTEGRATION JOINT BOARD ON 26 NOVEMBER 2020

SUBJECT: 2019/20 AUDITED ANNUAL ACCOUNTS

BY: CHIEF FINANCIAL OFFICER

1. <u>REASON FOR REPORT</u>

1.1 To submit to the Moray Integration Joint Board (MIJB) the Audited Annual Accounts for the year then ended 31 March 2020.

2. <u>RECOMMENDATION</u>

2.1 It is recommended that the MIJB consider and approve the Audited Annual Accounts for the financial year 2019/20.

3. BACKGROUND

- 3.1 The Unaudited Annual Accounts for 2019/20 were submitted to the meeting of the Moray Integration Joint Board (MIJB) on 30 July 2020 prior to submission to external audit (paragraph 7 of the Minute refers).
- 3.2 The Annual Accounts have been prepared in accordance with International Financial Reporting Standards and the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014 and the Local Government in Scotland Act 2003.

4 KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 The audit undertaken by the Board's External Auditors, Audit Scotland is now complete. The External Auditors have expressed unqualified opinions in respect of the financial statements, the remuneration report, the management commentary and the annual governance statement. The 'Independent Auditor's Report to the Members of the Moray Integration Joint Board and the Accounts Commission is included within the audited Annual Accounts and can be found on page 31. The audited Annual Accounts are attached at **Appendix 1**.





- 4.2 The audit process highlighted changes to be made to the accounts which in the main were presentational and in parallel with expectation following external audit inspection.
- 4.3 The Auditor's Annual Audit Report to the MIJB and the Accounts Commission is the subject of a separate report to this meeting. The report sets out the responsibilities of Audit Scotland as the independent auditor and presents a summary of the findings arising from the 2019/20 audit. The report confirms there are no unadjusted misstatements in the annual accounts to report to those charged with governance.
- 4.4 The Audited Annual Accounts are presented to this meeting for consideration and approval. Thereafter, the Chief Officer, Chief Financial Officer and the Chair of the Board will sign the accounts prior to submission to Audit Scotland.

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 Audited Annual Accounts have been completed within the statutory timescales permitted under the Coronavirus (Scotland) Act 2020 and are being presented for consideration and sign off.

(b) Policy and Legal

The Public Bodies (Joint Working) (Scotland) Act 2014 requires that the MIJB is subject to the audit and accounts provisions of a body under Section 106 of the Local Government (Scotland) Act 1973. In addition, the Coronavirus (Scotland) Act 2020 has been adhered allowing statutory reporting deadlines to be flexed.

(c) Financial implications

The adjustments and revisions made to the Annual Accounts following the external audit had no financial impact on the MIJB.

(d) Risk Implications and Mitigation

There are no risk issues arising directly from this report. The work undertaken by Audit Scotland provides assurance to the Board that the Annual Accounts for 2019/20 give a true and fair view in accordance with applicable law and the 2019/20 Code of the state of affairs of the MIJB as at 31 March.

(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 is no resultant change in policy.

(h) Consultations

In preparation of the Annual Accounts, consultations have taken place between finance staff of both Moray Council and NHS Grampian who are in agreement within their areas of responsibility. The Chief Officer has been consulted and comments have been considered.

6 <u>CONCLUSION</u>

6.1 Following a completed external audit process and an unqualified opinion being received. The Audited Annual Accounts are presented here for approval and formal sign off.

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

Moray Integration Joint Board



Annual Accounts

for the year ended **31 March 2020**

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Chief Financial Officer to the Moray Integration Joint Board, High Street, Elgin, IV30 1BX





accountancy.support@moray.gov.uk

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MORAY INTEGRATION JOINT BOARD MEMBERS

Voting Members

Jonathan Passmore (Chair)	The Grampian Health Board
Cllr. Shona Morrison (Vice-Chair)	Moray Council
Sandy Riddell	The Grampian Health Board
Dennis Robertson	The Grampian Health Board
Cllr. Theresa Coull	Moray Council
Cllr. Tim Eagle	Moray Council

Non-Voting Members

Simon Bokor-Ingram	Interim Chief Officer
Tracey Abdy	Chief Financial Officer
Jane Mackie	Chief Social Work Officer
Dr June Brown	Lead Nurse
Dr Malcolm Metcalfe	Deputy Medical Director
Dr Lewis Walker	Registered Medical Practitioner
Dr Graham Taylor	Registered Medical Practitioner
Elidh Brown	tsiMoray
Val Thatcher	Public Partnership Forum Representative
Ivan Augustus	Carer Representative
Steven Lindsay	The Grampian Health Board Staff Partnership Representative
Karen Donaldson	UNISON, Moray Council

Co-Opted Members

Sean Coady	Head of Service and IJB Hosted Services
Christopher Littlejohn	Deputy Director of Public Health

MANAGEMENT COMMENTARY

The Role and Remit of the Moray Integration Joint Board

The Public Bodies (Joint Working) (Scotland) Act 2014 required that Moray Council and the Grampian Health Board prepared an Integration Scheme for the area of the local authority detailing the governance arrangements for the integration of health and social care services. This legislation resulted in the establishment of the Moray Integration Joint Board (MIJB) that became operational from 1 April 2016. Moray Council and Grampian Health Board, as the parties to the Integration Scheme, each nominate three voting members to the MIJB. Three elected members from Moray Council and three Grampian Health Board members (one executive and two non-executives).

Under the Public Bodies (Joint Working) (Scotland) Act 2014, a range of health and social care functions have been delegated from Moray Council and Grampian Health Board to the MIJB who has assumed responsibility for the planning and operational oversight of delivery of integrated services. MIJB also has a role to play in the strategic planning of unscheduled acute hospital based services provided by Grampian Health Board as part of the 'set aside' arrangements.

Hosted services also form part of the MIJB budget. There are a number of services which are hosted by one of the 3 IJB's within the Grampian Health Board area on behalf of all the IJBs. Responsibilities include the planning and operational oversight of delivery of services managed by one IJB on a day to day basis. MIJB has responsibility for hosting services relating to Primary Care Contracts and the Grampian Medical Emergency Department (GMED) Out of Hours service.

Key Purpose and Strategy

With our Strategic Planning and Commissioning Group, we reviewed our first Strategic Plan 2015-18, considering the progress we had made towards the outcomes and strategic priorities we set for ourselves. As with all health and social care systems Moray is facing increasing demand for services at the same time as resources – both funding and workforce availability – are under pressure. These challenges will intensify in the coming years as our population ages and more people with increasing complex needs require support to meet their health and care needs.

To meet the challenges identified in the Joint Strategic Needs Assessment, we set our sight on transforming the health and care system through the delivery of a new 10 year Strategic Plan to which all stakeholders contributed. This sets out the redefined vision of the MIJB and the key priorities we will focus on in the short, medium and longer term to deliver integrated services which ensure people get the best possible experience and which enable them to achieve improved outcomes.

Following consultation, the plan - Moray Partners in Care – was launched following consultation on 19 December 2019 and emphasises the strength of integration. In addition to our two main partners - the Local Authority and NHS - the IJB recognises the importance of the Third Sector and Independent Care Sector in facilitating the successful operation of the partnership of Health & Social Care Moray.



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The Plan sets out the key aims of the MIJB and the Health and Social Care Partnership to work closely with communities and key partners to reform the system of health and care in Moray, ensuring it is sustainable in the future and is able to respond to the presenting needs of the population.

Building on what we already know, three strategic themes have been identified where effort will be directed that will allow us to excel on health and wellbeing. The themes are closely linked and improvements in one area will influence positively on the others. The three themes identified in the Plan are:

BUILDING RESILIENCE – Taking greater responsibility for our health and wellbeing

HOME FIRST – Being supported at home or in a homely setting as far as possible

PARTNERS IN CARE – Making choices and taking control over decisions

The Plan purposefully places an emphasis on prevention activities and seeks to prioritise these activities as a long term goal, actively pursuing good health and wellbeing for the population, this will mean increased investment in this area of work. It highlights the HOMEFIRST approach and the rationale for this is to assist people in understanding that "hospital is not always the best place for people", a statement frequently used and in particular if you are frail and elderly can be counter intuitive to a successful recovery. The requirement for a robust and comprehensive plan to respond to the threat posed by Covid-19 has seen a rapid shift and acceleration to a community based approach, something we had aspired to but which may have taken some years to come to fruition. Instead with the need to plan for a pandemic the action has been swift, and we now have a new starting point which will be built on going forwards, using Home First as the basis for continued decision making

Population

Moray's population has grown significantly in recent years from 87,160 in 1997 to 95,820 in 2019. This is an increase of 0.3% from 2018. The population growth in Moray is slowing and it is projected that against the 2018 baseline¹ Moray will be one of the 14 councils in Scotland who will have had a population decline by 2030. This trend is forecast to continue.



¹ <u>https://www.nrscotland.gov.uk/files//statistics/nrs-visual/sub-nat-pop-proj-18/pop-proj-principal-2018-infographic.pdf</u>

The table below sets out projected population growth based on the 2018 baseline. Across Scotland there is a projected reduction in children, limited change in the working age population, but significant growth in adults of pensionable age. By comparison it is projected that Moray will have a greater decrease in children, a marked decrease in those of a working age, but a significantly higher change in those of a pensionable age.



Life Expectancy

Typically, people in Moray of both sexes have a greater life expectancy at birth than their counterparts across Scotland.²

Life expectancy at birth, comparison between Moray and Scotland 2016-18 (NRS)

- Females in Moray have a life expectancy of 81.7 which is 0.6 years greater life expectancy than females in Scotland (81.1), on average
- Males in Moray have a life expectancy of 79 which is 1.9 years greater life expectancy than males in Scotland (77.1), on average

² <u>https://www.nrscotland.gov.uk/files//statistics/life-expectancy-areas-in-scotland/16-18/life-expectancy-16-18-publication.pdf</u>

The MIJB, commissioned a strategic needs assessment to support the development of this Strategic Plan in order to put into context and align its priorities in respect of population trends and life expectancies of the people of Moray.

Performance is reported quarterly to the Audit, Performance and Risk Committee of the MIJB. In addition to the quarterly reporting, there is a requirement under the Public Sector (Joint Working) (Scotland) Act 2014 for the MIJB to produce and publish an Annual Performance Report setting out an assessment of performance in planning and carrying out the delegated functions for which they are responsible. The Annual Performance Report is due to be published by 31 July each year and is published on the Health & Social Care Moray website: Annual Performance Report - Health & Social Care Moray

One of the major aims of integration and a key measurable target for MIJB is to reduce the number of Moray residents that are ready to be sent home from hospital but have been delayed in this process. This is referred to as a 'delayed discharge'. Delayed discharge can occur due to a number of reasons but quite often involves the onward provision of social care which can be complex in nature. The table below notes performance over a two year period showing the number of delayed discharge bed days occupied increasing from 1,161 in June 2017 to 1,208 in March 2020. However, the trend is not linear and this remains an area of high operational priority.

The Number of Bed Days Occupied by Delayed Discharges (inc code 9) 18+ per 1,000 population			
Jun 19	Sept 19	Dec 19	Mar 20
768	751	971	1,208
Jun 18	Sept 18	Dec 18	Mar 19
1,008	1,276	1,070	926
Jun 17	Sept 17	Dec 17	Mar 18
1,161	749	823	1,089

In relation to occupied bed days it is encouraging to note that the rate of emergency occupied bed days for over 65's per 1000 population has reduced every quarter from June 2017 to September 2019 and despite increasing again in the last six months of the financial year is still below the March 2019 figure. A significant factor in this improvement has been due to the introduction of a new target operating model and increased expertise around older people in Dr Gray's and the community hospitals, with the aim of no delays, getting people home quickly and ensuring they maintain their independence.

Rate of Emergency Occupied Bed Days for over 65's per 1000 Population					
Jun 19	Sept 19	Dec 19	Mar 20		
2,117	2,097	2,112	2,173		
Jun 18	Sept 18	Dec 18	Mar 19		
2,380	2,375	2,344	2,274		
Jun 17	Sept 17	Dec 17	Mar 18		
2,558	2,531	2,495	2,444		

Another local indicator is 'Accident & Emergency percentage of people seen within 4 hours, within community hospitals'. MIJB has retained 100% performance during 2018/19 against this target.

Celebrating Success

During the year, there has been some real achievements, worthy of highlighting:

There was widespread recognition of a progressive housing partnership project that supported four men with learning disabilities to move into their own homes in the heart of their community. The men, aged from 31 to 60, had previously been living in shared homes in Fochabers with communal dining and living areas. It was identified that this was no longer fit for purpose, with the buildings needing extensive work in order to provide an environment in which the men would flourish. Through our collaboration and partnership with Community Integrated Care, Osprey Housing, the individuals and their families, it was agreed to move to a progression focussed model of supported living which offers greater choice, control, privacy and independence over how care and support needs are met.

The move to their new self-contained apartments in Fochabers and to a Supported Living model of care is a huge development, making the men tenants in their own homes for the first time. It marks the beginning of a very exciting future, with a greater sense of independence and choice, as well as a wealth of new life skills, including doing their own cooking, laundry and cleaning for the first time.



Tenant pictured here with partnership staff from Osprey Housing, Community Integrated Care and Health and Social Care Moray

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Health and Social Care Alliance Scotland

The organisation Health and Social Care Alliance Scotland is a national third sector intermediary for a range of health and social care organisations. Recognising the need to support and strengthen the ability of people to manage their long term conditions, the Scottish Government has invested £270 million over the last 10 years in the Self-Management Fund to invest in projects designed to address the wide range of activities and diversity required in supporting people living with long term conditions.

Staff from the Community Development Team joined members of the Moray Be Active Life Long (BALL) Groups to travel to Edinburgh in October for the Health and Social Care Alliance Scotland where they were crowned Self-Management Project of the Year 2019.



BABY STEPS

Baby Steps, our award winning Health and Wellbeing programme for pregnant women with a BMI \geq 30, is now in its third year, with 16 cycles of the 8 week midwife led programme being delivered. Baby Steps is a fun, free interactive programme that aims to support women to take small steps towards a healthier pregnancy, which includes gentle exercise and practical food skills.



Baby Steps won the Inkwell Choice Award for community engagement and partnership working

In addition, the commitment and dedication of Kirsteen Carmichael (Baby Steps midwife) was recognised nationally as one of the three finalists in the Scottish Health Awards 2019 in the Midwife Category. Kirsteen's positivity, professionalism and ability to motivate others has shone throughout the programme development.

Sammy Morrison (Child Healthy Weight Coach), Laura Sutherland (Health & wellbeing Team Lead) and Kirsteen Carmichael (Baby Steps Midwife) celebrating at the Scottish Health Awards



Financial Review and Performance

Financial performance forms part of the regular reporting cycle to the MIJB. Throughout the year the Board, through the reports it receives is asked to consider the financial position at a given point and any management action deemed as necessary to ensure delivery of services within the designated financial framework. From the mid-point in the financial year, the Board was presented with financial information that forecast a likely overspend position at the end of the year.

The financial recovery plan was agreed in November 2018, here it was acknowledged that service redesign takes time to implement whilst ensuring the wellbeing of the population, as such a high level plan for recovery over the years 2019/20 to 2021/22 was agreed.

The total recovery plan agreed was £3,070,000 and progress against this plan was reported during the financial year. The final outturn for 2019/20 was £2,073,000, therefore £997,000 improvement on 2018/19. Monitoring and reporting progress of the plan will continue in 2020/21.

The table below summarises the financial performance of the MIJB by comparing budget against actual performance for the year.

Service Area	Budget £000's	Actual £000's	Variance (Over)/ under spend	Note
Community Hospitals	5,092	5,466	(374)	1
Community Health	4,778	4,738	40	
Learning Disabilities	7,062	7,481	(419)	2
Mental Health	8,372	8,568	(196)	
Addictions	1,116	1,048	68	
Adult Protection & Health Improvement	148	151	(3)	
Care Services Provided In-House	15,959	15,514	445	3
Older People Services & Physical & Sensory Disability	16,789	18,636	(1,847)	4
Intermediate Care & OT	1,555	1,736	(181)	
Care Services Provided by External Contractors	8,972	9,060	(88)	
Other Community Services	7,860	7,712	148	
Administration & Management	3,296	2,933	363	
Primary Care Prescribing	16,905	17,573	(668)	5
Primary Care Services	16,757	16,555	202	
Hosted Services	4,291	4,671	(380)	
Out of Area Placements	669	807	(138)	
Improvement Grants	925	933	(8)	
Total Core Services	120,546	123,582	(3,036)	
Strategic Funds	2,018	1,055	963	
TOTAL EXPENDITURE (before set aside)	122,564	124,637	(2,073)	
IN-YEAR INCOME (before set aside) DEFICIT FUNDING	(122,307)	(122,494)	187	
Expenditure to be Funded from Earmarked Reserves	257	(2,073) 70	2,073 187	

MIJB's financial performance is presented in the comprehensive income and expenditure statement (CIES), which can be seen on page <u>35</u>. At 31 March 2020 there were usable reserves of £0.187m available to the MIJB, compared to £0.257m at 31 March 2019. These remaining reserves of £0.187m are earmarked for the Primary Care Improvement Plan (£125k) and Action 15 (£62k) as this is Scottish Government ring-fenced funding to support the Primary Care Transformation Programme and Mental Health Strategy respectively. Significant pressures on the budget were notably:

Note 1 Community Hospitals – The Community Hospitals budget was overspent by £374k to the year-end. The main overspends relates to community hospitals in Buckie, Aberlour and Keith, offset by a small underspend in the Dufftown facility. Community hospitals generally continue to be challenged with staffing to the required level to run safely the bed complement. In Speyside, this includes the community hospitals in Dufftown and Aberlour where attempts to stabilise the trained staff complement have been a constant issue and the staff have been working across sites as a means of ensuring some resilience. Long term sickness has also been a factor. The increased use of bank staff weighs heavily on the overspend position. Work into the remodelling of Community Hospitals is underway.

Note 2 Learning Disabilities – The Learning Disability (LD) service is overspent by £419k at the end of 2019/20. The overspend primarily relates to day services and the purchase of care for people with complex needs, which includes young people transitioning from children's services. The increasing use of day service provision is to ensure that all service users with a level of need have structured day time activity. The LD team are aware that without appropriate structure and routine, many of our service users will exhibit challenging behaviours which are costly to manage and are not desirable from the perspective of people's life experiences and human rights. Such behaviour has a big impact on carers, both family and the LD team experience indicates that the management of such behaviour is almost inevitably more expensive than a proactive approach.

The whole system transformational change programme in learning disabilities helps to ensure that every opportunity for progressing people's potential for independence is taken, and every support plan involves intense scrutiny which in turn ensures expenditure is appropriate to meeting individual outcomes.

Note 3 Care Services Provided In-House - This budget was underspent by £445k at the end of the year. The most significant variance is due to the staffing element within Care at Home services for all client groups. Supported Living services which include Waulkmill and Woodview are also underspent significantly. The underspend is being reduced in part by overspends in Day Services for all client groups which is primarily due to client transport.

Note 4 Older People Services and Physical & Sensory Disability – This budget is overspent by £1.847m at the end of the year. The year-end position includes an over spend for domiciliary care in the area teams, which includes the Hanover complexes for the new sheltered housing at Forres and Elgin. Income recovery also contributed to the significant overspend. There has been a reduction in spend in relation to permanent care which reflects the MIJB's aims to shift the balance of care and support people to remain in their homes for longer. The overspend is also representative of the true cost of care and the growth in demand.

Note 5 Primary Care Prescribing – The primary care prescribing budget is reporting an over spend of £668k for the twelve months to March 2020. The budget to March includes an inyear uplift of £556k identified from within Moray IJB 19/20 funding resources and now allocated to prescribing. This seeks to address the recommendations made by the Grampian Medicines Management group to the MIJB based on rising costs and demand. This out turn includes a volume increase of 2.1% which reflects the national prescribing pattern after a period of two

years where volume increase has been negligible. In addition, a further adjustment of 2.1% increase has been made to address the Impact of Covid-19 in March where volume increase in Month was estimated at 20%. Additional funding allocation was received from the Scottish Government to offset this impact in March although this is planned to be recovered in 20/21 as offsetting decrease in volume is anticipated. Other national factors include, variance in prices arising from shortage in supply and the timing and impact of generic medicines introduction following national negotiations also impact on the position. Locally, medicines management practices continue to be applied on an ongoing basis to mitigate the impact of external factors as far as possible and to improve efficiency of prescribing both from clinical and financial perspective.

Set Aside - Included within the Comprehensive Income & Expenditure Account is £12.252m for Set Aside services. Set Aside is an amount representing resource consumption for large hospital services that are managed on a day to day basis by the NHS Grampian Acute Sector or Mental Health Service. MIJB has a responsibility for the strategic planning of these services in partnership with the Acute Sector.

Set Aside services include:

- Accident and emergency services at Aberdeen Royal Infirmary and Dr Gray's inpatient and outpatient departments;
- Inpatient hospital services relating to general medicine, geriatric medicine, rehabilitation medicine, respiratory medicine, learning disabilities, old age psychiatry and general psychiatry; and
- Palliative care services provided at Roxburgh House Aberdeen and The Oaks Elgin

The budget allocated to Moray is designed to represent the consumption of these services by the Moray population. In February 2020, the Information Services Division (ISD) provided health boards with updated set aside activity for the 2018/19 financial year. This information has been updated to provide set aside budgets for the 2019/20 financial year and can be summarised as follows:

	2019/20	2018/19	2017/18
Budget	12.252m	11.765m	10.593m
Number of Bed Days and A&E Attendances		47,047	48,283

Applying 2018/19 direct costs to convert activity provides a revised 2019/20 budget of £12.252m.

Risks, Uncertainties and Future Developments

The MIJB Chief Officer has a responsibility to maintain a risk strategy and risk reporting framework. Risks inherent within the MIJB are monitored, managed and reported at each meeting of the Audit, Performance and Risk Committee. In addition, a risk action log is monitored and managed by the Senior Management Team.

The key strategic risks of the MIJB classed as 'High' and 'Very High' are presented below:

VERY HIGH

<u>**Risk 1**</u> There is a risk of MIJB financial failure in that the demand for services outstrips available financial resources. Financial pressures being experienced both by the funding Partners and Community Planning Partners will directly impact on decision making and prioritisation of MIJB.

<u>Mitigating Actions</u> - Risk remains of the challenge that the MIJB can deliver transformation and efficiencies at the pace required. Financial information is reported regularly to both the MIJB, Senior Management Team and System Leadership Group.

The Chief Officer and Chief Financial Officer (CFO) continue to engage in finance discussions with key personnel of both NHS Grampian and Moray Council. These conversations continue following the 2019/20 outturn position and as we respond to the Covid-19 pandemic.

Chief Officer and CFO continue to engage with the partner organisations in respect of the financial position throughout the year with a focus on the savings plan. Cross partnership finance meetings have been put in place on a quarterly basis with partner CEOs, Finance Directors and the Chair/Vice Chair of the MIJB.

The MIJB is acutely aware of the recurring overspend on its core services and continues to work to address this underlying issue.

HIGH

<u>Risk 2 -</u> Inability to recruit and retain qualified and experienced staff to provide safe care, whilst ensuring staff are fully able to manage change resulting from Integration.

<u>Mitigating Actions</u> - System re-design and transformation. Support has been provided from NHSG with transformation and our co-ordinated working with Dr Gray's in a one system – one budget approach through the Moray Alliance. The Organisational Development Plan and Workforce plan have been updated and approved by the MIJB in November 2019. All Locality Managers are now in post with effect from January 2020. Lead Managers are involved in regional and national initiatives to ensure all learning is adopted to improve this position. Lead Managers and Professional Leads are linked to University Planning for intakes and programmes for future workforce development.

HIGH (continued)

<u>**Risk 3**</u> - Inability to cope with unforeseen external emergencies or incidents as a result of inadequate emergency and resilience planning.

<u>Mitigating Actions –</u> Information from the Business Impact Assessment/Business Continuity Plans has formed elements of the Winter Plan (Surge Plan). A Friday huddle is in place which gathers the status of services across the whole system to provide information and contact details to the Senior Manager on Call (SMOC) over the weekend. NHS Grampian have amended their approach to Pandemic preparation so the Health and Social Care Moray (HSCM) Pandemic plan requires redrafting and testing.

Practitioner group established for Moray with representation from HSCM, Dr Gray's, Moray Council and NHSG to discuss matters arising from the Local Resilience Forum and within our respective organisations. In addition it will provide a forum for discussion of the linkages between organisational response plans to ensure there are no gaps or over reliance on particular local resources.

<u>**Risk 4**-</u> Inability to achieve progress in relation to national Health and Wellbeing Outcomes. Performance of services falls below acceptable level.

<u>Mitigating Actions –</u> Service managers monitor performance regularly with their teams and escalate any issues to the Performance Management Group for further discussion to provide wider support, developing shared ownership and a greater understanding across the whole system.

<u>**Risk 5**</u> - Requirements for support services are not prioritised by NHS Grampian and Moray Council.

<u>Mitigating Actions –</u> Monitoring/managing of risks through the Infrastructure Programme Board. Membership reviewed and revised to ensure representation of all existing infrastructure processes and funding opportunities. Process for ensuring infrastructure change/investment requests developed and the Infrastructure Manager linked into Asset Management Planning within NHSG & Moray Council to ensure level of 'gatekeeping'.

Dr Gray's site development plan is being produced collaboratively with input from NHSG and HSCM management

The MIJB has been operational since 1 April 2016, in what is considered still to be very early days of development, we have the opportunity to continue to refine and embed our governance process as we to strive to deliver on the policy objectives set out in the legislation surrounding health and social care integration.

Development Aims for 2020/21

In October 2019, the MIJB approved its second iteration of its Strategic Plan which provides the direction of the MIJB for the next ten years through its three key aims. This has been an extensive piece of work involving all key stakeholders to ensure we have a plan that will support us to deliver on our long term ambitions. The Plan was formally launched in December 2019 and is supported by a Transformation Plan, Medium Term Financial Framework, Performance Management Framework and Organisational Development & Workforce Plan.

COVID-19

The impact of the Covid-19 pandemic has meant a temporary suspension of various functions including the meeting of the Strategic Planning & Commissioning Board which has created a delay in embedding the transformation processes designed to support the delivery of the overarching Strategic Plan 2019-29 'Partners in Care'. However, the planning and delivery to meet the threat of Covid-19 has led to some rapid change, which with the threat of Covid-19 remaining, has created a new starting point. Home First is now the over-arching project to embed change going forwards, to ensure that in a new environment we can continue to meet health and care needs safely, and can react to further waves of Covid-19; winter pressures; and future unknown events. Due to this, the Strategic Plan 2019-29, the Medium Term Financial Strategy and other supporting plans will need to be revisited.

Joint Workforce Planning is being undertaken albeit currently suspended due to the Covid-19 Pandemic and the joint workforce forum which was re-established in September 2019 was suspended in March but will meet again later this month.

As the organisation progresses through the Covid-19 response, efforts have been made to capture learning from this experience and this will inform our approach to delivery of the strategic objectives outlined in the plan.

In addition we will seek to:

- Continue to improve our performance reporting by embedding a revised reporting format, ensuring this is adequate to measure performance against our Strategic Plan;
- Define outcome measures and be able to measure these effectively;
- Create strategic planning capacity at a senior level with an adequate supporting structure;
- Develop systems leadership further;
- Embed the Home First approach;
- Improve the invest to save decision making;
- Develop better business case approaches;
- Following the successful recruitment to Locality Manager posts, a focus is now required to align services and financial resources;
- Continue to build effective relationships and work closely within the North East Partnership to maximise opportunities across the Grampian region.

Disclosure – late in the 2019/20 financial year, Pamela Dudek was successful in obtaining a secondment opportunity to take up the position of Deputy Chief Executive in NHS Highland. In response to this, a formal appointment by the MIJB to the position of Interim Chief Officer was made. Simon Bokor-Ingram was successful and joined the MIJB as of 20th April 2020.

Dennis RobertsonSimon Bokor-IngramTracey AbdyChair of Moray IJBInterim Chief OfficerChief Financial
Officer

26 November 2020

STATEMENT OF RESPONSIBILITIES

Responsibilities of the MIJB

- To make arrangements for the proper administration of its financial affairs and to secure that it has an officer responsible for the administration of those affairs. In Moray Integration Joint Board, that officer is the Chief Financial Officer;
- To manage its affairs to achieve best value in the use of its resources and safeguard its assets;
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014) and the Coronavirus (Scotland) Act, and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003); and
- To approve the Annual Accounts.

Dennis Robertson

Chair of Moray IJB

26 November 2020
STATEMENT OF RESPONSIBILITIES (continued)

Responsibilities of the Chief Financial Officer

The Chief Financial Officer is responsible for the preparation of the Moray Integration Joint Board's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Code).

In preparing the Annual Accounts the Chief Financial Officer has:

- Selected suitable accounting policies and applied them consistently;
- Made judgements and estimates that were reasonable and prudent;
- Complied with legislation; and
- Complied with the local authority code (in so far as it is compatible with legislation)

The Chief Financial Officer has also:

- Kept proper accounting records which were up to date; and
- Taken reasonable steps for the prevention and detection of fraud and other irregularities.

I certify that the financial statements give a true and fair view of the financial position of the Moray Integration Joint Board for the year ending 31 March 2020 and the transactions for the year then ended.

Tracey Abdy CPFA

Chief Financial Officer

26 November 2020

REMUNERATION REPORT

Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014 (SSI2014/200) as part of the MIJB annual accounts. This report discloses information relating to the remuneration and pension benefits of specified MIJB members.

All information disclosed in the tables is subject to external audit. Other sections within the Remuneration Report will be reviewed for consistency with the financial statements.

Moray Integration Joint Board

The voting members of MIJB are appointed through nomination by Moray Council and the Grampian Health Board. There is provision within the Order to identify a suitably experienced proxy or deputy member for both the voting and non-voting membership to ensure that business is not disrupted by lack of attendance by any individual.

MIJB Chair and Vice-Chair

Nomination of the MIJB Chair and Vice-Chair post holders alternates every 18 months between a Councillor and a Health Board non-executive member.

The MIJB does not provide any additional remuneration to the Chair, Vice-Chair or any other board members relating to their role on the MIJB. The MIJB does not reimburse the relevant partner organisations for any voting member costs borne by the partner.

The MIJB does not have responsibilities in either the current or in future years for funding any pension entitlements of voting MIJB members. Therefore no pension rights disclosures are provided for the Chair or Vice-Chair.

Taxable Expenses 2018/19	Name	Position Held	Nomination By	Taxable Expenses 2019/20
£				£
Nil	Jonathan Passmore*	Chair 01/10/19 to Present Vice-Chair 28/11/18 to 1/10/19	Grampian Health Board	Nil
Nil	Cllr Shona Morrison	Vice-Chair 01/10/19 to Present Chair 13/6/18 to 1/10/19	Moray Council	Nil

*Jonathan Passmore stepped down from the MIJB in September 2020. He was replaced by Dennis Robertson in a Co-Chair capacity who was then formally appointed as Chair at a meeting of the MIJB on 24 September 2020.

REMUNERATION REPORT (continued)

Officers of the MIJB

The MIJB does not directly employ any staff in its own right; however specific post-holding officers are non-voting members of the Board.

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the integration joint board has to be appointed and the employing partner has to formally second the officer to the Board. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the Board.

Other Officers

No other staff are appointed by the MIJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

Total 2018/19	Senior Employees	Salary, Fees & Allowances	Taxable Expenses	Total 2019/20
£		£	£	£
98,245	Pamela Dudek Chief Officer	101,244	0	101,244
60,168	Tracey Abdy Chief Financial Officer	63,721	0	63,721

In respect of officers' pension benefits, the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the MIJB balance sheet for the Chief Officer or any other officers.

The MIJB however has a responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the MIJB. The following table shows the MIJB's funding during the year to support the officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

REMUNERATION REPORT (continued)

	In Year Pension Contributions		Accrued Pension Benefits		
	Year to 31/03/19	Year to 31/03/20		As at 31/03/2020	Difference from 31/03/2019
	£	£		£ 000's	£ 000's
Pamela Dudek Chief Officer	14	21	Pension	37	3
			Lump Sum	81	3
Tracey Abdy Chief Financial	9	13	Pension	16	1
Officer			Lump Sum	18	-

Disclosure by Pay bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Number of Employees in Band 2018/19	Remuneration Band	Number of Employees in Band 2019/20
1	£60,000 - £64,999	1
1	£95,000 - £99,999	-
-	£100,000 - £104,999	1

Exit Packages

There were no exit packages agreed by the MIJB during 2019/20 financial year, or in the preceding year.

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Dennis Robertson

Chair of Moray IJB

Simon Bokor-Ingram

Interim Chief Officer

26 November 2020

ANNUAL GOVERNANCE STATEMENT

The Annual Governance Statement describes the Moray Integration Joint Board's (MIJB) governance arrangements and reports on the effectiveness of the MIJB's system of internal control.

Scope of Responsibility

The MIJB is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards, and that public money is safeguarded and used efficiently and effectively in pursuit of best value.

In discharging its responsibilities in terms of the Public Bodies (Joint Working) (Scotland) Act 2014, the MIJB has established arrangements for its governance which includes the system of internal control. This system is intended to manage risk and support the achievement of the MIJB's policies, aims and objectives. The system provides reasonable but not absolute assurance of effectiveness.

The Governance Framework

The CIPFA/SOLACE framework for 'Delivering Good Governance in Local Government' last updated in 2016 remains current and provides a structured approach in defining seven principles that underpin effective governance arrangements. Whilst the framework is written specifically for Local Government, the principles apply equally to integration authorities, and while the MIJB continues to evolve as an entity in its own right. It continues to draw on the governance assurances of NHS Grampian and Moray Council as its principal funding partners. The MIJB is committed to continuous development of its governance framework through a learning approach given its importance in securing delivery of its objectives and demonstrating best value in its use of resources.

Given the scope of responsibility within the MIJB and the complexities surrounding the assurance arrangements, a Local Code of Corporate Governance has been developed.

This Code outlines the seven governance principles from the CIPFA/SOLACE guidance and provides the sources of assurance for assessing compliance relative to the MIJB, Moray Council and NHS Grampian. These assurances include referencing the governance arrangements of NHS Grampian and Moray Council which are summarised annually and published in their respective Annual Governance Statements which form part of the annual accounts of each organisation. The respective governance statements can be found on the individual organisations websites: Moray Council: <u>Annual Accounts - Moray Council</u> and NHS Grampian: <u>NHS Grampian - Annual Accounts and other Statutory Documents</u>.

The MIJB has assessed the effectiveness of its governance arrangements against the principles set out in the Local Code of Corporate Governance.

Governance Principle 1 – Behaving with integrity, demonstrating strong commitment to ethical values and respecting the rule of law

Assessment of Effectiveness

- The activities of the MIJB are directed by a Board comprising voting and non-voting members. The Board meets every two months and draws its membership from a broad range of sources. Formal Board meetings are augmented by regular development sessions that focus in detail on specific policy issues. The Board is also supported by an Audit, Performance and Risk Committee, and a Clinical and Care Governance Committee, each with a specific remit to support effective governance arrangements.
- The MIJB operates in line with Standing Orders that govern proceedings of the Board and its Committees, and which incorporates the Board's Scheme of Administration that deals with the Board's committee structure and working groups.
- The MIJB has appointed a Standards Officer to support compliance with an ethical standards framework in line with the Ethical Standards in Public Life etc. (Scotland) Act 2000 whereby members of devolved public bodies such as the MIJB are required to comply with Codes of Conduct, approved by Scottish Ministers, together with guidance issued by the Standards Commission.
- A Records Management plan has been finalised and was agreed by the Keeper during the year.

Governance Principle 2 – Ensuring openness and comprehensive stakeholder engagement

Assessment of Effectiveness

- Provision is made within MIJB's Standing Orders for public and press access to meetings and reports. Attendance promotes transparency around decision-making. A specific web-site has been developed for Health and Social Care Moray and is continuously monitored for improvement. Agendas, reports and minutes for all committees can be accessed via the website in addition to all the linked strategies of the MIJB.
- Both the voting and non-voting membership arrangements of the MIJB are in line with the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. The non-voting membership comprises six professional members and five stakeholder members representing: staff, third sector bodies carrying out activities in relation to health and social care, service users and unpaid carers, and two additional non-voting members. The broad membership of the MIJB ensures valued input and engagement from a wide range of stakeholders.
- The Community Empowerment (Scotland) Act 2015 places a statutory duty on MIJB and its Community Planning Partners to engage with communities on the planning and delivery of services and securing local outcomes. The MIJB has an approved Communications and Engagement Strategy which recognises and promotes the active and meaningful engagement with all stakeholders. The strategy has been updated during the year.
- Stakeholder consultation was undertaken as part of the drafting of the Strategic Plan 2019-2029. There was a four week consultation period that engaged with a variety of different groups.

Governance Principle 3 – Defining outcomes in terms of sustainable economic, social and environmental benefits

Assessment of Effectiveness

- A principal focus throughout the year has been on the development of an updated strategic plan for the 2019/22 period. This has been complemented with a medium term financial plan that has highlighted the need for a recovery and transformation programme.
- The plan is underpinned by a performance framework, workforce plan, organisational development strategy, and a communications, engagement and participation plan.
- This suite of documents will support the reconfiguration of services, and is designed to
 optimise service user experiences while addressing the financial challenges facing the
 service.

Governance Principle 4 – Determining the interventions necessary to optimise the achievement of intended outcomes

Assessment of Effectiveness

- The MIJB's decision making process ensures that the members of the Board receive objective and robust analysis of a variety of options indicating how the intended outcomes will be achieved, providing information on the associated risks and opportunities.
- Board papers reflect the broad range of matters under consideration including regular update reports by the Chief Officer on topical matters and agenda items covering opportunities and challenges arising from reconfiguration of services.
- A self-evaluation of progress towards meeting integration objectives was also completed and submitted to the Scottish Government's Ministerial Strategic Group for Health and Community Care, noting that progress was continuing to be made in respect of objectives set by the Group.

Governance Principle 5 – Developing the entity's capacity, including the capability of its leadership and the individuals within it

Assessment of Effectiveness

- The Senior and Operational Management teams have taken part in a Systems Leadership Programme led by The Kings Fund to support the leadership teams with responsibility for delivering integrated services.
- A new Convenor of the Adult Protection Committee was appointed and a selfevaluation exercise conducted. This led to the production of an updated Adult Support and Protection Improvement plan to enhance practice in this area of work.
- Management structures remained under review to ensure they remained fit for purpose, a notable change being the appointment of locality managers with an area focused remit across all service disciplines.

Governance Principle 6 – Managing risk and performance through robust internal control and strong public financial management

Assessment of Effectiveness

- As part of a robust risk monitoring framework, the Strategic Risk Register is reviewed and updated regularly and presented to every Audit, Performance and Risk Committee. A related action log was created for monitoring purposes and is owned and monitored by the Senior Management Team. Risk appetite is an important consideration for the MIJB and a development session was held to create a better understanding of risk tolerance and the trade-offs necessary when dealing with finite resources.
- Performance reporting also falls within the scope of the Audit, Performance and Risk Committee.
- The internal control system links closely with those of the Partners, given their operational remit for delivery of services under direction of the MIJB. The Audit, Performance and Risk committee through its consideration of reports monitors the effectiveness of internal control procedures. The MIJB Chief Internal Auditor undertakes an annual review of the adequacy of internal controls and the opinion is included within this statement.
- The MIJB has an independent S95 Officer who is a member of the MIJB, providing advice on all financial matters and ensure timely production and reporting of budget estimates, budget monitoring reports and annual accounts.

Governance Principle 7 – Implementing good practices in transparency, reporting and audit to deliver effective accountability

Assessment of Effectiveness

- MIJB business is conducted through an approved cycle of Board meetings which are held in public, and the agendas, reports and minutes are available for the public to inspect. There is a standard reporting format in place to ensure consistency of approach and consideration by Members to provide transparency in decision making.
- The MIJB publishes both Annual Accounts and an Annual Performance Report following Board approval.
- Reporting includes the annual report of the Chief Social Work Officer who in her latest comprehensive annual report concluded that 'the Social Work Profession 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'.
- Internal audit terms of reference have been established, and the Chief Internal Auditor reports directly to the Audit, Performance and Risk committee with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Audit, Performance and Risk committee on any matter. The Audit, Performance and Risk Committee approved an Internal Audit Plan presented to it by the Chief Internal Auditor to the MIJB. The plan outlined the planned internal audit coverage for the year. Progress against the Plan has been reported throughout the year.

Review of Adequacy and Effectiveness

The MIJB has a responsibility for conducting, at least annually, a review of the effectiveness of the governance arrangements, including the system of internal control. The review is informed by the work of the Senior Management Team (which has responsibility for the development and maintenance of the internal control framework environment); the work of the Internal Auditors and the Chief Internal Auditor's annual report and the reports from the External Auditor and other review agencies and inspectorates.

Internal Audit Opinion

Internal Audit for the MIJB is delivered by Moray Council's internal audit team and the council's internal audit manager holds the Chief Internal Auditor appointment to the MIJB until 31 March 2022. The Council's internal audit function has adopted the Public Sector Internal Audit Standards, (PSIAS) which require the Chief Internal Auditor to deliver an annual internal audit opinion and report that has been used to inform this governance statement. In April 2019, the Internal Audit service was subject to an external quality assessment. This review concluded that the service conforms in general with the PSIAS's with a number of recommendations for improvement being identified and communicated.

In line with PSIAS, the Chief Internal Auditor prepares a risk based plan for the MIJB which has regard to the internal audit arrangements of both Moray Council and NHS Grampian functions. The plan is reported to the Audit, Performance and Risk Committee and throughout the year update reports are provided to the Committee on delivery of the plan and to inform the annual internal audit opinion. Based on the work completed as outlined below, the Chief Internal Auditor is of the opinion that reasonable assurance can be placed on the adequacy and effectiveness of the MIJB framework of governance, risk management and internal control in the year to 31 March 2020.

The opinion is based on a number of sources:

- Internal audit work completed during the year in line with the agreed audit plan in relation to the MIJB and relevant areas within Moray Council. A planned review of residential care was not taken forward, however recent work in this area disclosed that financial assessment arrangements and payment controls were operating effectively. The scoping of any future review may be wider than an internal audit if directed nationally by government.
- An assurance statement signed by the chief executive of NHS Grampian as to the governance processes adopted by that organisation including certification that no significant control weaknesses were known to management.
- Assurance from Moray Council is obtained through co-location and well established working relationships with the MIJB.
- Internal audit reports relevant to the MIJB prepared by PricewaterhouseCoopers, the appointed internal auditors for NHS Grampian.
- Assurance statements provided by service managers within the MIJB which confirmed, that internal controls were operating effectively within their own areas of responsibility.

Significant matters noted from the audit process arose from an audit of the stores systems utilised to manage stocks of aids and adaptations, where a number of system weaknesses were disclosed. This work was completed during the year and an action plan developed and agreed by management in response to audit recommendations made. With the importance of stock management being brought to the fore during the recent pandemic relative to the control of stocks of Personal Protective Equipment, it is important that stores operate efficiently and effectively going forward. Progress with implementation of the audit recommendations will be monitored during 2020/21.

During the year, a report on an External Quality Assessment (EQA) of the Internal Audit service was received. The EQA requires to be conducted at least once in every five year period to comply with the PSIAS. The report was prepared by an audit team from Fife Council and concluded that the internal audit service 'generally conforms' with the requirement of the standards. An action plan containing recommendations was also provided. The action plan has been and is being used to direct improvements in audit practice with the intention of having agreed actions concluded by 31 March 2021

Prior Year Governance Issues

The Annual Governance Statement for 2018/19 highlighted a number of areas for development in looking to secure continuous improvement. An assessment of progress is provided below:

Area for Improvement Identified in 2018/19	Action Undertaken / Progress Made in 2019/20
The key development for 2019/20 will be the production of the Strategic Plan 2019- 22. This will continue to be a collaborative process involving all key stakeholders to ensure commitment to the success and delivery. The Plan will set out clear priorities which can be measured effectively.	The second iteration of the Strategic Plan was developed over an extended period of time following a decision taken by the MIJB. It was considered key to take the time required to ensure the quality of the MIJB's primary strategic document. Workshops were held throughout 2018 and early 2019 covering a variety of themes and discussions, all of which demonstrated positive engagement. The Plan became a 10 year strategy to guide the principles and aims of the MIJB over the medium term. The Plan was formally launched in December 2019 at an event where key stakeholders and members of the press were invited.
Sustainability and Transformation Plan to be developed and aligned to the Strategic Plan. This will set out a 3-5 year programme of change that will support the redesign of services in response to the Strategic Plan.	Following a period of consultation, the Strategic Plan with supporting documents including the Transformation plan was approved for publication by the MIJB at its meeting of 31 October 2019.
The Medium Term Financial Strategy will be developed and aligned to the Strategic Plan 2019-22.	In October 2019, the MIJB approved the Medium Term Financial Framework 2019/20 – 2023/24 as a supporting document to the Strategic Plan 2019-29.

Area for Improvement Identified in 2018/19	Action Undertaken / Progress Made in 2019/20
 Workforce Plan will be developed in response to the Strategic Plan, setting out the key workforce actions required for future service delivery. The Performance Framework will be further developed in response to the Strategic Plan, supporting the reporting process 	Following the approval of the Strategic Plan in October 2019, a subsequent suite of supporting documents were presented and approved by the MIJB in November 2019 which included the Workforce Plan and the Performance Management Framework.
around the delivery of the Plan. Management structure implementation during the course of 2019/20.	The MIJB approved a revised management structure at its meeting of 28 March 2019. Since the time, progress has been made to ensure the structure is embedded. As of January 2020, the 4 newly created Locality Manager posts had been recruited to and work is in progress to develop locality planning.

Other – Significant Governance Issues

The continued development of a good governance framework remains a priority for the MIJB. The MIJB accepts it is still developing as an organisation and dealing with the added complexities that exist in relation to the partner organisations. The framework is developing in the context of reducing budgets, demographic growth, service redesign, changing management structures and locality planning whilst a focus is retained around both national and local priorities that underpin the legislation.

The MIJB believe that the critical route to defining its governance needs and processes will be through the delivery of its Strategic Plan 2019-29 and the necessity to ensure it sets clear priorities and objectives to enable performance and outcomes to be monitored, reported and considered at every opportunity.

Key Governance challenges going forward will involve:

- Providing capacity to meet statutory obligations whilst managing expectation and rising demand for services;
- As a Board, difficult decisions will require to be made in ensuring we operate within available funding;
- Continue to address our work force challenges in respect of recruitment and retention;
- Continuing to work closely with NHS Grampian and Moray Council to build on existing relationships and establishing collaborative leadership;
- The delegation of Children's services, ensuring the necessary due diligence is undertaken prior to formal delegation;
- The challenges being faced through the current pandemic are expected to be a continued focus for additional scrutiny for an extended period of time.

Further Developments

Following consideration of the review of adequacy and effectiveness, the following action plan has been established to ensure continual improvement of the MIJB's governance arrangements and progress against the implementation of these issues will be assessed as part of the next annual review.

	Areas of focus for 2020/21
1.	 Following the Cabinet Secretary's announcement of 2 June 2020 in relation to health services remaining on an emergency footing for a further 100 days. Three core tasks have been set out nationally that we need to respond to, these being-: Commence work toward delivery of as many of our normal services as possible; in a safe manner, with an immediate focus on the most urgent care requirements Ensure capacity remains available to deal with Covid-19; Begin preparation of our health and care system for the challenges of the next 9 months and particularly the winter season.
2.	Recovery and Renewal - As we progress through this critical phase of the Covid-19 pandemic, it is essential that whilst the priority remains to deliver services safely and effectively in what is clearly a constantly changing landscape, it is recognised that there is need to consider the recovery phase and what our services may look like in the future.
3.	A key development for 2020/21 will be to enhance strategic planning processes to drive and support the delivery of the Strategic Plan in order to strengthen our ability to be agile in a complex and changing landscape and to develop a range of ambitious plans that drive quality, safety, and efficiency.
4.	Financial Planning – the Covid-19 Pandemic has effectively placed a significant risk on the recovery and transformation plan supporting the 2020/21 budget. Urgent attention is required across the whole system to consider both the high risk areas from a financial perspective and the opportunities to draw positively on the experiences arising from our response to the pandemic.
5.	A review of commissioning practice will be required to ensure procurement and contractual considerations and need of service users can be developed at an increased pace given the operational and financial challenges facing the MIJB. Resourcing this will be a key consideration to ensure satisfactory progress is achieved.

COVID-19

The emergence of the Covid-19 pandemic in March 2020 had a significant impact on the MIJB and its approach to dealing with the pandemic and has involved the use of amended governance arrangements granted under delegated powers. Whilst the MIJB has continued to conduct business effectively through the use of technology, temporary delegated authority has been granted to the Chief Officer to take decisions in respect of matters that would normally require Board approval, with those decisions being reported at the earliest opportunity.

Health and Social Care Moray (HSCM) has established an emergency response group that has been operational since the end of March, with frequency of meetings being adapted appropriately dependent on the stage of response. Representation on the emergency response groups of the partner organisations is being provided by HSCM staff, ensuring the necessary links and flow of information to ensure a co-ordinated response on a pan Grampian basis and locally within Moray.

It is likely that the impacts of Covid-19 will be experienced for an extended period of time. The response to the pandemic is changing the way services are being delivered and whilst the effects are challenging, opportunities are being realised in relation to the future provision of health and social care. The navigation continues and it will be necessary in the short term to reconsider the recently approved Strategic Plan 2019-29 'Partners in Care' and its supporting plans accordingly.

Disclosure – late in the 2019/20 financial year, Pamela Dudek was successful in obtaining a secondment opportunity to take up the position of Deputy Chief Executive in NHS Highland. In response to this, a formal appointment by the MIJB to the position of Interim Chief Officer was made. Simon Bokor-Ingram was successful and joined the MIJB as of 20th April 2020.

Statement

In our respective roles as Chair and Chief Officer of the MIJB, we are committed to ensuring good governance and recognise the contribution it makes to securing delivery of service outcomes in an effective and efficient manner. This annual governance statement summarises the MIJB's current governance arrangements, and affirms our commitment to ensuring they are regularly reviewed, developed and fit for purpose. Whilst recognising that improvements are required, as detailed earlier in the statement, it is our opinion that a reasonable level of assurance can be placed upon the adequacy and effectiveness of the MIJB's governance arrangements.

The immediate challenge will be to continue to meet all operational demands during the Covid-19 Pandemic while not compromising the safety of employees and people that use our services; beyond that, pressure on financial settlements is set to continue during the incoming period, and we will continue to engage with our Partners and the wider community to agree plans and outcome targets that are both sustainable and achievable. Taking those forward will be challenging as we aim to fulfil the nine Health and Wellbeing national outcomes and the strategic priorities identified and detailed in our Strategic Plan. Good governance remains an essential focus in delivering services in a way that both meets the needs of communities and discharges statutory best value responsibilities.

Dennis Robertson Chair of Moray IJB

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Simon Bokor-Ingram Interim Chief Officer

26 November 2020

INDEPENDENT AUDITOR'S REPORT

Independent auditor's report to the members of Moray Integration Joint Board and the Accounts Commission

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Moray Integration Joint Board for the year ended 31 March 2020 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20 (the 2019/20 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2019/20 Code of the state of affairs of Moray Integration Joint Board as at 31 March 2020 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2019/20 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the <u>Code of Audit Practice</u> approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was given delegated responsibility as engagement lead and certifying auditor on 10 April 2017. The period of total uninterrupted appointment is four years. I am independent of Moray Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the Moray Integration Joint Board. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

• the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or

INDEPENDENT AUDITOR'S REPORT (continued)

 the Chief Financial Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about Moray Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Risks of material misstatement

I report in a separate Annual Audit Report, available from the <u>Audit Scotland website</u>, the most significant assessed risks of material misstatement that I identified and my conclusions thereon.

Responsibilities of the Chief Financial Officer and Moray Integration Joint Board for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Financial Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Financial Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Financial Officer is responsible for assessing Moray Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

Moray Integration Joint Board is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved. I therefore design and perform audit procedures which respond to the assessed risks of material misstatement due to fraud.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

INDEPENDENT AUDITOR'S REPORT (continued)

Other information in the annual accounts

The Chief Financial Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration Report, and my auditor's report thereon. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with my audit of the financial statements, my responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Report on other requirements

Opinions on matters prescribed by the Accounts Commission

In my opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit; or
- there has been a failure to achieve a prescribed financial objective.

I have nothing to report in respect of these matters.

INDEPENDENT AUDITOR'S REPORT (continued)

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Brian Howarth, Audit Director

Audit Scotland

4th Floor

8 Nelson Mandela Place

Glasgow

G2 1BT

26 November 2020

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

This statement shows the cost of providing services for the year ended 31 March 2020 according to generally accepted accounting practices.

2018/19		2019/20
Net Expenditure		Net Expenditure
£ 000		£ 000
5,383	Community Hospitals	5,466
3,689	Community Nursing	4,738
6,749	Learning Disabilities	7,481
7,720	Mental Health	8,568
1,066	Addictions	1,048
142	Adult Protection & Health Improvement	151
14,427	Care Services Provided In-House	15,514
18,038	Older People & Physical & Sensory Disability Services	18,636
2,197	Intermediate Care and Occupational Therapy	1,736
9,597	Care Services Provided by External Providers	9,060
7,110	Other Community Services	7,712
2,467	Administration & Management	2,933
17,354	Primary Care Prescribing	17,573
15,498	Primary Care Services	16,555
4,175	Hosted Services	4,671
650	Out of Area Placements	807
795	Improvement Grants	933
1,211	Strategic Funds	1,055
11,765	Set Aside	12,252
130,033	Cost of Services	136,889
129,443	Taxation and Non-Specific Grant Income (note 5)	136,819
590	(Surplus) or Deficit on provision of Services	70
590	Total Comprehensive Income and Expenditure	70

There are no statutory or presentational adjustments which reflect the MIJB's application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently, an Expenditure and Funding Analysis is not provided in these annual accounts.

MOVEMENT IN RESERVES STATEMENT

This statement shows the movement in the year on the Moray Integration Joint Boards (MIJB) reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices. Additional detail included within note 7 on page 42.

Movement of Reserves During 2019/20	General Fund Balance £000
Opening Balance at 1 April 2019	(257)
Total Comprehensive Income and Expenditure	70
(Increase) or Decrease in 2019/20	70
Closing Balance at 31 March 2020	(187)
Movement of Reserves During 2018/19	General Fund Balance £000

Opening Balance at 1 April 2018	(847)
Total Comprehensive Income and Expenditure	590

(Increase) or Decrease in 2018/19	590
Closing Balance at 31 March 2019	(257)

BALANCE SHEET

The Balance Sheet shows the value of the Moray Integration Joint Board's (MIJB) assets and liabilities as at the balance sheet date. The net assets of the MIJB (assets less liabilities) are matched by the reserves held by the MIJB.

31 March 2019 £000		Notes	31 March 2020 £000
257	Short Term Debtors Current Assets	6	187
0	Short Term Creditors Current Liabilities		0
0	Provisions Long Term Liabilities		0
257	Net Assets		187
257	Usable Reserve General Fund	7	187
257	Total Reserves		187

The unaudited annual accounts were issued on 30 July 2020 and the audited annual accounts were authorised for issue on 26 November 2020. The Annual Accounts present a true and fair view of the financial position of the MIJB as at 31 March 2020 and its income and expenditure for the year then ended.

Tracey Abdy CPFA

Chief Financial Officer

26 November 2020

NOTES TO THE FINANCIAL STATEMENTS

Note 1 Significant Accounting Policies

General Principles

The Financial Statements summarises the Moray Integration Joint Board's (MIJB) transactions for the 2019/20 financial year and its position at the year-end of 31 March 2020.

The MIJB was established under the requirements of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the MIJB will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the MIJB.
- Income is recognised when the MIJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

Funding

The MIJB is primarily funded through funding contributions from the statutory funding partners, Moray Council and the Grampian Health Board. Expenditure is incurred as the MIJB commissions' specified health and social care services from the funding partners for the benefit of service recipients in Moray area.

Cash and Cash Equivalents

The MIJB does not operate a bank account or hold cash. Transactions are settled on behalf of the MIJB by the funding partners. Consequently the MIJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the MIJB's Balance Sheet.

Note 1 Significant Accounting Policies (continued)

Employee Benefits

The MIJB does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The MIJB therefore does not present a Pensions Liability on its Balance Sheet.

The MIJB has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. Where material the Chief Officer's absence entitlement as at 31 March is accrued, for example in relation to annual leave earned but not yet taken.

Charges from funding partners for other staff are treated as administration costs.

Reserves

The MIJB's reserves are classified as either Usable or Unusable Reserves.

The MIJB's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the MIJB can use in later years to support service provision.

Indemnity Insurance

The MIJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board members. The Grampian Health Board and Moray Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the MIJB does not have any 'shared risk' exposure from participation in the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). The MIJB participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Note 2 Critical Judgements and Estimation Uncertainty

In applying the accounting policies, the MIJB has had to make certain judgements about complex transactions or those involving uncertainty about future events. There are no material critical judgements and the note below relates to uncertainty about future events:

Public Sector Funding – There is a high degree of uncertainty about future levels of funding for Local Government and Health Boards and this will directly impact on the MIJB.

Note 3 Events after the Reporting Period

The unaudited accounts were issued by Tracey Abdy, Chief Financial Officer on 30 July 2020 and the audited accounts were authorised for issue on 26 November 2020. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2020, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

Note 4 Expenditure and Income Analysis by Nature

2018/19		2019/20
£000		£000
54,207	Services commissioned from Moray Council	56,343
75,801	Services commissioned from The Grampian Health Board	80,519
25	Auditor Fee: External Audit Work	27
130,033	Total Expenditure	136,889
(129,443)	Partners Funding Contributions and Non- Specific Grant Income	(136,819)
590	(Surplus) or Deficit on the Provision of Services	70

Note 5 Taxation and Non-Specific Grant Income

2018/19		2019/20
£000		£000
40,990	Funding Contribution from Moray Council	43,950
88,453	Funding Contribution from The Grampian Health Board	92,869
129,443	Taxation and Non-specific Grant Income	136,819

The funding contribution from The Grampian Health Board shown above includes £12.252m in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by The Grampian Health Board who retains responsibility for managing the costs of providing the services. The MIJB however has responsibility for the consumption of, and level of demand placed on, these resources.

Note 6 Debtors

31 March 2019		31 March 2020
£000		£000
257	The Grampian Health Board	187
0	Moray Council	0
257	Debtors	187

Amounts owed by the funding partners are stated on a net basis. Creditor balances relating to expenditure obligations incurred by the funding partners but not yet settled in cash terms are offset against the funds they are holding on behalf of the MIJB.

Note 7 Usable Reserve: General Fund

The MIJB holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the MIJB's risk management framework.

The table below shows the movements on the General Fund balance

	Strategic Funds	Action 15	PCIP	Total
	£000	£000	£000	£000
Balance at 1 April 2018	847	-	-	847
Transfers (out)/in 2018/19	(847)	76	181	(590)
Balance at 31 March 2019	-	76	181	257
Transfer out 2019/20	-	(14)	(56)	(70)
Transfers in 2019/20	-	-	-	-
Balance at 31 March 2020	-	62	125	187

Action 15

The purpose of this fund is to ring fence funding received as part of the Scottish Government's Mental Health Strategy to increase the number of Mental Health Professionals.

Primary Care Improvement Fund (PCIF)

The purpose of this fund is to ring fence funding received from the Scottish Government as part of its Primary Care Transformation Programme.

Note 8 Agency Income and Expenditure

On behalf of all IJB's within The Grampian Health Board, the MIJB acts as the lead manager for Grampian Medical Emergency Department (GMED) and Primary Care Contracts. It commissions services on behalf of the other IJBs and reclaims the costs involved. The payments that are made on behalf of the other IJBs, and the consequential reimbursement, are not included in the Comprehensive Income and Expenditure Statement (CIES) since the MIJB is not acting as principal in these transactions.

The amount of expenditure and income relating to the agency arrangement is shown below:

2018/19		2019/20
£000		£000
9,028	Expenditure on Agency Services	10,171
(9,028)	Reimbursement for Agency Services	(10,171)
0	Net Agency Expenditure excluded from the CIES	0

Note 9 Related Party Transactions

The MIJB has related party relationships with The Grampian Health Board and Moray Council. In particular the nature of the partnership means that the MIJB may influence, and be influenced by, its partners. The following transactions and balances included in the MIJB's accounts are presented to provide additional information on the relationships.

Transactions with The Grampian Health Board

2018/19		2019/20
£000		£000
(88,453)	Funding Contributions received from the NHS Board	(92,869)
75,662	Expenditure on Services Provided by the NHS Board	80,365
139	Key Management Personnel: Non-Voting Board Members	153
(12,652)	Net Transactions with The Grampian Health Board	(12,351)

Key Management Personnel: The Chief Officer and Chief Financial Officer, are non-voting Board members and are both employed by The Grampian Health Board and recharged to the MIJB. Details of the remuneration of both officers are provided in the Remuneration Report. The Chief Officer is a joint appointment made by Moray Council and The Grampian Health Board and is jointly accountable to the Chief Executives of both organisations, as such this post is jointly funded. The Chief Financial Officer, whilst a Board appointment, does not share this arrangement of funding.

Balances with The Grampian Health Board

31 March 2019		31 March 2020
£000		£000
(257)	Debtor balances: Amounts due from The Grampian Health Board	(187)
0	Creditor balances: Amounts due to The Grampian Health Board	0
(257)	Net Balance due from The Grampian Health Board	(187)

Note 9 Related Party Transactions (continued)

Transactions with Moray Council

2018/19		2019/20
£000		£000
(40,990)	Funding Contributions received from the Council	(43,950)
54,170	Expenditure on Services Provided by the Council	56,302
62	Key Management Personnel: Non-Voting Board Members	69
13,242	Net Transactions with Moray Council	12,421

Balances with Moray Council

31 March 2019 £000		31 March 2020 £000
0	Debtor balances: Amounts due from Moray Council	0
0	Creditor balances: Amounts due to Moray Council	0
0	Net Balance due from Moray Council	0

Note 10 VAT

The MIJB is not registered for VAT and as such the VAT is settled or recovered by the partners. The VAT treatment of expenditure in the MIJB accounts depends on which of the partners is providing the services as each of these partners are treated differently for VAT purposes.

VAT payable is included as an expense only to the extent that it is not recoverable from Her Majesty's Revenue and Customs. VAT receivable is excluded from income.

Note 11 Accounting Standards That Have Been Issued but Have Yet To Be Adopted

The Code requires the MIJB to identify any accounting standards that have been issued but have yet to be adopted and could have material impact on the accounts.

There are no accounting standards issued but not yet adopted that impact on the 2019/20 financial statements.







REPORT TO: MORAY INTEGRATION JOINT BOARD ON 26 NOVEMBER 2020

SUBJECT: CHARGING FOR SERVICES

BY: CHIEF FINANCIAL OFFICER

1. REASON FOR REPORT

1.1 To ask the Moray Integration Joint Board (MIJB) to consider the charges for services for the 2021/22 financial year.

2. <u>RECOMMENDATION</u>

- 2.1 It is recommended that the MIJB:
 - i) adhere to the request of the Moray Council that the MIJB recommend to them, the charges for the services delivered within the delegated functions;
 - ii) considers and approves the charges set out at Appendix 1 for recommendation to Moray Council for approval and inclusion into their budget setting processes;
 - iii) notes the recommended charges will be subject to assessement for the socio-economic impact and reported back to the MIJB where there is significant impact and no mitigation; and
 - iv) notes a review of non-means tested charges will be undertaken during 2021 and a report will be presented to the MIJB in due course.

3. BACKGROUND

- 3.1 Integration Authorities do not currently have statutory powers to set charges for the services aligned to delegated functions. Moray Council, therefore has the legal responsibility to set social care charges on behalf of the MIJB.
- 3.2 Moray Council has in place a Charging for Services policy that was updated and approved by the Policy & Resources Committee on 24 October 2017





(para 8 of the minute refers). The policy states that a review of charges should be undertaken annually as an integral part of the budget process.

- 3.3 During 2017, discussions took place between the MIJB Chief Financial Officer and the Head of Financial Services, Moray Council, where it was considered appropriate for the MIJB to be involved in the setting of charges for the services it has commissioning responsibility for. Whilst Moray Council retains the statutory responsibility for this duty, the recommendation made to the Moray Council Policy and Resources Committee at its meeting of 24 October 2017 was that the MIJB should be requested to recommend the charges for services delivered. A report was presented to this Board on 14 December 2017 where it was agreed that the MIJB would take responsibility for recommending charges for services to Moray Council (para 6 of the minute refers).
- 3.4 MIJB have continued to consider the charges it will recommend to Moray Council on an annual basis, ahead of Moray Council setting its charges as part of its budget setting process. The recommendations of the MIJB will be considered at a meeting of the Moray Council on 20 January 2021.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

Charging Overview

- 4.1 The net funding provided to the MIJB from Moray Council considers the impact of social care income generation from charging for services. On this basis, the MIJB Chief Officer, Chief Financial Officer and the Chief Financial Officer, Moray Council have met to consider an equitable approach reflecting this position.
- 4.2 Not all charges are within the control of the Moray Council. Some charges levied by the Council are set by statute, some are limited by statute and some have the method of calculation prescribed by statute.
- 4.3 In prior years, Moray Council' methodology for proposing charges has been in-line with the Consumer Price Index (CPI). The CPI 12 month rate released in September 2020 was 0.5%. CPIH extends the CPI to include a measure of the costs associated with owning and maintaining a home, along with council tax and is considered the most comprehensive measure of inflation. Currently (September 2020) CPIH is 0.7%.
- 4.4 It is important, when considering the setting of charges to also consider the MIJB's overall financial position. Another report being presented to this meeting today is the Revenue Budget Monitoring position to the end of September, which includes a forecast to the end of 2020/21 of £0.509 M, overspend on core services. Salary increases for staff working within Health and Social Care Moray have been considerably higher in 2020/21 than CPI. Pay inflation is an important measure as approximately 40% relating to Moray Council and 45% relating to NHS Grampian MIJB expenditure is attributable to wages and salaries and has considerable impact on the MIJB financial position.

Charging for Care Services (means tested)

4.5 It is necessary that the MIJB considers its approach to income maximisation within the context of its existing policies. The introduction of Self-Directed Support through the Self Directed Support (SDS) (Scotland) Act 2013 led the Moray Council to review its charging policy for non-residential services to ensure a fair, effective, consistent and transparent system. This led to the introduction of the Contributions Policy. Under SDS, individuals are informed of their entitlement to support as part of their overall personal budget designed to meet their needs and achieve their outcomes. It also determines how much they will have to contribute (based on their ability to pay) for the care and support they choose. With the introduction of the Contributions Policy, the number of services for which charges are being made are reduced. It is important to understand that charges still require to be determined to enable personal budgets to be calculated and any associated contributions to be applied to overall budgets. The Contributions Policy is currently under review and will be brought before the Board in due course

<u>Taper</u>

- 4.6 If a service user has income over the charging threshold, the local authority has the power to determine what the person pays for their service, provided it does not exceed the cost of providing that service.
- 4.7 COSLA recommend that the charge towards social care is not based on all remaining income. A percentage is determined of the remaining income that is available to the service user over the threshold and this determines the maximum contribution a service user will pay towards their care.
- 4.8 A benchmarking exercise completed in 2019 nationally highlighted the following:
 - The Scottish average taper is 61%.
 - Moray is above the Scottish average with the current taper 70%, meaning that for someone who has £100 excess income, we would require them to pay £70 maximum.
 - Three areas in Scotland have a 100% taper meaning there will be no further disregard of excess available income after applying standard disregards.
- 4.9 It should be noted that this benchmarking exercise has not been carried out in 2020.
- 4.10 The SDS Steering Group has cautiously assessing the impact of increasing the taper as part of the review of the Contributions Policy. As an example, increasing the taper to 80% would result in a potential increase in annual income to HSCM of approximately £130,000. This is based on average weekly contribution by service users paying a contribution. It should be noted that any change to the Taper relief is dependent on approval of the contributions policy that is currently under review.

4.11 There are currently 233 service users who have applied for financial assistance and are now paying a contribution towards their care for chargeable services.

Charges for Care Services (non-means tested)

- 4.12 In addition to services charged against an individual's financial assessment, a small number of services are charged at a flat rate.
- 4.13 Existing charges were benchmarked against other local authorities in Scotland in 2019. The current charges are based on further alignment of Moray's charges to the Scottish average but not exceeding the cost of care to HSCM.
- 4.14 It is proposed to retain the existing flat rate charges at the current level, (with the exception of the Community Alarm increase approved by Moray Council's Policy and Resources Committee on 14 January 2020), pending a full review of non-means tested charges during 2021. The Community Alarm will be reviewed in the future as a clearer picture becomes available and innovations are advanced following the learning through the current pandemic.
- 4.15 The key components to the review will be finalised in 2021, but will include financial impact on current service users and ability to pay, level of service provided/value for money and Fairer Charging guidance.

Community Alarm

- 4.16 The community alarm service is provided to support independent living at home. Historic charges have not reflected the cost of providing this service including staffing costs, assessment, installation and collection of equipment, administrative costs etc.
- 4.17 The 2019 benchmarking exercise highlighted the following:
 - The Scottish average at that time was £3.63 per week.
 - Moray was the second lowest in Scotland with a charge of £1.48 per week.
 - There are currently 1,538 individuals in Moray being charged for utilising a community alarm.
- 4.18 The recommendation made ahead of the 2020/21 financial year was to increase the quarterly charge from £19.28 to £33.22 (inc vat) resulting in an increase of 72.3%. The actual charge implemented for 2020/21 was £26.24 (inc vat) with the proposal now being to continue to aim for the national average, but over a longer period of time (four years in total). This would take the proposed increase for 2021/22 to £33.22. The potential increase in income based on existing number of service users is £35,743.

Meal Charges

- 4.19 Service users currently receiving meals whilst attending day services are charged for a two course meal.
- 4.20 The 2019 benchmarking exercise highlighted the following:

- The Scottish average was £4.17 per week.
- Moray was at that time the fifth highest area in Scotland with a charge of £4.95 per week.
- 4.21 The current charge (2020/21) per week for individuals is £5.03 which results in an approximate income of £15,000 per annum. However, in light of Covid-19, no income has been generated to date due to lunch clubs ceasing since March 2020.
- 4.22 As Moray is already higher than the Scottish average in its charging for meals and given the proposal to review non-means tested services, it is proposed to continue the current weekly charge (invoicing will recommence as day centres re-open) until the review has concluded later in 2021.

Stairlift Maintenance

- 4.23 There is a current charge for maintenance of certain types of stairlifts. The recent benchmarking exercise did not include stairlift charges although several local authority areas do provide service and maintenance at a charge.
- 4.24 There is a modest charge for individuals following an initial 12-month warranty period where maintenance is not charged. It has been difficult at this stage to identify average Scottish cost of stairlift maintenance but in 2014, the charity Which? conducted a UK survey which stated the average charge for maintenance was £99 per annum.
- 4.25 There are 216 people in Moray who are currently charged with maintenance of their stair lift.
- 4.26 The current income is £14,307 with service users charged £16.56 (inc VAT) quarterly.
- 4.27 Given the proposal to review non-means tested services, it is proposed to continue the current weekly charge until the review has concluded later in 2021.

Closomat Toilet Aid

- 4.28 The charges for annual maintenance commenced from April 2020 following approval by Moray Council's Policy and Resources Committee on 14 January 2020.
- 4.29 The equipment is provided by HSCM and currently, 105 people in Moray are being charged for the annual maintenance of this aid.
- 4.30 The current income to HSCM is £11,357 with service users charged £27.04 (inc VAT) quarterly.
- 4.31 Given the proposal to review non-means tested services, it is proposed to continue the current weekly charge until the review has concluded later in 2021.

Blue Badge

- 4.32 Local Authorities administer the Blue Badge Scheme on behalf of the Scottish Government, which has set the maximum administration fee at £20. Badge validity lasts for 3 years.
- 4.33 In April 2018, The Fairer Scotland Duty, part 1 of the Equality Act 2010 came into force placing legal responsibility on public bodies in Scotland to consider how they can reduce inequalities of outcome caused by socio-economic disadvantage when making strategic decisions. In this respect, the setting of charges would fall within this section of the duty and as a result due consideration is being given to the consequent impacts and mitigation.
- 4.34 HSCM will continue to work with service users and in collaboration with Moray Council's Income Maximisation Team to ensure all individuals are getting the benefits assistance they are entitled to so no one who really needs a service has to give it up.

Other Charges

4.35 There is still a requirement to be mindful of income maximisation and therefore the proposal would be that, where possible a percentage increase closer to CPIH is applied. 1% has been suggested for other charges including the hire of day centre rooms, case reviews carried out on behalf of other local authority areas

5. <u>SUMMARY OF IMPLICATIONS</u>

(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 levying of charges for social care services is an essential component of delivering priorities on a sustainable basis.

(b) Policy and Legal

The Public Bodies (Joint Working) (Scotland) Act 2014 dictates that the setting of social care charges will not be able to be delegated by a local authority to an integration authority as part of the joint working arrangements prepared under the Act.

(c) Financial implications

Charging for services provides a consistent approach to the levying of charges where appropriate, however the net financial benefit is limited and constrained by the Contributions Policy.
(d) Risk Implications and Mitigation

There are no risks arising directly from this report. There remains a risk in that any increase or introduction of charges could have a detrimental effect on service uptake.

(e) Staffing Implications

None arising directly from this report

(f) Property

None arising directly from this report

(g) Equalities/Socio Economic Impact

Full assessment of the socio-economic impact of the Social Care charges on the protected groups as outlined in the Fairer Scotland Duties legislation will be carried out prior to Moray Council setting its charges for the 2021/22 financial year.

(h) Consultations

The Chief Financial Officer, Moray Council and the Head of Service – Strategy and Commissioning have been consulted and their comments have been incorporated within this report.

6. <u>CONCLUSION</u>

6.1 Moray Council by way of their statutory duty for setting charges for services has requested the MIJB recommends the charges for services to be delivered for the 2021/22 financial year, ensuring a strategic role is maintained.

Author of Report: Tracey Abdy / Catherine Quinn, Support Manager – Community Care Finance Background Papers: with author Ref:

REF	SERVICE	BASIS OF CHARGE/REASON FOR CHANGE	CHARGE 2020/21	PROPOSED CHARGE 2021/22	DATE OF LAST CHANGE					
	General									
1.	Moray Lifeline / Telecare	To bring the Moray charges in line with the Scottish average over an extended period.	£26.25 per quarter inc VAT	£33.22 per quarter inc VAT	April 2020					
2.	Blue Badge	Maximum permitted by statute	£20 per badge – badge valid for 3 years	£20 per badge – badge valid for 3 years	April 2012					
3.	Stair Lift Maintenance	No increase proposed pending review during 2021	£16.56 per quarter (inc vat)	£16.56 per quarter (inc vat)	April 2020					
4.	Wash/Dry Toilet Maintenance	No increase proposed pending review during 2021	£27.04 per quarter	£27.04 per quarter	April 2020					
5.	Hire of Day Centre Rooms	1% increase, broadly in-line with CPIH	£5.44 per hour	£5.49per hour	April 2020					
6.	Speyside Lunch Club	1% increase, broadly in-line with CPIH	£6.20 (inc vat)	£6.26 (inc vat)	April 2020					
9.	Case Review carried out on behalf of another local authority	1% increase, broadly in-line with CPIH	£99.42	£100.41	April 2020					

SOCIAL CARE SERVICES

REF	SERVICE	BASIS OF CHARGE/REASON FOR CHANGE	CHARGE 2020/21	PROPOSED CHARGE 2021/22	DATE OF LAST CHANGE		
	Day Care Meals - Older People:						
10.	Meal	No increase proposed pending review during 2021	£5.03	£5.03	April 2020		
10b.	Tea & Biscuits	1% increase, broadly in-line with CPIH	£0.76 per cup	£0.77 per cup	April 2020		



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 26 NOVEMBER 2020

SUBJECT: MORAY PRESCRIBING REPORT

BY: CHRISTINE THOMSON, ACTING LEAD PHARMACIST

1. <u>REASON FOR REPORT</u>

1.1. To inform the Board of the effect of COVID on prescribing.

2. <u>RECOMMENDATION</u>

2.1 It is recommended that the Moray Integration Joint Board (MIJB) consider and note the contents of this report regarding potential factors contributing to the uncertainty within primary care prescribing.

3. BACKGROUND

- 3.1. During the current pandemic conditions, the conditions being experienced are creating considerable pressures within the practices and within the community pharmacies. Since Covid, practices have seen an increase in prescribing workload resulting in increased costs. Patient behaviours have also changed.
- 3.2. It is difficult to compare year on year costs as data runs 2 months behind the current prescribing month.
- 3.3. The volume of prescription items increased and may be settling but costs are not predicted to settle. There was a sharp spike of approximately 15 % increase in both total items and prescribing costs in the month of March 2020 and figures seem very erratic since then (see APPENDIX 1).
- 3.4. Proportionally our Moray percentage of Grampian total spend has increased.
- 3.5. As in Grampian, Moray prescribing cost per item has increased over the 2019/20 financial year, and although appears to be settling over 2020/21 financial year, remains unpredictable.
- 3.6. The focus has been on increasing resilience and managing workload to ensure that safety and compliance was not compromised. Inevitably this had led to lack of input to cost and volume control by practices.





4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 Implications to note regarding financial risks are:
 - Increased prescribing costs
 - Normally stable costs are now difficult to forecast
 - Possible reduction in quality and cost efficient input
- 4.2 The factors that have resulted in increased costs and how we positively influence these areas are set out below.

National factors

- 4.3 Average item costs have risen for various reasons (see APPENDIX 1). In addition there was an expected tariff reduction, as community pharmacies would have an increase within their global sum payment. This would have amounted to 52p per prescription item, however this has not been applied.
- 4.4 Medication Shortages this area is anecdotally incurring increased costs as replacement medication is generally more costly. In addition some medications are increasing in cost even before an official shortage occurs eg sertraline has increased in cost four fold. Medication costs are impacted by a shortage of some active pharmaceutical ingredients on top of shortages. We need to put more emphasis on the prescriber reviewing whether the medication item is indicated/required at all.
- 4.5 We have been unable to have Pharmacy Technician presence within Care Homes during Covid pandemic in order to advise and perform efficiency savings. This presence normally provides savings of around £12,500 annually. We are in the process of requesting access again.

Contingency planning factors

- 4.6 Patients were changed from warfarin to novel oral anticoagulants (NOAC) which is significantly more costly. Since Covid, NOACs monthly items increased by 24% a 33% cost increase of £20,873 every month in Moray for NOAC medication alone in place of warfarin to injection form at a suitable point which is 3% of the cost of a NOAC (see APPENDIX 2).
- 4.7 Patients who previously attended for Vitamin B12 injection were swapped to tablets as contingency, that also caused an increase in costs from £3 to £15 per month per patient, equating to a total increased costs in Moray of £18,000 April to June 2020. The intention is to revert to use of injections at a suitable point.
- 4.8 We supplied all Care Homes in Moray with a supply of anticipatory care medication to enhance availability of medication to these vulnerable patients.

Patient behaviour change factors:

- 4.9 In perceived protection from Covid, patients "stockpiling" for lockdown, of regular and ad hoc medication requests, has definitely had an impact on workload/costs. Patients requested items such as additional inhalers, steroids, and pain relief even if they had no history of receiving these. Diabetic patients also seemed to "stock up". As well as causing temporary supply issues this contributed to increased cost per item. Limits on footfall at pharmacies also changed patient behaviour but may in the long-term help focus requests towards essential items.
- 4.10 Pharmacists had to influence patient's prescription request behaviour, alongside prescribing safely, efficiently and effectively.
- 4.11 They also had to promote patients self-management and 'Pharmacy First' national strategies by signposting patients to community pharmacy for Pharmacy First and begun closing gaps and strengthening relationships with the community pharmacies.

<u>The repeat prescription systems 'ease' of access to request repeat prescriptions:</u>

- 4.12 Practices with larger and more established pharmacy teams and robust systems, and practices with higher % registered patients receiving CMS/MCR (serial prescriptions) have been slightly less affected. This may be because they have resisted the patient stockpiling early requests and because CMS/MCR ensures that scripts are collected at predetermined intervals. This area has been suggested for further analysis.
- 4.13 Increase registration of CMS/MCR within practices. This is an intensive exercise for practices, but can be led by pharmacotherapy teams. Within Grampian, Moray does have a good start with the 3 highest practices with % CMS/MCR registrations.

Medication Cost Increases:

4.14 Reinstate cost effective review of prescribing:

We have recently increased our pharmacotherapy workforce to ensure pharmacist and technician increased input within a supported structure, to allow us to facilitate and implement possible recovery solutions. Following pharmacotherapy cluster formation and induction training we have tasked the staff with priority actions around refining processes and reviewing service delivery. We have identified there are varying skill levels in prescription processing ability so we have also devised a short program to improve the confidence of practice admin teams in processing prescription requests.

4.15 Swift chasing of any overpricing bureau errors: Lead technician is reviewing pricing bureau errors cost recovery. Last year recovery payments from April 2019 to March 2020 were £51,491 and already we can see an increase in recovery required for April. This may be as a result of the pandemic affecting efficiency of pricing bureau staffing/processes. This will also be raised at Payment Verification within Grampian.

4.16 Regular review of High Value Items:

High Value Items Report has demonstrated an increase in high cost items. Reports are reviewed by the lead technician and prescription information is being forwarded to pharmacotherapy pharmacists for investigation.

- 4.17 Regular review of Generic Savings Report:
 - for potential savings to be owned to all Moray practices.
 - tighter control of Specials items. Specials items are becoming more costly as well as being in use more frequently. Automatic authorisation of items £100 or less will be removed.
 - enhance and recirculate the possible list for bulk patients' therapeutic switches.
- 4.18 Work has commenced regarding substituting of specific drugs to more cost effective therapeutically equivalent medications in line with priorities at the Grampian Primary Care Prescribing Group (GPCPG). In previous years these swaps were financially incentivised to the practices, but now the pharmacotherapy team will facilitate.
- 4.19 A Grampian formulary tool: Recently devised in Moray, this tool has been loaded onto both Vision and Emis practices prescribing system, to steer cost effect formulary prescribing choices.

Medication reviews by GPs and Polypharmacy reviews by Pharmacists:

- 4.20 These have slowed as a result of clinics and consultations being significantly reduced. Lots of medications are being commenced but reviews of existing medication has fallen behind during the pandemic. It is unclear at this stage of the effect of remote working and reduction in consultations by prescribers on prescribing volume and costs.
- 4.21 Plans proposed to facilitate Enhanced Review of Prescribing.
- 4.22 Contact will be made with prescribers via Moray Meds Group meetings re recovery/reinstating regular planned medication reviews.
- 4.23 Utilisation of "Attend Anywhere" for video consultation polypharmacy medication reviews. Proven success is already present within some practices.
- 4.24 Plan to increase use of econsult. This could have cost reduction intervention opportunities by firm prescribing advice messages to patients. Many practices have already signed up to this facility which allows improved timely communication with the patient.

4.25 Continued implementation of "Home First", and having fewer patients going in to hospital *could* help reduce the "addition" of new drugs.

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"

Arising from Covid pandemic, this report attempts to provide factors contributing to deviation from normal primary care prescribing activity and how this has contributed to uncertainty within Moray re prescribing costs.

(b) Policy and Legal

Pharmacotherapy staffing resource has been identified for service delivery 2020/2021.

(c) Financial implications

Increased costs implicated as outline above.

(d) Risk Implications and Mitigation

Prescribing costs and volume remains very uncertain during Covid pandemic.

(e) Staffing Implications

Pharmacotherapy resource has increased and been structured within Moray HSCP in 2020/2021 to promote most optimum service delivery with this current resource.

(f) Property

There are no property implications in relation to this report.

(g) Equalities/Socio Economic Impact

There are no equalities/socio economic implications arising from this report as there has been no resulting change in policy

(h) Consultations

Interim Chief Officer, MIJB Corporate Manager, MIJB Chief Financial Officer, MIJB

6. <u>CONCLUSION</u>

6.1 Going forward, we need to task Pharmacotherapy staff with cost efficiencies while maintaining quality and safety. The aim is to refocus all Moray Prescribers on best practice prescribing.

Author of Report: Christine Thomson, Acting Lead Pharmacist, HSCM Background Papers: with Author Ref: BNF, Pharmaceutical Journal, NHS Inform, Impact of Covid on GP Prescribing Sep 2020, Scottish Drug Tarrif. www.cps.scot/nhs-services/remuneration/drug-tariff/adjusted-prices

<u>Appendix 1</u>

Item 11

Grampian Trends re GIC and Items Prescribed

	GIC		Cost per item excluding cross border items	Average item cost		
	£					
		<u>total</u> <u>units</u>				
Apr-19	9068005	815740	10.87	11.12		
May-19	9000346	807492	10.85	11.15		
Jun-19	8500281	760982	10.91	11.17		
Jul-19	9352925	833226	10.94	11.22		
Aug-19	8929378	778231	11.15	11.47		
Sep-19	8627036	755507	11.11	11.42		
Oct-19	9415073	830719	11.06	11.33		
Nov-19	8612608	767154	10.92	11.23		
Dec-19	9449602	835936	11.02	11.30	DDD impact Dec	
Jan-20	8910636	791099	10.97	11.26	DDD impact Dec	
Feb-20	8512359	748061	11.06	11.38		
Mar-20	10586072	890422	11.64	11.89		15.52%
	108964321	9614569	11.05	11.33		
						year on
						year
						Volume
						Increase
		<u>total</u> units				Monthly
Apr-20	8857293	759676	11.33	11.66		-6.87%
Αρί 20	0057255	/350/0	11.55	11.00		0.0770
May-20	8258445	723680	11.09	11.41		-10.38%
Jun-20	8490974	744034	11.06	11.41		-2.23%
Jul-20	9308622	803281	11.02	11.52		-3.59 %
Aug-20 Sep-20						
•						

Appendix 2

Moray NOAC Costs:





REPORT TO: MORAY INTEGRATION JOINT BOARD ON 26 NOVEMBER 2020

SUBJECT: PROGRESS ON THE IMPLEMENTATION OF THE CARERS (SCOTLAND) ACT 2016

BY: JANE MACKIE, CHIEF SOCIAL WORK OFFICER/ HEAD OF SERVICE STRATEGY AND COMMISSIONING

1. REASON FOR REPORT

1.1 To inform the Board of the progress to date to implement the Carers (Scotland) Act 2016 into everyday practice in line with the duties encompassed within the Act and key areas for development.

2. <u>RECOMMENDATION</u>

- 2.1 It is recommended that the Moray Integration Joint Board notes the:
 - i) progress to date in relation to the Carers Act;
 - ii) developments highlighted to ensure that key duties and requirements within the Act are embedded in Moray; and
 - iii) considerable amount of flexible and creative responses adopted by Quarriers in terms of maintaining direct carer support throughout the Covid19 situation.

3. BACKGROUND

- 3.1 The Carers (Scotland) Act 2016 came into effect 1st April 2018 introducing new rights for unpaid carers and new duties on Local Authorities and Health Boards.
- 3.2 A Carers Act Implementation Action Plan was developed to support the implementation of the Act taking into consideration the key points in line with the legal duties of the Act.
- 3.3 A Young Carers Strategy Officer was recruited at the beginning of the year to support with the implementation of the Act in Children and Families and Justice Social Work.





4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 The SDS (Self Directed Support) & Carers Officer has been working collaboratively with the Young Carers Strategy Officer and the Service Coordinator for Quarriers to develop a joint Implementation Action Plan to enable processes to be aligned across the services.
- 4.2 A Carers Steering Group has been developed and meets bi monthly with representation from Adults and Children's Services and Quarriers to drive the change and innovation required.
- 4.3 Both the SDS & Carers Officer and Young Carers Strategy Officer are active members of the National Carers Network, attending bi monthly meetings, and more recently monthly meetings during COVID, feeding back national developments to the steering group. During COVID-19, the national network meetings have taken place via Microsoft teams and continue to do so.
- 4.4 Quarriers responded quickly to the implication of lockdown, adapting practice and communications to ensure ongoing contact with carers of all ages deemed most at risk from the rapidly changing circumstances. Through adoption of multiple online platforms (Zoom, Teams, Facebook Groups etc.), introduction of regular telephone contact with those carers not comfortable/familiar with online engagement, and where necessary enabling safe doorstep contact in certain circumstances, the service has been able to maintain active support with almost 700 carers.
- 4.5 Additional funding was secured by Quarriers to enable provision of free meals to over 40 families in the Elgin area on a weekly basis for 6 weeks, and to continue provision to 12 particularly vulnerable families throughout the school holidays. Additional funding, secured by Quarriers, has also enabled provision of over 200 Wellbeing Packs to parent carers and older carers. encouraging them to look after their own wellbeing through short breaks at home, and over 40 young carers have benefitted from activity packs and support to engage in online activities and challenges, including Lego club, creative writing, jewellery making, recycling and more. Working with Outfit Moray, Quarriers enabled a short programme of outdoor activities for young carers, including mountain biking, archery, paddle-boarding, climbing and bushcraft, and Service staff facilitated a Moray Mini-Festival, offering outdoor activities in Forres and Lossiemouth for 16 young carers at the end of the summer holidays. Young carer direct support relied on socially distanced walks from home, allowing discussion of personal circumstances and identification of areas of concern for further action, ensuring no young carer was overlooked throughout the period. On return to school, contact with some young carers has reduced, reflecting the more stable nature of their role, but for those in challenging circumstances, socially distanced walks from school remain the most frequent method of personal contact.

- 4.6 The SDS & Carers Officer and Young Carers Strategy Officer have attended two Adult Carer online meetings to allow unpaid carers to liaise directly with Health and Social Care Moray, to ask questions and discuss services and supports they require to enable them to continue in their caring role.
- 4.7 Work has been undertaken to review and refine the current processes in place for the completion of an Adult Carers Support Plan to ensure that it is meeting the requirements. This work was completed and is currently being used as a template for the development of a similar process for Young Carer Statements.
- 4.8 Work is currently under way to review the Adult Carer Support Plan paperwork to ensure that it is streamlined and fit for purpose. This work is taking place through regular discussion with Quarriers who compete the initial assessment to allow eligibility to be determined. Carers of adults using substances are involved with other carers in informing the final draft of the ACSP, to ensure widest possible reach, and improve takeup.
- 4.9 The work undertaken has highlighted issues in the length of time it is taking for Adult Carer Support Plans to be eligibility assessed once referred from Quarriers. This has led to the production of an SBAR to propose the development of a Carers Practitioner/ Social Worker who would be dedicated to progress the assessments in line with the Act.
- 4.10 Certain aspects of the Implementation Plan have been put on hold due to COVID, and the delay in the national reports being published. This includes the work on involving carers in hospital discharge and the development and consultation on a new Carers Strategy.
- 4.11 An appointment had previously been made to a 12 month temporary post of Assistant SDS Support & Carers Officer to support a specifc project. The post holder had only completed 2 months of the project work prior to being redirected to the Covid response and this post holder has since resigned. It is now necessary for the work to recommence through the appointment of a full 12 month temporary position to continue with the development of the Carers Act implementation.

5. <u>SUMMARY OF IMPLICATIONS</u>

(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 recommendations in this report support the MIJB strategic plan, in particular outcome 6 'People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing'. Key areas of focus for

the MIJB during 2018/19 included the implementation of the new Carers Act and the foundations of this work now need to be built upon.

(b) Policy and Legal

The MIJB has a legal duty to promote the rights of unpaid carers through the Carers (Scotland) Act 2016.

(c) Financial implications

The cost for 12 months of a Assistant SDS Officer is £30,173 currently. This funding has been previously allocated but the individual appointed was redirected to the Covid – 19 response. It will now be necessary to recruit again for a 12 month period and the funding has been committed from within the funding allocation for Carers. The annual cost of a Carer Practitioner / Social Worker is £52,904. This has been committed on a permanent basis from the Scottish Government funding allocation for Carers.

(d) Risk Implications and Mitigation

Without the required additional resources identified in the Carers Act Implementation Action Plan there is a risk that the requirements and duties which form the Carers Act cannot be fully implemented.

(e) Staffing Implications

Additional staffing resource required for 1FTE Assistant SDS Officer at Grade 5 on a temporary basis. It is also proposed that a 1FTE Carer Practitioner post is developed at Grade 9 to support the practical delivery for both Adult and Children's Services. The creation of these posts will be progressed through council policies and procedures for the establishment of posts using the Delegated Authority Report mechanism.

(f) Property

There are no implications in relation to property or accommodation.

(g) Equalities/Socio Economic Impact

Not required as there is no change to policy. Through the introduction of the Carers Act and developments around this, the recommendations are expected to promote equality of opportunity for unpaid carers.

(h) Consultations

Chief Social Work Officer/Head of Service-Strategy and Commissioning, Head of Service- Adult and Children's Services, Chief Financial Officer, Katrina McGillivray, Senior HR Advisor, Commissioning and Performance Officer, Children's Wellbeing Manager, Equal Opportunities Officer, Sandi Downing; Project Manager, Quarriers Carer Support Service (Moray),

6. <u>CONCLUSION</u>

6.1 This report to the MIJB updates on the progress regarding implementation of the Carers Legislation, and focuses on the work to be undertaken to progress.

Author of Report: Michelle Fleming, Self-Directed Support & Carers Officer Background Papers: Ref:



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 26 NOVEMBER 2020

SUBJECT: MORAY MENTAL HEALTH SERVICES

BY: JANE MACKIE, HEAD OF SERVICE

1. <u>REASON FOR REPORT</u>

- 1.1. To inform the Board of mental health service remobilisation status and plans for inpatient and community mental health services.
- 1.2. To provide assurance of access to mental health assessment, care and treatment for the population of Moray.

2. <u>RECOMMENDATION</u>

- 2.1. It is recommended that the Moray Integration Joint Board (MIJB):
 - i) note the action taken to remobilise mental health services; and
 - ii) note the risks and mitigation against remobilisation aspects.

3. BACKGROUND

- 3.1. There has not been a mental health remobilisation report submitted previously.
- 3.2. In March 2020, mental health services in Moray went into critical function in response to the COVID pandemic. Emergency (seen same day) and Urgent (seen within 7 days) referrals were prioritised. In patient wards at Ward 4 and Muirton continued to provide service. Urgent referrals were triaged by the development of an Urgent Care Team.
- 3.3. In line with Operation Home First a remobilisation plan has been developed.
- 3.4. A Collective Sense making Exercise has been undertaken to inform the remobilisation and a Driver Diagram has been developed to articulate this.





4. KEY MATTERS RELEVANT TO REMOBILISATION

- 4.1. Standard Operating Procedures are in place for responding to referrals. Community mental health service delivery is now mainly delivered by Near Me / Attend Anywhere technology or telephone response. Face to face consultations take place under strict risk controls.
- 4.2. The Urgent Care Model developed during acute phase of COVID Pandemic has been evaluated under Home First planning and is now a permanent feature of community mental health delivery going forward: enables equity of care response and management of demand generated by primary care.
- 4.3. At the time of report writing there are 25 people waiting for routine (within 6 weeks) assessment. All these referrals have been allocated to a mental health practitioner accordingly. The Community Mental Health Team (CMHT) receive referrals at a rate of 10-15 per week. This is equivalent to pre-COVID levels.
- 4.4. There are 4 outcome decisions for routine referrals that are assessed on a weekly basis by the multidisciplinary team at the single point of access referral (SPAR) meeting:
 - Advice to referrer (e.g. by phone, letter, email) and then close. i.e. no direct patient contact; no change from pre-COVID approach.
 - Telephone triage (by a member of CMHT) to gain further information: this is a new step (and helps in some referrals to decide whether further action needed); and also serves to let patients know that we have a referral and have acted on it.
 - Telephone assessment (by standard telephone or Attend Anywhere / Near Me). This is a new COVID measure.
 - Face to face assessment (for more complex and priority cases).
- 4.5. There has been significant loss of outpatient facilities for face to face mental health assessment, care and treatment. Pre-COVID, Consultant Psychiatrists held out patient consultations in GP Practices. The only facility for face to face mental health assessment, care and treatment is at Pluscarden Clinic at Dr Gray's Hospital on a reduced sessional basis due to room availability, observing social distancing and infection, prevention and control measures: face to face consultation is now the exception and is risk assessed by protocol / standard operating procedure.
- 4.6. GP Practices have invited secondary care mental CMHT staff to come back to practice where they can liaise with Practice MDT and use Attend Anywhere / Near Me technology. This has been welcomed and valued. Regular liaison between mental health services and GP Practices is being facilitated by Microsoft Teams meetings.
- 4.7. 3rd Sector partners have remobilised and able to provide in reach to Ward 4 and provide community support. They provide essential community support including advocacy, peer support, wellness service, 12 week reablement support and community support. Systems and work around in place to observe social distancing and government guidelines and advice. Face to face work and in-reach to people's homes remains challenging for 3rd Sector partners

- 4.8. There has been a redesign of Moray psychological therapies and a number of posts are currently being recruited to. Waiting time for adult psychology has significantly reduced. There are no patients waiting longer than 18 weeks at present. There is one person waiting for Psychotherapy and their case is being allocate imminently. There are no waits in Older Adult Psychology.
 - 4.9. NHS Grampian Psychology Resilience Hub is providing support to patients, public and staff who have been distressed by COVID pandemic.
 - 4.10. In addition there has been significant investment by NHS Grampian to enable access to a range of on-line psychological therapy support that can be delivered by primary care psychology and a range of secondary care mental health staff who in-reach into GP Practices.
 - 4.11. In patient bed occupancy at Ward 4 and Muirton Ward have reduced during the COVID Pandemic and these data are illustrated in a trend report at APPENDIX
 1.
 - 4.12. H&SC Moray are engaged with multi agency partners, Aberdeenshire and Aberdeen City H&SCPs under the banner of 'North East Suicide Prevention'. Developing a Suicide Prevention Action Plan; Developing a Suicide Reporting and Learning System – learning from work already undertaken in other NHS Boards; and Developing a training plan for suicide awareness and suicide response.
 - 4.13. Dementia Frailty Co-ordinators providing service in primary care pre-COVID and now remobilised.
 - 4.14. Distress Brief Interventions Service in place pre-COVID and providing crisis response and 2 week follow up. Scottish Ambulance Service now live and arrangements in place to agree roll out to GP Practices (secondary care mental health and Police Scotland already refer).
 - 4.15. There is evidence of increases in alcohol misuse since March 2020. Substance Misuse services are well resourced (staff) to respond and provide recovery and harm reduction intervention.
 - 4.16. There are a number of risks to mitigate going forward:
 - IT availability to fully mobilise mental health services. Some equipment has been received but still waiting on full delivery.
 - Further work to be done on agreeing a robust online platform to deliver group therapies for people: psychological therapy and behaviour change therapies. People who have Borderline Personality Disorder present particular risks in terms of self-harm and attempted suicide benefit from group therapy and treatment. There is ongoing risk whilst an IT solution is sourced.
 - Mental health clinicians working from home and delivering intense trauma support at risk of vicarious trauma.
 - Hidden demand and mental health 'debt'. It is anticipated that there is unmet need for mental health distress and substance misuse in communities. More work needs to be done upstream to tackle mental health inequalities, in community planning and public health programmes. Health and Social Care Moray is well placed to respond going forward in

line with the aspiration set out in Scottish Government Mental Health Transition and Recovery Plan (2020).

5. <u>SUMMARY OF IMPLICATIONS</u>

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

- Growing, diverse and sustainable economy: improving mental health of the population;
- Building a better future for our children and young people in Moray: service development for mental health and wellbeing and support for family wellbeing;
- Empowering and connecting communities: mental health planning and delivery as part of locality planning;
- Changing our relationship with alcohol.

(b) Policy and Legal

- Good Mental Health for All in Moray Strategy (2016-2026).
- NHS Scotland Mental Health Strategy 2017-2027).
- Scottish Government Mental Health Transition and Recovery Plan (2020).

(c) Financial implications

None arising from this report.

(d) Risk Implications and Mitigation

Remobilisation Plan in place that includes risk implications and mitigation:

- Drugs and alcohol related harms: services have capacity to respond.
- IT access and infrastructure: equipment on order.
- Group therapy treatment and support: NHS Grampian engaged in seeking national solution to delivery of groups on an appropriate IT platform.

(e) Staffing Implications

Staff Side, Unions and Human Resources are be working across organisations to support staff to deliver services in a change environment in response to the COVID pandemic.

A robust plan is in place to mitigate against staff absence to cover in patient wards modelled on 30% 50% and 80% staff absence. This has not required to be implemented during the acute phase of the COVID pandemic.

Staff are being supported to use technology and work at home were possible. Guidance has been developed in this regard and to mitigate against vicarious trauma.

(f) Property

None arising from this report.

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not needed because service remains in delivery and plans in place to mitigate against risks.

(h) Consultations

H&SC Moray Home First Group – agree with remobilisation plans. Making Recovery Real Moray Group (includes peers and 3rd Sector Organisations) – agree with remobilisation plans. NHS Grampian Mental Health and Learning Disability Strategic Huddle – develop and agree remobilisation plans on behalf of Chief Officers.

6. <u>CONCLUSION</u>

6.1. Mental health services are remobilising.

6.2. Plans are in place to mitigate against risks in service delivery.

Author of Report: Pamela Cremin, Integrated Service Manager Background Papers: Ref:

APPENDIX 1

Mental health ward activity 2017 - 2020

Ward 4 (18 beds)

Year	Number of admissions	Number of discharges	Average length of stay	% Occupancy
April 2017 – March 2018	190	188	31.2 days	91.2 %
April 2018 – March 2019	225	228	27.3 days	99.4 %
April 2019 – March 2020	226	236	26.2 days	96.3 %
April 2020 September 2020	105	95	27 days	74.2 %

Muirton (8 beds)

Year	Number of admissions	Number of discharges	Average length of stay	% occupancy
April 2017 – March 2018	32	33	76.6 days	86 %
April 2018 – March 2019	31	31	85.8 days	91.25 %
April 2019 – March 2020	22	27	105.4 days	97.1 %
April 2020 – September 2020	10	10	73.6 days	51.6 %



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 26 NOVEMBER 2020

SUBJECT: DELEGATION OF CHILDREN AND FAMILIES AND JUSTICE SOCIAL WORK SERVICES

BY: INTERIM CHIEF OFFICER

1. <u>REASON FOR REPORT</u>

1.1. To provide a progress update in relation to the proposed delegation of Children and Families and Justice Social Work to the Moray Integrated Joint Board (MIJB).

2. <u>RECOMMENDATION</u>

- 2.1. It is recommended that the Moray Integration Joint Board:
 - i) note the indicative timeline in relation to the proprietary work proposed for the delegation of children and families and justice social work to MIJB;
 - ii) review and note the Programme Board terms of reference; and
 - iii) note further updates will be provided to the Board as the project continues to progress.

3. BACKGROUND

- 3.1 The MIJB on 28 May 20 (para 12 of the minute refers) agreed to note the progress made in relation to the proposed delegation of Children and Families and Justice Social Work to MIJB. Members were invited to recall on the decisions made by Moray Council on 27 November 2019 (para 22 of the minute refers) and NHS Grampian on 5 December 2019 (para 11 of the minute refers) where both parties agreed to proceed to the next steps of assessing the potential of delegating the above services to the MIJB.
- 3.2 On 1st July 20 (para 8 of the minute refers) Moray Council (MC) Emergency Cabinet noted the position statement on Children and Families and Justice Social Work, including an overview of the National Context; the Local Context;





The Independent Care Review; the current position in Moray; rationale for transformational change; reconnecting social work; and delegation of services to Moray Integration Joint Board. The MC Emergency Cabinet agreed to note the working being carried out to make improvements to the service and to continue with the programme which will seek agreement at a future date to delegate services to the MIJB.

3.2 Due to the current public health situation and resultant changes in priorities, a slight delay was incurred in order to establish a Programme Board. On 6th Nov 20 the Programme Board met for the first time to discuss the process and the timescale for completion of the proprietary work required for any formal outcomes to be made regarding the delegation of services.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 The Programme Board agreed that the purpose of the Board is to lead and provide strategic direction, allowing for formal decision making to be made by each governing body. Terms of reference have been created to aid partnership working which can be found in **Appendix 1**.
- 4.2 The ambition is to aim for a decision to be made and if agreeable for delegation of services to be complete by 1 April 2022. The new arrangements will align with the start of the financial year. However, this may need to remain open to review, given the current public health situation and resultant change in priorities. A copy of the indicative timescale is attached at **Appendix 2**.

5. <u>SUMMARY OF IMPLICATIONS</u>

(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"

Moray Council Corporate Plan 2020-23 outlines its ambitions to support children and families and communities

(b) Policy and Legal

The legal resource required to undertake any due diligence for amending the Integration Scheme requires to be established. This will be assisted by a clear identification of all services that are in scope for transferring over to the MIJB

Children and Young People (Scotland) Act 2014 (Part 3) sets out a legal framework for children's services planning, including its scope and aims.

(c) Financial implications

In preparation for the delegation of additional functions to the MIJB it will be necessary for the MIJB to obtain assurance that financial resources are adequate to allow it to carry out the functions and to assess the risks associated with this. The MIJB Chief Financial Officer will work with both the Council Section 95 Officer and the Health Board Director of Finance in establishing the required assurance.

(d) Risk Implications and Mitigation

The scale of this work should not be underestimated. This is resource intensive and is likely to require short term investment to ensure success. The allocation of a project officer to manage and report on the modernisation and transformation of children services will enable a full consideration of risks and mitigations, to aid formal decision making.

However, there will be a risk of delay if appropriate staffing resource cannot be allocated for the project management, not underestimating the legal and financial requirements, should delegation proceed.

(e) Staffing Implications

The project will be resourced using existing staff within existing structures. The project will be managed by the Interim Head of Children Services, with project manager/ officer on loan to assist with the project from existing HSCM resources.

To support the benefits realisation of the delegation of services, dedicated project officer will enable full visibility of benefits, risks and issues.

(f) Property

No property issues identified at this point.

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not required as the report does not contain any changes to policy or actions which may impact adversely on groups with protected characteristics.

(h) Consultations

Chief Executive (NHS Grampian), Chief Executive (Moray Council), Chief Social Work Officer (Moray Council); Chief Financial Officer MIJB, Head of Governance, Strategy and Performance (Moray Council), Committee Services (Moray Council), Chief Financial Officer (Moray Council), Chief Finance Officer (NHS Grampian) Head of Children and Families and Justice Social Work MIJB (Moray Council) and Corporate Manager have been consulted and their comments incorporated into this report.

6. <u>CONCLUSION</u>

6.1. To meet the proposed target of delegating additional services to MIJB, it is anticipated additional resource will be required to manage the project and to ensure necessary due diligence and financial planning has been undertaken to the satisfaction of all three bodies (NHS Grampian; Moray Council and MIJB) 6.2. The Children and Families Social Work Transformation Project should be welcomed to manage the transformation of the delivery of Children and Families Social Work services, across the operational teams, which will require a new model of commissioning and approach to our Out of Area Placements, using a strengths-based approach.

Author of Report: Carmen Gillies Senior Project Officer HSCM Background Papers: With Author Ref:







Appendix 1

Delegation of Services Children and Families and Justice Social Work Programme Board DRAFT Terms of Reference Nov 2020

1. Purpose

To lead and provide strategic direction in relation to the delegation and modernisation of children and families and justice social work to the Moray Integrated Joint Board (MIJB) in line with national policy and legislation and local requirements.

2. Remit:

The Programme Board is to:

- Provide a joint forum for discussion amongst key partners and stakeholders about the delegation of children and families and justice social work.
- Agree a Programme outlining the key milestones to be undertaken in developing the project plan.
- Support the development of Morays social work improvement and modernisation project which is aligned with the delegation of functions.
- Provide a mechanism for joint actions and joint decision-making for project issues that are best tackled at scale.
- Keep the Council, NHS Grampian and MIJB appraised of developments.
- Delegate work to and advise updates from lead officers.
- Consider Scottish Government legislation and guidance on health and social care scheme of delegation.
- Consider and keep under review whether further dedicated resources are required to support the programme of transition.
- Approve the project plan prior to its submission to the Council, NHS Grampian and MIJB.

3. Membership

The Board will be chaired by Chief Officer for Health and Social Care Moray

Core members of the group will be:

- Chief Officer HSCM
- Head of Children and Families and Justice Social Work
- Chief Executive, Moray Council
- Chief Executive, NHS Grampian
- Head of Services HSCM / CSWO
- CFO HSCM
- MC Head of Governance, Strategy and Performance
- MC Head of Financial Services







• Others by invitation

4. Quorum

The meeting will be considered quorate if there is at least 1 representative from: NHS Grampian Moray Council Health & Social Care Moray Legal representation

5. Meetings

The Programme board will meet on a 6-8 weekly cycle.

Papers will be circulated 1 week before meeting, unless by exception and agreed with Chair of meeting in advance.

6. Accountability

The programme board has the right to report to their respective governing structure. Ultimately the accountability for the delegation of services rests jointly with all parties in agreement, the Moray Council, NHS Grampian and MIJB. Final sign off will be sort from Scottish Ministers.

Head of Children and Families and Justice Social Work, with project management support are together responsible for developing and delivering the project plan.

7. Resources

The Programme Board will draw down on the resources of the MC and NHSG as first resort, with any further requirement for resources to be agreed by the Programme Board. Officers working on this project are currently funded within existing resources.



-Children and Families Social Work Transformational Project—


REPORT TO: MORAY INTEGRATION JOINT BOARD ON 26 NOVEMBER 2020

SUBJECT: PUBLIC SECTOR CLIMATE CHANGE DUTIES REPORTING SUBMISSION 2019/20

BY: INTERIM CHIEF OFFICER

1. REASON FOR REPORT

1.1 To present the draft Moray Integration Joint Board (MIJB) Climate Change Duties Report submission for 2019/20.

2. <u>RECOMMENDATION</u>

2.1 It is recommended that the MIJB consider and approve the draft submission to Sustainable Scotland Network (APPENDIX 1) for the reporting year 2019/20.

3. BACKGROUND

- 3.1 The Climate Change (Scotland) Act 2009 introduced targets and legislation to reduce Scotland's emissions by at least 80% by 2050.
- 3.2 Section 44 of the Act places duties on public bodies relating to climate change and requires them to:-
 - contribute to delivery of the Act's emissions reduction targets,
 - contribute to climate change adaptation, and
 - act sustainably
- 3.3 Following public consultation and parliamentary scrutiny a Statutory Order under section 46 of the Act came into force in November 2015. This Order contained a list of public bodies required to annually report on compliance with the climate change duties. These major players listed in the Order were expected to submit their reports to the Scottish Government for 1 April 2015 to 31 March 2016 by 30 November 2016 and annually thereafter. Both Moray Council and NHS Grampian have fulfilled these requirements.
- 3.4 Integration Authorities were required to provide annual reports for the first time in November 2017 and this was approved by this Board on 14 December 2017 (para 7 of the minute refers).





4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 The report attached in **APPENDIX 1** is required to be submitted to the Scottish Government by 30 November 2020.
- 4.2 The content is limited because MIJB do not own any property or vehicles and do not develop the policy surrounding the use of fuel, procurement, transport, energy, waste, ICT, property and infrastructure. The policies that are followed by staff are developed by the employing organisation, either Moray Council or NHS Grampian.
- 4.3 The principle areas that the MIJB and managers can influence is the development of a culture of environmental awareness including climate change impacts and ensuring that policies are adhered to appropriately, for example:-
 - to reduce their travelling to meetings & service user contacts where possible. During 2019/20 staff were making greater use of video conferencing, saving both time travelling and costs. Significant progress in this area has arisen as a result of the introduction of Microsoft Teams in NHS Grampian which has facilitated staff being able to communicate whilst being able to work from home.
 - encouraging staff to car share to/from work and for attending meetings in the same location where possible. This was promoted by managers with teams prior to Covid 19.
 - consider further development of use of existing ICT applications such as Attend Anywhere to explore opportunities for reducing travel for staff/patients/service users within Moray.
 - reducing waste where possible and ensuring appropriate use of recycling bins and appropriate coloured bins for clinical waste.
- 4.4 As a result of the changes to service delivery caused by Covid 19 in 2020, HSCM has seen a significant increase in the use of Attend Anywhere (Near Me) by GP and other health professionals. This has reduced the amount of travelling for people (both staff and patients) saving time, money and impact on the environment. This opportunity will continue to be built on and will be reported more fully in the report for next year covering 2020/21.

5. <u>SUMMARY OF IMPLICATIONS</u>

(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"

As defined within the Moray Integration Scheme values and meeting the strategic aims contained within the MIJB Strategic Plan 2019-29.

(b) Policy and Legal

None directly associated with this report

(c) Financial implications

None directly associated with this report

(d) Risk Implications and Mitigation

None directly associated with this report

(e) Staffing Implications

None directly associated with this report

(f) Property

None directly associated with this report

(g) Equalities/Socio Economic Impact

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

(h) Consultations

Consultation on this report has taken place with the Interim Chief Officer and Chief Financial Officer who are in agreement with the content in relation to their area of responsibility.

6. <u>CONCLUSION</u>

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

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

APPENDIX 1

MORAY IJB 2019/20 CLIMATE CHANGE DUTIES REPORT

1 Profile of reporting body

1a Name of reporting body

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

Moray Integration Joint Board

1b Type of body

Integration Joint Board

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

1

1(d) Metrics used by the body

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

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

1(e) Overall budget of the body (£).

Specify approximate £/annum for the report year.

£137M

Comments

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

1(f) Report year.

Specify the report year.

2019/20 (Financial Year)

1(g) Context

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

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

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

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

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

Due to the rural nature of Moray one of the strategic aims of the Moray Integration Joint Board is to promote local & accessible services and work is underway to identify options and innovations for using digital solutions for service delivery where ever possible to reduce travel and emissions and reduce health inequalities. Attend Anywhere (Near Me) has been rolled out to GP practices and they are being encouraged to use video consultations. Following trials the results and learning are currently being evaluated to identify other suitable options for use of this technology that will reduce the requirement to travel for patients/clients using the applications.

2 Governance, Management and Strategy

2a How is climate change governed in the body?

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

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

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

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

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

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

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

2c Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or similar document? 1 Provide a brief summary of objectives if they exist.

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

2d Does the body have a climate change plan or strategy? 🚺

If yes, provide the name of any such document and details of where a copy of the document may be obtained or accessed.

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

2e Does the body have any plans or strategies covering the following areas that include climate change? 1 Provide the name of any such document and the timeframe covered.

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

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

Waste management		
Water and Sewerage		
Land use		

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

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

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

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

- reduce their travelling to meetings & client contacts where possible

- making use of video conferencing or attend anywhere technology if available.

- encouraging staff to car share to/from work and for attending meetings in the same location where possible

- consider further development of use of existing ICT applications such as Attend Anywhere to explore opportunities for reducing travel for staff/patients/clients within Moray

- reducing waste where possible and ensuring appropriate use of recycling bins and appropriate coloured bins for clinical waste.

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

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

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

N/A

2h Supporting information and best practice 0

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

3 Emissions, Targets and Projects

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

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

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

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

N/A

3b Breakdown of emission sources 📵

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

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

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

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

N/A

3c Generation, consumption and export of renewable energy 0

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

N/A

3d Targets 🕕

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

N/A

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

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

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

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

N/A

3f Detail the top 10 carbon reduction projects to be carried out by the body in the report year 0

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

N/A

3g Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the report year 1

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

3h Anticipated annual carbon savings from all projects implemented by the body in the year ahead If no projects are expected to be implemented against an emissions source, enter "0". If the body does not have any information for an emissions source, enter "Unknown" into the comments box. If the body does not include the emissions source in its carbon footprint, enter "N/A" into the comments box.

N/A

3i Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the year ahead 1

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

N/A

3j Total carbon reduction project savings since the start of the year which the body uses as a baseline for its carbon footprint 1 If the body has data available, estimate the total emissions savings made from projects since the start of that year ("the baseline year").

N/A

3k Supporting information and best practice 0

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

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

N/A

4 Adaptation

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

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

Moray Council has identified climate change on it's Corporate Risk Register - assessment developed by a group that included consultation with SEPA, Scottish Flood Forum, Adaptation Scotland and Moray Council.

Other impacts of climate change such as flooding are included in Business Continuity plans for services, and the NHS Grampian's Resilience Plan.

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

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

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

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

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

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

4d Where applicable, what progress has the body made in delivering the policies and proposals referenced N1, N2, N3, B1, B2, B3, S1, S2 and S3 in the Scottish Climate Change Adaptation Programme(a) ("the Programme")? 1

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

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

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

N/A

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

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

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

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

4f What arrangements does the body have in place to monitor and evaluate the impact of the adaptation actions? 1 Please provide details of monitoring and evaluation criteria and adaptation indicators used to assess the effectiveness of actions detailed under Question 4(c) and Question 4(d).

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

4g What are the body's top 5 priorities for the year ahead in relation to climate change adaptation? 1 Provide a summary of the areas and activities of focus for the year ahead.

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

4h Supporting information and best practice 0

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

N/A

5 Procurement

5a How have procurement policies contributed to compliance with climate change duties? • Provide information relating to how the procurement <u>policies</u> of the body have contributed to its compliance with climate changes duties.

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

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

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

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

5c Supporting information and best practice 0

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

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

6 Validation and Declaration

6a Internal validation process 🚺

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

This return is reviewed by Senior Management Team and approved by Moray Integration Joint Board

6b Peer validation process 🟮

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

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

6c External validation process 🟮

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

N/A

6d No Validation Process 🟮

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

N/A

6e Declaration

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

Name:	Simon Bokor-Ingram	
Role in the body:	Interim Chief Officer	
Date:	10/11/20	