Moray Integration Joint Board

Thursday, 24 September 2020

remote locations via video conference

NOTICE IS HEREBY GIVEN that a Meeting of the **Moray Integration Joint Board** is to be held at **remote locations via video conference**, on **Thursday, 24 September 2020** at **09:30** to consider the business noted below.

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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	Third Sector Representative (tsiMoray)
Dr June Brown	Nurse Director – Health and Social Care Partnerships/Interim Deputy Executive Nurse Director
Mr Sean Coady	Head of Service and IJB Hosted Services
Ms Karen Donaldson	UNISON, Moray Council
Mr Simon Bokor-Ingram	Chief Officer, Moray Integration Joint Board
Mr Steven Lindsay	NHS Grampian Staff Partnership Representative
Mr Christopher Littlejohn	Deputy Director of Public Health
Ms Jane Mackie	Chief Social Work Officer, Moray Council
Dr Malcolm Metcalfe	Deputy Medical Director, NHS Grampian
Dr Graham Taylor	Registered Medical Practitioner, Primary Medical Services, Moray Integration Joint Board
Mrs Val Thatcher	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

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 24 SEPTEMBER 2020**

SUBJECT: **MEMBERSHIP OF BOARD AND COMMITTEES - UPDATE**

BY: **CHIEF OFFICER**

1. REASON FOR REPORT

1.1. To inform the Board of changes to Membership during September 2020.

2. RECOMMENDATION

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

i) notes the changes to memberships as set out in sections 3 & 4 of this report;

ii) notes Professor Nick Fluck as the new member for the Audit, Performance and Risk Committee (AP&R) from the voting membership of the NHS Board; and

iii) notes the appointment of Caroline Hiscox as the Chief Executive of NHS Grampian from November 2020, and that she will be invited to attend future meetings of the Board in an Ex-Officio capacity.

3. BACKGROUND

3.1. The Chair of the Board Mr Jonathan Passmore intimated his intention to step down from this role with effect 13 September at the MIJB development session on 10 September 2020.

3.2. NHS Grampian has nominated Dennis Robertson as the new Chair of the Board.

3.3. Dr Graham Taylor has intimated he will be stepping down from MIJB with effect 30 September 2020.

3.4. In June 2020, Professor Amanda Croft, Chief Executive of NHS Grampian intimated her intention to retire in December 2020. Following due process NHSG Grampian have appointed Caroline Hiscox as the new Chief Executive with effect November 2020.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. Dr Lewis Walker will continue to provide clinical leadership from a Primary Care perspective until Dr Graham Taylor is replaced.

4.2. Mr Dennis Robertson is a member of the AP&R committee however the appointment to the Chair of MIJB precludes him from attending this committee, therefore an alternative appointment from NHS Grampian is required. Mr Sandy Riddell is already on the AP&R committee therefore Professor Nick Fluck is the only other member eligible for appointment.

5. SUMMARY OF IMPLICATIONS

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

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

(b) Policy and Legal

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

(c) Financial implications

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

(d) Risk Implications and Mitigation

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

(e) Staffing Implications

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

(f) Property

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

(g) Equalities/Socio Economic Impact

An Equalities Impact Assessment is not required as the report is to inform the Board of changes required to membership of the Board and Audit, Performance and Risk committee.

(h) Consultations

Consultation on this report has taken place with the Corporate Manager, Moray Health and Social Care and Democratic Services Manager, Moray Council, who are in agreement with the report where it relates to their area of responsibility.

6. CONCLUSION

6.1. This report sets out the changes in membership of the MIJB and subsequent change in representation on the APR committee.

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

MINUTE OF MEETING OF THE INTEGRATION JOINT BOARD

Thursday, 30 July 2020

To be held remotely in various locations,

PRESENT

Ms Tracey Abdy (Chief Financial Officer), Mr Ivan Augustus (Carer Representative), Simon Bokor-Ingram (Interim Chief Officer), Ms Elidh Brown (Third Sector Representative (TSi Moray), Dr June Brown (Nurse Director - Health and Social Care Partnerships/Interim Deputy Executive Nurse Director), Mr Sean Coady (Head of Service and IJB Hosted Services), Councillor Theresa Coull, Councillor Tim Eagle, Mr Steven Lindsay (NHS Grampian Staff Partnership Representative), Mr Chris Littlejohn (Deputy Director – Public Health), Councillor Shona Morrison (Vice Chair), Mr Jonathan Passmore (Chair), Mr Sandy Riddell (Non-Executive Board Member, NHS Grampian), Mr Dennis Robertson (Non-Executive Board Member, NHS Grampian), Dr Lewis Walker (Registered medical Practitional, Primary Medical Services)

APOLOGIES

Ms Jane Mackie, Chief Social Work Officer, Malcolm Metcalfe,

IN ATTENDANCE

Also in attendance at the above meeting were Jeanette Netherwood (Corporate Manager) Charles McKerron (Interim Integrated Service Manager) Tricia Morgan (Service Manager (Performance and Workforce)), Bruce Woodward (Senior Performance Officer), Joyce Johnston (Head of Integrated Children's Services), Heidi Tweedie (Third Sector Representative substitute, Moray Wellbeing Hub CIC), Fiona McPherson (Carers Strategy Officer), Maggie Bruce (External Audit, Audit Scotland) and Tracey Sutherland, Committee Services Officer.

1. Chair of Meeting

The meeting was chaired by Jonathan Passmore.

2. Welcome and Apologies

The Chair welcomed everyone to the Special Meeting of the Moray Integration Joint Board and apologies were noted.

3. Declaration of Member's Interests

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

4. Minute of Meeting dated 25 June 2020

The minute of the meeting dated 25 June 2020 was submitted for approval.

Ms Brown, the Third Sector Representative (TSiMoray) had, prior to the meeting, emailed the Chair asking for the titles of the Third Sector Representative and Substitute to be updated. This request was passed to Committee Services, who agreed to update.

Thereafter the Board agreed to approve the minute as submitted subject to the changes noted above.

5. Action Log of Meeting of the Integration Joint Board dated 25 June 2020

The action log of the meeting dated 25 June 2020 was discussed and updated accordingly.

6. Chief Officer Report

A report by the Interim Chief Officer informed the Board of the activities that support the delivery against the Moray Integration Joint Board's strategic priorities articulated in the Strategic Plan and the delivery against the 9 Health and Wellbeing outcomes.

Mr Riddell felt there was still some confusion around Home First and sought assurance that clear explanations of what Home First is, is available.

The Interim Chief Officer took Mr Riddell's comments on Board and said this would be looked at to ensure Home First was clearly explained.

Mr Robertson sought clarification on when the annual flu immunisation programme will start and sought assurances that there are sufficient resources to deliver the programme.

In response the Interim Chief Officer assured Mr Robertson that resources are being diverted to progress the programme as preventative measures are seen as a priority.

Following further consideration the Board agreed to:

i) note the content of the report; and

ii) support the continued efforts to create capacity and meet the aims of the Strategic Plan through the Operation Home First programme.

7. Unaudited Annual Accounts Report

A report by the Chief Financial Officer informed the Board of the Unaudited Annual Accounts of the Moray Integration (MIJB) for the year ended 31 March 2020.

The Chair thanked all involved in producing the Annual Accounts.

The Chief Financial Officer and the Interim Chief Officer assured Members that Managers are made very aware of the current financial situation and efficiencies are considered at every opportunity.

Following consideration the Board agreed to note:

i) the unaudited Annual Accounts prior to submission to the external auditor, noting that all figures remain subject to audit;

ii) the Annual Governance Statement contained within the unaudited Annual Accounts; and

iii) the accounting policies applied in the production of the unaudited Annual Accounts, pages 39 - 47 of the accounts.

8. Annual Performance Report

A report by the Interim Chief Officer requested that the Board consider and approve the draft Annual Performance Report 2019/20.

Ms Morgan introduced the report and confirmed to the Board that the report would not be published on 31 July 2020 due to holidays and other work commitments. The Interim Chief Officer confirmed that the report would be published as soon after the date as was possible.

Mr Robertson sought clarification on whether the final Performance Report would be available in various formats. The Interim Chief Officer confirmed the he would ensure it was available in different formats.

Following consideration the Board agreed to:

i) note the approach taken to produce the 2019/20 Annual Performance Report;

ii) consider any feedback arising from the consultation process; and

iii) approve the report at Appendix 1 to be formatted for publication as soon as possible after 31 July 2020.

9. Specialist Housing for people with Learning Disability

A report by the Chief Social Work Officer/Head of Service informed the Board of developments in specialist housing for people with a Learning Disability.

During consideration the Board raised a number of concerns. As a result the Chair proposed further information to come back to the Board namely:

i) reference in the report to the Our Lives Our Way 2013-23 Strategic Plan. The Strategic Plan needs to be cross referenced with the IJB Strategic Plan

ii) review the prioritisation of Learning Disability within the IJB resources and does it offer a resolution to equality; and

iii) all aspects of the out of area placement (children and adults) need be considered alongside the Home First initiative with a more coherent approach to service provision.

The Interim Chief Officer added that it was a good opportunity to review the current situation and to look at what other authorities are doing. It was agreed that the Interim Chief Officer would bring back a timeline for the completion of the work following a discussion with the Chief Social Work Officer, Head of Integrated Children's Services and the Interim Integrated Services Manager.

As there was no one otherwise minded the Board agreed to the further information being presented to a future meeting.

MEETING OF MORAY INTEGRATION JOINT BOARD

THURSDAY 30 JULY 2020

ACTION LOG

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
1.	Action Log Dated 26 May 2020	MSG Improvement Action Plan – has not currently been prioritised, this will be taken forward through discussion at a MIJB development session	End Dec 2020	Chief Officer
		Chief Officers Report – a briefing for Elected Members in respect of the Integration Scheme Review will be progressing through workshops.	July 2020	Chief Officer
		Chief Officers Report - An update on the work being progressed through the NHSG Recovery Cell to be presented to MIJB in the summer workshop.	July 2020	Chief Officer
		Finance Update - items which would normally be considered at Audit, Performance and Risk Committee scheduled for 25 June be considered by the MIJB where appropriate.	July 2020	Chief Officer
		Forres Locality Pathfinder Project – Interim Progress Report – Update to be provided later in the year by Iain MacDonald, Locality Manager	tba	Iain Macdonald

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
2.	Action Log Dated 25 June 2020	Department of Public Health Annual Report 18-19 & A Healthier and More Active Future for The North East of Scotland 2019-2022 Strategy Report with a detailed plan of approach be provided to the MIJB in 6 months time. Jubilee Cottages, Elgin - Pilot Project - Report to be brought to the meeting in September with an assumption of the end of use of Jubilee Cottages unless an ongoing need is indentified to continue role in a broader estate context.	Dec 2020 Sep 2020	Chris Littlejohn Chief Officer
3.	Specialist Housing for People with Learning Disability	Timeline for the additional information to be available for the Board to be brought to the next meeting of the IJB	Sep 2020	Chief Officer

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 24 SEPTEMBER 2020**

SUBJECT: **CHIEF OFFICER REPORT**

BY: **INTERIM CHIEF OFFICER**

1. REASON FOR REPORT

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

2. RECOMMENDATION

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

i) Note and comment on the content of the report; and

ii) Agree that transforming services to meet the aspirations of the MIJB's Strategic Plan remains a priority.

3. BACKGROUND

Operation Home First

3.1 Responding to Covid-19 has brought about rapid change, fast tracking many of the plans that had been under development in line with our Strategic Plan. The reduction of delayed discharges and the increased use of technology for consultations are two examples, where we had aspirations but the pace was slow.

3.2 The strong relationships that exist in North East Scotland between key partners has enabled a swift and cohesive set of responses to how services have been delivered, and challenges met. Whole system leadership has built the common approach, with rapid and decisive decision making within the limits of delegated authority.

3.3 As we approached the recovery and renewal phase, it was really important that the gains from the previous response phase were not lost, and Operation Home First encapsulates the joint working between the 3 health and social care partnerships and acute services.

3.4 The Home First principles include:

- Building on the initial response
- Maintaining agile thinking and decision making
- Retaining our ability to respond to Covid-19 related demand, and winter surges in demand
- Using a home first approach for all care where that is safe to do so
- Utilising available technology to widen and ease access to services
- Avoidance of admission
- Removing delays for discharge from hospital
- Maintaining safe services for those shielding
- Removing barriers between primary and secondary care, with as much care as possible in communities

3.5 Work is being co-ordinated and driven by the 3 health and social care partnerships and acute services, with a local programme of work in Moray sitting within that framework, supported by local clinicians, practitioners and managers. We were keen that locally Children's Social Work Services were included in the Home First approach, with the framework supporting the efforts to improve outcomes particularly for looked after children.

3.6 Key performance indicators and data to identify the impacts of change will be developed and used to demonstrate progress in all the areas of work. A commission has been developed by the Chief Officers, with staff resources to be funded through the NHS Grampian remobilisation plan.

3.7 The pace of implementation needs to remain rapid. We are not far off from the start of winter, and we are already seeing pressures in our local system. Delayed discharges have been on the rise, with demand for new care packages and support to individuals with complexity of need. Our clinicians and practitioners are driving forward with the redesign of pathways which will enable more people to remain in their own homes, and to be less dependent on services. The alignment of resources with common purpose is key.

Winter Planning

3.8 The Health and Social Care Partnership is contributing to the NHS Grampian winter plan, and ensuring that our local planning fits the Moray context and is cognisant of lessons learned from previous winters. The planning will also need to meet the aspirations of the Remobilisation Plan which is being led by NHS Grampian.

Budget Control

3.9 Transformational change that meets the test of quality and safety must also be efficient, making the best use of available resources. The senior management team in the Health and Social Care Partnership are meeting regularly to review spend and monitor the 20/21 savings plan and to track progress on transformational redesign so that corrective action can be

supported. Wide staff engagement to support this agenda is really important and the senior management team will look at how we can achieve that more effectively over the coming weeks.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 We remain in a pandemic response phase, and must be ready to step up quickly where that is required. In parallel, there is the opportunity to accelerate work to achieve the MIJB ambitions as set out in the Strategic Plan, and Home First is the programme designed to do that.

4.2 The challenges of finance have not gone away, and the underlying deficit must be reduced. Funding partners are unlikely to have the ability to cover overspends going forwards. Remobilisation Plan funding will only cover additional expenditure, and the Partnership faces a potentially difficult winter.

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

5. SUMMARY OF IMPLICATIONS

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

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

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

(b) Policy and Legal

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

(c) Financial implications

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

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

settings. Staff and or finance will need to follow the patient in order to adequately resource the community setting.

(d) Risk Implications and Mitigation

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

(e) Staffing Implications

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

(f) Property

There are no issues arising directly from this report.

(g) Equalities/Socio Economic Impact

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

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

(h) Consultations

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

6. CONCLUSION

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

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

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 24 SEPTEMBER 2020**

SUBJECT: **REVENUE BUDGET MONITORING QUARTER 1 FOR 2020/21**

BY: **CHIEF FINANCIAL OFFICER**

1. REASON FOR REPORT

1.1 To update the Moray Integration Joint Board (MIJB) of the current Revenue Budget reporting position as at 30 June 2020 for the MIJB budget.

2. RECOMMENDATIONS

2.1 It is recommended that the MIJB:

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

ii) Note the progress against the recovery and transformation plan, and the enhancements required to address the emerging pressures as a result of Covid-19, and;

iii) Approve for issue, the Direction arising from the updated budget position shown in Appendix 3.

3. BACKGROUND

3.1 The financial position for the MIJB services at 30 June 2020 is shown at **APPENDIX 1.** The figures reflect the position in that the MIJB core services are currently over spent by £141,120. This is summarised in the table below.

	Annual Budget £	Budget to date £	Expenditure to date £	Variance to date £
MIJB Core Service	121,960,887	31,069,813	31,210,933	(141,120)
MIJB Strategic Funds	3,305,397	226,922	235,007	(8,085)
Set Aside Budget	12,252,000	-	-	-
Total MIJB Expenditure	**137,518,284**	**31,296,735**	**31,445,940**	**(149,205)**

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

4. KEY MATTERS/SIGNIFICANT VARIANCES FOR 2020/21

4.1 Community Hospitals & Services

4.1.1 There are continuing overspends within community hospitals and services for the four localities: Elgin, Buckie, Forres and Keith/Speyside totalling £45,437 to 30 June.

4.1.2 Overspends continue to be realised for the services. The main overspend relates to community hospitals in Buckie £57,620 and Keith £36,264. The overspend in Buckie and Keith are mainly longstanding and relate to staffing. Managers continue to seek to actively manage this. This is offset in part by underspends in Aberlour £10,369, Dufftown £19,038 administrative £8,665 and other services £10,375.

4.2 Community Nursing

4.2.1 Community nursing service is underspend by £68,116. This is primarily due to underspend across the Community Health Visiting service related to vacancies within the service.

4.3 Learning Disabilities

4.3.1 The Learning Disability service is overspent by £111,775. The overspend is primarily due to overspends on the purchase of care for people with complex needs of £210,000 which includes young people transitioning from children's services and people being supported to leave hospital and less client income received as expected of £5,000. This is being offset by underspends on day care of £60,000 due to the restrictions in place from the Covid–19 pandemic; staffing of £40,042 mainly relating to physiotherapy, occupational therapy, speech and language and psychology services and other minor underspends totalling £3,183.

4.3.2 The whole system transformational change programme in learning disabilities can help assure that every opportunity for progressing people's potential for independence is taken, and every support plan is scrutinised prior to authorisation. The system can then have confidence that the money spent is required and appropriate to meet a person's outcomes, but it is not possible to remove the need for ongoing support. Whilst every element of expenditure is scrutinised prior to authorisation at service manager level, it has not been possible to reduce expenditure in line with the budget, as the nature of learning disabilities means that people will require on-going, lifelong support, The current level of scrutiny will remain in place, with only critical or substantial needs being met.

4.4 Care Services Provided In-House

4.4.1 This budget is underspent by £281,248. This primarily relates to staffing costs totalling £241,352 (this includes underspends in Care at Home service £175,502; Community Support workers £74,618; Barlink £16,032 and Woodview £3,785 which is reduced by a minor overspend in Waulkmill of £24,237 and other minor overspends of £4,348). There are associated underspends in staff transport of £21,588 and client transport of £52,274, which is being further reduced due to less income received then expected £31,015 and other minor variances totalling £2,951.

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

4.5 Older People and Physical Sensory Disability (Assessment & Care)

4.5.1 This budget is overspent by £296,746. This includes an overspend for domiciliary care in the area teams £370,000 and permanent care £105,877. This is being reduced by underspends in day care £100,000, transport £25,000, respite £44,000 and other minor variances of £10,131. The variances within this overall budget heading reflect the shift in the balance of care to enable people to remain in their homes for longer.

4.5.2 Monitoring the level of spend within domiciliary care with external providers will continue in the context of the wider budget and shifting patterns of expenditure and the progress being made in relation to increased investment into new housing models.

4.6 Care Services Provided by External Contractors

4.6.1 This budget is overspent by £61,176. This primarily relates to prior year savings not yet achieved of £47,635, due to the Board approving an extension for exiting grant funded services, increase in OLM licences and care cubed £19,930 which is being reduced by other minor underspends totalling £6,389.

4.7 Other Community Services

4.7.1 This budget is underspent by £111,085. This relates to underspends in Allied Health Professionals (AHP's) £46,344 (which includes Speech and Language Therapy where ongoing difficulties are being experienced in recruitment), Dental services £26,104 where underspends exist in Community Dental services arising from staffing, Public Health £13,744 where timing of expenditure within services varies during the year and Specialist Nursing services £33,492 (where there is an ongoing vacancy in the Oaks service). These underspends are offset in part by an overspend in Pharmacy £8,599 which is related to staff costs that are expected to continue.

4.8 Primary Care Prescribing

4.8.1 The primary care prescribing budget is reporting a break even position to June 2020. This position is based only on one month's actuals for April and includes the continuing impact on price and volume from the impact of Covid-19. This is a high risk area.

4.8.2 The March position included an adjustment for the national estimate of +20% for volumes in March with no price adjustment as a result of increased prescribing in the month relating to the Covid 19 impact. The additional estimated expenditure arising from this was offset by additional allocation received from Scottish Government which was then recovered in M1 of 20/21 as the impact was assumed to be due to timing of prescriptions as a result of reaction to the pandemic. The actual volume increase in items for March was +15.52% but the actual monthly reduction in April volume was -6.87% now augmented with a -10.38% reduction in May volumes. Coupled with these major volume variations there was a spike in price for March to £11.64/item. Prior to this, the February 2020 price was £11.06/item and largely consistent prior to this. The price then reduced to £11.33/item in April, falling further in May to £11.09 but this has not offset the price increase in March. It is anticipated that a material impact on the tariff reductions will be seen from April.

4.8.3 The material disruptive impact to the prescribing pattern both in relation to price and volume arising from Covid is not yet fully quantifiable over the medium to longer term in 2020/21 and no revised nationally estimated adjustment is yet available for this. Work is ongoing locally at Grampian Primary Care Prescribing Group to investigate this and nationally, the prescribing advisors network are working with Primary Care (Family Health Services executives) to analyse the situation to determine expected future volume and price movements to enable forecasts to be revised.

4.8.4 There are many factors contributing to the pressure on this budget. Contingency planning and changes to prescribed medication being one of them. For example Warfarin was changed to Non-Vitamin K antagonist oral anticoagulants (NOAC), to avoid regular visits to surgery. The financial consequence of this is increased costs averaging an additional £20k per month. It is unlikely at this stage that this will revert to previous prescribing practice. There are other examples of drug switches that were made to prevent physical attendance, but resulted in additional costs.

4.8.5 In general, medicines management practice has not been fully operational. Examples would be the stepping down of the Moray Medicines Group where representatives from general practice, pharmacy and the wider prescribing community would have ordinarily met to discuss efficient prescribing. Technician presence in care homes has also not been possible due to Covid related restrictions.

4.8.6 In summary, the pandemic conditions are placing considerable pressure on prescribing in Moray. There has been staff pressures within both community pharmacy and practices, set against an increase in workload. Patient behaviours are also a major factor in relation to stock-piling. In contrast, the pharmacotherapy workforce has recently been increased to ensure input within a supported structure to allow the Pharmacotherapy team to facilitate

and implement possible recovery solutions. Following Pharmacotherapy cluster formations and induction training, staff have been tasked with priorities. The team need to refine processes and review service delivery. With variable prescription processing ability, staff have also devised a short program to improve the confidence of practice admin teams regarding requests. The prescribing position is a major risk area and remains under close review.

4.9 Hosted Services

4.9.1 Hosted services is overspent by £52,656, primarily due to the GMED out of hours service £85,413 which is offset by cumulative underspends £32,757 in other hosted services.

5. STRATEGIC FUNDS

5.1 Strategic Funds is additional Scottish Government funding for the MIJB, they include:

- Integrated Care Fund (ICF);
- Delayed Discharge (DD) Funds;
- Additional funding received via NHS Grampian (this may not be fully utilised in the year resulting in a contribution to overall IJB financial position at year end which then needs to be earmarked as a commitment for the future year.
- Provisions for earmarked reserves has been made to fund unutilised allocation for Primary Care Improvement Funds and Action 15 in 2020/21, identified budget pressures, new burdens and savings that were expected at the start of the year.

5.2 By the end of the financial year, the Strategic Funds will reduce as the commitments and provisions materialise and the core budgets will increase correspondingly. The 2019/20 outturn position resulted in the MIJB having a deficit of £2,072,880 and a financial recovery and transformation plan was put in place.

6. PROGRESS AGAINST THE RECOVERY & TRANSFORMATION PLAN

6.1 The Revenue Budget 2020/21 was presented to the MIJB 26 March 2020 (para 11 of the minute refers). The paper presented a balanced budget through the identification of efficiencies through Recovery and Transformation.

6.2 The progress against the Recovery and Transformation Plan is reported in the table below and will continue to be reported to the Board during the 2020/21 financial year. The table details progress during the first quarter against the original recovery plan.

Efficiencies	Para Ref	Full Year Target	Expected progress at 30 June 2020	Actual Progress against target at 30 June 2020
		£'000	£'000	£'000
Accountancy driven		223	56	72
External Commissioning	6.3	249	62	9
Increased income from charging	6.4	261	65	21
In-house provided care	6.5	157	39	25
Transformational change	6.5	341	85	129
Prescribing – medicines management	6.6	206	52	0
Prescribing – National reduction in drug tariff	6.6	500	125	0
Other		7	2	0
Total Projected Efficiencies		**1,944**	**486**	**256**

6.3 Commissioning activity was stood down in March 2020 and staff were redeployed to support the Covid-19 response. In recent weeks, commissioning staff have been re-established. Progress is slow but opportunities to refocus activity are being developed with a view to achieving in year.

6.4 Savings from increases in charging are being met in part currently where these formed part of the charging policy that was approved by Moray Council at its meeting of the Policy and Resources Committee on 14 January 2020 (para 9 of the minute refers). Some other elements to this area of recovery are subject to policy change which require approval from Moray Council. Covid – 19 has created a delay due to reduced, scheduled meetings which will mean these savings are not delivered in full in the current financial year.

6.5 Redesign and transformation of specific internal services formed part of the recovery and transformation plan. The response to the pandemic has taken precedence over review and redesign, however, opportunities for alternative ways of delivering services are being realised due to the current situation.

6.6 Prescribing was set to deliver significant savings during 2020/21 in the main as a result of a national reduction in the drug tariff. The Covid-19 pandemic has placed significant pressure on this budget creating uncertainty around this element of efficiency. Paragraph 4.8.1 describes in more detail the current risks. In addition, timing of results for prescribing means that figures are not available until two months after the event. A prudent approach is to assume these savings will not be met in year.

7 EMERGENT RECOVERY & TRANSFORMATION PLAN

7.1 The Covid–19 pandemic has created the need to reconsider the Recovery and Transformation plan for the 2020/21 financial year. Early Senior

Management Team (SMT) discussions and wider consultation has highlighted a high risk of significant shortfall in delivery. This has previously been reported to the Chief Executives of the Partner organisations and also to Scottish Government through the regular reporting on mobilisation plans. SMT are approaching this shortfall with a continuous focus considering alternative savings both in the short-term to support the current financial year and in the longer term as part of redesign through recovery and transformation.

7.2 Key to recovery is Operation Home First which is being driven across the 3 Grampian health and social care partnerships together with acute services. The Moray approach is being co-ordinated through a defined governance framework which is supported by management, clinicians and practitioners. The pandemic response has enabled developing plans to support Strategic Plan delivery to be accelerated, primarily through reducing delayed discharges and increasing the use of technology. The Home First approach is key to redesign and the opportunities to support this financially

7.3 Ordinarily, results for the first quarter of any financial year are approached with caution, with 2020/21 being no different and Covid-19 is placing additional uncertainty on the budget at this early stage in the year. In considering an updated Recovery and Transformation Plan, a look ahead to the financial results at the end of Month 4 has been made to inform measured assumptions. The table below outlines how the anticipated budget shortfall that will be addressed in year.

	£000's	**£000's**
Forecast Overspend based on Q1	(607)	
Additional Month 4 Burden	(286)	
Total Forecast Overspend		(**893)**
Reconfiguration of Services	81	
Contract Prioritisation	298	
Home First – reduced call on Inpatient Beds	124	
Slippage on Strategic Funds	390	
Revised Efficiencies		**893**

7.4 At this stage, information and forecasts contained within this report assumes the direct costs of Covid-19 will be provided for in full by Scottish Government. There is no assumption that underachievement of savings will be funded.

8. IMPACT OF COVID – 19

8.1 To date there has been commitment from Scottish Government to provide additional funding to support Social Care as a result of the pandemic up to £100m. At the time of writing, £50m has been released and the Moray share of this is £0.860m which has been passed through to MIJB via NHS Grampian. Correspondence from Scottish Government on the release of the funding to date, outlines the requirement to support social care providers. The latest information is that financial support for social care providers will continue to the end of September, however, there will be a tapering of this support and a review of the established principles will follow.

8.2 In relation to certainty over funding, there has been no official announcement in respect of the total funding that will be made available to health and social care partnerships across Scotland to cover the additional costs being incurred as a result of Covid-19. Regular submissions are being made by Health and Social Care Moray (HSCM) as requested by Scottish Government on cash flow and projected costs resulting from the pandemic. The latest local mobilisation plan information was submitted to Scottish Government on 14 August 2020 as part of the wider health board submission. The HSCM plan estimates that costs, including those of the Covid-19 hub in Elgin and the sustainability payments to providers to be £5.5m. Plans to address the underachievement of savings are outlined in paragraph 7.3.

8.3 Currently, it is difficult to say what the full impact of Covid-19 will be on the MIJB budget. This budget monitoring report for the first quarter of 2020/21 has written forward the income and expenditure, resulting in no adverse financial impact as at 30 June 2020. The expectation is that, ahead of the quarter 2 report, a clearer picture will be evident and will reflect the impact. The one element where it is considered necessary to report is on the indirect costs of Covid-19 in relation to its impact on the MIJB savings plan. This is reported above in paragraph 6.2 and 7.3.

9. CHANGES TO STAFFING ARRANGEMENTS

9.1 At the meeting of the Board on 28 March 2019, the Financial Regulations were approved (para 11 of the minute refers). All changes to staffing arrangements with financial implications and effects on establishment are to be advised to the Board.

9.2 There are no staffing arrangements as dealt with under delegated powers for the period 1 Apr to 30 June 2020.

10. UPDATED BUDGET POSITION

10.1 During the financial year, budget adjustments arise relating in the main to the allocation of non-recurring funding that is received via NHS Grampian. In order to establish clarity of these budget allocations a summary reconciliation has been provided below.

10.2 In addition, the MIJB, concluded the financial year 2019/20 in an overspend position following the application of reserves. In line with the Integration Scheme, the funding Partners were called upon to meet this overspend in an agreed proportion. Communication has remained paramount throughout the year so the effects of the MIJB overspend could be built into the financial planning of NHS Grampian and Moray Council. These additional contributions are also show in the table below:

10.3

	£'s
Approved Funding 26.3.20	**123,818,000**
Set Aside Funding 26.3.20	**11,765,000**
Amended directions from NHSG 3.6.20	412,064
Balance of IJB reserves c/fwd. to 19/20	186,692
Amendment to Set Aside funding	487,000
Budget adjustments M01-M03	
1st Tranche Covid allocation	860,000
Uplift (medical pay & other)	21,000
Primary Care Directed Enhanced Services	259,927
Public Health Earmarked Funds	67,317
Hosted Amendments	66,800
Energy Uplift	21,077
Immunisation	108,175
Other Adjustments Net	(58,468)
Scottish Living Wage	100,186
Improvement Grants HRA	(400)
Winter Pressure Funding	(295,000)
Prescribing	(301,086)
Revised Funding to Quarter 2	**137,518,284**

10.4 In accordance with the updated budget position, revised Directions have been included at **APPENDIX 3 and 4** for approval by the Board to be issued to NHS Grampian and Moray Council.

11. SUMMARY OF IMPLICATIONS

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

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

(b) Policy and Legal

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

(c) Financial implications

The financial details are set out in sections 3-8 of this report and in **APPENDIX 1**. For the period to 30 June 2020, an overspend is reported to the Board of £149,205.

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

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

(d) Risk Implications and Mitigations

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

The year-end overspend position for 2019/20 continues to give cause for concern going forward. The general reserves were depleted in 2018/19. Additional savings continue to be sought and a recovery and transformation plan is in place in order to support the 2020/21 budget and beyond, which will be under regular review. Progress reports will be presented to this Board throughout the year in order to address the financial implications the MIJB is facing.

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

Prescribing is currently breakeven due to no information being available to analyse the situation to determine expected future volume and price movements to enable forecasts to be revised. Prescribing was overspent by £0.668m at the end of 2019/20.

(e) Staffing Implications

There are no direct implications in this report.

(f) Property

There are no direct implications in this report.

(g) Equalities/Socio Economic Impact

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

(h) Consultations

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

12. CONCLUSION

12.1 The MIJB Budget to 30 June 2020 has an over spend of £141,120 on core services. Senior Managers will continue to monitor the financial position closely and continue to report on the Recovery and Transformation Plan.

12.2 The financial position to 30 June 2020 reflects the updated budget position and revised Directions have been prepared accordingly, as detailed in APPENDIX 3.

Author of Report: D O'Shea Principal Accountant (MC) & B Sivewright Finance Manager (NHSG)
Background Papers: Papers held by respective Accountancy teams
Ref:

MORAY INTEGRATION JOINT BOARD

JOINT FINANCE REPORT APRIL 2020 - JUNE 2020

	Para Ref	Annual Net Budget £'s 2020-21	Budget (Net) To Date £'s 2020-21	Actual To Date £'s 2020-21	Variance £'s 2020-21
Community Hospitals	4.1	5,269,684	1,319,013	1,364,449	(45,437)
Community Nursing	4.2	4,937,400	1,229,285	1,161,169	68,116
Learning Disabilities	4.3	7,833,068	1,586,809	1,698,584	(111,775)
Mental Health		8,537,733	2,048,103	2,057,183	(9,080)
Addictions		1,166,241	284,216	278,973	5,243
Adult Protection & Health Improvement		159,066	31,235	30,997	238
Care Services provided in-house	4.4	17,056,253	4,033,822	3,752,574	281,248
Older People & PSD Services	4.5	17,689,476	4,001,181	4,297,927	(296,746)
Intermediate Care & OT		1,590,218	433,361	447,952	(14,591)
Care Services provided by External Contractors	4.6	8,655,213	2,971,813	3,032,989	(61,176)
Other Community Services	4.7	7,920,176	1,973,980	1,862,895	111,085
Admin & Management		2,124,248	690,030	683,739	6,292
Primary Care Prescribing	4.8	16,364,059	4,775,019	4,775,019	0
Primary Care Services		16,720,504	4,221,774	4,226,192	(4,418)
Hosted Services	4.9	4,330,680	1,082,750	1,135,406	(52,656)
Out of Area		669,268	190,888	208,351	(17,463)
Improvement Grants		937,600	196,533	196,533	0
Total Moray IJB Core		**121,960,887**	**31,069,813**	**31,210,933**	**(141,120)**
Other Recurring Strategic Funds in the ledger	5.1	643,561	63,201	60,553	2,648
Other non-recurring Strategic Funds in the ledger	5.1	320,332	163,721	174,455	(10,733)
Total Moray IJB Including Other Strategic funds in the ledger		**122,924,780**	**31,296,735**	**31,445,940**	**(149,205)**
Other resources not included under core and strategic:	5.1	2,341,504	0	0	0
Total Moray IJB (incl. other strategic funds) and other costs not in ledger		**125,266,284**	**31,296,735**	**31,445,940**	**(149,205)**
Set Aside Budget		**12,252,000**	-	-	-
Overall Total Moray IJB		**137,518,284**	**31,296,735**	**31,445,940**	**(149,205)**

Funded By:

NHS Grampian	80,279,684
NHS Grampian - Set Aside	12,252,000
Moray Council	44,986,600
IJB FUNDING	**137,518,284**

Description of MIJB Core Services

1. Community Hospitals/Medicine/Support related to the four community hospitals and support in Moray.

2. Community Nursing related to Community Nursing services throughout Moray, including District Nurses Team and Health Visitor Teams.

3. Learning Disabilities budget comprises of:-
   - Transitions,
   - Staff – social work and admin infrastructure,
   - External purchasing of care for residential & nursing care,
   - External purchasing of care for respite, day care and domiciliary care,
   - Medical, Nursing, Allied Health Professionals and other staff.

4. Mental Health budget comprises of:-
   - Staff social work and admin infrastructure,
   - External purchasing of care for residential & nursing care,
   - External purchasing of care for respite, day care and domiciliary care,
   - In patient accommodation in Buckie & Elgin.
   - Medical, Nursing, Allied Health Professionals and other staff.

5. Addictions budget comprises of:-
   - Staff – social work and admin infrastructure,
   - Medical and nursing staff
   - External purchasing of care for residential & nursing care,
   - External purchasing of care for respite, day care and domiciliary care,
   - Moray Alcohol & Drugs Partnership.

6. Adult Protection and Health Improvement

7. Care Services provided in-house Services budget comprises of:-
   - Employment Support services,
   - Care at Home service/ re-ablement,
   - Integrated Day services (including Moray Resource Centre),
   - Supported Housing/Respite and
   - Occupational Therapy Equipment Store.

8. Older People & Physical Sensory Disability (PSD) budget comprises of:-
   - Staff – social work infrastructure (including access team and area teams),
   - External purchasing of care for residential & nursing care,
   - External purchasing of care for respite, day care and domiciliary care and
   - Residential & Nursing Care home (permanent care),

9. Intermediate Care & Occupational Therapy budget includes:-
   - Staff – OT infrastructure
   - Occupational therapy equipment
   - Telecare/ Community Alarm equipment,
   - Blue Badge scheme

10. The Care Services provided by External Contractors Services budget includes:-
    - Commissioning and Performance team,
    - Carefirst team,
    - Social Work contracts (for all services)
    - Older People development,
    - Community Care finance,
    - Self Directed support.

11. Other Community Services budget comprises of:-
    - Community services for each locality (Allied Health Professionals (AHP's), Dental services, Public Health, Pharmacy and other specialist nursing roles).

12. Admin & Management budget comprises of :-
    - Admin & Management staff infrastructure
    - Business Support Contribution to the Chief Officer costs
    - Target for staffing efficiencies from vacancies

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

14. Primary Care Services relate to General Practitioner GP services in Moray.

15. IJB Hosted, comprises of a range of services hosted by IJB's but provided on a Grampian wide basis. These include:-

    - GMED out of hours service.
    - Intermediate care of elderly & rehab.
    - Marie Curie Nursing Service – out of hours nursing service for end of life patients
    - Continence Service – provides advice on continence issues and runs continence clinics
    - Sexual Health service
    - Diabetes Development Funding – overseen by the diabetes Network. Also covers the retinal screening service
    - Chronic Oedema Service – provides specialist support to oedema patients
    - Heart Failure Service – provided specialist nursing support to patients suffering from heart failure.
    - HMP Grampian – provision of healthcare to HMP Grampian.

16. Out of Area Placements for a range of needs and conditions in accommodation out with Grampian

17. Improvement Grants manged by Council Housing Service, budget comprises of:-
    - Disabled adaptations
    - Private Sector Improvement grants
    - Grass cutting scheme

Other definitions:

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

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

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

MORAY INTEGRATION JOINT BOARD

DIRECTION

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

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

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

Services:	All services listed in Annex 1, Part 2 and Annex 4 of the Moray Health and Social Care Integration Scheme.
Functions:-	All functions listed in Annex 1, Part 1 of the Moray Health and Social Care Integration Scheme.
Associated Budget:-	£66.7 million, of which £4 million relates to Moray's share for services to be hosted and £17 million relates to primary care prescribing. An additional £12.3 million is set aside for large hospital services.

This direction is effective from 24 September 2020.

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 24 SEPTEMBER 2020**

SUBJECT: **MORAY WINTER/SURGE ACTION PLAN 2020/21**

BY: **INTERIM CHIEF OFFICER**

1. REASON FOR REPORT

1.1. To inform the Board of the Health and Social Care Moray Winter/Surge Action Plan for 2020/21.

2. RECOMMENDATION

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

i) that Health and Social Care Moray (HSCM), including GMED (the NHS out of hours service) have robust and deliverable plans in place to manage the pressures of surge at any time of the year including the festive period; and

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

3. BACKGROUND

3.1. Winter / surge planning is a critical part of operational business to ensure business continuity during a potentially pressured time of the year. It is anticipated that the winter period 2020/21 will bring significant pressure to the health and care system across Grampian.

3.2. In mid-August 2020 Fiona Francey, Chief Officer, Acute Sector, wrote to sector leads seeking local winter/surge plans were reviewed and submitted by Monday 31 August. A template was provided, based on formats used in previous years, with amendments to reflect COVID-19 environment.

3.3. Meetings with sector leads are to be arranged to review respective plans, key themes, gaps, opportunities to optimise cross-system capacity. A cross-system table top exercise / test of plans will also be scheduled.

3.4. Services are requested to review their business continuity plans annually and review prioritisation of critical functions.

3.5. Regular cross system meetings are held to learn from previous experience and ensure progress against the Grampian wide action plan.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. A festive debrief was held in January 2020 to identify lessons learned from previous year's winter/surge plan. The attached winter/surge action plan (**APPENDIX 1**) has been informed from lessons learned and the remobilisation plan.

4.2. GMED updated the Surge Plan for Out of Hours Urgent Care in June 2020 and continue to review / amend as necessary throughout the year to ensure robust, effective and agreed plans for the delivery of primary care out-of-hours services during surge.

4.3. A detailed operational plan will be created for staff providing key pieces of information, contacts and documentation based on the attached action plan. This will be done in conjunction with Dr Gray's Hospital.

4.4. The importance of sustaining the principles of the Daily Dynamic Discharge approach across all inpatient areas is key to effective discharge planning and management.

4.5. System flow is one of the key challenges to be addressed through the Moray Transformation Board, which has oversight of the Dr Gray's Hospital redesign and the Home First programme in Moray, as HSCM continue to take forward learning from COVID-19 and opportunities for redesign.

4.6. A Moray COVID-19 Outbreak Control Plan has also been developed which builds on existing health protection plans and puts in place measures to contain any outbreak and protect the public's health. The plan sets out how Moray Council, NHS Grampian, businesses, voluntary agencies and local communities are working together to prevent, manage, reduce and suppress outbreaks of COVID-19 in Moray. The plan is attached at **APPENDIX 2**.

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"

In line with the strategic themes set out in MIJB Strategic Plan.

(b) Policy and Legal

None arising directly from this report.

(c) Financial implications

There are no immediate financial implications arising from this report.

The Chief Financial Officers of the three Grampian IJB's are currently in discussion with the NHS Grampian Director of Finance in relation to the financial support likely to be required through the forthcoming winter period. Further discussions between health boards and Scottish Government finance colleagues are considering this pressure alongside remobilisation plans.

(d) Risk Implications and Mitigation

Any risks relating to the surge plans will be considered and recorded on the Strategic Risk Register and escalated where appropriate.

(e) Staffing Implications

None arising directly from this report, however staffing is of significant relevance throughout this period as winter ailments will also affect staff. Staff levels will be under constant review and actions taken as appropriate to mitigate risk. Each year staff are offered the flu vaccination to help reduce the risk of catching the infection at work.

(f) Property

None directly arising from this report. However, HSCM is mindful of the impact of property issues over the winter period i.e. access due to weather. Contingency plans are in place to mitigate risk.

(g) Equalities/Socio Economic Impact

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

(h) Consultations

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

- Corporate Manager, HSCM
- Chief Financial Officer, MIJB
- Moira Patrick, Democratic Services Manager, Moray Council

6. CONCLUSION

6.1. HSCM have worked closely with all key stakeholders under the guidance of NHS Grampian to establish local plans in line with national guidance and good practice.

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

Template for Winter Planning (2020/21)

Sector Area: Health and Social Care Moray (including GMED)

1. Introduction

This plan builds on lessons learned from last winter and also focuses on key priorities for winter 2020/21 in line with our remobilisation plan.

2. Action Plan for Winter 2020/21

2.1 WINTER TARGET OPERATING MODEL (WR-TOM) AND SURGE CAPACITY

Some examples for consideration within this section:-

- **Tactical Objectives Workbook/operational team returns (issued to each operational area)**
- **Workforce - capacity across sectors, arrangements for staff rotas, utilisation of planned leave, ensuring staff health and wellbeing, use of agency/locums, arrangements for staff accommodation or transport if required to support surge capacity**
- **How will your sector deploy capacity in line with decision point triggers?**
- **Additional numbers of Beds/Step up beds (Hospital and community settings) – Hospital bed footprint, re-mobilisation bed footprint plan, additional interim beds in care homes and very sheltered housing to support discharges**
- **Emergency and acute medicine surge plans/matrix**
- **How will planned healthcare re-mobilisation and management of backlog be maintained?**
- **Admission criteria**
- **Transport requirements (SAS and non SAS provider)**

No	Actions to date/required	By whom	Outccome	Follow up/Contingency
1	Rotas, across Health and Social Care system, to be put in place. Increased staffing levels by redeploying staff to be considered. Recruitment of additional bank staff (clinical and support); candidates for bank posts made aware of expectation to work over Festive Period including Festive Public Holidays.	Service Managers GMED Management Team	Fewer issues for staffing rotas over winter period Fewer issues for staffing rotas over Festive period.	Cease non-critical functions if staffing levels are reduced by absences.
2	Surge capacity plans for GMED and Community hubs agreed and put in place.	Locality Managers	Plans in place	Varis Court and Loxa Court and commissioned care home beds in Speyside.

3	Regular meetings to prioritise system issues.	Systems Leadership Group	All senior managers aware of potential system issues and can prioritise where resources go.	
4	Maintain daily cross system huddles	Group in place	MDT continue to meet to discuss patients to maximise patient flow	
5	Admission criteria for Jubilee Cottages, ACUs and Loxa Court to be communicated.	Locality Managers	Staff appraised of admission criteria within HSCM and Dr Gray's Hospital	
6	Decision point triggers and actions to optimise capacity detailed in GMED Surge Plan	GMED Manager on Call	Surge plan in place	N/a
7	Implementation of Near Me across services - this has reduced number of face to face contacts and home visits; likelihood of surge impact much less	Home First Delivery Group	People receive consultations without requiring face to face contact.	N/a

2.2 NEW WAYS OF WORKING

Some examples for consideration within this section:-

- **Home First Framework– new/improved cross-system clinical pathways of care. What will your sector do to maintain people safely at home, avoid unnecessary hospital attendance or admission, and support early discharge?**
- **Work underway via various work streams e.g. community hubs, mental health assessment hub, optimising Near Me consultations**
- **Work underway to improve specific pathways e.g. Paediatrics, Respiratory, GP Geriatric Interface**
- **Development of community hubs/MDT teams to support national Urgent Care Programme – cross system Primary Care, Acute, GMED, NHS 24**
- **Workforce implications – will new models require employment of additional staff, deployment/training of existing staff to support implementation?**

No	Actions to date/required	By whom	Outcome	Follow up/Contingency
1	Implement Home First Approach – Discharge to assess	Home First Delivery Group	Reduction in delayed discharges. Increase in number of people able to be cared for at home. Reducing the need for care packages.	Keep arrangements under review by delivery team.
2	Community Covid Hub will continue to operate	GMED Service Manager / Covid Clinical Leads	Separate pathway for COVID and non COVID patients	Keep arrangements under review by Covid Leadership team

3	Loxa Court – intermediate care bed facility	Service Manager	Reduce delayed discharges	
4	Implementation of key pathways within Operation Home First.	Home First Delivery group	Maintain people safely at home Shift unscheduled care to scheduled.	
5	Review of OOHs provision to be completed.	GMED service manager, Clinical Leads and Head of Service	Resilient out of hours service from GMED	Approval by 3 HSCP prior to implementation.
6	Increased use of telephone triage and Near Me consultations. Monitor roll out of appropriate ICT equipment.	Clinicians	Need for face to face consultations minimised	
7	Mental Health urgent team and Emergency Psychiatric Page Holder 24/7 to remain in place	On call clinicians	Protocol / pathway for triage of telephone / near me and face to face consultation in exceptional circumstances only. Risk Assessed.	Revert to Critical Function to maintain service.
8	Distress Brief Interventions (DBI) to be directly referred to by NHS 24. Moray DBI to roll out service to GPs and their MDTs.	DBI Service, Moray	Refer in. People are contacted by phone and can use Near Me. 2 weeks follow up with DBI service.	DBI has been able to operate by modifying its response to technology based.
9	Appropriate contact telephone numbers for discussing potential admission with appropriate ARI departments distributed to all staff	GMED Management Team	Clear pathway and streamlined process identified for admitting patients when necessary	n/a

2.3 OPERATIONAL RESILIENCE

Some examples for consideration within this section:-

- **Updated Service Continuity Plans in place for all sectors including care homes/Civil Contingencies support**
- **Hospital Discharges – what is in place/needed to facilitate timely and safe discharge (Acute and Community – systems, processes, workforce e.g. access to social care, pharmacy, AHPs, equipment, transport**
- **Acute Care at Home**
- **General Practice/Community Hubs/Home Visiting Services/ACPs/wider primary care services**
- **Community support – link workers, 3rd sector, Community Planning Partnerships**
- **SAS increased use of Advanced Paramedic Practitioners to treat people at home and avoid attendance at hospital**
- **Non SAS transport providers**
- **Respiratory Pathway/Extending Pulmonary Rehab/tools to support self-care including a COPD self-management app**
- **Access to required systems e.g. Trakcare, Wardview**
- **Management of elective activity in medical/surgical divisions (ARI/DCH)**

• **Availability of key services (Labs, imaging, pharmacy (hospital and community), Social Work (hospital and community), porters, domestic services, AHPs, SAS)**				
No	Actions to date/required	By whom	Outcome	Follow up/Contingency
1	Critical functions identified and prioritisation of services /functions to be agreed.	SLG	Already done in response to COVID-19 but requires formal sign off by SLG	To be tabled at SLG 25/9/20
2	Service Business Continuity Plans reviewed and updated.	Service Managers	Teams aware of plans and escalation procedures	
3	Delayed Discharges – discharge coordinator - seeking to increase hours to facilitate flow	DD workstream under home first	Maintain flow and decreased numbers.	
4	Communicate systems in place to avoid admissions ie Pitgaveny Team, Redirection, Treat and Transfer, SAS Decision Support	SLG	Prevent unnecessary admissions	
5	Communicate Patient Transport options (Dr Gray's Manager to provide)	SLG		
6	Consider availability of key services during festive period ie AHPs, Pharmacy and transport to ensure discharge from hospital is facilitated.	AHP Lead / Pharmacy Lead		
7	Anticipatory Care Plans to be reviewed ahead of winter period.	SLG		
8	Assuring continuity of social care over winter period	Head of Service	Maintain flow over festive period	
9	GMED Surge plan to be updated (only minor changes required as last updated June 2020)	GMED Management Team		
2.4 PREVENTION AND ANTICIPATING DEMAND (Public Health)				
Some examples for consideration within this section:- • **Requirements of updated Major Infectious Diseases Plan – ongoing Covid response, preparedness for flu pandemic, other outbreaks** • **Maintaining Covid and non Covid pathways, staff testing, safer workplace, IPCT and Public Health/Health Protection guidance** • **Seasonal flu immunisation programme – how your sector will contribute to maximising uptake across at risk groups, health and social care staff, care homes, carers etc.** • **Communication of seasonal flu vaccination campaign, national media and locally for patients, staff and key workers delivering care** • **Management of Norovirus/other outbreaks (IP hospital sites, Care Homes – liaison with IPCT and Health Protection, reporting requirements etc)** • **PPE - maintaining supplies, training in use, face fit testing etc** • **Scheduled and unscheduled care capacity and demand (acute and community) - Intelligence led modelling data (local and national)**				
No	Actions to date/required	By whom	Outcome	Follow up/Contingency
1	Promote flu vaccination for all staff including social care and voluntary sector personnel	SLG	Increase in uptake expected. Lowers risk of	Practice to do mop up and if required we will put in

	employed to provide personal care to children and adults, both in care homes and community		staff being affected in case of seasonal flu outbreak	place additional clinics to meet demand.
2	Consider staffing and additional PPE required to deal with expected increase in uptake of flu vaccine.	SLG		
3	Continue to promote infection control measures – increased hand hygiene practices and increased use of PPE	SLG	Minimise risk of transmission of infections	
4	Maintain support systems in place for care homes and community hospitals	SLG		
5	PPE – system in place for health and social care staff and GMED ie face fit testing	SLG/ GMED Management Team		
6	Moray Testing Team in place – confirmation sought from public health regarding operating a 7 day a week service over festive period.	Health Improvement officer	Staff will continue to be able to access testing locally	
7	Safer workplace risk assessments being carried out	SLG / Safer Workplace Champion		
8	Staff to be reminded of procedure for self-isolation and testing for COVID-19 and the need to stay away from the workplace for 48 hours after episodes of diarrhoea and vomiting	SLG	Minimise risk of transmission of infections	
2.5 FESTIVE PERIOD				
Some examples for consideration within this section:- • **Sector rota arrangements** • **Identification of key interdependencies with other sectors** • **GP/wider primary care provision and hospital elective activity is communicated in advance to key services e.g. SAS, Labs, Diagnostics** • **Contact details for sector leads and clear communication channels for discussing pressures and escalating/agreeing key actions**				
No	Actions to date/required	By whom	Outcome	Follow up/Contingency
1	Festive rotas to be put in place and communicated across health and social care. Increase number of clinical and support staff on GMED rota over festive period	SLG GMED Management Team	Increased capacity to manage an increased number of service contacts if required	Monitor service demand, defer to surge plan if necessary
2	Senior Manager on Call rota to be put in place, consideration to be given to incident management team's availability over festive period and support staff	SLG		
3	Ensure SMoC are appraised of GMED surge plan and their responsibilities.	SLG		

4	Recruitment of additional bank GPs	GMED Management Team	More clinicians available to staff clinical rota	Recruitment ongoing
5	Recruitment of additional support staff	GMED Management Team	More support staff available for dispatching calls over the Festive period.	GMED Management team can cover support roles as a last resort

2.6 INFORMATION, COMMUNICATION AND ESCALATION

Some examples for consideration within this section:-

- **Staff familiarity with own sector winter plans and access to relevant supporting information e.g. key contacts, policies, rotas**
- **Process for escalation within own sector**
- **Arrangements for communication/escalation to SLT**
- **Communication with patients and public, self-management, KWTTT, winter campaigns re Flu, antibiotics etc**

No	Actions to date/required	By whom	Outcome	Follow up/Contingency
1	Communicate winter / surge plan widely to ensure operational staff are appraised of local plans.	SLG / GMED Management Team	All staff aware of plans in place, how to escalate issues and have key contacts, rotas and policies.	
2	Consideration to be given to ongoing use of Moray Control Centre email as way of managing information / escalation process	Senior Management Team		
3	Promote KWTTT campaign, Pharmacy First, Health Points, NHS Inform/Healthline advice lines, pharmacy opening times etc via social media	SLG / GMED Management Team	Patients and public are aware of KWTTT, self-management etc.	

2.7 ADVERSE WEATHER

Some examples for consideration within this section:-

- **Attendance Policy – adverse weather**
- **Rotas – what is contingency if front line staff unable to attend workplace?**
- **Civil Contingencies arrangements**
- **Early warning systems – LAs, Met Office, LRP**
- **Accommodation/transport arrangements for staff if working and unable to get home**
- **SAS/ScotSTAR transfers DGH, regional, Islands**
- **Support from Community Off-Road Transport Action Group (COTAG)**

No	Actions to date/required	By whom	Outcome	Follow up/Contingency
1	Communicate relevant policies to staff ie Adverse Weather Policy, Attendance Policy	SLG / GMED Management Team	Staff are supported if attending work is difficult due to adverse weather;	n/a

			service provision is optimised	
2	Inform staff how to access weather warnings and travel advice.	SLG		
3	Communicate COTAG callout procedure (seek confirmation from NHSG that MoU is in place)	SLG	Services can be maintained during adverse weather	n/a
4	Use of telephone triage to allow some clinicians to work remotely	n/a	Service is supported by clinicians working from home to minimise disruption due to adverse weather	n/a
5	In special circumstances GMED cars may be able to transport clinicians to and from the workplace	GMED Management Team	Service is maintained during adverse weather	n/a

3. Risk Register

RISK	IMPACT	LIKELIHOOD	MITIGATION
Second or subsequent waves of Covid-19	Staffing levels for providing services may be reduced if the levels of covid-19 infections increase or where staff are requested to self-isolate as a result of the test and trace process.	High	Teams are putting in place rotas to reduce the number of staff working together at one time, where ICT equipment has been provided Building risk assessments have been carried out and safe working implemented. Mechanism for identifying staff absence levels in services has been implemented across Council employed staff and this is being investigated for implementation across NHS employed staff. Recruitment of additional staff resources to bank is underway. Flu immunisation will be promoted for all staff and be delivered where possible at place of work.

ICT provision does not meet services needs	Services may not be able to deliver the level of response required without appropriate ICT infrastructure and systems to facilitate mobile working	High	Requests have been made for equipment and escalated via appropriate channels. Process for request is being reviewed to ensure it is a streamlined as possible.
Capacity in hospitals may not be sufficient to meet demand following reduction in beds per social distancing guidance.	Pressure on the whole system will impact on staff, potentially resulting in increased absences, it will also impact on patients if operations need to be postponed.	High	Home First projects are being taken forward – in particular Discharge to Assess. Daily monitoring of beds and a MDT approach, led by Locality Managers, to focus on getting people home to their localities as quickly as appropriate.

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON THURSDAY 24 SEPTEMBER 2020**

SUBJECT: **FLU IMMUNISATION DELIVERY PLAN - MORAY UPDATE**

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

1. REASON FOR REPORT

1.1. To inform the Board on the current position of the Flu Immunisation Delivery Plan for Moray 2020.

2. RECOMMENDATION

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

i) Note the locality based and mixed model arrangements to deliver the flu immunisation programme in Moray in 2020.

3. BACKGROUND

3.1 The Vaccination Transformation Programme (VTP) is one of six work streams included in the Health and Social Care Moray (HSCM) Primary Care Improvement Plan (PCIP), with the aim to redesign local vaccination delivery and to move vaccination services out of general practice to NHS Delivery.

3.2 The VTP is divided into five different workstreams, this includes influenza.

3.3 Prior to the COVID-19 pandemic, all immunisation programmes were delivered through a mixed model, at a local level, consisting of: dedicated immunisation teams (pre-school and school); secondary care paediatric services, midwifery services and general practice.

3.4 At a national level and in response to the COVID-19 pandemic, it has been clarified and confirmed that the VTP be extended for a further year, due for completion by March 2022.

3.5 The COVID-19 pandemic has clearly posed many additional challenges, as per Scottish Government (SG) directive issued in April 2020, clear instruction has been given, that during this time, it is crucial to maintain national immunisation programmes, where safely and practicably possible. That this will assist in avoiding outbreaks of vaccine-preventable diseases and allow to provide important protection to children and other vulnerable groups. It will also avoid increasing further, the number of patients requiring health services and hospitalisation from vaccine preventable diseases.

3.6 Anecdotal evidence suggests that the uptake of immunisation across pre-school, school and vulnerable adult populations groups have decreased during the COVID-19 pandemic.

3.7 For this year's national Flu Immunisation Programme there are additional population groups/cohorts to be offered the vaccine i.e 55 – 64 years olds. Due to the impact of COVID-19 it is expected there will be a significant increased uptake across all eligible population groups for flu immunisation this Autumn and Winter.

3.8 Through the remobilisation of services a locality based and mixed model for flu immunisation delivery has been adopted, with HSCM working in partnership with all GP practices to deliver the flu immunisation programme in a variety of venues i.e. community hospitals, community and church halls.

3.9 For each of the four localities (Buckie, Cullen and Fochabers; Elgin; Forres and Lossiemouth; and Keith and Speyside) detailed Locality Flu Immunisation Delivery Plans are in place.

3.10 The flu immunisation delivery programme will commence on the 29 September 2020 for a period of no less than three months (December 2020).

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. Each locality, led by the Chief Nurse, Locality Manager and Immunisation Co-ordinator, will undertake to deliver flu immunisations utilising the resources made available to them.

4.2 A Lead Nurse will be based at each flu immunisation venue, with Health Visiting and School Nursing; and District Nursing teams contributing to this role and responsibility.

4.3 Additional staff i.e. NHS Grampian Nurse Bank; General Practice and FY2`s (2nd year of doctor training after graduation from medical school) are being actively recruited to help deliver the flu immunisation programme.

4.4 Community Midwives will offer and deliver flu immunisation to pregnant mothers.

4.5 District Nurses will continue to immunise patients in nursing homes and care establishments as well as the housebound.

4.6 The Pre-school Immunisation and School Immunisation Teams will continue to immunise infants, pre-school and school aged children.

4.7 The Peer to Peer Programme and Grampian Occupational Health Services will offer and deliver flu immunisation to health and social care staff.

4.8 The national Scottish Immunisation and Recall System (SIRS) programme is to be adopted to schedule all flu immunisation appointments.

4.9 A Grampian Communication Plan is in place and includes a dedicated Flu Call Centre (01224 555999) to deal with any questions/queries and to process any change requests to appointment days/time. The Flu Call Centre telephone number will also be detailed on patient flu immunisation letters that will be sent centrally. The Flu Call Centre will go live in due course as part of the Grampian Flu Communication Plan 2020.

4.10 At the current time, the staffing levels required to deliver flu immunisation are positive for Elgin and the main towns across Moray i.e. Buckie and Forres, significant effort continues to be made, by HSCM, to secure safe staffing levels for rural and remote localities.

4.11 The learning from the delivery of the 2020 flu immunisation programme will aid to inform a sustainable way of delivering the programme in 2021 and beyond.

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"

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

(b) Policy and Legal

Complies with the terms of the Integration Scheme.

(c) Financial implications

Financial resource required to deliver the flu immunisation programme are included and will be met within the NHSG Remobilisation Plan and the HSCM Primary Care Improvement Plan. No finalised costs are available as yet.

(d) Risk Implications and Mitigation

If HSCM is unsuccessful in recruiting the workforce numbers to deliver the flu immunisation programme there may be a very short delay in ensuring all eligible population groups receive the vaccine. Any such groups will be offered appointments as soon as practical and safe to do so.

(e) Staffing Implications

The co-ordination and delivery of a mass flu immunisation programme, during a pandemic, sets a significant workforce resource challenge for HSCM.

(f) Property

None arising directly from this report.

(g) Equalities/Socio Economic Impact

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

(h) Consultations

The Head of Service and Chief Financial have been consulted on this report and their comments incorporated.

6 CONCLUSION

6.1 Delivery of the flu immunisation programme with additional cohorts, the anticipated increase in demand, the continued impact of Covid-19 and the remobilisation of services is a significant challenge. This report outlines the plan that has been progressed to date and recommends that the MIJB note the locality based and mixed model to deliver the flu immunisation programme in Moray in 2020.

Author of Report: Tracey Gervaise, Children & Families Health Services Lead Moray
Background Papers: with author
Ref:

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 24 SEPTEMBER 2020**

SUBJECT: **ELIGIBILITY CRITERIA FOR ACCESS TO ADULT SOCIAL CARE**

BY: **CHIEF SOCIAL WORK OFFICER**

1. REASON FOR REPORT

1.1. To ask the Board to agree to end the temporary, suspended arrangement of care packages and revert back to substantive eligibility criteria to meet both critical and substantial need.

2. RECOMMENDATION

2.1. It is recommended that the Moray Integration Joint Board (MIJB) agree to return to both substantial and critical provision as recommended by the Chief Social Work Officer.

3. BACKGROUND

3.1. National eligibility criteria for social care were agreed by the Scottish Government and COSLA in 2009. Although originally developed for older people as part of the response to Lord Sutherland's independent review and report on free personal and nursing care (http://www.scotland.gov.uk/Publications/2008/04/25105036/0) the criteria were explicitly designed to apply consistently and transparently across all adult care groups.

3.2. The publishing of the criteria was inextricably interlinked with also shifting the focus towards greater emphasis on prevention, wellbeing and personalisation.

3.3. Eligibility criteria are a method for deploying limited resources in a way that ensures that those resources are targeted to those in greatest need, while also recognising the types of low level intervention that can be made to prevent, reduce or delay the need for ongoing support for people currently in less urgent need of support.

3.4. Eligibility criteria recognise **urgency** and **risk** as factors in the determination of eligibility for community care services. The National Eligibility Framework

employs a four criterion approach, categorising risk as being critical, substantial, moderate or low:

- **Critical Risk**: Indicates that there are major risks to an individual's independent living or health and well-being and likely to call for the immediate* or imminent** provision of social care services.

- **Substantial Risk**: Indicates that there are significant risks to an individual's independence or health and wellbeing and likely to call for the immediate* or imminent** provision of social care services.
  *Immediate – required now or within approximately 1-2 weeks;
  **Imminent – required within 6 weeks;

- **Moderate Risk**: Indicates that there are some risks to an individual's independence or health and wellbeing. These may call for the provision of some social care services managed and prioritised on an on-going basis or they may simply be manageable over the foreseeable future without service provision, with appropriate arrangements for review.

- **Low Risk**: Indicates that there may be some quality of life issues, but low risks to an individual's independence or health and wellbeing with very limited, if any, requirement for the provision of social care services. There may be some need for alternative support or advice and appropriate arrangements for review over the foreseeable future or longer term

3.5. The application of an assessment tool such as the Supported Self-Assessment Questionnaire is a key to ensuring as much consistency as possible in assessment leading to consistent decision-making. The operation of local eligibility criteria applies to the second stage of the assessment process i.e. in determining whether the individual's needs (or personal outcomes) call for the provision of services/support.

3.6. However, it is recognised that the use of eligibility criteria as a means of managing demand for social care is imperfect. The risk factor and urgency level descriptions will not fully describe all the types of support required by every individual.

3.7. Eligibility criteria assist local authorities to achieve fairness, consistency and transparency in how decisions are taken. The Social Work (Scotland) Act 1968 recognises the central role of the local authority in determining where there is need that calls for the provision of community care services and how such need should be met.

3.8. It is for the Chief Social Work Officer to consider the changes necessary to any existing eligibility criteria in order to meet the requirements of the standard national eligibility framework. Each local authority should ensure that their local eligibility criteria are compatible with the national eligibility framework and definitions set within, as well as ensuring that their arrangements for accessing care services are lawful and have been the subject of an equality impact assessment.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. During the Covid-19 pandemic substantial care packages were temporarily suspended to create capacity for the sustainability of critical care.

4.2. Over time it has become clear that in some cases, where a substantial care package was suspended, the client has since experienced change and is now presenting as being in critical need.

4.3. The ability to intervene at a substantial level would potentially avert some such deterioration and crisis, as confirmed by information and feedback from Team Managers.

4.4. Therefore the recommendation of the Chief Social Work Officer is now to end the temporary, suspended arrangement of care packages and revert back to our substantive eligibility criteria to meet both critical and substantial need.

4.5. Support will also continue to be provided to adults who are not assessed as eligible (at substantial or critical level) for ongoing social care support – with a focus on prevention, wellbeing and personalisation.

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"
This report is in line with Theme 3 of the Strategic Plan.

(b) Policy and Legal
This report should be considered in accordance with the statutory duties contained under section 12A of the Social Work (Scotland) Act 1968.

(c) Financial implications
Meeting substantive as well as critical needs will require resources are made available to meet these needs.

(d) Risk Implications and Mitigation
If not delivered the vulnerable people in Moray are unable to access support and therefore their needs become critical.

(e) Staffing Implications
There are no staffing implications directly linked to this report.

(f) Property
There are no property implications directly linked to this report.

(g) Equalities/Socio Economic Impact
The support provided is to those who are most vulnerable in the community. Not meeting needs at a substantive level may affect those vulnerable groups disproportionately.

(h) Consultations

The following members of staff have been consulted and are in agreement with regard to their area of responsibility:
Interim Chief Officer; Chief Financial Officer, Corporate Manager; Head of Children's Services Social Work.

6. CONCLUSION

6.1. The recommendation of the Chief Social Work Officer is now to end the temporary, suspended arrangement of care packages and revert back to substantive eligibility criteria to meet both critical and substantial need.

Author of Report: Joyce Lorimer
Background Papers: with author
Ref:

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 24 SEPTEMBER 2020**

SUBJECT: **STANDARDS OFFICER AND DEPUTE OFFICER REAPPOINTMENT**

BY: **INTERIM CHIEF OFFICER**

1. REASON FOR REPORT

1.1 To ask the Board to consider the reappointment of its Standards Officer and one Depute, whose current terms of appointment are due to expire in October 2020.

2. RECOMMENDATION

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

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

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

iii) tasks the Interim Chief Officer with writing to the Standards Commission with the relevant information.

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

3. BACKGROUND

3.1 At its meeting on 28 March 2019, the Board agreed to nominate its current Standards Officer and depute for the approval by the Standards Commission (para 10 of minute refers). Subsequent to the meeting in March 2019, approval from the Standards Commission was obtained for the appointments.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 The 18 month appointment period for the Standards Officer and depute is due to expire at the end of October 2020. The Standards Officer post is a statutory requirement and further nominations are required.

4.2 The Standards Commission has to approve the appointments. Following the Board's decision on this matter, the Interim Chief Officer will write to the Standards Commission with the appropriate information.

5. SUMMARY OF IMPLICATIONS

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

Good governance arrangements will support the Board to fulfil its objectives. An appointment of a Standards Officer is one aspect of good governance.

(b) Policy and Legal

The Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003 (Scottish Statutory Instrument 2003/135) requires the Board to appoint a Standards Officer. The Standards Commission has to approve the appointment of the Standards Officer. Any individual appointed requires to be suitably qualified and experienced.

(c) Financial implications

None arising directly from this report.

(d) Risk Implications and Mitigation

Elements of the work of the Standards Officer are requirements of the 2003 Regulations. The Board is required to comply with these Regulations and make an appointment. An appointment of a Standards Officer will help assist members with compliance with the Code of Conduct.

(e) Staffing Implications

Alasdair McEachan and Aileen Scott are employed by the Moray Council. Once reappointed, they will continue to be employed by the Moray Council. Duties for the Board will continue to be added to what are already full remits. This arrangement will need to be reviewed to determine whether it will be a reasonable long term proposition.

(f) Property

None arising from this report.

(g) Equalities/Socio Economic Impact

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

(h) Consultations

Consultation on this report has taken place with the Interim Chief Officer; the Chief Financial Officer; Alasdair McEachan, Head of Governance, Strategy and Performance, Moray Council and Aileen Scott, Legal Services Manager, Moray Council; who are in agreement with the contents of this report as regards their respective responsibilities.

6. CONCLUSION

6.1 The previous appointments of Standards Officer and depute are due to expire and further appointments are necessary to meet statutory requirements. This report sets out the proposal for the next 18 months and the need to establish longer term arrangements.

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

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 24 SEPTEMBER 2020**

SUBJECT: **MEMBERSHIP OF MORAY INTEGRATION JOINT BOARD – PROPOSED INCREASE**

BY: **INTERIM CHIEF OFFICER**

1. REASON FOR REPORT

1.1 To consider and approve the proposal for the Moray Integration Joint Board (MIJB) to request an increase of one voting member from each party, being Moray Council and Grampian Health Board .

2. RECOMMENDATION

2.1 The MIJB are requested to;

2.1.1 consider and approve the proposal for an increase in the Board's membership, and

2.1.2 instruct the Interim Chief Officer to submit this request to the partner organisations.

3. BACKGROUND

3.1 The Public Bodies Joint Working (Scotland) Act 2014 ("the Act") and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 ("the Order") sets out requirements about the membership of an Integration Joint Board.

3.2 The Moray Integration Joint Board (MIJB) is a legal entity that binds Grampian Health Board (GHB) and Moray Council together in a joint arrangement. The voting membership of the MIJB reflects equal participation by GHB and Moray Council to ensure that there is joint decision making and accountability.

3.3 The Order requires that the Local Authority and Health Board put forward a minimum of three voting member nominees each. This number may be increased by local agreement, but the same number must be nominated by each party. Local Authorities can insist on nominating a maximum of 10% of

their full number of Councillors. For Moray Council this would be 3 members. However, the Health Board and Local Authority may also agree that they will each nominate a larger number than this.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 The MIJB have operated with 3 voting members from both GHB and Moray Council since inception in 2016 and these members take the role of Chair and Vice Chair of the Board, the Audit Performance and Risk Committee and Clinical Care and Governance Committee.

4.2 There have been few occasions where committees could not be held because they were not quorate.

4.3 A query was raised with other local authorities to see what level of membership they provided, and, of those who responded, it identified that most had 4 members, although Aberdeenshire had 5.

4.4 The MIJB is currently in a shadow year of preparations for Children's Social Work and Criminal Justice services to be considered for delegation to the MIJB.

4.5 To provide greater resilience and wider scrutiny across MIJB commitees the Chair and Chief Officer propose that the number of voting members be increased by one from each partner organisation.

4.6 An increase in voting members, if approved by Moray Council and GHB, would require an amendment to section 3.1 of the Health and Social Care Integration Scheme that was previously agreed by the Board at their meeting on 26 April 2018 (para 10 of the minute refers).

5. SUMMARY OF IMPLICATIONS

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

In line with the MIJB Integration Scheme, prepared in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. Effective governance arrangements support the delivery of strategic plans, and an increase in voting membership of the IJB will strengthen that governance.

(b) Policy and Legal

Complies with the terms of the Integration Scheme.

(c) Financial implications

None arising directly from this report.

(d) Risk Implications and Mitigation

The additional voting members will reduce the risk that there will be insufficient scruitiny of business and lessen the risk of meetings not taking place due to a failure to achieve quoracy.

(e) Staffing Implications

None arising directly from this report.

(f) Property

None arising directly from this report.

(g) Equalities/Socio Economic Impact

An Equalities Impact Assessment is not required because there are no service, policy or organisational changes being proposed as a direct result of this report.

(h) Consultations

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

6. CONCLUSION

6.1 This report seeks approval to request the appointment of an additional voting member from each of the parties, being Moray Council and Grampian Health Board.

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

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 24 SEPTEMBER 2020**

SUBJECT: **DELEGATED AUTHORITY FOR CHIEF OFFICER**

BY: **INTERIM CHIEF OFFICER**

1. REASON FOR REPORT

1.1. To seek authorisation to revoke the delegated authority granted by Moray Integration Joint Board to the Chief Officer on 26 March 2020 to take decisions that would normally require Board approval

2. RECOMMENDATION

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

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

3. BACKGROUND

3.1. At the start of the ongoing Covid-19 pandemic, investigations took place into the Board's business continuity arrangements, including how decisions that require Board approval could be made if the Board was unable to meet as a result of restrictions arising from the pandemic

3.2. Delegated authority was 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 was to be the subject of ongoing review and it was anticipated that normal Board meeting arrangements would be reintroduced as soon as practicable when it was safe to so do so and pandemic restrictions were eased. The delegation of powers were to be reviewed within 3 months or whenever the Board was able to meet again, whichever was sooner.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 The Covid-19 is an unprecedented emergency situation. It was believed unlikely in March 2020 that the Board would be able to meet as scheduled for some time due to Government restrictions and health advice. It was anticipated that decisions regarding health and social care issues would require to continue to be made in order to ensure continuity of care and that decisions may require to be made in matters which would normally require to be made by the Board. Authority was therefore delegated to the Chief Officer to make decisions on their behalf on 26 March 2020.

4.2 The Board has now established regular online meetings and is able to take its own decisions. It is no longer considered necessary for the Chief Officer or Interim Chief Officer to continue to hold emergency decision making powers. Consequentlly it is recommended that the powers granted to the Chief Officer on 26 March 2020 be revoked.

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.

Additional emergency powers were granted to the Chief Officer or Interim Chief Officer on 26 March 2020 in anticipation of the Board being unable to meet during the pandemic.

(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 these powers to the Chief Officer reduced democratic accountability. Revoking this decision will increase democratic accountability.

(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 revocation of powers granted to the Chief Officer, or interim Chief Officer, is recommended as being no longer necessary.

Author of Report: Morag Smith, Senior Solicitor
Background Papers:
Ref:

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 24 SEPTEMBER 2020**

SUBJECT: **GOVERNANCE ASSURANCE - CLINICAL AND CARE GOVERNANCE AND AUDIT PERFORMANCE AND RISK COMMITTEES**

BY: **INTERIM CHIEF OFFICER**

1. REASON FOR REPORT

1.1. To provide an update to the Moray Integration Joint Board (MIJB) of the governance arrangements that were in place during Covid-19 initial response and progress in relation to the review of clinical and care governance arrangements and the assurance frameworks for Clinical and Care Governance and Audit, Performance and Risk committees.

2. RECOMMENDATION

2.1. It is recommended that the Committee considers and notes:-

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

ii) existing governance arrangements and draft proposals for developments to the governance arrangements for Clinical and Care Governance Committee outlined in APPENDIX 1 and 2;

iii) the existing framework for Audit, Performance and Risk committee outlined in APPENDIX 3 and the planned development session.

3. BACKGROUND

3.1. The national Clinical and Care Governance Framework 2013 provides Integration Authorities with an overview of the key elements and principles that should be reflected in the clinical and care governance processes implemented by Integration Authorities.

3.2. To fulfil this requirement there is a need for Moray Integration Joint Board (MIJB) and Health and Social Care Moray (HSCM) to ensure that they provide assurance that effective arrangements are in place to ensure there is:-

- Relevant Health and Social Care professionals held accountable for standards of care provided.
- Effective engagement with communities and partners and improved health and wellbeing outcomes are being met.
- Effective scrutiny of the quality of service performance to inform improvement priorities.
- Clear learning and improvements generated from effective systems.
- Support for staff if concerns are raised relating to safe service delivery.
- Clear lines of communication and professional accountability from point of care to Executive Directors and Chief Professional Officers accountable for clinical and care governance.

3.3 Covid-19 started to impact on delivery of services during late February and at the meeting of MIJB on 26 March 2020 the Chief Officer was delegated the authority to make decisions on behalf of the board during the incident (para 12 of the minute refers)

3.4 At the meeting of the Clinical and Care Governance Committee on 27 August 2020 it was agreed a report will be submitted to this meeting highlighting the current situation and the processes in place to provide assurance to the MIJB Chair following the impact of Covid-19 (para 13 of the minute refers). A similar request was made at the Audit, Performance and Risk Committee on the same date (para 10 of the minute refers)

4. KEY MATTERS RELEVANT TO RECOMMENDATION

Clinical Care and Governance

4.1. During the initial impact of Covid-19 committee meetings were suspended. An interim arrangement for clinical governance was implemented whereby Mr. Sandy Riddell, Chair of Clinical and Governance Committee received monthly updates on the key issues arising during the response. These related principally to provision of care, care homes oversight and children and adult protection matters.

4.2. The clinical governance group, clinical risk management and practice governance groups of HSCM were suspended in the initial phase of response to Covid-19, however there were alternative forums established that provided cover from an assurance perspective during this period. The response group met twice weekly and the enhanced discharge group met daily during this period. The clinical governance co-ordinator maintained a watching brief on the risks and adverse events recorded in datix and escalated any concerns to the Head of Service.

4.3. During this period there have been various discussions with members of the clinical governance group and practice governance group to clarify reporting requirements and mechanisms for providing assurance to Clinical and Care Governance Committee, NHS Grampian and Moray Council.

4.4. The need for this work was identified following the Clinical and Care Governance workshop held in Elgin on 8 January 2020 and the output was discussed at the Clinical and Care committee on 27 February 2020 (para 9 of the minute refers). Two of the five key themes of areas for improvement identified by the workshop were to:

- declutter and simplify the existing reporting mechanisms and provide clarity for accountability and responsibility
- seek clarification from NHS Grampian, Moray Council and professional leads of their assurance requirements

4.5. The previous structure is set out in **APPENDIX 1** and the revised structure with details of each group and their linkages is outlined in **APPENDIX 2**. The main difference is the linking of the clinical governance group and the practice governance group to form the Clinical and Care Governance Group. This group will feed up to the Clinical and Care Governance Committee.

4.6. There is still some further work to be undertaken around the public protection aspects and the links to the NHS Grampian clinical risk management group, which is planned for completion by end of October 2020.

Audit, Performance and Risk Committee

4.7. There has been a greater impact on governance arrangements for Audit, Performance and Risk Committee as it was suspended. However the key elements of routine reporting of performance, the annual performance report (which was published in a timely manner) and strategic risk register were overseen by the MIJB. The Chief Internal Auditor was also able to report, by exception to the MIJB if this was required.

4.8. Within HSCM all audits were suspended and performance resources were diverted to priority needs. Normal System Leadership Group meetings were also suspended however both NHS Grampian and Moray Council implemented emergency response plans and associated command and control structures. The HSCM Response and Recovery group was established and has provided a focus for prioritisation of resources and oversight of performance and risk management in relation to the response.

4.9. The suspension of normal business for a short period and the clear focus provided through attention to critical functions has provided an opportunity to review the frameworks within HSCM and the reporting to committee.

4.10. System Leadership Group business meetings will recommence on 25 September 2020 and the HSCM framework is outlined in **APPENDIX 3**.

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"

Governance arrangements are integral for the assurance of the delivery of safe and effective services that underpins the implementation of the strategic plan.

(b) Policy and Legal

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Health Boards and Local Authorities integrate adult health and social care services. This paper outlines the work being undertaken to ensure that the clinical and care governance framework for HSCM and partners, provides a clear understanding of the contributions and responsibilities of each person and how these are integrated.

(c) Financial implications

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

(d) Risk Implications and Mitigation

The work that is being undertaken to improve the links between stakeholders and clarify the governance framework will further strengthen provision of assurance and reduce the likelihood of negative impacts to the system.

(e) Staffing Implications

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

(f) Property

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

(g) Equalities/Socio Economic Impact

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

(h) Consultations

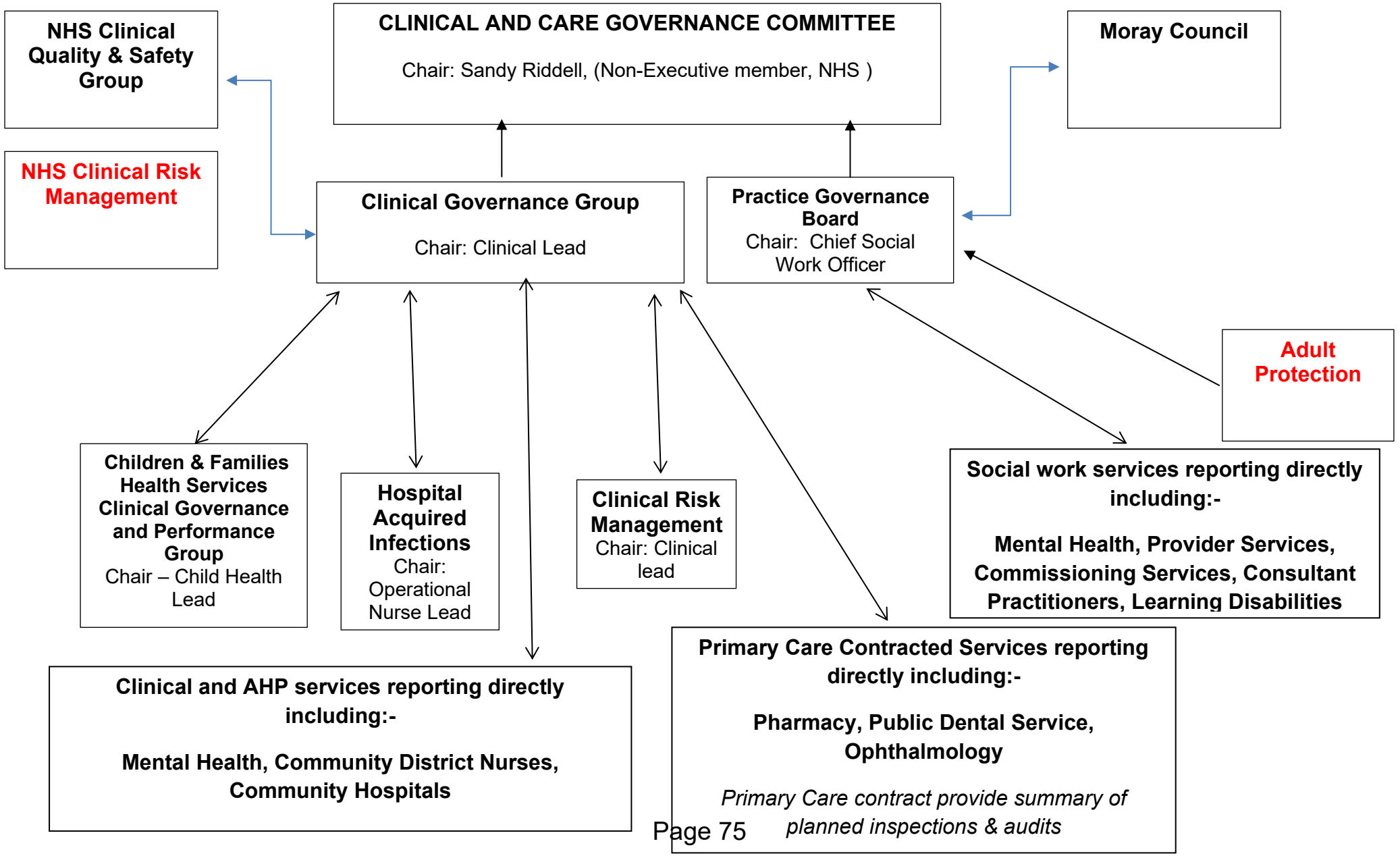
Consultations have taken place with the Chief Officer, Chief Financial Officer, Jane Mackie, Head of Service and Chief Social Work Officer and Democratic Services Manager, and their comments have been incorporated in the content of this report.

6. CONCLUSION

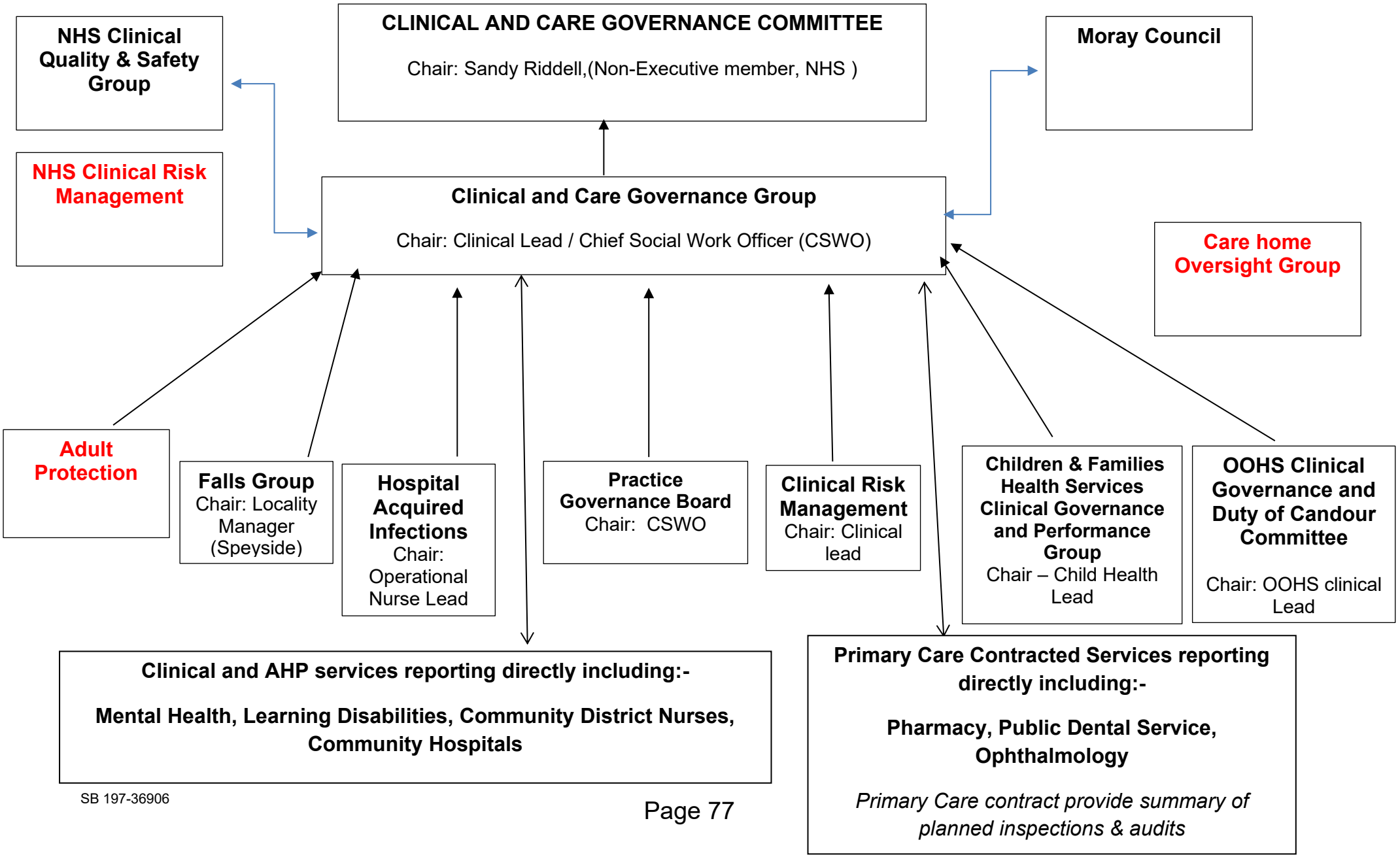
6.1. **This report provides an overview of the impact to existing governance arrangements as a result of Covid-19, the alternative processes that were implemented and the frameworks that have been reinstated for assurance for Clinical and Care Governance and Audit Performance and Risk Committees.**

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

HEALTH AND SOCIAL CARE MORAY CLINICAL AND CARE GOVERNANCE STRUCTURE (prior to Covid)



HEALTH AND SOCIAL CARE MORAY CLINICAL AND CARE GOVERNANCE STRUCTURE (draft)



This document aims to strengthen the governance, leadership and accountability arrangements for Clinical and Care Governance for Health and Social Care Moray. These groups will be central to ensuring we can demonstrate we are operating safe systems with good quality standards for the people of Moray.

Role of the Chairperson

The Chairperson of each group will be expected to;

- Exercise delegated authority from the SMT to progress the work of the groups
- Set agendas for meetings and ensure all services are appropriately represented
- Ensure the group works to their agreed remit
- Clearly directs the work of the group
- Ensure all services have the opportunity to contribute effectively to the work of the group
- Maintain an action plan for the group

Role of Group Members

Regular attendance is required by all group members and substitutes can be sent as appropriate and this should be agreed by each individual group. People should not sit on more than two groups. All members of groups are expected to;

- Be an active participant of the group
- Represent the views of their services from both a strategic and operational perspective
- Agree and adhere to the remit of the group
- Be prepared to undertake pieces of work as directed by the group
- Carry the authority to make decisions on behalf of their service/organisation as appropriate
- Be willing and able to make changes to achieve shared goals
- Take responsibility and implement decisions taken by the group
- Feedback to their own organisation/service
- Respect and listen to the views of all members

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Sub groups

The groups below are, able to set up any sub-group or working group with additional members as required to deliver their strategic plans. However, the following factors should be taken into account;

- There should be a clear focus and remit for each sub group
- There may be instances where specific pieces of work need to be progressed via a short life working group - the remit of these would have to be clearly identified and they must report through the main strategic group below to ensure a coherence of approach
- It may be that group chairs would wish to set up a sub group to deliver on a cross cutting issue which affects all groups

DRAFT

HSCM Clinical and Care Governance Groups: Remits and Membership

Group:	**HSCM Clinical and Care Governance Group**	
Chair:	HSCM Clinical Lead / Chief Social Work Officer	
	Partner Group:	HSCM CCGG rep:
Reports to:	Moray Integration Joint Board – Clinical and Care Governance Committee NHS Grampian – Clinical and Care Governance Committee NHS – Quality and Safety Group Moray Council – Full Committee	Clinical Lead Liz Tait, Linda Harper Head of Service
Purpose:	Provide assurance to the Committee that systems are operating effectively and services provided are safe, to the appropriate standard and are of a good quality. The role of the HSCM Clinical and Governance Group (CCGG) is to oversee and provide a coordinated approach to clinical and care governance issues within HSCM The CCGG has a responsibility and accountability to ensure that there are robust mechanisms for reporting clinical governance and care issues and for providing onward communication to partner organisations.	
Areas of accountability/responsibility:	• To provide clear direction and priorities for Clinical and Care services in Moray • To oversee the commissioning of interface services with Dr Grays • To promote a culture of quality assurance and self-assessment and service improvement • To ensure a corporate approach to clinical and care governance • To promote effective collaborative working in relation to all Services • To maintain oversight, scrutiny and governance in all areas of public protection • To implement a comprehensive communications strategy to promote community, public and staff confidence and reassurance An annual report will be submitted to the HSCM Clinical and Care Governance Committee.	

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Membership:	**Health and Social Care Moray Representation** ○ HSCM Clinical Lead (Chair) ○ HSCM Head of Service ○ HSCM Head of Service / CSWO ○ HSCM Children and Families Health Services Lead ○ Consultant Practitioner, Social Work ○ Head of Clinical and Care Governance, Dr Grays ○ Chief Nurse ○ Operational Lead Nurse ○ AHP Professional Lead ○ Locality Manager (by rotation) ○ Provider Services Manager ○ Service Manager, Mental Health ○ Commissioning lead ○ Corporate Manger **In Attendance** **Specialist/ Professional Advisors*** ○ Clinical Governance Coordinator ○ Patient / Public Representative ○ Sector Lead Pharmacist ○ Sector Lead Primary Care ○ Quality Improvement Leads ○ HSCM AHP Representative ○ HSCM Service Manager Dental Services ○ HSCM Dental Clinical Lead ○ HSCM Out of Hours Service Manager ○ PCCT Manager ○ Chair Moray Practice Managers ○ Staff side representative ○ Primary Care Contracts Manager Members are expected to have a deputy, to ensure attendance is maintained from all representative areas. See Appendix 2 for Agreed Membership Operational Representation * *Membership may be extended as appropriate.*
Meeting frequency:	Monthly (1st Thursday in the month 15:00 to 16:30)

DRAFT

HSCM Clinical and Care Governance Groups: Remits and Membership

Group:	**HSCM Clinical Risk Management (CRM)**	
Chair:	Head of Service	
	Group:	HSCM CCGG rep:
Reports to:	HSCM Clinical and Care Governance Group	Head of Service Chief Nurse
Purpose:	The Clinical Risk Management (CRM) Group will provide a forum with facilitates openness, accountability and integrity of decision-making and risk in relation to the quality and safety of delivery of clinical care across Health and Social Care Moray (HSCM). It will scrutinise, challenge and/or identify patterns or learning opportunities and provide assurance that systems are operating effectively, escalating and taking action where necessary.	
Areas of accountability/responsibility:	To provide continued assurance and evidence of improvement, the CRM meeting will seek assurance and provide approval for the following core items: ○ Complaints and Feedback ○ Major and Extreme incidents ○ Duty of Candour events ○ Level 1 and 2 investigations ○ RIDDOR Including identification of emerging key themes and trends.	
Membership:	Head of Services Chief Nurse Locality Manager Corporate Manager Clinical Governance Co-ordinator Other attendees as appropriate	
Meeting frequency:	Fortnightly (2nd and 4th Thursday 8:00)	

DRAFT

HSCM Clinical and Care Governance Groups: Remits and Membership

Group:	**Social Care Practice Governance Board**	
Chair:	Head of Service & Chief Social Work Officer	
	Group:	HSCM CCGG rep:
Reports to:	HSCM Clinical Governance Group System Leadership Group	CSWO, Head of Service, Locality Manager
Purpose:	The Practice Governance Group provides a forum with facilitates openness, accountability and integrity of decision-making and risk in relation to the quality and safety of delivery of social care services for adults across Health and Social Care Moray (HSCM).	
Areas of accountability/responsibility:	To provide continued assurance and evidence of improvement, the CRM meeting will seek assurance and provide approval for the following core items: ○ Risk register reviews (Case risks, Practice Risks) ○ Medication Error reporting (Care Home & External Providers) ○ Overview of Referrals to Scottish Social Services Council (SSSC) ○ Complaints and Feedback ○ Monitoring Reports & Internal Incidents ○ Duty of Candour events ○ Inspection and Audit Reports ○ Policies and Procedures (development and implementation) ○ Adult support and protection issues ○ Commissioned services performance reports Including identification of emerging key themes and trends.	
Membership:	Chief Social Work officer/Head of Service Locality managers Service Managers :- Provider Services, Mental Health, Learning Disabilities Commissioning and Performance Manager Consultant Practitioners Team Manager, Woodview Commissioning and Performance officer (Policy) Clinical Governance Co-ordinator Corporate Manager	
Meeting frequency:	Monthly – Tuesday 10:00 to 12:00	

DRAFT

HSCM Clinical and Care Governance Groups: Remits and Membership

Group:	**HSCM Hospital Acquired Infections (HAI)**	
Chair:	Operational Lead Nurse	
	Group:	HSCM CCGG rep:
Reports to:	HSCM Clinical and Care Governance Group Senior Charge Nurse Meeting NHSG HAI / Infection Prevention and Control Committee (IPCSC)	Operational Lead Nurse
Purpose:	to assure the Infection Prevention and Control Committee (IPCSC) that the responsibilities related to infection prevention and control in NHS premises are being met	
Areas of accountability/responsibility:	responsible for the delivery of H&SCM's key responsibilities for the prevention and control of infection and monitoring performance and compliance which encompasses: • Surveillance, prevention, treatment and control of communicable disease (and the systems to achieve this), excluding sexually transmitted diseases. • Healthcare associated infections, including antibiotic resistant organisms. • Environmental hygiene. • Decontamination of re-usable medical devices. (NHS HDL (2005)8, Infection Control Organisational Issues also responsible for • monitoring the uptake of mandatory HAI education within the sector, • the undertaking of monthly SICPS audits (hand hygiene and Equipment) and • the undertaking of 6 monthly HAI audits and DATIX submissions of subsequent action plans	
Membership:	Head of Service Lead Nurse Operational Lead Nurse Moray AHP Lead (or *designated rep) Lead Pharmacist (or designated rep)	

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	Infection Prevention & Control Nurse (or designated rep) Assistant Domestic Services & Portering Manager (or *designated rep) Acting Infection Control Manager, NHSG Clinical Governance Co-ordinator Quality Improvement & Assurance Co-ordinator SCN, Speyside SCN, Turner Hospital, Keith SCN, Seafield Hospital, Buckie Dental Services Manager Locality Manager, Buckie, Fochabers & Cullen Locality Manager, Forres / Lossiemouth Locality Manager, Elgin Locality Manager, Keith / Speyside Acting Health & Wellbeing Lead Clinical Nurse Manager, Health Visiting and School Nursing Estates Manager (or *designated rep) H&S Representative Moray PPF Member
Meeting frequency:	Monthly (not met this year –suspended during Covid)

DRAFT

HSCM Clinical and Care Governance Groups: Remits and Membership

Group:	**Out of Hours (GMED) Clinical Governance and Duty of Candour Committee**	
Chair:	OOH Clinical Lead	
	Group:	HSCM CCGG rep:
Reports to:	HSCM Clinical and Care Governance Group Moray Integration Joint Board	Lead Nurse OOHS Clinical Lead
Areas of accountability/responsibility:	The role of the committee is to oversee and provide assurance in all matters pertaining to Clinical Governance, Duty of Candour and any associated issues within the service. The Committee will provide assurance and escalate issues of concern to the HSCM Clinical Governance Group and MIJB Clinical Care and Governance Committee.	
Membership:	OOH Clinical Lead Service Manager Service Support Manager Lead Nurse Advanced Nurse Practitioners Patient/Public Representation Third Sector Representation Clinical Governance Co-ordinator The committee will extend invitations to other groups or representatives such as NHS24 or Scottish Ambulance Service as required. Closed sessions will be held with a restricted membership for matters of a sensitive nature.	
Meeting frequency:	Quarterly	

DRAFT

HSCM Clinical and Care Governance Groups: Remits and Membership

Group:	**Children & Family Health Services Clinical Governance and Performance Group**	
Chair:	Children and Families Lead	
	Group:	HSCM CCGG rep:
Reports to:	HSCM Clinical and Care Governance HSCM System Leadership Group MIJB Clinical and Care Governance Committee	Children and Families Lead
Purpose:	To oversee and provide a coordinated approach to clinical governance and performance issues within Children and Families Health Services. The C&FHS CG&PG has a responsibility and accountability to ensure that there are robust mechanisms for reporting clinical governance and performance issues and for providing onward communication to linked groups described above. An annual report will be submitted to the HSCM Clinical and Care Governance Committee.	
Areas of accountability/responsibility:	focuses on Health Visiting and School Nursing Services • To provide support and assurance to HSCM Clinical and Care Governance Committee at an operational level and inform decision making. • To support and assist HSCM in achieving its clinical governance responsibilities. • To provide a coordinated and integrated approach to clinical governance across Children`s and Families Health Services. • To support and assist HSCM in delivery safe and effective care throughout Children`s and Families Health Services • To oversee clinical governance within Children`s and Families Health Services in HSCM to ensure there is a focus on quality and performance. • To inform, support and advise Children`s and Families Health Services staff on clinical governance and performance issues, ensuring and enabling best practice and high quality safe patient care. • To encourage ownership and collaboration with staff informing the working of the group, highlighting issues of concern and good practice. • To reflect single system working through collaboration with all partners.	
Membership:	HSCM Children and Families Health Services Lead (Chair) Child Protection Specialist Nurse	

DRAFT

	Clinical Nurse Manager for Health Visiting and School Nursing. HSCM Clinical Governance Coordinator 2 Health Visitor Team Leaders
Meeting frequency:	Monthly (reporting to CCGG quarterly)

DRAFT

HSCM Clinical and Care Governance Groups: Remits and Membership

Group:	**HSCM Falls Action Group**	
Chair:	Locality Manager (Speyside)	
	Group:	HSCM CCGG rep:
Reports to:	HSCM Clinical and Care Governance Group NHSG Falls Group	Locality Manager
Purpose:	To oversee and provide a coordinated approach to clinical governance and performance issues in relation to Falls.	
Areas of accountability/responsibility:	Leading the Falls prevention work and the Falls Referral pathway Monitoring the Falls Dashboard (from Source) and highlighting issues for action Providing an overview of falls related training needs and provision Development of Falls Ambassador role Investigating use of technologies for fall prevention and detection in community hospitals	
Membership:	Hospital Ambulance Liaison Officer Locality Managers Performance officer/Analyst Lead Occupational Therapist Physiotherapy Manager Development Officer Social and Micro Enterprise Senior Charge Nurse OT Team manager Hospital Discharge Team manager Short Term Assessment and Reablement Team Manager Nurse Practitioner Access Team manager Operational Lead Nurse Clinical Lead	
Meeting frequency:	Quarterly	

DRAFT

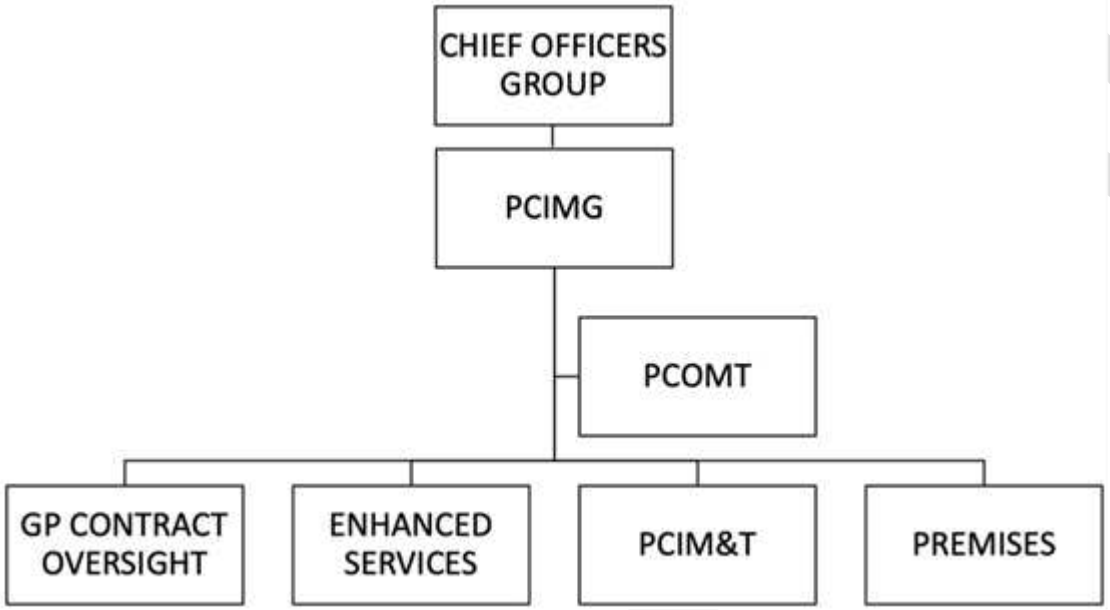
Primary Care Contracts

Assurance regarding hosted services for Primary Care is provided to a variety of groups.

The clinical leads provide assurance reports to Health and Social Care Clinical and Governance Group on a regular basis.

A summary of progress on planned inspections /audits will be supplied to Clinical and Care Governance Group by Primary Care Contracts lead.

The NHSG Primary Care reporting structure is set out below for information:-



PCIMG = Primary Care Integrated Management Group

PCIM&T = Primary Care IM&T

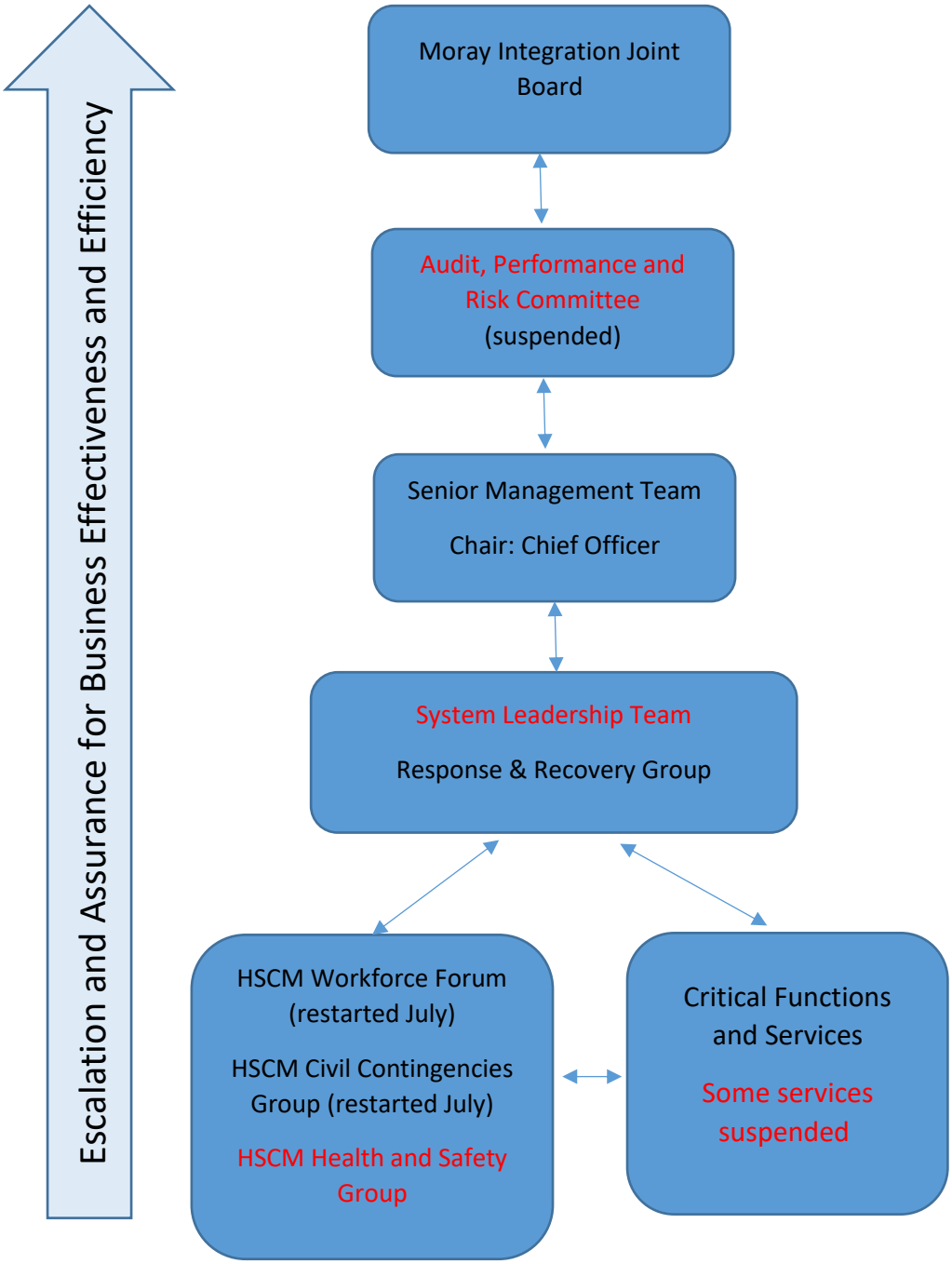
PCOMT = Primary Care Operational Management Team

Ongoing work:-

- The public protection reporting structure (incorporating adult, children and family protection) is being further developed and once confirmed the reporting links will be incorporated into this framework.
- Clarifying requirements regards reporting flow for the Care home oversight group
- Clarifying reporting requirements and attendance to NHSG Clinical Risk Management

DRAFT

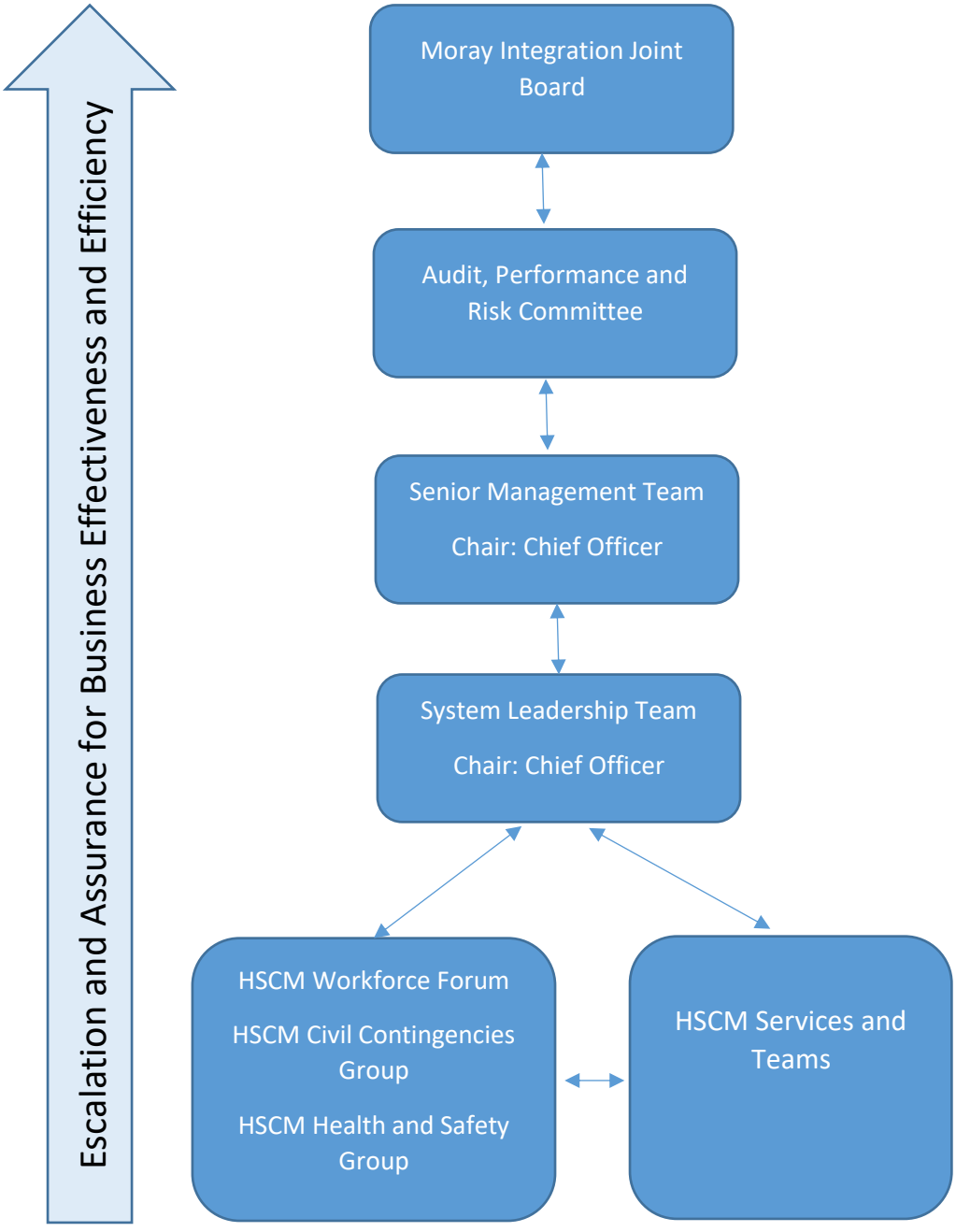
Governance Structure – During Covid-19 initial response phase



Meetings in red were suspended but are scheduled to restart in September

Services that were suspended have been and are continuing to be remobilised, on a phased basis as appropriate.

Audit Performance and Risk Committee - September 2020



REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 24 SEPTEMBER 2020**

SUBJECT: **RISK POLICY (UPDATED)**

BY: **INTERIM CHIEF OFFICER**

1. REASON FOR REPORT

1.1 To present the updated Risk Policy to Moray Integration Joint Board (MIJB) for approval.

2. RECOMMENDATION

2.1 It is recommended that the Board considers and approves the updated Risk Policy provided in APPENDIX 1 to this report.

3. BACKGROUND

3.1 The Interim Chief Officer is responsible for establishing the MIJB's risk strategy and profile and developing the risk reporting framework.

3.2 The MIJB is responsible for identifying and oversight of its own risk management arrangements as detailed in the Integration Scheme.

3.3 The Risk Policy for MIJB was established in March 2016, subsequently reviewed and agreed by Audit, Performance and Risk committee on 26 July 2018 and is now due for review (paragraph 4 of the Minute refers).

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 The Risk Policy was originally developed by officers from Moray Council and NHS Grampian to meet the needs of the MIJB.

4.2 Whilst it is not possible to eliminate risk completely, the Risk Policy is the formal acknowledgement of the MIJB that risk requires to be managed appropriately and outlines the approach adopted, to maximise potential opportunities and minimise the adverse effects of risk.

4.3 Risk Management is fundamental to sound corporate goverance and good practice. It must be integral to decision making and incorporated within the

strategic and operational planning processes at all levels within the MIJB and Health and Social Care Moray.

4.4 The Risk Policy has been in place since 1 April 2016 and regular update reports are submitted to Audit, Performance and Risk Committee on the status of the agreed strategic risks. A workshop to review and inform the Boards' risk appetite took place in February 2020, led by Alan Ross, Zurich Insurance, the output of which is reflected in the strategic risk register.

4.5 The fundamental principles of the Policy remain relevant and appropriate so this review has not identified any significant changes, however minor presentational amendments have been made and are shown as tracked changes for ease of identification in **APPENDIX 1**.

5. SUMMARY OF IMPLICATIONS

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

Effective management of risk will provide an essential contribution towards the achievement of the MIJB's objectives and goals and delivery of the Strategic Plan.

(b) Policy and Legal

The approach to a risk management strategy is detailed in section 17 of the Moray Integration Scheme. The Risk Policy is in place to support the governance framework for the MIJB.

(c) Financial implications

None relating directly to this report. The financial pressures that are being experienced by the MIJB place an emphasis on the need for proactive risk management.

(d) Risk Implications and Mitigation

The risks of not having a robust approach to risk management include;
i) the inability to deliver the Strategic Plan,
ii) financial inefficiency,
iii) potential loss and reputational damage to the MIJB, NHS Grampian and Moray Council.

(e) Staffing Implications

None arising directly from this report

(f) Property

None arising directly from this report

(g) Equalities/Socio Economic Impact

There are no material changes to the Policy and therefore there are no impacts arising directly from this report.

(h) Consultations

Consultation on this report has taken place with the Corporate Risk Advisor, NHS Grampian, Chief Internal Auditor, Moray Council and Chief Financial Officer of the MIJB and comments have been incorporated.

6. CONCLUSION

6.1 The report recommends the approval of the updated Risk Policy for the MIJB as included in APPENDIX 1

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

MORAY INTEGRATION JOINT BOARD

RISK POLICY

Version	Creation /Review date	Approved by MIJB	Date Implemented	Review Date
1.1	March 2016	31 March 2016	1 April 2016	April 2018
1.2	July 2018	APR 26/7/18		July 2020
1.3	September 2020			April 2022

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2. Scope 43

3. Definition of Risk and Risk Management 4

4. Duties and Responsibilities for Managing Risk within the IJB 4

1. Introduction

Moray Integration Joint Board (MIJB) recognises that both health and social care provision and the activities associated with caring for patients/service users, employing staff, providing premises and managing finances are all, by their very nature, activities that involve a degree of risk and require to be managed. These risks are present on a day-to-day basis throughout MIJB.

Risk Management is as much about empowerment, supporting innovation and seizing opportunities through informed decision making as it is about defending against negative threats and preventing adverse things from happening.

Crucial to the continued delivery of high quality health and social care is enhanced identification and management of events or activities, which could result in risk to patients/service users, staff and visitors/members of the public. The management of risk is a key responsibility of all staff employed by NHS Grampian (NHSG) and The Moray Council.

The Moray IJB, through the Strategic Plan, will seek to establish a culture that ensures risk management is an integral part of everything it does. Risk Management is a means of identifying, evaluating, and controlling risks and effective risk management will help the MIJB to meet its objectives. This Risk Management policy forms part of the internal control framework and is also a vital component in achieving and maintaining clinical and corporate governance.

The integrated Risk Management framework is based on the Australia/New Zealand AS/NZ 4360 “Risk Management Standard” and aligns to ISO 31000 (2018), widely adopted in the UK public sector. This standard is designed to identify and manage risks that could impede the ability of MIJB to meet its objectives.

Good risk management awareness and practice at all levels of the MIJB are critical factors in ensuring that strategic objectives are achieved. MIJB will actively and systematically promote and instil risk management at all levels, ensuring that relevant and appropriate training is available for staff, through NHS Grampian and The Moray Council’s current arrangements.

This policy applies to all employees working in an integrated way for the MIJB and the implementation of its content will require active input from management at all levels to evidence that risk management is a fundamental part of the approach to quality, corporate, social and clinical governance for reporting in the MIJB Annual Governance Statement.

2. Scope

This policy will establish a consistent and integrated approach to the management of risk across the MIJB.

The key objectives of this policy are to provide the framework that facilitates;

- The control and management of risk to achieve the objectives of MIJB;
- the implementation of this policy which underpins;
    - Production of a risk assurance framework to inform the Annual Governance Statement;
    - The integration of Risk Management within the IJB's strategic aims and objectives.

Appropriate training will be provided in relation to risk management through NHS Grampian and The Moray Councils current arrangements to ensure smooth implementation of this policy.

This policy applies to all employees, contractors and other third parties working in an integrated way for Moray IJB. Risk management is the responsibility of all staff, although managers at all levels are expected to take an active lead to ensure that risk management is a fundamental part of their operational area.

3. Definition of Risk and Risk Management

For the purposes of this policy the following definitions will apply:

Risk *is the "effect ~~..uncertainty~~of uncertainty on objectives"~~of outcome~~, "whether positive opportunity or negative threat, of actions and events. It is the combination of likelihood and impact, including perceived importance." ~~and~~*

Risk (and opportunity) management *is "the control of this uncertainty through planning and action" This will include"…all the processes involved in identifying, assessing and judging risks, assigning ownership, taking actions to mitigate or anticipate them, and monitoring and reviewing progress."*

ISO 21000 2018

4. Duties and Responsibilities for Managing Risk within MIJB

Moray Integration Joint Board

The Board has a responsibility to ensure that there is a clear and appropriate management structure for ensuring that MIJB has effective systems for identifying

and managing all risk, which enables decisions to be taken at an appropriate level. In particular, the Board will:-

- Approve the Risk Management Policy;
- Review and approve MIJB's Assurance Framework;
- Designate responsible Board members to manage risk(s);
- Approve resource allocations in respect of risk prioritisation;
- Seek assurance that risks identified within the Strategic Plan are being appropriately managed;
- Review MIJB's major risks and agree the management plans for 'Very High' Corporate risks;
- Seek assurance that identified risks are communicated appropriately;
- Review the effectiveness of all Internal Controls including, financial, organisational, information management, performance management and clinical controls, all designed to mitigate risks;
- Ensure that there is effective liaison between NHS Grampian and The Moray Council in respect of the management of risk.

Additionally to inform the Annual Governance Statement made by the Chief Officer in the annual accounts the Board needs to demonstrate:

- That it has been informed through assurances about all risks not just financial.
- That it has arrived at their conclusions on the totality of risk based on all evidence presented to them.
- Accountability for the decisions made in addressing the risks presented to the Board and in the action being implemented.

Chief Officer

The Chief Officer is responsible for the establishment of effective arrangements for the management of risk and processes to gain an assurance that the identified management arrangements are adequate.

The Chief Officer delegates the authority to develop MIJB's Risk Management arrangements as specified below:

Chief Financial Officer

The Chief Financial Officer will provide the strategic lead for financial risk and the effective co-ordination of financial controls throughout the MIJB. The Chief Financial Officer is professionally accountable for financial practice and securing an internal audit function which provides MIJB with independent assurance.

Voting Members

Voting Members are responsible for ensuring that:

- This policy is robust and defensible and seeking assurances that the policy has been implemented appropriately across MIJB;
- Risks to MIJB's objectives are being controlled effectively; and
- They are satisfied of the reliability and integrity of risk management and internal control arrangements.

Heads of Service/Department and other Senior Managers

Heads of Service/Department have responsibility for ensuring compliance with the risk management system as laid down in this policy. Specifically they are required to:

- Ensure that appropriate and effective risk management processes are in place within their designated area and scope of responsibility;
- Ensure that all staff are made aware of the risks within their work environment and of their personal responsibilities;
- Implement and monitor any identified risk management control measures within their area of responsibility ensuring that they are appropriate and adequate;
- Where appropriate capture risks onto operational risk registers, and review these on a regular basis.
- Ensure that all staff under their jurisdiction are given the necessary information, instruction, training and supervision to enable them to work safely.

Risk Management Advisors

The Risk Management Advisors from ~~with The~~ Moray Council and NHS Grampian will provide specialist advice, assistance and support in Risk Management where required.

Risk Owners

A Risk Owner is a person charged with the management of a specific risk or risks, with responsibility for ensuring that the risk is managed and mitigated.

This includes identifying the controls in place to mitigate the risk, evidencing that the risk is being managed effectively and identifying any further actions required to

mitigate or eliminate the risk. It is the risk owner's responsibility to ensure that risks are appropriately monitored and reported.

Staff

All staff and contractors working for ~~The~~ Moray Council and NHS Grampian have a responsibility for identifying actual or potential risks and reporting and/or escalating issues in accordance with this Policy and any related or associated procedures and/or guidance.

5. Risk Management Process

The process for managing risk is documented out with this policy. ~~However, it~~ It is worth noting that all risks will be evaluated~~assessed~~ according to their assessed likelihood and ~~the corresponding~~ impact as shown in the table below, in order to determine whether or not a specified level of risk is acceptable or tolerable.

Likelihood	**Consequence / Impact**				
	Negligible	Minor	Moderate	Major	Extreme
Almost Certain	Medium	High	High	V High	V High
Likely	Medium	Medium	High	High	V High
Possible	Low	Medium	Medium	High	High
Unlikely	Low	Medium	Medium	Medium	High
Rare	Low	Low	Low	Medium	Medium

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 24 SEPTEMBER 2020**

SUBJECT: **MORAY INTEGRATION JOINT BOARD MEETING DATES 2021/22**

BY: **INTERIM CHIEF OFFICER**

1. REASON FOR REPORT

1.1 To propose the schedule of meetings of the Moray Integration Joint Board (MIJB), the Audit, Performance & Risk Committee and the Clinical & Care Governance Committee for 2021/22.

2. RECOMMENDATION

2.1 It is recommended that the MIJB endorses the schedule of meetings for the MIJB, the Audit, Performance & Risk Committee and the Clinical & Care Governance Committee for 2021/22.

3. BACKGROUND

3.1 A timetable of meetings for the MIJB for 2020/21 was agreed at its meeting held on 31 October 2019 (para 10 of the Minute refers).

3.2 Meetings for Board and Committees are currently scheduled for the last Thursday in the month. Requests from members were received during 2019/20 to avoid scheduling meetings during the summer recess period, and this was incorporated into the schedule for 2020/21.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 A Survey Monkey was issued to Board members in July 2020 regarding frequency and timings of Board and Committee meetings. The questions posed and results are attached at **APPENDIX 1** and the majority response was to retain meetings on the last Thursday in the month. A request was received for MIJB meetings to be held in the afternoon to assist with a diary conflict for a voting member.

4.2 On this basis, a proposed timetable of MIJB meetings for 2021/22 including Audit, Performance & Risk Committee and Clinical & Care Governance Committee is attached at **APPENDIX 2**.

4.3 The meeting schedule is established with the intention to ensure key dates for formal business are accounted for and to avoid the creation of Special meetings to conduct formal business during development sessions.

4.4 Meetings will be conducted via Microsoft Teams whilst the social distancing requirements associated with Covid-19 are in place and due to the long duration, the scheduled "open space" will not take place during this time. In addition the Chair will ensure that there are sufficient comfort breaks.

5. SUMMARY OF IMPLICATIONS

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

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

(b) Policy and Legal

In terms of the Standing Orders section 4.1, approved by the Board at its meeting on 28 June 2018 (para 5 of the Minute refers), the Board is to approve annually a forward schedule of meeting dates for the following year.

(c) Financial implications

There are no financial implications directly arising from this report.

(d) Risk Implications and Mitigation

None directly arising from this report.

(e) Staffing Implications

There are no staffing implications directly arising from this report.

(f) Property

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

(g) Equalities/Socio Economic Impact

An equalities impact assessment is not required as there is no change to service delivery arising as a result of this report.

(h) Consultations

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

- Democratic Services Manager
- Chief Financial Officer

6. CONCLUSION

6.1 The MIJB is asked to endorse the timetable of meetings, as attached at APPENDIX 2.

Author of Report: Jeanette Netherwood
Background Papers: With Author
Ref: MIJB Meeting Dates

Survey Monkey (Board Members) – 12 response received

Q1 On which day of the week would you prefer the MIJB held its Board meeting and Committees? (currently held on a Thursday)

Monday	8.33%	1
Tuesday	16.67%	2
Wednesday	16.67%	2
Thursday	83.33%	10
Friday	8.33%	1

Q2 On which week of the month would you prefer the MIJB held its Board meeting and Committees? (currently held on the last Thursday of the month)

1st week of the month	16.67%	2
2nd week of the month	0.00%	0
3rd week of the month	8.33%	1
4th week of the month	8.33%	1
Last week of the month	41.67%	5
Don't mind	25.00%	3

Q3 Any comments with regards to frequency and timings of the Board meeting and/or Committees?

Prefer meeting to commence at 10.30am – this would enable any pre-meet to take place

Once a month seems fine

Eventual dates need to be set well in advance in order to plan around other commitments

More regular spacing between Board meetings. Summer recess is too long (as evidenced by need for a special meeting end of July).

Proposed Meeting Dates 2021/22

DATE	MEETING TYPE	TIME
29 April 2021	Moray Integration Joint Board Development Session	9:00 to 12 Noon
27 May 2021	Clinical & Care Governance Committee	9:30 to 12 Noon
27 May 2021	IJB	Open session from 13:00 Meeting 13:30 to 16:00
24 June 2021	Audit, Performance and Risk Committee	10:30 to 12 Noon
24 June 2021	IJB	Open session from 13:00 Meeting 13:30 to 16:00
29 July 2021	Moray Integration Joint Board Development Session	9:00 to 12 Noon
26 August 2021	Clinical & Care Governance Committee	9:30 to 12 Noon
26 August 2021	Audit, Performance and Risk Committee	13:00 to 14:30
30 September 2021	IJB	Open session from 13:00 Meeting 13:30 to 16:00
28 October 2021	Moray Integration Joint Board Development Session	9:00 to 12 Noon
28 October 2021	Clinical & Care Governance Committee	13:00 to 15.30
25 November 2021	Audit, Performance and Risk Committee	10:30 to 12:00

25 November 2021	IJB	Open session from 13:00 Meeting 13:30 to 16:00
27 January 2022	IJB	Open session from 13:00 Meeting 13:30 to 16:00
24 February 2022	Moray Integration Joint Board Development Session	9:00 to 12 Noon
24 February 2022	Clinical & Care Governance Committee	13:00 to 15:30
31 March 2022	Audit, Performance and Risk Committee	10:30 to 12:00
31 March 2022	IJB	Open session from 13:00 Meeting 13:30 to 16:00

REPORT TO: **MORAY INTEGRATION JOINT BOARD ON 24 SEPTEMBER 2020**

SUBJECT: **MEMBERS' EXPENSES**

BY: **CHIEF FINANCIAL OFFICER**

1. REASON FOR REPORT

1.1. To inform the Board of amendments to the policy for reimbursement of expenditure incurred by individuals discharging their duties in relation to Moray Integration Joint Board (MIJB).

2. RECOMMENDATION

2.1. It is recommended that the MIJB note the changes made to the Members' Expenses Policy (APPENDIX 1).

3. BACKGROUND

3.1. Members of the MIJB, its Committees and supporting groups, will from time to time incur expenses in performing their duties as members. A policy was developed to ensure that members are fairly reimbursed for expenditure necessarily incurred in performing these duties.

3.2. MIJB approved this policy at its meeting on 31 March 2016 (para 13 of the minute refers) and forms part of the Members' Handbook

3.3. The policy applies only to members who are not already covered by their organisations respective expenses policies. Where appropriate, Members of the MIJB, will continue to claim business expenses in accordance with the policy of their respective organisations.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. Changes have been made to the subsistence allowance section and are tracked for ease of reference.

4.2. These amendments are in line with Moray Council's subsistence rates.

4.3. A version control table has also been added to the policy.

4.4. Expenses will only be reimbursed where wholly, exclusively and necessarily incurred on MIJB, Committees and supporting working groups business and must be supported by receipts or other evidence.

5. SUMMARY OF IMPLICATIONS

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

Effective procedural arrangements support the development and delivery of priorities and plans

(b) Policy and Legal

This policy provides a robust mechanism that ensures all representative members of the specified groups are equitably reimbursed for expenses incurred whilst discharging their responsibilities.

(c) Financial implications

The costs of expenses claimed will be met by the MIJB.

(d) Risk Implications and Mitigation

Without effective procedural arrangements in place to deal with issues such as expenses, there is a risk that members will be financially penalised for their representation on MIJB business. The absence of a written policy and procedure may leave the MIJB open to misinterpretation.

(e) Staffing Implications

There are no staffing issues arising directly from this report.

(f) Property

There are no property implications arising directly from this report.

(g) Equalities/Socio Economic Impact

An Equalities Impact Assessment is not required because there are no service, policy or organisational changes being proposed as a direct result of this report.

(h) Consultations

Consultation has taken place with the Interim Chief Officer, who is in agreement with the report.

6. CONCLUSION

6.1. The updated expenses policy will ensure that members are reimbursed for expenses incurred on MIJB, Committees and supporting working group business while at the same time keeping control of costs.

Author of Report: Isla Whyte, Interim Support Manager, HSCM
Background Papers: attached at Appendix 1
Ref:

MORAY INTEGRATION JOINT BOARD

MEMBERS' EXPENSES POLICY

Introduction

Individuals discharging their duties in relation to the Moray Integration Joint Board (IJB), its Committees and supporting working groups, will from time to time incur expenses in performing their duties. This policy has been developed to ensure that members are fairly reimbursed for expenditure necessarily incurred in performing their duties.

This policy applies only to members who are not already covered by their respective expenses policies. Members of the IJB, its Committees and supporting working groups or employees of organisations where an expenses policy exists will continue

to claim business expenses in accordance with the policy of their respective organisations. To qualify for reimbursement, expenses must be incurred wholly, exclusively and necessarily in the performance of the Board members duties and must be supported by receipts.

Claimable Expenditure

Travel expenses
Travel expenses will be reimbursed subject to the mode of travel being the most economical and efficient in view of all the circumstances. Where a journey involves more than one member, car sharing should always be considered.

Vehicle mileage will be reimbursed at the HMRC rate in force at the time when the expenditure was incurred (currently 45p per mile). Prior to claiming mileage for the first time and annually thereafter members will have to demonstrate that they hold a valid driving licence and motor insurance covering business travel. Travel by motorcycle is reimbursed at 24p per mile. Mileage claims should be accompanied by a VAT receipt for fuel sufficient to cover the miles claimed to allow for VAT to be reclaimed where allowable. The VAT receipt must be dated before the first journey claimed.

Travel by public transport on the business of the group that they are a member of will normally be booked on the IJB, its Committees and supporting working group Members. Where the Member makes his or her own transport arrangements reimbursement will be made for standard class travel only.

Parking and Other Fees
Parking charges will be reimbursed on production of the appropriate receipts. Parking fines or similar penalties will not be reimbursed.

Subsistence
When travelling outside Moray on IJB business and where meals are not provided; Members may claim the actual cost of meals purchased up to the maximum amount allowed, which are currently:

Exceeding 4 but no more than 8 hours	A maximum of £15.00
Exceeding 8 but no more than 12 hours	Up to a further £10.00
Exceeding 12 hours	Up to a further £10.00

Receipts must be provided for all expenditure incurred.

Support for Carers
Carer representatives who need support for their caring responsibilities in order to participate in the business of the IJB will be invited to discuss their needs with the Chief Officer so that appropriate support can be provided.

Claiming Expenses
Expenses should be claimed monthly using the standard claim form, which will be supplied to all members covered by this policy. Claims delayed by more than three months will not normally be paid. Receipts should be attached and the completed claim form sent for the attention of the relevant senior manager for authorisation.

Version Control

March 2016	Policy developed by Chief Financial Officer, reviewed by Chief Officer and approved by MIJB
April 2016	Policy implemented
August 2020	Moray Council logo updated, subsistence section updated and version control table added.
September 2022	Next policy review date

Concern in relation to expenses not covered within this policy should be raised with the Chief Officer or Chief Financial Officer of the MIJB.

MORAY INTEGRATION JOINT BOARD

Volunteering Expenses Subsistence Form

All expenditure must be agreed in advance, supported by valid vat receipts and attached to this form where appropriate.

	Claimant Details						
Claimant Name:							
Claimant Address:							
		Postcode:		Telephone:			
Base (if relevant)							
Date	**Journey Details** (to / from and reason for journey – meeting, event etc.)	**Method Of Travel**	**Mileage**	**Travel Fares £**	**Other Expenses Details**	**Other Expenses £**	
Official use only	Sub Totals						£

Claimant: I declare that the expenses claimed above have been incurred by me and that reimbursement has not or will not be made to me by any other public or charitable funds in respect of this claim.

Signed : _____ Date : _____

FOR OFFICIAL USE ONLY

Payment Agreed by : _____ Date : _____

Approved by : _____ Date : _____ Cost Centre / Management Centre: _____/_____