Moray Integration Joint Board

Thursday, 26 March 2020

Meeting Room 4, Dunbarney House, Dr Gray's Hospital

NOTICE IS HEREBY GIVEN that a Meeting of the **Moray Integration Joint Board** is to be held at **Meeting Room 4, Dunbarney House, Dr Gray's Hospital**, on **Thursday, 26 March 2020** at **09:30** to consider the business noted below.

AGENDA

1	**Welcome and Apologies**	
2	**Declaration of Member's Interests**	
3	**Minute of Board Meeting dated 30 January 2020**	**5 - 10**
4	**Action Log of Board Meeting dated 30 Jan 2020**	**11 - 12**
5	**Minute of Audit, Performance and Risk Committee Meeting dated 19 September 2019**	**13 - 18**
6	**Minute of Clinical and Care Governance Committee Meeting dated 28 November 2019**	**19 - 22**
7	**Chief Officer's Report** Report by the Chief Officer	**23 - 24**
8	**Grampian Wide Strategic Framework for Mental Health and Learning Disability Services 2020 - 2025** Report by the Chief Officer	**25 - 52**

9 **Revised Scheme of Integration to Host Grampian Wide Mental Health and Learning Disability Services** **53 - 58**

Report by the Chief Officer

10 **Revenue Budget 2020-21** **59 - 68**

Report by the Chief Financial Officer

11 **Delegated Authority for Chief Officer** **69 - 72**

Report by the Chief Officer

12 **Items for the Attention of the Public**

MORAY INTEGRATION JOINT BOARD

MEMBERSHIP

Mr Jonathan Passmore (Chair)	Non-Executive Board Member, NHS Grampian
Councillor Shona Morrison (Vice-Chair)	Moray Council
Councillor Theresa Coull	Moray Council
Councillor Tim Eagle	Moray Council
Mr Sandy Riddell	Non-Executive Board Member, NHS Grampian
Mr Dennis Robertson	Non-Executive Board Member, NHS Grampian

NON-VOTING MEMBERS

Ms Tracey Abdy	Chief Financial Officer, Moray Integration Joint Board
Mr Ivan Augustus	Carer Representative
Ms Elidh Brown	tsiMORAY
Dr June Brown	Lead Nurse, Moray Integration Joint Board
Mr Sean Coady	Head of Service and IJB Hosted Services
Ms Karen Donaldson	UNISON, Moray Council
Ms Pamela Dudek	Chief Officer, Moray Integration Joint Board
Mr Steven Lindsay	NHS Grampian Staff Partnership Representative
Mr Christopher Littlejohn	Deputy Director of Public Health
Ms Jane Mackie	Chief Social Work Officer, Moray Council
Dr Malcolm Metcalfe	Deputy Medical Director, NHS Grampian
Dr Graham Taylor	Registered Medical Practitioner, Primary Medical Services, Moray Integration Joint Board
Mrs Val Thatcher	Public Partnership Forum Representative
Dr Lewis Walker	Registered Medical Practitioner, Primary Medical Services, Moray Integration Joint Board

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

MINUTE OF MEETING OF THE INTEGRATION JOINT BOARD

Thursday, 30 January 2020

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

PRESENT

Ms Tracey Abdy, Ms Elidh Brown, Mr Sean Coady (NHS), Councillor Theresa Coull, Professor Amanda Croft, Mrs Pam Dudek, Councillor Tim Eagle, Mrs Linda Harper, Mr Steven Lindsay, Mr Chris Littlejohn, Dr Malcolm Metcalfe, Councillor Shona Morrison, Mr Jonathan Passmore, Mr Sandy Riddell, Mr Dennis Robertson, Dr Graham Taylor, Mrs Val Thatcher, Dr Lewis Walker

APOLOGIES

Mr Ivan Augustus, Ms Jane Mackie

IN ATTENDANCE

Ms Jeanette Netherwood, Corporate Manager; Ms Heidi Tweedie, Moray Wellbeing Hub CIC; Mr Charles McKerron, Interim Integrated Services Manager; Mr Iain Macdonald, Locality Manager; Ms Lesley Attridge, Locality Manager; Mrs Isla Whyte, Interim Support Manager and Mrs Caroline Howie, Moray Council as clerk to the Board.

ALSO PRESENT

Professor Amanda Croft (ex-officio)

1 Chair of Meeting

The meeting was Chaired by Mr Jonathan Passmore.

2 Welcome

The Chair welcomed Professor Amanda Croft to her first meeting in her role of Chief Executive, NHS Grampian, and Councillor Theresa Coull in her new role of voting member of the Board.

The Chair also took the opportunity to thank Mrs Linda Harper, Lead Nurse, for her time on the Board as this would be her last meeting prior to retiring. He advised Mrs Harper would be replaced on the Board by Ms June Brown.

3 Declaration of Member's Interests

The Chair declared an interest in respect of a number of items on the agenda as he is a foster carer.

Having declared an interest the Chair advised he was of the opinion there was no requirement for him to leave the meeting during discussion of the items.

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

4 Minute of meeting dated 28 November 2019

The Minute of the meeting dated 28 November 2019 was submitted and approved.

5 Action Log of Meeting dated 28 November 2019

The Action Log of the meeting dated 28 November 2019 was discussed and it was noted that all actions due, other than the following, had been completed:

Item 1 - Chief Officer's Report; report in relation to the self-assessment of the position in relation to Drug Related Deaths has been delayed until March 2020.

Item 1 - Improvement Action Plan; still requires work with Partners before being presented.

Item 2 - Quarter 4 (January - March 2019) Performance Report; review of local indicators is ongoing and will be reported to the Audit, Performance and Risk Committee in March 2020.

Item 8 - Proposed Delegation of Services; shadow term to be introduced prior to completion of delegation in 2020/2021.

6 Minute of meeting of Clinical and Care Governance Committee dated 29 August 2019

The Minute of the meeting of the Moray Integration Joint Board Clinical and Care Governance Committee dated 29 August 2019 was submitted and noted.

7 Chief Officers Report to the Moray Integration Joint Board

A report by the Chief Officer (CO) provided the Board with an update on key priorities, covering the Overnight Responder Service - Night Owl, the Integration Scheme Review, a Clinical and Care Governance Event that was held on 8 January 2020, Winter Pressures, a 2020/21 Budget Update, Management Structure Update and

Speyside Big Health Care Conversation.

Lengthy discussion took place on the Overnight Responder Service - Night Owl. It was advised two families had indicated they were unhappy with the proposed change to the Service.

The Chair stated the decision had already been taken to undertake a 6 week pilot. As this will be run in tandem with the current service there would be no risk to participants, the pilot would be used to collect and collate evidence and thereafter it would be for the Board to decide if the service is to be rolled out.

During further discussion it was agreed to defer commencing the pilot and for further engagement to be undertaken with those affected by the decision. The Board also requested broader engagement to evaluate the wider impact of the decision and the context in which the pilot had been developed; the risks in not making the decision as well as making it. The Board will then decide whether to cancel the pilot, proceed with it or agree further work is required (and the scope of that work) only once relevant information is available to make such a decision. Thereafter the Board agreed to seek a further report to the next meeting to allow consideration of how the pilot will be manager.

The CO advised a number of considerations were being taken into account under the review of the Integration Scheme. She further advised it was hoped to bring a report to the Board in March 2020, however this date may be delayed. It is her intention to provide a briefing to Elected Members of Moray Council to ensure awareness of the proposals.

In not winter pressures the CO advised challenges were being experienced in all aspects of the system but staff were working well together. An area of pressure is in relation to capacity for care at home. The contract is due for retender which will have a more outcome focussed base. A report will be submitted to the Board in relation to this and also the plans for how localities will be developed.

Thereafter, following discussion of the remaining key priorities, the Board agreed:

i. to seek a further report on the Overnight Responder Services - Night Owl pilot;

ii. to seek a report on the Integration Scheme Review;

iii. that the CO should arrange a briefing session for Elected Members of Moray Council to ensure awareness of the proposals within the Integration Scheme Review;

iv. to seek a report on the developments surrounding the retender of Care at home; and

v. to seek an update report on the development of the localities.

8 Membership of Moray Integration Joint Board

Under reference to paragraph 9 of the Minute of the meeting dated 29 August 2019 a report by the Chief Officer informed the Board of proposed changes to the membership of the Moray Integration Joint Board.

Following consideration the Board agreed to approve the:

i. changes to the voting membership as described in the report; and

ii. appointment of Councillor Theresa Coull as Chair of the Audit, Performance and Risk Committee.

9 Chief Officers Operational Responsibilities Update

Under reference to paragraph 9 of the Minute of the meeting dated 29 November 2018 a report by the Chief Officer provided the Board with an update on the operational responsibilities of the Chief Officer.

Following consideration the Board agreed to note the progress to date in relation to the Chief Officer's responsibilities as outlined in the report.

10 Chief Internal Auditor Reappointment

Under reference to paragraph 7 of the Minute of the meeting dated 31 March 2016 a report by the Chief Officer asked the Board to consider the reappointment of the Chief Internal Auditor, whose current term of appointment is due to expire as at 31 March 2020.

Following consideration the Board agreed to reappoint Atholl Scott, Internal Audit Manager, Moray Council, as the Chief Internal Auditor of the Moray Integration Joint Board, for a further period of two years to 31 March 2022.

11 Reserves Policy - Review

Under reference to paragraph 12 of the Minute of the meeting dated 31 March 2016 a report by the Chief Financial Officer sought approval from the Board on the Reserves Policy.

Following consideration the Board agreed:

i. to approve the Reserves Policy as detailed in Appendix 1 of the report; and

ii. that the next review will be no later than March 2022.

12 Annual Report of the Chief Social Work Officer 2018-2019

A report by the Chief Social Work Officer (CSWO) informed the Board of the annual report of the CSWO on the statutory work undertaken on the Council's behalf during the period 1 April 2018 to 31 March 2019 inclusive.

In response to a query by the Chair in respect of governance, Ms Johnston advised that, looking to the future, there would be advantages in children's services and family services coming under Social Work, this would then be a combined service rather than two separate services.

Discussion took place on challenges being faced in developing new ways of working; with Continued Professional Development opportunities being highlighted.

Thereafter, following further discussion, the Board agreed to note the content of the report.

13 Grant Funding Application - Macmillan

A report by the Chief Officer (CO) informed the Board of an opportunity that has arisen in relation to attracting external funding.

The CO advised external funding would provide an opportunity to facilitate change. A scoping exercise would require to be undertaken to provide understanding of support available from different organisations to allow a solution that would complement what is already on offer.

In response to a query by Mr Lindsay the CO advised the scoping exercise would take a maximum of 12 months to complete.

Following further discussion the Board agreed to proposals to enter into an application for grant funding.

14 Items for the Attention of the Public

Under reference to paragraph 10 of the Minute of the meeting of the Moray Integration Joint Board dated 26 October 2017 the Board agreed that the Speyside Big Health Care Conversation be brought to the attention of the public.

15 Forres Locality Pathfinder Project - Progress Report

Under reference to paragraph 20 of the Minute of the Board dated 27 June 2019 a report by Iain Macdonald and Lesley Attridge, Locality Managers, informed the Board on the progress of the redesign of Health and Social Care services in the Forres Locality.

Following consideration the Board agreed to note:

i. the progress on the journey of transforming Health and Social Care services in the Forres Locality based on the information provided within the report; and

ii. that the Forres Professional Group, which oversee the Forres Locality Pathfinder Project, had requested a further four months to conclude the work underway to describe the future shape of integrated services in the Forres Locality.

Professor Croft left the meeting during discussion of this item.

MEETING OF MORAY INTEGRATION JOINT BOARD

THURSDAY 30 JANUARY 2020

ACTION LOG

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
1.	Action Log Dated 28 November 2019	Item 1 – Chief Officer's Report; report in relation to the self-assessment of the position in relation to Drug Related Deaths has been delayed until March.	March 2020	Pam Dudek
		Item 1 – Improvement Action Plan; still requires work with Partners before being presented.	June 2020	Pam Dudek
		Item 2 – Quarter 4 (January – March 2019) Performance Report; Review of local indicators is ongoing and will be reported to the Audit, Perfomance and Risk Committee in March.	March 2020	Tracey Abdy
		Item 8 – Proposed Delegation of Services; shadow term to be introduced prior to completion of delegation in 2020/ 2021.	May 2020	Pam Dudek
2.	Chief Officer's Report	Overnight Responder Services – Night Owl – Report to next meeting on how this will be managed and when a pilot will begin.	March 2020	Pam Dudek
		Integration Scheme Review – report on delegation of mental health services to be provided.	March 2020	Pam Dudek
		Arrange Elected Member briefing in respect of the Integration Scheme Review.	March 2020	Pam Dudek
		Report on the developments surrounding the retender of	Sept 2020	Jane Mackie

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
		Care at Home. Report on the progress of the development of Localities	Sept 2020	Sean Coady
3.	Reserves Policy – Review	Further review to be undertaken no later than March 2022	Mar 2022	Tracey Abdy
4.	Grant Funding Application – MacMillan	Application to be made for grant funding.	Feb 2020	Tracey Abdy
5.	Items for the Attention of the Public	Speyside Big Health Care Conversation	Feb 2020	Fiona McPherson
6.	Confidential Item – Forres Locality Pathfinder Project – Progress Report	Further Report required.	June 2020	Iain MacDonald

MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD

AUDIT, PERFORMANCE AND RISK COMMITTEE

Thursday, 19 September 2019

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

PRESENT

Ms Tracey Abdy, Mrs Pam Dudek, Councillor Tim Eagle, Mr Sandy Riddell

APOLOGIES

Councillor Louise Laing, Mr Steven Lindsay, Councillor Dennis Robertson, Mr Atholl Scott

IN ATTENDANCE

Ms Jeanette Netherwood, Corporate Manager; Mr Dafydd Lewis, Senior Auditor, Moray Council (substituting for Mr Atholl Scott); Mr Brian Howarth, Audit Director, Audit Scotland; and Mrs Caroline Howie, Moray Council as clerk to the Board.

ALSO PRESENT

Councillor Shona Morrison (ex-officio)

1 Chair of Meeting

The meeting was chaired by Mr Sandy Riddell.

2 Declaration of Member's Interests

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

3 Order of Business

In terms of Standing Order 2.2 the Committee agreed to vary the order of business as set down on the Agenda and take Item 8 'External Auditors Report to Those Charged with Governance' and Item 9 '2018/19 Audited Annual Accounts' at this juncture to allow the Audit Director, Audit Scotland to leave the meeting at the earliest opportunity.

4 External Auditors Report to Those Charged with Governance

A report by the Chief Financial Officer invited Committee to consider the reports to those charged with governance from the Board's External Auditor for the year ended 31 March 2019.

During discussion it was stated that the Committee had an assurance role and that although there was a deficit the Committee was of the opinion that assurances had been given that work was underway to ensure transformation was taking place in an efficient and timely manner.

Thereafter the Committee agree to note the report and the reports from the External Auditor within appendices 1 and 2 of the report.

Councillor Morrison entered the meeting during discussion of this item.

5 2018/19 Audited Annual Accounts

Under reference to paragraph 16 of the Minute of the meeting of the Moray Integration Joint Board dated 27 June 2019 a report by the Chief Financial Officer presented the Audited Annual Accounts for the year ended 31 March 2019.

Following discussion the Committee agreed to approve the Audited Annual Accounts for the financial year 2018/19.

Thereafter Councillor Shona Morrison, Chair of Moray Integration Joint Board, Ms Pam Gowans, Chief Officer and Ms Tracey Abdy, Chief Financial Officer signed the paperwork to confirm the accounts were a true and accurate record.

Councillor Morrison and Mr Howarth left the meeting at this juncture.

6 Minute of Meeting dated 28 March 2019

The Minute of the meeting of the Moray Integration Joint Board Audit, Performance and Risk Committee dated 28 March 2019 was submitted and approved.

7 Action Log of Meeting dated 28 March 2019

The action log of the Moray Integration Joint Board Audit, Performance and Risk Committee dated 28 March 2019 was submitted and it was noted that all actions, apart from the following, had been completed:

Item 2 'Quarter 3 (October - December 2018) Performance Report' - it had not be

possible to provide a report on this occasion and the Committee agreed to defer this to the next meeting.

8 Minute of Meeting dated 25 July 2019

The Minute of the meeting of the Moray Integration Joint Board Audit, Performance and Risk Committee dated 25 July 2019 was submitted and approved.

9 Minute of Meeting dated 1 August 2019

The Minute of the meeting of the Moray Integration Joint Board Audit, Performance and Risk Committee dated 1 August 2019 was submitted and approved.

10 Action Log of meeting dated 1 August 2019

The action log of the Moray Integration Joint Board Audit, Performance and Risk Committee dated 1 August 2019 was submitted and it was noted that all actions had been completed.

11 Order of Business

In terms of Standing Order 2.2 the Board agreed to vary the order of business as set down on the Agenda and take Item 11 'Planned Internal Audit Work for 2019/20' and Item 12 'Strategic Risk Register - September 2019' at this juncture to allow additional time for the officer due to present Item 10 'Quarter 1 (April - June 2019) Performance Report' to arrive at the meeting.

12 Planned Internal Audit Work for 2019-20

A report by the Chief Internal Auditor provided Committee with information on the areas of work to be included in the Internal Audit plan for the remainder of the 2019/20 financial year.

Discussion took place on the work covered by the audits and how the policies and priorities of Moray Council Housing were integrated with the Moray Health and Social Care Partnership.

The Chief Officer advised discussions were planned for September to look strategically at how work would be undertaken to ensure appropriate governance.

Thereafter the Committee agreed to note the contents of the report and the outcomes and assurances expected from each of the selected project areas.

13 Strategic Risk Register - September 2019

Under reference to paragraph 6 of the draft Minute of the meeting dated 28 March 2019 a report by the Chief Officer provided an overview of the current strategic risks, along with a summary of actions which are in place to mitigate those risks, updated as at 1 September 2019.

Discussion took place on the work of the Health and Social Care Moray Resilience Group and it was stated the Group would be undertaking a review of the Business Continuity for the Primary Care contract.

Issues with recruitment and retention of personnel was discussed and the Committee agreed to seek a further report on this to a future meeting.

Thereafter the Committee agreed to:

i. note the updated Strategic Risk Register;

ii. note the action log; and

iii. seek a report to a future Committee on the issues with recruitment and retention of staff.

14 Quarter 1 (April - June 2019) Performance Report

A report by the Chief Financial Officer updated Committee on the performance of the Moray Integration Joint Board as at Quarter 1 (April - June 2019/20).

As the officer due to introduce the report had not arrived the Chief Officer advised she would be able to cover any queries and the Committee agreed to review the report.

The Number of Alcohol Brief Interventions being delivered and capacity of staff to undertake these was discussed.

It was stated that complaints can come in via either the NHS or Moray Council systems however if there were complex complaints that covered both areas these were dealt with by one person leading the investigation to ensure duplication of work was kept to a minimum.

Thereafter the Committee agreed to note the:

i. performance of local indicators for Quarter 1 (April - June 2019) as presented in the summary report at appendix 1 of the report; and

ii. detailed analysis of the local indicators that have been highlighted and actions being undertaken to address poor performance as contained within Section 5 of the report.

15 Delayed Discharges

Under reference to paragraph 5 of the Minute of the meeting dated 28 March 2019 a report by Sean Coady, Head of Service, informed Committee of Health and Social Care Moray (HSCM) performance in regard to Delayed Discharges and the action being undertaken to address the performance within that area.

Discussion took place on steps and solution that may be possible to impact and reduce the number of delayed discharges. It was stated that a focus group would be taking place during October and encouraging steps had already been taken.

During further discussion the Committee agreed a further report on the impact of changes would be beneficial and agreed to seek a report to the meeting scheduled for March 2020.

Thereafter the Committee agreed to note:

i. the performance of HSCM in regard to Delayed Discharges;

ii. the collated comments in appendix 1 of the report, from the workshop on 23 July 2019; and

iii. a progress report will be brought to the Committee on 26 March 2020.

16 Payment Verification Assurance Update

Under reference to paragraph 10 of the Minute of the meeting of 13 December 2018 a report by Sean Coady, Head of Service, provided an update on the review of the Payment Verification Assurance Service provided by National Services Scotland Practitioner Services Divisions, on behalf of NHS Grampian.

As the officer responsible for the report was not in attendance the Committee agreed to defer the report until the meeting scheduled for January 2020.

MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD

CLINICAL AND CARE GOVERNANCE COMMITTEE

Thursday, 28 November 2019

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

PRESENT

Mr Ivan Augustus, Mrs Pam Dudek, Councillor Tim Eagle, Mrs Linda Harper, Dr Malcolm Metcalfe, Jeanette Netherwood, Mr Sandy Riddell, Mrs Val Thatcher

APOLOGIES

Mr Sean Coady (NHS), Mr Tony Donaghey, Dr Ann Hodges, Ms Jane Mackie, Ms Pauline Merchant, Mrs Liz Tait, Dr Graham Taylor

IN ATTENDANCE

Mr R Patterson, Senior Project Officer, Ms M Fleming, Self Directed Support and Carers Officer, Ms T Gervaise, Service Manager (Children and Families) on behalf of Sean Coady (NHS) and Mrs L Rowan, Committee Services Officer as Clerk to the Meeting.

1 Chair of Meeting

The meeting was chaired by Mr Sandy Riddell.

2 Declaration of Member's Interests

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

3 Minute of Meeting dated 29 August 2019

The Minute of the meeting of the Moray Integration Joint Board Clinical and Care

Governance Committee dated 29 August 2019 was submitted and approved.

4 Action Log of Meeting dated 29 August 2019

The Moray Integration Joint Board Clinical and Care Governance Committee were provided with the Action Log dated 30 May 2019 and noted that the only item detailed on the Action Log was on the agenda for discussion today.

5 Clinical Governance Group - Update and Exception Report

Under reference to paragraph 7 of the Minute of the meeting of this Committee dated 28 February 2019, a report by the Chief Officer informed the Committee of progress and exceptions reported to Clinical Governance Group (CGG) in September, October and November 2019.

During her introduction, the Chief Officer advised that the Clinical Risk Management Group met weekly to ensure that any potential issues are addressed as soon as possible.

The Chair was reassured by this however queried whether it would be possible to provide a flow chart to demonstrate how the Clinical Governance Group and the Clinical Risk Management Group relate to each other.

In response, Ms Harper, Lead Nurse (MIJB) agreed to provide this information to the Committee.

During discussion surrounding recording of complaints, concern was raised that the way in which the figures were displayed did not accurately reflect cases that had been passed to the Scottish Public Services Ombudsman (SPSO) and it was queried whether future reporting could clearly reflect which cases had been passed to the SPSO. It was further noted that the report only included NHS complaints with no mention of Council complaints and it was queried whether consideration could be given to reporting both together.

In response, the Chief Officer accepted the comments from the Committee and agreed to review the method by which complaints are recorded so that future reports include the number of complaints passed to the SPSO and joint reporting with the Council in terms of complaints.

During further discussion surrounding the 2 issues that had been escalated to the Clinical and Care Governance Committee in relation to Health and Social Care Standards Self Evaluation and the quality of nursing care in care homes it was queried whether an update could be provided in this regard.

In response, the Chief Officer advised that work is ongoing in conjunction with the Care Inspectorate to ensure quality nursing care in care homes. It was also noted that consideration had been given to Adult Support and Protection (ASP) concerns under close scrutiny in the ASP Committee and considered regularly at the Public Protection Chief Officers Group.

The Chair noted the national meeting to discuss the national Health and Social Care Standards draft report on 4 December 2019 and asked that an update be provided to

the Committee following this meeting.

In response, the Chief Officer advised that Ms L Tait, Professional Lead for Clinical Governance would attend this meeting and provide an update to the Committee.

Thereafter, the Committee agreed:

i. to note the progress and exceptions highlighted in the report for the period September to November 2019;

ii. that the Chief Officer would review the method by which complaints are recorded so that future reports include the number of complaints passed to the SPSO and joint reporting with the Council in terms of complaints;

iii. to note the update provided in relation to the 2 issues that had been escalated to the Committee in relation to Health and Social Care Standards Self Evaluation and the quality of nursing care in care homes; and

iv. an update be provided to a future meeting of this Committee following the national meeting to discuss the national Health and Social Care Standards draft report.

6 Healthcare Improvement Scotland Moray Community Hospital Inspections

A report by the Head of Services and IJB Hosted Services informed the Committee of the report findings from Healthcare Improvement Scotland (HIS) following the announced inspection of Moray Community Hospitals in August 2019 for safety and cleanliness.

The Committee welcomed the positive feedback received for the Community Hospitals in Moray however the Chair sought assurance that any exception reporting would be brought to the Committee for consideration.

In response, the Chief Officer agreed that the Committee should have oversight of exception reports and advised that she would ensure that any such reports would be brought to the Committee for consideration.

Thereafter, the Committee agreed:

i. to note the positive feedback received for Community Hospitals in Moray, and the general requirements and recommendations of the report for NHS Grampian; and
ii. to note the arrangements put in place by NHS Grampian to address the requirements and recommendations;
iii. that any exception reports would be brought before the Committee for consideration.

7 Care Inspectorate Thematic Review on Self-Directed Support

A report by the Chief Social Work Officer/Head of Service Strategy and Commissioning informed the Committee of the outcome relating to the recent Care Inspectorate Thematic Review on Self-Directed Support.

The Committee noted that this was a voluntary inspection by the Care Inspectorate, the result of which was positive with the report highlighting that the partnership had made significant progress in implementing SDS, with most people experiencing choice and control in how their personalised budgets were utilised. The Care Inspectorate made several key recommendations which had formed a local implementation action plan.

Following consideration, the Committee agreed to:

i. note the outcome of the recent thematic review; and
ii. approve the associated implementation action plan as set out in Appendix 3 of the report.

8 Update on Recent Adverse Event

A report by the Chief Officer informed the Committee of the review process currently being undertaken into a recent Adverse Event.

Following consideration, the Committee agreed to note the ongoing review of a recent adverse event in Moray.

CHIEF OFFICER'S REPORT TO THE MORAY INTEGRATION JOINT BOARD
26 MARCH 2020

Overnight Responder Service – Night Owl

A meeting with individual family members took place 12 February 2020 and further to this a larger workshop was held with a wider group of interested parties in Moray on 3 March 2020. The workshop was well attended with the Moray Integration Joint Board (MIJB) Chair and Vice Chair in attendance. Robust discussions took place with a range of views expressed. Further work will be taken forward relating to the use of telecare as a legitimate intervention in line with appropriate individual care needs assessments. This intervention is however likely to increase in the context of COVID-19 as we strive to deliver care to our population in compromised conditions. A full report will come back to the MIJB in due course to agree the formal position in relation to the pilot. The position remains that use of this technology will be on an individual risk assessed basis and in collaboration with the individual and family as appropriate.

COVID-19

As everyone is aware the country has now entered the Delay phase in respect of COVID-19.

The Health & Social Care Moray COVID Response Group now meets daily and is linked directly to Local Authority and NHS arrangements to ensure a co-ordinated tactical and operational response. Regular high level briefings will be circulated to board members and elected members as appropriate to ensure sufficient key information is shared. Public briefings are also being developed and the frequency of which will be determined by the level of change at any given time. We will aim to keep all informed in a timeous way, this may however at times be challenging given the likely volume and urgent decision making that will be required as we peak.

We are also continually considering the resilience of the workforce and measures required to ensure people's health and wellbeing at the front line is appropriately supported given the level of sustained pressure staff will be under. As the employing authorities the Moray Council and NHS Grampian are working hand in glove with the Chief Officer to ensure this.

This will be a time of significant change in the way we deliver services and we will be seeking to understand new ways of working that will become the norm to ensure that any transformation that occurs is adequately captured and considered in terms of the future. We are working closely with other systems across Scotland to share learning and ideas as we go and the national regulatory bodies have been working hard to consider changes or temporary relaxation of some of the regulations to enable appropriate responses from our professionals and team.

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 26 MARCH 2020**

SUBJECT: **GRAMPIAN WIDE STRATEGIC FRAMEWORK FOR MENTAL HEALTH AND LEARNING DISABILITY SERVICES 2020 – 2025**

BY: **CHIEF OFFICER**

1. REASON FOR REPORT

1.1. To seek approval from the Moray Integration Joint Board (MIJB) of the Grampian-wide Strategic Framework for Mental Health and Learning Disability (MHLD) 2020-2025.

2. RECOMMENDATION

2.1. It is recommended that the MIJB:

i) approve the Grampian-wide Strategic Framework for Mental Health and Learning Disability (MHLD) 2020-2025 in APPENDIX A;

ii) note Aberdeen City Health and Social Care Partnership (AC-HSCP), Aberdeenshire HSCP (A-HSCP) and Health and Social Care Moray (HSCM) plan to refresh their respective Mental Health and Learning Disability Strategy/(ies) for community based services in 2022; and

iii) instruct the Aberdeen City Chief Officer to report back on the Performance Framework and Programme Transformation Plan to Aberdeen City IJB on the 25th June 2020, Aberdeenshire IJB on 24th of June and Moray IJB on 26th of June to provide assurance of detailed plans for service redesign, timelines and measures to monitor progress and sustainability.

3. BACKGROUND

3.1. Developing the Framework

3.1.1 In May 2019, the three Integration Joint Boards (IJBs) and the Senior Leadership Team of NHS Grampian (NHSG) jointly made a commitment to

carry out a strategic review to place the Grampian system-wide Mental Health and Learning Disability (MHLD) Services on a more sustainable footing

3.1.2 The development of the Strategic Framework included a staff survey and four staff engagement workshops to ensure input from a broad range of stakeholders. Between 60 and 70 people attended the workshops which covered:

- Workshop One – current challenges and opportunities for transforming services
- Workshop Two – moving from business as usual to the envisioned future state
- Workshop Three – reviewing feedback from the consultation with people with lived experience of services, conducted by the Health and Social Care Alliance (the Alliance)
- Workshop Four – consolidation event to consider the emerging views for the future shape of services.

3.1.3 The Alliance undertook a Grampian-wide consultation process to engage local people, communities and third sector organisations in informing the Grampian strategic review of integrated services for people who have mental health problems and those with mental health problems as well as learning disability needs. The Alliance held six afternoon and evening engagement events in five geographical areas across Grampian.

3.1.4 In total 124 people participated in the events and in excess of 650 responses, comments and statements were given. The outcome of this process was a comprehensive report from the Alliance: Listening to the Voices and Contribution of People. The feedback has been welcomed and has been actively used to inform the Strategic Framework.

3.1.5 The Grampian-wide Strategic Framework for MHLD (2020-2025) aims to respond to all individuals, families and carers who have mental health problems, including those with mental health problems and a learning disability who require support whether their needs can be met at home, in their community or in an inpatient or specialist service setting.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 Developing the Framework

4.1.1 The executive summary sets out the following key messages:

- Services will integrate across partners based on the needs of the population rather than preserving institutional and professional boundaries
- We need to focus on a shared vision of collaborative leadership in order to shift demand for services upstream
- The population should be able to access services as local as possible and as specialist as necessary
- The ongoing challenge to recruit to clinical and nursing posts in mental health and learning disability services is also impacting on the sustainability of our current model of care

- The current model of care is no longer fit for purpose if we are to meet the increasing demand and more complex needs of a changing demographic
- We need to consider and design new ways of supporting people, consider new roles and how we work together with our partners to meet the challenges
- A change is required to get better at supporting people with maintaining their wellbeing and providing timely and effective intervention in the community
- Where we need to support people in hospital settings they should have timely access to services as specialist as necessary
- We need to work together to balance a population approach, person centred care and securing best value with the available resource

4.2 Leadership

4.2.1 In December 2019, a Transitions Steering Group (Grampian MHLD) was established to ensure the effective governance, management, delivery and monitoring of Grampian-wide inpatient and specialist MHLD Services and includes clinical, professional, service/business support and Staff side across NHSG and the Integration Authorities. The planned date for the transition of NHSG managed inpatient and specialist MHLD services to Aberdeen City IJB to host on behalf of Aberdeenshire IJB and Moray IJB is the 1st of April 2020.

4.2.2 In January 2020, a Transformation Board (Grampian MHLD) was established to lead the development of a Transformation Programme Plan (Grampian MHLD) to ensure the delivery of the strategic intent set out in the Grampian-wide Strategic Framework for Mental Health and Learning Disability Services (MHLD). The Transformation Board includes representation from the 3 Health and Social Care Partnerships (HSCP), MHLD Triumvirate (Clinical and Medical Director MHLD, Director of Nursing MHLD, Director of Child & Adolescent Mental Health Services (CAMHS) and Director of Psychology Services NHSG), Third Sector, Police Scotland, Scottish Fire and Rescue Service, the Scottish Ambulance Services, NHS24, Workforce and Staff side. The Transformation Board will focus on short term actions to secure a sustainable service as well as medium to long term actions to transform the delivery of Grampian inpatient and specialist MHLD to ensure the service can meet the future needs of the population.

4.2.3 In March 2020, the Transformation Board came together for the second time to participate in a System Leadership Workshop to ensure a whole system leadership culture across our Grampian wide partners so that we can collectively lead the transformation required to put Grampian MHLD on a more sustainable footing, ensure a tiered approach, shifting more support upstream to community settings and ensuring inpatient and specialist services are accessible to those who need it.

4.3 Transformation Programme Plan

4.3.1 In April 2020, the Transformation Board will consider a Draft Transformation Programme Plan (Grampian MHLD). The Transformation Programme Plan will set out the changes required across inpatient and specialist MHLD Services and how it will inform the planning and development of community MHLD Services delegated to the three IJBs (Aberdeen City, Aberdeenshire and Moray). The Transformation Programme Plan will set out a number of

specific actions across the strategic themes of governance, policy and guidance to support integrated working, the redesign of Tier 1 to 4 Services (as set out on Page 18 of the Strategic Framework), enablement (technology, data, infrastructure, integrated workforce planning) and the development of a Quality Indicators Framework (including sustainability measures).

4.3.2 In April 2020, the Transformation Board (Grampian MHLD) will establish the associated Work Streams so that we can engage further with staff, partners and people with lived experience as we move forward with service redesign and transformation.

4.4 Performance Framework

4.4.1 The Transformation Board (Grampian MHLD) are working with NHSG Health Intelligence colleagues to develop a Grampian MHLD Performance Framework. This will include operational data, agreed measures for sustainability and the national Quality Indicators and will be embedded in the Aberdeen City IJB Performance Dash Board. Regular performance reporting will be undertaken in line with the Aberdeen City IJBs performance reporting and shared across NHSG, Aberdeenshire IJB and Moray IJB

4.5 Governance Framework

4.5.1 The Transitions Steering Group (Grampian MHLD) was established in December 2019 to ensure the effective governance, management, delivery and monitoring of Grampian-wide inpatient and specialist MHLD Services as we transition to host arrangements. There is representation from clinical, professional, service/business support and staff side across NHS Grampian and Aberdeen City, Aberdeenshire and Moray IJBs. The Transitions Steering Group (Grampian MHLD) has developed a Governance Framework to ensure clear lines of financial, clinical and care governance and educational governance are in place across delegated community MHLD and hosted inpatient and specialist MHLD Services to ensure an integrated whole system approach. There is agreement across the 3 IJBs and NHSG that a review of the governance structures for delegated community MHLD Services and hosted inpatient and specialist MHLD Services will be completed by September 2020. The Transformation Board (Grampian MHLD) will take account of the recommendation and make any recommended changes.

4.6 Scope of the Framework

4.6.1 Grampian inpatient and specialist MHLD Services include the following areas:

- Inpatient and specialist services at the Royal Cornhill Hospital
- Inpatient and specialist services at Elmwood at Royal Cornhill Hospital
- Residential Community Rehabilitation Service at Polmuir Road
- Residential Forensic Community Rehabilitation Facility at Great Western Lodge
- Psychotherapy (outpatient)
- Eating Disorder Service (outpatient)
- Eden Unit (North of Scotland)
- Managed Clinical Network for Eating Disorders
- Adult Liaison Psychiatry Service

- Older Adult Liaison Psychiatry Service
- Unscheduled Care
- Rehabilitation Services (outpatient) for Adult Mental Health
- Forensic Services
- Perinatal Services
- Gender Identity Services
- Child and Adolescent Mental Health Service
- Business and Support Management Services across inpatient and specialist services

4.6.2 Since April 2016, NHSG delegated the strategic planning and management of community-based MHLD to Aberdeen City, Aberdeenshire and Moray IJBs. This includes Adult Community Mental Health Teams, Older Adult Community Mental Health Teams, Substance Misuse Services and Learning Disability Community Teams. Moray IJB also has delegated authority for the inpatient services at Dr Gray's Hospital in Elgin (Ward 4) and Seafield Hospital in Buckie (Muirton Ward). Aberdeenshire IJB also has delegated authority for inpatient services in community hospitals at Fraserburgh (Bruckley Ward), Inverurie (Ashcroft Ward) and Banchory (Scolty Ward). Strategic Delivery Plans exist across the three IJBs. A Governance Framework, Communication and Stakeholder Engagement Plan and Risk Register for the Grampian-wide Framework have been developed to ensure any service redesign identified in the Transformation Programme Plan for inpatient and specialist services are managed, dependencies understood and risk assessed and mitigated system wide.

4.6.3 Grampian MHLD provides inpatient and specialist services for other IJB areas which include inpatient beds for Orkney and Shetland and the Eden Unit for the North of Scotland. Inpatient beds are also purchased for medium secure at Rohallian Perth and inpatient services for young people in Dudhope Dundee. Regional and National dependencies and risks have been taken into account in the development of the Governance Framework and Transformation Programme Plan.

4.6.4 The Strategic Framework is being presented to Aberdeen City IJB on 24th of March, and Aberdeenshire IJB on 25th of March 2020, Moray IJB on 26th of March 2020 for consideration with a recommendation to approve.

5. SUMMARY OF IMPLICATIONS

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

Working with our partners to support people so that 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

No direct implications have been identified for MIJB. Any major change to service delivery arising from the development of the Transformation Programme Plan will be managed in line with the guidance set out in the Scottish Health Councils Major Service Change process and timeline for public consultation.

(c) Financial implications

The Net Budget for Grampian MHLD Services for 2020 to 2021 is £37M and NHSG Finance are forecasting a £1.8M overspend. The Grampian MHLD Services are also planning to achieve a 2% efficiency (£750,000) so the expected budget to be transferred by NHSG to cover the projected spend is £38M (subject to inflation and earmarked funds adjustments). NHS Grampian have agreed to underwrite any financial loss on inpatient and specialist MHLD Services for up to two financial years (from 1st of April 2020 to 31st of March 2022).

There are no direct financial risks arising from the approval of the Strategic Framework. The Transformation Programme Plan will aim to ensure whole system collaboration to better balance a population approach, person centred care and secure best value with the available resource. Any financial implications arising from the Transformation Programme will be fully appraised and considered for approval by the IJBs and NHSG.

(d) Risk Implications and Mitigation

Governance Risk - there is a perceived risk that transition to delegated services could have an impact on the clinical and care governance of inpatient and specialist MHLD Services. In order to provide assurance, the Transitions Steering Group (Grampian MHLD) has developed a Governance Framework to set out clinical, care and financial governance arrangements for delegated community services across Aberdeen City, Aberdeenshire and Moray IJBs and delegated inpatient and specialist services hosted by Aberdeen City IJB on behalf of the Aberdeenshire and Moray IJBs.

The Transformation Board (Grampian MHLD) is developing a Strategic Risk Register for the Programme. The Strategic Risks will be included in the Strategic Risk Register of the Aberdeen City IJB and the Operational Risks currently reported within the NHSG Risk Register will be incorporated into the Aberdeen City IJB Operational Risk Register. The Strategic Risks and Operational Risk for Grampian MHLD will be escalated as appropriate within the procedures set out across the three IJBs and NHSG Board.

How might the content of this report impact or mitigate these risks:
The Transformation Programme Plan has identified key actions to (i) develop a Market Position Statement and (ii) a Commissioning Framework to ensure the Third Sector Interfaces across Grampian can

support the market to develop the level of maturity required to support the delivery of Tier 1-4 MHLD Services.

The approval of the revised Scheme of Integration Report MHLD to be considered by the IJB, Council and NHS Grampian Boards with regard to financial arrangements aims to mitigate the financial risk of the gap between the budget and actual spend for inpatient and specialist MHLD Services.

The development of a Performance Dash Board for Grampian-wide MHLD Services will ensure implementation of the 30 National Quality Indicators and other nationally and locally directed Key Performance Indicators to ensure the effective monitoring and reporting of community, inpatient and specialist MHLD Services to the respective NHSG and IJB Boards.

The Sponsoring Group for all delegated hosted services is the North East System Wide Transformation Board to ensure cross system working across NHSG, IJBs and Council partners.

A Quality Assurance Framework to report on performance across the 30 National Mental Health Indicator and additional Quality Assurance Measures for Learning Disability are being developed on an NHSG Performance Scorecard Dashboard by 1st of April 2020 and to the IJBs by June 2020. Most areas are still unable to report on all indicators and are awaiting further national guidance on reporting methodology to embed these within operational systems.

The development of a robust Governance Framework for Grampian-wide MHLD Services (community, inpatient and specialist) will ensure clarity of function, delegation and delivery of services across health and social care for delegated community and delegated inpatient and specialist services hosted by the Aberdeen City IJB.

In March 2020, a Whole System Leadership Development Session has been planned for the Transformation Board (Grampian MHLD) to ensure collective understanding and commitment to the change required (as articulated in the Executive Summary of the Framework). In addition, Managing Successful Programme Methodology (MSP) is being followed so that roles, responsibilities and accountabilities are clearly defined for the Transformation Steering Group (Grampian MHLD), Transformation Board (Grampian MHLD) and associated Work Streams (programme and project level).

(e) Staffing Implications

The delegated functions will not lead to changes in the Terms and Conditions of staff, who will remain employed by NHS Grampian, Aberdeen City Council, Aberdeenshire Council or Moray Council.

Any changes arising from the Transformation Programme Plan will go through the workforce, staff side and staff engagement processes set out by the respective employer organisations (NHSG, Aberdeen City Council, Aberdeenshire Council and Moray Council). Staff will be

engaged in the work streams arising from the Transformation Programme Plan and will receive regular briefings. Staff engagement has been identified in the Communication and Stakeholder Engagement Plan and Risk Register.

(f) Property

None relating directly to this report

(g) Equalities/Socio Economic Impact

The transition of NHSG inpatient and specialist MHLD Services to Aberdeen City IJB to host on behalf of the three Integration Authorities will have no direct impact on service users, carers, families or the community. The transition to host arrangements does not lead directly to any change to current way services are planned and delivered. An Equalities Human Right Impact Assessment Report has been completed and submitted to committee services.

(h) Consultations

Consultation has taken place widely across the 3 Grampian IJB's and wider stakeholders, any comments received have been considered in writing this report.

6. CONCLUSION

6.1. The MIJB are asked to approve from the Board perspective the Grampian Wide Strategic Framework for Mental Health and Learning Disability

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Background Papers: with author
Ref:

A Grampian-wide Strategic Framework

For Future-Proof, Sustainable Mental Health and Learning Disability Services

April 2020 - April 2025

Aberdeen City Health & Social Care Partnership
A caring partnership

Aberdeenshire Health & Social Care Partnership

Health & Social Care Moray

NHS Grampian

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Executive Summary

This document provides the high-level principles and structure for the approach to Mental Health and Learning Disability (MHLD) provision across Grampian. It has been produced with multiple partners and sets the direction for how we will shift the balance of provision around the needs of people in a sustainable way.

Our ambition and our challenge is to integrate services across partners based on the needs of our population rather than preserving institutional and professional boundaries. We need to be focused on a shared vision of collaborative leadership being developed through all frontline teams, internally and externally, to meet the population needs and shift demand for services from downstream to upstream.

We aim to ensure that we preserve the quality of our health and care services across the partners through more integration of these services, whilst at the same time, trying to place more emphasis on health improvement. Understanding that a deliberate shift in resource will potentially cause a deterioration in the current quality measures of the health and care system but holding the line and being clear on what outcomes we are trying to achieve.

Changing entire systems in the public sector is difficult; we need to continue to deliver services - they cannot be stopped, redesigned then started again. This will involve frontline teams working to overcome professional barriers so that they can coordinate care effectively, whereas in others it will require senior leaders to work together to remove organisational obstacles to deliver better value for the populations they serve.

We have a desire and obligation to balance a focus on greater integration of services within health and social care partners with an equal and appropriate focus, as specialist as necessary as local as possible.

Across Grampian, increasing numbers of people experience mental health problems or are living with a learning disability. The current model of care is no longer fit for the future if we are to meet the increasing demand and more complex needs of a changing demographic.

The ongoing challenge to recruit to clinical and nursing posts in mental health and learning disability services is also impacting on the sustainability of the current model of care. Our changing demographic will likely increase the number of people who will require support. It is agreed that the current way we deliver services is not sustainable to meet this increased need as the specialist workforce will not be available. We need to consider and design new ways of supporting people, considering new roles and how we work together to meet the challenges.

A change is required to get better at supporting people with maintaining their own wellbeing, reducing the impact of mental health problems and providing timely and effective early intervention in the community.

There will always be some people who need the safety and specialist support of a multi-disciplinary team in a hospital setting, we understand that this requires specialist skills and knowledge to deliver this support. Where people need support in a hospital setting they should have timely access to services as specialist as necessary.

To realise Grampian's mental health and learning disability priorities we need to work more effectively together as a whole system to deliver sustainable change and better the lives of people with mental health problems and learning disability.

Partners will continue to take a population needs led approach to the delivery of services in communities and this framework will ensure a more coordinated multi-agency approach with more specialist services, including inpatient services that are provided for the Grampian population. We will continue to work with our regional and national partners to develop the services we provide on behalf of the wider population.

This framework reflects the building blocks of new ways of designing and coproducing support, it will require significant culture change, with brave, bold decisions to be made; a programme approach is required over a number of years to ensure sustainable and transformed delivery to shift the balance from hospital to community settings and provide timely and equitable access to mental health and learning disability services for the Grampian population.

Pam Dudek
Moray HSCP

Angie Wood
Aberdeenshire HSCP

Sandra Macleod
Aberdeen City HSCP

Alan Gray
NHS Grampian

Our Vision

Working together across sectors and with communities to deliver the full spectrum of mental health and learning disability services for the people of Grampian.

Our Guiding Principles

- System-wide framework for organising and delivering services.
- As local as possible and as specialist as necessary.
- Pathways of care.
- Crisis services and 7 day support across all 4 tiers.
- Strategic commissioning of the whole pathway across sectors.
- Integrated workforce planning.
- System-wide collaboration.
- Working together to balance a population approach , person centred care and securing best value with the available resource.

The Journey Forward

The strategic framework provides high level direction and it is for the Health and Social Care Partnership (HSCPs) and inpatient and specialist Mental Health and Learning Disability Services (MHLD) services individually and collectively to decide on the priorities according to local circumstances and need in relation to the following recommendations:

1) A Transformation Board will be established with representation from each of the HSCPs, inpatient and specialist MHLD services to drive, support and oversee implementation of this plan.

2) There will be an agreed system-wide framework for organising and delivering services based on the 4 Tier Model (described on page 18) and Thrive Framework.

3) Each partnership will review the range of preventative and early intervention services available to the further develop tier 1 and 2 provision to ensure services are as local as possible and as specialist as necessary. Information about the availability of services in local communities will be readily available.

4) Pathways of care will be defined, agreed and clearly communicated to all who deliver, refer to and access services. The four Pillars of the Grampian Clinical Strategy will underpin this work and greater pan-Grampian collaboration in the planning and delivery of services in tiers 3 and 4 is required.

5) We will redesign our crisis response services to ensure there is access further upstream in tiers 1 & 2 rather than only when someone is receiving specialist services. These services will be available 7 days per week.

6) To enable voluntary sector organisations to play to their strengths strategic commissioning arrangements will be reviewed to promote collaboration and coordination across the sectors.

7) There will be an integrated workforce plan that creates opportunities for staff to learn together across partnership and sector boundaries in support of a more cohesive workforce. There will be a determined system-wide effort to improve retention.

8) A system-wide MHLD infrastructure will be established as guided by the Transformation Board to support collaboration, sharing of information, intelligence and learning.

9) A whole-system approach to leadership development and culture change will be employed to support implementation of this strategic framework.

10) A measurement framework will be developed by the Transformation Board to measure progress, it will reflect essential national policy directives and locally defined priorities.

1. Introduction

In January 2019, the three Integration Joint Boards (IJBs) and the System Leadership Team of NHS Grampian (NHSG) jointly made a commitment to carry out a strategic review to place the Grampian system-wide MHLD services on a more sustainable footing. The specific aims of the Grampian-wide review were to:

- Inform a programme for sustainable, future-proofed delivery of person-centred MHLD care, incorporating local and regional delivery requirements
- Develop a robust co-produced integrated plan for the sustainable provision of MHLD services which optimises outcomes and meets population needs
- Establish the appropriate arrangements for the delegation of inpatient and specialist MHLD services which optimises outcomes and meets people's needs

This strategic framework describes the review process and sets out guiding principles for supporting collaboration across the partnerships in the delivery of integrated, high quality and sustainable MHLD services for the people of Grampian and associated populations.

The strategic framework is a high level framework that sets out:

- Our vision and guiding principles
- Priority themes to be developed across community, inpatient and specialist MHLD services
- A tiered pathway to inform the transformation and future delivery of MHLD services
- Supports a whole system approach to implementation of the strategic framework
- Sets out the next steps in the journey forward to ensure future proof and sustainable MHLD services

1.1 Scope

The strategic framework aims to respond to all individuals, families and carers who require support from mental health and / or learning disability services whether their needs can be me at home, in their community or in an inpatient or specialist service setting.

1.2 Context - The Case for Change

Current Challenges

The overall provision of MHLD services across Grampian and between sectors, agencies and departments requires a more cohesive approach. A single map or overview of available services and how they interconnect and function as a system would better enable professionals, service users and their families get to the right person, at the right place at the right time. Staff, including General Practitioners (GPs) need to be more knowledgeable about the different parts of the system, how they link up and how to guide people through services.

There is recognition of the impact on staff health and wellbeing from pressures caused by recruitment and retention issues, especially in nursing and clinical roles. These pressures are causing significant problems for the continuity of care. The ongoing challenges with the recruitment and retention of the workforce has led to significant concerns with regard to the future sustainability of services.

Dedicated services for crisis and emergency intervention are lacking capacity and require to be more accessible.

In parallel changes as a result of digital technology, an ageing demographic presenting with Long Term Conditions (LTC) and more complex needs are key drivers for the transformation of health and social care services. Future generations' access to information and their expectations of health and care services will be significantly different from that of their predecessors. Against this backdrop and with more care being delivered as close to home as possible, there is a need to ensure MHLD Services across Grampian are fit for purpose and enabled to deliver high quality care in sustainable services.

These ongoing challenges have led to a fragile and unsustainable service model which will require significant redesign and transformation to ensure a future proof and sustainable MHLD services moving forward.

The delivery of the Strategic Framework will require a phased approach. The ambitions for the future of MHLD must prioritise establishing resilience within the services from which to build a future proof and sustainable model of care. The future transformation to a more community based model, ensuring timely access to specialist support for those who need it will require a system-wide leadership approach to maximise the available resources. Those leading the delivery of MHLD services across Grampian can learn from the phased approach to integration and shifting the balance towards community based services achieved through the delivery of Integrated Children's Services Plans (ICSPs) and Primary Care Improvement Plans (PCIPs).

National Drivers MHLD Services

This strategic framework for the future-proofing of services covers MHLD. Mental illness is one of the major public health challenges in Scotland with around one in three people estimated to be affected by mental ill health in any one year[1]. A ten year Mental Health Strategy for Scotland was published in March 2017 with 40 specific actions. Each action tackles a specific issue intended to make a positive and meaningful difference to people with mental health issues.

The Scottish Government's Learning Disability Strategy 'Keys to Life', published in 2013[2] and refreshed in 2019[3], and the Coming Home Report 2018 recognises that people who have a learning disability have the same aspirations and expectations as everyone else and is guided by a vision shaped by the Scottish Government's ambition for all citizens. There is a call to action for "a step change if we are to truly deliver fair opportunities for everyone in Scotland with a learning disability to live happy, healthy, fulfilling lives…"

There is a growing recognition that alongside policies and structural changes, there is a need for an intentional focus on a more transformational approach to leadership. Achieving a common set of outcomes, as set out in the in the National Performance Framework (NPF)[4], means that people across Scotland need to work together more effectively across communities, national and local government, in all the statutory bodies, across the voluntary sector and in businesses[5].

1.3 Integration of Health and Social Care

The challenge for all public services is finding the right balance between delivering cross-sector integrated local services **within** communities whilst also collaborating **between** communities to ensure equity and efficiency as well as access to specialist provision when required.

The Health and Social Care Partnerships (HSCPs) in Aberdeen City, Aberdeenshire and Moray are all at different stages having recently approved their local Mental Health Strategic Frameworks and Action 15 Delivery Plans (the Scottish Governments commitment set out in the National Strategy for Mental Health 2017-2027 under Action 15: to increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons. Over the next five years increasing additional investment to £35 million for 800 additional mental health workers in those key settings) and the intention is not to duplicate or undermine these plans. Our intention is to build on the excellent work already taking place and to create a Grampian-wide infrastructure where the three partnerships can connect and address the challenges that no one partnership can solve in isolation.

The integration of health and social care clearly sits alongside the wider Community Planning Partnerships (CPPs) Local Outcome Improvement Plans (LOIPs) in Aberdeen City, Aberdeenshire and Moray.

1.4 Consolidating the Delegation Arrangements

The community mental health, learning disability and substance misuse services are delegated to Aberdeen City, Aberdeenshire and Moray IJBs and operationally managed by the 3 HSCPs.

Under the auspices of this review the acute inpatient and specialist MHLD services, other specialist services and Child and Adult Mental Health Services (CAMHS) are to be delegated to the three IJBs through a partnership arrangement with Aberdeen City HSCP. Previously they had been delivered by NHSG under an interim arrangement, with the exception of Moray IJB who have delegated their two local inpatient services to the HSCP already.

With the delegation of services due to be complete in April 2020, the time is right to work together to transform services to better meet local needs within this changing context.

1.5 Policy Context

The national and local policy landscape which has guided the development of this strategic framework can be found in Appendix 1.

How will the needs change in the future?

- By 2035 it is projected the population aged 65-85 will rise by 39% and those over 85 by 123% (the % increase in over 85s is projected to be more than almost anywhere else in Scotland)
- More people will be living alone – by 2035, 114,000 are expected to be living on their own which represents 37% of all households.
- 40 claimants per 100,000 of the population in Grampian have a mental health diagnosis, compared to 36/100,000 in Scotland.
- The number of people living in Grampian by 2035 could be 672,000, 87,000 higher than it is today'
- Almost 50,000 people in Grampian live in remote and rural areas, with long distances to travel for healthcare and this number will grow considerably in the next 20 years.
- The number of people with dementia is expected to increase considerably and many more people will experience multiple Long Term Conditions.

How well are our services doing at supporting improved outcomes for people with MHLD?

- There was 1,297 total spells of In-patient Admissions for Mental Health Specialties in Grampian, significantly lower than 1,709 2013/14.
- The Grampian rate of Emergency Detention Certificates (EDCs) initiated per 100,000 population was 19.7, significantly lower than the Scotland rate of 52.8
- The Grampian rate of Short Term Detention Certificates (STDC) per 100,000 was 68.1, significantly lower than the Scotland rate of 86.8
- 18.7% of compulsory In-patients (General Psychiatry) compared to 18.6% in Scotland.
- The average length of stay for mental health care in NHSG was 73.1 days with a median of 20 days. Across Scotland the average was higher, at 83.3 days, but the median was lower, at 18 days.
- 12.6% of patients discharged in Grampian were re-admitted within 28 days, compared to 12.7% in Scotland. 27% were readmitted within 133 days, compared to 24.2% in Scotland.
- 81.3 % of voluntary In-patients (General Psychiatry) compared to 81.4% in Scotland.
- 13.4% of compulsory In-patients (Old Age Psychiatry) compared to 19.6% in Scotland.
- 86.6% of voluntary In-patients (Old Age Psychiatry) compared to 80.4% in Scotland.
- The rate of Compulsory Treatment Orders per 100,000 population in Grampian was 23.4%, lower than the Scotland rate of 28.2%
- 50.8% of young people commenced treatment by specialist Child & Adolescent Mental Health Services within 18 weeks of referral, compared to 64.5% in Scotland [national standard of 90%]
- 95.1% of people commenced drug and alcohol treatment within the national standard of 3 weeks, compared to 94.7% in Scotland.
- 75.2% of patients who commence psychological therapy based treatment within 18 weeks of referral, compared to 79.4% in Scotland [national standard of 90%]

What do we spend on MHLD services?

- The total (net) expenditure for general psychiatry services for 2017/18 was £73.4m for NHS Grampian. This was equivalent to £125 per head of population which compared to £178 across Scotland and as much as £245 in Greater Glasgow & Clyde.
- In 2017/18 General psychiatry community expenditure per head of population 2017/18 was £30.7m for NHSG, which was 42% of total expenditure for general psychiatric services, compared to 37% in Scotland.
- The gross ingredient cost for medicines in Mental Health per head of population increased from £14.99 in 2016/17 to £19.48 in 2017/18. The latter compared to £19.66 across Scotland.

NHSG spend on General Psychiatry was 6.7% of the total NHSG expenditure compared to 8.4% in Scotland.

NHS Grampian 'Clinical Strategy' 2016-2021, ISD Scotland 'Adult Mental Health Benchmarking Toolkit (presents data up to 31st of March 2018), published March 2019.

2. How The Strategic Framework Was Developed

2.1 Staff Engagement

This review has been a 'front-runner' project in road-testing a strategic framework process which has been developed by the Grampian Joint Chief Officer's Group and NHSG System Leadership Team (SLT).

The agreed planning framework for this strategic review included a staff survey and three half-day staff engagement workshops to ensure input from a broad range of stakeholders. Workshops 1 and 2 took place on 15th March 2019 and 15th April 2019. Over 70 people attended each session. The first workshop considered the current challenges and opportunities for transforming services and the second workshop focused on what is needed to move from 'business as usual' to the envisioned future state.

The third workshop, which took place on 17th May 2019 was attended by 60 people. Attendees heard preliminary feedback from a consultation with people with lived experience of services, conducted by the Health and Social Care Alliance (see below), and considered the emerging shape of services from the previous conversations.

2.2 The Voice of People with Lived Experience of Services

The Health and Social Care Alliance Scotland (the ALLIANCE) undertook a Grampian wide consultation process to engage local people, communities and Third (voluntary) Sector organisations in informing the Grampian strategic review of Mental Health and Learning Disability services[9]. The ALLIANCE held six afternoon and evening engagement events in five geographical areas across Grampian over three days from 29th April 2019 to 1st May 2019.

These sessions were promoted and supported by the Third Sector Interfaces (TSIs) in each of the three IJB areas in Grampian i.e. Aberdeen Council of Voluntary Organisations, (Aberdeen City), Aberdeenshire Voluntary Action, (Aberdeenshire) and TSIMoray (Moray) and by NHS Grampian through its networks and GP practices.

Over 500 voluntary and community groups were contacted by the TSIs through their networks. In addition, the ALLIANCE promoted the events through its membership list (2700), Self-Management Network, and ALISS (A Local Information System for Scotland).

In total 124 people participated in the six events over the three-day period. In excess of 650 responses, comments and statements were recorded over this time.

The aim of the events was to offer an opportunity for those with current and previous experience of mental health & learning disabilities services in Grampian to share and discuss this so as to include the perceptions of users, carers, families and support providers in the strategic review process.

In addition to the face to face sessions, an online survey and accessible information pack were used (the latter to facilitate engagement with Learning Disability lived experience). These returns have been added to the overall feedback provided by the ALLIANCE.

The events took the form of facilitated discussions based around four core questions:

- What are the challenges facing someone accessing mental health and learning disability support and what needs to change?
- What works well and which services are valued?
- What kind of support is missing?
- Is there anything else you would like to tell us?

The key messages from the ALLIANCE conversations with people with lived experience of services can be found in Appendix 2.

3. Priority Themes From The Strategic Review

The consolidated themes from the three workshops along with the engagement sessions with people with lived experience provide the direction of travel for this strategic framework.

3.1 Building on Strong Foundations

Considerable progress has already been made by each of the HSCPs in redesigning services to meet the challenges brought about by changing trends and policy imperatives. HSCPs have progressed the investment in self-management and early intervention and support in communities through the Transformation Fund and delivery of PCIPs (e.g. Link Workers and Community Psychologists). Grampian now has a low bed base compared to most other health boards and it has the second lowest emergency detention rates in Scotland. There has been progress in transforming CAMHS and in providing intense support at home to prevent admission to hospital.

Service redesign has seen expanded roles in nursing and occupational therapy and voluntary sector partners have been playing an increasing role in mainstream services such as in providing Distress Brief Interventions (Penumbra) and in-reach to patients whilst in hospital (SAMH).

However, recruitment problems leading to concerns about safe staffing levels have called into question the future viability of the current pattern of services in meeting current and future need. This has brought into sharp focus the urgent need for a major transformation programme.

The main challenges highlighted in the engagement sessions related to fragmented services; long waiting times for some services; lack of access to crisis support and out-of-hours provision across all 4 tiers of service delivery; availability of transport for service users; finance and budget silos (where funds or assets are kept separate from other funds or assets of a similar type in other services and organisations and this gets in the way of ensuring best value); risk aversion compounded by the perceived pressures and direction of scrutiny and assurance and the lack of joined up IT systems.

In addition there was seen to be a need for a more cohesive approach to supporting people in the community with a map of available services. It was also thought that current commissioning arrangements were preventing voluntary sector organisations from fully playing their part in service delivery.

Day services and respite facilities for people with Learning Disability were deemed positive and could be further improved by ensuring more user involvement in service planning and development.

Considerable progress has already been made by each of the HSCPs in redesigning services to meet the challenges brought about by changing trends and policy imperatives.

3.2 A Tiered, Pathway Approach

A tiered whole system pathway approach was given prominence in the workshop conversations. It was seen as a useful way of organising and delivering a comprehensive suite of services across the spectrum from prevention, early intervention and timely access to specialist services as needed.

> "Makes sense at a high level"
>
> "Tiered model should allow us to focus on our areas of interest and expertise…"

However, there were some notes of caution. These related to concerns about the model being potentially inflexible and It is therefore important that a tiered model is flexible and enables people to access support across tiers in order to meet their needs. There should be a 'no wrong door' approach when people are seeking support from services.

For a tiered approach to be workable there is a need for clarity around thresholds and evidence-based pathways to ensure a seamless flow through the system. In-reach/intensive outreach arrangements are seen to be important and examples from Newcastle, Utrecht, Dumfries and Galloway were cited.

There is believed to be an absence of infrastructure for delivering services at levels of 1 and 2 of the tiered model and investment (or resource transfer) would be needed to support development. Initiatives could be introduced to support GP managed mental health and wellbeing support in primary care settings and more community based support for people leaving hospital to ensure they receive the right level of support and are not at risk of being readmitted due to lack of community resources and support.

There is seen to be a better way to manage crisis-related hospital admissions and a proposal was put forward for the redesign of crisis services i.e.

> "…bring these downstream because crisis doesn't always mean high tariff complexity that requires medicalised interventions – bring to appropriate level to avoid longer term blockages in specialist services (these should be for the few not the many, but the skills and expertise of staff cascaded down the tiers to support the many)".

A 7-day service was mooted but there was some caution expressed about financial resources and workforce availability. However, there was also thought to be a role here for voluntary sector organisations e.g.

> "Greater collaboration could make this work. Some third sector staff are available at the weekends which might better manage risk".

The need to ensure a continued focus on dementia as a national priority was highlighted during the consultation.

Questions remain about how the tiered model would operate across Grampian. For example, will there be commonality of approach or will it be for each partnership to decide on the shape and delivery of services? And if this is the case how will the more specialist end of services at tiers 3 and 4 be shaped and delivered? Stakeholders felt on balance that a set of principles rather than definitive actions might create the best conditions for forward movement in this respect.

3.3 Equal Partnerships

A greater reliance on voluntary sector provision is seen as fundamental to the future sustainability of services particularly at levels 1 and 2 but there were also examples of initiatives where voluntary sector organisations were active in the more specialist end of services. There was also a recognition of the vital role played by un-paid carers and how we support them to continue in their role.

There was a view, however, that the system does not always make it easy for voluntary sector organisations to fully play their part and that work is needed on the commissioning process to support collaboration and minimise competition. There was also seen to be a need to address negative attitudes towards voluntary sector provision e.g.

> "There's a perception that 3rd sector organisations are second class services".

3.4 Workforce and Cross-Boundary Working

Workforce availability was highlighted as a major concern in all three workshops. The need for creative recruitment approaches and a determined emphasis on improving retention was given prominence. However, there were also calls for further work to improve how the different sectors work together.

> "How do multi-professionals link to the third sector? There's a lot of skills and knowledge out there. They are vital…" "(It's) all about relationships/trust…"

Stakeholders recognised the natural tension between the need to deliver services within local communities whilst also having whole system specialist services for the people of Grampian. How people work together will be crucial to success in navigating this complexity and a number of suggestions were put forward e.g.

> "(Need) true co-production of services so implication of changes on other areas can be understood and planned well and implications on service users made fully explicit"
>
> "Build on existing pan-Grampian and MH&LD strategy groups to build networks as lots of information out there to share and learn from".

A specific issue was identified in relation to the Health and Care (Staffing) (Scotland) Bill. The Bill for this Act of the Scottish Parliament was passed by the Parliament on 2nd May 2019 and received Royal Assent on 6th June 2019. The Health and Care (Staffing) (Scotland) Act 2019 places a statutory duty on geographical health boards and associated agencies to ensure providers in health and care sectors have the appropriate workforce in place to deliver safe and high quality care. Health boards and IJBs are working to fully understand the implications which are likely to have a bearing on the future delivery of MHLD Services across Grampian.

3.5 Supporting Transformation

Stakeholders accepted the case for change. They acknowledged that the level of change needed in some instances is profound and that this would be unsettling for staff, service users and the possibly the public.

> "Needs a dynamic shift and an acceptance of what MUST change".

A number of suggestions were put forward to support the change process. These include "describing what is going to look different" with a "timeline and clear objectives for the changes" and to "translate these into concrete steps". The approach should also include:

> "a process for monitoring progress, feedback mechanisms to stop things go off track, capturing unintended consequences and flagging up where things didn't work".

In terms of the change management process there was seen to be a need for "a coordinated engagement approach about what is happening". Effective leadership is needed. Leaders at all levels who are "invested in the change and who can describe the benefit to the organisation and who, in turn, can support staff to commit". Importantly, leaders who are "listening and able to really answer questions."

> "Service redesign needs to be driven by necessity and get people onside with effective leadership".

3.6 The Communication Needs of Our Local Ethnic and Disability Communities

To assist staff to communicate with non-English speaking patients and their families and carers, the "Language Line" telephone interpretation service is available. By prior arrangement, "face to face" interpreters are also available. If the patient and their family members and carers have a communication disability, appropriate communication support such as British Sign Language (BSL) interpretation can be provided. Information in other formats can also be made available

4 Vision And Guiding Principles

There is general support for the vision and guiding principles set out to ensure future proof, sustainable delivery of MHLD services. It is important to acknowledge that service improvement must be delivered within the available resources to ensure effective and efficient delivery of service.

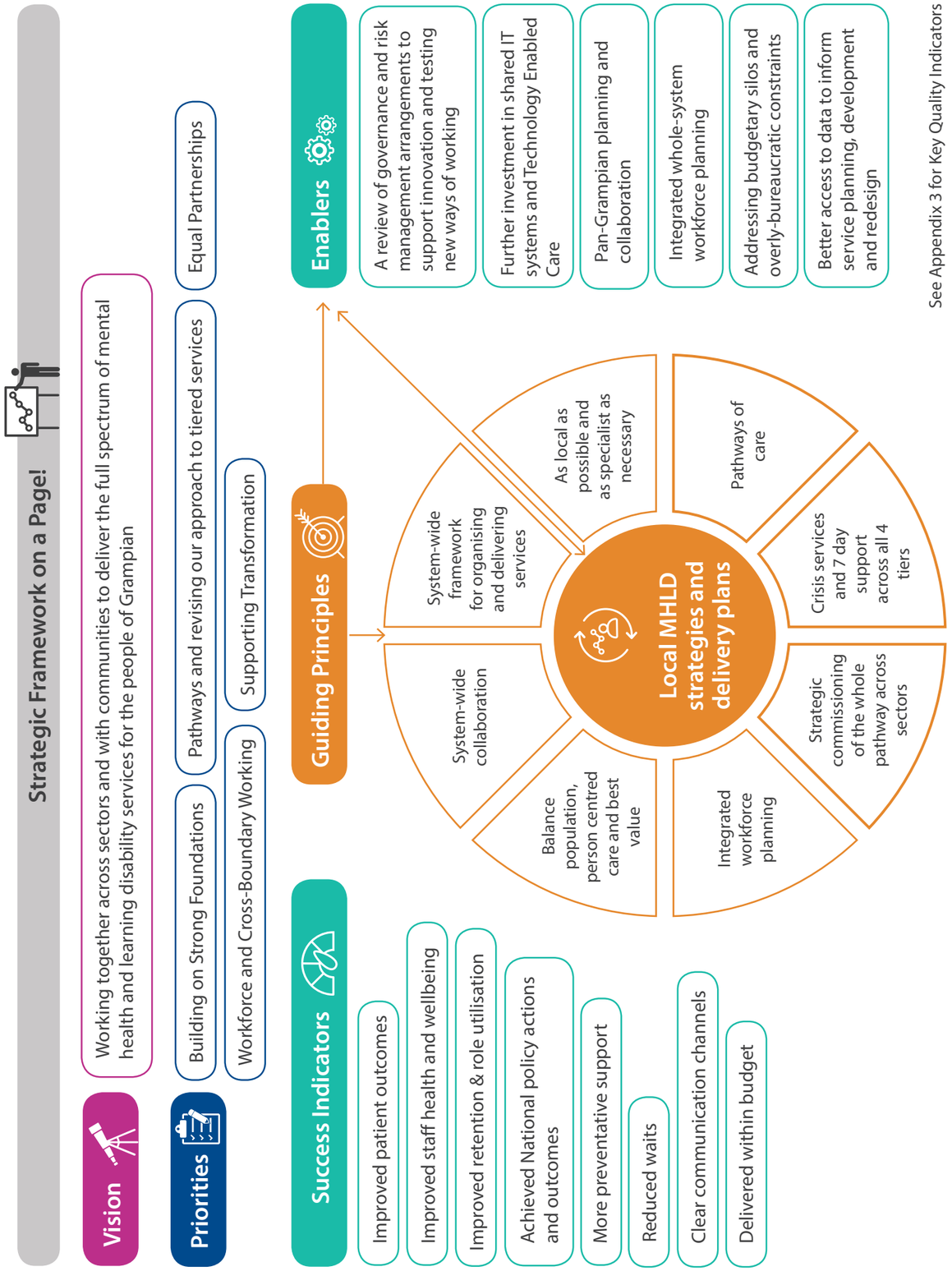
Vision

> **Working together across sectors and with communities to deliver the full spectrum of mental health and learning disability services for the people of Grampian.**

We are grateful for the time and commitment staff and people with lived experience of services gave in contributing to this review. The solutions have emerged from these conversations. These are offered in the form of a series of principles to guide local and system-wide action.

Our Guiding Principles

- System-wide framework for organising and delivering services
- As local as possible and as specialist as necessary
- Pathways of care
- Crisis services and 7 day support across all 4 tiers
- Strategic commissioning of the whole pathway across sectors
- Integrated workforce planning
- System-wide collaboration
- Working together in order to balance a population approach, person centred care and securing best value with the available resource



See Appendix 3 for Key Quality Indicators

Guiding Principles

4.1 System-wide Framework for Organising and Delivering Services

To ensure people who need support, care and treatment are seen by the right people, in the right place, at the right time there is a need for a systematic way of organising and delivering services.

The 4 Tier Model is already familiar to many staff and appears to be a logical way of differentiating levels of need. Moreover, it provides a common language about services and a logical way of allocating resource. Partnerships are urged to agree a common approach based on the tiered approach with clear thresholds, flow and mutual support across tiers.

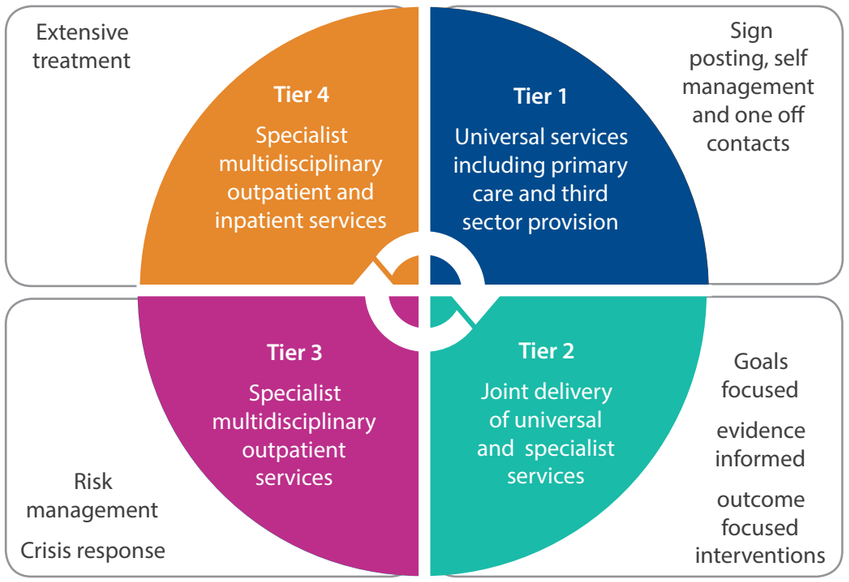
Shifting the balance of care from hospital to community requires capacity building within communities. Ideally a co-produced approach which enables professionals and citizens to make better use of each other's assets, resources and contributions to achieve better outcomes or improved efficiency[10].

Thrive is a needs-led framework[11] which provides a set of principles for creating coherent and resource-efficient communities of mental health and wellbeing support. It conceptualises need in five categories; Thriving, Getting Advice and Signposting, Getting Help, Getting More Help Getting Risk Support.

The framework is currently used within CAMHS and will be adopted for more general use across MHLD services.

A visual representation of the 4 Tier Model overlain with the Thrive Framework is presented in Fig.1 below. Taking cognisance of the concerns expressed during the staff engagement sessions about the tiered model being seen as hierarchical and potentially inflexible the tiers are flattened to represent a greater ease of movement and flow within and between the tiers.

Fig. 1 Framework for Organising and Delivering MHLD Services



Adapted from the 4 Tier Model and Thrive Framework

4.2 As Local as Possible as Specialist as Necessary

Stakeholder feedback suggests that preventative and early intervention services are patchy. As such each partnership should review the range of provision in levels 1 and 2 of the tiered model. This should focus on needs and gap analysis, and is likely to require a strategic commissioning approach to addressing these.

We heard from people with lived experience of services that better sign-posting of what is available within local communities is needed and ALISS (A Local Information System for Scotland) was commended in this respect. Improving the knowledge of mental health in the general population to promote self-management and self-directed support is also seen to be a priority.

4.3 Pathways of Care

Staff and people with lived experience told us that services at tiers 3 and 4 (MHLD community teams, inpatient services and other specialist services, many of which are provided on a Grampian-wide basis) are under intense pressure. With three partnerships accessing certain Grampian wide inpatient and specialist MHLD services there is a need to ensure that pathways of care are defined, agreed and clearly communicated to all who deliver, refer to and use services. The four Pillars of the Grampian Clinical Strategy should underpin this work i.e. prevention; self-management; planned care and unscheduled care. Greater pan-Grampian collaboration in the planning and delivery of services in tiers 3 and 4 is strongly recommended, and there is considerable scope for a shared approach to understanding the needs at tiers 1 and 2 in order that support be provided for people in distress but for whom referral to specialist services may not be appropriate.

4.4 Crisis Services and 7 Day Support Across All Tiers

Consideration should be given to a redesign of crisis response services to ensure there is access further upstream i.e. tiers 1 & 2 rather than only when someone is receiving specialist services. Ideally, there should be access 7 days per week and delivered through multi-sector collaboration with the ability to refer to specialist advice as required. The redesign must also address the current workforce and financial pressures in the system and explore the mix of clinical and professional roles and include consideration of the part the Third Sector can play in any new model moving forward.

4.5 Strategic Commissioning of the Voluntary Sector

To enable voluntary sector organisations to play to their strengths, commissioning arrangements should be reviewed to promote collaboration and coordination within the sector. The aim is to assist voluntary sector partners to work with each other as well as in partnership with statutory services to meet identified needs and desirable outcomes within communities, promoting the chances of successful recruitment, retention and delivery of desired outcomes.

4.6 Integrated Workforce Planning

There should be an integrated workforce plan that creates opportunities for staff to learn together across partnership and sector boundaries. Efforts to recruit to hard-to-fill posts should continue but with a focused emphasis on improving retention and continued engagement with staff partnership.

4.7 System-wide Collaboration

HSCPs have a duty to collaborate and this should involve clear and active participation in appropriate pan-Grampian structures designed to ensure consistency, governance, effective communication, shared intelligence and learning in relation to MHLD. These arrangements should be articulated and engaged with by staff positioned to speak on behalf of their whole HSCP.

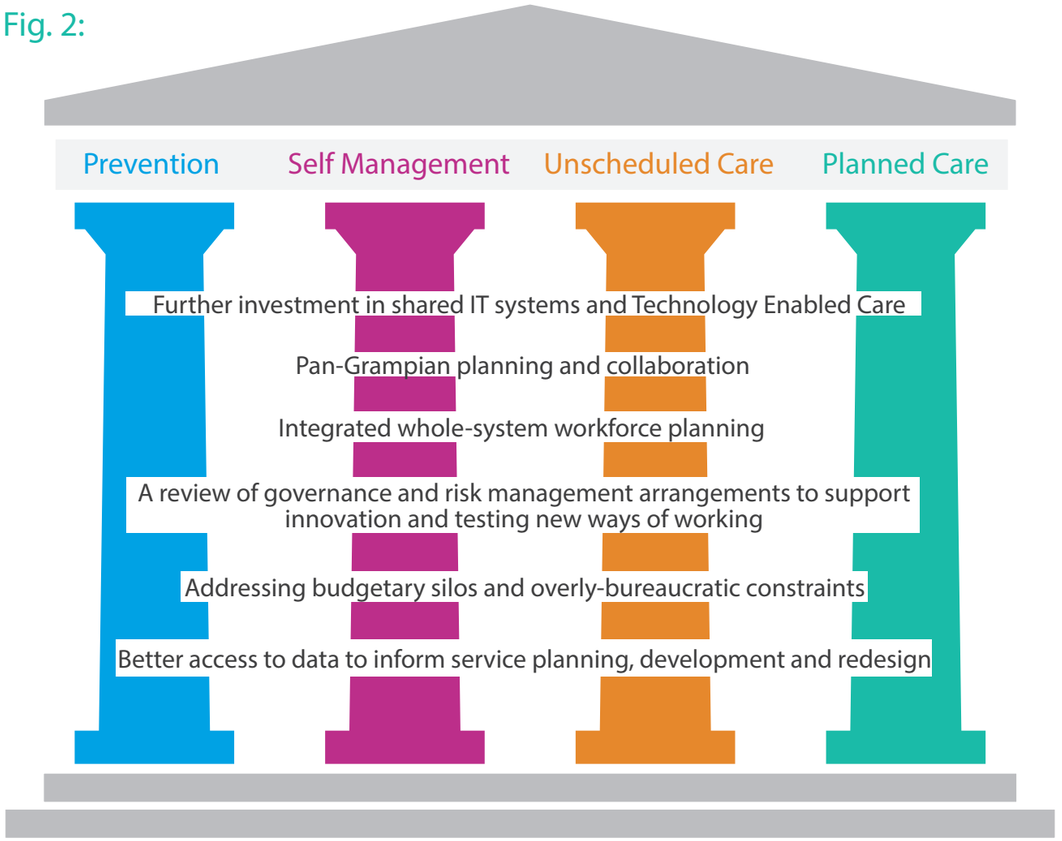
5 Enabling Transformation

The guiding principles are ambitious in their reach and will require a whole-system response. A number of actions were identified by staff that would act as enablers in a transformation process. These are:

- A review of governance and risk management arrangements to support innovation and testing new ways of working.
- Further investment in shared IT systems and Technology Enabled Care.
- Pan-Grampian planning and collaboration.
- Integrated whole-system workforce planning.
- Addressing budgetary silos and overly-bureaucratic constraints.
- Better access to data to inform service planning, development and redesign.

We believe that making progress in respect of these enabling factors would positively impact on the future development of services and new approaches across pathways of care, as envisaged in the Grampian Clinical Strategy. Figure 2 below shows the 4 pillars of the clinical strategy overlain with these enablers.

Fig. 2:



6 Supporting Implementation

To drive and oversee the delivery of this strategic framework it is recommended that a Transformation Board be established with representation from each of the HSCPs, inpatient and specialist services. Consideration should also be given as to the perspective of lived experience and multi-sector input in this regard.

6.1 Leadership Development and Culture Change

Progress has been made in redesigning MHLD services in the face of intense pressure and recruitment problems but further transformation is needed to ensure services are fit for purpose, future proofed and digital solutions are put in place to support new ways of working in the future model of care.

Systemic approaches enable people to see beyond issues at an individual or team level to reveal wider system or cultural dynamics that might be getting in the way. As such a whole-system approach to culture change is needed where staff at all levels of the organisation are supported to implement changes. This is about leadership, relationships and trust.

6.2 Measuring Success

Success will be measured by the extent to which there are sustainable services in place implementing the outcomes set out in the national mental health and learning disability strategies. A measurement framework will be developed by the Transformation Board and each partnership will ensure their strategy and delivery plan guides local action in this respect. Those with lived experience will be key partners in helping us evaluate the impact of the transformation on improving the outcomes of people who use MHLD services in Grampian. The Transformation Board (Grampian MHLD) will ensure we engage with people through our existing lived experienced networks across the 3 HSCPs throughout the lifetime of the Grampian-wide Strategic Framework for MHLD. See Fig. 3 below.

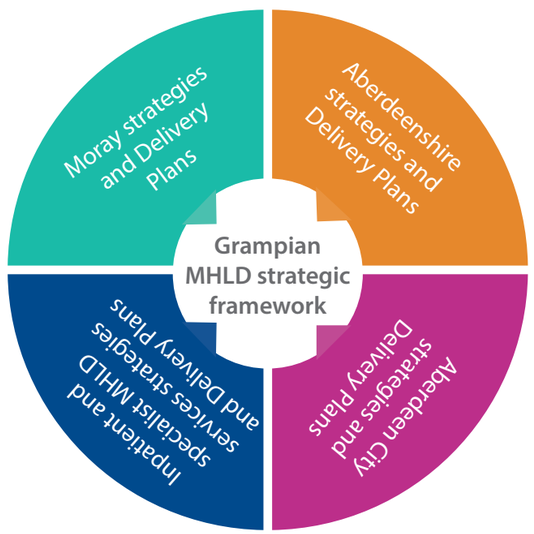


Fig.3 Framework for Delivering the Strategic Framework

7 The Journey Forward

Progress has been made in redesigning Grampian MHLD services in the face of intense pressures and recruitment problems but further transformation is needed to ensure services are fit for purpose and future-proofed. This requires a whole-system effort as the sustainability issues cannot be addressed by any one partnership or sector alone.

The strategic framework provides high level direction and it is for the HSCPs and inpatient and specialist MHLD services individual and collectively to decide on the priorities according to local circumstances and need in relation to the following recommendations:

1. A **Transformation Board** will be established with representation from HSCPs, inpatient and specialist MHLD services, Police and Third Sector to drive, support and oversee implementation of this framework. How best to ensure representation from service users and carers should be explored. The terms of reference, membership and governance arrangements will be publically available.
2. There will be an agreed **system-wide framework for organising and delivering services** based on the 4 Tier Model and Thrive Framework.
3. Each partnership will review the range of preventative and early intervention services available using the system-wide framework to the further develop levels 1 and 2 provision to ensure services are **as local as possible and as specialist as necessary**. Information about the availability of services in local communities will be readily available.
4. **Pathways of care** will be defined, agreed and clearly communicated to all who deliver, refer to and access services. The four Pillars of the Grampian Clinical Strategy will underpin this work and greater pan-Grampian collaboration in the planning and delivery of services in tiers 3 and 4 is required.
5. We will redesign our **crisis response services** to ensure there is access further upstream in tiers 1 & 2 rather than only when someone is receiving specialist services. These services will be available 7 days per week.
6. To enable voluntary sector organisations to play to their strengths **strategic commissioning arrangements** will be reviewed to promote collaboration and coordination across the sectors.
7. There will be an integrated workforce plan that creates opportunities for staff to learn together across partnership and sector boundaries in support of a more **cohesive workforce**. There will be a determined system-wide effort to improve retention. Carers will be planned for as part of the workforce.
8. A **system-wide mental health and learning disability infrastructure** will be established as guided by the Transformation Board to support collaboration, sharing of information, intelligence and learning.
9. A **whole-system approach to leadership development and culture change** will be employed to support implementation of this strategic framework.
10. A **measurement framework** will be developed by the Transformation Board to measure progress, it will reflect essential national policy directives and locally defined priorities. This will incorporate the 30 Quality Indicators (QI) for Mental Health and further develop QIs for Learning Disability Services.

Appendices

Appendix 1

National And Local Policy Landscape

Reform of Public Services

The Public Bodies (Joint Working) (Scotland) Act 2014 was granted royal assent on April 1, 2014[12]. The 2020 vision for Health and Social Care and its 'Route Map' sets out 12 priorities for action under three domains - Quality of Care, Health of the Population, and Value and Financial Sustainability[13].

Integration of health and social care is one of Scotland's major programmes of reform. Central to integration is ensuring that those who use services get the right care and support whatever their needs, at any point in their care journey. The Act aims to transform the way health and social care services are provided in Scotland and drive real change that improves people's lives.

10 Year Vision for Mental Health

Scottish Government set out its ambition for mental health in its 10 Year Strategy 2017-27 with a call to action to ensure that we "prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems" [14]. They identify four areas for improvement:

- Prevention and early intervention.
- Access to treatment, and joined up accessible services.
- The physical wellbeing of people with mental health problems.
- Rights, information use, and planning.

There is a particular emphasis on increasing the mental health workforce; improving support for preventative and less intensive services including in Child and Adolescent Mental Health (CAMH), reviewing the provision of counselling services in schools and on testing and evaluating the most effective and sustainable models of supporting mental health in primary care.

Scotland's Learning Disability Strategy

'Keys to Life', Scotland's Learning Disability Strategy, launched in 2013 recognises that people who have a learning disability have the same aspirations and expectations as everyone else and is guided by Scottish Government's ambition for all citizens[15].

March 2019 saw the launch of a new 3 year Implementation Framework[16] for the strategy which adopts a 'whole system, whole population and whole person' approach to improving the lives of people with learning disabilities in Scotland. The strategy centres around four key outcomes – A Healthy Life; Choice and Control; Independence and Active Citizenship.

National Dementia Strategy

Improving care and support for people with dementia and those who care for them has been major ambition of Scottish government since 2007[17]. The third National Dementia Strategy (2017-20) was published in June 2017.

The third strategy builds on the progress and maintains a focus on improving the quality of care for people living with dementia and their families through work on diagnosis, including post-diagnostic support; care co-ordination during the middle stage of dementia; end of life and palliative care; workforce development and capability; data and information; and research. Crucially, there is a recognition of the importance of taking a person-centred and flexible approach to providing support at all stages of the care journey.

NHS Grampian Clinical Strategy

The NHS Grampian Clinical Strategy (2016-21) highlights the importance of strategic and systematic change to address the changing healthcare needs over the next 20 years[18]. It recognises the changing role of NHS Grampian and the importance of working collaboratively with the 3 Integration Joint Boards, their HSCPs and with the voluntary sector. The strategy focuses attention on four key areas and calls for action in prevention; self-management; planned care and unscheduled care.

Appendix 2

Listening To The Contributions Of People And Communities

Summary of Key Messages from the ALLIANCE Engagement Sessions with People with Lived Experience of Services

1. Challenges

- The overall provision of Mental Health services across the region and between sectors, agencies and departments lacks cohesion. There appears to be no single map or overview of available services and how they interconnect and function as a system. Staff, including GPs, lack knowledge about the different parts of the system, how they link up and how to guide people through services.
- There is recognition of the impact on staff health and wellbeing from pressures caused by recruitment and retention issues. These pressures are causing significant problems for the continuity of care, and the use of locum staff to cover permanent posts is impacting adversely on people with enduring support needs where a long-term relationship with professionals is important.
- Long waiting times remain a major issue across all services, many of which are perceived as accessible only when people have reached crisis point.
- Whilst many services were deemed to be operating at crisis point, dedicated services for crisis and emergency intervention were specifically mentioned as lacking capacity and require to be more accessible.
- More support and training are needed to address mental health issues in schools, including autism.
- There is a lack of awareness and understanding of the needs and challenges facing people with learning disabilities, not only in daily life but in dealing with professional health and social service staff. Improved training is needed for a range of professionals as well others in the community who engaged with people with learning disabilities.
- People with Learning Disabilities should have a greater role in co-producing the services which are designed to support their needs. This should include a leadership role in service delivery.
- There should be better integration in the planning and provision of Voluntary and statutory sector services.
- The provision of public transport was a significant issue impacting negatively on people's experience in accessing services.

2. What works well?

- The role of Community Links Workers (CLW) was cited as invaluable in supporting people through the system. CLWs are normally situated in GP practices and work with individuals from the practice list populations on a one-to-one basis to help identify and address issues that negatively impact on their health. Central to the approach is identifying and supporting individuals to access suitable resources within the community that can benefit their health and increase health competence.
- Allied to this was the availability of information on supported self-management and local services, specifically mentioned was the 'ALISS' system (A Local Information System for Scotland) funded by Scottish Government and hosted by the ALLIANCE. (ALISS is a national directory of health and wellbeing information that supports signposting)
- Ongoing support from numerous Voluntary Sector and community organisations was mentioned as enabling people to function well in their communities and stay out of hospital.
- Peer learning in schools such as that promoted by the Mental Health Foundation 'Make it Count' programme, had helped to raise awareness
- Day services and respite facilities for Learning Disabilities, where available, were deemed positive but often considered too regimented and need to be user led.
- Adult Learning Disability services in each of the three IJBs are fully integrated, with health and social care staff working together to provide joined up services; this is not however the case with children's learning disability services.

3. What can be improved?

- A joined-up approach to strategic service planning across the region and between provider agencies and inpatient and specialist MHLD services and community sectors is required.
- A better understanding of the issues affecting people with poor mental health and learning disabilities is required by all working in health and social care including GP practice staff, in order to support and guide people who need help accessing services.
- There were calls for Community Links Workers to be employed in all Grampian GP practices.
- Provision of an accessible 24/7 crisis service, such as that provided in Edinburgh, is required to support those with immediate and urgent needs.
- There is an urgent need to address continuity of care caused by recruitment and retention issues, including cover for staff sickness and annual leave.
- Inadequacies in the provision of local transport need to be addressed.
- Increased support for schools to improve understanding of mental health and to respond to challenges facing children is needed. This includes provision of counselling services, psychological therapies and support for prevention.
- There is a need to bring children's Learning Disability services into line with those for adults by introducing integrated teams.
- Voluntary and statutory sector services need to be planned and resourced in a holistic and integrated way in order to optimise resources.

Appendix 3

Mental Health (MH) - 30 National Key Quality Indicators (QIs)

Timely
access to mental health services

- 18 weeks for Psychological Therapies
- 18 weeks for CAMHS
- 3 weeks for drug and alcohol treatment
- % unscheduled presentations to MH services assess within 4 hours
- % of presentation psychosis patients that start SIGN or NICE evidence based treatment within 14 calendar days

Safe
provision of mental health services

- Suicide rates per 100,000 of population
- % discharged in-patients followed up within 7 calendar days
- % unscheduled care presentations where self-harm is a feature
- % lithium toxicity in the last 12 months
- Incidents of physical violence per 1,000 occupied psychiatric bed days

Person Centred
mental health services

- % carers with MH problems supported to continue their caring role*
- % adults with MH problems supported at home reporting maintained or improved quality of life
- % people with MH who report their views taken into account
- Number of people with advanced statements registered per year with the Mental Welfare Commission for Scotland
- % patients seen last month that show improved personal outcomes

Effective
delivery of mental health services

- % number of people spend in hospital when they are ready to be discharged per 1,000 population*
- % people prescribed antipsychotics for reasons other than psychoses and bipolar disorder treatment
- % people with severe and enduring mental illness/ and or learning disability who have had their BMI measured and recorded in last 12 months
- % of patients seen for at least a month that show improvement in functioning using any clinical outcome measurement over the previous month
- % of patients seen for at least 1 month that show improvement in symptom severity using any clinical outcome measurement over the previous month

Efficient
management of mental health services

- Rate of emergency bed delays for adults*
- % of readmissions to hospital within 28 days of discharge*
- Total Psychiatric in-patient beds per 100,000 population
- Total mental health spend as a % of total spend
- % of did not attend appointments for community based services of people with mental health problems

Equitable
access to mental health services

- Standardised mortality rate for person in contact with Mental Health Services*
- Number of Emergency Detention Certificates per 100,000 population
- % of people with severe and enduring mental illness and/or a learning disability that have had an annual health check within previous 12 months
- % of under 18 psychiatric admissions admitted out with NHS Specialist CAMHS Wards
- % of caseload with an anticipatory care plan

How will we know if we have been successful ?

* Integration Indicators

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Glossary

ALISS	A Local Information System for Scotland
COG	Chief Officers Group in Grampian
CPP	Community Planning Partnership
4 Tier Model and Thrive Framework	The 4 Tier Model and Thrive Framework has been adapted from Child and Adolescent Mental Health Services: Tier 1 - universal services including third sector provision Tier 2 - joint delivery of universal and specialist services Tier 3 - specialist multi-disciplinary outpatient services Tier 4 - specialist multi-disciplinary outpatient and inpatient services
GP	General Practitioners
HSCP	Health and Social Care Partnership
ICSP	Integrated Children's Services Plans
IJB	Integrated Joint Board also sometimes referred to in the plural as Integration Authorities of Grampian
Integration Authorities in Grampian	The 3 Integrated Joint Boards are Aberdeen City IJB, Aberdeenshire IJB and Moray IJB
IT	Information Technology
QIs	Quality Indicators
Lived Experience	Lived experience is the knowledge and understanding you get when you have lived through something. When we talk about people with mental health lived experience, we mean people living with mental illness and family or friends supporting someone living with mental illness (sometimes called carers). When we talk about people with learning disability and mental health lived experience, we mean people living with both a learning disability and mental illness and their carers
LOIP	Local Outcome Improvement Plans of the Community Planning Partnerships
LTC	Long Term Conditions
MHLD	Mental Health and Learning Disability Framework
NHSG	National Health Service Grampian
PCIP	Primary Care Improvement Plans
SLT	Systems Leadership Team for NHS Grampian
TEC	Technology Enabled Care
The Alliance	Health and Social Care Alliance Scotland
TSI	Third Sector Interface

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REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 26 MARCH 2020**

SUBJECT: **REVISED SCHEME OF INTEGRATION TO HOST GRAMPIAN WIDE MENTAL HEALTH AND LEARNING DISABILITY SERVICES**

BY: **CHIEF OFFICER**

1. REASON FOR REPORT

1.1. To inform the Board of the transfer of operational and budget responsibility for Grampian-wide Mental Health and Learning Disability Services (MHLD) to the Chief Officer of Aberdeen City Health and Social Care Partnership (HSCP).

2. RECOMMENDATION

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

i) note that NHS Grampian (NHSG) will be delegating operational responsibility and the associated budget for Grampian-wide inpatient and specialist Mental Health and Learning Disability Services to the Chief Officer of the Aberdeen City Health and Social Care Partnership (HSCP) which will be set out in Annex 1, Part 2 B of their Integration Scheme;

ii) consider and agree to the proposal that Aberdeen City Integrated Joint Board (IJB) hosts Grampian-wide inpatient and specialist Mental Health and Learning Disability (MHLD) Services on behalf of Aberdeenshire IJB and Moray IJB;

iii) note that NHSG will continue to fund any deficit arising from the inpatient and specialist Mental Health and Learning Disability Services delegated under this arrangement; and

iv) note the proposals to amend the Integration Scheme for Aberdeen City and that it will be revised and submitted to Aberdeen City Council and NHSG to seek approval.

3. BACKGROUND

3.1. Operational Responsibility for Grampian Wide MHLD Services

3.1.1 In April 2016, NHSG delegated the strategic planning and management of community-based Mental Health and Learning Disability Services (MHLD) to Aberdeen City, Aberdeenshire and Moray IJBs. Community based services include Adult Community Mental Health Teams, Older Adult Community Mental Health Teams, Substance Misuse Services and Learning Disability Community Teams. Moray IJB also has delegated authority for the inpatient services at Dr Gray's Hospital in Elgin (Ward 4) and Seafield Hospital in Buckie (Muirton Ward). Aberdeenshire IJB has delegated authority for inpatient services in community hospitals at Fraserburgh (Bruckley Ward), Inverurie (Ashcroft Ward) and Banchory (Scolty Ward).

3.1.2 The IJB currently has the responsibility for the strategic planning of delegated services. However, NHSG currently has responsibility for the operational management of Grampian-wide inpatient and specialist MHLD Services which includes the following:

- Inpatient and specialist services at the Royal Cornhill Hospital
- Inpatient and specialist services at Elmwood at Royal Cornhill Hospital
- Residential Community Rehabilitation Service at Polmuir Road
- Residential Forensic Community Rehabilitation Facility at Great Western Lodge
- Psychotherapy (outpatient)
- Eating Disorder Service (outpatient)
- Eden Unit (North of Scotland)
- Managed Clinical Network for Eating Disorders
- Adult Liaison Psychiatry Service
- Older Adult Liaison Psychiatry Service
- Unscheduled Care
- Rehabilitation Services (outpatient) for Adult Mental Health
- Forensic Services
- Perinatal Services
- Gender Identity Services
- Child and Adolescent Mental Health Service
- Business and Support Management Services across inpatient and specialist services

4 KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 Finances for Grampian-wide MHLD Services

4.1.1 The Net Budget for Grampian MHLD Services for 2020 to 2021 is £37M and NHSG Finance are forecasting a £1.8M overspend. The Grampian MHLD Services are also planning to achieve a 2% efficiency (£750,000) so the expected budget to be transferred by NHSG to cover the projected spend is £38M (subject to inflation and earmarked funds adjustments).

4.1.2 Given the financial pressures in the whole system there is an expectation that any service delegated is fully funded, so as not to place financial pressure on

the IJBs or the other partners who may need to pick-up a share of any overspend.

4.1.3 On 1st of April 2020, NHS Grampian plan to transfer the revenue budget to the IJBs and will ensure resource is available for the forecasted spend on Grampian-wide inpatient and specialist MHLD Services. There is currently a financial deficit within the inpatient and specialist MHLD services. NHS Grampian have agreed to underwrite any financial loss on inpatient and specialist MHLD Services for up to two financial years (from 1st of April 2020 to 31st of March 2022).

4.1.4 If a financial deficit remains at the end of this period, then after discussion and agreement with NHS Grampian, the three IJBs and the respective local authorities an agreed budget will be proposed for approval.

4.1.5 This option has been used by other areas when delegating services to provide some protection to the IJBs over the transition period. The Chief Officer for Aberdeen City IJB would have operational responsibility for the service and operational budget responsibility. This will allow time for the Transformation Board (Grampian MHLD) to develop a Transformation Programme Plan to deliver the strategic intent set out in the Grampian-wide Framework and secure a more sustainable model of care to better balance a population approach, person centred care and achieving best value.

4.2 Transition to Host Arrangements

4.2.1 For a service or function to be delegated, Aberdeen City, Aberdeenshire and Moray IJBs, Aberdeen City, Aberdeenshire and Moray Councils and NHSG have agreed that this is a reasonable course of action. Paragraph 4.7 of the Integration Scheme provides for an arrangement whereby an IJB hosts delegated services on behalf of other integration authorities.

4.2.2 The Scheme of Integration already delegates the functions and services for all Mental Health and Learning Disability Services from NHSG and Aberdeen City Council to the Aberdeen City IJB. However, NHSG has not transferred the operational responsibility and budget for Grampian-wide inpatient and specialist Mental Health and Learning Disability Services.

4.2.3 NHSG recently made an undertaking to the Scottish Government that this will be done by the 1st of April 2020. In line with the transition of delegatory responsibility to the Chief Officer, Aberdeen City IJB, for the operational management and associated budget of the Grampian-wide inpatient and specialist MHLD Services, the proposal would then be for these services to be hosted by Aberdeen City IJB from 1st of April 2020 on behalf of Aberdeenshire and Moray IJBs.

4.2.4 In preparation for readiness, a Transitions Steering Group (Grampian MHLD) was established in December 2019 to ensure the effective governance, management, delivery and monitoring of Grampian-wide inpatient and specialist MHLD Services as we transition to host arrangements. There is representation from clinical, professional, service/business support and staff side across NHS Grampian and Aberdeen City, Aberdeenshire and Moray IJBs. The Transitions Steering Group (Grampian MHLD) has developed a Governance Framework to ensure clear lines of financial, clinical and care

governance and educational governance are in place across delegated community MHLD and hosted inpatient and specialist MHLD Services to ensure an integrated whole system approach.

4.2.5 Following transition to host arrangements, the IJB would continue to liaise with the relevant bodies across the North of Scotland and nationally in the provision of inpatient and specialist services (e.g. inpatient beds for Orkney and Shetland and the Eden Unit for the North of Scotland). The IJB will also continue to liaise with the relevant national bodies to purchase inpatient beds for medium secure at Rohallian Perth and inpatient services for young people in Dudhope Dundee.

4.3 Changes to the Scheme of Integration

4.3.1 A review of the Integration Scheme is currently being taken forward by the Chief Officers and it is planned to consult with the public on these amendments where appropriate before reporting to the Council, NHSG to seek approval. To date the majority of the changes are to reflect decisions that have already been adopted by the IJB, such as changes to their strategic plans or standing orders.

4.3.2 The Aberdeen City IJB will be required to amend the Scheme of Governance to delegate operational delivery and the budget of those services to the Chief Officer of the Aberdeen City HSCP.

5 SUMMARY OF IMPLICATIONS

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

Working with partners to support people so that 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 systems are as simple and efficient as possible.

(b) Policy and Legal

The revised Scheme of Integration ensures compliance with the legislative framework for the IJB.

(c) Financial implications

The net Budget for Grampian MHLD Services for 2020 to 2021 is £37M and NHSG Finance are forecasting a £1.8M overspend. The Grampian MHLD Services are also planning to achieve a 2% efficiency (£750,000) so the expected budget to be transferred by NHSG to cover the projected spend is £38M (subject to inflation and earmarked funds adjustments). NHS Grampian have agreed to underwrite any financial

loss on inpatient and specialist MHLD Services for up to two financial years (from 1st of April 2020 to 31st of March 2022).

There are no direct financial risks arising from the approval of the Strategic Framework. The Transformation Programme Plan will aim to ensure whole system collaboration to better balance a population approach, person centred care and secure best value.

(d) Risk Implications and Mitigation

The financial arrangement aims to mitigate the financial risk of the gap between the budget and actual spend trends for inpatient and specialist MHLD Services.

The development of a Performance Dash Board for Grampian-wide MHLD Services will ensure implementation of the 30 National Quality Indicators and other nationally and locally directed Key Performance Indicators to ensure the effective monitoring and reporting of community, inpatient and specialist MHLD Services to the respective NHSG and IJB Boards.

Risk 4 – The Sponsoring Group for all delegated hosted services is the North East System Wide Transformation Board to ensure cross system working across NHSG, IJBs and Council partners.

The development of a robust Governance Framework for Grampian-wide MHLD Services (community, inpatient and specialist) will ensure clarity of function, delegation and delivery of services across health and social care.

(e) Staffing Implications

The delegated functions will not lead to changes in the Terms and Conditions of staff, who will remain employed by the NHS Grampian, Aberdeen City Council, Aberdeenshire Council or Moray Council.

A change to line management arrangements will be for the Head of NHSG Mental Health and Learning Disability Services who will now report to the Chief Officer for Aberdeen City Health and Social Care Partnership (HSCP) and the Clinical Director/Medical Director for Mental Health and Learning Disabilities who will now report on operational matters to the Chief Officer for Aberdeen City HSCP. The Clinical/ Medical Director will also continue to report on professional medical matters and clinical governance to the Medical Director for NHSG. Both will join the Aberdeen City Health and Social Care Partnership Leadership Team.

The Medical Director and Executive Nurse Director in NHSG continue to remain responsible for the assurance of clinical and care governance across delegated and hosted Mental Health and Learning Disability Services (community, inpatients and specialist) on behalf of the 3 Integration Authorities and NHSG.

(f) Property

None directly related to this report.

(g) Equalities/Socio Economic Impact

The transition of NHSG inpatient and specialist MHLD Services to Aberdeen City IJB to host on behalf of the three Integration Authorities will have no direct impact on service users, carers, families or the community. The transition to host arrangements does not lead directly to any change to the current way services are planned and delivered. Aberdeen HSCP has completed an Equalities Human Right Impact Assessment Report which has been submitted through their committee services.

(h) Consultations

Consultation has taken place widely across the 3 Grampian IJB's and wider stakeholders, any comments received have been considered in writing this report.

6 CONCLUSION

6.1 The MIJB is being advised of the transfer of budget responsibility for Grampian wide MHLD services to the Chief Officer of Aberdeen City IJB and to note the formal elements associated with this delegation.

Author of Report: Kay Dunn, Lead Planning Manager (Grampian Mental Health and Learning Disability Review), Tracey Abdy
Background Papers: with author
Ref:

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 26 MARCH 2020**

SUBJECT: **REVENUE BUDGET 2020/21**

BY: **CHIEF FINANCIAL OFFICER**

1. REASON FOR REPORT

1.1. To agree the Moray Integration Joint Board's (MIJB) revenue budget for 2020/21.

2. RECOMMENDATION

2.1. It is recommended that the MIJB:

i) note the funding allocations proposed by NHS Grampian and Moray Council, detailed at 4.2;

ii) note the underlying overspend forecast for the 2019/20 financial year in 4.2.2 and the financial risks detailed in 4.9;

iii) formally approve the Revenue Budget for 2020/21 as detailed at APPENDIX 1 following consideration of the risks highlighted in 4.9; and

iv) approve Directions for issue as set out at Appendices 2 and 3 respectively to NHS Grampian and Moray Council.

3. BACKGROUND

3.1. Since April 2016, the MIJB has faced reductions in its financial resources whilst experiencing increasing demands for services and striving to make progress in relation to the aims of the policy objectives surrounding the Public Bodies (Joint Working) (Scotland) Act 2014.

3.2. The MIJB has to consider its budget in the context of the funding settlements from Scottish Government to its two funding Partners, NHS Grampian and Moray Council.

3.3. On 06 February 2020 following the announcement of the Scottish Government's Budget for 2020-21 by the Minister for Public Finance and Digital Economy, the interim Director of Health Finance and Governance wrote to Health Board Chief Executives providing details of the funding settlement for Health Boards. The announcement made on 06 February 2020 made specific reference to Integration Authorities in that NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 3% over 2019/20 agreed recurring budgets.

3.4. In addition and separate to Health Board funding uplifts, the health portfolio will transfer a further £100 million to be routed through Local Authorities for investment in health and social care integration and continued support for school counsellors. This additional £100 million includes a contribution to the continued delivery of the Living Wage, the uprating of free personal care and nursing payments, implementation of the Carers Act and further support for school counselling whether or not delegated under the Public Bodies (Joint Working) (Scotland) Act 2014. The £100 million was presented as being additional and not substitutional to each Local Authority's 2019/20 recurring budget for social care services that are delegated.

3.5. On 28 February 2020, Scottish Government wrote to Local Authority and NHS Board Chief Executives and Integration Authority Chief Officers, notifying them of a level of flexibility being made available to Local Authorities to offset their adult social care allocations to Integration Authorities by up to 2% and a maximum of £50 million based on local need. The budget approved at the special meeting of Moray Council on 3 March 2020 (para 3 of the Minute refers) does not include the option to utilise this flexibility and accordingly the core budget remains at the 2019/20 level.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 BUDGET SETTLEMENT

4.1.1 On 3 March 2020, the special meeting of Moray Council agreed its revenue budget for the forthcoming financial year. The Local Government settlement is for one year only but the budget was set in the context of longer term planning. The paper presented made reference to the Moray share of the additional funding that has been transferred from the health portfolio. This equates to £1.792m and is being made available to support the continued commitment to the initiatives as set out in 3.4 above. Moray Council has not exercised the flexibility available to them to off-set their allocations but in contrast the council contribution has not been uplifted in consideration of inflationary pressure or demand growth in health and social care services.

4.1.2 Following the announcement of the Scottish budget, NHS Grampian and Moray Council have notified the MIJB Chief Financial Officer of the funding allocation for the forthcoming financial year.

4.1.3 The NHS Grampian baseline uplift for 2020/21 is 3.0%. Previously, budget uplifts to IJB's were based on historic budget share, however, the approach is now based on the National Resource Allocation Committee (NRAC) share, which is an adjusted population based formula. The outcome of this for Moray does not present a material change and the Chief Financial Officers of

all 3 IJB's were part of the discussions leading to this change in approach. The 3.0% uplift based on the NRAC share provides an increased funding allocation on the recurring budget of £1.813 million. Funding the 3 Grampian IJB's accounts for around 40% of the total NHS Grampian revenue budget.

4.2 MIJB FUNDING 2020/21

4.2.1 The MIJB has a responsibility under the Public Bodies (Joint Working) (Scotland) Act 2014 to set its revenue budget by 31 March each year. The funding of the MIJB revenue budget in support of the delivery of the Strategic Plan is delegated from NHS Grampian and Moray Council. The allocated funding is summarised below:

	£'000
NHS Grampian (recurring 2019/20)	77,018
NHS Grampian 3.0% uplift on Core	1,813
NHS Grampian – Set Aside Services	11,765
Moray Council	42,257
Moray Council – Improvement Grants*	938
Moray Council – via health portfolio additional investment	1,792
TOTAL MIJB FUNDING 2020/21	**135,583**

* Improvement Grants includes £0.438m which requires to be ring-fenced as it relates to council house tenants.

4.2.2 For the 2019/20 financial year, MIJB is forecasting an overspend of £1.698 Million. In line with the Integration Scheme, Moray Council and NHS Grampian have agreed to finance this forecast overspend in the proportionate share of the baseline payment, 37% / 63% respectively. The level of resources required by MIJB to address the underlying overspend, together with inflation and growth pressures is estimated to be £2 Million greater than the funding uplifts being advised by the Partners. The Health and Social Care Moray wider management team has worked continuously over recent months to address the need to find further efficiencies, whilst striving to transform at a pace and ensure services remain safe. This report outlines the plans on how the underlying funding gap will be addressed in order to present a balanced budget position.

4.3 HOSTED SERVICES

4.3.1 Within the scope of services delegated to the MIJB are hosted services. Budgets for hosted services are primarily based on the NRAC basis. Hosted services are operated and managed on a Grampian-wide basis. Hosting arrangements mean that the one IJB within the Grampian Health Board area would host the service on behalf of all 3 IJB's. Strategic planning for the use of the hosted services is undertaken by the IJB's for their respective populations.

The 2020/21 budget for Moray's share of all hosted services is £4.183m as detailed below.

	£'000
Hosted by Aberdeen City IJB	
Intermediate Care	809
Sexual Health Services	388
Hosted by Aberdeenshire IJB	
Marie Curie Nursing	127
Heart Failure Service	50
Continence Service	118
Diabetes MCN including Retinal Screening	177
Chronic Oedema Service	40
HMP Grampian	437
Police Forensic Examiners	221
Hosted by Moray IJB	
GMED Out of Hours	1,707
Primary Care Contracts	109
TOTAL MORAY HOSTED SERVICES	**4,183**

4.4 LARGE HOSPITAL SERVICES (SET ASIDE)

4.4.1 Budgets for Large Hospital Services continue to be managed on a day to day basis by the NHS Grampian Acute Sector and Mental Health Service, however the MIJB has an allocated set aside budget, designed to represent the consumption of these services by the Moray population. The MIJB has a responsibility in the joint strategic planning of these services in partnership with the Acute Sector and Mental Health Service. The table below details the areas included as part of the large hospital services.

	£'000
General Medicine	6,466
Geriatric Medicine	519
Rehabilitation Medicine	51
Respiratory Medicine	169
Palliative Care	55
A & E Inpatient	103
A & E Outpatient	3,532
Learning Disabilities	328
Psychiatry of Old Age	54
General Psychiatry	488
TOTAL SET ASIDE BUDGET	**11,765**

4.5 BUDGET PRESSURES

4.5.1 Budget pressures are a major consideration for the MIJB and are an intrinsic part of the budget setting process. The additional funding highlighted in the Scottish Government budget for health and social care is welcomed and will address a proportion of inflation in respect of pay awards in addition to meeting the legislative commitments arising from free personal care for the under 65's, the Carers Act (Scotland) 2016 and the continuation of payment of the Living Wage, however, this funding is in-sufficient to meet the challenges

associated with population growth and increasing demand on services, which together place increasing pressure on the MIJB budget. Identified cost pressures are based on estimates and so is an ongoing consideration in financial planning. The table below outlines the anticipated budget pressure the MIJB needs to address in the forthcoming financial year:

	£'000
BUDGET PRESSURES	
Pay Inflation & Staffing	2,137
Contractual Inflation & Scottish Living Wage	1,239
National Care Home Contract Uplift	389
Prescribing & Community Pharmacy	621
High Cost Individual – Full year effect	71
TOTAL BUDGET PRESSURES	**4,457**

4.5.2 Not included in the pressures noted in 4.5.1 above is the costs associated with children transitioning into adult services. In 2019/20 the MIJB were faced with significant costs in year in the region of £0.750 Million. The full year effect of this will materialise in 2020/21 which will be a further £0.220 Million. Additionally, there will be in-year transitions, although this is not estimated to be significant.

4.6 RECOVERY AND TRANSFORMATION PLAN

4.6.1 As the 2020/21 financial year approaches, the financial challenge continues, and whilst a balanced budget is being presented, this is not without significant risk in relation to sustainability and achievement in meeting the objectives as set out in the strategic plan. MIJB is acutely aware of the challenges it faces surrounding both its people and financial resources which remains a focus within its decision making.

4.6.2 Risks have been identified during the budget preparation period which have been considered by the wider Health and Social Care Moray management team. The risk implications and potential mitigation have been duly considered prior to this budget being proposed.

4.6.3 When the 2019/20 MIJB budget was presented to this Board on 28 March 2019 (para 9 of the Minute refers) it was presented as a balanced budget that was heavily dependent on the successful delivery of its recovery plan. Progress against the plan has been reported during 2019/20 as part of the quarterly financial reporting. Heading into 2020/21, with a new Strategic Plan it is important to consider finance in relation to the programme of transformation. At its meeting of 31 October 2019, the MIJB agreed to adopt the MIJB Strategic Plan and its supporting Transformation Plan (para 13 of the minute refers). Recognising it is unlikely that the MIJB will see significant increases in funding that will address funding cuts and flat cash settlements that have been experienced in recent years, MIJB will strive to transform its services in an efficient manner whilst continuing to recover the financial deficits within pressurised budget areas.

4.6.4 The financial reporting position has remained consistent. The quarterly budget monitoring as at end December 2020 (quarter 3), the MIJB is forecasting an overall overspend for the 2019/20 financial year of £1.698 Million.

4.6.5 The table below summarises the progress made by the Health and Social Care Moray management team in identifying opportunities for efficiency through recovery and transformation. Close monitoring of progress will be considered and reported during 2020/21. It is likely this will evolve during the year as the Strategic Planning and Commissioning Group begin to develop and embed the transformation plans that underpin the Strategic Plan 2019-29 'Partners in Care'.

	2020/21
	£ 000's
Projected recurring overspend 2019/2020 (Forecast adjusted for 100k. An element already included within efficiencies below)	**1,798**
Projected Efficiencies through Recovery & Transformation 2020/21	
Accountancy Driven Efficiency	223
External Commissioning	249
Increased Income from Charging	261
In-house Provided Care	157
Transformational Change	341
Prescribing – Medicines Management	206
Prescribing – National Reduction in Drug Tariff *	500
Other	7
Total Projected Efficiencies	**1,944**

*this figure relates to national negotiations recently presented to the national Primary Care Finance group resulting in a recurring reduction in the drug tariff for Scotland.

4.7 BUDGET OVERVIEW

4.7.1 The MIJB Revenue Budget for 2020/21 is £135.583 million (including £11.765 million Set Aside). The detail is provided in **Appendix 1** and summarised below:

	£'000
BUDGET	
Forecast recurring overspend 2019/20 (inc additional 100k)	1,798
Recurring Budget	118,468
Strategic Funds	1,039
Inflationary Pressure and Growth	4,457
Set Aside	11,765
Efficiency through Recovery & Transformation	**(1,944)**
TOTAL BUDGET	**135,583**
FUNDING	

NHS Grampian Recurring (inc Set Aside)	90,596
Moray Council (inc Improvement Grants)	43,195
Scottish Government Funding for Additionality	1,792
TOTAL FUNDING	**135,583**

4.8 FINANCIAL OUTLOOK

4.8.1 Health and Social Care in Scotland continues to experience increasing demands for services in times of challenging financial settlements. This was the focus of the Scottish Government Medium Term Financial Framework which can be found at https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2018/10/scottish-government-medium-term-health-social-care-financial-framework/documents/00541276-pdf/00541276-pdf/govscot%3Adocument published in October 2018 where it was highlighted that the health and social care system would require expenditure of £20.6 billion across Scotland if the system did nothing to change using 2016/17 as the starting point with costs of £14.7 billion.

4.8.2 The MIJB is acutely aware of the ongoing financial challenge it faces and has approved a Medium Term Financial Framework that supports its new Strategic Plan 2019-29 (Partners in Care). This will develop and evolve continuously during the initial phase of the transformation plan implementation and will be updated and reported back to MIJB during 2020/21.

4.9 FINANCIAL RISKS

4.9.1 The budget assumptions made within this report carry a degree of financial risk, meaning that variations that may arise will impact on financial performance. Acceptance of risk is a necessary part of the budget setting process. The main risks are summarised:

- Financial Settlement – the 2020/21 financial settlement is based on one year only. Whilst the benefits of longer-term financial planning are well documented in assisting the delivery of strategic priorities, at this stage, financial planning is subject to continuous change. The Medium Term Financial Framework will be updated regularly to reflect the changing landscape.

- In considering the financial requirement for the forthcoming financial year, it is necessary to take into account the financial performance of the previous financial year. In doing so, the underlying overspend forecast in 2019/20, has been factored into the 20/21 position. It should be noted that this includes the assumption that the current underspend within the In-house provided care services will continue.

- The budget pressures identified in 4.5 are based on continued discussion and assessment and through monitoring, this process is reasonably accurate. However, the risk lies, in the main within commissioned services and the required negotiation with providers.

- A new financial risk would be the potential costs related to the impact of dealing with the Covid 19 virus. It is very early days, and new guidance is emerging daily at the time of writing this report. For the purposes of this report it has been assumed that any additional costs related to Covid 19 will be funded in full by specific Scottish Government funding, however there has been no confirmation of this at this point and clarity will be sought following the UK and subsequent budget announcements. Additional costs may materialise across a number of areas, including plans to significantly reduce the number of Delayed Discharges, increased supplementary staffing costs as a result of staff absences and an increased requirement for medical supplies and protective equipment.

4.9.2 In addition to the financial risks outlined, it needs to be recognised that there is a potential increased risk in relation to performance of delayed discharge. In a letter circulated to Health Board and Local Authority Chief Executives and IJB Chief Officers at the end of February there was notification of agreement of joint political oversight to drive improved performance in health and social care through a combination of joint accountability measures. The detail is yet to be shared but the ambition is proposed to be achieved through joint working with Local Government and NHS Boards to agree a shared national and local approach to accountability for delivery. It is believed that agreement has already been reached with a number of IJB's. Moray, at the time of writing has not been contacted directly.

5 SUMMARY OF IMPLICATIONS

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

The approval of a balanced budget for the MIJB is key to the delivery of health and social care services in Moray in accordance with the Strategic Plan.

(b) Policy and Legal

In accordance with the Public Bodies (Joint Working) (Scotland) Act 2014, MIJB is subject to the audit and accounts regulations and legislation of a body under Section 106 of the Local Government (Scotland) Act 1973 and is classified as a local government body for accounts purposes by the Office for National Statistics.

(c) Financial implications

The 2020/21 revenue budget (excluding Set Aside) as detailed in **Appendix 1** is **£123.818 Million**.

The funding allocated to the MIJB by Moray Council and NHS Grampian totals **£123.818 Million** (excluding Set Aside).

The notional Set Aside budget for Moray's share of the Large Hospital Services is currently **£11.765 Million**. The Set Aside budget is provided by NHS Grampian.

Additional risks for consideration are set out in 4.9 above.

(d) Risk Implications and Mitigation

The revenue budget for 2020/21 is subject to the following risks:

- GP Prescribing – represents around 14% of the total MIJB budget. It is well documented that the Prescribing budget can be extremely volatile in nature with volume and price increases potentially leading to substantial adverse variances. .

- Growth and demand in the system, together with service users with complex care needs are attracting additional financial challenge. These issues require to be managed within the overall resource of the MIJB.

- This report highlights the anticipated budget pressures at paragraph 4.5. It will be necessary to note that budget pressures may exceed allocation. This will be closely monitored and reported accordingly to the MIJB as part of the budget monitoring reports.

(e) Staffing Implications

There are staffing implications relating to this report in respect of the efficiencies required to present a balanced budget position. Associated reductions in staffing will be addressed using the appropriate policies of the employing organisation.

As the MIJB continues to address the financial balance, further impacts on staffing will be kept under close review and reported back to this Board as appropriate.

(f) Property

None arising directly from this report

(g) Equalities/Socio Economic Impact

None arising directly from this report as there is no change to policy. Any subsequent changes to policy arising from proposals made within this paper will be considered appropriately.

(h) Consultations

Consultations have taken place with the Senior Management Team and System Leadership Group of Health and Social Care Moray, the finance teams of both Moray Council and NHS Grampian and the Legal Services Manager and Katrina McGillivray, Senior HR Adviser (Moray Council), comments received have been considered in writing the report.

6 CONCLUSION

6.1 Legislation requires the MIJB to set its Revenue Budget for the forthcoming year by 31 March each year. The budget presented displays a balanced position. The Section 95 Officer as Chief Financial Officer to the Board recommends the budget as presented at Appendix 1.

6.2 Close monitoring of the efficiencies identified through recovery and transformation will be required in order to ensure the MIJB can remain within the funding allocation proposed by NHS Grampian and Moray Council.

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

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 26 MARCH 2020**

SUBJECT: **DELEGATED AUTHORITY FOR CHIEF OFFICER**

BY: **CHIEF OFFICER**

1. REASON FOR REPORT

1.1. To seek delegated authority from the Moray Integration Joint Board for the Chief Officer for the duration of the COVID-19 epidemic to take decisions that would normally require Board approval.

2. RECOMMENDATION

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

i) grant delegated authority for the foreseeable future to the Chief Officer or Interim Chief Officer, to take decisions in respect of matters that would normally require Board approval, subject to consultation taking place with the Chair and Vice Chair of the Board, if the Board is unable to meet; and

ii) review the delegation of authority to the Chief Officer or Interim Chief Officer within 3 months or as soon as the Board is able to meet again, whichever is sooner.

3. BACKGROUND

3.1. In light of the ongoing Covid-19 pandemic, investigations have been taking place into the Board's business continuity arrangements, including how decisions that require Board approval can be made if the Board is unable to meet as a result of restrictions arising from the pandemic.

3.2. It is proposed that delegated authority be granted to the Chief Officer or Interim Chief Officer to take any operational decisions that would normally require Board approval, subject to undertaking consultation with the Chair and Vice Chair of the Board.

3.3. This will require to be the subject of ongoing review and normal Board meeting arrangements will be reintroduced as soon as practicable when it is safe to so do so and pandemic restrictions are eased. It is suggested that the delegation of powers be reviewed within 3 months or when the Board is able to meet again, whichever is sooner.

3.4. A similar approach is being taken by many other IJBs throughout Scotland.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. The COVID-19 is an unprecedented emergency situation which makes it likely the Board will be unable to meet as scheduled due to Government restrictions and health advice. Decisions regarding health and social care issues will require to continue to be made in order to ensure continuity of care. Given it is not possible to predict with certainty the likely path of the epidemic, it is highly likely that decisions may require to be made in matters which would normally require be made by the Board.

4.2. To ensure continuity of service, it is necessary that decisions continue to be able to be made if the Board is unable to meet.

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"

MIJB has a duty to provide services within its remit. Ensuring that decisions can be made during the epidemic will ensure that services can continue to be provided and decisions continue to made in fulfilment of their obligations.

(b) Policy and Legal

The Chief Officer is employed by the MIJB. Operational responsibilities for the Chief Officer were agreed by MIJB on 10 November 2016, as amended on 29 November 2018 (para 9 of the Minute refers). MIJB has the authority to delegate further powers to the Chief Officer as necessary. There is provision in terms of standing orders, if necessary, to appoint an Interim Officer should the Chief Officer no longer be available to exercise the powers.

(c) Financial implications

None arising from this report

(d) Risk Implications and Mitigation

MIJB requires to ensure continuity of service for the public in their areas of responsibility. Delegating powers to the Chief Officer reduces democratic accountability. Requiring such decisions to be reviewed will mitigate this risk.

(e) Staffing Implications
None arising directly from this report

(f) Property

None arising from this report

(g) Equalities/Socio Economic Impact
None arising from this report

(h) Consultations
The Chief Officer, S95 Officer and the Monitoring Officer have been consulted and their comments have been incorporated within this report.

6. CONCLUSION

6.1. The delegation of powers to the Chief Officer, or Interim Chief Officer, is recommended to ensure continuity of service can be maintained if the MIJB is unable to meet.

Author of Report: Morag Smith
Background Papers:
Ref: