Moray Integration Joint Board

Thursday, 26 May 2022

Remote Locations via Video Conference

NOTICE IS HEREBY GIVEN that a Meeting of the **Moray Integration Joint Board, Remote Locations via Video Conference**, on **Thursday, 26 May 2022** at **09:30** to consider the business noted below.

AGENDA

MORAY INTEGRATION JOINT BOARD

SEDERUNT

Mr Dennis Robertson (Vice-Chair)
Professor Siladitya Bhattacharya (Voting Member)
Mr Derick Murray (Voting Member)
Mr Sandy Riddell (Voting Member)
Professor Caroline Hiscox (Ex-Officio)
Mr Roddy Burns (Ex-Officio)

Mr Ivan Augustus (Non-Voting Member)
Mr Sean Coady (Non-Voting Member)
Ms Karen Donaldson (Non-Voting Member)
Jane Ewen (Non-Voting Member)
Mr Steven Lindsay (Non-Voting Member)
Ms Jane Mackie (Non-Voting Member)
Dr Paul Southworth (Non-Voting Member)
Mrs Val Thatcher (Non-Voting Member)
Dr Lewis Walker (Non-Voting Member)
Simon Bokor-Ingram (Non-Voting Member)
Mr Neil Strachan (Non-Voting Member)

Clerk Name:	Tracey Sutherland
Clerk Telephone:	07971 879268
Clerk Email:	committee.services@moray.gov.uk

MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD

Thursday, 31 March 2022

Remote Locations via Video Conference,

PRESENT

Ms Tracey Abdy, Mr Ivan Augustus, Professor Siladitya Bhattacharya, Simon Bokor-Ingram, Councillor Frank Brown, Mr Sean Coady, Councillor John Divers, Ms Jane Mackie, Councillor Shona Morrison, Mr Derick Murray, Mr Sandy Riddell, Mr Dennis Robertson, Dr Paul Southworth, Mrs Val Thatcher, Ms Heidi Tweedie, Dr Lewis Walker

APOLOGIES

Mr Roddy Burns, Councillor Theresa Coull, Ms Karen Donaldson, Jane Ewen, Professor Caroline Hiscox, Mr Steven Lindsay, Dr Malcolm Metcalfe, Mr Neil Strachan

IN ATTENDANCE

Also in attendance were Deborah O'Shea, Principal Accountant, Jeanette Netherwood, Corporate Manager, Carmen Gillies, Interim Planning and Strategy Lead and Tracey Sutherland, Committee Services Officer.

Maggie Bruce, Audit Scotland was also in attendance.

1. Welcome and Apologies

Councillor Morrison as Chair welcomed everyone to the meeting.

2. Declaration of Member's Interests

The Board noted that there were no declarations of Member's Interests.

3. Thank You and Goodbye

The Chair in acknowledging that this was her last meeting, thanked all members of the Board including all the Elected Members who have sat on the Board over the last 5

years, who will be stepping down from the Board prior to the Local Government Elections in May 2022.

The Board joined the Chair in thanking Heidi Tweedie, the 3rd Sector representative as this would be her final meeting of the Board.

The Board also joined the Chair in wishing Tracey Abdy, Chief Financial Officer good wishes in her new job and thanked her for all her hard work over the last few years.

4. Minute of Meeting of 27 January 2022

The minute of the meeting of Moray Integration Joint Board on 27 January 2022 was submitted and approved.

5. Action Log - 27 January 2022

The Action Log of the meeting of 27 January 2022 was discussed and noted.

6. Minute of Meeting of CCG 28 October 2021

The minute of the Clinical and Care Governance Committee dated 28 October 2021 was submitted and noted by the Board.

7. Chief Officer Report

A report by the Chief Officer informed the Board of the Chief Officer activities that support the delivery against the Moray Integration Joint Board'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; remobilisation from the Covid pandemic; supporting measures for the reduction of local covid transmission; and budget control.

Following consideration the Board agreed:

i) to note the content of the report; and

ii) that transforming services to meet the aspirations of the MIJB's Strategic Plan remains a priority, with a focus on key objectives as we re-mobilise from the covid pandemic, along with a look ahead as we continue to develop our strategic planning.

8. Revenue Budget Monitoring Quarter 3 2021-22

A report by the Chief Financial Officer updated the Moray Integration Joint Board on the current Revenue Budget reporting position as at 31 December 2021 and provided a provisional forecast position for the year-end for the MIJB budget.

The Chief Financial Officer in introducing the report confirmed that Deborah O'Shea, Principal Accountant with Moray Council would be temporarily stepping into the Chief Financial Officer role until a replacement had been appointed and introduced Deborah to the Board.

Following consideration, the Board agreed to:

i) note the financial position of the Board as at 31 December 2021 is showing an overall overspend of £1,948,609;

ii) note the provisional forecast position for 2021/22 of an underspend of £217,246 on total budget;

iii) note the progress made against the approved savings plan in paragraph 6 and update on Covid-19 and additional funding in paragraph 8;

iv) note the revisions to staffing arrangements dealt with under delegated powers and in accordance with financial regulations within Moray Council and NHS Grampian for the period 1 October to 31 December 2021 as shown in Appendix 3; and

v) approve for issue, the Directions arising from the updated budget position shown in Appendix 4.

9. Unmet Need in Health and Social Moray

A report by the Head of Service/Chief Social Work Officer presented the Board an escalated issues report, previously submitted to Clinical and Care Governance Committee on 24 February 2022 regarding the current position on unmet need within Health and Social Care Moray.

Following consideration the Board agreed to note:

i) the current situation within Health and Social Care Moray and the mitigation actions that have been introduced;

ii) the considerable additional pressures placed upon Health and Social Care Moray staff over the winter months;

iii) the recovery being achieved, but recognises the fragility of the improvement and the long-term impact on staff; and

iv) that future reports on progress of the adoption of the three conversations model across HSCM services will be submitted to this Committee.

10 Standards Officer and Depute Officer Appointment

A report by the Chief Officer asked the Board to consider the re-appointment of its Standards Officer and one depute, who current terms of appointment are due to expire on 31 March 2022.

The Board acknowledged that although the current and ongoing arrangements were not as they would wish, the ongoing recruitment challenges being faced by the Council's Legal Section was causing an issue for the service and it was hoped that at the next review in 2 years the situation will have improved.

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 Standards Officer of the MIJB for a period of 2 years until April 2024;

ii) formally nominate for approval by the Standards Commission, Aileen Scott, Legal Services Manager, Moray Council as Depute Standards Office of the MIJB for a further period of 2 years until April 2024;

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

iv) note that the arrangements will be reviewed prior to April 2024.

11. Primary Care Prescribing Budget Requirements 2022-23

A report by the Lead Pharmacist informed the Board of the predicted prescribing budget resource requirements for 2022-23 alongside key drivers for growth.

Following consideration the Board agreed to note:

i) the recommendations made in the paper with regard to volume, costs, risks and the net predicted need for budget resource of £19.259m as part of the overall health and social care partnership budget setting process for 2022-23; and

ii) the estimated budget requirements.

12. Revenue Budget Report 2022-23

A report by the Chief Financial Officer asked the Board to agree the Moray Integration Joint Board's revenue budget for 2022/23 and to consider the updated Medium Term Financial Framework 2022/23 to 2026/27.

In introducing the report the Chief Financial Officer highlighted an error with the paragraph numbers in the recommendations and stated that the correct numbers had been provided to the Chair and Clerk to ensure the minute was accurate and apologised for the error.

Following consideration the Board agreed to:

i) note the funding allocations proposed by NHS Grampian and Moray Council, detailed at 4.6;

ii) note the anticipated budget pressures detailed in 4.11;

iii) approve the 2022/23 proposed savings plan at 4.17;

iv) formally approve the uplift to social care providers as set out in 4.12 as part of the policy commitment made by Scottish Government in November 2021;

v) approve the request to establish a temporary Operational Support Manager post as set out in 4.15;

vi) approve the updated Medium Term Financial Framework as set out in 4.20 - 4.24 and Appendix 2 and agree that a full review be carried out and presented to the MIJB before 31 March 2023;

vii) formally approve the Revenue Budget for 2022/23 as detailed in Appendix 1 following consideration of the risks highlighted in 4.25; and

viii) approve Directions for issue as set out at Appendices 3 and 4 respectively to NHS Grampian and Moray Council.

13. Annual Report of the Chief Social Work Officer 2020-21

A report by the Chief Social Work Officer informed the Board of the annual report of the Chief Social Work Officer on the statutory work undertaken on the Council's behalf during the period 1 April 2020 to 31 March 2021 inclusive.

Following consideration, the Board agreed to note the contents of the report.

14. Developing the Strategic Plan 2022-32 for Health and Social Care Moray

A report by the Interim Strategy and Planning Lead sought approval from the Board for the Strategy for Health and Care in Moray to be refreshed and to broaden the parameters to include all elements of health and care that include functions not delegated to the Board.

Following consideration the Board agreed to approve the proposed parameters and timescale to take forward a review of Moray's Health and Social Care Strategic Plan 2022-2032.

Heidi Tweedie left the meeting during the discussion of this item.

15. Self Directed Support Standards and HSCM Change Board

A report by the Chief Social Work Officer informed the Board of the implementation of the national Self-Directed Support (SDS) Framework Standards and the SDS Change Board, highlighting current developments that support us to embed the SDS standards.

Following consideration the Board agreed to note:

i) the work undertaken to meet the practice statements contained within the SDS Framework Standards; and

ii) the formation of the SDS (Health and Social Care) Change Programme.

16. Localities Planning

A report by the Head of Service provided the Board with an overview on the current status of Locality Planning within Moray.

Following consideration the Board agreed to:

i) note the progress towards delivering the identified aims for Locality Planning in Moray and confirmed that this programme should remain a priority activity to meet the objectives of the Strategic Plan;

ii) note the intention to deliver a first draft of locality plans to the Board by the end of September 2022; and

iii) request further reports be brought to the Board as specific decisions are required.

17. Moray Integration Joint Board Directions Policy

A report by the Chief Financial Officer provided the Board with a Directions Policy which has been developed in line with the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014 and statutory guidance issues by Scottish Government.

Following consideration the Board agreed to:

i) note the content of this report, the requirement of the Public Bodies (Joint Working) (Scotland) Act 2014 and the statutory guidance issued by the Scottish Government in relation to Directions; and

ii) approve the MIJB Directions Policy and Procedure and MIJB Directions template as set out in Appendix 1.

MEETING OF MORAY INTEGRATION JOINT BOARD

THURSDAY 31 MARCH 2022

ACTION LOG

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY	UPDATE FOR 31 MARCH 2022
1.	Additional Investment Winter Funding	A financial report with regard to the additional funding will be reported either within the usual quarterly financial report or a separate financial report specifically in relation to this fund. A development session be arranged to enable thorough discussion on how to best use the fund.	March 2022	Chief Financial Officer	Incorporated into Budget Report **To be arranged.**
2.	Moray Pharmacotherapy Service	Report on the Prescribing Finance to be submitted to the Board in March 2022. A quarterly report on the financial savings generated by the scheme be included in the quarterly financial report to the MIJB.	March 2022	Chief Financial Officer	On agenda **Completed**
3.	Moray Coast Medical Practice	Report on the outcome of the engagement process and proposing the detail of the public consultation	May 2022	Locality Manager	Additional time required due to impact of Omicron wave – to be reported in May 2022

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY	UPDATE FOR 31 MARCH 2022
4.	Moray Coast Medical Practice	Final report to be submitted summarising the outcomes of the public consultation and seeking agreement to proceed with recommendations.	September 2022	Locality Manager	Additional time required due to impact of Omicron wave – to be reported in September 2022 along with final report
5.	Civil Contingency (Scotland) Act 2004	Annual report to provide assurance on the reslilience arrangments in place to discharge the duties on the IJB under the 2004 Act	November 2022	Chief Officer	
6.	Ministerial Strategic Group Improvement Action Plan Update Report	An update from the Chief Financial Officer will be provided in a further twelve months' time	January 2023	Chief Financial Officer	
7.	Reserves Policy Review	Next review will be no later than March 2023	March 2023	Chief Financial Officer	
8.	Standards Officer and Depute Appointment	Letter to be written to Standards Commission detailing the Standards Officer and Depute Appointments until April 2024	April 2022	Chief Officer	
9.	Locality Planning	First draft of Locality Plans to be presented to the Board	September 2022	Head of Service	

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 26 MAY 2022**

SUBJECT: **CHIEF OFFICER REPORT**

BY: **CHIEF OFFICER**

1. REASON FOR REPORT

1.1 To inform the Board of the Chief Officer activities that support the delivery against the Moray Integration Joint Board's (MIJB'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; remobilisation from the covid pandemic; supporting measures for the reduction of local covid transmission; and budget control. Also the need to continue taking a longer term strategic view and setting out clear plans that will deliver transformational change which can best meet the needs of our community.

2. RECOMMENDATION

2.1. It is recommended that the MIJB:

i) consider and note the content of the report; and

ii) agree that transforming services to meet the aspirations of the MIJB's Strategic Plan remains a priority, with a focus on key objectives as we remobilise from the covid pandemic, along with a look ahead as we continue to develop our strategic planning.

3. BACKGROUND

Home First and Hospital without Walls

3.1 Responding to Covid-19 has brought about rapid change, fast tracking many of the plans that had been under development to meet our aspirations set out in the Strategic Plan for Home First. Hospital without Walls, will remain a bedrock of our aspiration to meet need more responsively, and to be more anticipatory in our approach. A separate paper is on the agenda that sets out a review of discharge to assess as part of our aspirations for continuous improvement, with an outline of further work that is underway. Whilst recruitment continues to be a key challenge, we will need to continue evolving the way we deliver services so that they become sustainable and consistent 24/7.

Remobilisation

3.2 To date the healthcare system has coped with some significant surges in demand. A pan Grampian approach to manage surge and flow through the system ensures patients/service users receive the care they require. Staff within Moray, across all sectors of health and social care, including independent providers and the third sector, have stepped up to the challenge on a daily basis. There is pressure in some service areas which will require a particular focus to work through the backlog of referrals.

3.3 Whilst we are seeing pressure easing in some areas as staff absence rates decrease, for some services the pressures remain. Demand for unscheduled hospital care has not diminished, and Dr Grays is having to manage a very tight capacity position on a daily basis. Community hospital beds, and intermediate options are being fully utilised, with expedient discharge from Dr Grays as soon as beds are available.

3.4 Waiting times for elective procedures has grown significantly over the last 2 years. The health and care system is supporting Dr Gray's Hospital to restart elective orthopaedics with an understanding that hospital beds need to be protected for elective procedures, and that unscheduled care has to be managed without impacting on the elective bed capacity.

3.5 Managers are closely monitoring the system, and although we are experiencing particular bottlenecks in flow through the system, most critical services are being maintained, with residents able to access timely emergency care, either from primary or secondary care. Social care provision continues to be under significant pressure, with delayed discharges remaining at a consistently high level (compared to pre-pandemic) and a level of unmet needs in the community, which means that some people are waiting for care after an assessment, or are waiting for the initial assessment. However we are gradually seeing some slow improvements, underpinned by initiatives including the increasing use of Self Directed Support and the Three Conversation Model. Our care homes have at times been unable to admit to vacant beds because of covid infections among staff and/or clients, and this risks the creation of interrupted flow in the overall system. Work is ongoing to risk assess situations, and where necessary derogations will be considered to ensure that critical service delivery continues, with these derogations reported to the Clinical and Care Governance Committee.

Covid Vaccination Programme

3.6 Uptake rate information is available on the Public Health website at https://www.publichealthscotland.scot/news/2021/february/covid-19-daily-dashboard-now-includes-vaccination-data/ .

3.7 **Ward 4 Ligature Reduction Work**

The clinical and care governance committee considered a report on 24 February 2022 (Moray Mental Health Service: Ward 4 Ligature Status) on the options being considered to address the work required to comply with the improvement notice issued to NHS Grampian in relation to Adult In Patient Admission Wards in June 2017. The committee did not escalate this report to MIJB as there is no action for MIJB but wanted to ensure that members are aware of the situation. The Chief Officer will give a verbal update to the Committee on the 26th May on how the required work will be factored into the

NHS Grampian capital works programme, and the arrangements for the Moray Portfolio to monitor the progression towards the work being completed.

Portfolio arrangements

3.8 Covid-19 has presented the greatest challenge the health service has faced. As NHS Grampian recovers, remobilises and renews as part of the North East system, there has been reflection on how best to move forward to demonstrate learning and improvement from Covid-19 as an imperative. During the pandemic the effectiveness, efficiencies and better outcomes that can be achieved when we work together as public sector have been demonstrated, with partners and communities rather than as individual entities. To deliver further on this whole system, integrated approach, there is a desire to transition from an organisational leadership and management model to a system leadership and management approach. As the model is developed, the Chief Officer continues to provide a leadership role for Dr Gray's Hospital alongside the responsibilities already carried, thus expanding the portfolio to encompass all Moray health and care services.

3.9 The senior management team membership for health and social care in Moray has been revised to incorporate community and acute leaders, and is functioning with an integrated approach and a responsibility for the success of the whole Moray health and care system. The response to pressures and the increase in demand from covid has brought a response from Moray health and care across acute and community teams, with an integrated approach to how we manage risk and balance care across the system.

3.10 On the 6 April 2022 the business case for the proposed delegation of Childrens Social Work and Criminal Justice was presented to the Moray Council. The Council approved the business case, and the case will now be considered by NHS Grampian Board at their meeting on the 2 June 2022.

3.11 The impending retirement of our Chief Social Work Officer in October this year means that we will need to recruit a Head of Service who also meets the requirements to be eligible to be Chief Social Work Officer. The decision on assigning the Chief Social Work Officer role is a function of the Council. The recruitment process for a new Head of Service will commence in June, with a target of an assessment process in July, with an incumbent in post by end of September.

3.12 The Chief Finance Officer post remains vacant, and is being covered on a temporary secondment. The post was advertised for a second time, and an assessment process will be carried out in June.

Budget Control

3.13 Transformational change that meets the test of quality and safety must also be efficient, making the best use of available resources. The Senior Management Team (SMT) for the Portfolio are meeting regularly to review spend and consider investment prior to seeking MIJB approval. There is a continuous need to track progress on transformational redesign to ensure it is meeting the aims of the Strategic Plan. Whilst we have presented a balanced budget for 2022/23 to the MIJB, savings will continue to be required to ensure sustainability in the years beyond.

3.14 The Scottish Government announcement in November 2021 made available £300 million nationally as a direct response to system pressures and to support intense winter planning. The funding is based on four key principles of maximising capacity, ensuring staff wellbeing, ensuring system flow and improving outcomes. Updates on commitments will continue to be presented to MIJB in line with governance.

Whistle Blowing

3.15 The National Whistleblowing Standards came into effect from 1 April 2021 across all NHS Services in Scotland including all NHS Boards, Health and Social Care Partnerships, Primary Care and Contracted Service Providers, Third Sector Organisations (TSOs) and Healthcare Education Institutes (HEI). As part of the implementation of the standards there is a requirement to provide an annual update to MIJB of cases. For the year to 31 March 2022 there were no whistleblowing cases reported. A new cycle of publicising the availability and means of reporting is about to be undertaken to ensure staff are aware of the policy and the mechanisms in place.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 The opportunity remains to accelerate work of the MIJB ambitions as set out in the Strategic Plan. Home First is the programme designed to do that, with the opportunities of an expanded portfolio of health and care that also encompasses Dr Gray's Hospital and Childrens Social Work and Criminal Justice.

4.2 The challenges of finance have not gone away and there remains the need to address the underlying deficit in core services. Funding partners are unlikely to have the ability to cover overspends going forwards. Winter/covid funding will only cover additional expenditure in the short-term and it is important to understand the emerging landscape.

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.

4.4 Remobilisation has begun, and we need to look ahead as we emerge from Operation Iris. The interdependencies between services will need to form part of the assessment on how we remobilise, as no part of the system operates in isolation. While the demand on the health and care system continues to be immense, we will continue to plan for the longer term to ensure that services will remain responsive to our community, and the process for redeveloping our strategic intent is underway. NHS Grampian Board will be presented with a strategy "Plan for the Future" on the 2nd June, which the Portfolio has contributed to, and which we will use to help refresh our local Moray strategy.

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"

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. The interim Chief Finance Officer continues to report regularly. Scottish Government covid related supplier relief ends in June this year, and we will monitor impacts on our independent suppliers as part of the risk management process.

(d) Risk Implications and Mitigation
The risk of not redesigning services will mean that Health and Social Care Moray and the Moray Portfolio 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. Our staff are facing continued pressures on a daily basis, and we must continue to put effort into ensuring staff well-being.

(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.

We 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) Climate Change and Biodiversity Impacts
Care closer to and at home, delivered by teams working on a locality basis, will reduce our reliance on centralised fixed assets and their associated use of utilities.

(i) Directions
There are no directions arising from this report.

(j) Consultations
The Moray Portfolio Senior Management Team has been consulted in the drafting of this report.

6. CONCLUSION

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, Chief Officer, Moray Portfolio

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 26 MAY 2022**

SUBJECT: **MEMBERSHIP OF BOARD AND COMMITTEES**

BY: **CORPORATE MANAGER**

1. REASON FOR REPORT

1.1. To update the Moray Joint Integration Board (MIJB) of member resignations, appointments required and progress on the recruitment of a third sector representative.

2. RECOMMENDATION

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

i) notes the resignations from the Board as set out in 4.1;

ii) considers and approves the appointment of Moray Council members to the Board following the Local Government Election on 5 May;

iii) considers and approves the appointment of the Chair of MIJB;

iv) considers and approves the appointment of members to the Audit Performance and Risk Committee;

v) considers and approves the appointment of members to the Clinical and Care Governance Committee;

vi) notes the timeframe set out in 4.4 for the appointment of a third sector representative;

vii) notes the progress on appointment to the other member vacancies outlined in the body of the report and identified in APPENDIX 1; and

viii) Approves the changes to the Scheme of Administration as shown in APPENDIX 2.

3. BACKGROUND

3.1. At the meeting of the Board on 28 January 2021 (para 7 of the minute refers) the board approved the changes to the integration scheme to increase voting

membership from 3 to 4 from each of the partner organisations (Moray Council and Grampian Health Board) and instructed the Chief Officer to progress with the consultation and to submit to Scottish Government.

3.2. These actions were taken forward following the consultation process and the request was submitted to Scottish Government on 10 May 2021.

3.3. Further work was requested by the Integration Governance and Support Team which was undertaken and following further consultation the revised request was submitted to Mr Stewart, Minister for Mental Wellbeing and Social Care, who approved and agreed the revised integration scheme for Moray, on 23 March 2022. MIJB was updated of the approval on 31 March 2022.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. Dr Malcolm Metcalfe resigned from the board on 17 May 2022. Dr Lewis Walker has intimated his resignation from the board with effect from 17 June 2022. The processes are underway to identify alternative nominations for these roles.

4.2. Following the ratification of the revised Integration Scheme and the increase of membership the Standing Orders and scheme of administration have been updated and proposed amendments are as shown in **APPENDIX 2** (with the changes tracked for ease of reference).

4.3. The Local Government Election on 5 May has resulted in a new administration to Moray Council. At the Full Council meeting on 18 May it is anticipated that decisions will be made regarding representation on a variety of committee and boards, including MIJB and a verbal update will be provided at the meeting. This will include the nominee for the Chair of MIJB and for membership of Audit, Performance and Risk Committee and Clinical and Care Governance Committee.

4.4. Following the approval of the revised scheme it is possible to increase the voting membership of the clinical and care governance committee to 2 members from each partner organisation if the MIJB is so minded.

4.5. An advert was placed for applicants to the role of third sector representative with a closing date of 3 June 2022. It is anticipated that interviews will take place during the week 13 June 2022 with induction the following week in order that attendance will be at the 30 June 2022. The advert also seeks applications from those interested in being substitutes for third sector, service user and carer members which will be progressed at the same time.

4.6. Members' induction is scheduled for the week of 20 June 2022.

4.7. The list of members for each committee along with current vacancies is attached at **APPENDIX 1** to this report.

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"

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

(b) Policy and Legal

The Board, through its approved Standing Orders for Meetings, established under the Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Order 2014, ensures that affairs are administered in accordance with the law, probity and proper standards.

(c) Financial implications

There are no financial implications arising as a direct result of this report.

(d) Risk Implications and Mitigation

There are no risk implications arising as a direct result of this report.

(e) Staffing Implications

There are no staffing implications arising as a direct result of this report.

(f) Property

There are no property implications arising as a direct result of this report.

(g) Equalities/Socio Economic Impact

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

(h) Climate Change and Biodiversity Impacts

None arising directly from this report.

(i) Directions

There are no directions arising from this report.

(j) Consultations

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

6. CONCLUSION

6.1. This paper sets out the position in relation to the membership of MIJB and the revisions required to the Scheme of Integration.

Author of Report: Jeanette Netherwood, Corporate Manager
Background Papers: None
Ref:

Moray Integration Joint Board Vacancies

Moray Integration Joint Board

4 Council voting members	TBC
4 NHS Grampian voting members	Dennis Robertson Derick Murray Sandy Riddell Prof Siladitya Bhattacharya
Third Sector Stakeholder	**VACANCY**
NHS Grampian Staff Representative Stakeholder Member	Steven Lindsay
Carer Stakeholder	Ivan Augustus
Service User Stakeholder	Val Thatcher
Moray Council Staff Representative	Karen Donaldson
Chief Officer Professional	Simon Bokor-Ingram
Chief Social Work Officer	Jane Mackie
Lead Nurse	Jane Ewen
GP Lead	Dr Lewis Walker (resigning 17/6/22)
Non Primary Medical Services Lead	**VACANCY**
Additional Member	Dr Paul Southworth

Audit, Performance and Risk Members
(note chair needs to be alternate partnership member to the Chair of MIJB)

2 Council voting members	TBC
2 Health Board voting members	Sandy Riddell (Chair) Derick Murray
Third Sector Stakeholder	**VACANCY**
NHS Grampian Staff Representative Stakeholder Member	Steven Lindsay

Clinical and Care Governance Members

1 Council voting member	TBC
1 Health Board voting member (Chair)	Derick Murray (Chair)
Carer Stakeholder	Ivan Augustus
Service User Stakeholder	Val Thatcher
Third Sector Stakeholder	**VACANCY**
Moray Council Staff Representative	Karen Donaldson
Chief Officer Professional	Simon Bokor-Ingram
Chief Social Work Officer	Jane Mackie
Lead Nurse	Jane Ewen
GP Lead	**VACANCY**
Non Primary Medical Services Lead	**VACANCY**
Additional Member	

APPENDIX 2

MORAY INTEGRATION JOINT BOARD

STANDING ORDERS

FOR THE REGULATION OF MEETINGS

APPENDIX 2

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APPENDIX 2

1. General

1.1 These Standing Orders are made under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 ("the 2014 Order").

1.2 These Standing Orders shall, as far as applicable, also regulate the proceedings of Committees and Sub-Committees of the Board and therefore reference to the term 'Board' shall be interpreted accordingly. The term 'Chairperson' shall also be deemed to include the Chairperson of any Committee or Sub-Committee but only in relation to such Committees or Sub-Committees.

1.3 The Board may amend these Standing Orders as it so determines except that all requirements of the 2014 Order and any order that may amend or replace it from time to time shall be met.

1.4 Any statutory provision, regulation or direction issued by the Scottish Government Ministers shall have precedence if they are in conflict with these Standing Orders.

2. Chair and Vice Chair

2.1 At every meeting of the Board the Chair, if present, shall preside. If the Chair is absent from any meeting the Vice-Chair, if present, shall preside. If both the Chair and the Vice-Chair are absent, a Chair shall be appointed from within the voting members present for that meeting. Any proxy or substitute attending the meeting for a voting member may not preside over that meeting.

2.2 The Chair shall, amongst other things:-

(a) Preserve order at meetings and at his/her discretion, order the exclusion of any individual present who is deemed to have been acting in a disorderly or offensive manner or whose presence or conduct is impeding the work or proceedings of the Board;
(b) Determine the order in which speakers can be heard;
(c) Ensure that due and sufficient opportunity is given to Members who wish to speak to express their views on any subject under discussion;
(d) If requested by any Member, ask the member making a proposal, to clarify its terms;
(e) Decide all matters of procedure, having taken into account any advice offered by the Clerk in attendance at the Meeting, in reference to which no express provision is made under these orders.

2.3 Deference shall at all times be paid to the authority of the Chair. When he/she speaks, the Chair shall be heard without interruption and Members shall address the Chair whilst speaking.

2.4 The decision of the Chair on all matters within his/her jurisdiction shall be final.

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3. Codes of Conduct and Conflicts of Interest

3.1 Members of the Board shall subscribe to and comply with the Standards in Public Life - Code of Conduct for Members of Devolved Public Bodies - http://www.gov.scot/Resource/0044/00442087.pdf - which is deemed to be incorporated into these Standing Orders. All members who are not already bound by the terms of the Code shall be obliged before taking up membership, to agree in writing to be bound by the terms of the Code of Conduct for Members of Devolved Public Bodies.

3.2 If any Member has a direct or indirect financial or other interest as defined in the Code of Conduct of Members of Devolved Public Bodies, which the member considers should be disclosed, and is present at any meeting at which the matter is to be considered, he/she must as soon as practical, after the meeting starts, disclose that he/she has such an interest and the nature of that interest.

3.3 If a Member has declared an interest then that member must decide whether in the circumstances it is appropriate to take part in discussion of or voting on the item of business.

4. Calling of Meetings

4.1 The Board shall meet at such place and such frequency as may be agreed by the Board. The Board shall approve annually a forward schedule of meeting dates for the following year.

4.2 The Chair may convene Special Meetings if it appears to him/her that there are items of urgent business to be considered. Such Meetings will be held at a time, date and venue as determined by the Chair. If the Office of Chair is vacant, or if the Chair is unable to act for any reason the Vice-Chair may at any time call such a meeting.

4.3 If the Chair refuses to call a meeting of the Board after a requisition for that purpose specifying the business proposed to be transacted, signed by at least two thirds of the voting Members, has been presented to the Chair, or if, without so refusing, the Chair does not call a meeting within seven days after such requisition has been presented, those Members who presented the requisition may forthwith call a Meeting provided no business shall be transacted at the Meeting other than specified in the requisition.

4.4 A member who is unable to be present for a meeting of Board or any Committee at the venue identified in the notice calling the meeting shall be able to take part remotely via video conferencing facilities.

5. Notice of Meetings

5.1 Before every meeting of the Board, a notice of the meeting, specifying the time, place and business to be transacted, shall be delivered by electronic means so as to be available to them at least five working days before the meeting. For the avoidance of doubt, the following days shall be excluded from this calculation:

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the day of the meeting, weekends and public holidays. Members may opt in writing addressed to the Chief Officer to have notice of meetings delivered to an alternative address. Such notice will remain valid until rescinded in writing. Lack of service of the notice on any member shall not affect the validity of anything done at a meeting.

5.2 At all Ordinary or Special Meetings of the Board, no business other than that on the notice shall be discussed or adopted except where by reason of special circumstances, which shall be specified in the minutes, the Chair is of the opinion that the item should be considered at the meeting as a matter of urgency.

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5.3 Public Notice of the time and place of each meeting of the Board shall be given by posting it on the internet not less than five working days before the date of each meeting. For the avoidance of doubt, the following days shall be excluded from this calculation: the day the notice is issued, the day of the meeting, weekends and public holidays.

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5.4 The Notice will clearly identify any items which should be treated as confidential and in respect of which the press and public are likely to be excluded from the meeting in accordance with these Standing Orders.

6. Admission of Press and Public

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6.1 Subject to the extent of the accommodation available, meetings of the Board shall be open to the press and public who may observe proceedings but not take part in discussions. This is without prejudice to the Chair's powers of exclusion in order to suppress or prevent disorderly or offensive conduct at a meeting.

6.2 The Chair may at his/her discretion, at any meeting, in order to consider certain items of business, move the Board in to a closed session and exclude the press and public therefrom, and may decide to do so for the following reasons:

6.2.1 The Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation.

6.2.2 The business relates to the commercial interests of any person and confidentiality is required, e.g. when there is an ongoing tendering process or contract negotiation.

6.2.3 The business necessarily involves reference to personal information, and requires to be discussed in private in order to uphold the principles of the Data Protection Act 2018.

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6.2.4 The business necessarily involves reference to confidential or exempt information, as determined by the Local Government (Scotland) Act 1973.

6.2.5 The Integration Joint Board is otherwise legally obliged to respect the confidentiality of the information being discussed.

6.3 The minutes of the meeting will reflect the reason(s) why the chair decided to move the meeting in to a closed session.

7. Adjournment of Meetings

7.1 A meeting of the Board may be adjourned to another date, time or place by a member proposing this to the meeting. If such a proposal is made there will be no discussion on this and it shall be put to a vote. If such a proposal is carried by a majority of those present and entitled to vote, the meeting shall be adjourned to the day, time and place specified in the proposal.

7.2 A meeting of the Board may be adjourned to another date, time or place by the Chair in the case of disorder or misconduct that is impeding the work or proceedings of the Board.

8. Quorum

8.1 No business shall be transacted at a meeting of the Board unless there are present, at least three of the voting Members, which shall include one of the members nominated from each of Grampian Health Board and Moray Council.

8.2 If within a reasonable period after the time appointed for the commencement of a meeting of the Board as determined by the Chair, a quorum is not present, the meeting will stand adjourned to such date and time as may be fixed and the minute of the meeting will disclose the fact.

9. Voting

9.1 Every effort shall be made by Members to ensure that as many decisions as possible are made by consensus.

9.2 Only the four Members nominated by Grampian Health Board, and the four Members nominated by the Council, and all of their proxies when standing in for those members, shall be entitled to vote. No other members are entitled to vote.

9.3 Every question at a meeting shall be determined by a majority of votes of the Members present and who are entitled to vote on the question.

9.4 In the case of an equality of votes the Chair shall not have a second or casting vote and the matter under consideration shall be carried forward to the next meeting for further discussion/resolution. If at the next meeting an equality of votes remain then the matter shall be referred to dispute resolution as provided for within the Integration Scheme.

10. Discussions and Proposals

10.1 It will be competent for any Member of the Board at a meeting of the Board to make a proposal directly arising out of the business before the Meeting.

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10.2 If the chair so requires, every proposal shall be noted by the Clerk in writing and read to the Board before the proposal is discussed.

10.3 The member making the proposal will have the right to speak first in support of his during discussions on the proposal. Once the discussion has closed the Chair will call for a vote on the proposal to be taken.

10.4 Any Member who has not already spoken in a discussion about a proposal may propose the ending of the discussion and a vote will be taken on this. If a majority of the Members present vote for the discussion to be closed, the discussion will be closed. However, closure is subject to the right of the member making the proposal to sum up. Thereafter, a vote will be taken immediately on the proposal that is the subject of discussion.

10.5 In a discussion, any Member may indicate his/her desire to ask a question or offer information immediately after a speech by another Member.

10.6 It is the duty of all members to ensure that they have all the information that they require in order to reach an informed decision on any item of business. Accordingly, in addition to the papers which have been issued to members, prior to any decision being reached on an item, the Chair will at any time afford an opportunity to the relevant officer presenting a report, or to any adviser to the Board, or to any member to provide any further information or brief explanation as they feel necessary.

11. Suspension of Standing Orders

11.1 Any one or more of the Standing Orders, in the case of emergency as determined by the Chair upon a proposal, may be suspended at any Meeting so far as regards any business at such meeting, provided that two thirds of the Members of the Board present and entitled to vote shall so decide. Any proposal to suspend Standing Orders shall state the number or terms of the Standing Order(s) to be suspended and the reason for this. A suspension shall not apply to any Standing Order or part thereof that incorporates a statutory provision.

12. Minutes and Recording of Proceedings

12.1 The names of the Members (both voting and non-voting) and officers present at a meeting shall be recorded in the minutes of the meeting.

12.2 The minutes of the proceedings of a meeting, including any decision or resolution made by that meeting, shall be drawn up by the Clerk and submitted to the next meeting for agreement, after which they will be signed by the person presiding at that meeting. A minute purporting to be so signed shall be received in evidence without further proof.

12.3 No sound, film, video tape, digital or photographic recording of the proceedings of any Meeting shall be made without the prior written approval of the Board.

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Commented [JN2]: Tracey what do we need to put here?

Commented [TS3]: The minutes haven't been signed by the Chair for the last 2 years. I know that the Council have just had theirs signed for the last 2 years and they get bound into minute books to be kept for ever more but I have no idea what happens to the IJB ones.

Commented [JN4]: Alasdair/Aileen - do you know what used to happen or should happen?

APPENDIX 2

13. Disclosure of Information

13.1 There shall be no disclosure to any person of any information regarding proceedings of the Board from which the press and public have been excluded unless or until disclosure has been authorised by the Board or the information has been made available to the press or to the public under the terms of relevant legislation.

13.2 Without prejudice to the foregoing no Member shall use or disclose to any person any information coming to his/her knowledge by virtue of his/her office as a Member where such disclosure would be to the advantage of the Member or of anyone known to him/her or which would be to the disadvantage of the Board.

14. Committees and Working Groups

14.1 The Board may establish any Committee or Working Group as may be required from time to time but each Working Group shall have such lifespan as may be determined by the Board.

14.2 The Membership, Chair, remit, powers and quorum of any Committee or Working Groups will be determined by the Board and once agreed, set out within a Scheme of Administration and periodically reviewed. The Scheme of Administration will be deemed to form part of these Standing Orders.

14.3 Agendas for consideration at a Committee or Working Group will be issued by electronic means to all Members no later than five working days prior to the start of the meeting. For the avoidance of doubt, the following days shall be excluded from this calculation: the day of the meeting, weekends and public holidays.

14.4 The minutes of a Committee meeting, once approved by that Committee in line with 12.2 above, shall be submitted to the next available Board meeting for noting. The minutes of a Working Group meeting will not generally be made public but excerpts may be published on the Board's website at the discretion of the Chair of the group.

14.5 A Committee may, notwithstanding that anything is delegated to it, refer any matter for decision to the Board.

Approved and adopted by the Board at their meeting on26 May 2022.

Version History

to be updated to 26 May 2022	Revision agreed by Board to sections:- 4.1; 4.4; 5.1; 9.2; 12.2

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28 June 2018	Revision agreed by Board to section 14.4.
31 August 2017	Revisions agreed by Board to sections:- 4.1; 5.1; 5.3; 5.4; 6.1- 6.3; 8.1; 8.2; 10.6; 11.1; 12.1; 14.1-14.5; Appendix (Scheme of Administration).
25 February 2016	First Standing Orders agreed by Board.

APP Appendix

MORAY INTEGRATION JOINT BOARD

SCHEME OF ADMINISTRATION

Dealing with the Board's Committee Structure and Working Groups

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APPENDIX 2

Terms of Reference to Committees:

(A) Audit, Performance and Risk Committee
(B) Clinical and Care Governance Committee
(C) Appointments Committee

Terms of Reference to Working Groups:

(1) Strategic Planning and Commissioning Group
(2) Adaptations Governance Group

APPENDIX 2

(A) Audit, Performance and Risk Committee

The following has been agreed by the Board for this Committee:

Membership:	2 Council voting members (not chair or vice chair of Board) 2 Health Board voting members (not chair or vice chair of Board) Third Sector Stakeholder Member NHS Grampian Staff Representative Stakeholder Member
Chair:	voting member, rotating every 18 months as a Council voting member and Health Board voting member in line with the term for the Chair of the Board, selected from the organisation which does not currently chair the Board.
Quorum:	2 voting members (one from Health Board and one from Council)
To be in attendance:	Chief Officer; Chief Finance Officer; Chief Internal Auditor. Professional advisors and senior managers. External auditor to attend at least two meetings per annum at invitation of Committee. Other persons and advisors to attend at invitation of Committee.
Meeting frequency:	minimum 4 per year, as per annual forward schedule of meetings agreed by Board. There should be at least one meeting a year, or part thereof, where the Committee is given the opportunity to meet the External Auditor and Chief Internal Auditor on an informal basis without other senior officers present. The Committee may arrange additional workshops and training sessions to support its work and development of members.

APPENDIX 2

Remit and powers:

1 To assist the Board to deliver its responsibilities for the conduct of public business, and the stewardship of funds under its control. In particular, the Committee will seek to provide assurance to the Board that appropriate systems of internal control are in place to ensure that: business is conducted in accordance with the law and proper standards; public money is safeguarded and properly accounted for; Financial Statements are prepared timeously, and give a true and fair view of the financial position of the Board for the period in question; and reasonable steps are taken to prevent and detect fraud and other irregularities.

2 To review the level of assurance provided over the internal control and corporate governance arrangements (e.g. Standing Financial Instructions – Financial Regulations) of the Board and make recommendations to the Board regarding the signing of the Annual Governance Statement.

3 To approve the selection and appointment of the Board's Internal Audit function.

4 To receive and consider the annual internal and external audit plans on behalf of the Board, and receive reports on work planned, progressed, and completed by Internal and External Auditors.

5 To consider matters arising from Internal and External Audit reports and any investigations into fraud or other irregularities, and review on a regular basis the implementation of actions planned by management in response to these matters.

6 To monitor the effectiveness of the risk management arrangements implemented by the Board, including strategy, assessment, monitoring and reporting of risk.

7 To consider the annual financial accounts and related matters before submission to the Board.

8 To obtain assurance that the Senior Management Team maintains effective controls within their services which comply with financial procedures and regulations.

9 To develop and oversee arrangements for reporting the assurance gained from its activities for the information of the relevant Scrutiny and Audit Committees

within NHS Grampian and the Moray Council, and obtaining the assurance it requires from these bodies, including sharing relevant audit reports where appropriate.

10 To set up short term working groups for review work. Membership of the working group will be open to anyone whom the Committee considers will assist in the task assigned. The working groups will not be decision making bodies or formal committees but will make recommendations to the Audit, Performance and Risk Committee.

11 To ensure that satisfactory arrangements are established for reviewing and appraising service performance against set objectives and agreed performance indicators and to receive and scrutinise regular performance reports to enable the review of outcomes.

12 To ensure resolution of key performance issues raised through referral to the accountable officer, supported by the Chief Officer.

13 To support the Board in ensuring the Performance Management Framework is working effectively and that escalation of action is consistent with the risk tolerance of the Board.

14 To receive and consider annual performance reports before publication.

15 To make recommendations regarding improvements to the activities, internal controls and governance of the Board and its services.

16 To maintain awareness of relevant Audit Scotland and other national audit, inspection and regulatory advice, and consider the potential implications of the outcomes of this work for the Board's internal control and governance arrangements.

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

18 To instruct investigations and call upon officers to give evidence, explanations, or provide written reports as appropriate for the purpose of providing information to assist the Committee in fulfilling its role of advising the Board.

19 To call for investigation of any matter within its remit, and set its own work programme. To be provided with the resources it needs to do so, and to be given full and timely access to information relevant to its function. The Committee may obtain external professional advice where considered necessary.

APPENDIX 2

(B) Clinical and Care Governance Committee

The following has been agreed by the Board for this Committee:

Membership:	2 Council voting member 2 Health Board voting member Carer Stakeholder Member Service User Stakeholder Member Third Sector Stakeholder Member Moray Council Staff rep Stakeholder Member Chief Officer Professional Member Chief Social Work Officer Professional Member Lead Nurse Professional Member GP Lead Professional Member Non Primary medical services Lead Professional Member Nominated Additional Member
Chair:	Health Board voting member
Quorum:	2 voting members (one Health Board and one Council)r
To be in attendance:	Heads of Services Clinical Governance Co-ordinatorChief Nurse Corporate Manager Other persons and advisors to attend at invitation of Committee.
Meeting frequency:	as per annual forward schedule of meetings agreed by Board. In addition development workshops/activities will be held each year.

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APPENDIX 2

Remit and powers:

1. To reflect the following core elements of clinical and care governance in the standing items on the Committee's meeting agenda:

    - **Leadership and accountability**
      Leadership and management
      Human resources
      Organisational learning and continuous professional development
      Supervision and performance appraisal

    - **Safe and effective practice**
      Risk management and adverse events
      Research, evidence-based practice and informed decision-making
      Adult Support and protection
      Child protection

    - **Accessible, flexible and responsive services**
      The involvement of people who use services and carers
      Integrated working

    - **Effective communication and information**
      Information management
      Standards, outcomes and audit
      Complaints and compliments

2. To oversee and provide assurance in regards to clinical and care governance issues within the Moray Health and Social Care services.

3. To provide support and assurance and escalate concerns to the Board.

4. To inform and assure the NHS Grampian Clinical Governance Committee and Chief Social Work Officer, at a frequency to be determined, that robust processes and procedures are in place.

5. An annual report will be submitted to the NHS Grampian Clinical Governance Committee providing Board activity which will evidence robustness in regards to procedures.

6. To support and assist the Board in achieving their clinical and care governance responsibilities in compliance with the Health and Social Care Integration, Clinical and Care Governance Framework Version 1 (Scottish Government November 2014).

7. To provide assurance to partner organisations that robust and effective mechanisms for clinical and care governance are in place for the services and functions delegated.

8. To provide a coordinated and integrated approach to clinical and care governance across Moray Health and Social Care Partnership.

9. To inform, support and advise Health and Social Care staff on clinical and care governance issues, ensuring and enabling best practice and high quality safe patient care.

10. To encourage ownership and collaboration with Health and Social Care staff informing the working of the committee, highlighting issues of concern and good practice.

11. To enable reporting on these matters as part of the annual reporting cycle.

12. To provide assurance to Statutory post holders in relation to effective services – i.e. Medical Director, Executive Nurse Director and Chief Social Work Officer.

13. To feedback on the work of the committee to members' profession/service.

14. To ensure that systems are in place and performing effectively across health and social care to support clinical and care governance including to ensure that registration is current and valid and that there is a system for reporting poor practice by registered professionals to the appropriate regulatory board.

15. Following each meeting, to report to the Board providing details of any governance issues or concerns that the operational teams have reported, as well as evidence of good practice and learning on an exception basis. Where an issue or concern is linked to delivery of a Children's Health Service or an Adult Service out with the Board then the report will also be forwarded to the NHS Grampian Clinical Governance Committee or to the Chief Social Work Officer as appropriate.

(C) Appointments Committee

Commented [TS5]: Is this not to appoint a new Chief Officer, has it ever been convened for stakeholder appointments – do we need to convene it to replace Lewis Walker and Malcom Metcalfe?

The following has been agreed by the Board for this Committee:

Membership:	Chair of Board Vice Chair of Board Chief Officer Chief Finance Officer
Chair:	Chair of Board
Quorum:	All members
To be in attendance:	----------
Meeting frequency:	ad hoc, as and when required to fill a vacancy in stakeholder membership.

Remit and powers:

1. To appoint a new stakeholder member to fill a vacancy following the Board's agreed process for identifying potential new members.

APPENDIX 2

(1) Strategic Planning and Commissioning Group

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

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

Chair: Chief Officer

Quorum: Half of the membership.

To be in attendance: Other representatives may be invited to attend where there are agenda items specific to their role and expertise.

Meeting frequency: monthly. During the period of revision of the strategic plan, meetings will alternate between business focus and strategic plan review, the business meeting will continue on a bi-monthly cycle thereafter.

Remit and powers:

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

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

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

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

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

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

7. Ongoing monitoring and review of the Strategic Plan.

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

9. Members will be expected to:

    - Represent their sector or professional area

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

(2) Adaptations Governance Group

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

Membership: Occupational Therapy representative
Housing Representative
Legal Representative
Finance Representative

Chair: Head of Adult Health and Social Care, Additional Member

Quorum: ----------

To be in attendance: ----------

Meeting frequency: Initially monthly until budget and any process amendment has been agreed and thereafter quarterly

Remit and powers:

1. To identify the correct budget for transfer to the Board.
2. To ensure that the resources identified for adaptations are utilised correctly and efficiently.
3. To keep under review the adaptations process to ensure Best Value is being achieved.
4. To review performance information in relation to adaptations to ensure effectiveness and efficiency.
5. To report to the Strategic Planning and Commissioning Executive Group.

APPENDIX 2

Version History

29 November 2018	Revisions agreed by Board to (1) Strategic Planning and Commissioning Group membership, meeting frequency and remit and powers number 2.
28 June 2018	Revisions agreed by Board to: (A) – heading, para 10, insertion of new paras 11 – 14. (B) Attendee list. (1) All parts.
31 August 2017	Information for Committees and working groups pulled together into Scheme of Administration
31 August 2017	Appointments Committee agreed by Board to appoint stakeholder members.
23 February 2017	Strategic Planning and Commissioning Executive Group remit extended by adding ongoing monitoring of Implementation Plan. Adaptations Governance Group agreed by Board.
10 February 2017	Appointments Committee agreed by Board to select and appoint a Chief Financial Officer. On completion Committee to be disbanded.
10 November 2016	Audit and Risk Committee and Clinical and Care Governance Committee quorum amended.
28 April 2016 and 30 June 2016	Clinical and Care Governance Committee agreed by Board.
31 March 2016	Strategic Planning and Commissioning Executive Group agreed by Board.
31 March 2016	Audit and Risk Committee agreed by Board.

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 26 MAY 2022**

SUBJECT: **FUTURE MORAY INTEGRATION JOINT BOARD MEETINGS**

BY: **CORPORATE MANAGER**

1. REASON FOR REPORT

1.1. To ask the Board to consider future arrangements for holding meetings of the Moray Integration Joint Board, the Audit, Performance and Risk Committee and the Clinical and Care Governance Committee going forward now that Covid restrictions have been lifted.

2. RECOMMENDATION

2.1 It is recommended that the Moray Integration Joint Board (MIJB) agrees how meetings will be held in the future as per the options in section 4;

3. BACKGROUND

3.1. At a meeting of the Board on 25 November 2021 (para 20 of the minute refers) the Board agreed the schedule of meetings for 2022/23, that meetings start at either 9.30am or 2.00pm with the Moray Integration Joint Board moving back to a morning meeting and that meetings of Audit Performance and Risk and Clinical and Care Governance would be webcast.

3.2. The Board agreed to defer the decision on how meetings will be held in the future once restrictions were lifted.

4. FUTURE MEETING OPTIONS

4.1 While social distancing remained in place, meetings continued to be held on line, however the Board may wish to consider how meetings will take place now restrictions have been lifted.

4.2 The options are as follows:

- Continue with meetings online
- To return to face to face meetings
- To have a mixture of face to face and online meetings (hybrid meetings)

4.3 To continue webcasting the MIJB, the Board will need to use either Connect Remote or use the Council Chamber as the meeting base.

Continue with Meetings Online

4.4 If the Board wish to continue holding the meetings remotely then there will be no change to the current arrangements.

Return to Face to Face Meetings

4.5 If the Board wish to continue webcasting the meetings, the face to face meetings will need to take place in the Council Chamber, Headquarters, Elgin to allow use of the webcasting equipment in the Chamber.

Hybrid Meetings

4.6 The Council have recently purchased a new hybrid meeting system which would mean that Board members can meet face to face and also have members joining remotely. Again, to use this facility the meetings would need to take place in the Council Chamber.

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 scheduling of appropriate meetings facilitates good governance arrangements and supports the delivery of the Strategic Plan.

(b) Policy and Legal
There are no policy or legal implications arising from this report.

(c) Financial implications
There are no financial implications directly arising from this report.

(d) Risk Implications and Mitigation
None directly arising from this report.

(e) Staffing Implications
There are no staffing implications directly arising from this report.

(f) Property
There are no implications in terms of Council or NHS property directly arising from this report.

(g) Equalities/Socio Economic Impact
An equalities impact assessment is not required as there is no change to service delivery arising as a result of this report.

(h) Climate Change and Biodiversity Impacts
Online meetings reduce impact on the environment through reduction of travel so a decision to move to hybrid or face to face meetings will increase the impact.

(i) Directions
None directly arising from this report.

(j) Consultations

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

- Tracey Sutherland, Committee Services Officer, Moray Council

6. CONCLUSION

6.1. The MIJB is asked to agree on how they wish meetings to be held in the future.

Authors of Report: Jeanette Netherwood, Corporate Manager, HSCM
Background Papers:
Ref:

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 26 MAY 2022**

SUBJECT: **HOME FIRST - DISCHARGE TO ASSESS AND THE IMPACT ON SYSTEM FLOW ACROSS MORAY**

BY: **SEAN COADY, HEAD OF SERVICE**

1. REASON FOR REPORT

1.1. To update the Board on the impact that Discharge to Assess (D2A) has made on system flow across the Moray Health and Social Care portfolio.

2. RECOMMENDATION

2.1 It is recommended that the Moray Integration Joint Board:-

i) considers and notes the performance evaluation of the Discharge to Assess Service with an emphasis on impact across system flow and capacity;

ii) notes the actions identified in section 4 and that an update on progress will be submitted to the Board within the next six months.

3. BACKGROUND

3.1. Health and Social Care Moray, like most other partnerships, have been under immense and sustained pressure from the COVID-19 pandemic since early 2020. Now entering its third year the impact of COVID-19 can be seen across the entire health and social care portfolio and key performance indicators such as acute admission rates and delayed discharges remain high.

3.2. Discharge to Assess (D2A) is one of a number of initiatives that has been developed within the Operation Home First Programme. The programme aims are:-

- To maintain people safely at home
- To avoid unnecessary hospital attendance or admission
- To support early discharge back home after essential specialist care

Discharge to Assess

3.3 D2A is an intermediate care approach that aims to secure the early discharge of hospital in-patients who are clinically stable and do not require acute hospital

care but may still require rehabilitation or care services provided with short-term support. D2A was one of the original initiatives through Operation Home First. Intervention by D2A comprises up to 2 weeks of intensive assessment and rehabilitation in the patient's home from Occupational Therapy, Physiotherapy and an Advanced Nurse Practitioner with day to day support from Generic Support Workers working upon patient chosen goals.

3.4. The following criteria provides guidance to referring practitioners :

- Patient informed consent
- Resident of Moray
- 18 Years and over
- Medically Stable
- Rapid diagnostics completed, e.g., Bloods, ECG, Chest X-ray, plain film X-rays, CT head if required
- Initial combined AHP assessment completed in Emergency Department or early on in admission
- Independently mobile, with/without aids
- Anticipated short term assessment period of 2 weeks plus
- Continence can be managed – independent with equipment/pads or support including overnight
- Admission to hospital likely to be detrimental to cognitive status
- Patient's family in agreement

3.5. D2A aims to have system impact on the following :

- Avoiding unnecessary admission
- Reducing length of hospital stay – DGH and Community
- Lowering re-admission rates
- Reducing the requirement for care packages

3.6. After two trial periods, D2A went live on 3 August 2021. At the MIJB meeting on 25 March 2021 (para 10 refers) permanent funding of 497K was secured for:-

- Band 7 OT Lead 1.5WTE
- Band 7 Advanced Nurse Practitioner 1WTE
- Band 6 OT 1 WTE
- Band 6 Physiotherapist 1WTE
- Band 6 Registered Nurse 0.6WTE
- Band 3 HCSW 6WTE
- Band 3 Admin 1WTE

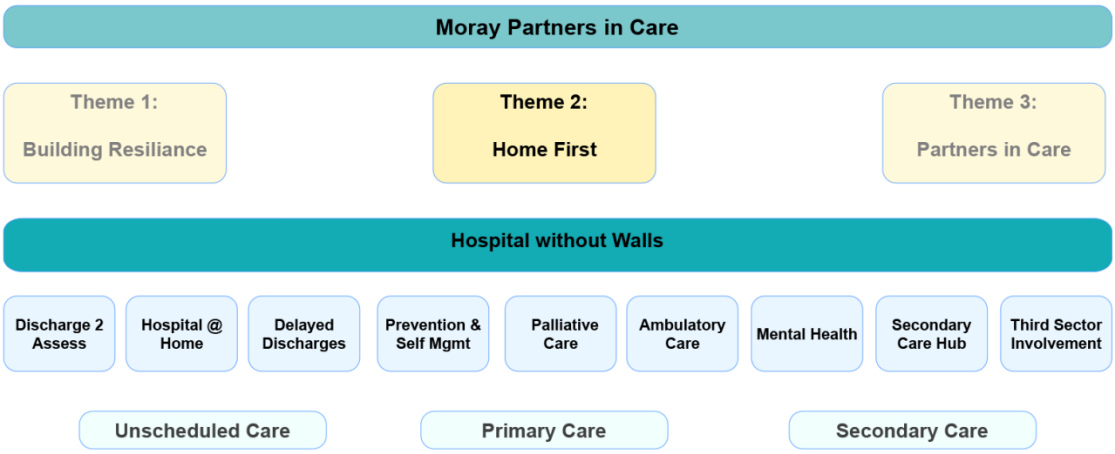
3.7. D2A was awarded a budget of £497K per annum. For the period of 3 August 2021 to 31 March 2022 D2A spend was £299k against a prorated budget of £331k. Whilst the service operated under budget it recognises that if a full staffing compliment was in place there would be overspend. For the same period maternity absence accounted for 13% of staffing and long term sickness absence 7%. Travel costs have come in higher than original estimate.

3.8. The average length of treatment once discharged home with support from the D2A team was 11 days, making the cost per day of the D2A service per patient £169 compared with £570 for a DGH bed day and £262 for a Community Hospital bed day.

3.9. Since going live D2A has faced a number of challenges related to staffing. It is yet to operate at full staffing capacity and most recently has a vacant Band 6 physiotherapist post. D2A has also experienced staff absence due to COVID-19, longer term absence and maternity leave. As such, it should be noted that D2A has not been operating at optimal staffing.

3.10. D2A is part of a wider programme exploring the entire patient pathway – particularly for those with frailty and multimorbidity. Hospital without Walls was introduced at the meeting of the Board on 27 January 2022 (para 11 of the minute refers). The key objective of the Hospital without Walls programme is to establish a suite of responsive, seamless, co-ordinated, multi-disciplinary care supporting older people with frailty and multi-morbidity. Hospital without Walls pulls together the individual work streams under Home First whilst also considering unscheduled care, primary/secondary care and acute services.

The diagram below provides an illustration of Hospital without Walls.



4. KEY MATTERS RELEVANT TO RECOMMENDATION

Avoiding Unnecessary Admissions

4.1. For the 8 month period August 2021 to March 2022, a total of 161 patients were assessed by D2A. 11% of those (18) were referred to D2A by Dr Gray's Hospital (DGH) Emergency Department (ED) and discharged home directly. Assuming that these patients would have been admitted and would have remained in DGH for the average length of stay of 7 days this equates to a bed day saving of 126 days at a cost of £72K minus £33.5K for the cost of D2A (11 days at £169 per day per patient) so an overall cost saving of £38.5K. A review of the ED attendance will be done in conjunction with the Home First Frailty team to ascertain if more patients could be referred to D2A earlier in their journey to prevent unnecessary hospital admission.

Reducing Length of Stay

4.2. For the 8 month period August 2021 to March 2022, for 118 DGH in-patients assessed by D2A had their hospital stay was shorted by one day. (DGH 7 days against D2A 6 days). This amounts to a bed day saving of £67K. Review of

inpatient discharge arrangements to D2A in collaboration with the Home First Frailty Team is planned and further review will be done to establish if length of stay could be further reduced.

4.3. In month one (August), 45% of patients were discharged from DGH to D2A, 45% of patients were discharged from a Community Hospital to D2A and the remaining 10% directly from ARI or hospitals out with Moray. Currently 73% of patients are discharged from DGH to D2A and 19% from a Community Hospital. This demonstrates a shift to early supported discharge from DGH and D2A's contribution to capacity and flow as well as reduced length of stay. Work will be undertaken to establish the extent of this benefit as lengthy Community Hospital stays impact on patient outcomes and severely hamper flow.

4.4. D2A is providing a blended model of care where appropriate with START (short Term Reablement and Assessment Team) to ensure timely discharge which supports all the needs of the patient. D2A will also provide input to Hospital Without Walls as well as links to Primary Care AHPs and the Home First Frailty Team and any other appropriate agencies thereby introducing a seamless service that supports the frail elderly of Moray.

Lowering Readmission Rates

4.5. The readmission rate for DGH period August 2021 to March 2022 (1539 admissions) is 3.84% at 7 days and 8.28% at 28 days. The readmission rate for D2A (161 patients) is 1.86% at 7 days and 3.73% at 28 days. Standardising these rates demonstrates that for 7 days DGH has a 1 in 26 risk of readmission and D2A has a 1 in 53 risk of readmission. For 28 days, DGH has a 1 in 12 risk of readmission, and 1 in 26 risk readmission within the D2A service. This demonstrates that patients who are supported by the D2A service are over 50% less likely to be readmitted.

Reducing the Requirement for Care

4.6. Prior to D2A the only response to patients requiring support with activities of daily living was a referral to Social Care. By introducing D2A, 161 patients have swapped a potentially lengthy wait for a social care package with short term intensive targeted rehabilitation and avoided the risk of becoming a delayed discharge. Since launching, only 4% of D2A patients required assessment for care. More work will be done to analyse this benefit and cost saving.

Patient Outcomes

4.7. Patient functional outcomes are measured using a suite of standardised tools.

- Barthel Functional Index (therapy-rated outcome)
- Canadian Occupational Performance Measure (patient-rated outcome)
- Tinetti (therapy-rated outcome)
- Elderly Mobility Scale (therapy-rated outcome)

4.8. Using these standardised outcome measures:

- 95% of D2A patients showed an increase in their functional performance in Activities of Daily Living (ADL)
- 90% of patients rated an improvement in their own ADL performance

- 94% of patients improved their functional mobility and gait, therefore reducing the risk of falls and improving their overall ability to maintain ADL's
- 85% of patients were rated with improved scores around balance, gait and mobility
- The Advanced Nurse Practitioner (ANP) for D2A carries out a review of medication management for patients discharged to reduced poly pharmacy and ensure interface between secondary and primary care

This supports the aim of D2A to support early discharge and maintain people at home.

4.9 **Cost Analysis**

Activity August 2021 to March 2022	**£**
D2A costs (including non-staff)	(299K)
Avoiding unnecessary admission	72K
Reducing length of stay – DGH	67K
Reducing length of stay – Community Hospitals	-
Reducing care requirements	-
Total	**(160K)**

4.10 Potential savings from reduced transfer to Community Hospitals and therefore reduced length of stay for patients and reduced social care packages require to be costed. Work will be done to better evaluate these elements it is anticipated the value created by D2A will be better illustrated. It should be noted that cost savings are for DGH and not the wider MIJB at this stage.

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 aims of Home First have significant alignment to the themes of the MIJB strategic plan and in particular to the Home First theme.

(b) Policy and Legal

None directly associated with this report

(c) Financial implications

There are financial risks with D2A budget being overspent if left to continue. To mitigate this, continuous budget monitoring is ongoing including the review of staffing and banding. Additionally, cost savings relate to DGH and not the wider MIJB at this stage.

(d) Risk Implications and Mitigation

There are financial risks with D2A. As above.

In terms of patient outcomes, the 161 patients supported by the service saw high rehabilitation outcomes, reduced length of stay for DGH and a lower readmission rate.

Although there is excellent qualitative data evaluation through the various outcome therapy led evaluators there is a lower reliance on key quantitative performance indicators. To mitigate this, quantitative metrics will be identified and evaluated and should link to high level national, regional and local strategic indicators.

This rehabilitation service provides assessment over 7 days predominantly in hours. There is a risk that the well documented peak activity periods for admissions of frail adults is missed for referral for D2A. A review of ED attendance is planned with the Home First Frailty Team to ascertain if more patients could be referred to D2A earlier in their journey.

(e) Staffing Implications

D2A demands a workforce of highly specialist practitioners in order to achieve evidenced rehabilitation goals with patients. Recruitment for all Allied Health Professionals is challenging across the whole of the country and there is a national shortage of AHPs.

Review of the staffing configuration has been required throughout with the maternity and sickness absence of staff, vacancies and a balance against to meeting the aims and objectives of the service.

D2A is providing a blended model of care where appropriate with START (short Term Reablement and Assessment Team) and also will provide input to Hospital Without Walls as well as links to Primary Care AHPs and Home First Frailty team thereby introducing a seamless service that supports the frail elderly of Moray.

(f) Property

As previously reported, the D2A team have had issues with accommodation, often being displaced outside of DGH.

(g) Equalities/Socio Economic Impact

All patients who require D2A and are able to engage in rehabilitation receive D2A. As a rehabilitation service, it does not run 24/7 therefore some patients who attend ED out of hours may be missed. Work is ongoing to review this.

(h) Climate Change and Biodiversity Impacts

There are no climate change and biodiversity impacts in this report.

(i) Directions

NHS to be directed to provide this service through Scottish Government Winter Funding announced 4 November 2021. The specific direction will be included in the Financial Investment report to come to this committee 30 June 2022.

(j) Consultations

Consultations have taken place with the Home First Delivery Group, Chief Officer, Chief Financial Officer, Clinical Lead, Head of Service, Corporate Manager, Moray Council and comments incorporated regarding their respective areas of responsibility.

6. CONCLUSION

6.1 D2A has continued to meet the criteria as set out in its initial business case. This is an effective service that demonstrates excellent outcomes for patients in terms of functional ability after D2A intervention. A number of key actions have been highlighted in the report and will be further explored.

6.2 D2A is a single part of the overall frailty service and with refinement under the Hospital without Walls model opportunities for better utilisation will be explored.

6.3 A report will be brought before the board in 6 months.

Author of Report: Alison Smart, Home First Clinical Lead
Background Papers:
Ref:

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 26 MAY 2022**

SUBJECT: **EXTERNAL AUDIT PLAN FOR THE YEAR ENDING 2021/22**

BY: **CHIEF FINANCIAL OFFICER**

1. REASON FOR REPORT

1.1. To inform the MIJB Joint Board of the Auditor's Annual Plan for 2021/22.

2. RECOMMENDATION

2.1. **It is recommended that the MIJB Joint Board considers and notes the contents of the External Auditor's Annual Plan for 2021/22.**

3. BACKGROUND

3.1. In September 2016, Audit Scotland was confirmed as the external auditor of the Moray Integration Joint Board (MIJB). The appointment was for financial years 2016/17 to 2020/21 inclusive. Due to the significant disruption of Covid-19, the Auditor General for Scotland and the Accounts Commission for Scotland announced in June 2020 an intention to extend the current audit appointments by one year in the first instance. This has since been confirmed and so Audit Scotland will remain the MIJB's auditors through to the audit of the 2021/22 year.

3.2. Audit Scotland work together with the Auditor General and the Accounts Commission to deliver public audit in Scotland and provide independent assurance to the people of Scotland that public money is spent appropriately and provides value. Audit work is carried out in accordance with International Standards on Auditing, the Code of Audit Practice https://www.audit-scotland.gov.uk/uploads/docs/report/2016/code_audit_practice_16_0.pdf and any other relevant guidance.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. An Annual Audit Plan for 2021/22 has been received from Audit Scotland and is attached at **APPENDIX 1** to this report. The Plan sets out the scope of the audit work and the auditors approach to the audit. The Plan details the initial risks identified by Audit Scotland and planned work to be undertaken for the audit of the financial statements for the year ending 2021/22. Audit Scotland also aim to add value to the MIJB through its work.

4.2. The Audit Plan identifies the main risks for the MIJB which will be the focus of audit testing and are outlined in Exhibit 2 on page 6 of the Plan.

4.3. On page 12 of the Audit Plan, Audit Scotland has shown the External Audit fee for 2021/22 as being £27,960. This fee is consistent with the charges being made by Audit Scotland across the country and represents a 2.3% increase on the previous year.

4.4. The annual accounts timetable, including key deadlines are shown in Exhibit 5 on page 11 of the audit plan and requires the MIJB to submit the Unaudited Annual Accounts along with supporting working papers to Audit Scotland by 30 June 2022 following consideration by those charged with governance at the meeting of the MIJB on 30 June 2022. The MIJB will be asked to approve the audited annual accounts and to consider the Annual Audit Report at its meeting of 24 November 2022.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and MIJB Strategic Commissioning Plan 'Moray Partners in Care' 2019 – 2029
The work undertaken by External Audit seeks to provide assurance to the MIJB on the financial governance and resource management. It will express a view on the key risks to be managed in order to secure operational efficiency in line with the Strategic Plan 2019 - 29.

(b) Policy and Legal
The external audit is conducted in terms of statutory powers afforded to the appointed External Auditor and in accordance with Audit Scotland's Code of Practice.

(c) Financial implications
The annual audit fee set for 2021/22 by Audit Scotland and paid by the MIJB is £27,960.

(d) Risk Implications and Mitigation
The risks associated with the Audit Plan have been identified and categorised within the Plan under section 'Exhibit 2'.

(e) Staffing Implications
Preparation of the MIJB's financial statements will require input and coordination from the MIJB Chief Financial Officer and the finance teams of both Moray Council and NHS Grampian which forms part of the scheduled work.

(f) Property
None arising directly from this report.

(g) Equalities/Socio Economic Impact
None arising directly from this report as there has been no change to policy.

(h) Directions
None arising directly from this report.

(i) Consultations
The content of the Plan has been discussed with the Chief Officer, Chief Internal Auditor and Senior Managers prior to production and their comments have been incorporated where appropriate.

6. CONCLUSION

6.1. The Annual Audit Plan informs the MIJB, its Committees and officers of the work to be undertaken by External Audit (Audit Scotland) in the year ahead.

Author of Report: Deborah O'Shea
Background Papers: with author
Ref:

Moray Integration Joint Board

Annual Audit Plan 2021/22

AUDIT SCOTLAND

Prepared for Moray Integration Joint Board
April 2022

Contents

Introduction

Summary of planned audit work

1. This document summarises the work plan for our 2021/22 external audit of Moray Integration Joint Board (the IJB). The main elements of our work include:

- an audit of the 2021/22 annual accounts, and provision of an Independent Auditor's Report
- provision of an audit opinion on the other statutory information published within the annual accounts including the Management Commentary, the Annual Governance Statement and the audited part of the Remuneration Report
- consideration of arrangements in relation to the audit dimensions that frame the wider scope of public sector audit: financial management, financial sustainability, governance and transparency and value for money
- consideration of the IJB's Best Value arrangements.

Impact of Covid-19

2. The coronavirus disease (Covid-19) pandemic has had a significant impact on public services and public finances, and the effects will be felt well into the future.

3. The Accounts Commission and Audit Scotland continue to assess the risks to public services and finances from Covid-19 across the full range of our audit work, including annual audits and the programme of performance audits. The well-being of audit teams and the delivery of high-quality audits remain paramount. Changes in our approach may be necessary and where this impacts on annual audits, revisions to this Annual Audit Plan may be required.

Adding value

4. We aim to add value to the IJB through our external audit work by being constructive and forward looking, by identifying areas for improvement and by recommending and encouraging good practice. In so doing, we will help the IJB promote improved standards of governance, better management and decision making and more effective use of resources. Additionally, we attend meetings of the Moray IJB and Audit, Performance and Risk Committee and actively participate in discussions.

Respective responsibilities of the auditor and Moray Integration Joint Board

5. The Code of Audit Practice (2016) sets out in detail the respective responsibilities of the auditor and the IJB. Key responsibilities are summarised below.

Auditor responsibilities

6. Our responsibilities as independent auditors are established by the Local Government (Scotland) Act 1973 and the Code of Audit Practice (including supplementary guidance) and guided by the Financial Reporting Council's Ethical Standard.

7. Auditors in the public sector give an independent opinion on the financial statements and other information within the annual report and accounts. We also review and report on the arrangements within the IJB to manage its performance, and use of resources. In doing this, we aim to support improvement and accountability.

Moray Integration Joint Board responsibilities

8. The IJB is responsible for maintaining accounting records and preparing financial statements that give a true and fair view.

9. The IJB also has the primary responsibility for ensuring the proper financial stewardship of public funds, compliance with relevant legislation and establishing effective arrangements for governance, propriety and regularity that enable them to deliver their objectives.

Managing the transition to 2022/23 audits

10. Audit appointments are usually for five years but were extended to six years due to Covid-19. 2021/22 is the final year of the current appointment and we will work closely with our successors to ensure a well-managed transition.

Financial statements audit planning

Materiality

11. Materiality is an expression of the relative significance of a matter in the context of the financial statements as a whole. We are required to plan our audit to determine with reasonable confidence whether the financial statements are free from material misstatement. The assessment of what is material is a matter of professional judgement over both the amount and the nature of the misstatement.

Materiality levels for the 2021/22 audit

12. The materiality values for the IJB are set out in Exhibit 1.

Exhibit 1
2021/22 Materiality levels for Moray Integration Joint Board

Materiality	Amount
Planning materiality – This is the figure we calculate to assess the overall impact of audit adjustments on the financial statements. It has been set at 1% of gross expenditure for the year ended 31 March 2022 based on the latest audited financial statements for 2020/21.	£1.4 million
Performance materiality – This acts as a trigger point. If the aggregate of errors identified during the financial statements audit exceeds performance materiality, this would indicate that further audit procedures should be considered. Using our professional judgement, we have assessed performance materiality at 75% of planning materiality.	£1.1 million
Reporting threshold (clearly trivial) – We are required to report to those charged with governance on all unadjusted misstatements more than the 'reporting threshold' amount. This has been calculated at 5% of planning materiality and rounded to a memorable metric.	£70,000

Source: Audit Scotland

Significant risks of material misstatement to the financial statements

13. Our risk assessment draws on our cumulative knowledge of the IJB, its major transaction streams, key systems of internal control and risk management processes. It is also informed by our discussions with management, meetings with internal audit, attendance at committees and a review of supporting information.

14. Based on our risk assessment process, we identified the following significant risks of material misstatement to the financial statements. These are risks which have the greatest impact on our planned audit procedures. Exhibit 2 summarises the nature of the risk, the sources of assurance from management arrangements and the further audit procedures we plan to perform to gain assurance over the risk.

Exhibit 2
2021/22 Significant risks of material misstatement to the financial statements

Significant risk of material misstatement	Sources of assurance	Planned audit response
1. Risk of material misstatement due to fraud caused by the management override of controls As stated in International Standard on Auditing (UK) 240, management is in a unique position to perpetrate fraud because of management's ability to override controls that otherwise appear to be operating effectively.	Owing to the nature of this risk, assurances from management are not applicable in this instance.	• Agreement of balances and transactions to Moray Council and NHS Grampian financial reports / ledger / correspondence. • Auditor assurances will be obtained from the auditors of Moray Council and NHS Grampian over the completeness, accuracy and allocation of income and expenditure. • Review of year-end adjustments. • Review of financial monitoring reports during the year.

Source: Audit Scotland

15. As set out in International Standard on Auditing (UK) 240*: The auditor's responsibilities relating to fraud in an audit of financial statement*, there is a presumed risk of fraud over the recognition of revenue. There is a risk that income may be misstated resulting in a material misstatement in the financial statements. The IJB is wholly funded by NHS Grampian and Moray Council. We assess that the risk of material misstatement arising from fraud over income is limited. This limitation is to such an extent that we have excluded the risk of fraud over income from our significant audit risks.

16. In line with Practice Note 10: *Audit of financial statements and regularity of public sector bodies in the United Kingdom*, as most public-sector bodies are net spending bodies, the risk of material misstatement due to fraud related to expenditure recognition may in some cases be greater than the risk relating to revenue recognition. We have rebutted the risk of material misstatement caused by fraud in expenditure in 2021/22 as we do not consider this to be a significant risk for the IJB. This is on the basis that all transactions are processed by the partner bodies rather than the IJB directly and that all expenditure is undertaken by the partners who are public sector bodies.

17. We have not, therefore, incorporated specific work into our audit plan in these areas over and above our standard audit procedures.

Audit risk assessment process

18. Audit risk assessment is an iterative and dynamic process. Our assessment of risks set out in this plan may change as more information and evidence becomes available during the progress of the audit. Where such changes occur, we will advise management and where relevant, report them to those charged with governance.

Audit dimensions and Best Value

Introduction

19. The Code of Audit Practice sets out the four dimensions that frame the wider scope of public sector audit. The Code of Audit Practice requires auditors to consider the adequacy of the arrangements in place for the audit dimensions in audited bodies.

Audit dimensions

20. The four dimensions that frame our audit work are shown in Exhibit 3.

Exhibit 3
Audit dimensions

Source: Code of Audit Practice

21. In summary, the four dimensions cover the following:

- **Financial management** – financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively

- **Financial sustainability** – as auditors, we consider the appropriateness of the use of the going concern basis of accounting as part of the annual audit. We will also comment on financial sustainability in the longer term. We define this as medium term (two to five years) and longer term (longer than five years)

- **Governance and transparency** – 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

- **Value for money** – value for money refers to using resources effectively and continually improving services.

Best Value

22. Integration Joint Boards have a statutory duty to make arrangements to secure best value. We will consider and report, where necessary, on these arrangements.

Audit dimension risks

23. No new audit dimension risks have been identified for the IJB in 2021/22. Progress on the outstanding audit dimension risks identified in prior years will be followed-up with management during the course of the 2021/22 audit.

Reporting arrangements, timetable, and audit fee

Reporting arrangements

24. Audit reporting is the visible output for the annual audit. All Annual Audit Plans and the outputs, as detailed in Exhibit 4, and any other outputs on matters of public interest will be published on our website: www.audit-scotland.gov.uk.

25. Matters arising from our audit will be reported on a timely basis and will include agreed action plans. Draft reports will be issued to the relevant officers to confirm factual accuracy.

26. We will provide an independent auditor's report to the IJB and the Accounts Commission setting out our opinions on the annual accounts. We will also provide the IJB and the Accounts Commission with an annual report on the audit containing observations and recommendations on significant matters which have arisen during the audit.

27. Exhibit 4 outlines the target dates for our audit outputs which reflect available audit resources and prioritisation decisions (see paragraph 29 below).

Exhibit 4
2021/22 Audit outputs

Audit Output	Target date	IJB date
Annual Audit Plan	30 April 2022	26 May 2022
Independent Auditor's Report	9 November 2022	24 November 2022
Annual Audit Report	9 November 2022	24 November 2022

Source: Audit Scotland

Timetable

28. The effect of Covid-19 on the 2019/20 and 2020/21 audits means that we are starting the 2021/22 audits later than in previous years. We expect that this year will continue to be challenging and we have reviewed resources and timings across the audits which Audit Scotland delivers.

29. In the interests of public accountability, and with a view to the new audit appointments from 2022/23, Audit Scotland is prioritising NHS, agency and council audits this year. Although the target date for the completion of local government audits is 31 October 2022, this cannot be met in all cases.

30. We have included the proposed timetable for the audit of the IJB at Exhibit 5 which has been discussed with management. We continue to seek ways to work more efficiently to expedite the 2021/22 audits whilst at the same time maintaining high standards of quality. Progress against the proposed timetable will be discussed with finance officers over the course of the audit

Exhibit 5
Proposed annual accounts timetable

Key stage	Provisional Date
Consideration of the unaudited annual accounts by those charged with governance	30 June 2022
Latest submission date for the receipt of the unaudited annual accounts with complete working papers package.	30 June 2022
Latest date for final clearance meeting with the Chief Financial Officer	3 November 2022
Agreement of audited unsigned annual accounts Issue of Annual Audit report including ISA260 report to those charged with governance	9 November 2022
IJB meeting to consider the Annual Audit Report and approve the audited annual accounts for signature	24 November 2022
Signed Independent Auditor's Report	24 November 2022

Source: Audit Scotland

31. To support an efficient audit, it is critical that high quality unaudited accounts and supporting working papers are provided and that the timetable for producing the annual accounts for audit is achieved.

Audit fee

32. The agreed audit fee for the 2021/22 audit of Moray Integration Joint Board is £27,960 (2020/21: £27,330). In determining the audit fee, we have taken account of the risk exposure of the IJB, the planned management assurances in place and the level of reliance we plan to take from the work of internal audit.

33. Where our audit cannot proceed as planned through, for example, late receipt of unaudited annual accounts, the absence of adequate supporting working papers or being unable to take planned reliance from the work of internal audit, a supplementary fee may be levied. An additional fee may also be required in relation to any work or other significant exercises outwith our planned audit activity.

Other matters

Internal audit

34. Internal audit is provided by Moray Council's internal audit section. International standards on Auditing (UK) 610: *Considering the work of internal audit r*equires us to:

- consider the activities of internal audit and their effect on external audit procedures
- obtain an understanding of internal audit activities to inform our planning and develop an effective audit approach that avoids duplication of effort
- perform a preliminary assessment of the internal audit function when there is scope for relying on internal audit work which is relevant to our financial statements' responsibilities
- evaluate and test the work of internal audit, where use is made of that work for our financial statements responsibilities to confirm its adequacy for our purposes.

35. We do not plan to place any formal reliance on the work of internal audit in 2021/22 as we intend to use a substantive approach for the audit of the IJB's financial statements. We will consider internal audit's work on the annual governance statement as part of our wider dimension audit responsibilities.

Independence and objectivity

36. Auditors appointed by the Accounts Commission must comply with the Code of Audit Practice and relevant supporting guidance. When auditing the financial statements, auditors must also comply with professional standards issued by the Financial Reporting Council and those of the professional accountancy bodies. These standards impose stringent rules to ensure the independence and objectivity of auditors. Audit Scotland has robust arrangements in place to ensure compliance with these standards including an annual *'fit and proper'* declaration for all members of staff. The arrangements are overseen by the Director of Audit Services, who serves as Audit Scotland's Ethics Partner.

37. The engagement lead (i.e., appointed auditor) for the IJB is Brian Howarth, Audit Director. Auditing and ethical standards require the appointed auditor to communicate any relationships that may affect the independence and objectivity of audit staff. We are not aware of any such relationships pertaining to the audit of the IJB.

Quality control

38. International Standard on Quality Control (UK) 1 (ISQC1) requires a system of quality control to be established, as part of financial audit procedures, to provide reasonable assurance that professional standards and regulatory and legal requirements are being complied with and that the independent auditor's report or opinion is appropriate in the circumstances.

39. The foundation of our quality framework is our Audit Guide, which incorporates the application of professional auditing, quality and ethical standards and the Code of Audit Practice (and supporting guidance) issued by Audit Scotland and approved by the Auditor General for Scotland. To ensure that we achieve the required quality standards, Audit Scotland conducts peer reviews and internal quality reviews. Additionally, the Institute of Chartered Accountants of Scotland (ICAS) have been commissioned to carry out external quality reviews.

40. As part of our commitment to quality and continuous improvement, Audit Scotland will periodically seek your views on the quality of our service provision. We welcome feedback at any time, and this may be directed to the engagement lead.

Moray Intergration Joint Board
Annual Audit Plan 2021/22

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REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 26 MAY 2022**

SUBJECT: **LOSSIEMOUTH LOCALITY COMMUNITY ENGAGEMENT**

BY: **IAIN MACDONALD, LOCALITY MANAGER**

1. REASON FOR REPORT

1.1. To inform the Board of the outcome of the community engagement activity relating to the development of health and wellbeing services within the Lossiemouth locality with a particular emphasis on the future model of General Medical Services (GMS) provision, and associated Moray Coast Medical Practice surgery buildings in Burghead, Hopeman and Lossiemouth.

2. RECOMMENDATION

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

i) approve the continued temporary closure of the Burghead and Hopeman Branch Surgery buildings and note the continuation of interim measures to support patients in vulnerable groupings to travel to the Lossiemouth surgery;

ii) approve the increase in clinical space within the Lossiemouth Surgery building through the refurbishment of the area previously referred to as the Laich Dental Suite;

iii) note the position statement of Moray Coast Medical Practice on not returning to work in the branch surgeries;

iv) note the engagement report and the community views on the continued closure of the branch surgeries;

v) consider the preferred future model of health and care provision which does not include the retention of the branch surgeries;

vi) approve a formal Consultation with patients of Moray Coast on the future model, including permanent closure of the branch surgeries;

vii) agree the outcome of the Consultation be reported to a future meeting of the MIJB; and

viii) note the intention for the Lossiemouth Locality Community Engagement Steering Group to continue to meet as the Locality Oversight Group to develop and monitor the HSCM Locality Plan for the Lossiemouth and Moray Coast area.

3. BACKGROUND

3.1. Discussion in relation to the Health and Social Care provision within the Lossiemouth locality has been ongoing for several years, both at a community and at a strategic level. In the main these discussions have focused on the requirement for increased clinical space within the main surgery building in Lossiemouth and the long term future of the two branch surgeries in Burghead and Hopeman. However no conclusive decision has, as yet, been reached. Various factors such as a different medical model highlighted in General Medical Services Contract 2018, Covid-19; renewed questions regarding whether the branch surgery buildings meet health care standards; imminent renewal of building leases and the currently vacant Laich Dental Suite have led to a decision now requiring to be made.

3.2. It was agreed at the MIJB on 30 September 2021 (para 10 of the minute refers) that such a decision required to be made within the broader context of health and wellbeing provision within the Lossiemouth locality, in line with good practice and following a meaningful engagement and consultation process with all key stakeholders.

3.3. A draft plan for the community engagement process was shared with the MIJB on 30 September 2021 (para 10 of the minute refers). The plan was then shared with, and endorsed by, Health Care Improvement Scotland. The key stages of the engagement process were:

- Establish a steering group to oversee the Engagement process
- Undertake a patient survey – online and postal
- Undertake buildings surveys of the two branch surgery buildings
- Facilitate 6 community engagement events
- Facilitate focus groups within community settings
- Facilitate discussions with transport providers
- Facilitate discussions with key stakeholders
- Review Grampian and National guidance/legislation
- Compile an Equality Impact Assessment
- Compile a report for the MIJB

3.4. Prior to the engagement activity beginning, a letter was sent on 24 September 2021 to all members, 16 years of age or older, of the Moray Coast Medical Practice patient population. The letter informed patients of the proposal to carry out the engagement activity and directing them towards further information as required. In total 8500 letters were delivered.

3.5. Briefings for Councillors and MIJB members were held prior to the engagement activity starting and these were followed up with written/email updates throughout the engagement process.

3.6. The engagement activity formally began in October 2021 and was completed in April 2022.

3.7. The Community Engagement Steering Group met weekly from 8 October 2021 through until 21 January 2022, except over the festive period, and then three weekly thereafter. The group membership included representation from:

- Burghead Community Council
- Hopeman Development Trust
- Lossiemouth Community Council
- Hopeman Community Minibus
- Lossiemouth 2 to 3 Group
- Burghead Community Representative
- Moray Coast Medical Practice Manager
- Moray Coast Medical Practice GP
- Health and Social Care Moray
- Moray Council
- NHS Grampian Primary Care
- Public Health

3.8. A terms of reference for the Steering Group was agreed and this governed the operation of the group thereafter. The terms of reference were:

I. To ensure that the views of the Moray Coast Medical Practice patients population and associated stakeholder groups are considered and acknowledged
II. To ensure clear communication and transparency of all information in relation to the community engagement and public consultation process
III. That members facilitate a consistent flow of information to and from their representative groups/bodies and the wider community
IV. To oversee the planning, delivery and evaluation of the community engagement process
V. To oversee the completion of Equality Impact Assessments for any at risk groups who may be adversely impacted by any proposed changes
VI. To ensure due consideration is given to the impact of any proposed changes may have on current models of provision at a local and Moray wide level
VII. To analyse the information gathered through the community engagement process, and having analysed the information to then support the preparation and presentation of a report to the MIJB

3.9. The Locality Manager and the Involvement Officer attended the Hopeman Development Trust on 28 October 2021, Burghead Community Council on 4 November 2021, and met with the Chair and representatives from the Lossiemouth Community Council to explain the engagement activity and seek comments and feedback on the process. An offer was made to meet with the members of Heldon Community Council but this was not taken up.

3.10. Communication with the local community and key stakeholders was maintained throughout the engagement process though this did prove challenging at times due to the emergence of the highly transmissible COVID variants, the resultant impact on staffing and adverse weather conditions. Key methods of communication included:

I. Distribution of information via Community Councils/Development Trusts and Community representatives
II. Posters/leaflets in local community facilities
III. Newsletters
IV. Attendance at community meetings/local community groups
V. Elected member briefings
VI. Moray Coast Medical Practice social media channels
VII. HSCM Lossiemouth Locality web page
VIII. HSCM social media channels

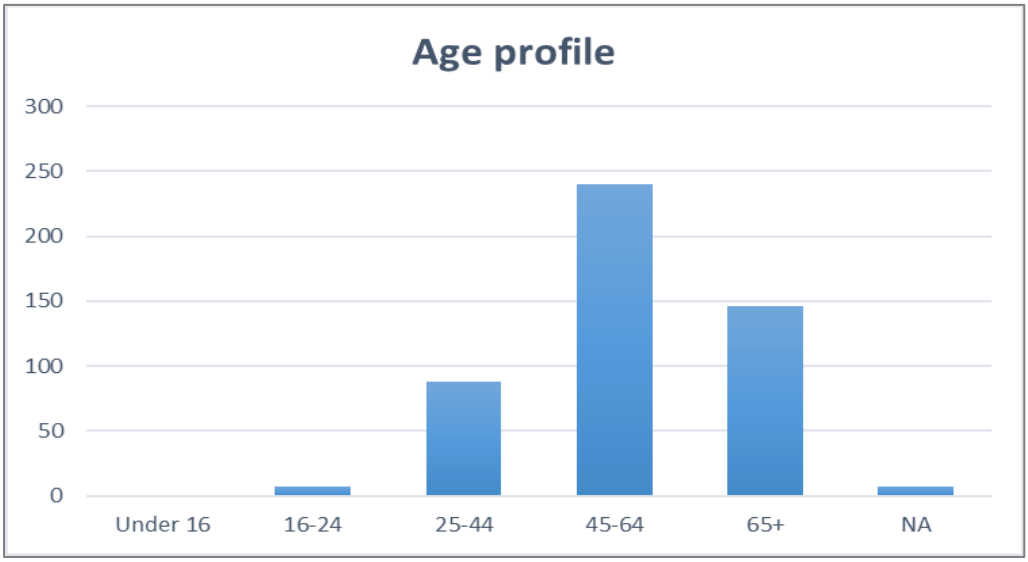
3.11. Once approved by the Steering Group the 'Healthier Lives, Healthier Futures Patient Survey' questionnaire went live on the 15 November 2021 with a closure date set for 17 December 2021. In reality the survey remained open until the start of the New Year to allow the maximum number of responses. Paper based versions of the questionnaire were distributed to a wide range of community setting/groups.

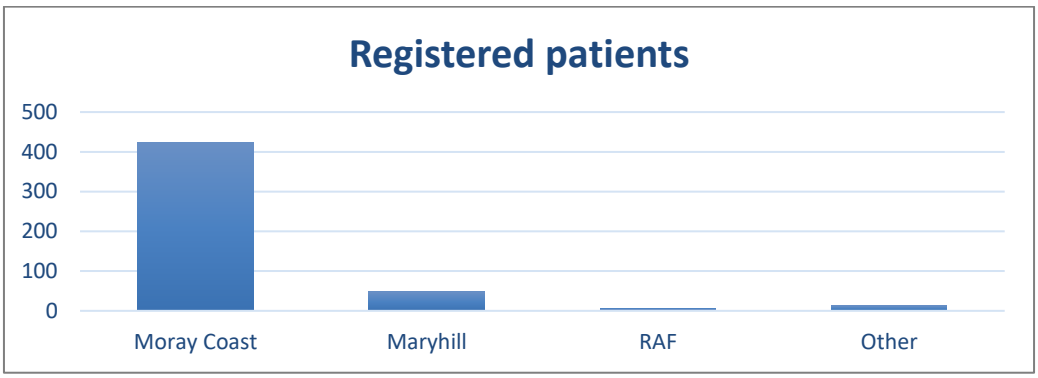
3.12. Completion of the questionnaire was not restricted to members of the Moray Coast Medical Practice but was open to all residents of the Lossiemouth locality. It focused on local residents' views on the current health and wellbeing provision within the locality and what their future priorities would be.

3.13. There were 490 responses to the survey. 440 responses were submitted electronically and 50 responses were postal. A detailed summary of the responses are included in **Appendix 1**.

- 78% of responses were from women
- 42% of people said they had a long term condition or disability
- 19% of people identified as being an unpaid carer
- 49% were aged 45-64
- 30% were aged 65 and over
- 86% were patients of Moray Coast Medical Practice

3.14. The age profile of respondents and which medical practices they were registered with are outlined in the graphs below.





3.15 A series of six Engagement Events were facilitated by the Steering Group. These events took place during November and December 2021.

- Burghead Community Hall, 2-4pm, 30 November 2021
- Hopeman Memorial Hall, 6-8pm, 30 November 2021
- Lossiemouth Town Hall, 6-8pm, 2 December 2021
- Hopeman Memorial Hall, 2-4pm, 7 December 2021
- Burghead Free Church, 6-8pm, 7 December 2021
- Lossiemouth Town Hall, 2-4pm, 9 December 2021

3.16 The events took the form of drop in sessions. Poster boards were used to display key information and community members had the opportunity to walk around the room and ask questions of the representatives positioned at each board. The boards included information on Moray Coast Medical Practice, Branch Surgery Building Survey results, Transport, Prevention and Self Management, and Home First. Support was available for individuals to complete the survey questionnaire, and overall feedback was sought on the engagement process to date. Refreshments were provided. In total 84 people attended the Engagement events. The representatives at each poster board recorded comments and these were collated after each event.

3.17 The decision to structure the events as ‘drop ins’ was made in order to manage the number of people in the buildings at any one time and to allow everyone the opportunity to express their opinions. The structure of the events were well published however a number of people expressed frustration that the events did not take the form of open public meetings. Questions raised at the Burghead and Hopeman events were predominantly but not wholly on the future of the branch surgery buildings. A percentage of attendees requested outcomes/decisions rather than the engagement discussions that took place.

3.18 The Laich Dental Suite within the Lossiemouth surgery building had been surveyed in 2021. Updated surveys were required for the Burghead and Hopeman Branch Surgeries. The surveys were duly undertaken on 28 September 2021 by the Property and Planning Manager, NHS Grampian.

3.19 In relation to the Burghead building the survey noted the following. ‘Where the current failings relate to fixtures and fittings it would be possible to carry out minor alterations /refurbishment to bring the building up to the appropriate standards. The cost for this is estimated at £116,000 plus VAT based on a previous survey carried out in 2018. However a number of the failings are related to space constraints. Where this is the case it would not be physically

possible to bring the premises up to standard within the structural constraints of the current building. It is therefore not possible to bring the current Burghead Branch Surgery building up to current building standards whatever the financial spend'. Further details of the Burghead Branch Surgery Survey are included in **Appendix 2**.

3.20 A meeting took place with the representative of the landlord for the Burghead Branch Surgery premises on 26 April 2022. The representative indicated that the landlord was willing to work with Moray Coast Medical Practice and Health and Social Care Moray to bring the premises up to the required health care standards. The representative showed a draft building plan of how the current building could be refurbished and extended to provide a two clinic room surgery with associated staff, patient washroom facilities and domestic utilities. The landlord gave an in principle agreement to contribute towards a portion of the refurbishment costs if there was a renegotiation of the current lease. Further discussion would be required to determine exact specifications, costs and financing options.

3.21 In relation to the Hopeman Branch Surgery building the survey noted the following. 'Where the current failings relate to fixtures and fittings it would be possible to carry out minor alterations/refurbishment to bring the building up to the appropriate standards. The cost for this is estimated at £142,000 plus VAT based on a previous survey carried out in 2018 and adjusted to 2021. A number of the failings are related to space constraints. Where this is the case it would not be physically possible to bring the premises up to standard within the structural constraints of the current building. It is therefore not possible to bring the current Hopeman Branch Surgery building up to current building standards within the constraints of the current building structure. Also due to concerns about the structural integrity of the building it is recommended that a structural survey is carried out on the premises'. Further details of the Hopeman Branch Surgery Survey are included in **Appendix 3**.

3.22 As owners of the Hopeman Branch Surgery building the Moray Coast Medical Practice agreed to commission the structural survey and this was duly completed by Cameron and Ross Consulting Engineers in February 2022. A summary of the findings from the survey are outlined in Section 4.10 of the survey report: 'Best case would be some defect of the drainage is causing loss of support in the subsoils. However given the extent of the defects it would seem unlikely that this alone could be responsible for the cracking evident. Even assuming the foundations are satisfactory, there would be a reasonable amount of work in simply repairing cracks and making good masonry open joints and replacing defective wall tiles. It is considered likely that some augmentation of the roof structure would also be necessary were the building to be made good and some levelling of the ground floor may also be necessary. It is thought quite possible that repairs to the building would not be economically viable given that as it stands it is deemed to be no longer fit for purpose and in need of refurbishment and possible extension'. Further details of the Hopeman Branch Surgery Structural Survey are included in **Appendix 4**.

3.23 The Laich Dental Suite within the Lossiemouth Surgery building was vacated in 2017. Refurbishment of the vacated area into 5 clinic rooms and additional waiting room space has been estimated at a cost of £169,700 inclusive of VAT (2021). Some refurbishment work has already been undertaken as a result of the requirement to increase available clinic space due to COVID. This work was

funded through specific COVID funding. The remaining refurbishment work would require to be funded through other means as outlined in the 'Moray Coast Medical Practice' Section 4.10 of the MIJB report, 20 September 2021. The most viable option considered to date would be that the current landlord of the Moray Coast premises pay for all the necessary work required at the site. However if this option were agreeable to all parties it would have implications for the lease, as this would need to be renegotiated. This work is required in part to offset any impact of the continued closure of the branch surgeries and also to increase clinic space within the building to manage the flow of workload from secondary care to community based services.

3.24 Several meetings have taken place with three key transport providers within the Lossiemouth Locality.

i. There have been three meetings with the Moray Council Public Transport Manager and the Public Transport Officer for the Dial M for Moray Bus Service. As a result of these discussions there is currently a dedicated door to door bus service in place between 10.00am and 2.30pm to transport patients requiring to travel from the coastal villages to the Lossiemouth Surgery. The use of this service will be monitored between April and July 2022 to determine future demand. The Moray Coast Medical Practice are trying where possible to arrange appointments for patients during these times.

ii. There have been two meetings with the Commercial Director of Stagecoach Bluebird buses. The outcome of which indicated that the company are willing to continue to engage in discussions with local partners about the possibility of introducing a coastal service which would provide access to the practice for appointments. However, at this stage, they would suggest that such a service would not be commercially viable on its own merit as the passenger journeys generated would be unlikely to cover the costs of operation. Consequently, they would need to work collaboratively with NHS Grampian, Moray Council and others to explore potential funding options or alternative ways of providing a service at a lower cost (such as off-peak only or only on certain days of the week).

iii. There have been several meetings with the Hopeman Community Mini Bus Committee. The community minibus has been used throughout the period of COVID to support patients to attend appointments at the Lossiemouth Surgery. In total 84 people have been supported to attend appointments, and many others to attend vaccination clinics etc. The committee have ambitious plans to develop a community led transport provision for the coastal villages and are currently being supported by Outside the Box to submit an Investing in Communities funding application. This will include finance for a paid driver and project worker.

3.25 Lossiemouth Locality has four Pharmacies: Lossiemouth Pharmacy (Lossiemouth), Lloyds Pharmacy (Lossiemouth) and Duthie GF Pharmacy (Burghead and Hopeman). The Pharmacies in Burghead and Hopeman provide a wide range of services including care within the NHS Pharmacy First Service and are well attended by the local communities. The Pharmacy First model enables Pharmacists to treat a range of minor ailments and offer where appropriate an alternative to the use of general practice or other health care environments.

The Moray Coast Medical Practice Statement

3.26 Moray Coast Medical Practice have worked across three sites, Lossiemouth, Hopeman and Burghead for over 30 years. The NHS and GP led services have changed considerably over this period of time, with changes in government contracts increasing the workforce to include specialists such as Practice Nurses, Midwives, and Community Nurse Teams, Pharmacy Teams and most recently Physiotherapy and Mental Health Workers.

3.27 The Moray Coast Medical Practice prides itself on the shared patient care within a multidisciplinary setting and indeed is one of the only local practices who share a building with our social work and care manager colleagues making communication around our patients easier and more effective.

3.28 Both Burghead and Hopeman premises were secured around 30 years ago when the practice teams were smaller, regulations around premises were in their infancy and seeing GPs in a 'front room' setting was the normal. The GP contract in 2018 advocates that GP premises are no longer owned by the GP but are managed centrally via the local health board, this is ultimately to reduce risk to services, if a GP practice can no longer attract staff and has to close there has to be somewhere for the health board to manage those patients. Indeed situations have arisen within Grampian where GP practices have terminated their contracts due to recruitment challenges. This is a long standing problem and there is a well-documented national recruitment and training issue for clinical staff of all denominations.

3.29 Just over half the populations of both Burghead and Hopeman choose to register in Lossiemouth, the others choose their primary care provision in Elgin. The Burghead and Hopeman practice population is around 30% of the total population of Moray Coast Medical Practice.

3.30 Around 10 years ago the GPs recognised the restrictions of working as a 'lone' clinician in a small site with limited facilities and reduced their commitment to both surgeries from 5 GP sessions and 4 nurses in each practice to 3 GP sessions and 2 nurse sessions per week. Neither surgery has done routine woman's health screening, children's screening, minor surgery etc. for over 6 years and patients have had to attend the Lossiemouth Practice.

3.31 The GPs traditionally enjoyed having a 'coast' day as a different type of day as the issues around premises and access to the wider team restricted the types of problems seen in the village practices. That said there is a change in pressures on primary care that were present pre pandemic, and have been exacerbated by the pandemic, around access to the wide range of services the practices provide together with the extensive treatment options now carried out in the surgery rather than patients having to attend hospital. The GPs and other members of the team now feel that the isolation of working in 'lone' clinics is a risk to both themselves and the patient and certainly not part of the future picture of General Practice as described by the GMS contract in 2018.

3.32 The premises themselves have been inspected a number of times over the years, again exacerbated by the pandemic but neither the Burghead nor Hopeman premises are deemed to be acceptable in their current states and neither have the footprint to 'convert' into suitable premises meeting all the current regulations.

3.33 The GPs understand the pressures of travel from villages and that public transport is not always available, we understand lots of work has been done in the community around transport (not just for GP appointments) and that there are solutions – the practice try as far as possible to accommodate patients travel restrictions on their availability for appointments, this is not new to the practice as we have patients from multiple villages in the surrounding area.

3.34 All that said the change in clinicians with heavy reliance on the multi-disciplinary teams means that allocating a team to work on a village site, whether it be Burghead, or Hopeman, or both would reduce the team capacity in Lossiemouth and it is not feasible to replicate care provision in Lossiemouth at the branch surgeries. The practice truly believe that all patients should receive equitable care and the best way to do this is from one site with access to all members of the multi-disciplinary team.

3.35 For these reasons the Moray Coast Medical Practice would not be willing to facilitate Practice staff returning to work within the Burghead and Hopeman Branch Surgery buildings. Should the MIJB identify another solution then the Practice would consider all available options at that time. However the Moray Coast Medical Practices preferred model for delivery would be from a single premises in Lossiemouth.

20 Minute Neighbourhoods

3.36 The Scottish Governments 'Fourth National Planning Framework – Position Statement' (2020) outlines the vision for 20 minute neighbourhoods. 'Our spatial strategy and policies will reflect the needs and aspirations of people living throughout Scotland by building quality places that work for everyone. 20 minute neighbourhoods have the potential to reduce emissions and improve our health and wellbeing'. 'The 20 minute neighbourhood concept doesn't exist in isolation but scales up to include larger geographies and networked areas providing access and opportunities for the wide range of facilities and services that communities require'. The document offers a useful reference source in relation to locality planning and the development of local service provision within each locality.

Equality Impact Assessment

3.37 An Equality Impact Assessment (EIA) has been completed to reflect the impact on protected groups should the branch surgeries remain closed on a temporary or permanent basis. The protected groups most notably impacted are: disability, age and socio economic (financial). There are a combination of positive and negative factors noted for each of these grouping. Mitigating factors are outlined within the EIA relating to short and medium term timescales; these are noted within the next section the MIJB Report. The EIA is included in **Appendix 5**.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

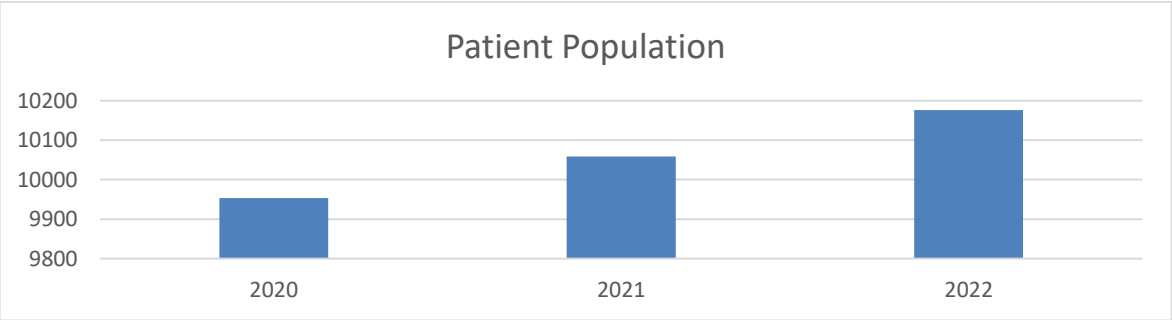
4.1. The Moray Coast Medical Practice Lossiemouth premises was built using land from the RAF with considerable NHSG and private investment funding with a 25 year lease which is due to expire in 2033. Patients who live in Lossiemouth, Burghead, Hopeman and the surrounding area have the option of registering with the Moray Coast Medical Practice. There are overlaps between GP Practice boundaries which mean that some patients from Burghead may also

register at the Forres GP Practices and some patients from Hopeman, Burghead and the surrounding area may register at Maryhill in Elgin. Currently, as a result of COVID, Scottish Government guidance does not recommend patients reregistering at another Practice.

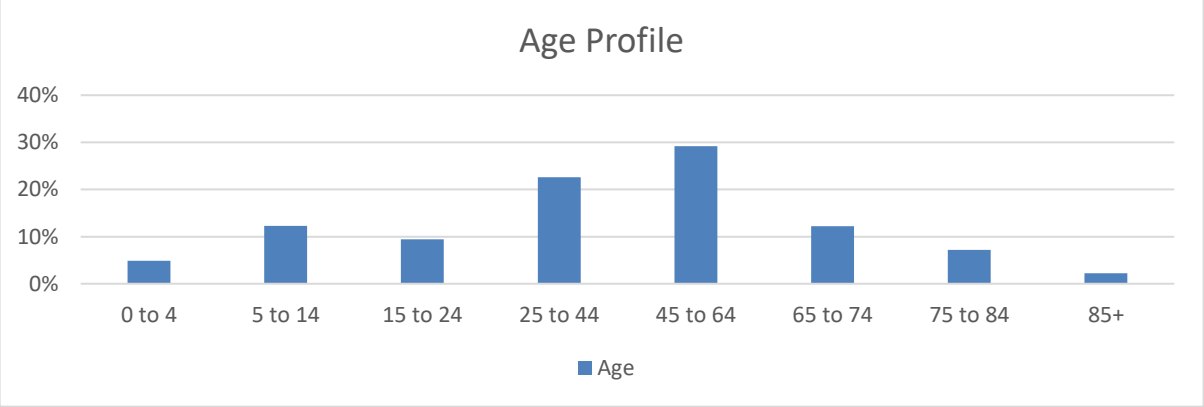
4.2. Patients registered with Moray Coast Medical Practice are also served by two branch surgeries in Hopeman and Burghead respectively. Both of these branch surgeries have been closed since the start of the COVID-19 pandemic, due to inadequate space to allow social distancing and inability to meet other risk mitigation measures. Burghead is a rental property, from a third party landlord, with a lease due to expire in November 2023. Burghead branch surgery is 7.8 miles from the main branch surgery in Lossiemouth, resulting in a vehicle travel time of approximately 15 minutes. Hopeman is a GP owned property which is 5.5 miles from the main branch surgery in Lossiemouth, resulting in a vehicle travel time of approximately 10 minutes.

4.3. The Lossiemouth Locality has a very active and effective Health and Social Care Multi-Disciplinary Team (MDT). The Lossiemouth premises houses the MDT which includes District Nurses, Health Visitors, School Nurses, Pharmacists, Pharmacy Technicians, First Contact Physiotherapy, Minor Surgery Services, Family Planning Services including Cervical Screening, ECGs (routine and acute), Health Point Services, Joint Injections, Doppler examinations, Bladder and Catheter changes, PIC line Maintenance, Dementia Nurse Specialist and many other procedures. Visiting services include; Midwife/Antenatal and Postnatal Clinics, Baby Clinics, Baby Massage sessions, CPN, Drug and Alcohol Counsellors, and Retinal Screening.

4.4. The Moray Coast Practice patient population has increased year upon year and is anticipated to continue increasing. The patient population at 31 March for the last three years is illustrated in the graph below.

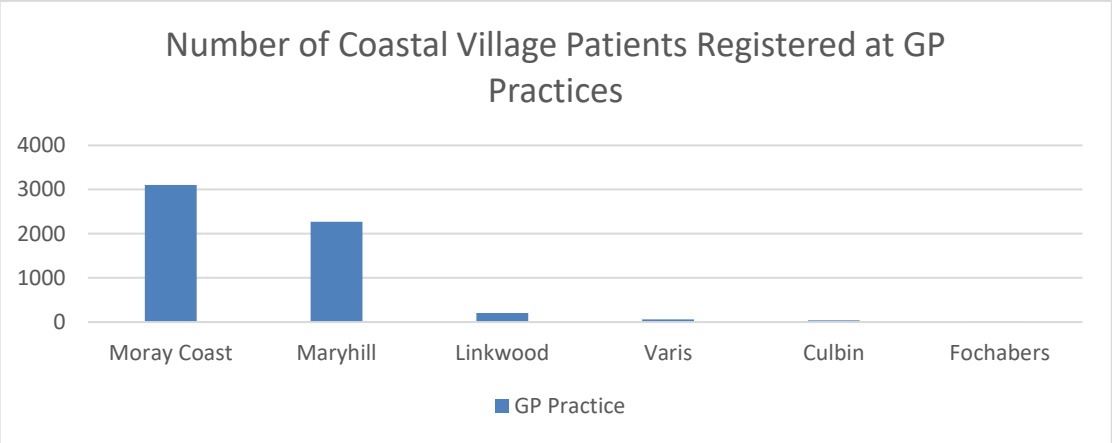


4.5. The age spread of the patient population is illustrated in the graph below:



4.6. The patient population is predominantly resident in Lossiemouth or in the coastal villages of Burghead, Hopeman, and Cummingston. Of the total 10176 patient population 3108 (30.5%) live in the post code areas linked to the coastal villages.

4.7. The spread of patients, living in the coastal villages of Burghead, Hopeman, and Cummingston and which Moray GP Practice they are registered at is illustrated in the graph below:



4.8 Therefore of the 5699 residents 55% choose to register with Moray Coast Medical Practice (3108) and 40% with the Maryhill Practice in Elgin (2274). The direct bus route to Elgin is a key factor in patients registering for the Elgin practice.

4.9 The engagement activity that took place between November 2021 and April 2022 generated a vast amount of Health and Wellbeing information which will help inform the initial stages of a Locality Plan for the Lossiemouth Locality. However what emerged strongly from the majority of respondents was that a decision needed to be reached regarding the future of the branch surgery buildings before meaningful discussion and planning could take place in regards to the broader health and wellbeing priorities. This was particularly applicable to the respondents from the coastal villages of Burghead, Hopeman and Cummingston.

4.10 For this reason the report will focus primarily on the findings from the engagement activity in relation to the coastal villages, and the potential options available to HSCM and NHSG, to ensure a modern equitable health and social care provision is available to all residents.

4.11 The following themes emerged from the engagement activity:

Transport

4.12 Respondents overwhelmingly felt that transport provision between the Moray coast villages and Lossiemouth town centre was inadequate. The transport issue was raised not only in relation to challenges faced by patients travelling to appointments at the Lossiemouth Medical Centre but also for residents to access broader health and wellbeing activities. This included formal activities such as sport, leisure and community events as well as enabling access to beaches, forest walks etc. A large number of respondents felt that a regular bus service was the most appropriate solution. Another potential solution discussed

was the provision of a dedicated vehicle be that through the Dial a Bus Service or the Community Mini Bus. Most respondents were supportive however a small number raised concerns about the use of such a vehicle for transport to medical appointments as it would highlight to the community that someone was going to a medical appointment. In reality Dial a Bus and the Community Mini Bus are used for a multitude of purposes on a day to day basis, therefore people's use of the services would be varied. Concerns were also raised in relation to poverty and travel costs. Both services are free for eligible individuals. In relation to travelling to Lossiemouth for medical appointments a number of respondents highlighted the impact of travel time, children missing school, environmental impact, and inconvenience for family members to assist with travel.

4.13 There is currently no direct public bus service and the financial viability of such remains uncertain as outlined in Section 3.24 above. There is a connecting bus service but this involves travelling via Elgin and changing bus. Currently therefore a sizeable percentage of the coastal village residents select to register at an Elgin Medical Practice. The Dial M Moray bus service operated by Moray Council offers an opportunity for residents to prebook bus travel across the local authority, however this service has had minimal uptake in the Lossiemouth locality; with the lowest participation rates in Moray. In April 2022 a dedicated vehicle has been provided to transfer patients to appointments at the Moray Coast Medical Practice in Lossiemouth. The service is door to door, Monday to Friday, between 10.00am and 2.30pm. It is hoped that local residents will utilise this service and this will help support the case for increased transport provision as well as raising awareness of the Dial M Moray bus service. As outlined in Section 3.24 above the Hopeman Community Mini Bus Committee have ambitious plans to develop a community transport service for the coastal villages. Though not providing an overarching solution for supporting travel to medical appointments the benefits for supporting wider community health and wellbeing would be significant.

Buildings

4.14 Respondents overwhelmingly stated they wished the branch surgery buildings to remain open. A number of respondents stated that though they acknowledged the buildings did not meet required health care standards they were happy to use the buildings as they were. Convenience and accessibility were noted as the key benefit in the buildings remaining open. A number of respondents questioned why if the buildings had not met the required standards for such a protracted period of time that the refurbishment work had been carried out at an earlier date. Consequently the fact that the buildings had remained open until the start of the COVID pandemic led a number of respondents to believe that closure due to COVID was being used as an excuse for the buildings to remain closed. Reassurance was provided where possible to counteract this during the engagement events.

4.15 Following the recent surveys, and the list of standards to which buildings did not comply, it would be difficult for HSCM and NHSG to authorise the reopening of the buildings in their current state; given the risks presented to members of the public and also to staff. This was acknowledged by residents during the various engagement discussions that took place however opinions still differed. A number of respondents suggested that if the two buildings cannot remain open then could one building be brought up to standard and serve both communities, and if this were not possible then a number of respondents felt

that a new build should be planned. The Property and Planning team estimate the costs for a 2 clinic surgery is £2.6 million pounds and £4.2 million for a four clinic surgery. A small number of respondents took this one stage further describing the potential for a new build operating as a broader wellbeing hub for the coastal villages.

Digital Technology

4.16 The use of digital technology for assessment and consultations generated interesting discussion and comment. Responses were split in terms of the benefits of remote consultation versus face to face consultation. There was a similar mixed split in relation to respondents' preference to be assessed by a GP rather than another Healthcare Professional. This split is reflected nationally as well as locally in Moray. In part the split can be related to the age of the respondent in terms of younger people being more comfortable with remote consultations and seeing a broader range of health professionals but this over simplifies the situation. Particularly in relation to digital technology where accessibility, cost and support are also key factors. Interestingly 98% of the respondents to the questionnaire stated had unlimited (83%) or limited (15%) access to the internet at home. Of the total number of respondents 9% stated they would like support to use their digital device.

Access to GPs

4.17 A number of respondents raised concerns about access to GPs and equated this in part due to the closure of the branch surgery buildings. There was a sense that when the buildings were open it was possible to book an appointment with a specific GP and that appointments were readily available. The branch surgeries actually carried a very small proportion of the GP workload, though they did operate at capacity. A number of respondents also commented on the GPs moving to part time contracts and this decreasing the number of GPs available. Although it is correct that a greater number of GPs are on part time contracts the 'working time equivalent' of GPs at the Moray Coast Medical Practice has increased slightly over the past 6 years. A key influencing factor has been availability of suitably trained staff and subsequent recruitment. A key factor in public perception is the need to see a GP as opposed to another more suitability skilled and experienced health care worker. Following the introduction of the 2018 General Medical Services (GMS) Contract in Scotland GMS contract: 2018 - gov.scot (www.gov.scot), there has been a refocusing on the role of the GP as the 'expert medical generalist.' The role of the GP has evolved over the years, and people are living longer with more complex health needs which has increased demand on GP services. To enable the GP to focus on those with complex care needs, the GMS 2018 contract aims to increase the wider primary care multi-disciplinary team providing a highly skilled team who can support the GP in their role and a redistribution of workload. In Moray, we have already made good progress on implementing the Primary care multi-disciplinary teams, and the majority of local practices now benefit from Pharmacotherapy teams, MSK Physio, Primary care Occupational Therapists, Treatment room staff and visiting vaccination teams.

Place

4.18 A sense of place, and of community, came through strongly in people's responses; in terms of residents connecting themselves to specific coastal villages, and those respondents not feeling particularly connected to Lossiemouth town or indeed the other nearby coastal villages. A number of people felt that the branch surgeries were an integral part of the community and

that many people had moved to the villages, in part, because these provisions were available locally.

Patient Population

4.19 With the projected population increase for the coastal villages a small number of respondents highlighted the need for increased community provision and questioned the rationale for the buildings to remain closed given potential housing developments. On the whole people were unaware that all planned housing developments have been incorporated into the current calculation to determine the appropriate number of GPs for the Lossiemouth Locality.

Equity of Provision

4.20 On the theme of Equity of Service Provision respondents were evenly split. The convenience of attending the branch surgeries was offset by the benefit of attending a modern building with a vast multi-disciplinary team on site to cater for a wide range of patient needs. Respondents noted that benefits could be seen in both models.

Vulnerable Groups

4.21 A theme that emerged through the questionnaire and face to face sessions was respondents speaking on behalf of individuals from vulnerable groups. Many people responding noted their own ability to travel at this time but acknowledged that others in the community are less able to do so. Respondents also acknowledged that they may not be able to travel when they grow older so they were planning for a service that they perceived others needed now and that they may need later. The majority of the respondents who answered the questionnaire were 45 years or older with 49% aged 45-64, and 30% were aged 65 and over. 42% of the total number of respondents stated they had a long term condition or disability, and 19% of the total respondents identifying as being an unpaid carer.

Community Provision

4.22 The engagement events provided some interesting discussion regarding the potential to bring more services out into communities but not necessarily from one fixed location such as a branch surgery building. Such as the potential to support those most vulnerable within their own home and to utilise community locations for specific events such as vaccination clinics and health improvement activity. This concept is referred to as pop up hubs/clinics. This model has had success in other areas of Moray but a number of respondents from the coastal villages found it difficult to move beyond the concept of a fixed specific building based provision. There is also an option to broaden the range of nursing and health care support worker provision available within the community settings to support individuals with long term conditions, patients returning from hospital and palliative patients. Another option introduced was the concept of a mobile treatment unit that could serve an increased number of locations. This is an option that is currently being considered across a number of Moray's rural communities but requires further exploration at a Moray level.

COVID

4.23 A final point for consideration is the impact COVID has had on resident's access to GPs and Health Professionals, and how those interactions and consultations have taken place. Residents and services have been fast tracked into utilising digital platforms such as E Consult and Attend Anywhere resulting in people not having the time to fully understand how to utilise these platforms.

It should be noted that the increasing use of these technologies is evident across all general practices in Scotland, and not unique to Moray.

4.24 Also staffing quotas have at times has been significantly reduced due to COVID; this may have distorted people's understanding of the roots causes for reduced GP and Health Care Professional availability.

Summary Of Options Considered In Relation To Branch Surgery Buildings

4.25 The option of opening the current branch surgery buildings with no, or limited refurbishment. This would not be a preferred option and indeed would not be advisable as Health Care Standards, Disability Legislation and staff welfare requirements would not be met and liability would be with the employer/service provider.

4.26 The option of fully refurbishing the current branch surgery buildings and increasing the building/s footprint as required. Given the structural condition of the Hopeman building it is not believed to be financially viable to bring the Hopeman Branch Surgery Building up to the required standard. The Burghead Branch Surgery landlord representative has shared an initial proposal and building diagram to refurbish and extend the current buildings footprint and to bring the current building up to the relevant legislative standards. This remains an option but would not be the preferred option of the Moray Coast Medical Practice or the preferred operational model of the Health and Social Care Moray.

4.27 There has been no action to date to map and survey other available buildings within the coastal villages. This remains an option but would not be the preferred option of the Moray Coast Medical Practice or the preferred operational model of the Health and Social Care Moray.

4.28 The option of building a new branch surgery within one of the villages. This would provide a purpose built facility and would meet all the required standards but the costs required would be significant.

4.29 The option of locating all GP and Multi-Disciplinary Team services and clinic space within the Lossiemouth Surgery Building.

4.30 The communities' of Burghead, Hopeman and Cummingston preference would be to maintain the branch surgery provision currently in place, or as close to this as possible. There is an offer from the Burghead landlord to explore the refurbishment and extension of the Burghead premises. There is also the request from the community to develop the transport network within the locality.

4.31 Health and Social Care Morays preferred model of provision would be to have one well resourced building, in terms of multi-disciplinary staffing and facilities, to service Lossiemouth and the surrounding villages. Within this model there is a recognition that a transport structure requires to be in place to support patient travel; that community based nursing and social care services need to be in place to maximise community provision and support the most vulnerable/housebound; and that access and support to utilise digital technology is available.

4.32 The Moray Coast Medical Practice preferred model would be to staff a single building with house visits for the most vulnerable/housebound patients.

4.33 The challenge therefore is to incorporate the needs as expressed by the residents of the various communities within a sustainable, effective and equitable model of service provision for the broader Lossiemouth Locality. It is possible to actually increase the level of provision available within the coastal villages without a reliance on the current branch surgery buildings whilst also developing the range of available transport options.

4.34 The recommendation therefore in terms of the long term future of the branch surgery buildings is that the MIJB approve a Consultation with all the stakeholders impacted by the permanent closure of both the branch surgeries. In considering this option the following items would need to be actioned to mitigate risks in relation to protected groups as outlined in the EIA:

i. Housebound patients receive GP/Health Care professional home visits as any patient registered at Moray Coast is contractually required to receive the full range of GMS services
ii. That the transport infrastructure is in place to enable travel to and from the villages to Lossiemouth
iii. Nurse/Health Professional led community clinics and community provision is increased
iv. IT/Digital platforms are developed to enable remote communication with gp/health care professionals and support provided to vulnerable groups to develop their digital skills
v. That the introduction of a mobile treatment unit is explored to serve the local communities

4.35 If the Consultation on the permanent closure of the branch surgery buildings is approved by the Moray IJB then the following steps would require to be undertaken:

i. That a draft Consultation Document is developed and presented for approval at the MIJB Development Session on 28 July 2022.
ii. That the approved Consultation Document is presented to all key stakeholders outlining the case and comments sought and further mitigating factors considered.
iii. That a Response to Consultation Document is then presented to the MIJB on 24 November 2022 and a final decision reached.

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

(b) Policy and Legal
A number of policy and legal implications require to be considered

(c) Financial implications
Financial implications relating to building leases, potential construction/refurbishment and staffing

(d) Risk Implications and Mitigation
Risks and mitigating factors are outlined within the report

(e) Staffing Implications
There are implications on staffing provision and on staff health and wellbeing

(f) Property
Implications relating to the Moray Coast Medical Practice surgery premises in Lossiemouth, Hopeman and Burghead

(g) Equalities/Socio Economic Impact
Equality Impact Assessment completed and attached as **Appendix 5**

(h) Climate Change and Biodiversity Impacts
Potential increase in pollution due to patients travelling further to access facilities. Options being explored to reduced impact i.e. improved public transport.

(i) Directions
None arising directly from this report.

(j) Consultations
Sean Coady, Head of Service, Health and Social Care Moray
Simon Bokor Ingram, Chief Officer, Health and Social Care Moray
Allan Robertson, Property Planning Manager, NHS Grampian
Sheila Roberts, Primary Care Resources Manager, NHS Grampian
Gareth Evans, Property Transactions Manager, NHS Grampian
Bob Sivewright, Finance Manager, NHS Grampian
Alison Frankland, Practice Manager, Moray Coast Medical Centre
Lewis Walker, Clinical Lead, Health and Social Care Moray
Peter Maclean, Service Manager – Primary Care, Health and Social Care Moray
Claire Power, Locality Manager, Health and Social Care Moray
Christine Thomson, Lead Pharmacist Primary Care, Health and Social Care Moray
Rosemary Reeve, Project Manager, Health and Social Care Moray
Fiona McPherson, Public Involvement Officer, Health and Social Care Moray
Tracey Sutherland, Committee Services Officer, Moray Council

Who are in agreement with the contents of this report as regards their respective responsibilities.

6. CONCLUSION

6.1. The MIJB are asked to note the content of the report and approve the continued temporary closure of the Burghead and Hopeman Branch Surgeries.

6.2. The MIJB are asked to approve a consultation on the permanent closure of the Burghead and Hopeman Branch Surgeries.

Author of Report: Iain Macdonald, Locality Manager

Background Papers: Appendix 1 Healthier Lives, Healthier Communities Survey Findings
Appendix 2 Burghead Branch Surgery Survey
Appendix 3 Hopeman Branch Surgery Survey
Appendix 4 Hopeman Surgery Structural Inspection Report
Appendix 5 EIA Hopeman and Burghead Branch Surgeries

Ref:

Health Lives, Healthier Communities

1. Methodology

To support locality engagement on current and future health and care provision, a questionnaire was drafted by the Locality Manager and Involvement Officer and the questions reviewed and refined by the Engagement Steering Group.

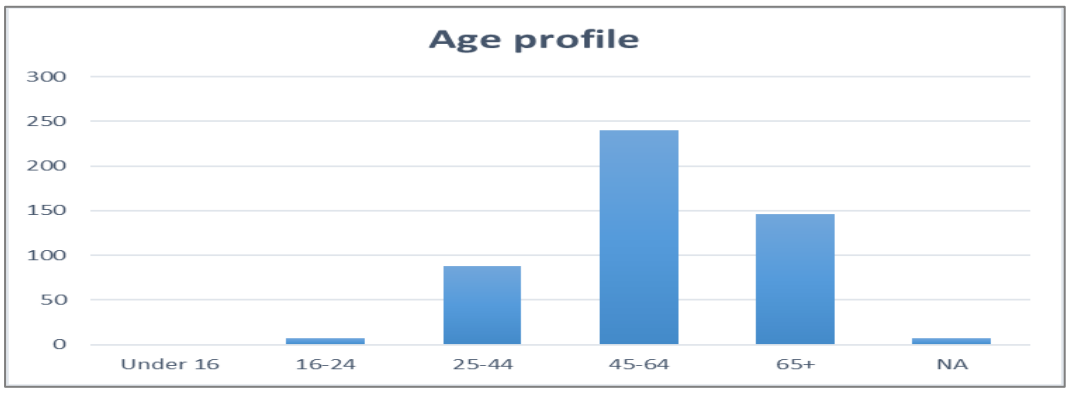
The survey launched on 15 November 2021 and remained open for a four week period. It was hosted online using the Survey Monkey platform and printed copies were also distributed. It was published on the Health & Social Care Moray website and promoted by all partners using existing networks and social media platforms.

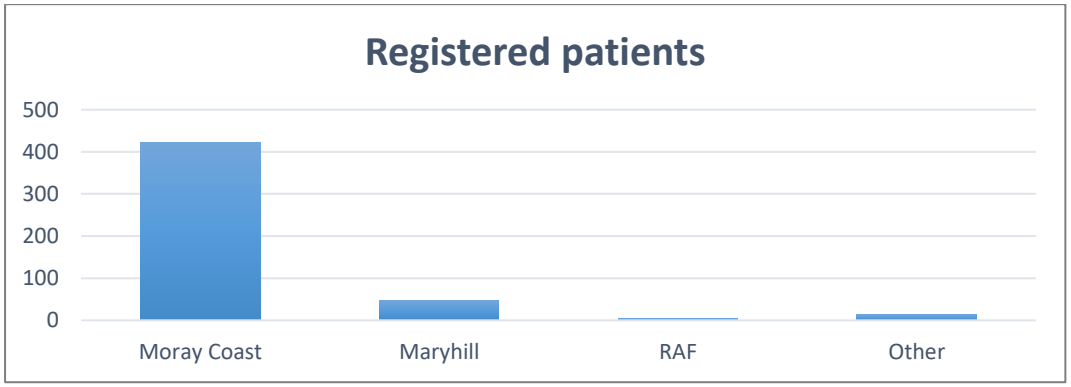
Copies of the survey were distributed via community venues and the Moray Coast Medical Practice, and were available at the six engagement events which took place in Burghead, Hopeman and Lossiemouth between 30 November and 9 December 2021.

Who we heard from

The questionnaire was completed by 490 people – 440 used the online link and 50 people returned a printed form.

- 78% of responses were from women
- 42% of people said they had a long term condition or disability
- 19% of people identified as being an unpaid carer
- 49% were aged 45-64, 30% were aged 65 and over
- 86% were patients of Moray Coast Medical Practice





Respondents were asked to give the next 2 numbers from their postcodes after IV3. Not all did while some gave a number other than 0 or 1 so their postcode zone could not be determined.

A “best guess” interpretation of the responses would indicate the following:

- IV30 (which covers Burghead, Hopeman, Duffus, Elgin) – 359
- IV31 (which covers Lossiemouth) – 125
- Other (e.g. Lhanbryde, Fochabers, Forres) – 6

The drop-in events were attended by 84 people.

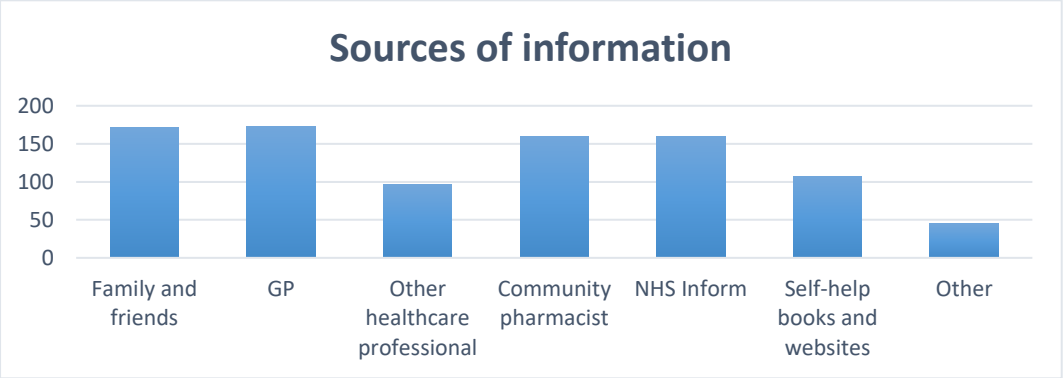
1. What people told us

The survey asked a mix of open and closed questions on health and wellbeing, service provision, branch surgeries and the Home First approach of maintaining people safely at home, avoiding unnecessary hospital attendance or admission and supporting early discharge back home after essential specialist care.

This report presents an analysis of the responses.

Section 2- Looking after your own health and wellbeing

Q8: How do you get information about your health and wellbeing?



- Other - TV, newspapers and social media

The GP remained the most common source of information, closely followed by family and friends.

Q9: Do you have access to a smart phone, computer or tablet that allows you to access the internet at home?

Unlimited access	317	83%
Limited access	57	15%
No access	9	2%

Q10: Would you value additional support to help you use a smart phone, computer or tablet?

Yes	**36**	**9%**
No	**306**	**81%**
Unsure	**38**	**10%**

Q11: What could help you to improve your own health and wellbeing? (226 answered)

Access to branch surgeries – People pressed for the return of the branch surgeries to offer easy access to GP services without the need to travel out with their own community. They highlighted the lack of a direct bus service to connect them to the Lossiemouth surgery. In the absence of the branch surgeries, some people called for more home visits to be offered.

Access to health care – People felt they still weren't able to access in-person appointments with their GP when required. They wanted waiting times to see health professionals reduced. Information and advice from GPs, nurses and pharmacists was helpful. People did not always feel listen to and highlighted that they were made to feel as though they were taking time away from other patients who needed it more. People struggled to use online consultation methods.

Support for mental health – A need was identified for more support for people's mental health. Many felt their mental health had declined over the past two years, particularly with reduced access to usual forms of support and restrictions on meeting others during lockdown.

Regular health checks – A form of annual check-up – like a health MOT to monitor blood pressure and cholesterol – was proposed along with more regular medical reviews and screening.

Home First – Travelling to Aberdeen for hospital appointments was costly and stressful, leading to calls for more services to be provided closer to home at Dr Gray's Hospital. Conditions need to be diagnosed more quickly and waiting times to see a consultant reduced.

Social care – More support was required from social services, particularly by unpaid carers.

Building resilience/self-management – People recognised the importance of doing what they could to maintain and improve their own health and wellbeing such as eating well, exercising regularly and getting better quality sleep. Some people found it difficult to manage their existing health conditions and others lacked motivation to make positive changes or found it difficult to achieve a work/family/life balance. Access to good quality health improvement information was called for.

People welcomed opportunities to take part in activities with other people for social contact and peer support. Many are already active in their community.

Lack of affordable public transport was a barrier to taking part in some activities. People would like to see cycle paths improved.

Q12: Thinking about your wider community, what do you think is the biggest health and wellbeing challenge being experienced by each of the following groups?

Children (251 answered)

Access to health care – Children were felt to be missing out on care because of the continued closure of the branch surgery and difficulty in getting to appointments in Lossiemouth. The additional travel was a challenge when a child was unwell. A lack of dental care over the past two years was highlighted as a challenge, as was the downgrading of maternity services at Dr Gray's Hospital.

Mental health – Young people face many challenging to maintaining good mental health. Social media puts a lot of pressure on them, leading to feelings of low self-worth and anxiety. Bullying is an issue and youngster may feel they have no one to talk to about their worries while not yet having the tools to improve their resilience. It was also suggested some young people feel they are different if they don't have an issue.

Environment/relationships/experiences – Concerns were raised over young people being exposed to advertising, leading to poor lifestyle choices. Respondents felt young people spent too much time indoors on devices such as their mobile phone and weren't active enough. Drugs were mentioned as a concern but alcohol was not.

A lack of public transport limited the ability of some young people to take part in a wide range of meaningful activities and opportunities to socialise. Lack of local amenities was said to lead to feelings of boredom. There was felt to be a lack of parent and child groups which meant pre-school age children continued to miss out of opportunities to socialise.

Pandemic – Over the past two years young people had suffered disruption to their education with home schooling and online learning leading to feelings of isolation. Young people were worried contracting coronavirus and keeping safe. They had to get used to wearing masks at school.

Working age adults (254 answered)

Access to health care – Inaccessible health services was said to be impacting on the health and wellbeing of adults with issues going undiagnosed through a lack of in-person support. There was often a delay in being able to see a health professional, particularly when appointments were only offered during the times when people were working. People said there was a lack of services at Dr Gray's Hospital – maternity services had been downgraded, elective surgery appointments had been cancelled and there was a need to travel to Aberdeen for some clinics and appointments.

Mental health – Living with a chronic health condition impacted on people's mental health. Parents worried about their children and the uncertain world they were growing up in. Many felt there was a lack of support for stress, anxiety and enduring mental health issues.

Environment/relationships/experiences – Adults struggled to maintain a healthy life style. They recognised they had a poor diet, shouldn't smoke and were not getting enough exercise or sleep. Use of alcohol impacted on health and relationships.

The relationship between poverty and wellbeing was highlighted. There were concerns over job/financial security and rises in the cost of living. It was hard to get a good work/life balance, particularly for those who were caring for others with health and support needs.

Poor transport links were highlighted along with a lack of local amenities. People felt they lacked opportunities to get together with people in their community. Activities which were available were too costly.

Pandemic – People had found the past two years challenging. Lives had been impacted by lockdown and restrictions such as mask wearing. Limited interaction with family and friends had led to increased isolation which impacted on mental health.

Older people (298 comments)

Access to health care – The continued closure of the branch surgeries was a significant challenge for older people and they were concerned for the future of their local services and the additional pressure placed on pharmacy services. They found it difficult to get an in person GP appointment and then faced issues with travelling to Lossiemouth, particularly when challenged by their own mobility difficulties.

The increase in telephone and video consultations concerned older people who found it more difficult to discuss problems when they weren't face-to-face with a health professional and they were not confident that a diagnosis could be made using remote consultations. They felt their health had declined due to the changes in accessing services and with no health checks having been carried out.

People were concerned that patients were being discharged from hospital without support at home. Issues were raised about a lack of cancer care and dementia care.

Not everyone had access to the IT and this had not been taken into account, leaving people at a disadvantage.

Environment/relationships/experiences – People struggled to maintain a healthy lifestyle. Many communities are poorly served by public transport. There was a lack of disabled parking in Elgin. There was a lack of community facilities. People felt their housing options were limited by a lack of sheltered housing.

Pandemic – This age group had also been greatly impacted by the pandemic. Restrictions and concerns over falling ill had led to fewer opportunities for social interaction and feelings of isolation. People had lost confidence to leave their home

and mix with others. Some felt abandoned. Wearing face masks was difficult for people with glasses and hearing aids.

Q13: What one change or improvement action would make the biggest difference for each of those groups?

Children (228 answered)

Access to health care – The branch surgeries should be reopened and offer extended opening hours, it was urged. Health services should be easier to access and there should be a return to in-person appointments to support faster diagnosis. Paediatric services should be enhanced and there was a need for more contact with health visitors.

Mental health – Support for mental health should be a priority, particularly in schools, and with shorter waiting times for medical appointments. There should be less reliance on medication and more focus on coping strategies.

Environment/relationships/experiences - Employment prospects need to be improved. There should be better transport links and cycle facilities. Young people should have more opportunities for meaningful social interaction and in particular outdoor activities. They should be empowered to organise their own events and activities, with a call for greater inter-generational opportunities. Costs should be minimised where possible.

All children should have access to healthy food. Screen time should be reduced. Ways need to be found to reduce the negative impact of social media and advertising.

All children should feel safe and care for. People need to be less judgemental and give young people more credit.

Pandemic – Children should have access to the coronavirus vaccine to reduce their risk of serious illness from the virus. Life will be improved once the threat of the virus recedes.

Working age adults (226 answered)

Access to health care – Branch surgeries should be restored with GPs and nurses available in the community, respondents said. GPs should be more accessible with a return to the option of having an in-person appointment if preferred. Waiting times for appointments need to be reduced and there should be longer opening hours so people don't have to take time off work to attend appointments.

There should be more health checks and improved menopause support. Maternity services need to be restored at Dr Gray's following the downgrade and the hospital should also provide a greater range of services so patients don't have to travel to Aberdeen for routine appointments.

Mental health – It is important people can access timely mental health support to prevent a crisis. Support groups play a key role in recovery. The stigma around mental health issues needs to be tackled.

Environment/relationships/experiences – People need to find ways to achieve a better work/life balance and to follow public health messaging around nutrition, exercise, smoking and alcohol.

People would welcome more opportunities to take part in community activities as a way to increase their social interaction. Improved and cheaper public transport would provide an alternative to car use. More affordable housing is needed and support for those on low wages/benefits.

Older people (272 answered)

Access to health care - The branch surgeries should reopen with longer hours, it was stated, as people continued to be very worried by the ongoing closure. More home visits should be offered in the meantime. There should be more local health checks/monitoring, reduced waiting times for health concerns to be investigated, a return to face to face appointments, more local services and more local GPs and nurses. Podiatry services should be enhanced.

Social care – More funding should go into social care so more staff can be recruited to meet the rising demand for support. Older people need to be helped to accept social care. Support should be person-centred to meet the needs of the individual. More trained staff are needed in care homes.

More support for unpaid carers would enable them to have a life of their own alongside their caring role.

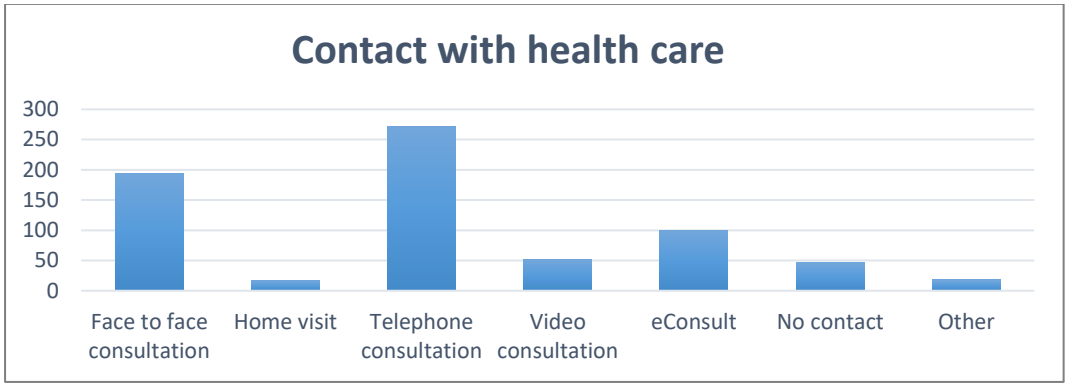
Environment/relationships/experiences – Older people want to feel valued and understood. People need access to frequent and reliable transport, in particular door-to-door transport. They would welcome opportunities to pass on their more traditional skills such as knitting and woodworking through intergenerational work. In turn some would value support for IT skills but it was said that care was needed that people did not become digitally excluded.

It would be helpful to have community hubs to act as single points of contact for information and advice, including raising awareness of the health and social care services available and how to assess them. As well as social opportunities, people would also welcome sessions focused on helping them maintain their mobility such as strength and balance.

Everyone should be able to live in a warm and comfortable home. Older people would welcome steps to address the rising cost of living. They want to have sheltered housing options locally so they don’t have to move out of their community when their needs increase.

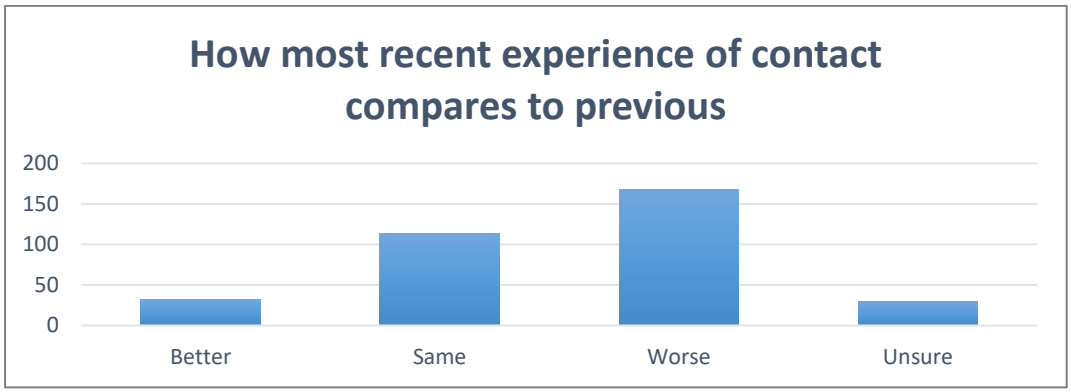
Section 3: Contact with health and social care professionals in 2021

Q14: In the last year, which of these methods have you used to connect with a health or social care professional?



- People used the free text box to highlight home visits by Macmillan Nurses, face to face consultations for tests and treatment, private treatment, physio appointment, hospital admission and vaccination.

Q15: How would you rate your latest experience compared to how you would previously have connected with a health or social care professional?



- 49% indicated their experience was worse

Q15a. Can you tell us why? (237 answered)

The changes GP practices were asked to make by the Scottish Government to the way they worked to minimise risks to patients and staff from coronavirus, were viewed negatively by the majority of people.

Face-to-face appointments – 52 comments related to issues around seeing a GP for a face-to-face consultation. People spoke about GPs being inaccessible and it being almost impossible to get an in-person appointment.

Many questioned how symptoms could be adequately accessed and diagnosed if they were not seen. People also indicated it was the GP they wanted to see rather than another member of the practice team.

Telephone/video appointments - People said it was much easier to explain their concerns if they were in the same room as the doctor and 47 comments related to the use of telephone and video consultations. It was said to be a particular issue for older people and those with hearing or communication difficulties who might struggle to connect with the GP in the same way. People did not feel reassured by a phone appointment and were concerned that issues might not be picked up.

Triage – 25 comments highlighted issues with getting through to their practice and how people felt their initial call was handled. They spoke about the barriers they faced in getting to see a GP and the frustration they experienced – from waits for calls to be answered and calls dropping out, to the probing questions asked by the receptionist and receptionists appearing to make decisions as to whether a patient could speak to a GP or nurse.

People said they were made to feel as though they were taking up or wasting the time of busy staff and the GP, and this guilt put some off trying to make subsequent appointments.

Negative experiences – 28 people highlighted specific issues they had experienced. These included delayed follow up appointments or in getting test results and dissatisfaction with treatment. One person had a referral to Dr Gray's rearranged six times. People found communication to be poor and empathy was lacking from consultations.

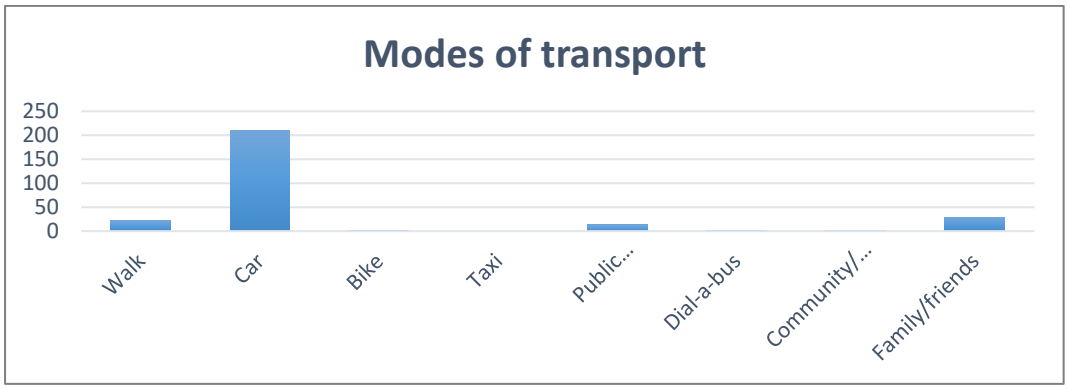
eConsult – People experienced difficulties in using the eConsult system which was described as being hard to navigate, frustrating and stressful to use. Again it was considered an unsuitable alternative to in-person consultations. 15 comments highlighted issues with the digital tool. Not everyone was able to access the technology required for e-consults or Near Me consultations.

Reduced access – 13 comments were more directly related to issues with assessing care when needed.

Improved/adequate access – The move to telephone and virtual consultations was welcomed in 44 comments. People appreciated the convenience of not having to travel to the surgery to be seen in person unless it was necessary, and considered phone consults were quick and easy and more appropriate for minor issues.

Positive experience – 6 positive comments mainly related to staff being friendly/supportive/good, taking the time to listen and to treatment being successful.

Q16: If you have attended at your GP practice for a face to face appointment, how did you travel?



- 75% used their own car
- 10% relied on family members or friends for transport
- 8% walked

Q17: How would you rate the ease of your journey?

Easy	**102**	**37%**
OK	**146**	**53%**
Difficult	**27**	**10%**

Q18: What would make travel to your practice easier? (206 answered)

Retaining the branch surgeries – The overwhelming majority of comments (126) related to reduced distances to travel which would be achieved by having branch surgeries open again in Burghead and Hopeman. These are regarded as essential services. People want the option of being able to walk or cycle to their appointment. This would reduce travel time and costs and be better for the environment. People also commented that they would need to take less time off work to attend local appointments. There was a call for the branch surgeries to be able to offer a wider range of procedures to save having to attend at Lossiemouth.

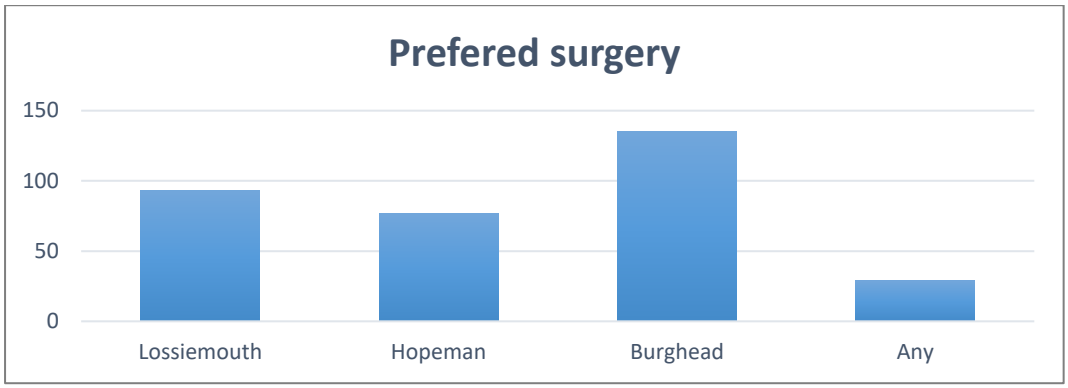
Improved transport – In the interim, 47 people stressed the need for improved public transport links between Burghead/Hopeman and Lossiemouth. Buses were described as poor, expensive and inconsistent and the lack of a regular direct service along the coast and taking in Roseisle and Duffus, was a significant drawback. People faced a long journey involving two buses. The council's bookable Dial M bus was said to be inconsistent.

Health issues - Older people and those with mobility issues struggled with public transport. People worried about the future when they were no longer able to drive to appointments.

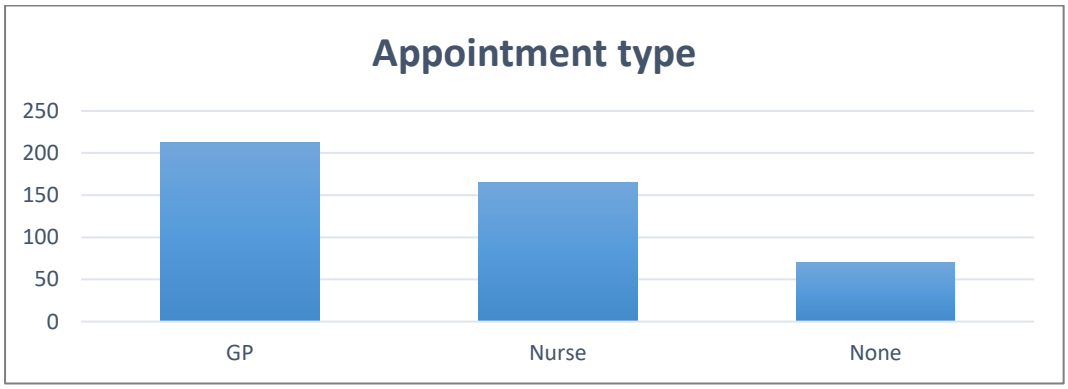
General – Suggestions included more home visits, evening/weekend appointments so people would be travelling when roads were quieter, the addition of parent and child parking places, improved cycle paths and an electric car charging point at the Lossiemouth surgery.

Section 4: Branch surgeries

Q19: In the past, which surgery have you preferred to go to?



Q20: Which services have you accessed in the Burghead and/or Hopeman surgeries?



- **Something else – 23 responses**

Most free text responses related to health care appointments and services provided out with the branch surgeries such as dental, chiropody, flu vaccination. Three people had moved to the area recently and not had the opportunity to use the branch surgeries.

Q21: If you have used Burghead or Hopeman branch surgeries in the past, how did they meet your needs? (230 answered)

Q21: If you have used Burghead or Hopeman branch surgeries in the past, how did they meet your needs?

Fully met - 124 responses indicated the branch surgeries had been excellent/very good, provided a first class service and that people's needs had been fully met.

Satisfactory - A further 14 responses made reference to the service being good or that they were satisfied with how their needs were met. The same number termed the branch surgeries as adequate or fair.

Positive experiences – A number of comments related to positive experiences of the service and the friendly and helpful staff.

Convenience - 52 responses highlighted the convenience of having a branch surgery in the community which was easy to get to and close to a pharmacy. People did not have to take as much time off work or school to attend. People were able to walk to appointments rather than take their car and did not have to rely on others for transport or to make a long journey by public transport. They felt more relaxed in a smaller, quieter surgery where they were seen quickly. This and the short distance to travel was particularly important when people were unwell.

Appointments - 5 comments related to appointments. Being able to see a nurse or doctor locally and in familiar surroundings helped make appointments less stressful. People felt they were able to be seen more quickly in Burghead or Hopeman rather than at Lossiemouth and said they were always able to be seen in an emergency.

Q22: If you have used Burghead or Hopeman branch surgeries in the past, was there anything that didn't meet your needs? (173 answered)

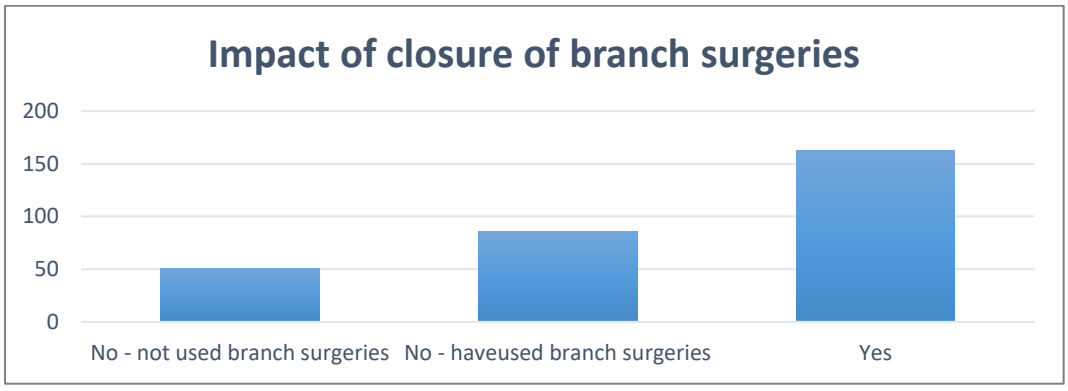
Fully met - 119 responses indicated people were totally satisfied with most stating that the buildings should be reopened as they are.

Appointments - Appointments were mentioned in 19 responses. There had been other temporary closures of the branch surgeries prior to March 2020 and people indicated the half day openings meant appointments were limited, meaning there could be a delay in being seen. 2 people had a wish to see the same GP each time.

Equity of service - The need to go to Lossiemouth for tests and treatments was highlighted in 14 responses.

Environment - 6 comments were made about the buildings, highlighting that the waiting room (not specified which) was small and conversations could be overheard. Parking was considered inadequate.

Q23: Has the temporary closure of the branch surgeries has an impact on you?



- 55% (163 people) said they has been impacted

Q24: What has been the impact on you and your family? (206 answered)

Additional travel - The biggest issue was the additional distance and time required to travel to appointments in Lossiemouth rather than being able to walk to the local surgery. This and the need to arrange transport was commented on by 90 people.

People said they didn't always have access to a car and had to rely on other people for transport or that family members were reliant on them. People didn't like to be a "burden" on others. People had to take additional time off work – often unpaid - for their own appointment or to drive someone to theirs. It was difficult to arrange appointments for when the driver was available. Children missed more school time because of the longer journey. Parents had to arrange additional child care to attend their own appointments.

During the Covid restrictions some people felt unable to ask others for lifts to Lossiemouth.

Travel to Lossiemouth was an additional cost and had an environmental impact which concerned people.

A further 13 comments were made about the stress of additional travel for those feeling very unwell and for the frail elderly.

Public transport – 20 comments highlighted the lack of a public service bus linking Burghead, Hopeman and Lossiemouth. It was a lengthy journey for patients who had to get a bus to Elgin and then another to the Moray Coast Medical Centre. This was time consuming and costly for those without a bus pass.

Reduced access to health care - 51 comments related to reduced access to healthcare resulting from the ongoing closures and the changes made to Primary Care in general response to Covid.

People spoke about their difficulty in getting through on the practice phone line to make an appointment and then issues with the triage system and the questions asked by the receptionists. This had led to increased stress and anxiety and a few people indicated they had been reluctant to seek care because of the changes and had delayed or put off seeking medical attention.

Patients had missed out on regular health checks and monitoring.

People were concerned that face-to-face appointments were less available, missing the in person interaction with a GP. Many struggled with the change to telephone and video consultations due to hearing loss and difficulties accessing technology. Call backs from the GP were not always at a convenient time. Many felt the new ways of working were impersonal.

A few people indicated they struggled to travel due to their health conditions.

No impact currently – 13 comments were made by people for who travelling to Lossiemouth was not a particular issue currently as they had their own transport. Many expressed concerns for the future as they got older, however, and potentially were no longer able to drive.

Q25: If the branch surgeries remain unable to open, what alternative health and wellbeing provision would you like to see offered within your immediate community? (233 answered)

Retain local provision – The importance of keeping branch surgeries open was stressed in 70 responses. People said the local GP provision was needed and there was no acceptable alternative. It was unfair, they said, that patients were being asked to travel. Many pointed to the increasing populations of Hopeman and Burghead and the rising numbers of elderly residents who had more need for medical services.

Many questioned why the two buildings could not be reopened now – even on a trial basis - with reasonable adjustments put in place to make best use of the available space in order to comply with any physical distancing requirements.

People highlighted other premises which have remained open and providing a service over the past two years. There were concerns that Covid was being used as an excuse to keep the building shut and the Moray Coast's commitment to staffing the branch surgeries was questioned as was whether the closures were in order to save money.

Calls were made for the buildings to be upgraded so that they were fit for purpose and comply with building, fire and accessibility standards.

New build or alternative premises – 17 responses called for investment for purpose-built new surgeries. It was suggested this could be linked to developer contributions.

While most called for new builds in both Hopeman and Burghead, it was also suggested that one share surgery be built or that alternative premises be found.

Public transport – For those who don't have access to a car, public transport links to Lossiemouth must be improved, 51 responses urged. It was not acceptable, people said, that patients had to travel via Elgin on a two-stage bus journey taking two to three hours or spend £40 on a taxi journey. A small number of patients said they would change to an Elgin surgery to make travel easier.

There was a need for a reliable direct bus service along the coast from Burghead and Hopeman with appointments at Lossiemouth linked to the times of the buses to cut down on waiting times.

An improved dial-a-bus service was also supported.

Home visits – In the absence of the branch surgeries, it was proposed by 19 people that more home visits should be carried out for older and less mobile patients who had no transport to get to Lossiemouth. They pointed out, however, that it would make better use of a GP's time if they were able to be based in a local surgery within easy travel distance for patients.

Visiting services – 35 responses related to improved access through outreach services such as use of a mobile consulting unit and pop-up clinics held in other community venues for appointments and routine health monitoring/checks. The

creation of a community health hub could be utilised by a range of health care providers to offer services such as podiatry and counselling.

Pharmacy – Positive comments were made about pharmacy services in Hopeman and Burghead and there was a call for this to be expanded so that a pharmacist was always available during opening hours.

Section 5 - Home First

Q26: What ideas do you have for health and wellbeing services that could help support people to remain at home and prevent a hospital admission? (222 answered)

Social care – Increased funding; recruitment of more staff on better terms and conditions to increase capacity in care at home services; training and supervision, career development; responsive care packages which can quickly be set up; carers having more time for their visits and to focus on outcomes rather than tasks; more continuity of carers; improved scrutiny of commissioned care providers; review of assessment processes as older people may say they are managing when they are not

An assurance that a care package is in place before someone is discharged; better co-ordination between hospital and home care.

Home checks to see how someone is managing, what support/aids/adaptations would be of benefit; daily check-in phone calls.

Local day centre for companionship and stimulation; expanded Shared Lives Service.

A change of culture to encourage people to see that accepting care when needed is not a sign of “failure”.

Easy to access information on what services are available; a help line; easier referral and assessment process

Health care – Home visits carried out by District Nurses, a return to old-fashioned district nursing; a medical car based in Lossiemouth; mobile nurses and nursing teams in local hubs so they can be more responsive and prevent a crisis; health checks on the over 75s and those with long-term conditions, and monitoring to pick up on a patient’s deterioration; reinstatement of screening; more community physio.

More GPs; more GPs working full-time; more appointments; being able to see a GP to avoid going to A&E or calling an ambulance and becoming a hospital admission; emergency walk-in appointments available at surgery; being able to see the same GP for continuity of care; being able to see a GP and not a nurse practitioner; receptions taking a common sense approach; provision of ipads to enable patients to have remote consultations; designated GP to follow through on a patient’s discharge from hospital and ensure care and support is in place.

More hospital beds; admission to hospital if required. Convalescence/intermediate care facility.

Re-opening of Hopeman and Burghead branch surgeries to provide same access to a GP as patients have elsewhere.

Joint working – improved communication and co-ordination between all professions, including ambulance/paramedics.

Carers – Carers to be listened to and their interests taken into account; manage expectations of families as to the support which will be offered; planned and easily booked respite; a sitting service to give carers a break.

Community – Building on the existing community assets; volunteer co-ordinators; volunteers to help with shopping and provide companionship; volunteers to support people to die at home; meals on wheels service; lunch clubs; help with practical tasks such as cleaning, admin tasks and looking after pets; opportunities for friends to come together.

Greater focus on prevention; fitness classes; strength and balance classes to prevent falls; health promotion; toe nail cutting service.

Housing – Sheltered housing with wardens; home share scheme matching older people with younger people looking for somewhere to live in return for carrying out some tasks.

Q27: What ideas do you have for health and wellbeing services that could help support people to return home and regain their independence after they have been in hospital? (208 answered)

Answers to this question were broadly in line with those given in response to the previous question.

Social care – Greater focus on flexible and free reablement support to help people regain skills for independent living, with the service being reduced over time; well-resourced care teams; extra support for an initial period such as meals; shorter waiting times for OT and physio support with home assessments to check the person can manage at home and what aids/equipment/telecare is needed; widen remit of what Social Care Assistance/home carers can do to include home help tasks and to build confidence to go out; improved pay for carers which would boost recruitment; more consistency in carers; increased range of day opportunities with transport provided.

Health care – Ensure people are ready for discharge and that care is in place; following discharge checks should be made daily for the next 10 days; District Nurses to carry out home visits and provide follow-up care; easier access to a GP through existing GPs increasing their working hours; supportive primary care; GPs to carry out check-in phone calls and to show care and empathy; more regular health checks.

Access to branch surgery.

Intermediate care facility; half-way house/convalescence flats for people not ready to return home

Joint working – Improved joined-up care and joint working between services; all professionals to be involved in assessment and review; a named person to co-ordinated care; early intervention to prevent a crisis.

Unpaid carers – Improved support for unpaid carers; better communication with families; more respite breaks.

Community – Volunteers to support people once they are home, accompanying them to appointments and to reduce loneliness. More information on community resources and how they are accessed; a community hub to provide a single point of contact; more support groups; more social prescribing such as a block of free session at a leisure facility.

Q28: What ideas do you have for Health & Social Care Moray and community groups to work more closely together to support people to look after and improve their own health and wellbeing so they can live in good health for longer? (169 answered)

Health care – GP services should be easily accessible; a return to in-person appointments; professionals who put their patients first; have a bank of local health staff who can be called on to work a few hours here and there as required.

Support for mental health out with GP practice through social prescribing; mobile clinics to bring services out to people.

Retain branch surgeries by finding solutions to enable them to reopen.

Joint working – Improved communication between professionals; regular case reviews with everyone involved; compassionate care; better communication between services and community groups with monthly engagement to share news, information and learning.

Unpaid carers – More services in place so care does not all fall on unpaid carers and they have to stop work to care for someone and are unable to have any time for themselves.

Community – Support people to overcome their reluctance to ask for and accept help and treatment so they don't end up in hospital; more social groups and community facilities; funding for community wellbeing projects/initiatives; community cafes where people can learn food skills; meal deliveries to support good nutrition; improved transport so people can take part in activities; one-stop community hubs where people can find information about what is available and where they can volunteer their time; database of volunteers and co-ordination of volunteers, matching them with people who would benefit from support; more health promotion; wellness workshops to encourage people to take more responsibility for their own health; neighbourhood watch scheme to encourage people to look out for people in their community and be able to make a referral for a social care check; support for intergenerational activity.

Reduce the reliance placed on volunteers to fill the gaps in statutory services, appreciating that volunteers have done so much over the past two years.

Q29: Is there anything else you want to tell us about health and social care in your community? (135 answered)

Branch surgeries – 34 people repeated their calls for the branch surgeries to be restored because of their importance to the communities. Some were concerned that a decision to keep them closed had already been made and that patients were not

getting the health service they were entitled to. People said they had lost respect for GPs, considering they were being motivated by finance.

They said the wellbeing of the community was being negatively impacted by the closure and want to see the current buildings reopened, upgraded or new facilities built. They point to the aging population of Burghead and Hopeman and the new housing developments in the area. The communities have had to support themselves for a long time in the absence of health care facilities and it is fortunately that people continue to care for one another.

The reasons for the continued closure of the branch surgeries were branded excuses and more evidence was called for. It was said the buildings had been run down over a number of years. People suggested there were some simple adjustments or upgrades which could be made to ensure the buildings comply with requirements. They pointed to being able to use all other buildings with Covid measures in place but not the surgeries. It was questioned if any decision came down to finance. If they were to close it would be apparent money was being prioritised over health. People were concerned over the continued impact of the closures on other services such as pharmacy.

It was suggested that if both surgeries were not retained than one or the other should be. This would reduce the distance patients had to travel. Not everyone drives and travel to Lossiemouth is problematic, particularly for those with mobility issues. There were no direct service buses and although the community bus was appreciated, it was not seen as a sustainable solution.

Health care – GPs were said to have been hiding for the past two years, with much of their work falling on nurse practitioners. Patients want to see their GP rather than another member of the practice team.

A GP serving the community would support early intervention and self-management approaches, enabling people to live healthier lives in a healthier community.

Not everyone is able to use IT to take part in remote consultations.

Dr Gray's was said to have provided a good service during covid in comparison to GP services, however some felt services had been run down. There was also much praise for the Burghead and Hopeman pharmacist.

People had held back from contacting their GP during the pandemic or had not been seen as normal. Mental health support was described as being non-existent. Growing waiting lists was a concern. There were strong calls for it to be easier to have an in-person appointment. Staff need it come out from behind their phones. Dental services also need to be stepped back up.

Some new ways of working were welcomed, however, and these should be built on to develop a system that meets needs and is future proofed.

Many people can no longer drive to Aberdeen for hospital appointments and it would be beneficial if there were more clinics run in Dr Gray's Hospital.

Health and social care – Examples were given where patients had struggled on discharge from hospital because care packages were not in place or where they had paid for private treatment because of waiting times.

NHS staff have been working “like Trojans” during the pandemic but this is not sustainable and the system was under great stress.

Support services were swamped and more needed to be done to support recruitment and retention of staff. Home carers were dedicated and hardworking but undervalued and should get more recognition, with more time for visits and improved wages. They are key to preventing hospital admission and supporting people back home.

Increased funding should go on frontline staff and management should be reduced.

The good work going on is not obvious to people and people don’t know what is available to them. Signposting to services should be improved.

The covid vaccination programme was said to be disorganised and should have been rolled out through the GP practices.

Older people should be offered home visits for assessment of their needs. The waiting lists for OT assessment need to be addressed.

Unpaid carers - The contribution of unpaid carers should be recognised and their needs should be acknowledged and addressed as without them, the health and social care system would collapse.

Community – Isolation has had a huge impact on health and wellbeing. It can be hard for people to accept help – they prefer to be the ones giving it. People who move into the community may struggle more than those who have long-established links. It can be hard to know who might be struggling and ways have to found to help people feel included.

People would welcome the addition of groups and activities such as lunch groups. Volunteers already do so much. They could support people who are on their own, especially those who are palliative as they approach the end of their lives. They can help with things like shopping and accompanying people to appointments. People would like help to start up new activities.

A community centre/hub could help co-ordinate volunteers and promote a culture of care.

Green space has an increasingly important role to play. Sustainable travel options require an investment which promotes cycling and walking. There should be better public transport options for the more rural communities that are affordable for those who do not have a bus pass. The community minibus is a valued resource.

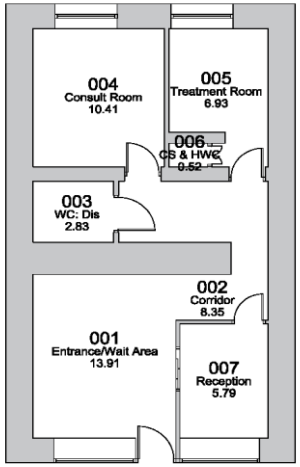
Dropped kerbs are blocked by people parking cars and blocking access for people using mobility scooters and wheelchairs.

Engagement – There was criticism of the engagement process. A few considered the information drop-in events to be a waste of time and money. Information was

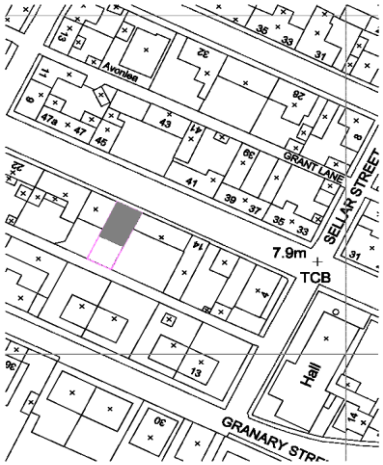
lacking and what was available was spun in favour of closing the branch surgeries. Copies of the survey should have gone to every household as not everyone could go on line to complete it.

Moray Coast Medical Practice - Burghead Premises

The Burghead branch surgery premises is owned by a private landlord and leased to NHSG. The current lease expires in November 2023.



Floor Plan
NTS



Location Plan
NTS

Further to a recent site inspection at the Burghead premises, a number of issues were identified which do **not** meet the various standards set out in the following current building requirements:

- Disability Discrimination Act 2005
- The National Health Service (Scotland) act 1978 - The primary medical services directions 2004
- Scottish Health Planning Note (SHPN) 36, Part 1 which sets out the design guidance for General Medical Practice Premises in Scotland.
- Scottish Health Facilities Note 30: 'Infection control in the built environment' Version 2 and Healthcare Associated Infection System for Controlling Risk in the Built Environment (HAI Scribe)

Summary

Where the current failings relate to fixtures and fittings it would be possible to carry out minor alterations /refurbishment to bring the building up to the appropriate standards. The cost for this is estimated at £116,000 excl VAT based on a previous survey carried out in 2018.

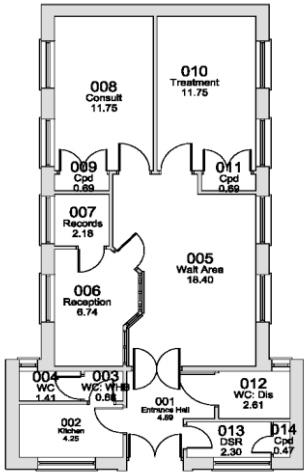
However a number of the failings are related to space constraints. Where this is the case it would not be physically possible to bring the premises up to standard within the structural constraints of the current building.

Conclusion

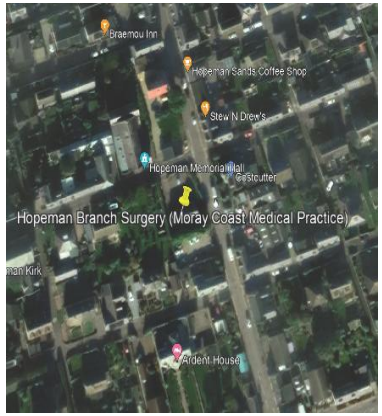
It is therefore not possible to bring the current Burghead Branch Surgery building up to current building standards whatever the financial spend.

Moray Coast Medical Practice - Hopeman Premises

The Hopeman branch surgery premises is a Moray Coast Medical Practice owned property. Originally a Gospel Hall the premises was converted into a GP Surgery in 1992.



Floor Plan
NTS



Location Plan
NTS

Further to a recent site inspection at the Hopeman premises, a number of issues were identified which do **not** meet the various standards set out in the following current building requirements:

- Disability Discrimination Act 2005
- The National Health Service (Scotland) act 1978 - The primary medical services directions 2004
- Scottish Health Planning Note (SHPN) 36, Part 1 which sets out the design guidance for General Medical Practice Premises in Scotland.
- Scottish Health Facilities Note (SHFN) 30: 'Infection control in the built environment' Version 2 and Healthcare Associated Infection System for Controlling Risk in the Built Environment (HAI Scribe)

Structural

A number of structural defects were identified to the external walls

Summary

Where the current failings relate to fixtures and fittings it would be possible to carry out minor alterations/refurbishment to bring the building up to the appropriate standards. The cost for this is estimated at £142,000 plus VAT based on a previous survey carried out in 2018 and adjusted to 2021.

However a number of the failings are related to space constraints. Where this is the case it would not be physically possible to bring the premises up to standard within the structural constraints of the current building.

Conclusion

It is therefore not possible to bring the current Hopeman Branch Surgery building up to current building standards within the constraints of the current building structure.

Recommendations

It is recommended that a structural survey is carried out on the premises. As owners of the building the Moray Coast Medical Practice have agreed to commission this structural survey.

A/211154

STRUCTURAL INSPECTION,
HOPEMAN SURGERY,
15 HARBOUR STREET,
HOPEMAN,
MORAY, IV30 5SJ.

FEBRUARY 2022

MORAY COAST MEDICAL PRACTICE
MUIRTON ROAD
LOSSIEMOUTH
IV31 6TU

CAMERON + ROSS
CONSULTING ENGINEERS
15 VICTORIA STREET
ABERDEEN
AB10 1XB

STRUCTURAL INSPECTION

INDEX

REVISION SCHEDULE

Rev No.	Description of Amendment	Prepared By	Approved By	Date
-	Original Issue	M Malcolmson	G Christie	Feb. 2022

1. INTRODUCTION

1.1 The purpose of this report is to assess the structural condition of the premises. A recent NHS Grampian property appraisal report identified cracking throughout and advised further investigation was required.

1.2 The inspection consisted of a visual examination of the interior and exterior of the property. Unless specifically noted, finishes were not disturbed nor was any subsoil investigation or inspection of buried foundations carried out.

1.3 We have not inspected any parts of the structure which are covered, unexposed or otherwise inaccessible and therefore we are unable to report that any such part of the property is free from defect.

2. EXISTING BUILDING DESCRIPTION

2.1 Reference to historical maps indicate the building would have been constructed in the early 1960s' as a 'Gospel Hall'. It is understood the building was converted to its' current use in the 1990s'.

2.2 The building is constructed in masonry external walling with a slate finish pitched roof and with timber stud internal partitions. The roof trusses are of a raised ceiling tie type. The building is generally of a rectangular footprint but has small extensions to each side at the entrance end. The building is single storey and has a suspended timber ground floor construction assumed to be supported on sleeper walls within the building.

3. OBSERVATIONS AND PHOTOGRAPHS

3.1 Numerous cracks, both horizontal and vertical can be seen on all elevations. The rear (West) gable wall shows least cracking, but some hairline cracking is evident in the harled and painted finish thereon. Both the side elevations show numerous horizontal and vertical cracks, and the feature stonework (East) entrance gable shows cracking/open masonry joints to each end of the gable wall.

3.2 The roof appears to sag over the small extensions to each side towards the building frontage.

3.3 The floors internally are seen to slope from the centre of the building down to the sides.

3.4 There are several areas where cracks and tears are evident within the building at the meeting of walls and ceilings.

3.5 The external cracks show evidence of historic repair but have since re-opened. None of the elevations have masonry movement joints built in.

3.6 Access was not taken to the roof space, but the roof structure was observed from an access hatch near the main entrance. The roof structure is of simple construction, consisting only of a raised ceiling tie spanning between rafters. There are no internal timbers to the roof structure. The rafters have the appearance of sagging between the ridge and ceiling tie points.

3.7 It is understood that the car parking adjacent the main entrance has in the past suffered from some subsidence at the surface. This is thought to have been the result of subsoil washout by defective drains. Although repaired, some further settlement is apparent.

3.8 Reference to publicly available geological information suggests the building could be founded on a sandy subsoil, which would be susceptible to the washout of fines under the influence of defective drainage pipework.

Photographs.

East entrance gable.

Open joints southeast side.

Lateral movement southeast side.

Joint cracking east gable.

Open joints northeast side.

Open joints northeast side.

Open joints northeast side.

North elevation.

Cracking to west end.

Cracking to west end.

Cracking of side extension east end.

West gable elevation.

South elevation.

Cracking to west end.

Cracking to south elevation.

Cracking to south elevation.

Cracking to east end.

Cracking of side extension east end.

Internal view of roof structure.

External view of sagging roof.

4. CONCLUSIONS

4.1 The extensive cracking to the external elevations and the evidence of tearing and cracking in the internal finishes is strongly suggestive of ongoing structural movement in the building.

4.2 The roof timbers although not checked by calculation appear to be overstressed and are deflecting as a result. This is potentially placing some outward thrust on the wallheads.

4.3 The slope of the ground floors and the cracking pattern of the East entrance gable would suggest that the side elevations are dropping relative to the central portion of the building.

4.4 Historic crack repairs which have since re-opened indicates that movement of the walls is ongoing.

4.5 Anecdotal evidence regarding local subsidence of the adjacent car park, combined with reference to online soil condition information suggests the building foundations may be on a sandy subsoil.

4.6 Several of the cracks present are located coincidental with inset metal bracket supports for rainwater downpipes. It is concluded that the corrosion of these metal brackets is causing expansion of the metal and opening the cracks further. Whilst this is detrimental to the wall it is not considered to be the main reason for cracking being present.

4.7 Horizontal cracks in a building of this type of construction have been known to result from the corrosion of wall ties. The inner face of the feature entrance gable is common blockwork, and this suggests a cavity wall construction type which would have metal wall ties.

4.8 The vertical cracking along the side elevations could be simply the result of the lack of any movement joints in the building to cater for thermal expansion and contraction in the masonry. However, taking all the above together, we would conclude that the building is potentially suffering from an ongoing settlement of the foundations. It is anticipated the extensive cracking is a result of a combination of the settlement of foundations, the lack of movement joints in the masonry, the possible thrust from inadequate roof structure and the corrosion expansion of metal rainwater goods support brackets and metal wall ties across the cavity. Given the occurrence of the adjacent car park settlement, it is possible defective drains are influencing the ground below the foundations.

4.9 In order to verify the above, it would be necessary to have the foundations exposed for investigation and the drainage surveyed for condition. In addition, some inspection of the wall cavities to observe the condition of any wall ties present.

4.10 Best case would be some defect of the drainage is causing loss of support in the subsoils. However, given the extent of the defects it would seem unlikely this alone could be responsible for the cracking evident. Even assuming the foundations are satisfactory, there would be a reasonable amount of work in simply repairing cracks and making good masonry open joints and replacing defective wall ties. It is considered likely some augmentation of the roof structure would also be necessary were the building to be made good and some levelling of the ground floor may also be necessary. It is thought quite possible that repairs to the building would not be economically viable given that as it stands it is understood to be no longer fit for purpose and in need of refurbishment and possible extension.

Signed Michael Malcolmson
Dated 14/02/2022

SECTION 1 - DO I NEED AN EIA?

DO I NEED AN EIA?

Name of policy/activity: **Lossiemouth Locality Health and Wellbeing Community Engagement Activity – Moray Coast Medical Practice - Potential Closure of Burghead and/or Hopeman Branch Surgeries**
Please choose one of the following: Is this a: • New policy/activity? • Existing policy/activity? • Budget proposal/**change for this policy/activity?** • Pilot programme or project?

Decision
Set out the rationale for deciding whether or not to proceed to an Equality Impact Assessment (EIA)

This Equality Impact Assessment relates to the impact on the Moray Coast Medical Practice patient population, of the current closure and potential permanent closure of the Burghead and Hopeman Branch Surgery buildings,

The condition of the Burghead and Hopeman branch surgery buildings have been a subject of discussion for several years. In particular questions have been raised as to whether the branch surgeries meet the current Health Care Standard requirements. Despite the shortcomings, the Practice kept the buildings open and provided limited surgery sessions per week until the start of the Covid pandemic. In March 2020, following Scottish Government guidance, the Practice moved to a telephone first model of service delivery supported by video calls and with face-to-face appointments available at Lossiemouth for those patients with a clinical need to be seen in person.

A decision regarding the future of the branch surgery buildings therefore required to be taken. It was agreed at a meeting of the Moray Integration Joint Board (Moray IJB) on 30 September 2021 that the next stage towards reaching any decision should be a Community Engagement and Consultation process and the outcome of that activity be formally reported back to the Moray IJB on the 26 May 2022.

Surveys of the branch surgery buildings were undertaken as part of the engagement and consultation process. The Burghead building (which is owned by a private landlord) and the Hopeman building (which is owned by the Moray Coast GP practice) were surveyed in September 2021 by the NHS Grampian premises team. The outcome of which

concluded that the branch surgeries fail to meet a number of legislative requirements and are unable to reopen in their current state.

These failings relate to the following requirements:

- The duty to make reasonable adjustments as defined in the Equality Act 2010
- The National Health Service (Scotland) act 1978 - The primary medical services directions 2004
- Scottish Health Planning Note (SHPN) 36, Part 1 which sets out the design guidance for General Medical Practice Premises in Scotland.
- Scottish Health Facilities Note 30: 'Infection control in the built environment' Version 2 and Healthcare Associated Infection System for Controlling Risk in the Built Environment (HAI Scribe)

Some of the overall failings can be remedied at a financial cost, and some require an increase in physical space which is not possible within the current buildings' foot print. The more substantive failings include:

- Inadequate disabled access
- Room sizes do not comply with current design standards
- Toilet facilities require to be shared between patients and staff
- No available staff rest/changing facilities
- Inadequate utility/cleaning areas
- Fire escape strategy for one direction of travel

There were also structural integrity concerns regarding the Hopeman building. A subsequent structural survey of the Hopeman Branch Surgery was recommended. This duly took place in February 2022 by Cameron and Ross Structural Engineers. The outcome of which noted "it would be necessary to have the foundations exposed for investigation and the drainage surveyed for condition. In addition some inspection of the wall cavities to observe the condition of any wall tiles present".

There is therefore a likelihood that the branch surgery buildings remain closed for a further period of time or indeed that they remain closed permanently.

In either case there requires to be an equality impact assessment undertaken to determine the potential impact on protected groups impacted by the closure.

It is therefore recommended an EIA be undertaken.

Date of Decision: 31/03/2022

If undertaking an EIA please continue onto the Section 2. If not, pass this signed form to the Equalities Officer.

Assessment undertaken by *(please complete as appropriate)*

Director or Head of Service	• Sean Coady

Lead Officer for developing the policy/activity	• Iain Macdonald
Other people involved in the screening (this may be council staff, partners or others i.e contractor or community)	• Lossiemouth Locality Community Engagement Steering Group (Public and Professional Representation) • Equal Opportunities Officer

SECTION 2: EQUALITY IMPACT ASSESSMENT

Brief description of the affected service

1. Describe what the service does:
The Burghead and Hopeman branch surgery buildings provide off site clinic space for Nurses and GPs the main Moray Coast Medical Practice building in Lossiemouth, Moray.

The branch surgeries provide an opportunity for community members to attend an initial GP or Nurse appointment within their local community. Prior to the Covid pandemic there were approximately 54 appointments at each branch surgery during the working week; 27 (50%) were with a GP and 27 (50%) with a Nurse. The total number of appointments within the Lossiemouth building were 1400 per week.

Moray Coast Medical Practice have a total patient population of 10,176 of which 3,108 (31%) live within the Burghead, Cummingston or Hopeman post code areas.

2. Who are your main stakeholders?

- Patients of the Moray Coast Medical Practice
- Moray Coast Medical Practice
- Health and Social Care Moray
- NHSG
- Third Sector/Community Providers
- Private Landlords of the Burghead, Hopeman and Lossiemouth Surgery Buildings

3. What changes as a result of the proposals? If the service is reduced or removed?

That Burghead and Hopeman branch surgeries, which are currently temporarily closed, continue to remain temporarily closed or are permanently closed and that the services provided are either relocated to the Lossiemouth building or take place in other community settings/patients homes. The Lossiemouth building accommodates an extensive range of health and social care staff that form a multi disciplinary team.

This would provide a modernisation of the current service enabling patients to be seen by the right health care professional at the right time within a modern facility.

4. How will this affect your customers?
Some individuals requiring a medical appointment would require to travel through to Lossiemouth from the outlying villages of Hopeman (5.5 miles), Burghead (8 miles) and Cummingston (6.5 miles).

5. **Please indicate if these apply to any of the protected characteristics**

Protected groups	Positive impact	Negative impact/risks
Race	No	No
Disability	Yes	Yes
Carers (for elderly, disabled or minors)	No	No
Sex	No	No

Pregnancy and maternity (including breastfeeding)		
Sexual orientation	No	No
Age (include children, young people, midlife and older people)	Yes	Yes
Religion, and or belief	No	No
Gender reassignment	No	No
Inequalities arising from socio-economic differences	Yes	Yes
Human Rights	No	No

6. Evidence. What information have you used to make your assessment?

Performance data	Yes
Internal consultation	Yes An engagement and consultation activity has been carried out with key stakeholders.
Consultation with affected groups	Yes An engagement and consultation activity has been carried out with key stakeholders.
Local statistics	Yes Patient data has been analysed to determine impact on protected groups.
National statistics	Yes Local patient data has been compared to National data.
Other Stakeholder Survey Stakeholder Engagement Events Structural Surveys of Facilities Meetings with Transport Providers	Survey completed by 490 (5%) of stakeholders. The vast amount of respondents were from the Burghead and Hopeman communities. 6 community engagement events were facilitated and attended by 84 people. Surveys were carried out on both branch surgery buildings and a subsequent exterior structural survey of the Hopeman building. Meetings took place with Stagecoach Buses, Moray Dial a Bus and the Hopeman Community Mini Bus Group.

7. Evidence gaps

Do you need additional information in order to complete the information in the previous questions? **No.**

8. Mitigating action

Can the impact of the proposed policy/activity be mitigated? Yes

Please explain

Immediate (1 month)

- Introduce a dedicated Moray Dial a Bus service to connect the villages of Burghead, Hopeman, Cummingston and Duffus to Lossiemouth. Initially for a 3 month period to determine demand.
- Increase profile and awareness of Moray Dial a Bus service
- Increase profile and awareness of Community Mini Bus service
- Increase the facilitation of Nurse led clinics in community facilities
- Increase support available in the use of remote consultations platforms; Near Me, E-Consult etc
- Increase awareness and understanding of the Pharmacy First model
- Increase availability of home visits by GP/Nurses for housebound patients, especially those with limited access or knowledge of digital platforms
- Increase the availability of clinical rooms and waiting area facilities within the Main Lossiemouth Surgery building

Medium Term (3 to 6 months)

- Improve the transport infrastructure through extending the Stagecoach Bus route thus connecting the villages of Burghead, Hopeman, Cummingston and Duffus to Lossiemouth
- Further development of Community Transport Network through supporting the work of the Community Mini Bus Committee
- Improve ICT facilities and support mechanisims within community settings to enable patients to participate in remote consultations
- Introduce the provision of Mobile/Pop Up Clinics within communities

Disability	
Carers (for elderly, disabled or minors)	
Pregnancy and maternity (including breastfeeding)	
Age (include children, young people, midlife and older people)	
Gender reassignment	
Inequalities arising from socio-economic differences	
Human Rights	

9. Justification

If nothing can be done to reduce the negative impact(s) but the proposed policy/activity must go ahead, what justification is there to continue with the change?

What is the aim of the proposal?

The proposal aims to improve the health and wellbeing provision for the residents living within the Lossiemouth locality boundary. A component part of this is to address the long standing concerns in relation to the Moray Coast Medical Practice branch surgery buildings in Burghead and Hopeman and the Moray Coast Medical Practice building in Lossiemouth.

It is believed that this proposal will provide a greater degree of equity for patients of the Moray Coast Medical Practice as they will each receive the equivalent standard of service when they attend a surgery building; both in terms of facilities and staffing. The Lossiemouth building is accessible to all and has a health and social care multi disciplinary team on site to meet patient needs. For those that require support to travel to their appointments transport will be provided. Those patients who are considered housebound will continue to receive a visit to their home from a GP, Nurse, or Health Care Professional. Where appropriate community based activity will continue to take place in a suitable location i.e. vaccination programmes.

Alternatives considered:

- Continue with current premises – the premises do not meet HC standards on a number of grounds and as such cannot reopen until these issues are addressed
- Refurbishment of current premises – surveys of the Burghead and Hopeman buildings indicate that it is not possible to bring the buildings up to standard due to space constraints within the current building footprint
- Extension to current premises – a structural survey of the Hopeman premises indicates concerns about the structural integrity of the building; an extension onto the building would not therefore be recommended without further structural investigations. The landlord of the Burghead premises has indicated that they believe the building can be extended to ensure the building meets the required legislative standards and shared draft building plans. Costs and contractual arrangements have not been formally discussed.
- Utilising another community building – there are vacant buildings within the locality, however the costs attached to this work and the suitability of specific buildings has not been explored in detail. The costs associated and the timescales for planning any work prevent this being a short term viable solution.
- Single new build – an option exists to build a new branch surgery within one of the villages. The costs associated and the timescales for planning any work prevent this being a short term viable solution.

10. Summarise how the proposals assist Moray Council in meeting its public sector equality duties

a: Do the proposals have relevance in relation to the duty to eliminate discrimination, harassment, victimisation or other conduct prohibited by the Equality Act 2010? Yes
b: If the answer to 10a is yes, what steps have been taken to help eliminate discrimination, harassment, victimisation or other conduct prohibited by the Equality Act 2010? The project enables all patients of the Moray Coast Medical Practice to receive an equitable service in relation to the standard of premises and access to health professionals.
c: Do the proposals give the opportunity to promote equality of opportunity on the grounds of any of the protected characteristics (race, disability, sex, pregnancy of maternity, sexual orientation, religion or belief, gender reassignment, age, socio-economic status)? Yes
d: If the answer to 10c is yes, how do the proposals promote equality of opportunity? Equality of opportunity on the grounds of disability. The expansion of on-demand public transport will improve access to medical facilities for a variety of groups, for example on the grounds of disability, sex and socio-economic status. In addition, it can open up access to other spheres such as employment, education, access to services.
e: Do the proposals give the opportunity to foster good relations between people who share a protected characteristic and those who don't? No
f: If the answer to 10e is yes, how do the proposals assist in fostering good relations between people that share a protected characteristic and those who don't? The proposals give the opportunity to provide an equitable service for all**.**

SECTION 3 CONCLUDING THE EIA

Concluding the EIA

1. No negative impacts on any of the protected groups were found.	
2. Some negative impacts have been identified but these can be mitigated as outlined in question 8.	
3. Negative impacts cannot be fully mitigated the proposals are thought to be justified as outlined in question 9.	✓
4. It is advised not to go ahead with the proposals.	

Decision
Set out the rationale for deciding whether or not to proceed with the proposed actions:

The project will proceed as it has significant positive impacts for all residents and visitors to the area. The proposed mitigating actions go some way towards overcoming the impacts and have the potential for positive impacts in relation to other activities such as employment, education and access to services.

Date of Decision: XX/05/2022

Sign off and authorisation:

Service	Moray Health and Social Care Partnership
Department	Health and Social Care
Policy/activity subject to EIA	Moray Coast Medical Practice Burghead and Hopeman Branch Surgery Buildings
We have completed the equality impact assessment for this policy/activity.	Name: Iain Macdonald Position: Locality Manager Date: XX/05/2022
Authorisation by head of service or director.	Name: Sean Coady Position: Head of Service Date: XX/05/2022
Please return this form to the Equal Opportunities Officer, Chief Executive's Office.	