



Moray Integration Joint Board

Thursday, 29 June 2023

Council Chambers

NOTICE IS HEREBY GIVEN that a Meeting of the **Moray Integration Joint Board**, **Council Chambers, Council Office, High Street, Elgin, IV30 1BX** on **Thursday, 29 June 2023 at 10:00** to consider the business noted below.

AGENDA

1. **Sederunt**
2. **Declaration of Member's Interests**
3. **Minutes of meeting of 25 May 2023** 5 - 8
4. **Action Log of 25 May 2023** 9 - 10
5. **Chief Officer Report** 11 - 28
6. **Revenue Budget Outturn 2022-23** 29 - 52
7. **Unaudited Annual Accounts** 53 - 114
8. **Local Code of Corporate Governance Update** 115 - 130
9. **Lossie Locality Health and Wellbeing Services** 131 - 150
Progress Update
10. **Moray Growth Deal** 151 - 166
11. **Strategic Transformation Plan** 167 - 170
12. **Moray Daytime Unscheduled Care Service** 171 - 176

13. Childrens Services Self Directed Support Budget Overspend	177 - 180
14. Older Adult Psychiatry Update	181 - 184
15. Moray Annual Performance Report 2022-23	185 - 240

MORAY INTEGRATION JOINT BOARD

SEDERUNT

Mr Dennis Robertson (Chair)

Councillor Tracy Colyer (Vice-Chair)

Professor Siladitya Bhattacharya (Voting Member)

Mr Derick Murray (Voting Member)

Mr Sandy Riddell (Voting Member)

Councillor Peter Bloomfield (Voting Member)

Councillor John Divers (Voting Member)

Councillor Scott Lawrence (Voting Member)

Professor Caroline Hiscox (Ex-Officio)

Mr Roddy Burns (Ex-Officio)

Mr Ivan Augustus (Non-Voting Member)

Mr Sean Coady (Non-Voting Member)

Ms Jane Ewen (Non-Voting Member)

Mr Stuart Falconer (Non-Voting Member)

Mr Graham Hilditch (Non-Voting Member)

Dr Paul Southworth (Non-Voting Member)

Mrs Val Thatcher (Non-Voting Member)

Mr Simon Bokor-Ingram (Non-Voting Member)

Professor Duff Bruce (Non-Voting Member)

Ms Sonya Duncan (Non-Voting Member)

Dr Robert Lockhart (Non-Voting Member)

Ms Deborah O'Shea (Non-Voting Member)

Ms Elizabeth Robinson (Non-Voting Member)

Dr Malcolm Simmons (Non-Voting Member)

Ms Tracy Stephen (Non-Voting Member)

Mr Kevin Todd (Non-Voting Member)

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



MINUTE OF MEETING OF THE MORAY INTEGRATION JOINT BOARD

Thursday, 25 May 2023

Council Chambers, Council Office, High Street, Elgin, IV30 1BX

PRESENT

Mr Ivan Augustus, Professor Siladitya Bhattacharya, Councillor Peter Bloomfield, Mr Simon Bokor-Ingram, Mr Sean Coady, Councillor Tracy Colyer, Ms Sonya Duncan, Mr Graham Hilditch, Councillor Scott Lawrence, Dr Robert Lockhart, Mr Derick Murray, Ms Elizabeth Robinson, Dr Malcolm Simmons
Councillor Sandy Keith (for Councillor John Divers)

APOLOGIES

Professor Duff Bruce, Mr Roddy Burns, Councillor John Divers, Ms Jane Ewen, Mr Stuart Falconer, Professor Caroline Hiscox, Ms Deborah O'Shea, Mr Sandy Riddell, Mr Dennis Robertson, Dr Paul Southworth, Ms Tracy Stephen, Mrs Val Thatcher, Mr Kevin Todd

IN ATTENDANCE

Also in attendance at the above meeting were the Mr Alasdair Pattinson, General Manager, Dr Gray's Hospital, Ms Christine Thomson, Lead Pharmacist, Ms Carmen Gilles, Interim Strategy and Planning Lead, Ms Sonya Duncan, Corporate Manager, Ms Michelle Fleming, Self Direct Support and Carers Officer, Ms Rosemary Reeve, Interim Primary Care Development Manager and Tracey Sutherland, Committee Services Officer.

1. Chair

The meeting was chaired by Councillor Tracy Colyer.

2. Congratulations

The Board joined the Chair in congratulating Mr Charles McKerron, Integrated Service Manager Learning Disability Service, on his retirement and wished him a long and happy retirement.

3. Declaration of Member's Interests

The Board noted that there were no declarations of member's interests.

4. Minute of meeting of 30 March 2023

The minute of the meeting of 30 March 2023 was submitted and approved.

5. Action Log of 30 March 2023

The Action Log of the meeting of 30 March 2023 was discussed and updated accordingly.

6. Membership of Board and Committees Report

A report by the Corporate Manager informed the Board of changes to membership of the Moray Integration Joint Board (MIJB) and the Clinical and Care Governance Committee.

Following consideration the Board agreed to note:

- i) the confirmation of appointment of a new member to the MIJB;
- ii) the confirmation of a new member to the Clinical and Care Governance Committee; and
- iii) the updated membership of the MIJB and Committees at Appendix 1.

7. Chief Officer Report

A report by the Chief Officer informed the Board of the Chief Officer activities that support the delivery against the Moray Integration Joint Board's (MIJB's) strategic priorities articulated in the Strategic Plan, and the delivery against the 9 Health and Wellbeing outcomes. Key work for the Partnership includes the implementation of Home First; remobilisation from the covid pandemic; supporting measures for the reduction of local covid transmission; and budget control.

Following consideration the Board agreed:

- i) to note the content of the report; and
- ii) that transforming services to meet the aspirations of the MIJB's Strategic Plan remains a priority, with a focus on key objectives as we remobilise from the Covid-19 pandemic, along with a look ahead as we continue to develop our strategic planning.

8. Primary Care Pharmacy Budget 2023-24 Report

A report by the Lead Pharmacist informed the Board of the predicted prescribing budget resource requirements for 2023-24, alongside key drivers for growth.

Following consideration the Board agreed to note:

- i) the recommendations made in this paper regarding volume, costs, risks and the net predicted need for a budget resource of £20,414,000, as part of the overall Health and Social Care Partnership (HSCP) budget setting process for 2023-24;
- ii) efficiency savings of £400,000, detailed in para 5.7, takes the net budget from £20,414,000 to £20,014,00;
- iii) the estimated budget requirements; and
- iv) mitigations regarding cost efficiencies.

9. MRI Scanner and Ligature Reduction Integrated Programme Dr Gray's Hospital Report

A report by the General Manager, Dr Gray's Hospital informed the Board of the programme status and associated requirements of the MRI Scanner and Ligature Reduction Integrated Programme.

Following consideration the Board agreed to note the report.

10. Demand for Housing and the Impact Plan for Future GP Resources Report

A report by the Primary Care Development Manager informed the Board of the demand for housing across Moray and the resultant impact on current and future plans for GP premises.

Following consideration the Board agreed to note:

- i) the demand for housing across Moray; and
- ii) the impact on current and future plans for Moray GP Practices.

11. General Practice Sustainability in Moray Report

A report by the Head of Service informed the Board of sustainability issues in general practice across Moray.

During consideration of the report, Councillor Colyer proposed adding an additional recommendation for the Chair of the MIJB to write to the Scottish Government highlighting the issues which are disproportionately affecting Moray.

As there was no one otherwise minded, the Board agreed:

- i) note the contents of the report;
- ii) the actions and risk mitigation as detailed in section 4 of the report; and
- iii) the Chair of MIJB will write to the Scottish Government highlighting the issues which are disproportionately affecting Moray.

12. Implementation Plan Relating to Strategy for Unpaid Carers in Moray Report

A report by the Lead Officer for Unpaid Carers informed the Board of the requirement to prepare and review a local carer strategy. The associated implementation plan is to be agreed and monitored by the IJB.

Following consideration the Board agreed:

- i) the associated implementation plan relating to the Moray Carers Strategy 2023-2026; and
- ii) to instruct the Lead Officer for Unpaid Carers to report back to the MIJB Clinical and Care Governance Committee in 6 months time to monitor progress on the plan and the actions within.



MEETING OF MORAY INTEGRATION JOINT BOARD

Thursday 25 May 2023

ACTION LOG

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY	UPDATE FOR 29 JUNE 2023
1.	Q3 revenue budget monitoring 2022-23	Update sought on recruitment to older adult psychiatry post/alternative models – to be added in to next Chief Officer report.	June 2023	Chief Officer	Paper on today's agenda
2.	General Practice Sustainability Report	Chair of MIJB will write to the Scottish Government highlighting the issues which are disproportionately affecting Moray.	June 2023	Chair/Chief Officer	Letter posted 15 June 2023
3.					



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 29 JUNE 2023

SUBJECT: CHIEF OFFICER REPORT

BY: CHIEF OFFICER

1. REASON FOR REPORT

- 1.1 To inform the Board of the Chief Officer activities that support the delivery against the Moray Integration Joint Board's (MIJB's) strategic priorities articulated in the Strategic Plan, and the delivery against the 9 Health and Wellbeing outcomes. Key work for the Partnership includes the implementation of Home First; remobilisation from the covid pandemic; supporting measures for the reduction of local covid transmission; and budget control.
- 1.2 Strategic planning needs to maintain a focus on transformational change to deliver services to our community within the resources we have available. The MIJB has agreed a refreshed Strategic Plan, and the delivery plan is being developed and will be brought to the next MIJB meeting for approval.

2. RECOMMENDATION

2.1. It is recommended that the MIJB:

- i) **consider and note the content of the report;**
- ii) **agree that transforming services to meet the aspirations of the MIJB's Strategic Plan remains a priority; and**
- iii) **agree to delegate authority to the Chief Officer and the Standards Officer to enter into the joint agreement arrangements with the North East Alliance, to work with Public Health Scotland for the benefit of Moray residents on behalf of the Moray Health and Social Care Partnership.**

3. BACKGROUND

Home First and Hospital without Walls

- 3.1 Work continues to develop the Home First portfolio of projects with a focus on ensuring projects are sustainable, scalable and meet the strategic objectives of the MIJB. Work is being undertaken in a Portfolio approach, pulling on the

strengths and assets at a whole system level. Efforts include a focus on reducing delayed discharges, with a plan in place to reduce delayed discharges to 10 or below. Delayed discharge figures over the last month have been within a range between 12 and 19. While this is a significant improvement from when the action plan commenced, each individual delay has an impact on the individual and their family. Work on the actions in the plan continue with a vigorous approach to reducing those delayed.

- 3.2 Hospital without Walls continues to be developed and there will be opportunities for testing new concepts within the framework of the Moray Growth deal and specifically with the Digital Health and Care Innovation Centre. There are also opportunities for concept testing through non-recurrent funding agreed through the NHS Grampian Unscheduled Care Programme Board.
- 3.3 Moray HSCP is part of a national initiative to improve the frailty pathway, having bid successfully to be part of the Focus on Frailty programme being run by Healthcare Improvement Scotland ihub. The overall aim of the programme is to ensure people living with or at risk of frailty have improved experience of and access to person centred, co-ordinated health and social care. This will be realised by early identification and assessment of frailty; people living with frailty, carers and family members access person-centred health and social care services: and health and social care teams report improved integrated working.
- 3.4 In addition to completing the Day of Care Survey the team conducted qualitative informal interviews with staff to further understand the impact of current system pressures on staff and patients and to identify potential solutions to improve patient flow through our systems. This work will now be extended to take a more in-depth analysis for Adult Social Work, led by the Chief Social Work Officer.

Remobilisation and winter planning

- 3.5 To date the healthcare system has responded to significant surges in demand. A pan Grampian approach to manage surge and flow through the system ensures patients/service users receive the care they require. Staff within Moray, across all sectors of health and social care, including independent providers and the third sector, have stepped up to the challenge on a daily basis. There is significant pressure in some service areas which will require a particular focus to work through the backlog of referrals.
- 3.6 Whilst the service is seeing pressure easing in some areas as staff absence rates decrease, for some services, other pressures remain. Demand for unscheduled hospital care has not discernibly diminished, and Dr Gray's is having to manage a very tight capacity position on a daily basis. Community hospital beds, and intermediate options are being fully utilised, with expedient discharge from Dr Gray's as soon as beds are available.
- 3.7 The pressure on the bed base from predominantly unscheduled presentations creates a challenge, within a fixed bed base, to carry out a level of planned operations, and a plan is being developed to return to pre-covid levels of elective activity at Dr Gray's Hospital. Recognising that every part of the system is connected, and the potential for patients on waiting lists to develop worsening or more complex medical problems, patients are likely to need

additional and more frequent support from general practice, adding further to the pressure they are experiencing.

- 3.8 A range of initiatives are being introduced and tested as part of the wider portfolio Urgent and Unscheduled Care Improvement Plan that focuses on avoiding unnecessary hospital admissions and improving patient flow through the system. In parallel, in specialties where waiting times for elective surgery are long, e.g. Orthopaedics, General Surgery and Ophthalmology, alongside the small volume of cases we are providing locally, we are also offering Moray residents the opportunity to have their surgery provided in other regional and national centres where staffed theatre and bed capacity is available. The National Treatment Centre in Inverness has already started hip and knee replacement surgery for Grampian residents.
- 3.9 Planning is now taking place at a Grampian level for winter 23/24, and as part of that planning the bed base across all Moray hospitals will be looked at, including Dr Gray's and community hospitals, and the balance between allocations for specialities, and scheduled and unscheduled care. This will compliment work being undertaken at Aberdeen Royal Infirmary to look at the most effective use of the bed base in preparation for next winter. Along with our other 2 HSCPs in Grampian we will look at how we can create more real time information for the Moray IJB, partner organisations and our communities so that we can all understand what the capacity and pressures are across the health and care system.

Covid Vaccination Programme

- 3.10 There is no change to the forward programme for Covid Vaccinations from the last Chief Officers report to the MIJB. (Joint Committee on Vaccination and Immunisation) (JCVI) have confirmed that Secondary School Pupils will again be included in the seasonal Flu Immunisation Childhood and School Programme for 2023/2024.

Asylum and Humanitarian Protection Schemes

- 3.11 The pressures associated with the various schemes have become particularly acute in recent months across Scotland, especially in relation to the Super Sponsorship Scheme for Ukrainians, the roll out of full dispersal model for Asylums, and the National Transfer Scheme for Unaccompanied Asylum-Seeking Children.
- 3.12 Moray will continue to support many resettlement and refugee schemes including the Asylum Dispersal Model and the Afghan Relocation and Assistance Policy (ARAP) Scheme when required. The Refugee Resettlement Team will continue to coordinate and facilitate all partners to be active contributors. Moray will host up to 50 people seeking asylum at a hotel in Elgin, and people started to move in May 2023. The hotel facility is managed through a contract from the Home Office with the private sector. The Refugee Resettlement Team is very active in supporting any health and care needs, and working with partner organisations to maximise the overall well-being of individuals.

Ward 4 anti-ligature work and installation of MRI scanner at Dr Gray's Hospital

- 3.13 A dedicated work stream is in place to manage the programme of works on the Dr Gray's Hospital site that involves completing the anti-ligature work on

Ward 4, the Mental Health inpatient ward, alongside the planned installation of an MRI scanner on the hospital site. Both the anti-ligature work and the MRI installation will directly affect the ability of inpatient and outpatient services to maintain a safe environment for patients and staff while the works are being carried out, and alternative accommodation on a temporary basis is being identified and assessed for its suitability.

Dr Gray's Strategy

- 3.14 Dr Gray's Plan for the Future was approved by the NHS Grampian Board in February 2023. An implementation plan was presented to the NHS Grampian Board and approved in April 2023. Further information can be found here: [Plan For The Future - Dr Gray's Hospital 2023-2033 \(nhsgrampian.org\)](https://www.nhs.uk/grampian/plan-for-the-future-2023-2033). Implementation will be monitored at both a Dr Gray's and Portfolio level via a programme management office approach and there are a number of strands of work that span across the Portfolio relating to care pathway redesign, workforce planning, physical infrastructure, and digital health innovation.

Budget Control

- 3.15 Transformational change that meets the test of quality and safety must also be efficient, making the best use of available resources. The Senior Management Team (SMT) for the Portfolio are meeting regularly to review spend and consider investment prior to seeking MIJB approval. There is a continuous need to track progress on transformational redesign to ensure it is meeting the aims of the Strategic Plan. Whilst we have presented a balanced budget and have provisionally out-turned for 2022/23 with a small surplus, less than anticipated, savings will continue to be required and reviewed to ensure sustainability in 2023/24 and the years beyond.
- 3.16 Ongoing work will be required, led by the Chief Officer, with the Senior Management Team and wider System Leadership Group, to implement proposals that were presented to the last MIJB meeting that will align the budget to available resources during 2023/24.

Payment Verification

- 3.17 National Services Scotland (NSS) process contractor payments and during the pandemic their focus had been to maintain protective payments each month. The payment verification meetings are now recommencing for all groups, with dates close to being finalised for general medical services. Once sufficient data is available a subsequent update report will be made to the Audit Performance and Risk Committee.

NHS Grampian Delivery Plan

- 3.18 NHS Grampian has a contract with the Scottish Government to have a Chief Executive Team/Board 'owned' Delivery Plan. This sets out how NHS Grampian Board, working in partnership with the three Health and Social Care Partnerships (HSCPs), colleagues, citizens, communities, and partners (including the third sector) will make progress against the vision and strategic priorities as set out in the Plan for the Future 2022-28, along with responding to key priorities set out by the Scottish Government.
- 3.19 There is already a high degree of congruence between the Moray Strategic Plan and the Plan for the Future and colleagues from all three HSCPs have been closely linked to the development work for the NHSG Delivery Plan ensuring that this reflects existing work without committing the HSCPs to

additional or incongruent activity. Shared outcomes for the Delivery Plan have been agreed by the North East Transformation Group and a high-level presentation on the plan was given to the Moray Strategic Planning and Commissioning Group and feedback captured.

- 3.20 An initial draft of the Delivery Plan was considered by a closed session of NHS Grampian's Board on 1 June 2023 and is due to be submitted to the Scottish Government on 19 June 2023. Feedback is expected by mid-July and following any amendments the final plan will be submitted to the NHS Grampian Board meeting on 3 August 2023.
- 3.21 Progress on the plan will be reported quarterly to the NHS Grampian Board and to Scottish Government, and regular updates will also be shared via a range of mechanisms including the Plan for the Future Website. HSCM will contribute to these progress reports as required in relation to actions specific to them. HSCM contribution to the reporting will be in line with the quarterly reports already submitted to the Senior Leadership Team and to the Audit, Performance and Risk Committee.
- 3.22 It is proposed to invite colleagues from NHS Grampian to present the approved plan to the MIJB on 28 September 2023.

Dental Registration Update

- 3.23 At the last MIJB meeting, the question of dental patient de-registrations was raised, citing that more than 5,000 patients had been de-registered by Moray dentists in the last 12 to 24 months.
- 3.24 The majority of patients were de-registered by Bishopmill Dental in summer 2022, when they realigned patient demand to the number of dentists employed by the practice.
- 3.25 South Street Dental Practice de-registered just under 2000 patients. This was conducted during a 3-month period during July to November 2022. This was as a result of the practice moving to doing more private work. Patients were provided with three months' notice and the offer to sign up as a private patient if they wished. The practice is not fully private and is still carrying out NHS dental work.
- 3.26 A supplementary question was also asked about the impact on the Dental Information and Advice Line (DIAL) regarding these de-registrations. This is presently being monitored by DIAL, who are collecting in-depth data on phone calls and Moray DIAL appointments to allow us to understand the impact of dental access problems. Analysis will be made available in due course once DIAL have collated a picture to describe the current situation.

Draft Strategic Partnership Agreement with Public Health Scotland

- 3.27 The strategic partnership agreement is a commitment between the North East Population Health Alliance (NEPHA) and Public Health Scotland (PHS) to work together with the objective of developing a learning system to improve population health and reduce health inequalities across the North East of Scotland. **Appendix 1** sets out the terms of the agreement, including the background to the North East Alliance. This agreement presents an exciting opportunity, not only to continue working at scale and with a common purpose across the North East, but to work alongside PHS in a much more integrated

way. The draft agreement may be subject to minor changes, and the Chief Officer will advise the MIJB Chair and Vice-Chair of any changes prior to signing. If the changes are substantial, then a further draft will be brought back to a formal MIJB meeting prior to any decision agreeing it.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 The opportunity remains to accelerate work of the MIJB ambitions as set out in the Strategic Plan. Home First is the programme designed to do that, with the opportunities of an expanded portfolio of health and care that also encompasses Dr Gray's Hospital and Children's Social Work and Justice Services.
- 4.2 The challenge of finance persists and there remains the need to address the underlying deficit in core services. Funding partners are also under severe financial pressures and are unlikely to have the ability to cover overspends going forwards.
- 4.3 Transformational change, or redesign, that provides safe, high quality 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 "Partners in Care 2022 – 2032"

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

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

(b) Policy and Legal

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

(c) Financial implications

There are no financial implications arising directly from this report. The interim Chief Finance Officer continues to report regularly. There is an ongoing requirement to find efficiencies and to demonstrate best value for money.

(d) Risk Implications and Mitigation

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

(e) Staffing Implications

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

on a daily basis, and we must continue to put effort into ensuring staff well-being.

The threat of industrial action by Junior Doctors will have an impact on our ability to maintain performance and continuity of care. We will use a Portfolio approach and full use of the Portfolio teams to mitigate risks.

(f) Property

There are no issues arising directly from this report.

(g) Equalities/Socio Economic Impact

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

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

(h) Climate Change and Biodiversity Impacts

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

(i) Directions

There are no directions arising from this report.

(j) Consultations

The Moray Portfolio Senior Management Team, the Legal Services Manager and the Democratic Services Manager have been consulted in the drafting of this report.

6. CONCLUSION

- 6.1 The MIJB are asked to acknowledge the significant efforts of staff, across in-house providers, externally commissioned services, the Independent and Third Sector, who are supporting the response to the recovery, and the drive to create resilience and sustainability through positive change.**
- 6.2 The strategic partnership agreement presents an exciting opportunity, not only to continue working at scale and with a common purpose across the North East but to work alongside PHS in a much more integrated way.**

Author of Report: Simon Bokor-Ingram, Chief Officer, Moray Portfolio



APPENDIX 1

20230629 FINAL Chief Officer Report APPENDIX 1

Public Health Scotland and the North East
Population Health Alliance

Date: 16 June 2023

Version: DRAFT V1.5

Purpose

This strategic partnership agreement is a commitment between the North East Population Health Alliance (NEPHA) and Public Health Scotland (PHS) to work together with the objective of developing a learning system to improve population health and reduce health inequalities across the North East of Scotland.

This agreement outlines our shared vision, the value of this partnership, how we will work together and some indicative areas we will work together on. As our partnership matures, our work together will inevitably change.

Terms of agreement

The strategic partnership agreement will be effective from August 2023 and will run until August 2026 and will be reviewed annually.

National strategic context

Scotland has a robust and comprehensive national public health strategy that aims to improve the health and well-being of its population. The national strategic context for public health in Scotland is set out in several key documents, including:

1. **Scotland's Public Health Priorities:** This document outlines Scotland's key public health priorities, including reducing health inequalities, improving mental health and well-being, and tackling the underlying causes of ill health such as poverty, obesity, and smoking.
2. **Public Health Outcomes Framework:** This framework sets out the key outcomes that Scotland aims to achieve through its public health policies and interventions. These outcomes include improvements in life expectancy, reductions in premature mortality, and improvements in health-related quality of life.
3. **Scotland's Health and Social Care Delivery Plan:** This plan outlines the actions that the Scottish government will take to deliver its health and social care priorities, including those related to public health.
4. **Scotland's Diet and Healthy Weight Delivery Plan:** This plan sets out the actions that Scotland will take to improve the diet and weight of its population, including promoting healthy eating and physical activity.

5. Mental Health Strategy: This strategy outlines Scotland's approach to improving mental health and well-being, including prevention, early intervention, and treatment.

The Care and Wellbeing Portfolio is the overall strategic reform policy and delivery framework within Health and Social Care. It brings oversight and coherence to the major health and care reform programmes designed to improve population health, address health inequalities and improve health and care system sustainability.

Scotland continues to face significant population health challenges: stalling (and in some groups falling) healthy life expectancy, and widening levels of inequality, exacerbated by COVID-19. In addition, the pandemic has further increased demand on health and care services. Improving health requires improved system sustainability and, even more critically, improved outcomes in the wider factors that create health – good early years; learning, jobs; income; and supportive communities.

The Portfolio provides an opportunity to take a systematic approach to planning and delivering care and wellbeing. Portfolio objectives focus on coherence, sustainability and improved outcomes both within health and care, and across government, with the overall goal of improving population health and reducing health inequalities.

Furthermore, the recent Health Foundation report 'Leave no one behind'ⁱ clearly highlights that despite undoubted policy ambition, effective implementation has fallen short with inequalities persisting and growing across Scotland. Most importantly, the report recognises that change requires practical, up and downstream collaboration and action across all parts of the delivery system and from the public. More than ever this emphasises the need for collective action.

Public Health Scotland context

'A Scotland where everybody thrives' is the overarching ambition of Public Health Scotland's Strategic Plan 2022–2025, which focuses on increasing healthy life expectancy and reducing health inequalities.

The Strategic Plan sets out a clear commitment to collaborative working in recognition that no one organisation or profession can address Scotland's public health challenge. Public Health Scotland has a leadership role in, and contributes to, all of Scotland's public health priorities. Public Health Scotland will focus on three areas:

ⁱ <https://www.health.org.uk/publications/leave-no-one-behind>

- Prevent disease
- Prolong health life
- Promote health & wellbeing

The North East Population Health Alliance Context

We are fortunate to have strong partnerships across public agencies, private and third sectors and communities in the North East with many examples of good practice and innovation to address this complex agenda. However, compounded by the pandemic, some of the population health challenges we are grappling with are significant and in places worsening.

The [2022/23 DPH Annual Report](#) sets out four key threats to population health and action we can collectively take together to break the cycle of widening of health inequalities. The report recognises the strength of our partnerships in the North East and where we are already working well together to tackle these challenges. However, with health gains stalling and health inequalities widening across the North East greater action is required.

There is no single blueprint for a local population health approach. Learning and adapting from our experiences and that of others, leaders in the North East of Scotland are looking at how we can create a system of public health learning across and within our partnership arrangements to reverse current trends. We have called this the North East Population Health Alliance in recognition of our collective responsibility. The North East Population Health Alliance currently comprises nine partners; NHS Grampian, Aberdeen City Council, Aberdeen City Health & Social Care Partnership, Aberdeenshire Council, Aberdeenshire Health & Social Care Partnership, Moray Council, Health & Social Care Moray, Scottish Fire and Rescue Service, and Police Scotland.

The North East Population Health Alliance is not intended to be a governance group, as we have governance mechanisms embedded in our system already, but a forum for ensuring that we develop a learning system that explores our challenges together, tests solutions, and 'what works' is implemented at scale and at pace. Over the next three years we plan to work with a growing and diverse membership from across different sectors, communities and determinants of health. Through bringing our collective knowledge together with data and evidence we want to shape and enable more powerful collective conversations and action to achieve our vision of thriving communities living fulfilled lives.

Vision

The vision of the North East Population Health Alliance has been established through discussions with the North East Population Health Alliance membership. The vision is to have flourishing communities, living fulfilled lives. The North East Population Health Alliance has a joint commitment that: together we will share collective responsibility for the durability of the North East. We will develop and refine this as our membership grows.

Value of collaboration

The aim of this collaboration is to share expertise and collaborate where there is added value to do so for the benefit of the people of the North East of Scotland. The NEPHA and PHS will work collaboratively to ensure that any outputs from the NEPHA are disseminated widely, to promote learning and sharing. We will collaborate to share and learn about key issues to build our knowledge, share insights and use our collective capacity to improve population health outcomes.

PHS will support the NEPHA by working with the health and care system in the North East of Scotland, the north east local authorities and other partners to collectively provide expertise, data, and evidence, as well as facilitating access to relevant networks and partners.

Partnership governance

The NEPHA is not intended to be a governance group in itself, but a forum for ensuring that a learning system is developed and implemented. The governance mechanisms already embedded within and across the system will continue to operate as they do.

The NEPHA will be open to members from different sectors, communities, and determinants of health, with the aim of promoting diversity and inclusivity.

The NEPHA will lead the development of the learning system, and will be responsible for ensuring that the NEPHA meets its objectives.

The partnership between the NEPHA and PHS will be underpinned by a set of shared principles:

<p>I will... use my position</p> <ul style="list-style-type: none"> Use my position, power and influence for North East wide objectives Use my networks for wider gains, constantly looking for opportunities to improve Proactively involve the community in finding solutions 	<p>I will... work with the North East family</p> <ul style="list-style-type: none"> To promote a system mindset and to relentlessly focus on health inequalities at all levels Shift system conversations to focus on maximising wellbeing To better use and share data and allocate resources to support our ambitions
<p>I will... help my organisation to</p> <ul style="list-style-type: none"> Define success as outcomes for collective health goals, not solely organisational success and minimising unintended consequences Being clear on priorities, and using knowledge and data more consistently to support better outcomes, experience and value Work more with communities through equality, diversity and inclusion 	<p>I will... help sustain efforts over time</p> <ul style="list-style-type: none"> By seeing ourselves as a family focused on being a healthier region, celebrating success and promoting local practice, support scale-up and sharing By helping create a collaborative system that rewards contribution to shared objectives not just organisational ones Helping flow to where it is most needed with communities, speaking up about equality, diversity and inclusion

The NEPHA and PHS will maintain the confidentiality of any information shared between them in accordance with relevant laws and regulations. The NEPHA and PHS may agree to share information with third parties, but only with the prior consent of the other party.

This agreement does not constitute a legally binding agreement between the NEPHA and PHS, but rather a statement of intent to collaborate.

The NEPHA and PHS will operate for a period of three years, at which point it will be evaluated.

Monitoring, evaluation and impact measurement

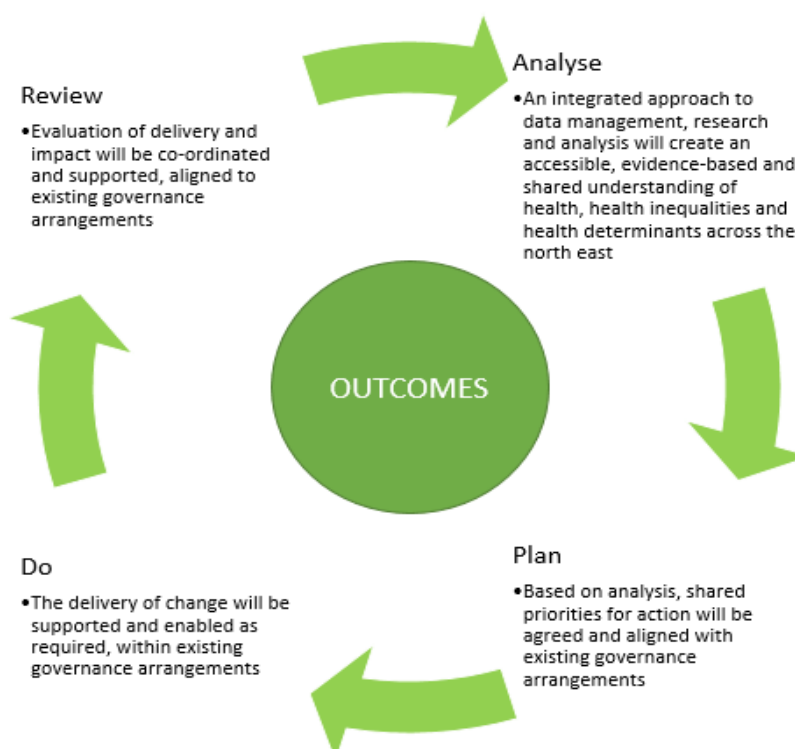
The shared objective of this MoU is to improve population health and reduce health inequalities across the North East of Scotland.

To do so will require the NEPHA and PHS to collectively create the conditions to build relationships, create, acquire and transfer knowledge, and co-design experiments/ explorations/ modifying behaviour/ changing system to reflect new knowledge and insights through shared research and evaluation.

This requires a focus on data capture / understanding the system to generate knowledge, aid decision making and turn knowledge into action to achieve better outcomes. Monitoring and evaluation, therefore, will focus on:

- A. The extent to which the key elements of a learning system have been implemented through the strategic partnership considering the following questions:
- Is this happening in the way we intended?
 - How do respective partners undertaking the work of the learning cycles account for that work?
 - How are we ensuring we are learning together?
 - To what extent is our work together aligned to our shared principles?

At the heart of learning as a management strategy is enacting a process of understanding and experimenting with complex systems to try and get those systems to produce a different pattern of results (or outcomes)ⁱⁱ. We will use learning cycles to collectively plan and organise this work, and form collective knowledge through research and evaluation which will feed into these learning cycles.



ⁱⁱ <https://www.centreforpublicimpact.org/assets/pdfs/hls-practical-guide.pdf>

- B. The impact of the learning system on health and health inequalities
- How have health outcomes changed across the north east?
 - How have health inequalities changed across the north east?
 - To what extent have the prioritised actions agreed by the NEPHA been delivered and what has been the impact?

Resources

Proposed areas of joint work are described in appendix 1.

Fulfilment of the strategic partnership agreement will be dependent on the commitment of dedicated resource from both the NEPHA and PHS. This involves:

1. General principle of sharing knowledge, skills and expertise in order to enable the collective contribution against the agreed joint areas of work
2. Dedicated time from the NEPHA and PHS membership and identified staff to contribute and engage in regular Alliance meetings.
3. Establishment of a core team to develop the partnership and enable the achievement of the collective contribution against the identified joint areas of working
4. Further internal exploration of data held across the NEPHA partners and PHS is required in order to determine what and how data can be shared and utilised.
5. Capacity from NEPHA partners and PHS including data, evidence, research, evaluation, communications and marketing functions to be identified as part of a more detailed planning of joint actions. (This may include secondment opportunities across partner organisations to support skills development, knowledge sharing and transfer, and deployment of specialist skills for the purposes of achieving shared objectives.)

Appendix 1

Proposed areas of joint work

This agreement will facilitate the establishment of a forum for the NEPHA and PHS to collaborate and share knowledge to improve population health and reduce health inequalities across the North East of Scotland. Following assessment of need and understanding of activity across the system the NEPHA and PHS will agree shared priorities. The following high-level themes will be explored in year one with a view to developing more detailed objectives:

1. Develop a learning system that explores the challenges faced by the North East of Scotland, tests solutions, and implements what works at scale and pace.
2. Form collective knowledge, data, and evidence to shape more powerful collective conversations and action to achieve the vision of thriving communities living fulfilled lives.
3. Developing common data governance and system models to enable findable, accessible, interoperability and reusable data to support research, policy development and operational delivery such as the Persons at Risk Database (PARC) and local use of common identifiers, including CHI.
4. Collaboration on the commissioning and conduct of research on the wider determinants of health across the north east and the application of knowledge to practice locally and nationally.
5. Development of a baseline of prevention activity within the region with a view to establishing some targets for growth in activity.
6. Child poverty, the Drugs Mission and the eradication of homelessness will appear in detailed workplan because the commitment is established at a national and local level, and therefore we can maximise the tripartite collaboration on the achievement of these commitments.

Strategic partnership agreement August 2023

We agree and accept this strategic partnership agreement between:

Public Health Scotland, **<add address>**

and: The North East Population Health Alliance (comprising NHS Grampian, Aberdeen City Council, Aberdeen City Health & Social Care Partnership, Aberdeenshire Council, Aberdeenshire Health & Social Care Partnership, Moray Council, Health & Social Care Moray, Scottish Fire and Rescue Service, and Police Scotland)

Public Health Scotland

Name:	
Position:	
Signature:	
Date:	

<insert NEPHA partner organisation name>

Name:	
Position:	
Signature:	
Date:	



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 29 JUNE 2023

SUBJECT: REVENUE BUDGET OUTTURN FOR 2022/2023

BY: CHIEF FINANCIAL OFFICER

1. REASON FOR REPORT

- 1.1 To inform the Moray Integration Joint Board (MIJB) of the financial outturn for 2022/23 for the core budgets and the impact this outturn will have on the 2023/24 budget.

2. RECOMMENDATIONS

2.1 It is recommended that the MIJB:

- i) **consider and note the unaudited revenue outturn position for the financial year 2022/23,**
- ii) **consider and note the impact of the 2022/23 outturn on the 2023/24 revenue budget,**
- iii) **approve the repayment to NHS Grampian of £1,178,000 of the unused ear marked Covid reserve, as detailed in para 8.3, and**
- iv) **approve for issue, the Directions shown in APPENDIX 4 to NHS Grampian and Moray Council.**

3. BACKGROUND

- 3.1 The overall position for the MIJB is that core services were overspent by £5,280,372 as at 31 March 2023. The MIJB's unaudited financial position for the financial year ending 31 March 2023 is shown at **APPENDIX 1**. This is summarised in the table below.

	Annual Budget £	Actual Expenditure £	Variance to date £
MIJB Core Service	140,725,184	146,005,556	(5,280,372)
MIJB Strategic Funds & other resources	18,821,686	8,858,520	9,963,165
Set Aside Budget	13,917,000	13,917,000	0
Total MIJB Expenditure	173,463,870	168,781,076	4,682,793

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

4. KEY MATTERS/SIGNIFICANT VARIANCES FOR 2022/23

Community Hospitals and Services

- 4.1 The Community Nursing budget is overspent by £246,701 to the year-end. This predominantly relates to non pay variances totalling £202,874, which mainly includes increased energy and medical supplies costs alongside increased administration and ancillary domestic services costs. The Community Hospitals were overspent by £120,626 mainly in Buckie. These overspends were offset by underspends in medical costs of £76,799.
- 4.2 Efforts are ongoing to mitigate or minimise risk to service delivery, including the deployment of available staffing in the most effective manner
- 4.3 The outturn for Community Hospitals & Services is overspent by £21,205 more than previously forecast due to the costs mentioned above continuing to increase.

Community Nursing

- 4.4 The Community Nursing budget is underspent by £462,425 to the year end. This is due to underspends in District Nursing £255,144, Health Visitors £206,120 and Maryhill where services are combined £1,161. For District Nursing the overall current underspend relates mainly to the Varis Court Augmented Care Units (ACU's) budget which is underspent by £277,746. The Varis budget underspend remains due to staffing vacancies £155,307 and non-pay £122,439 as a result of the organisational change process and contract with care provider yet to be concluded. In relation to Health Visitors underspends remain due to challenges on the recruitment and retention of qualified and experienced Health Visitors and School Nurses at a local, regional and national level. Underspends have been augmented by additional funding received from the Scottish Government in January amounting to £95,000 which could not be utilised
- 4.5 Mitigation efforts continue to include the development of trainee positions to increase the number of qualified, skilled and experienced practitioners.
- 4.6 The outturn for Community Nursing is underspent by £37,675 more than previously forecast as challenges with recruitment continue.

Learning Disabilities

- 4.7 The Learning Disability (LD) service is overspent by £3,477,103 at the year-end. The overspend is essentially due to the purchase of care for people with complex needs which resulted in an overspend of £3,547,840, client transport of £21,803 and less income received than expected £16,475. This is offset by an underspend in clinical Speech and Language services, physiotherapy and psychology services of £97,220 and other minor underspends totalling £11,795.
- 4.8 This budget has been under pressure for a number of years due to demographic pressures, transitions from Children's services and people living longer and getting frailer whilst staying at home. In this past financial year we

seemed to see a increase in those cases requiring exceptionally high amounts of care due to their level of need and behaviours. Due to their particular needs, paired with the fact that there is a national care shortage there has been an increase in costs. In addition, our housing projects have seen more movement from people living with parents into their own homes which has also created an increase in newer large care packages. The housing projects are in line with agreed local and national strategies but it does generate the requirement for more domiciliary care provision

- 4.9 Adults with learning disabilities are some of the most vulnerable people in our community and need a high level of support to live full and active lives. Overspending in this area is not specific to Moray – local authorities across the country face similar difficulties in funding LD services at the required level. The LD team are aware that without appropriate structure and routine, many of our service users will exhibit challenging behaviours which are costly to manage and are not desirable from the perspective of people's life experience and human rights.
- 4.10 The outturn for the LD service is overspent by £502,062 more than previously forecast due to the reasons mentioned above and forecasting is difficult to do on this volatile budget as client needs can change and therefore costs can fluctuate.

Mental Health

- 4.11 Mental Health services are overspent by £219,627 at the year end. This overspend is primarily due to the purchase of care for people which results in an overspend of £205,554 and other minor overspends of £14,073.
- 4.12 Over the last couple of years the Mental Health budget has seen an increase in referral numbers of young people with complex needs including elements of autistic and ADHD symptoms in addition to, or causing mental health challenges. The impact of Covid both in terms of isolation and on community resources are being realised and the Mental Health Social Work team have had some high cost packages transfer from both children and families Social Work and Learning Disability services. There are no local residential/ accommodated mental health resource for under 65's in Moray, which means out of area placements are required, using facilities in Highland.
- 4.13 The outturn for Mental Health is overspent by £107,364 less than the previous forecast. This was mainly due to the receipt of income from NHS Education for Scotland which was not confirmed until March.

Care Services Provided In-House

- 4.14 This budget is underspent by £2,707,438 at the end of the year. This relates to underspend in staffing across all the services in this budget totalling £3,142,578 which is being reduced by overspends of £117,818 in day care services due to transport costs, less income received than expected £167,063, £35,056 for energy costs across all the services, £26,855 for cleaning costs across all the services, £41,032 for staff uniforms for care at home, £23,585 for Assessor costs and other minor overspends of £23,731.
- 4.15 Unfilled vacancies have been the main reason for the underspend throughout the year and the issue of recruitment has been an ongoing problem.

- 4.16 The outturn for this budget is £219,145 more than previously forecast. This is due to the regrading of social care assistants that was backdated and due to vacancies resulted in a larger underspend.

Older People and Physical Sensory Disability (Assessment and Care)

- 4.17 This budget is overspent by £2,973,958 at the end of the year. This primarily relates to overspends for domiciliary care in the area teams £2,086,975, which includes the Hanover very sheltered housing complexes, permanent care £880,253 due to the increase in the number of clients receiving nursing care rather than residential care and other minor overspends of £6,730. 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.
- 4.18 Due to increase in need and complexity – increase in double up care at home packages. Limited resource availability through our internal provider and limited availability with Allied partnership provider means a reliance on external providers to continue to support the demand/need. The overspend on this budget is related to the underspend in Care Services provided in-house budget above.
- 4.19 The outturn for this budget is £9,687 more overspent than the previous forecast.

Care Services provided by External Contractors

- 4.20 This budget is underspent by £798,560, this primarily relates to underspends in Learning Disability contracts of £613,336, underspend in Mental Health contracts of £195,704 less minor overspends of £10,480.
- 4.21 The outturn for this budget is £84,997 less than previously forecast due to the underspend on the Learning Disability contracts being less than expected. The mental health underspend will be utilised in 23/24 but the learning disability underspend is a true saving from changing the contract from a block purchase to a spot purchase and therefore will be taken as a saving in 23/24.

Admin and Management

- 4.22 This budget is underspent by £361,019 at the year end. This is due to exceeding our vacancy target.
- 4.23 The outturn for this budget is £271,796 less than previously forecast due to an one off audit fee for the KPMG report on Commissioning and vacancy target being less than forecasted.

Primary Care Prescribing

- 4.24 The primary care prescribing budget is reporting an over spend of £1,960,529 for the twelve months to 31 March 2023. Actual data indicates that the average item price has increased significantly since June 22. The overall continuing price increase has been attributed in part to the continuing impact of short supply causing an increase in prices and general inflationary cost increase. This is spread across a range of products. In addition actual volume of items increases to January have been higher year to date than 21/22 following period of increased volumes in 21/22. The estimated position has been adjusted to include an overall 4.01% volume increase to March.
- 4.25 The outturn is £210,529 worse than previously forecast for this budget at the end of the financial year taking into account the volume increase continuing

and further impact of recent price increases impacting on spend in the final months of the year.

Out of Area Placements

4.26 This budget is overspent by £562,157 at the year end. This is due to continuing high cost individual placements.

4.27 The outturn for this budget is £1,575 less than previously forecast.

5. STRATEGIC FUNDS

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

- Additional funding received via NHS Grampian and Moray Council (this may not be fully utilised in the year resulting in a contribution to overall MIJB financial position at year-end, which then needs to be earmarked as a commitment for the future year); and
- Provisions for earmarked reserves has been made to fund unutilised allocation for Primary Care Improvement Funds, Action 15 additional investment funding & Covid in 2022/23, identified budget pressures, new burdens, savings and general reserve that were expected at the start of the year.

5.2 At the end of the financial year there was slippage on Strategic Funds of £9,963,165 which has resulted in an overall underspend of £4,682,793.

5.3 During the 2022/23 financial year, Scottish Government continued to commit to the additional winter funding, to help support continuing system pressures. However, the Scottish Government did not make the full allocation of funding aligned to the Primary Care Improvement Plan (PCIP), Moray Alcohol & Drug Partnership (MADP) and Multi-disciplinary teams. Allocations made during the year, that remain unspent are considered as earmarked funding and to be used for these specific purposes in future years. This has contributed to the MIJB reserves.

5.4 After consideration of funding received, earmarked reserves and application of slippage on Strategic Funds, the MIJB financial position resulted in an underspend of £4,682,793 constituting the MIJB balance to carry forward to 2023/24. The reserves are detailed below in paragraph 10.

6. CHANGES TO STAFFING ARRANGEMENTS

6.1 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.

6.2 The staffing arrangements are noted in **APPENDIX 3** as dealt with under delegated powers for the period 1 Jan to 31 March 2023.

7. IMPACT ON 2023/24 BUDGET AND RISK

7.1 The actual out-turn for the 2022/23 Core Services budget year is an overspend of £5,280,372. Due to the cessation of Covid 19 expenditure, the Scottish Government clawed back the balance on the ear marked reserve.

The Scottish Government also reduced payments for PCIP, MADP and for the Multi Disciplinary team funding, thus reducing any balance on reserves for these areas it is difficult to ascertain with certainty the 2022/23 variances to budget and the likely impact moving in to the next financial year. However, the variances against the budget have been reviewed and classified as one-off or likely to be recurring. Impact in 2023/24 will be monitored continuously and reported regularly to the MIJB. The overall position is summarised below:

Area	Para Ref	Recurring	Non-Recurring
		£	£
<u>OVERSPEND</u>			
Staff	7.2	(390,783)	0
Purchasing of Care	7.3	(6,867,632)	(800,000)
Income	7.4	(865,773)	(24,076)
Supplies & Services	7.5	(436,005)	0
Property costs	7.6	(279,735)	0
Client transport	7.7	(146,852)	0
Aids & Adaptations	7.8	(146,852)	0
Prescribing		(1,960,529)	0
Other	7.9	(362,257)	(86,267)
Sub-total		(11,453,415)	(910,343)
<u>UNDERSPEND</u>			
Staff	7.2	4,576,548	308,283
Purchasing of Care	7.3	319,257	823,421
Income	7.4	403,624	104,466
Supplies & Services	7.5	122,143	109,371
Property costs	7.6	17,017	19,377
Client transport	7.7	8,665	122,551
Aids & Adaptations	7.8	0	51,479
Other	7.9	97,184	0
Sub-total		5,544,438	1,538,948
TOTAL		(5,908,977)	628,605
Net Overspend			(5,280,372)

- 7.2 Staff turnover can incur both under and overspends. Underspends can be attributed to the process of recruitment, which adds a natural delay, with posts being filled by new staff at lower points on the pay scale and in some circumstances the nature of the positions have been challenging to recruit to. The Council has recognised this turnover and had set as part of the budget process a vacancy factor saving, which has been met for numerous years. Overspends can be due to the use of bank staff/locum to provide required cover for vacancies/sickness and from the historic incremental drift and efficiency targets imposed.
- 7.3 The purchasing of care overspend relates to the purchase of domiciliary care by the area teams and the underspend relates ceased contract. The demographics show that Moray has an ageing population and the spend on external domiciliary care is increasing in relation to both increasing hours of commissioned care, the number of packages of care and complexity. This

also reflects the shift in the balance of care to enable people to remain in their own homes for longer.

- 7.4 The under recovery of income budgets is apparent across a number of service headings. It is very difficult to predict the level of income accurately as client income is subject to the contributions policy which is based on a client's financial assessment. Income recovery on all care at home services continues to reduce as well as income from permanent care placements from deferred income. The income will continue to reduce due to the legislation in relation to the Carers Act and free personal care for under 65's as well as the impact of Covid. The Independent Review of Adult Social Care will likely impact in the longer term. In addition there has been a reduction in contract income as contract have been revised due to recruitment difficulties.
- 7.5 The Supplies and services overspend includes purchases of medical supplies, medical equipment, uniforms, system licenses and maintenance cost of equipment which is expected to be recurring. The non-recurring underspend includes transport costs which have been reduced during the last year due to restrictions on all travel
- 7.6 The recurring overspend in property costs primarily relates to energy costs and cleaning for services. The non recurring underspend relates to rents and rates for a closed office.
- 7.7 Client transport costs are recurringly overspent for internal day services transport. The non recurring underspend is due to an external day services closure.
- 7.8 Aids and Adaptations overspend relates to Occupational therapy aids, servicing and stair lifts. Which is being reduced by a non recurring underspend in the improvement grants, due to timing of works.
- 7.9 Other category relates to minor variances across the services but also includes recurring overspends relating to admin costs, recurring underspends included staff transport and printing for which are already identified as a saving in 2023/24.
- 7.10 The financial results for 2022/23 show that underlying financial pressures on both the NHS and Council budgets remain, with the MIJB assuming responsibility for the budgets of the delegated functions and are expected to prioritise services within the budgets directed to it by Moray Council and NHS Grampian.
- 7.11 Through in-year reporting of the savings plan progress it was evident that the small saving for 2022/23 was achieved. The MIJB has committed to continue to identify further efficiencies that will be reported throughout the year, recognising the remaining pressure on the budget and the required disinvestment to allow the programmes of transformation to develop.
- 7.12 Whilst the 2023/24 revenue budget position as reported to the Board on 30 March 2023 (para of the minute refers) presented a balanced budget position, through the use of reserves, and a challenging savings plan, there is still the recurring overspend to be addressed. The recurring outturn position exceeded that previously forecast due to the volatility of the budget areas,

with the main areas relating to Learning Disability, Older People & PSD and Prescribing.

- 7.13 This additional recurring cost reduces the level of reserves going into 2023/24 that were expected when the 2023/24 budget was set. The additional cost will fully utilise the reserves in 2023/24 and any emerging budget pressure will have to be funded from additional savings or from recommissioning other activities. The Senior Management Team are actively addressing the situation to implement alternative measures to limit the financial pressure. Updates on the recovery and transformation process and further savings will be provided to the Board for approval during 2023/24 through the financial reporting processes.

8. IMPACT OF COVID – 19

- 8.1 To date there has been continued commitment from Scottish Government to provide additional funding to support health and social care as a result of the pandemic. This includes the use of Covid 19 specific reserves to support the remobilisation of services. The support for Covid ended on 30 April 2023 and the balance of reserves has been clawed back by the Scottish Government via a negative allocation to NHS Grampian.
- 8.2 HSCM continued to provide monthly returns to Scottish Government on the Local Mobilisation Plan (LMP) via NHS Grampian. Reported expenditure at the end of 2022/23 was £1.599 million. The costs are summarised below:

Description	Spend to 31 March 2023 £000's
Staffing	628
Provider Sustainability Payments	664
Remobilisation	119
Cleaning, materials & PPE	7
Elgin Community Hub (Oaks)	181
Total	1,599

- 8.3 As previously reported the Scottish Government has reclaimed £6,239,000 of the Covid reserve by a negative allocation to NHS Grampian in March 2023. Following completion of the month 13 return the balance of £1,178,000 has also been clawed back from NHS Grampian by a negative allocation by the Scottish Government. Now NHS Grampian are requesting the value to be transferred over to them and request the Board to agree to this transfer. There should be no more Covid spend going through either partner except for the supplier relief payments and that ended on 30 April 2023.

9. UPDATED BUDGET POSITION

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

- 9.2 The MIJB, for the 2022/23 has concluded the financial year in an underspend position due to Ear marked reserves brought forward from 2021/22 , which relates to the additional funding being made available for Covid related expenditure, unachieved savings and additional investment by the Scottish Government for winter funding in 2021/22. The additional funding contributions during the year are also show in the table below:

	£'s
Approved Funding 31.3.22	142,673,000
Set Aside Funding	12,620,000
Balance of IJB reserves c/fwd to 22/23	17,020,716
Amendment to Moray Council core	(280,982)
Amendment to NHS Grampian core	185,405
Budget adjustments Quarter 1	1,074,737
Budget adjustments Quarter 2	454,399
Budget adjustments Quarter 3	1,858,988
Revised Funding to Quarter 4	175,606,263
Budget adjustments M10-M12	
Increase in Set Aside	1,297,000
AFC Pay Award	1,701,050
PCIF Tranche 2	1,243,167
Action 15	481,417
Medical Pay Award	469,991
ADP	384,355
Immunisation Funding	108,175
School Nurse Funding	58,227
Primary Care	50,878
Dementia Post Diagnostic	45,406
Realistic Medicine	40,000
Mental Health LD Annual Health Checks	34,594
Mental Health Primary Care	30,005
Primary Care OOH Second Tranche	25,809
Open University	25,000
PH Outcome Framework	25,000
Mental Health LDIS	23,000
Moray Deputy CO Funding	13,000
GMED Ducs Project	7,743
Misc	(31,165)
Moray Capacity	(45,393)
Prescribing - Global Sum	(78,244)
Psych Therapies Adjustment	(88,000)
Lease – IFRS (budget and actual removed)	(242,973)
Use of reserves in year	(7,508,387)
National Trauma training services	50,000
MHO Funding	51,000
MDT Tranche 1 adjustment	(313,048)
Revised 2022/23 Financial Year Funding	173,463,870

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

10. **RESERVES**

- 10.1 Members will recall the MIJB Reserves Policy, most recently approved on 26 January 2023 (para 14 of the minute refers). The next review date should be no later than March 2024. The closing financial position on Reserves for 2022/23 is £4,682,793. This reserve is wholly for earmarked reserves, there is no usable general reserve to carry forward. The earmarked reserve will be called upon during the year in line with their specific purpose. The earmarked reserves detail is provided in the table below:

Reserve Detail	Type	£'s
Primary Care Improvement Plan & Action 15	Earmarked	937,036
GP Premises	Earmarked	228,447
Community Living Change Fund	Earmarked	319,463
National Drugs MAT	Earmarked	61,065
National Drugs Mission Moray	Earmarked	185,413
OOH Winter Pressure funding	Earmarked	182,422
Moray Cervical screening	Earmarked	35,681
Moray hospital at home	Earmarked	49,870
Moray interface discharge	Earmarked	138,625
Moray Psychological	Earmarked	279,232
MHO Funding	Earmarked	69,000
Care at Home Investment funding	Earmarked	720,339
Interim Care Funding	Earmarked	215,801
Moray Workforce well being	Earmarked	26,376
Adult disability payment	Earmarked	45,000
National Trauma training services	Earmarked	50,000
Social Work Capacity in Adult services	Earmarked	145,591
Additional investment in H&SC	Earmarked	590,678
Moray Winter Fund HCSW & MDT	Earmarked	323,160
LD Annual Health Checks	Earmarked	34,594
Realistic Medicine	Earmarked	40,000
Community Planning partnership	Earmarked	5,000
TOTAL		4,682,793

11. **SUMMARY OF IMPLICATIONS**

(a) **Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Partners in Care 2022 – 2032”**

This report is consistent with the objectives of the Strategic Plan and includes budget information for services included in the MIJB Revenue Budget 2022/23.

(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 12.7 of the 2023 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 unaudited financial outturn for 2022/23 for the MIJB core budgets is £5,280,372 overspend. The financial details are set out in sections 3-9 of this report and in **APPENDIX 1**.

The estimated recurring overspend of £5,908,977 as detailed in para 7 will impact on the 2023/24 budget.

The movements in the 2022/23 budget as detailed in paragraph 8 have 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.

Due to the ongoing impact and recovery from the Covid pandemic, the financial circumstances of the partners and Scottish Government, the amount of reserves have drastically reduced. There is significant pressure on the budget for 2023/24 along with increasing demands on the services and cost of living pressures. Considerations are being given to alternative measures that can be established to support the recurring overspends and to achieve the savings target set for 2023/24. There is a big risk for 2023/24 onwards to achieve a financial balance. There is a need for constant scrutiny around this rapidly changing situation and reporting to the Board will inform throughout 2023/24

(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

An Equality Impact Assessment is not required because there are no changes to policy resulting from this report.

(h) Climate Change and Biodiversity Impacts

There are no direct climate change and biodiversity implications.

(i) Directions

Directions are detailed in para 9 above and in **Appendix 4**.

(i) Consultations

The Chief Officer, the Senior Management Team, Service Managers and the Finance Officers from Health and Social Care Moray have been consulted and their comments have been incorporated in this report as appropriate.

12. CONCLUSION

12.1 This report identifies MIJB's unaudited final out-turn position on the Core Budget of an overspend of £5,280,372 at 31 March 2023 and identifies major areas of variance between budget and actual for 2022/23.

12.2 The impact of the provisional outturn on the 2023/24 budget, of a recurring overspend of £5,908,977 is detailed in paragraph 7.

12.3 NHS Grampian and Moray Council have both carried forward ear marked reserves into 2023/24 which total £4,682,793.

Author of Report: D O'Shea Principal Accountant (MC) & B Sivewright Finance Manager (NHSG)

Background Papers: Papers held by respective Accountancy teams

Ref:

JOINT FINANCE REPORT APRIL 2022 -MARCH 2023

	Para Ref	Annual Net Budget £'s 2022-23	Budget (Net) To Date £'s 2022-23	Actual To Date £'s 2022-23	Variance £'s 2022-23
Community Hospitals	4.1	5,743,314	5,743,314	5,990,015	(246,701)
Community Nursing	4.4	5,625,714	5,625,714	5,163,289	462,425
Learning Disabilities	4.7	9,149,126	9,149,126	12,626,229	(3,477,103)
Mental Health	4.11	10,075,762	10,075,762	10,295,389	(219,627)
Addictions		1,610,758	1,610,758	1,588,163	22,595
Adult Protection & Health Improvement		163,556	163,556	167,129	(3,573)
Care Services provided in-house	4.14	21,193,552	21,193,552	18,486,114	2,707,438
Older People & PSD Services	4.17	20,467,226	20,467,226	23,441,184	(2,973,958)
Intermediate Care & OT		1,609,234	1,609,234	1,767,621	(158,387)
Care Services provided by External Contractors	4.20	8,882,171	8,882,171	8,083,611	798,560
Other Community Services		9,241,393	9,241,393	9,208,446	32,947
Admin & Management	4.22	2,785,708	2,785,708	2,424,689	361,019
Other Operational Services		1,354,691	1,354,691	1,285,628	69,063
Primary Care Prescribing	4.24	17,322,125	17,322,125	19,282,654	(1,960,529)
Primary Care Services		19,047,756	19,047,756	19,058,021	(10,265)
Hosted Services		4,844,230	4,844,230	5,017,829	(173,599)
Out of Area	4.26	669,268	669,268	1,231,425	(562,157)
Improvement Grants		939,600	939,600	888,120	51,480
Total Moray IJB Core		140,725,184	140,725,184	146,005,556	(5,280,372)
Other non-recurring Strategic Funds in the ledger		4,422,628	4,422,628	4,423,117	(489)
Non Recurring earmaked spend funded from IJB reserves		0	0	1,800,700	(1,800,700)
Total Moray IJB Including Other Strategic funds in the ledger		145,147,812	145,147,812	152,229,372	(7,081,560)
Other resources not included in ledger under core and strategic:		14,399,058	14,399,058	2,634,704	11,764,353
Total Moray IJB (incl. other strategic funds) and other costs not in ledger		159,546,870	159,546,870	154,864,076	4,682,793
Set Aside Budget		13,917,000	13,917,000	13,917,000	-
Overall Total Moray IJB		173,463,870	173,463,870	168,781,076	4,682,793
Funded By:					
NHS Grampian		112,665,287			
Moray Council		60,798,583			
IJB FUNDING		173,463,870			

Description of MIJB Core Services

1. Community Hospitals includes community hospitals, community administration and community Medical services in Moray.
2. Community Nursing related to Community Nursing services throughout Moray, including District Nurses and Health Visitors.
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
 - Target for staffing efficiencies from vacancies
13. Other Operational Services - range of operational services including –
- Community Response
 - Team
 - Child Protection
 - Winter Pressures
 - Clinical Governance
 - International Normalised Ratio (INR) blood clotting test Training
 - Moray Alcohol and Drug Partnership (ADP)
14. Primary Care Prescribing includes cost of drugs prescribed in Moray.
15. Primary Care Services relate to General Practitioner GP services in Moray.
16. Hosted Services, comprises of a range of Grampian wide services. These services are hosted and managed by a specific IJB on a Grampian wide basis and costs are re-allocated to IJB budgets. These services include:-

Moray IJB Hosted & Managed services:

- GMED out of Hours service.
- Primary Care Contracts Team

Aberdeen City/Aberdeenshire IJB Hosted & Managed services:

- 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.
- Police Forensic Examiner Service

- HMP Grampian – provision of healthcare to HMP Grampian.
17. Out of Area Placements for a range of needs and conditions in accommodation out with Grampian. These are managed centrally within NHS Grampian and charged to IJB's.
18. Improvement Grants managed 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.

HEALTH & SOCIAL CARE MORAY**DELEGATED AUTHORITY REPORTS - PERIOD January 2023 to March 2023**

<u>Title of DAR</u>	<u>Summary of Proposal</u>	<u>Post(s)</u>	<u>Permanent/ Temporary</u>	<u>Duration (if Temporary)</u>	<u>Effective Dates</u>	<u>Funding</u>
Realistic Medicine	Realistic Medicine Wellbeing Coordinator	37.5hrs Band 4	Temporary	2 years	ASAP	SG funding for 1 x post for 2 years. Moray IJB to fund second post.
Internship for pre-qualification SLT students	This post is part of a Grampian-wide SLT initiative to help us with future recruitment of Band 5 SLTs. This offers the opportunity for pre-registration SLT students to work as a HCSW in SLT teams across Grampian for between 6-12 weeks during their summer break, with a view to adding them to the bank afterwards as well to pick up extra work in their future holidays.	37.5hrs Band 3	Temporary	6-12 weeks	Summer Holidays	Funded within budget underspend (vacancy gaps)
MSK Physiotherapy	First contact Physiotherapist	37.5hrs Band 6	Permanent	N/A	ASAP	PCIP Funding. This is part of the PCIP budget which we've never managed to recruit to yet but it part of core PCIF budget.

APPENDIX 3

[illegible]

APPENDIX 3

<u>Title of DAR</u>	<u>Summary of Proposal</u>	<u>Post(s)</u>	<u>Permanent/ Temporary</u>	<u>Duration (if Temporary)</u>	<u>Effective Dates</u>	<u>Funding</u>



MORAY INTEGRATION JOINT BOARD DIRECTION

Issued under Sections 26-28 of the Public Bodies (Joint Working)
(Scotland) Act 2014

1.	Title of Direction and Reference Number	MIJB Updated Budget Position 2022/23 Ref: 20230629GHB06 Ref: 20230629MC06
2.	Date Direction issued by the Moray Integration Joint Board	29.06.2023
3.	Effective date of the Direction	01.04.2022
4.	Direction to:	NHS Grampian and Moray Council
5.	Does the Direction supersede/update a previous Direction? If yes, include the reference number(s) of previous Direction	Yes last budget monitoring report for 22/23 budget outturn to MIJB on 30.03.2023 Ref: 20230330GHB05 Ref: 20230330MC05
6.	Functions covered by Direction	All functions listed in Annex 1, Part 1 of the Moray Health and Social Care Integration Scheme and all functions listed in Annex 2, Part 1 of the Moray Health and Social Care Integration Scheme.
7.	Direction Narrative	Directed to deliver for the Board, the services noted below in pursuance of the functions noted below and within the associated budget noted below
8.	Budget Allocation by MIJB to deliver on the Direction	<i>Moray Council associated budget - £68.9 million, of which £0.5 million is ring fenced for Housing Revenue Account aids and adaptations.</i> NHS Grampian associated budget - £70. million, of which £4.8 million relates to Moray's share for services

		<p>to be hosted and £17.3 million relates to primary care prescribing.</p> <p>An additional £13.9 million is set aside for large hospital services.</p> <p>All details contained in APPENDIX 1 to the report</p>
9.	Desired Outcomes	The direction is intended to update and reflect the budget position for 2022/23
10.	Performance monitoring arrangements and review	<p><i>Directions will be reviewed by the Audit Performance & Risk Committee on a six monthly basis for assurance. Any concerns should be escalated at the first available opportunity to the MIJB.</i></p> <p><i>An annual report of all current Directions will be presented to the MIJB</i></p>



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 29 JUNE 2023

SUBJECT: UNAUDITED ANNUAL ACCOUNTS

BY: INTERIM CHIEF FINANCIAL OFFICER

1. REASON FOR REPORT

- 1.1. To inform the Board of the Unaudited Annual Accounts of the Moray Integration Joint Board (MIJB) for the year ended 31 March 2023.

2. RECOMMENDATION

2.1. It is recommended that the MIJB:

- i) **consider and note the unaudited Annual Accounts prior to their submission to the external auditor, noting that all figures remain subject to audit;**
- ii) **note the Annual Governance Statement contained within the unaudited Annual Accounts; and**
- iii) **note the accounting policies applied in the production of the unaudited Annual Accounts, pages 46 to 47 of the accounts.**

3. BACKGROUND

- 3.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 requires that an integration joint board is subject to the audit and accounts regulations and legislation of a body under Section 106 of the Local Government (Scotland) Act 1973.
- 3.2 The Local Authority Accounts (Scotland) Regulations 2014 (2014 Regulations), places a statutory obligation on the MIJB to submit draft Annual Accounts for the year ended 31 March 2023 to its external auditors by 30 June 2023 and the audited annual accounts are required to be approved by the MIJB and published by the 30 September each year.
- 3.3 A copy of the unaudited accounts is attached at **APPENDIX 1**

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 In relation Regulation 5 of the Local Authority (Capital Finance and Accounting) (Scotland) (Coronavirus) Amendment Regulations 2021, Scottish Government has advised that the Act has not been extended again for Covid-19 and the original dates are back into place for 2022/23. The Chief Financial Officer has had regular contact with the external auditor to ensure reporting and inspections periods are appropriate and have adapted timelines accordingly, whilst ensuring the accounts preparation is completed in a timely manner.
- 4.2 The Annual Accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23 (the Code) which is underpinned by the International Financial Reporting Standards (IFRS).
- 4.3 Grant Thornton, under Regulation 5 of the Local Authority (Capital Finance and Accounting) (Scotland) (Coronavirus) Amendment Regulations 2021 is required to complete their audit by 30 September 2023. The audited accounts and the External Auditor's report will be submitted to the MIJB at its meeting of 28 September 2023 prior to publication.
- 4.4 The Comprehensive Income and Expenditure Statement shows a deficit of £12.338m on the provision of services for the year. As at 31 March 2023, the Balance Sheet showed total Reserves of £4.683m. This decrease is primarily due to use of reserves during the year and the repayment in relation to Covid-19 reserve of £7.417mp. Note 7 within the unaudited accounts breaks down the Reserves between what is General Reserve and available for utilisation and supporting the budget and what is earmarked for specific purposes.
- 4.5 The unaudited accounts are given at **Appendix 1** and consist of the following:

Management Commentary – provides the context through narrative that supports the financial statements. It describes the strategic intent of the MIJB, together with its performance through the year, highlighting areas of risk. It also provides some forward thinking on the forthcoming year and planned developments.

Remuneration Report – details the pay and pension benefits accrued by the MIJB senior officers during 2022/23.

Annual Governance Statement – is a means of reporting publicly on the MIJB's governance arrangements, and seeks to provide assurance that its business is conducted in accordance with law, regulations and proper practices and that public money is safeguarded and properly accounted for.

Financial Statements – provides detail of the main financial transactions through the Comprehensive Income & Expenditure Statement, Movement in Reserves Statement, and Balance Sheet.

Notes to the Accounts – explains the use of accounting policies and provides supporting information to the main financial statements.

- 4.6 As at 31 March 2023 there were significant variances between budget and actual on several services. These are evident in the Comprehensive Income and Expenditure Statement and are detailed in a separate report being presented to this Board entitled '*Revenue Budget Outturn for 2022/23*'. A summary on the major variances is included within the Management Commentary as part of the Unaudited Annual Accounts.

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 2022-2032"

The unaudited Annual Accounts have been completed and are available for audit inspection within the specified timescale.

(b) Policy and Legal

The Public Bodies (Joint Working) (Scotland) Act 2014 requires that the MIJB is subject to the audit and accounts provisions of a body under Section 106 of the Local Government (Scotland) Act 1973. The MIJB's accounts are prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23 which is underpinned by IFRS.

(c) Financial implications

The unaudited Annual Accounts provide all required information about the MIJB in relation to its financial position at 31 March 2023. The overriding principle in relation to annual accounts preparation is to provide a true and fair view.

(d) Risk Implications and Mitigation

There are no risk issues arising directly from this report. The unaudited Annual Accounts will be subjected to audit by external auditors, Grant Thornton, which will provide assurance that the Accounts for 2022/23 give a true and fair view of the financial position and expenditure and income of the MIJB for the year ended 31 March 2023.

(e) Staffing Implications

None arising directly from this report.

(f) Property

None arising directly from this report.

(g) Equalities/Socio Economic Impact

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

(h) Climate Change and Biodiversity Impacts

There are no direct climate change and biodiversity implications.

(i) Directions

None arising directly from this report.

(j) Consultations

In preparation of the unaudited Annual Accounts, consultations have taken place between finance staff of both Moray Council and NHS Grampian. The Chief Officer and other key senior officers have been consulted for comment where appropriate

6. CONCLUSION

- 6.1 The Annual Accounts, subject to audit, show an overspend on the provision of services of £12.338m for MIJB for the year ending 31 March 2023. At the beginning of the year the MIJB, held in its reserves £17.021m. The closing balance on the general fund reserve as at 31 March 2023 is £4.683m, consisting wholly of reserves earmarked for specific purposes as detailed in the unaudited annual accounts 2022/23.**

Author of Report: Deborah O'Shea, Interim Chief Financial Officer
Background Papers: with author
Ref:

Moray Integration Joint Board



UNAUDITED ANNUAL ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

If you need information from the Moray Council in a different language or format, such as Braille, audio tape or large print, please contact:

إذا كنتم في حاجة إلى معلومات من قبل مجلس موراي وتكون بلغة مختلفة أو على شكل مختلف مثل البراي، أسطوانة أوديو أو أن تكون مطبوعة باستعمال حروف غليظة فالرجاء الإتصال بـ

Jei pageidaujate tarnybos Moray tarybos teikiamą informaciją gauti kitokiu formatu, pvz., Brailio raštu, garso įrašų ar stambiu šriftu, kreipkitės:

Jeśli potrzebują Państwo informacji od Rady Okręgu Moray w innym formacie, takim jak alfabet Braille'a, kasety audio lub druk dużą czcionką, prosimy o kontakt:

Se necessitar de receber informações por parte do Concelho de Moray num formato diferente, como Braille, cassete áudio ou letras grandes, contacte:

Ja Jums vajadzīga informācija no Marejas domes (*Moray Council*) citā valodā vai formātā, piemēram, Braila rakstā, audio lentā vai lielā drukā, sazinieties ar:

اگر آپ کو مورے کونسل سے کسی دیگر زبان یا صورت میں معلومات درکار ہوں مثلاً "بریلے، آڈیو ٹیپ یا بڑے حروف، تو مہربانی فرما کر رابطہ فرمائیں:



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



01343 563125



accountancy.support@moray.gov.uk

Table of Contents

MORAY INTEGRATION JOINT BOARD MEMBERS 2022/23	1
MANAGEMENT COMMENTARY	2
STATEMENT OF RESPONSIBILITIES	25
REMUNERATION REPORT	27
ANNUAL GOVERNANCE STATEMENT	31
COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT	43
MOVEMENT IN RESERVES STATEMENT	44
BALANCE SHEET	45
NOTES TO THE FINANCIAL STATEMENTS	46
Note 1 Significant Accounting Policies	46
Note 2 Critical Judgements and Estimation Uncertainty	47
Note 3 Events after the Reporting Period	48
Note 4 Expenditure and Income Analysis by Nature	48
Note 5 Taxation and Non-Specific Grant Income	49
Note 6 Debtors	49
Note 7 Usable Reserve: General Fund	50
Note 8 Agency Income and Expenditure	51
Note 9 Related Party Transactions	52
Note 10 VAT	54
Note 11 Accounting Standards That Have Been Issued but Have Yet To Be Adopted	54

MORAY INTEGRATION JOINT BOARD MEMBERS 2022/23

Voting Members

Dennis Robertson (Chair)	The Grampian Health Board
Tracy Colyer (Vice-Chair)	Moray Council
Sandy Riddell	The Grampian Health Board
Derick Murray	The Grampian Health Board
Professor Siladitya Bhattacharya	The Grampian Health Board
Cllr. Peter Bloomfield	Moray Council
Cllr. Scott Lawrence	Moray Council
Cllr. John Divers	Moray Council

Non-Voting Members

Simon Bokor-Ingram	Chief Officer Professional
Tracy Stephen	Chief Social Work Officer
Jane Ewen	Lead Nurse
Professor Duff Bruce	Non Primary Medical Service Lead
Dr Robert Lockhard	GP Lead
Dr Malcolm Simmons	GP Lead
Graham Hilditch	Third Sector Stakeholder
Val Thatcher	Public Partnership Forum Representative
Ivan Augustus	Carer Representative
Stuart Falconer	Grampian Health Board Staff Partnership
Kevin Todd	Moray Council Staff Representative
Elizabeth Robinson	Public Health Representative

Co-opted Members

Sean Coady	Head of Service and IJB Hosted Services
Deborah O'Shea	Interim Chief Finance Officer
Professor Caroline Hiscox	The Grampian Health Board
Roddy Burns	Moray Council
Sonya Duncan	Corporate Manager

MANAGEMENT COMMENTARY

The Role and Remit of the Moray Integration Joint Board

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

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

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

Key Purpose and Strategy

Following review and consultation, the refreshed Strategic Plan (2022-2032) is a continuation of the 2019 Strategic Plan. The current plan emphasises the strength of integration and in addition to our two main Partners – Moray Council and the Grampian Health Board - the MIJB recognises the importance of the Third and Independent Sectors in facilitating the successful operation of the partnership of Health & Social Care Moray. As with all health and social care systems Moray is facing increasing demand for services at the same time as resources – both funding and workforce availability - are under pressure. These challenges will intensify in the coming years as our population ages and more people with increasing complex needs require support to meet their health and care needs. The MIJB sets the direction and strategic intent through the development and implementation of the Strategic Plan and seeks assurance on the management and delivery of services through Board level performance reporting which ensures an appropriate level of scrutiny and challenge. The Strategic Plan identifies priority areas to support strategic direction and vision.

MANAGEMENT COMMENTARY (continued)

WE ARE PARTNERS IN CARE

OUR VISION: “We come together as equal and valued partners in care to achieve the best health and wellbeing possible for everyone in Moray throughout their lives.”

OUR VALUES: Dignity and respect; person-led; care and compassion; safe, effective and responsive

OUTCOMES: Lives are healthier – People live more independently – Experiences of services are positive – Quality of life is improved – Health inequalities are reduced – Carers are supported – People are safe – The workforce continually improves – Resources are used effectively and efficiently

STRATEGIC PLAN KEY THEMES

BUILDING RESILIENCE – Taking greater responsibility for our health and wellbeing

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

PARTNERS IN CARE – Supporting citizens to make choices and take control of their care and support

The Plan purposefully places an emphasis on prevention and early intervention activities and seeks to prioritise these activities as a long term goal, actively pursuing good health and wellbeing for the population, this will mean a shift in this area of work. It highlights the Home First approach and the rationale for this is to assist people in understanding that “hospital is not always the best place for people”, a statement frequently used and in particular if you are frail and elderly can be counter intuitive to a successful recovery. The response to Covid 19 has escalated elements of the Home First approach.

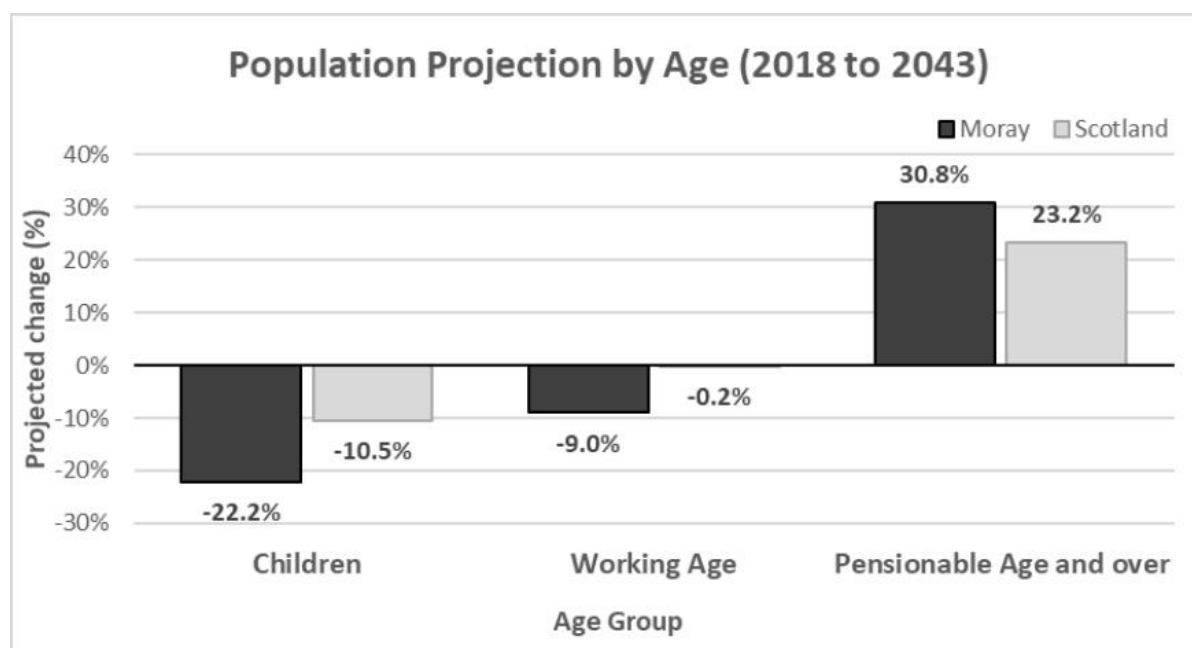
Through 2022/23 the recovery from the pandemic has continued to drive a level of transformational change. This pace will need to continue in the next year and beyond as we face significant levels of demand. Our Strategic Plan was refreshed in 2022/23 and a delivery plan is now being produced to reflect the recovery phase that will be needed to deal with day to day demand and a backlog that has accumulated.

MANAGEMENT COMMENTARY (continued)

Population

Moray is a largely rural area covering a land mass of 2,238 sq. km. It has a long coastline on the Moray Firth with harbours, fishing villages and world-class beaches. The area's projected population for 2023 is 95,749. The main centre of population is Elgin, which is home to more than one quarter of the people living in Moray. Other towns of population between 5,000 and 10,000 are Forres, Buckie, Lossiemouth and Keith. Moray's population has grown significantly in recent years from 87,160 in 1997. The population growth in Moray is slowing and it is projected that against the 2018 baseline¹ Moray will be one of the 14 councils in Scotland who will have had a population decline by 2030. This trend is forecast to continue.

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



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

MANAGEMENT COMMENTARY (continued)

Performance Reporting

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

One of the major aims of integration and a key measurable target for MIJB is to reduce the number of Moray residents that are ready to be sent home from hospital but have been delayed in this process. This is referred to as a 'delayed discharge'. Delayed discharge can occur due to several reasons but quite often involves the onward provision of social care which can be complex in nature. The table below notes performance over a six year period showing the number of delayed discharge bed days occupied varying significantly and with minimal seasonal pattern up to March 2023.

There was a significant reduction in delayed discharges in April to June 2020 onwards as the focus of the Covid 19 response in Moray was assessing and finding suitable support for those in hospital (specifically those ready for discharge) to allow for the anticipated influx of Covid 19 patients.

Whole system Moray Portfolio meetings, which occur daily, have been taking place with operational staff from all services to ensure system wide awareness of the pressures that might cause issues with patient flow. The meeting begins with an overview of the current status of all services and then provides a platform to support staff with problems that might interrupt flow. It is also an opportunity to deploy available resource to the most critical areas. This has resulted in improved communication, quicker placement and improved flow. In addition to this more care home beds have been made available due to an agreement to pay from offer of care home bed to ensure beds are free on discharge date.

This reduction is also in part due to the new classification of delays to discharge in the NHS system introduced across Scotland in February 2023. The new Planned Discharge Date (PDD) system changed the criterion from 'medically fit' to 'clinically fit'. When we declare a person is clinically fit it allows time for occupational therapy, physio-therapy and social work to carry out their assessments before the person is categorised as a delay, and this measure has reduced delays slightly. While this has resulted in longer stays prior to an agreed discharge date it has aligned Moray practice with the rest of Scotland

Additionally, the Hospital Discharge Team continues to scrutinise all delays daily and ensure they are still relevant, more people have been recruited into the Care at

MANAGEMENT COMMENTARY (continued)

Home team enabling more rotas to be opened and there are fewer people requiring double-up care than in recent months

The Number of Bed Days Occupied by Delayed Discharges 18+ per 1,000 population			
Jun 22	Sept 22	Dec 22	Mar 23
1,207	1,197	1,063	751
Jun 21	Sept 21	Dec 21	Mar 22
592	784	1,142	1,294
Jun 20	Sept 20	Dec 20	Mar 21
242	803	672	496
Jun 19	Sept 19	Dec 19	Mar 20
768	751	971	1,208
Jun 18	Sept 18	Dec 18	Mar 19
1,008	1,276	1,070	926
Jun 17	Sept 17	Dec 17	Mar 18
1,161	749	823	1,089

In relation to Emergency occupied bed days, there continues to be a focus on ensuring people are getting home quickly and can maintain their independence. This has resulted in a long-term downward trend in the rate of emergency occupied bed days for over 65's per 1,000 population from June 2017 to March 2021. However, since Mar 21 there has been a consistent quarter on quarter increase in the rate resulting in a 51% increase as of March 2023.

This reflects the system still under pressure despite the gains made in other measures. The numbers of admissions has not increased along with this and would suggest people are spending more time in hospital impacting this figure. A number of surge beds (ability to house and treat patients above the normal safely staffed bed occupancy when facing extreme pressure) being made available in Moray have contributed to this increase due to increased capacity.

Moray's aging population will also be a factor in this increase as patients over 65 are disproportionately likely to spend time in hospital after the point at which they are 'fit' to be transferred or discharged from an acute care setting. This primarily due to the historical lack of capacity in community settings to meet patient needs. Some of the 'excess' is also likely to be attributed to access to diagnostics or acute interventions that are not available at Dr Gray's. For example, Dr Gray's in-patients routinely wait longer for cardiac angiography than similar cohorts of patients who are initially admitted to ARI. This is only delivered in ARI and Dr Gray's patients need to be allocated a bed in ARI before transfer for the diagnostic.

It is hoped that with the reduction in delayed discharges this figure will decrease in the coming months. As it is a rolling 12 month figure it will therefore have a lag in any improvements made in the system.

MANAGEMENT COMMENTARY (continued)

Rate of Emergency Occupied Bed Days for over 65's per 1000 Population			
Jun 22	Sept 22	Dec 22	Mar 23
2,320	2,469	2,547	2,749
Jun 21	Sept 21	Dec 21	Mar 22
1,859	1,934	2,045	2,140
Jun 20	Sept 20	Dec 20	Mar 21
2,087	2,040	1,840	1,780
Jun 19	Sept 19	Dec 19	Mar 20
2,117	2,097	2,112	2,173
Jun 18	Sept 18	Dec 18	Mar 19
2,380	2,375	2,344	2,274
Jun 17	Sept 17	Dec 17	Mar 18
2,558	2,531	2,495	2,444

Covid 19 Pandemic Recovery Continues

During 2022-23 Moray Health and Social Care Partnership (HSCM) remained in a pandemic recovery phase, flexing and stepping up quickly to respond to spikes in Covid 19 infection rates. It was clear it would not be possible in all cases to restore services to pre-pandemic levels as long as enhanced public health measures remained in place. It was further evident that what could be delivered from within existing resources (workforce, infrastructure, and finance) was diminished. Even at this level, the requirement to operate core services alongside the additional measures in place to support the pandemic response meant there was an immediate and ongoing resource impact.

The health and social care system was challenged by some significant periods of demand. A pan-Grampian approach was taken in how surge and flow through the system was managed to ensure people in the community and in hospital received the care they required.

Moray Integration Joint Board (MIJB)

MIJB continues to oversee the delivery of services in line with the Integration Scheme and Strategic Plan. Service have begun to recover from the many challenges created by the coronavirus (Covid 19) pandemic. Service models and methods of delivery have continued to flex and adapt rapidly during this period of transition whilst working with a finite budget allocation. Some services continued to adapt their delivery methods but some continue to face challenges as they continue to implement new ways of working and engaging with our citizens. Services also continue to face the challenges with recruitment to the area and increased staff absences.

MANAGEMENT COMMENTARY (continued)

Performance

The MIJB, its committees and Senior Management Team receive regular assurance reports and updates on how the Strategic Plan commitments are being progressed through work streams and individual service plans, as well as detailed financial and performance updates.

The strategic risk register is also reviewed regularly by the Senior Management Team as part of a robust risk monitoring framework in order to identify, assess and prioritise risks related to the delivery of services, particularly any which are likely to affect the delivery of the Strategic Plan.

The inherent risks being faced by the Moray MIJB, together with a current assessment on the level of the risks and mitigating actions being taken to reduce the impact of the risks, is reported to each meeting of the Audit Performance and Risk Committee for oversight and assurance.

Management teams and the Care and Clinical Governance Group review and respond to any reports produced by Audit Scotland, Healthcare Improvement Scotland, the Care Inspectorate, and the Mental Welfare Commission for Scotland and the Ministerial Strategic Group for Health and Care.

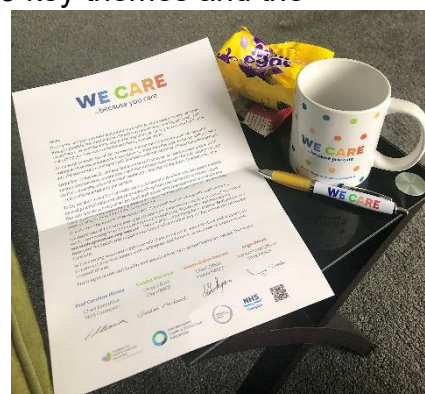
MANAGEMENT COMMENTARY (continued)

Strategy and Plans

The MIJB is required to review their Strategic Plan every three years as per the legislation. The Strategic Plan 2019-2029 was widely consulted to create an ambitious 10-year Plan for Moray. It was recognised that the health and social care landscape has changed but the 2019 Plan purposefully placed an emphasis on prevention and early intervention with the aim of building resilience for individuals and communities. The Plan identified key aims of the MIJB and directed HSCM to work closely with communities and key partners to reform the system of health and social care in Moray. It was also recognised that progress has been made against the three strategic themes and the review of the Plan focused on what already has been achieved. Therefore, the MIJB Strategic Plan 2022-2032 is a continuation of the 2019 Plan and the long-term strategic objectives make room for adapting to challenges and developments in health and social care over the coming years. The current [Strategic Plan](#) sets out the following vision and priorities for health and social care services in Moray.

Health and Social Care Moray's strategic plan sets out the 3 key themes and the objectives;

- **Building Resilience** – supporting people to take greater responsibility for their health and wellbeing
- **Home First**; supporting people at home or in a homely setting as far as possible.
- **Partners in Care** – supporting citizens to make choices and take control of their care and support.



Longer Term Impact of Covid 19 and Staff Wellbeing

There remains real concern that after such a sustained period of additional pressure on staff that their own resilience has been badly hit. This is reflected in the increased staff absence figures in both health and social care staff. NHS Grampian and Moray Council recognise the need to support staff and in order to find the reserves required to continue to respond to the ongoing and future challenges. There has also been a rise in the number of staff choosing to either leave the service or take early retirement.

Promoting Health and Wellbeing

The We Care staff health and wellbeing programme aims to deliver, co-ordinate and enhance staff wellbeing across NHS Grampian and the Health and Social Care Partnerships. The website has a hub where people can access information, help and advice related to their own and or their team's physical and mental wellbeing.

The Health Improvement Team leads on a number of staff wellbeing initiatives, such as healthy weight, mental health and smoking cessation. They also provide onsite and outreach sessions to staff teams on request.

MANAGEMENT COMMENTARY (continued)

Moray Council became a Living Wage Accredited employer in September 2022. Additionally, the council holds the Armed Forces Covenant Silver award and are awaiting the outcome of their gold award application. Additionally, to support the age profile and in line with good practice, a Menopause Policy was introduced in April 2023.

Recovery and Re-mobilisation

Hybrid working

The pandemic required HSCM to rapidly embrace new ways of working. This resulted in some staff suddenly working from home on a full-time basis. HSCM faced a huge challenge to ensure all staff had the appropriate equipment to allow this to happen, whilst still supporting staff remotely. A huge benefit from this is the progress we have made in digital technology and skills in a very short time. However, staff can feel isolated and less supported working from home, so we are now concentrating on how we work towards a true hybrid model, where appropriate.

Moray Council updated their Flexible Working policy in 2022 to reflect the new ways of working and promotes a high number of flexible working options to help employees balance their work life commitments which supports health and wellbeing



Service Delivery/Business as Usual

Locality planning resumed with intelligence gathering to build locality profiles. Locality managers continue to develop approaches to community engagement to identify local health and wellbeing priorities for improvement.

Locality engagement work continues in the Lossiemouth area to consider future health and wellbeing provision and the impact on patients of the continued closure of the GP branch surgery buildings in Hopeman and Burghead.

Vaccination Programme

The Vaccination team continue to work hard to ensure the safe and effective delivery of the Vaccination Transformation Programme across Moray. The Spring Booster campaign commenced in March 2023 with a good uptake across Care Home residents and with the lowered age of 75+ from 80+, increased outreach clinics have been implemented across Moray, delivering vaccines closer to the communities resulting in positive feedback. Pre School-Vaccination data shows Moray uptake is above the Grampian rates.

MANAGEMENT COMMENTARY (continued)

The Health Improvement Team continue to work with our partners to support the citizens of Moray to look after their own wellbeing. This includes the information sharing platform on the Facebook page, together with sessions such as hands-on cookery sessions, promoting healthy eating, particularly in low-income communities with vulnerable groups.

Baby Steps is a multi-agency, midwife led, interactive programme run in Moray. The sessions provide women with the knowledge and skills to improve their Health and Wellbeing. Baby Steps actively supports women to take small steps towards a healthier pregnancy. The programme has supported 14 women since restarting in July 2022.

Care homes in Moray were given the opportunity for supporting services to visit their sites, using the Mobile Information Bus (MIB) to show-case the range of services available locally and nationally that staff can access to enable themselves to support their health and wellbeing. Each session was positively evaluated and interest has now been expressed from other care homes across Moray.

At Maryhill surgery there is a new Mental Health and Wellbeing Practitioner. The service has been used to work with individuals suffering with a number of mental health issues, from mood depression, addiction to chronic health conditions. The aim is to use a range of interventions such as reflective listening, mindfulness and teaching coping skills to empower people to meet their needs. Referrals can be made from a range of people and if a referral is not suited to this service contact will still be made with the patient to connect them with a suitable resource.

The Learning Disability Service had plans to develop two housing projects. However, due to the increased costs post pandemic, these did not progress as planned. Work is ongoing to try and identify a feasible plan to continue with the project. This remains an important element of service transformation and will allow people to be returned to Moray as per the recent 'Coming Home' report guidance.

A Social Prescribing test of change is ongoing within the Forres Locality at Forres Health Centre, supported by the Prevention and Self-Management working group. A process is in place which enables all health and social care practitioners to signpost patients to local community supports. Health point, Citizens Advice Bureau, Mental Health & Wellbeing Practitioner and the Listening Service are the main referral services for the test of change, signposting individuals on to local opportunities. A total of 424 referrals have been made to a broad range of community programmes.

The Resettlement and Refugee Team have provided support to a total of 133 people (84 adults and 49 children) from Ukraine across Moray. The families were helped to integrate into their communities and also supported into education and employment, with 58% currently employed or in college education.

MANAGEMENT COMMENTARY (continued)

Longer Term Changes to Strategies and Plans

Transformation

HSCM continue to progress the Home First approach to supporting people to avoid unnecessary hospital admission and to return home, wherever possible, without delay. This work continues to follow an ambitious model of care, involving all aspects of Home First alongside unscheduled care, primary/secondary care and acute services.

The Discharge to Assess (D2A) programme is one of several initiatives that was developed within the Operation Home First Programme. The programme aims are: -

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

D2A aims to impact on the following:

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



Whilst the driver for this change in practice was embedded in improved patient care and patient outcomes, there was a clear financial benefit. The average length of treatment once discharged home with support from the D2A team was 11 days, calculating into a cost per day, per patient of £169, compared with £262-570 a day for a hospital bed. This showed an increase in early supported discharge from hospital to D2A, resulting in improved flow and capacity of the hospitals. Data also shows that over 50% discharged to the D2A team are also less likely to be readmitted at 7 and 28 days.

The success of the D2A programme will likely bring unintended challenges, in that the increase in acuity of the patients being referred, often requiring more input and are slightly more likely to require care now than during the pilot. This is due to the increased complexity and multimorbidities of the patients we are now seeing post pandemic.

MANAGEMENT COMMENTARY (continued)

Self-Directed Support (SDS)

The most commonly assessed need in Moray is for Personal Care, it represents 88% of support required (2021/22). The Self-Directed Support (SDS) team within HSCM currently support 288 individuals who are in receipt of a Direct Payment (Option 1) to meet their care and support needs. The majority of those in receipt of a Direct Payment opt to use their budget to employ their own team of carers (Personal Assistants). Currently there are approximately 380 Personal Assistants (PA's) working in Moray. In order for the PA profession to be more visible, work is underway at a national level through a PA Programme Board.

Carers Strategy

Health and Social Care Moray recognise the vital support unpaid carers provide to the person they care for. It is vital that unpaid carers have a life outside of their caring role and are supported to carry on caring as long as they wish to do so. In recognition of this Health and Social Care Moray has recently published the new local Moray Carers Strategy, Recognised, Valued and Supported following engagement with unpaid carers. A local implementation plan has recently been developed to deliver on the key themes and objectives of the strategy.

Looking to the future

The Scottish Government continues to work towards a National Care Service for Scotland following the recommendation of the Independent Review of adult social care. The National Care Service would operate as a new body to oversee social care, similar to how the National Health Service oversees health, enabling social care to have a more equal footing with health care. It proposes that Local Integration Authorities would have more powers and would be directly funded by national government, rather than receiving their funding from local authorities and Health Boards as they do currently

The Scottish Government has now agreed the delegation of Moray Children's Social Work and Criminal Justice to MIJB. This will be reported on in 2023/24.

MANAGEMENT COMMENTARY (continued)

Financial Review and Performance

Financial performance forms part of the regular reporting cycle to the MIJB. Throughout the year the Board, through the reports it receives is asked to consider the financial position at a given point and any management action deemed as necessary to ensure delivery of services within the designated financial framework. From the mid-point in the financial year, the Board was presented with financial information that included a forecast position to the end of the year. In November 2022 the Board received a financial report which forecast an expected underspend to the end of the financial year of £3.2m. This forecast reduced throughout the remainder of the year and in December 2022, MIJB were forecasting an underspend to the end of the year of £4.6m. In March 2022, the MIJB agreed a savings plan of £0.110m. At the end of the financial year, this had been fully achieved. .

Given the uncertainties associated with Covid 19 and additional funding, it was necessary to update the Board regularly on the emerging financial position. This was done formally through MIJB meetings and informally through development sessions.

To support the response to Covid 19, the Scottish Government continued with the process put in place last year to assess the impact of Covid 19 on Integration Authorities' budgets. They did this through the local mobilisation plans for each health board area, which in turn captured each Integration Authority. The objective was to demonstrate the impact on IJB budgets and provide appropriate financial support. The local mobilisation plans were updated regularly throughout the year and funding claw back was made by the Scottish Government on the basis of these updates. At the end of the financial year, the cost of the mobilisation plan for Moray was £1.6m. The largest element of spend was £0.664m which was used to support sustainability payments to external providers of care. All unspent funds were returned to the Scottish Government via a negative allocation to NHS Grampian as at 31 March 2023

Additional detail on the areas of spend supported through Covid 19 funding is highlighted in the table below:

Description	Spend to 31 March 2023 £000's
Additional Staffing Costs	628
Provider Sustainability Payments	664
Remobilisation	119
Cleaning, materials & PPE	7
Elgin Community Hub	181
Total	1,599

MANAGEMENT COMMENTARY (continued)

Service Area	Budget £000's	Actual £000's	Variance (Over)/ under spend £000's	Note
Community Hospitals & Services	5,743	5,990	(247)	
Community Nursing	5,626	5,163	463	
Learning Disabilities	9,149	12,626	(3,477)	1
Mental Health	10,076	10,295	(219)	
Addictions	1,611	1,588	23	
Adult Protection & Health Improvement	164	167	(3)	
Care Services Provided In-House	21,193	18,486	2,707	2
Older People Services & Physical & Sensory Disability	20,467	23,441	(2,974)	3
Intermediate Care & OT	1,609	1,768	(159)	
Care Services Provided by External Contractors	8,882	8,084	798	4
Other Community Services	9,241	9,208	33	
Administration & Management	2,786	2,425	361	
Other Operational Services	1,355	1,286	69	
Primary Care Prescribing	17,322	19,283	(1,961)	5
Primary Care Services	19,048	19,058	(10)	
Hosted Services	4,844	5,018	(174)	
Out of Area Placements	669	1,231	(562)	6
Improvement Grants	940	888	52	
Total Core Services	140,725	146,006	(5,280)	
Strategic Funds & Other Resources	18,822	8,858	9,963	
TOTALS (before set aside)	159,547	154,864	4,683	

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

MANAGEMENT COMMENTARY (continued)

Significant variances against the budget were notably:

Note 1 Learning Disabilities – The Learning Disability (LD) service was overspent by £3.5m at the end of 2022/23. This consists of a £3.6m overspend, primarily relating to the purchase of care for people with complex needs, staff transport and less income received than expected. Adults with learning disabilities are some of the most vulnerable people in our community and need a high level of support to live full and active lives. The overspend was offset in part by an underspend of £0.1m, relating primarily to staffing in speech and language and psychology services. The transformational change programme in learning disabilities helps to ensure that every opportunity for progressing people's potential for independence is taken, and every support plan involves intense scrutiny which in turn ensures expenditure is appropriate to meeting individual outcomes. In the last year we have seen an increase in demand and an increase in the level of cases requiring exceptionally high amounts of care.

Note 2 Care Services Provided In-House – This budget was underspent by £2.7m at the end of the year. The most significant variances relate to the Care at Home services for all client groups which are underspent predominantly due to vacancies and issues with recruitment and retention. This is reduced by overspends in internal day services mainly due to transport costs and less income received than expected.

Note 3 Older People Services and Physical & Sensory Disability - This budget was overspent by £3m at the end of the year. The final position includes an overspend for domiciliary care in the area teams, which incorporates the Hanover complexes for very sheltered housing in Forres and Elgin and for permanent care due to more clients receiving nursing care than residential care. The ageing population requiring more complex care and local demographics also contributes to this overspend as well as the correlation between the recruitment and retention of the internal home care service provision.

Note 4 Care Services provided by External Contractors – This budget was underspent by £0.8m at the end of the year. This predominantly relates to underspends on contracts for Mental Health and Learning Disabilities as contracts have ended and alternative services procured.

Note 5 Primary Care Prescribing - This budget was overspent by £2m. The actual data to March indicates that the average item price has increased significantly since June 2022, this has been attributed in part to the continuing impact of short supply causing an increase in prices and general inflationary cost increase. Medicines management practices continue to be applied on an ongoing basis to mitigate the impact of external factors as far as possible and to improve efficiency of prescribing both from clinical and financial perspectives.

Note 6 Out of Area Placements – This budget was overspent by £0.56m at the end of the year. This relates to an increase in patients requiring high cost individual placements.

MANAGEMENT COMMENTARY (continued)

MIJB's financial performance is presented in the comprehensive income and expenditure statement (CIES), which can be seen on page 43. At 31 March 2023 there were usable reserves of £4.683m available to the MIJB, compared to £17.02m at 31 March 2022. These remaining reserves of £4.683m are for various purposes as described below:

Earmarked Reserves	Amount £000's
Primary Care Improvement Plan & Action 15	937
GP Premises	229
Community Living Change Fund	319
National Drugs MAT	61
National Drugs Mission Moray	186
OOH Winter Pressure funding	182
Moray Cervical screening	36
Moray hospital at home	50
Moray interface discharge	139
Moray Psychological	279
MHO Funding	69
Care at Home Investment funding	720
Interim Care Funding	216
Moray Workforce well being	26
Adult Disability payment	45
National Trauma Training services	50
Social Work Capacity in Adult Services	145
Additional investment in H&SC	591
Moray Winter Fund HCSW & MDT	323
LD Annual Health Checks	35
Realistic Medicine	40
Community Planning partnership	5
Total Earmarked	4,683
General Reserves	0
TOTAL Earmarked & General	4,683

MANAGEMENT COMMENTARY (continued)

Action 15 – as part of the Mental Health Strategy 2017-2027, Scottish Government Ministers made a commitment to provide funding to support employment of 800 additional mental health workers to improve access.

Primary Care Improvement Plan – Scottish Government investment to support the GP contract that was agreed in 2018. Covers 6 priority areas identified by Government.

GP Premises – balance of funding for improvement grants including the making of premises improvement grants to GP contractors. The continued digitalisation of paper GP records. Modifications for the purposes of improving ventilation and increase to the space available in NHS owned or leased premises for primary care multi-disciplinary teams.

Community Living Change Fund – funding to be used over a three year period (2021-2024) to support reducing delayed discharge of those with complex needs, repatriate people inappropriately placed outside Scotland and to redesign the way service are provided for people with complex needs.

National Drugs Medication Assisted Treatment (MAT) for embedding and implementation of the standards will be overseen by the MAT implementation support team (MIST).

National Drugs Mission Moray – balance of funding for range of activities including: drug deaths, taskforce funding, priorities of national mission, residential rehabilitation, whole family approach, outreach, bear fatal overdose pathways and lived and living experience.

Out of Hours Winter Pressure funding – balance of funding to sustain GO out of hours and to support resilience to explore operational solutions.

Moray Cervical Screening – balance of funding for smear test catch up campaign.

Moray Hospital at home – development of Hospital at Home provides Acute hospital level care delivered by healthcare professionals, in a home context for a condition that would otherwise require acute hospital inpatient care.

Moray Interface Care & Discharge without Delay (DWD) - interface care programme is part of the urgent and unscheduled care programme. DWD programme is to prevent delay and reduce length of stay.

Moray Psychological – funding streams for mental health, psychological wellbeing, facilities, post diagnostic support and psychological therapies.

Mental Health Officer (MHO) funding – funding to support additional mental health officer capacity.

Care at Home investment funding – balance of funding to build capacity in care at home community based services.

MANAGEMENT COMMENTARY (continued)

Interim Care funding – balance of non-recurring funding basis to enable patients currently in hospital to move into care homes and other community settings.

Moray Workforce Wellbeing – funding to the health and wellbeing of those working in health and social care.

Adult Disability payment – funding to assist with the implementation of the adult disability payments.

National Trauma Training services – training for dealing with people affected by trauma and adversity.

Social Work Capacity in Adult Services – support measures that general additional adult social care workforce.

Additional investment in H&SC – to be invested in front line health and social care.

Moray Winter Fund Health Care Social Workers (HCSW) – additional funding for further HCSW in both the IJB and Emergency department.

Moray Winter fund Multi Disciplinary Team – additional funding for service pressures includes Discharge to Assess, Home First Frailty team and volunteer development.

Learning Disability Annual Health Checks – to implement the annual health checks.

Realistic Medicine – investment in the realistic medicine based approach.

Community Planning Partnership – funding towards community planning partnership .

All reserves are expected to be utilised for their intended purpose during 2023/24.

Set Aside – Excluded from the financial performance table above on page 15 but included within the Comprehensive Income & Expenditure Account is £13.92m for Set Aside services. Set Aside is an amount representing resource consumption for large hospital services that are managed on a day to day basis by the NHS Grampian. MIJB has a responsibility for the strategic planning of these services in partnership with the Acute Sector.

Set Aside services include:

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

MANAGEMENT COMMENTARY (continued)

The budget allocated to Moray is designed to represent the consumption of these services by the Moray population. As a result of prioritising resources to support the Covid 19 pandemic Public Health Scotland have not produced activity data for Set Aside services since 2019/20 financial year.

The figures for 2022/23 have been derived by uplifting 2019/20 figures by baseline funding uplift in 2020/21 (3.00%), 2021/22 (3.36%) and 2022/23 (6.70%):

	2022/23	2021/22	2020/21	2019/20
Budget	13.92m	13.04m	12.62m	12.252m

Risks, Uncertainties and Future Developments

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

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

VERY HIGH

Risk 2 - There is a risk of MIJB financial failure in that the demand for services outstrips available financial resources. Financial pressures being experienced both by the funding Partners and Community Planning Partners will directly impact on decision making and prioritisation of MIJB.

Mitigating Actions - Risk remains of the challenge that the MIJB can deliver transformation and efficiencies at the pace required whilst dealing with the emerging financial pressures. Financial information is reported regularly to both the MIJB, Senior Management Team and System Leadership Group.

The Chief Officer and Interim Chief Financial Officer (CFO) continue to engage in finance discussions with key personnel of both NHS Grampian and Moray Council.

The Chief Officer and Interim CFO will continue to engage with the partner organisations in respect of the financial position throughout the year. Cross partnership performance meetings are in place with partner CEOs, Finance Directors and the Chair/Vice Chair of the MIJB.

The CFO and Senior Management Team continue to work together to address further savings which will be presented to the Board for approval during 2023/24. This should be a focus of continuous review to ensure any investment is made taking cognisance of existing budget pressures.

MANAGEMENT COMMENTARY (continued)

HIGH

Risk 3 - Inability to recruit and retain qualified and experience staff to provide and maintain sustainable, safe care, whilst ensuring staff are fully able to manage change resulting from response to external factors such as the impact of Covid 19 and the actions that arose from the recommendations from the Independent Review of Adult Social Care 2021.

Mitigating Actions - System re-design and transformation.

Organisational Development Plan and Workforce plan were updated and approved by MIJB in November 2019 The updated Workforce plan has been submitted to Scottish Government and comments were received by the HSCP in October 2022.

Staff Wellbeing is a key focus and there are many initiatives being made available to all staff including training, support, information and access to activities.

Locality Managers are developing the Multi-disciplinary teams in their areas and some project officer support has been provided to develop the locality planning model across Moray.

Lead Managers are involved in regional and national initiatives to ensure all learning is adopted to improve this position. .

Lead Managers and Professional Leads are linked to University Planning for intakes and programmes for future workforce development.

Risk 5 - Inability to cope with unforeseen external emergencies or incidents as a result of inadequate emergency and resilience planning.

Mitigating Actions – Information from the updated Business Impact Assessments /Business Continuity Plans has informed elements of the Winter Preparedness Plan.

A Friday huddle continues, this allows the status of services across the whole system to provide information and contact details to the Senior Manager on Call (SMOC) over the weekend. If any potential issues are highlighted the relevant Persons at Risk Data is compiled and if appropriate, shared with relevant personnel.

NHS Grampian have introduced system wide daily huddles to manage the flow and allocation of resources which require attendance from Dr Grays and HSCM.

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

MANAGEMENT COMMENTARY (continued)

HIGH (continued)

HSCM continues to monitor the local situation regarding impacts on staffing and is engaged with NHSG emergency planning arrangements and Council Response and Recovery management team to be ready to escalate response if required. Work was undertaken within NHSG, Aberdeenshire HSCP and Aberdeen City HSCP to look at Surge flows and establish a mechanism that will provide easy identification of “hot spots” across the whole system in Grampian, to facilitate a collaborative approach to addressing the issues through the use of a common Operational Pressure Escalation approach. This work could underpin surge responses in winter and at other times of pressure and having a standard approach across Grampian could aid communication and understanding.

Risk 7 - Inability to achieve progress in relation to national Health and Wellbeing Outcomes.

Performance of services falls below acceptable level.

Mitigating Actions – Service managers monitor performance regularly within their teams and escalate any issues to the System Leadership Group (SLG) for further discussion to provide wider support, developing shared ownership and a greater understanding across the whole system.

Key operational performance data is collated and circulated daily to all managers. A Daily dashboard is held on illuminate for managers to access to ensure any potential issues are identified quickly so action can be taken. This dashboard is being reviewed and will be further developed with the intention of further dashboards to provide a whole system overview. This has been discussed at SLG and agreed.

Performance information is presented to the Performance sub group of Practice Governance Group to inform Social Care managers of the trends in service demands so that resources can be allocated appropriately.

Risk 8 - Inability to progress with delivery of Strategic Objectives and Transformation projects

Mitigating Actions - Integrated Infrastructure Group previously established, with ICT representation from NHS Grampian and Moray Council, to consider and provide solutions to data sharing issues and ICT infrastructure matters which is an area that will be taken forward alongside the Moray Growth Deal projects. The Moray Transformation Board has recently restarted and will link to all relevant groups

MANAGEMENT COMMENTARY (continued)

HIGH (continued)

Risk 9 - Requirements for support services are not prioritised by NHS Grampian and Moray Council.

Mitigating Actions – Membership of the Board was reviewed and revised to ensure representation of all existing infrastructure processes and funding opportunities. Process for ensuring infrastructure change/investment requests developed.

Dr Gray's strategy (vision for the future) is being produced collaboratively with input from NHSG and HSCM management

Development Aims for 2023/24

Home First

Home First continues to be a key strategic theme in Moray and has led to changes in the way we provide health and social care safely. Most notable are the developments within frail elderly work stream and delays in discharge. Moray is now part of the National Frail Elderly Collaborative and Hospital at Home Collaborative, the latter has the potential to secure short term funding for targeted project enablement. Delayed discharges are lower than they were prior to Covid 19 in Moray, we are one of the few partnerships who have achieved this. Further work will focus on embedding a seamless, responsive, co-ordinated and multi-disciplinary approach and will be driven by participation in the National programmes. Prevention will become a priority, replacing reactive models by ensuring early identification, intervention and planning to prevent poorer outcomes for those living with frailty and multi-morbidity. Home First is linked into regional unscheduled care programmes, primary care plans and acute services to prevent duplication and to ensure joint working that creates the right culture and leadership to create sustainable positive change.

MANAGEMENT COMMENTARY (continued)

The Strategic Plan 2019-29 was refreshed and adopted in November 2022, Partners in Care 2022-32. The Medium Term Financial Strategy and other supporting plans were reviewed in 2022/23.

As the organisation continues to remobilise following the impacts of response, new, transformational ways of working are being adopted and are informing our approach to the delivery of the strategic objectives outlined in the plan.

In addition we will seek to:

- Continue to develop the system wide daily portfolio meeting to ensure system wide oversight for operational staff at all points of the patient journey
- Ensure assurance and governance is part of everything we do
- Make links with Community Treatment and Care Service (CTAC), Vaccination Transformation Programme (VTP), Community Response Team (CRT) and Primary Care Improvement Plan (PCIP), in order to ensure a co-ordinated workforce that is reactive to changes in activity.

.....
Dennis Robertson

Chair of Moray IJB

.....
Simon Bokor-Ingram

Chief Officer

.....
Deborah O'Shea

**Interim Chief
Financial Officer**

STATEMENT OF RESPONSIBILITIES

Responsibilities of the MIJB

- To make arrangements for the proper administration of its financial affairs and to secure that it has an officer responsible for the administration of those affairs. In Moray Integration Joint Board, that officer is the Interim Chief Financial Officer;
- To manage its affairs to achieve best value in the use of its resources and safeguard its assets;
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014) and the Local Authority (Capital Financing and Accounting) (Scotland) (Coronavirus) Amendment Regulations 2021, and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003); and
- To approve the Annual Accounts.

Signed on behalf of the Moray Integration Joint Board

Dennis Robertson

Chair of Moray IJB

29 June 2023

STATEMENT OF RESPONSIBILITIES (continued)

Responsibilities of the Interim Chief Financial Officer

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

In preparing the Annual Accounts the Interim Chief Financial Officer has:

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

The Interim Chief Financial Officer has also:

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

I certify that the financial statements give a true and fair view of the financial position of the Moray Integration Joint Board as at 31 March 2023 and the transactions for the year then ended

Deborah O'Shea FCCA

Interim Chief Financial Officer

REMUNERATION REPORT

Introduction

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

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

Moray Integration Joint Board

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

MIJB Chair and Vice-Chair

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

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

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

Taxable Expenses 2021/22	Name	Position Held	Nomination By	Taxable Expenses 2022/23
£				£
-	Dennis Robertson	Vice-Chair 29/04/21 – 01/10/22 Chair 1/10/22 to date	Grampian Health Board	-
-	Cllr Tracy Colyer	Chair 15/05/22 – 01/10/22 Vice-Chair 01/10/22 - date	Moray Council	-

REMUNERATION REPORT (continued)

Officers of the MIJB

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

Chief Officer

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

Other Officers

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

Total 2021/22	Senior Employees	Salary, Fees & Allowances	Total 2022/23
£		£	£
109,826	Simon Bokor-Ingram Chief Officer	111,100	111,100
-	Deborah O'Shea Interim Chief Financial Officer	80,207	80,207

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

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

NOTE: no bonuses, expenses allowances, compensation for loss of office or any taxable benefits were made in 2022/23

REMUNERATION REPORT (continued)

	In Year Pension Contributions		Accrued Pension Benefits		
	Year to 31/03/22	Year to 31/03/23		As at 31/03/2023	Difference from 31/03/2022
	£	£		£ 000's	£ 000's
Simon Bokor-Ingram, Chief Officer	22,954	23,220	Pension	47	4
			Lump Sum	88	1
Deborah O'Shea Interim Chief Financial Officer	-	11,716	Pension	25	25
			Lump Sum	29	29

Disclosure by Pay bands

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

Number of Employees in Band 2021/22	Remuneration Band	Number of Employees in Band 2022/23
-	£80,000 - £84,999	1
1	£90,000 - £94,999	-
1	£105,000 - £109,999	-
-	£110,000 - £104,999	1

REMUNERATION REPORT (continued)

Exit Packages

There were no exit packages agreed by the MIJB during 2022/23 financial year, or in the preceding year.

.....

Dennis Robertson

Chair of Moray IJB

.....

Simon Bokor-Ingram

Chief Officer

ANNUAL GOVERNANCE STATEMENT

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

Scope of Responsibility

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

In discharging its responsibilities, the MIJB has established arrangements for its governance which includes the system of internal control. This system is intended to manage risk and support the achievement of the MIJB's policies, aims and objectives. The system provides reasonable but not absolute assurance of effectiveness.

The MIJB places reliance of the systems of internal control of NHS Grampian systems and Moray Council, which supports organisational compliance of policies and procedures in addition to those of the MIJB. Assurances are required on the effectiveness of the governance arrangements of all three organisations, meaning a significant failure in one of the three Partners may require to be disclosed in the annual accounts of all three Partners.

The Governance Framework

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

Given the scope of responsibility within the MIJB and the complexities surrounding the assurance arrangements, a Local Code of Corporate Governance was developed and the MIJB assesses the effectiveness of its governance arrangements against the principles set out in the document. The Code outlines the seven governance principles from the CIPFA/SOLACE guidance (as referenced below) and provides the sources of assurance for assessing compliance relative to the MIJB, Moray Council and NHS Grampian. These assurances include referencing the governance arrangements of NHS Grampian and Moray Council which are summarised annually and published in their respective Annual Governance Statements which form part of the annual accounts of each organisation. The respective governance statements can be found on the individual organisations websites: Moray Council: [Annual Accounts - Moray Council](#) and NHS Grampian: <https://www.nhsgrampian.org/about-us/annual-accounts/>

ANNUAL GOVERNANCE STATEMENT (continued)

Key Governance Arrangements

Covid 19 had a significant impact on the MIJB and its approach to during the pandemic involved the use of amended governance arrangements granted under delegated powers. Work is now underway to revisit these arrangements to either reinstate them or redesign them, depending on the new ways of working. Consideration will also be given to how they integrate with the other Portfolios across the network in Grampian. Any decisions or changes will be presented to the leadership groups and relevant committees.

All of the scheduled Audit Performance and Risk Committee meetings were held as timetabled during 2022/23. An interim arrangement (which is no longer in place at the end of the year) was agreed for the operation of the Clinical and Care Governance Committee whereby the Chair of the Committee received monthly updates on the key issues arising during the pandemic response. This related principally to the provision of care, care home oversight and child and adult protection matters. In addition the Chief Officer committed to providing weekly updates on the emerging situation to IJB Members, elected Members and staff.

Health and Social Care Moray (HSCM) established an emergency response group that has been operational since the end of March 2020, with the frequency of meetings being adapted throughout the year dependent on the stage of response. Representation on the emergency response groups of the Partner organisations is provided by HSCM staff, ensuring the necessary links and flow of information to ensure a co-ordinated response on a pan Grampian basis and locally within Moray.

The collaborative working across the whole system has continued during the Covid 19 recovery. The use of a Grampian Operation Performance Escalation System (GOPES) was established to enable senior leaders to have oversight of where pressures were located in the system and to direct responses accordingly. This development has also strengthened the identification of key metric thresholds to inform the levels for escalation.

ANNUAL GOVERNANCE STATEMENT (continued)

Evaluation of the Effectiveness of Governance

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

Assessment of Effectiveness

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

ANNUAL GOVERNANCE STATEMENT (continued)

Governance Principle 2 – Ensuring openness and comprehensive stakeholder engagement

Assessment of Effectiveness

- Provision is made within MIJB's Standing Orders for public and press access to meetings and reports. During the 2022/23 year there was a move to hybrid meetings the need to broadcast live Board meetings continued. A specific web-site has been developed for Health and Social Care Moray and is continuously monitored for improvement. Agendas, reports and minutes for all committees can be accessed via Moray Council website, in addition to all the linked strategies of the MIJB.
- Both the voting and non-voting membership arrangements of the MIJB are in line with the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. There are eight voting members, four are elected members appointed by Moray Council and four are non-executive members of the NHS Grampian Board. The non-voting membership comprises six professional members and five stakeholder members representing: staff, third sector bodies carrying out activities in relation to health and social care, service users and unpaid carers, and six additional non-voting members which include the Chief Executives of Moray Council and NHS Grampian in an Ex-officio capacity. The broad membership of the MIJB ensures valued input and engagement from a wide range of stakeholders.
- The Community Empowerment (Scotland) Act 2015 places a statutory duty on MIJB and its Community Planning Partners to engage with communities on the planning and delivery of services and securing local outcomes. The MIJB has an approved Communications and Engagement Strategy which recognises and promotes the active and meaningful engagement with all stakeholders.

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

Assessment of Effectiveness

- The MIJB refreshed the 2019-2029 Strategic plan in 2022/23, which is supported by various documents including a medium term financial framework. The MIJB Strategic Plan 2022-2032 is a continuation of the 2019 plan and the long-term strategic objectives make room for adapting to challenges and developments in health and social care over the coming years. To deliver on these objectives a 12-month delivery plan is under development.
- The plan is underpinned by a performance framework, workforce plan, organisational development strategy, and a communications, engagement and participation plan. Work is ongoing to update the workforce plan, whilst considering how services can transform.
- The suite of documents are designed to identify outcomes and forward-thinking on direction over the medium term. Outcomes are closely linked to the delivery of health and social care and the planned improvements for the population of Moray.
- A climate change duties report is collated and submitted annually on behalf of the MIJB.

ANNUAL GOVERNANCE STATEMENT (continued)

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

Assessment of Effectiveness

- The MIJB's decision making process ensures that the members of the Board receive objective and robust analysis of a variety of options indicating how the intended outcomes will be achieved, providing information on the associated risks and opportunities.
- Board papers reflect the broad range of matters under consideration including regular update reports by the Chief Officer on topical matters and agenda items covering opportunities and challenges arising from reconfiguration of services.
- The Financial Management Code promoted by CIPFA is recognised as a means of assisting in ensuring good financial administration. A medium term financial strategy was approved by the MIJB in March 2023 and will be reviewed by September 2023 to ensure alignment with the strategic plan, delivery plan and to incorporate the delegation of children's services.

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

Assessment of Effectiveness

- The Senior Management teams participated, in a two day Systems Leadership Event led by The Kings Fund. The Systems Leadership Programme to support the leadership teams was paused due to the Covid 19 response. During the Covid 19 response there has been increased opportunity to work collaboratively across organisations through use of new technology.
- The MIJB has met with Officers regularly for development sessions to increase the opportunity for shared learning and constructive challenge.

ANNUAL GOVERNANCE STATEMENT (continued)

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

Assessment of Effectiveness

- As part of a robust risk monitoring framework, the Strategic Risk Register is reviewed and updated regularly and presented to every Audit, Performance and Risk Committee. A related action log was created for monitoring purposes and is owned and monitored by the Senior Management Team.
- A Performance Management Framework has been developed. Performance reporting falls within the scope of the Audit, Performance and Risk Committee and reporting is quarterly.
- The internal control system links closely with those of the Partners, given their operational remit for delivery of services under direction of the MIJB. The Audit, Performance and Risk committee through its consideration of reports monitors the effectiveness of internal control procedures. The MIJB Chief Internal Auditor undertakes an annual review of the adequacy of internal controls and the opinion is included within this statement.
- The MIJB has an independent S95 Officer who is a member of the MIJB, providing advice on all financial matters and ensure timely production and reporting of budget estimates, budget monitoring reports and annual accounts.
- Governance arrangements have been developed and maintained to comply with the core functions of various good framework guidelines including Code of Practice on Managing the Risk of Fraud and Corruption, Public Sector Internal Audit Standards (incorporating the principles of the Role of the Head of Internal Audit), Audit Committees: Practical Guidance for Local Authorities and Police, etc.

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

Assessment of Effectiveness

- MIJB business is conducted through an approved cycle of Board meetings. During the year, recordings of Board meetings were made available to the public. Agendas, reports and minutes are available for the public to inspect. There is a standard reporting format in place to ensure consistency of approach and consideration by Members to provide transparency in decision making.
- The MIJB publishes both Annual Accounts and an Annual Performance Report following Board approval.
- The Chief Internal Auditor reports directly to the Audit, Performance and Risk committee with the right of access to the Chief Officer, Interim Chief Financial Officer and Chair of the Audit, Performance and Risk committee on any matter. The Chief Internal Auditor has continued to report to Committee during 2022/23.

ANNUAL GOVERNANCE STATEMENT (continued)

Review of Adequacy and Effectiveness

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

Internal Audit Opinion

Moray Council's Internal Audit Section delivers the Internal Audit Service for the Moray Integration Joint Board (MIJB), and the Council's Audit and Risk Manager holds the Chief Internal Auditor appointment to the MIJB until the 31st of March 2024. The Council's Internal Audit Section has adopted the Public Sector Internal Audit Standards (PSIAS), which require the Chief Internal Auditor to deliver an annual internal audit opinion and report, which has also been used to inform this governance statement.

The Chief Internal Auditor's evaluation of the adequacy and effectiveness of the MIJB framework of governance, risk management and internal control includes consideration of the findings from the audit work undertaken by the Chief Internal Auditor in his role as the Audit and Risk Manager for the Moray Council. Assurance is also sought from the Internal Audit Service Provider for NHS Grampian of the governance processes adopted by that organisation. In addition, reports issued by other external review agencies are considered in the opinion provided by the Chief Internal Auditor.

Internal Audit operates independently within the organisation. While there have been challenges due to changes in working practices with officers working from home, management has imposed no limitations on the scope of audit work. In accordance with PSIAS, the Chief Internal Auditor prepares a risk based Audit Plan for the MIJB, which has regard to the internal audit arrangements of both the Moray Council and NHS Grampian functions.

The Annual Audit Plan for 2022/23 agreed to the following audits to be undertaken:

- **Care First System-** An exercise to assess system management, security and resilience of the Care First System used for the recording and management of service user's data.
- **Self-Directed Support-** Review of Self Directed Support financial monitoring arrangements regarding Option 2/3, where care support packages to service users are managed by Health and Social Care Moray or an Individual Service Fund (ISF) Provider.
- **Information Management-** Ensure appropriate system exists in the management, security and transfer of data between the Council and care providers, including NHS Grampian.

ANNUAL GOVERNANCE STATEMENT (continued)

It is pleasing to report that all audits were undertaken and reported to the MIJB Audit, Performance and Risk Committee. Findings from the reviews detailed significant issues concerning the administrative arrangements in managing service users social care packages, compliance with regulations and recording service user information. In addition to the planned audits, reviews of Moray Council's financial and administrative systems were also reported to the MIJB Audit, Performance and Risk Committee. This included testing a sample of creditor payments generated under the direction of the Moray Integration Joint Board. The purpose of this audit was to confirm that effective controls are operating to ensure all payments are appropriately authorised, accurate and paid in accordance with regulations and agreed terms and conditions. Findings noted further improvements required in the recording and processing of invoices.

Internal Audit reports are regularly presented to members detailing not only findings but also the responses by management to the recommendations with agreed implementation dates. It was decided during the year that Internal Audit would also report the findings from the follow up audits undertaken to confirm the implementation of these recommendations. The follow up reviews completed into the financial monitoring arrangements within the Self Directed Support Team for direct payments made to service users and how Health and Social Care Officers manage income held for individuals under Corporate Appointeeship Arrangements found a number of the recommendations had not been implemented that required revised dates of implementation to be agreed.

The Chief Internal Auditor has previously raised concerns regarding an audit report to the Audit, Performance and Risk Committee on 30 March 2023 that detailed the outcome of a review undertaken by a private firm of auditors into how Health and Social Care Moray Commissioning Service manages adult social care contracts. The audit report detailed findings relating to governance, roles and responsibilities, strategy/processes and contract management. A future report will be required by the Chief Internal Auditor to confirm implementation

The Chief Internal Auditor, after consideration of the results regarding the work carried out by Internal Audit, taken together with other sources of assurance, with specific reference to the external assessment into how the Commissioning Service manages adult social care contracts; only limited assurance can be provided that the Moray Integration Joint Board has adequate systems of governance and internal control, for the year ended the 31st of March 2023

ANNUAL GOVERNANCE STATEMENT (continued)

Prior Year Governance Issues

The Annual Governance Statement for 2021/22 highlighted a number of areas for development in looking to secure continuous improvement. An assessment of progress is provided below:

Area for Improvement Identified in 2021/22	Action Undertaken / Progress Made in 2022/23
Extending the Hospital Without Walls model to move care closer to home, with a shift to earlier intervention that reduces the demands on acute hospital care.	Development of Unscheduled Care Action Plan with support from NHS Grampian Transformation Team, with more focus on front door of Dr Grays for earlier intervention. Put in place ambulatory emergency medical capacity in Dr Grays. Joint work with Scottish Ambulance Service around alternatives to conveyance to hospital
Developing the Portfolio approach for the Moray Portfolio, and the interlink with the other Portfolios in Grampian, along with developing the governance framework for this whole system approach	Continued to develop the local governance with a Portfolio Board approach. Links with other Portfolios strengthened through participation in their Portfolio Boards. Pan Grampian governance approach continues to be developed.
Refresh the Strategic Plan during 2022, building on the learning of the last 2 years of the pandemic, and the transformational change that has begun	IJB Strategic Plan refresh completed. Reflects transition to post pandemic recovery, recognising that we cannot return to pre-pandemic way of delivery. Strategy delivery plan in development
Using the 2022/23 to 2026/27 Medium Term Financial Framework to match the ambitions of the Strategic Plan so that services are sustainable	Efficiency programme set out with ambition for achieving best outcomes within available resources
Work with the Digital Health and Care Innovation Centre as part of the Moray Growth Deal to test new ways of working that benefit the Moray population and bring improvements to the delivery of health and social care	Creation of 5 living labs to find digital health solutions to health and social care challenges. Aligned to SG Digital Strategy. Includes workforce development, supporting skills and curriculum development
Continue to extend the reach of Self Directed Support with an ambition for Moray to be an exemplar in this arena	Continue to explore innovative solutions to meet personal outcomes through a strength and asset based approach. The

Area for Improvement Identified in 2021/22	Action Undertaken / Progress Made in 2022/23
<p>of supporting our residents in innovative ways that promote independence and choice</p> <p>With the potential delegation of Children's Social Work and Criminal Justice to the Moray IJB, better align service delivery in the Portfolio to the benefit of our residents, where care is seamless and access is clear</p>	<p>development of the Day Opportunities team and SDS Enablers supports this shift and has been recognised for its innovative approach throughout Scotland. This includes an IMPACT story by Health Improvement Scotland and sharing of this at the Carers Leads Meetings and Social Work Scotland. Development plans to be developed in line with audit recommendations and the national SDS Improvement plan to further embed the SDS Standards.</p> <p>Revised Scheme of Integration approved by Scottish Government on March 16th 2023, and now working closely with Moray Council to ensure that governance remains robust during the transition</p>

Further Developments

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

	Areas of focus for 2023/24
1.	Assurance and reporting for Children's Social Work and Justice Services
2.	Performance reporting at management level and to IJB APR Committee
3.	Development of Strategic Risk Register for the IJB
4.	IJB Category 1 responder status and Care for People Plan
5.	Delivery against the strategic objectives in IJB Strategic Plan
6.	Compliance with audit recommendations and completion of outstanding actions

ANNUAL GOVERNANCE STATEMENT (continued)

Key Governance challenges going forward will involve:

- Providing capacity to meet statutory obligations whilst managing expectations and rising demand for services, with a backlog of demand post Covid 19 pandemic, and the wider societal economic challenges now presented that also potentially drive demand;
- As a Board, difficult decisions will be required in balancing how we meet the needs of our community whilst operating within the available resource envelope;
- Continue to address our work force challenges in respect of recruitment and retention and where persistent vacancies will necessitate the need for redesign;
- Continuing to work closely with NHS Grampian, Moray Council and Moray Community partnership to build on existing relationships and establishing collaborative leadership, and to maximise the opportunities from an expanded health and social care remit with the Portfolio approach, including Dr Grays hospital, and how the IJB contributes to the wider community planning agenda in Moray and the North East;
- The challenges being faced from the legacy of the Covid 19 pandemic are expected to be a continued focus for additional scrutiny for an extended period of time, and how well we manage the recovery of service delivery.
- Continue to implement the recommendations of internal and external audit, including learning from national reviews.
- Work with teams to provide assurance to MIJB that we have clear governance structures for the integration of Children's Social Work and Criminal Justice Services into the partnership.
- Work with teams to ensure governance arrangements adopted during the pandemic and restored to either pre pandemic arrangements or are replaced with new business as usual processes.
- Contribute effectively to the national and UK Covid 19 enquiries, recognising the demand on staff time.

ANNUAL GOVERNANCE STATEMENT (continued)

Statement

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

The immediate challenge will be to continue to meet all operational demands as we continue to recover from the Covid 19 pandemic and the legacy that has impacted at a socioeconomic level on our community. Pressure on financial settlements is increasing, and we will continue to engage with our Partners and the wider community to agree plans and outcomes that are both sustainable and achievable. Taking those forward will be challenging as we aim to fulfil the nine Health and Wellbeing national health and well-being outcomes, and the strategic priorities identified and detailed in our Strategic Plan. Good governance remains an essential focus in delivering services in a way that both meets the needs of communities and discharges statutory best value responsibilities.

.....
Dennis Robertson
Chair of Moray IJB

.....
Simon Bokor-Ingram
Chief Officer

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

This statement shows the cost of providing services for the year ended 31 March 2023 according to generally accepted accounting practices.

2021/22		2022/23
Net Expenditure		Net Expenditure
£ 000		£ 000
5,477	Community Hospitals	5,990
4,932	Community Nursing	5,163
9,691	Learning Disabilities	12,626
9,542	Mental Health	10,295
1,259	Addictions	1,588
158	Adult Protection & Health Improvement	167
16,238	Care Services Provided In-House	18,486
20,536	Older People & Physical & Sensory Disability Services	23,441
1,828	Intermediate Care and Occupational Therapy	1,768
8,271	Care Services Provided by External Providers	8,084
8,460	Other Community Services	9,208
2,404	Administration & Management	2,425
1,192	Other Operational services	1,286
18,310	Primary Care Prescribing	19,283
18,307	Primary Care Services	19,058
4,632	Hosted Services	5,018
832	Out of Area Placements	1,232
758	Improvement Grants	888
7,937	Strategic Funds & Other Resources	8,858
13,044	Set Aside	13,917
153,808	Cost of Services	168,781
164,487	Taxation and Non-Specific Grant Income (note 5)	156,443
(10,679)	(Surplus) or Deficit on provision of Services	12,338
(10,679)	Total Comprehensive Income and Expenditure	12,338

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

MOVEMENT IN RESERVES STATEMENT

This statement shows the movement in the year on the Moray Integration Joint Boards (MIJB) reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices. Additional detail included within note 7 on page 50.

Movement of Reserves During 2022/23	General Fund Balance £000
Opening Balance at 1 April 2022	(17,021)
Total Comprehensive Income and Expenditure	12,338
<hr/>	
(Increase) or Decrease in 2022/23	12,338
<hr/>	
Closing Balance at 31 March 2023	(4,683)
<hr/>	
Movement of Reserves During 2021/22	General Fund Balance £000
Opening Balance at 1 April 2021	(6,342)
Total Comprehensive Income and Expenditure	(10,679)
<hr/>	
(Increase) or Decrease in 2021/22	(10,679)
<hr/>	
Closing Balance at 31 March 2022	(17,021)
<hr/>	

BALANCE SHEET

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

31 March 2022 £000		Notes	31 March 2023 £000
17,021	Short Term Debtors Current Assets	6	4,683
-	Short Term Creditors Current Liabilities		-
-	Provisions Long Term Liabilities		-
17,021	Net Assets		4,683
17,021	Usable Reserve General Fund	7	4,683
17,021	Total Reserves		4,683

The unaudited annual accounts were issued on 30 June 2023.

The Annual Accounts present a true and fair view of the financial position of the MIJB as at 31 March 2023 and its income and expenditure for the year then ended.

Deborah O'Shea FCCA

Interim Chief Financial Officer

NOTES TO THE FINANCIAL STATEMENTS

Note 1 Significant Accounting Policies

General Principles

The Financial Statements summarise the Moray Integration Joint Board's (MIJB) transactions for the 2022/23 financial year and its position at the year-end of 31 March 2023.

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

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

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

Accruals of Income and Expenditure

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

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

Funding

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

Cash and Cash Equivalents

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

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 1 Significant Accounting Policies (continued)

Employee Benefits

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

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

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

Reserves

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

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

Indemnity Insurance

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

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

Note 2 Critical Judgements and Estimation Uncertainty

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

During the overall Covid 19 response, a number of additional costs have been incurred beyond business as usual. The MIJB has followed national guidance regarding these and a range of additional costs are included in the MIJB's accounts reflecting the MIJB acting as principal in the transactions including:-

- social care sustainability costs;
- all increase direct care Covid 19 costs;

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 2 Critical Judgements and Estimation Uncertainty (continued)

A further range of Covid 19 related costs and associated funding have not been recognised in the MIJB's accounts in accordance with national accounting guidance. In these cases Moray Council is acting as principal and MIJB as the agent. This includes:-

- £0.527m related to PPE and testing kits provided by NHS National Services Scotland to Moray for social care services.

Note 3 Events after the Reporting Period

The unaudited accounts were issued by Deborah O'Shea, Interim Chief Financial Officer on 29 June 2023. Events taking place after this date are not reflected in the financial statements or notes

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 4 Expenditure and Income Analysis by Nature

2021/22		2022/23
£000		£000
65,020	Services commissioned from Moray Council	71,899
88,760	Services commissioned from The Grampian Health Board	96,852
28	Auditor Fee: External Audit Work	30
153,808	Total Expenditure	168,781
(164,487)	Partners Funding Contributions and Non-Specific Grant Income	(156,443)
(10,679)	(Surplus) or Deficit on the Provision of Services	12,338

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 5 Taxation and Non-Specific Grant Income

2021/22		2022/223
£000		£000
50,549	Funding Contribution from Moray Council	59,517
113,938	Funding Contribution from The Grampian Health Board	96,926
164,487	Taxation and Non-specific Grant Income	156,443

The funding contribution from The Grampian Health Board shown above includes £13.917m in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by The Grampian Health Board who retains responsibility for managing the costs of providing the services. The MIJB however has responsibility for the consumption of, and level of demand placed on, these resources.

Note 6 Debtors

31 March 2022		31 March 2023
£000		£000
15,739	The Grampian Health Board	2,846
1,282	Moray Council	1,837
17,021	Debtors	4,683

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

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 7 Usable Reserve: General Fund

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

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

The table below shows the movements on the General Fund balance:

		Earmarked Reserves			
	General Reserves	PCIP & Action 15	Covid 19	Other Earmarked	Total
	£000	£000	£000	£000	£000
Balance at 1 April 2021	1,598	1,667	2,725	352	6,342
Transfers (out)/in 2021/22	(341)	664	6,291	4,065	11,020
Balance at 31 March 2022	1,257	2,331	9,016	4,417	17,021
Transfer out 2022/23	(1,257)	(1,394)	(9,016)	(671)	(12,338)
Transfers in 2022/23	-				
Balance at 31 March 2023	-	937	-	3,746	4,683

Primary Care Improvement Fund (PCIP) - The purpose of this fund is to ring fence funding received from the Scottish Government as part of its Primary Care Transformation Plan, this includes Action 15 funding as part of this plan.

Covid 19 – are funds received by Scottish Government during 2021/22 being held in an earmarked reserve to support the MIJB through the pandemic and remobilisation.

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 8 Agency Income and Expenditure

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

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

2021/22		2022/23
£000		£000
9,136	Expenditure on Agency Services	10,139
(9,136)	Reimbursement for Agency Services	(10,139)
-	Net Agency Expenditure excluded from the CIES	-

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 9 Related Party Transactions

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

Transactions with the Grampian Health Board

2021/22		2022/23
£000		£000
(113,938)	Funding Contributions received from the NHS Board	(96,926)
88,558	Expenditure on Services Provided by the NHS Board	96,695
202	Key Management Personnel: Non-Voting Board Members	157

(25,178)	Net Transactions with The Grampian Health Board	(74)
-----------------	--	-------------

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

Balances with the Grampian Health Board

31 March 2022		31 March 2023
£000		£000
15,739	Debtor balances: Amounts due from The Grampian Health Board	2,846

15,739	Net Balance due from The Grampian Health Board	2,846
---------------	---	--------------

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 9 Related Party Transactions (continued)

Transactions with Moray Council

2021/22		2022/23
£000		£000
(50,549)	Funding Contributions received from the Council	(59,517)
64,970	Expenditure on Services Provided by the Council	71,852
78	Key Management Personnel: Non-Voting Board Members	77
14,499	Net Transactions with Moray Council	12,412

Balances with Moray Council

31 March 2022		31 March 2023
£000		£000
1,282	Debtor balances: Amounts due from Moray Council	1,837
-	Creditor balances: Amounts due to Moray Council	-
1,282	Net Balance due from Moray Council	1,837

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 10 VAT

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

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

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

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

There are no accounting standards issued but not yet adopted that impact on the 2022/23 financial statements.





REPORT TO: MORAY INTEGRATION JOINT BOARD ON 29 JUNE 2023

**SUBJECT: LOCAL CODE OF CORPORATE GOVERNANCE – UPDATE AND
AUDIT COMMITTEE SELF ASSESSMENT OF GOOD PRACTICE**

BY: CHIEF FINANCIAL OFFICER

1. REASON FOR REPORT

- 1.1. To provide the Board with an opportunity to comment on the updated sources of assurance for informing the governance principles as set out in the Chartered Institute of Public Finance (CIPFA) /Society of Local Authority Chief Executives (SOLACE) ‘Delivering Good Governance in Local Government Framework document. Also for information the self assessment of good practice as set out in the CIPFA “Audit Committee Member in Local Authority” 2022.

2. RECOMMENDATION

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

- i) consider and note the content of this report;**
- ii) consider and note the sources of assurance utilised in reviewing and assessing the effectiveness of the MIJB’s governance arrangements;**
- iii) approve the updated Local Code of Corporate Governance which supports the Annual Governance Statement, in APPENDIX 1; and**
- iv) approve the self assessment of good practice, in APPENDIX 2**

3. BACKGROUND

- 3.1 The MIJB is responsible for ensuring that its business is conducted in accordance with the law and relevant standards and that public money is safeguarded, properly accounted for and used economically, efficiently and effectively.
- 3.2 The MIJB has a statutory duty to conduct a review at least once in each financial year of the effectiveness of its system and to include a statement

reporting the review within its Statement of Accounts. The MIJB does this through its Annual Governance Statement which is published as part of its Annual Accounts.

- 3.3 The MIJB has established arrangements and continues to develop its governance framework which includes the system of internal control. This system is intended to manage risk and support the achievement of the MIJB's policies, aims and objectives. Reliance is placed on the NHS Grampian and Moray Council systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives; to the extent that these are complementary to those of the MIJB.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 In April 2016 an updated CIPFA/SOLACE 'Delivering Good Governance in Local Government: Framework' was published. The framework, whilst written in a local authority context, is applicable to integration authorities particularly as legislation recognises an IJB as a local government body under part VII of the Local Government (Scotland) Act 1973.
- 4.2 The Framework defines the principles that should underpin the governance arrangements and provides a structured approach. On 24 June 2021, the MIJB approved an updated Local Code of Corporate Governance based on the Framework and adopting the principles by which to evaluate performance (para 8 of the minute refers). The principles as set out in the CIPFA/SOLACE Framework are:
- a. Behaving with integrity, demonstrating strong commitment to ethical values and respecting the rule of law,
 - b. Ensuring openness and comprehensive stakeholder engagement,
 - c. Defining outcomes in terms of sustainable economic, social and environmental benefits,
 - d. Determining the interventions necessary to optimise the achievement of intended outcomes,
 - e. Developing the entity's capacity, including the capability of its leadership and the individuals within it,
 - f. Managing risk and performance through robust internal control and strong public financial management; and
 - g. Implementing good practices in transparency, reporting and audit to deliver effective accountability.
- 4.3 The term 'Local Code' refers to the governance structure in place and is a statement of the policies and procedures by which functions are directed and controlled and how engagement with service users, the local community and other stakeholders is carried out. The collective policies and procedures of the MIJB constitute a Local Code of Corporate Governance.
- 4.4 The MIJB can achieve good governance by demonstrating that its governance structures comply with the principles as set out in the Framework. Regular review is carried out to assess the MIJB's performance against the principles, identify areas for development and inform the Annual Governance Statement.

- 4.5 In response to Covid-19, the Chartered Institute of Public Finance and Accountancy (CIPFA) has produced additional guidance in relation to the impact of the pandemic on governance arrangements with particular relevance to the annual review of the system of internal control and the publication of the Annual Governance Statement (AGS). **APPENDIX 1** displays the sources utilised in assessing MIJB's compliance against each governance principle. With regard to the partnership model of operation, reliance is also placed on the systems and procedures of Moray Council and NHS Grampian and so for completeness, assurance sources are listed for these organisations.
- 4.6 Under the CIPFA Position Statement and "the audit committee member in a local authority", recommends that audit committees report annually on their performance to those charged with governance. CIPFA's good practice guide includes a checklist for audit committees to use as part of their assessment of performance. The checklist provides a high level review and a regular self assessment is used to support the planning of the audit committee work programme and training plans as well as help inform the annual report. The first assessment 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 "Partners in Care 2022 – 2032"**
Good governance arrangements are fundamental to the effective delivery of the Strategic Plan.
- (b) **Policy and Legal**
MIJB is subject to the audit and accounts provisions of a body under Section 106 of the Local Government (Scotland) Act 1973. The production and publication of the Annual Governance Statement is integral to this process.
- (c) **Financial implications**
None arising directly from this report.
- (d) **Risk Implications and Mitigation**
Effective governance is essential in providing the framework for the MIJB to conduct its business. The annual review of governance arrangements aims to ensure that internal controls, risk management and associated governance arrangements are being constantly developed with the aim of providing reasonable assurance on the framework as a whole. Regular review and application of a Local Code of Corporate Governance supports this process as well as the self-assessment checklist.
- (e) **Staffing Implications**
None arising directly from this report.
- (f) **Property**
None arising directly from this report.
- (g) **Equalities/Socio Economic Impact**

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

(h) Climate Change and Biodiversity Impacts

None arising directly from this report.

(i) Directions

None arising directly from this report.

(j) Consultations

Consultation on this report has taken place with the MIJB Chief Internal Auditor and Internal Audit Manager to the Moray Council, the Financial Governance Manager, NHS Grampian, the MIJB Corporate Manager, the Head of Governance, Strategy and Performance and the Democratic Services Manager, Moray Council who are in agreement with the contents of this report as regards their respective responsibilities.

6. CONCLUSION

6.1. The Board is asked to approve the updated Local Code of Corporate Governance to support the effective governance processes and the Annual Governance Statement of the MIJB.

6.2. The Board is asked to approve the draft self assessment checklist of the audit committee.

Author of Report: Deborah O'Shea, Interim Chief Financial Officer & Sonya Duncan, Corporate Manager.

Background Papers: with author

Ref:



LOCAL CODE OF CORPORATE GOVERNANCE

APPENDIX 1

GOVERNANCE PRINCIPLES		
Principle A		
Behaving with integrity, demonstrating strong commitment to ethical values and respecting the rule of law		
SOURCES OF ASSURANCE		
MIJB	MORAY COUNCIL	NHS GRAMPIAN
Code of Conduct	Codes of Conduct	Codes of Conduct
Financial Regulations (March 2019)	Financial Regulations & Authorisation policy	Standing Financial Instructions
Standards Officer Appointment (April 2022)	Scheme of Administration	Schedule of Reserved Decisions
Standing Orders (May 2022)	Standing Orders	Operational Scheme of Delegation
Register of Interests	Human Resources Policies	Standing Orders
Scheme of Administration (June 2018)	Scheme of Delegation	Human Resources Policies (and Once for Scotland policies around Employee Conduct)
Integration Scheme (Mar 2023)	Register of Interests	Staff Governance Committee
Updated IJB Report Format (Sept 2022)	Integrity Group	Register of Interests
Information Commissioners Officer Registration	Employee Induction Process	Feedback Service
Duty of Candour Arrangements	Computer Use Policy	STaff Surveys
Whistleblowing Standards	Duty of Candour Arrangements	Employee Induction Process
Members handbook (2020)	Monitoring Officer Annual Report	SLT Compliance Sub Group
	Staff Engagement Programme	Duty of Candour Arrangements
	COVID interim management arrangements	Policy for the Prevention, Detection and Investigation of Suspected Fraud, Theft or Corruption
	E-Learning module on GDPR	Whistleblowing Policy
	Whistleblowing policy	



LOCAL CODE OF CORPORATE GOVERNANCE

GOVERNANCE PRINCIPLES		
Principle B		
Ensuring openness and comprehensive stakeholder engagement		
SOURCES OF ASSURANCE		
MIJB	MORAY COUNCIL	NHS GRAMPIAN
Strategic Plan (2022-2032)	Moray Connected Project	Annual Operational Delivery Plan (includes Financial Plan)
Performance Management Framework	Community Consultation & Engagement	Performance Management Framework
Annual Performance Report	Complaints Procedures & Responses	Freedom of Information Compliance
Communications & Engagement Strategy	Use of Social Media	Feedback Service
Community Consultation	Freedom of Information Compliance	Engagement and Participation Committee Population Health Committee
Third Sector Involvement	Locality Planning	Grampian Clinical Strategy
IJB Membership – Broad Range of Stakeholders	Community Asset Transfers	NHS Grampian Area Partnership Forum
Use of Social Media	Participatory Budgeting Plans	Equality, Diversity and Human Rights Policy
Freedom of Information Compliance		Stakeholder Engagement Framework
Workforce Forum		
Complaints Handling Policy		
Staff Surveys		
Governance Framework		
Community Risk Register (2021)		
IJB & Committee meetings held in public		



LOCAL CODE OF CORPORATE GOVERNANCE

GOVERNANCE PRINCIPLES		
Principle C		
Defining outcomes in terms of sustainable economic, social and environmental benefits		
SOURCES OF ASSURANCE		
MIJB	MORAY COUNCIL	NHS GRAMPIAN
Strategic Plan (2022-2032)	Moray 2027 – a Plan for the Future	Annual Delivery Operational Plan (includes Financial Plan)
	Corporate Plan – currently being updated	Governance Framework
Annual Performance Report	Community Planning Board	Performance Management Framework
Performance Management Framework	Local Outcome Improvement Plans – Updated with Partner Agencies	Engagement and Participation Committee Population Health Committee
Climate Change Duties and Responsibilities	Governance Framework	Grampian Clinical Strategy
	Performance Management Framework	Equality & Diversity: Outcomes
Equalities Outcomes (April 2021)	Best Value Report & Action Plan	
	Improvement and Transformation Plans	



LOCAL CODE OF CORPORATE GOVERNANCE

GOVERNANCE PRINCIPLES		
Principle D		
Determining the interventions necessary to optimise the achievement of intended outcomes		
SOURCES OF ASSURANCE		
MIJB	MORAY COUNCIL	NHS GRAMPIAN
Risk Management Processes	Risk Management Processes	Risk Management Processes
Audit Planning (Internal & External)	Audit Planning (Internal & External)	Audit Planning (Internal & External)
Performance Management Framework	Performance Management Framework	Performance Management Framework
Budget Monitoring Processes	Budget Monitoring Processes	Budget Monitoring Processes
Financial Planning	Financial Planning – in line with Cipfa’s FM Code Principles	Financial Planning
MIJB Committee Structure	Moray Council Committee Structure	Health & Safety Committee
	Asset Management Group	Annual Accountability Review
Health and Safety Arrangements		Asset Management Group
Business Continuity Planning	Workforce and ICT Strategies	Ministerial Strategic Group – Self Assessment May 2019
Ministerial Strategic Group – Self Assessment – May 2021	Guide to Scrutiny at Moray Council	Grampian Clinical Strategy
Governance Framework		Clinical Governance Committee



LOCAL CODE OF CORPORATE GOVERNANCE

GOVERNANCE PRINCIPLES

Principle E

Developing the entity's capacity, including the capability of its leadership and the individuals within it.

SOURCES OF ASSURANCE

MIJB	MORAY COUNCIL	NHS GRAMPIAN
Workforce Planning and Organisational Development	Workforce Planning	Employee Induction Processes
Workforce Forum	Elected Member Induction / Development	Board Member Induction
MIJB Voting Member Briefings	Personal Development Plans – to be revisited	Staff Partnership Representation
MIJB Development Sessions	Employee Development Team	Leadership Schemes
Board Member Induction	Moray Management Methods	Staff Governance Committee
Employee Recognition Awards (not held 2020)	Employee Induction Processes	"We Care" programme
System Leadership Programme	Employee Review and Development Programme	
	Staff Leadership Forum	
	Best Value Action Plan developed	



LOCAL CODE OF CORPORATE GOVERNANCE

GOVERNANCE PRINCIPLES

Principle F

Managing risk and performance through robust internal control and strong public financial management.

SOURCES OF ASSURANCE

MIJB	MORAY COUNCIL	NHS GRAMPIAN
Financial Regulations (March 2019)	Financial Regulations (update 29.6.23)	Standing Financial Instructions
Risk Management Strategy and Risk Reporting	Risk Management Policy & Strategy	Budget Monitoring & Financial Planning
Governance Framework	Following the Public Pound – ALEO Funding	Risk Management Framework & Reporting
Budget Monitoring & Financial Planning	Performance Management Framework	Audit Planning (Internal & External)
Production of Annual Accounts	Scheme of Delegation	Policy for the Prevention, Detection and Investigation of Suspected Fraud, Theft or Corruption
Audit Planning (Internal & External)	Section 95 Officer Appointment	Schedule of Reserved Decisions
Business Continuity & Incident Response Plans	Fraud, Theft, Bribery & Corruption Policy	Operational Scheme of Delegation
Performance Management Framework	Participation in National Fraud Initiative	Annual Report and Accounts (including annual governance statement)
Clinical & Care Governance Committee	Information Assurance Group	Performance Governance Committee Performance, Assurance, Infrastructure and Finance Committee
Moray Performance Review (Chief Executive)	Budget Monitoring & Financial Planning	
Internal and External Audit Plans	Audit Planning (Internal & External)	
Integration Scheme (Mar 2023)	Procurement Regulations & Training	
	Business Continuity Plans – to be revisited post pandemic	
Risk Policy (Sept 2020)		



LOCAL CODE OF CORPORATE GOVERNANCE

GOVERNANCE PRINCIPLES		
Principle G Implementing good practices in transparency, reporting and audit to deliver effective accountability.		
SOURCES OF ASSURANCE		
MIJB	MORAY COUNCIL	NHS GRAMPIAN
Committee Reporting Framework	Committee Reporting Framework	Board sub-Committee Reporting Framework
Financial Reporting – Budget Monitoring	Financial Reporting – Budget Monitoring	Financial Reporting – Budget Monitoring
Production & Approval of Annual Budget	Production & Approval of Annual Budget	Production of Annual Report and Accounts
Production of Annual Accounts	Production of Annual Accounts	Audit Planning (Internal & External)
Audit Planning (Internal & External)	Audit Planning (Internal & External)	Assurance Framework
Consultation	Statutory Returns	Public Sector Reform Act disclosure
Governance Framework	Consultation	
Externally commissioned review of Commissioned services	Chief Social Work Officer Annual Report	
	Scottish Public Services Ombudsman – Complaints Reporting and Responses	

APPENDIX 2

Self-assessment of good practice

This appendix provides a high-level review that incorporates the key principles set out in CIPFA's Position Statement and this publication. Where an audit committee has a high degree of performance against the good practice principles, it is an indicator that the committee is soundly based and has in place a knowledgeable membership. These are the essential factors in developing an effective audit committee.

A regular self-assessment should be used to support the planning of the audit committee work programme and training plans. It will also inform the annual report.

Good practice questions	Does not comply	Partially complies and extent of improvement needed*			Fully complies
	Major improvement	Significant improvement	Moderate improvement	Minor improvement	No further improvement
Weighting of answers	0	1	2	3	5

Audit committee purpose and governance

1	Does the authority have a dedicated audit committee that is not combined with other functions (eg standards, ethics, scrutiny)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Does the audit committee report directly to the governing body (PCC and chief constable/full council/full fire authority, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Has the committee maintained its advisory role by not taking on any decision-making powers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Do the terms of reference clearly set out the purpose of the committee in accordance with CIPFA's 2022 Position Statement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Do all those charged with governance and in leadership roles have a good understanding of the role and purpose of the committee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	Does the audit committee escalate issues and concerns promptly to those in governance and leadership roles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	Does the governing body hold the audit committee to account for its performance at least annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

* Where the committee does not fully comply with an element, three options are available to allow distinctions between aspects that require significant improvement and those only requiring minor changes.

Good practice questions		Does not comply	Partially complies and extent of improvement needed			Fully complies
		Major improvement	Significant improvement	Moderate improvement	Minor improvement	No further improvement
Weighting of answers		0	1	2	3	5
8	Does the committee publish an annual report in accordance with the 2022 guidance, including:					
	<ul style="list-style-type: none"> compliance with the CIPFA Position Statement 2022 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<ul style="list-style-type: none"> results of the annual evaluation, development work undertaken and planned improvements 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<ul style="list-style-type: none"> how it has fulfilled its terms of reference and the key issues escalated in the year? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Functions of the committee						
9	Do the committee's terms of reference explicitly address all the core areas identified in CIPFA's Position Statement as follows?					
	Governance arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Risk management arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Internal control arrangements, including: <ul style="list-style-type: none"> financial management value for money ethics and standards counter fraud and corruption 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Annual governance statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Financial reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Assurance framework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Internal audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	External audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Over the last year, has adequate consideration been given to all core areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11	Over the last year, has the committee only considered agenda items that align with its core functions or selected wider functions, as set out in the 2022 guidance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Has the committee met privately with the external auditors and head of internal audit in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Good practice questions	Does not comply	Partially complies and extent of improvement needed			Fully complies
	Major improvement	Significant improvement	Moderate improvement	Minor improvement	No further improvement
Weighting of answers	0	1	2	3	5

Membership and support

13 Has the committee been established in accordance with the 2022 guidance as follows?					
• Separation from executive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• A size that is not unwieldy and avoids use of substitutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Inclusion of lay/co-opted independent members in accordance with legislation or CIPFA's recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 Have all committee members been appointed or selected to ensure a committee membership that is knowledgeable and skilled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Has an evaluation of knowledge, skills and the training needs of the chair and committee members been carried out within the last two years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Have regular training and support arrangements been put in place covering the areas set out in the 2022 guidance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17 Across the committee membership, is there a satisfactory level of knowledge, as set out in the 2022 guidance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18 Is adequate secretariat and administrative support provided to the committee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Does the committee have good working relations with key people and organisations, including external audit, internal audit and the CFO?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Effectiveness of the committee

20 Has the committee obtained positive feedback on its performance from those interacting with the committee or relying on its work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21 Are meetings well chaired, ensuring key agenda items are addressed with a focus on improvement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22 Are meetings effective with a good level of discussion and engagement from all the members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23 Has the committee maintained a non-political approach to discussions throughout?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Good practice questions	Does not comply	Partially complies and extent of improvement needed			Fully complies
	Major improvement	Significant improvement	Moderate improvement	Minor improvement	No further improvement
Weighting of answers	0	1	2	3	5
24 Does the committee engage with a wide range of leaders and managers, including discussion of audit findings, risks and action plans with the responsible officers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25 Does the committee make recommendations for the improvement of governance, risk and control arrangements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26 Do audit committee recommendations have traction with those in leadership roles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Has the committee evaluated whether and how it is adding value to the organisation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
28 Does the committee have an action plan to improve any areas of weakness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
29 Has this assessment been undertaken collaboratively with the audit committee members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Subtotal score					
Total score					
					196
Maximum possible score					
					200**

** 40 questions/sub-questions multiplied by five.



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 29 JUNE 2023

SUBJECT: LOSSIEMOUTH LOCALITY HEALTH AND WELLBEING SERVICES PROGRESS UPDATE

BY: IAIN MACDONALD, LOCALITY MANAGER

1. REASON FOR REPORT

- 1.1. To inform the Board on the progress made in relation to the development of health and care services within the Lossiemouth Locality, in partnership with the local community and practitioners.

2. RECOMMENDATION

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

- i) **note the progress made in relation to the development of health and care provision across the Lossiemouth Locality; in partnership with the local community and practitioners;**
- ii) **note the progress made in relation to the use of existing and emerging technology within the locality, using the opportunity afforded by the Digital Health Innovation strand of the Moray Growth Deal; and**
- iii) **note the update regarding a sustainable transport solution, that will meet the needs of residents attending medical appointments**

3. BACKGROUND

- 3.1 This report provides an update on the development of health and care services within the Lossiemouth Locality (this includes the villages of Hopeman, Burghead and surrounding areas). Reference is made to the recommendations agreed at the Board on 26 January 2023 (para 11 of the minute refers) and to the progress made in relation to the list of mitigating actions.
- 3.2. The Forbes and Lossiemouth Locality Plan, submitted to the Board on 30 March 2023 (para 10 of the minute refers), is the overarching plan for the development of services within the Lossiemouth and Forbes geographical area. The Locality

Plan contains an action plan that has been developed with community and practitioner engagement, utilising local data, a recognition of national drivers, and an overview of good practice both locally and nationally. The Lossiemouth element of the action plan is monitored and reviewed on a bimonthly basis by a steering group of local community members and practitioners. An updated version of the Action Plan, including progress measures, is included in **Appendix 1.**

3.3. The mitigating factors included within the report to the Board on 26 January 2023 were:

- i. Extensive public information campaign on the closure of the branch surgeries and current transport options to appointments at Lossiemouth (Jan – Feb 2023)
- ii. Completion of the review and updating of the phone/appointment system (Jan 2023)
- iii. Promote, through publicity and community sessions, how best to access the appropriate health and social care professional (Feb – Apr 2023)
- iv. Monitor effectiveness of systems to access a local health and social care professional (Feb – July 2023)
- v. Increased promotion of the Dial a Bus service within communities (Jan – Feb 2023)
- vi. Provide reassurance to communities that patients will be transported home, by bus or taxi, if their appointment runs over time (Jan – Feb 2023)
- vii. Update briefing information on Dial a Bus Service for all administration staff at Moray Coast Medical practice (Jan 2023)
- viii. Further discussion with Moray Council to extend Dial a Bus Service if need can be identified (Feb - July 2023)
- ix. Support provided to the Community Mini Bus Project to develop services (Jan 2023 onwards)
- x. IT/Digital platforms further developed to enable remote communication with GP/health and social care professionals and support provided to community members to develop their digital skills (Feb – June 2023)
- xi. Locations sought for shared IT/Digital technology within local communities and subsequent support provided to access these platforms (Feb – June 2023)
- xii. Housebound patients to continue to receive GP/Health and Social Care professional home visits. It is a contractual requirement to receive the full range of General Medical Services (Jan 2023 onwards)
- xiii. Locality Manager to attend the Moray Transport Forum (Jan 2023 onwards)
- xiv. Social prescribing model to be introduced to Moray Coast Medical Practice (Jan 2023)
- xv. Promote the Multi-Disciplinary Team serving the Lossiemouth Locality through publicity and community sessions, (Feb to July 2023)
- xvi. Nurse/Health Professional led community provision is reviewed (Jan - Jun 2023 and onwards)

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. An overview of progress in relation to mitigating actions is outlined below:

- 4.2. The Moray Coast Medical Practice social media/website and the Health and Social Care Moray website have been updated with additional information regarding access to services with the branch surgeries not being in use, with information on available transport to appointments at the Moray Coast Practice.
- 4.3. The phone system for accessing services at the Moray Coast Medical Practice has been updated to the new 0300 number and system. A small number of community members continue to experience challenges trying to use the phone system to arrange an appointment. Recent data for the week beginning 29 May 2023 indicated that 1462 calls were taken, 11 people were 'disconnected' whilst waiting in the queue. The current maximum waiting time in the queue is 15 minutes at which point the user is then 'disconnected'. This was increased to 20 minutes as of week beginning 5 June 2023; to prevent any future callers being 'disconnected'. It is important to note that this has been a Moray wide issue and not specific to the Moray Coast Medical Practice.
- 4.4. The duty system for accessing a member of the primary care team has recently been reviewed and updated. The vast majority of patients should now have a maximum of a 2 week wait for an appointment with a GP. This is in part due to improved use of digital technology and in part due to the increase of additional staffing within Primary Care, such as First Contact Physiotherapist, Primary Care Occupational Therapist, and Dementia Nurse. Examples of the average waiting times are now as follows:
- Standard GP appointment - within 2 weeks (may be longer if patient requests a specific GP/time)
 - Nurse routine appointment - within 3 weeks
 - Routine blood test within 3-4 days
 - Urgent blood test (i.e. chemotherapy) same day
 - Routine Practice Nurse appointment – within 1 week
 - Urgent Practice Nurse appointment – aim for same day if Nurse available
 - Primary Care Occupational Therapist – within 1 week
 - Dementia Nurse – within 1 week
 - First Contact Physiotherapist - 2 weeks
 - Pharmacist - 2 weeks
- 4.5. The promotion of public transport, including Moray Council's demand responsive service (now referred to as m.connect) provision has been increased significantly.
- i) Social media and website information have been updated and promoted
 - ii) Posters and flyers advertising the service have been updated and distributed widely
 - iii) The initial telephone message that all patients hear when they call the health centre has been updated to prompt patients to ask the call handler (administration staff) if they require support with transport to attend an appointment
 - iv) Administration staff have received enhanced information and guidance on arranging transport and linking this with patient appointments
 - v) Community members have been assured that transport is available to take them home. A taxi contract is in place to facilitate this if required. To

date however there has been no requirement to arrange a taxi for this purpose.

- 4.6 There continues to be informal dialogue with transport providers in relation to seeking a more formalised transport provision. Following the IJB meeting in January 2023 the Locality Manager has attended three Transport Forum Meetings, two meetings with the Public Transport Unit and a meeting with the Community Mini Bus Group.
- 4.7 Usage of the m.connect service by members of the Lossiemouth coastal village communities continues to be low; on average 3 people per week; continuing to make it difficult to justify a case for a scheduled service. As stated in earlier reports previous attempts to schedule a bus service, circa year 2000 onwards, have resulted in low passenger usage numbers. This leaves transport providers sceptical about allocating a vehicle and staffing resource at this current time.
- 4.8 Community members have highlighted that a number of people have been unable to book the m.connect for their scheduled appointment time; transport schedulers indicate that the number of transport requests 'rejected' for the coastal village area are extremely low. Community members have also raised concerns that the current service will not be provided during holiday times; this is incorrect and the information on websites clarifies this.
- 4.9 The current transport option being provided is 'Demand Response Transport' utilising the m.connect service. Passengers contact the service via telephone or a digital app and book their transport at a specific time. The vehicle picks up and drops off the individual at their own home. This service is available in the area between 9.30am and 2.30pm.
- 4.10 The Public Transport Unit's 'm.connect' service has put in place a number of scheduled transport routes throughout Moray across a wider timeframe of the working day. This service has been developed through the work of the Moray Growth Deal, to enable expansion of operating hours beyond 0930-1430. At this point in the project, the Speyside, Keith and Buckie areas have been prioritised for additional service provision. It is the future intention of the 'm.connect' project to extend operating hours across Lossiemouth, Elgin and Forres areas to match these recently introduced to the East and South of Moray. However future expansion will require to be approved by the Moray Growth Deal Board and at meetings of Moray Council.
- 4.11 There have been several meetings at a Moray wide and Lossiemouth Locality level to progress the use of digital technology to access health and social care services. There have been five meetings with the Digital Health Institute (DHI), three meetings with the Moray Library service and two meetings of the Lossiemouth Locality Oversight Group to specifically discuss this theme. Several actions have emerged from this:
 - i) Develop community members knowledge of what types of services can be accessed digitally
 - ii) Develop community members knowledge of how to use their own/borrowed digital devices
 - iii) Provide community members with access to digital devices either loaned or at fixed location

- iv) Provide community members with real time support to use a digital device
- v) Provide access to self-management/remote condition monitoring
- vi) Provide health and social care staff training on a) supporting community members and b) professional use of digital technology

Further discussions will take place with local community groups to help develop this service.

- 4.12 Alongside pre booked appointments each day staff are allocated work from a duty screen for 'emergency on the day' calls, these are 'triaged' and either managed over the phone/video or brought into surgery for a same day appointment as appropriate.
- 4.13 When patients contact the practice they are asked if they require a routine appointment or attention on the day. There are minimal numbers of true clinical emergencies 'on the day' as anything requiring immediate medical intervention, such as a suspected heart attack, usually necessitates an ambulance and A&E. There are a significant number of the 'emergency on the day' calls that do require medical attention that day but would not be defined as a 'clinical emergency' such as chest infections, fevers etc. The patients on the 'emergency call back list' do require clinical input that day and form a significant part of the Practice workload for any day.
- 4.14 During an average week there will be approximately 300 digital/telephone consultations with the Moray Coast Practice Team, alongside all the pre booked face to face consultations. During the week 29th May 2023 the split for digital consultations for GPs and ANPs was: 57 EConsults, 18 Prebooked Telephone Consultations, 215 emergency telephone consultations, and 2 near me consultations. There were 455 pre booked appointments. The broader multidisciplinary team appointment numbers are not included within these figures.
- 4.15 As part of the work relating to the Moray Growth Deal the 'Person Held File' digital application will initially be developed in the Forres and Lossiemouth Locality. This will allow individuals to consent to providing family members and practitioners electronic access to their health and social care information thus improving communication, early intervention and prevention. This work is proceeding at pace.
- 4.16 The above actions at 4.11; and 4.15 are being achieved through partnership work with local community members, DHI, Moray Libraries, Third Sector and Health and Social Care Moray staff. The Lossiemouth Locality has the opportunity to be sector leading in maximising the use of digital technology within health and social care.
- 4.17 Primary Care staff and the broader Multi Disciplinary Team continue to visit many patients within the patient's own home. On an average week Primary Care staff (i.e.GP, Advanced Nurse Practitioner, Primary Care Physio, Dementia Nurse) will visit 14 patients, the Community Nursing team will visit 88 patients and Social Care staff such as social workers and care at home workers will undertake 940 visits within the Lossiemouth Locality.

- 4.18 The social prescribing model has been scaled up from Forres to the Lossiemouth Locality, and is now in its fourth month of operation. In total to date 97 community members, 53 in the month of May, have benefited from being linked with a local community service instead of/or to compliment the clinical care and treatment they are receiving. An example of this would be where a community member presents to their GP with concerns about their mental health and wellbeing and the GP rather than prescribing medication 'socially prescribes' (refers) the individual to a link worker who then connects and supports the individual to join a community programme which ultimately reduces the individuals sense of social isolation and improves their mental health. The social prescribing work was initially for adults, but will soon also include children and young people.
- 4.19 We are currently undertaking a 'How Good Is Our Multi Disciplinary Team?' exercise with all practitioners based at, or who visit, the Moray Coast Medical Practice. On conclusion of this activity we will undertake public promotion of the Multi Disciplinary Team.
- 4.20 Community nursing within the Lossiemouth Locality has been enhanced through the appointment of a 1.0 WTE (Whole Time Equivalent) team leader post, increased Health Care Support Worker hours, and a 0.55 WTE (Whole Time Equivalent) administration post. Plans are also in place to increase the number of Health Care Support Worker hours available within the community.
- 4.21 The above mitigating actions will be reviewed by the Lossiemouth Locality Oversight Group via the Forres and Lossiemouth Locality Planning process. This work will continue to be undertaken in partnership with the local community and practitioners. Progress will be reported back to the MIJB through the Locality Planning Process reporting cycle.
- 4.22 Senior management within HSCM have met with the Save our Surgeries Group on two occasions since the MIJB meeting on 26 January 2023. The discussions have enabled further opportunity to explore actions to improve health and social care provision within the local area. Following these discussions an additional mitigating action will be the introduction of a mobile unit to provide Community Treatment and Care (CTAC) nursing clinics within the coastal village area. The service will be introduced as a 'test of change'. The impact will be evaluated and reported to the Locality Oversight Group and to the MIJB through the Forres and Lossiemouth Locality Planning reporting process.
- 4.23 Community members have enquired as to what the doctors and nurses views were of having worked in the Hopeman and Burghead branch surgery buildings.
- 4.24 The doctors' have indicated that they enjoyed working at the branch surgeries as this increased their knowledge of the local community. However working at the surgeries could feel isolated at times, particularly when presented with complex patients as there was no ability to check with a colleague if a second opinion was needed. Over the years there have been incidences of medical emergencies which were hard to manage in cramped spaces with inadequate support and equipment available. The lack of availability of other members of the Primary Health Care Team (particularly nurses) working at the same time could reduce the ability to provide a full service to the patient e.g. applying dressings / reviewing wounds together / doing an ECG. Many procedures were

not able to be offered - e.g. many family planning or minor surgery procedures, due to this lack of space and nurse support. For intimate examinations the only person who could act as chaperone was the receptionist; this meant the individual leaving the reception/waiting area un-staffed for that period of time. Although patients found it easier to get appointments at the branch surgeries, continuity of care was reduced as they saw whichever doctor was working that day.

- 4.25 The nurses have indicated that working within the coast surgeries was always a nice day as only it was only me and the receptionist but this meant that patients ended up seeing whichever nurse was there and if that wasn't the most appropriate person then they had to go to Lossiemouth for another appointment or be rebooked when a different nurse was in clinic. The nurse team couldn't offer full services because of the limitations of the treatment rooms, for example we couldn't do routine smears. There were often issues if a patient needed further investigations, or to see a doctor, again they had to be referred to Lossiemouth. Staff feedback included, 'It always felt a bit 'risky' if anything happened as there was no-one to help; no informal support from colleagues, and no one to check anything with. It often felt like providing a second-class service to what was available in Lossiemouth. I was always grateful to get to the end of a clinic without any issue. The practical issues of making sure the equipment and stores were in the right place was an added complication'.
- 4.26 The Pharmaceutical Services Improvement and Development Manager contacted the pharmacy in Burghead to enquire if they would consider further developing the Pharmacy First Plus provision and utilise the vacated space from the Burghead Branch Surgery premises. The Pharmacy indicated that they would not wish to expand the service at this time.
- 4.27 Some members of the coastal village communities have raised concerns that the general health of the population has deteriorated disproportionately from 2020 onwards. It will be correct that some individual's health will have deteriorated during this time period. However a comparative review of Scottish Public Health Organisation data does not demonstrate an overall deteriorating population health trend. Scottish Public Health Organisation data is gathered from various sources, often amalgamated over a three year period, so comparison is between time period 2018/19 to 2020/21 and time period 2019/20 to 2021/22. The locality spreadsheet indicates that specifically for the coastal village area 9 conditions/statistics measured have improved and 4 conditions/statistics measured have deteriorated, all other conditions/statistics do not have updated data with which to make a comparison at this time.
- 4.28 At the MIJB on 26 January 2023 members discussed the risks associated with the potential reregistering of patients living within the IV30 5 post code area from the Moray Coast Medical Practice in Lossiemouth to the Maryhill Medical Practice in Elgin. Comparative data from 28 October 2021 to 1 April 2023 indicates a slight decrease in patients registered from the specific post code area for both medical practices, with the overall numbers remaining fairly static over the past 5 months.
- 4.29 The Lossiemouth Locality continues to have the opportunity to lead the way in terms of developing a model of provision that builds on the resources available within the locality and maximises the use of digital technology. Supporting people to remain independently at home, having access to a broad multi

disciplinary team, and being assisted to return home from specialist residential treatment and care at the earliest opportunity.

5 SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Partners in Care 2022 – 2032”

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

(b) Policy and Legal

A number of policy and legal implications require to be considered

(c) Financial implications

Financial implications relating to building leases, potential construction/refurbishment, resourcing and staffing costs

(d) Risk Implications and Mitigation

Risks and mitigating factors are outlined within the report

(e) Staffing Implications

There are implications on staffing provision and on staff health and wellbeing

(f) Property

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

(g) Equalities/Socio Economic Impact

Equality Impact Assessment (EQIA) was completed and attached as Appendix 2 to the previous MIJB Report 26 January 2023

(h) Climate Change and Biodiversity Impacts

Potential increase in carbon emissions due to patients travelling further to access facilities. This is offset to a degree by availability of a dedicated Dial a Bus service, increased use of digital technology to facilitate remote consultations, and the decrease in energy usage following the reduction from 3 buildings to 1 building

(i) Directions

None arising directly from this report.

(j) Consultations

Sean Coady, Head of Service, Health and Social Care Moray
Simon Bokor-Ingram, Chief Officer, Health and Social Care Moray
Dr Robert Lockhart, Primary Care Clinical Lead, Health and Social Care Moray
Dr Malcolm Simmons, Primary Care Clinical Lead, Health and Social Care Moray
Bob Sivewright, Finance Manager, NHS Grampian
Alison Frankland, Practice Manager, Moray Coast Medical Centre

Eileen Rae, Practice Manager, Maryhill Medical Practice
Peter Maclean, Service Manager for Primary Care Contracts, NHS Grampian
Christine Thomson, Lead Pharmacist Primary Care, Health and Social Care
Moray
Nicola Moss, Head of Environmental and Commercial Services, Moray
Council
Rosemary Reeve, Primary Care Development Manager, NHS Grampian
Tracey Sutherland, Democratic Services Manager, Moray Council

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

6 CONCLUSION

6.1 The MIJB are asked to note the content of the report.

Author of Report: Iain Macdonald, Locality Manager

Background Papers: Appendix 1 Forres and Lossiemouth Locality Plan – Action Plan
Update 07 06 2023

Ref:

ACTION PLAN

Local Priority 1				
To improve the mental health and wellbeing of the local population.				
Action	Measure of Success	Desired Outcome	Timeline	Progress %
Seek more detailed information on causes of death rate 18 - 44yr olds.	Information accessed and shared with the Locality Oversight Group.	Increase in access to preventive mental health services.	June - 2023	90%
Review bed occupancy days due to mental health and reasons for this.	Information accessed and shared with the Locality Oversight Group.	Increase in information available to local practitioners.	June - 2023	50%
Facilitate a focused session with key locality stakeholders to determine additional preventive approaches to support positive mental health and wellbeing.	Preventative approaches identified and information document developed and shared with practitioners.		Sept - 2023	0%

Local Priority 2				
To reduce the health impact of drugs and alcohol use within the local population.				
Action	Measure of Success	Desired Outcome	Timeline	Progress %
Gather further information in relation to drug and alcohol related hospital admissions for Forres and Lossiemouth population.	Information accessed and shared with the Locality Oversight Group.	Reduction in the number of hospital admissions as a result of drug or alcohol use.	June - 2023	100%
Review current services available locally and Grampian wide.	Services reviewed.	Increase in information available to local practitioners.	June - 2023	50%
Share updated information and services available with GPs and Health and Social Care Professionals.	Information document developed and shared with local practitioners.		June - 2023	0%

Local Priority 3				
Further develop and promote prevention and self-care approaches within the locality.				
Action	Measure of Success	Desired Outcome	Timeline	Progress %
Falls - Review, refresh and promote frailty information.	Information accessed and shared with the Locality Oversight Group and local practitioners.	Reduction in the number of falls, particularly in those requiring hospital admission.	June – 2023	80%
Falls - Review the role of the Forres Neighbourhood Care Team and Community Response Team to encompass a falls response.	Roles of team reviewed and information shared with local practitioners.		July – 2023	90%
Social Prescribing - Complete current test of change taking place within Forres and scale up to include Lossiemouth.	Test of change completed and evaluated.	Increase in the number of individuals who are redirected towards a non-clinical based service/intervention.	April – 2023	100%
Social Prescribing - Develop a model of provision encompassing a range of services available within Forres and Lossiemouth.	Test of change mainstreamed into core provision.		Sept – 2023	90%
Identify gaps within current range of services available within Forres and Lossiemouth.	Gaps noted and actions identified to address these where possible.	Increase the range of provision available within the locality.	Sept – 2023	30%
Review preventative approaches to addressing the 5 most prevalent long term conditions: Asthma for under 65's and COPD, diabetes, heart disease, & cancer for over 65's.	Review of preventative approaches undertaken and information shared with the local practitioners.	Reduction in the requirement for hospital based admissions.	March – 2024	0%

Ensure an individual's finance is considered in all preventive conversations through the use of Making Every Opportunity Count (MEOC) tool.	Adoption of the MEOC tool by all services involved with Social Prescribing model.	Increase citizen's awareness of financial supports.	Jun – 2023	90%
---	---	---	------------	-----

Local Priority 4				
Improve Multi-Disciplinary Team working				
Action	Measure of Success	Desired Outcome	Timeline	Progress %
Review current models of Multi-Disciplinary Team working within Forres and Lossiemouth.	Review undertaken.	Improvement in Multi-Disciplinary Team working within Forres and Lossiemouth areas.	Jun – 2023	80%
Evaluate 'How Good Is Our MDT Working' within Forres and Lossiemouth.	Survey staff on effectiveness of current MDT working completed.		Sept – 2023	30%
As part of evaluation review feedback already received from patients and lessons learned.	Feedback reviewed and shared.		Sept – 2023	0%
Discuss and agree any improvements to current MDT model.	Information reviewed and actioned.		Sept – 2023	0%

Local Priority 5				
Increasing access to in-hours minor injuries assessment and treatment.				
Action	Measure of Success	Desired Outcome	Timeline	Progress %
Promote discussion at a HSCM strategic level regards Forres Health and Care Centres potential contribution towards Minor Injury assessment and treatment.	FHCC promoted as part of the 'NHS24 111' model for Minor Injury provision.	Improve locality access to Minor Injury provision.	Jun – 2023	50%
Consider an altered model of Minor Injury provision utilising Forres Health and Care Centre for specific treatments.	Partial return of Minor Injury treatment to FHCC.		Jun – 2023	50%
Review Minor Injury work being undertaken within Moray Coast Medical Practice.	Review completed.		Sept – 2023	50%

Local Priority 6				
Establish models of engaging with the community and ensuring the communities voice is visible within locally planning and strategic planning processes				
Action	Measure of Success	Desired Outcome	Timeline	Progress %
Update contact information for Forres and Lossiemouth Locality Services and promote involvement.	Contact information updated.	Increase community representation within locality and Moray wide HSCM planning processes.	April – 2023	100%
Arrange a contact point at FHCC and MCMP where information can be shared and the views of the community gathered on an ongoing basis.	Patient/local resident feedback recorded periodically and themes shared with the Locality Oversight Group.		April – 2023	100%
Review public Information messaging within the locality.	Public Information messaging updated.		Jun – 2023	50%
Facilitate regular 'Pop Up' community events to gather feedback, and share service information on an ongoing basis.	Patient/ local resident feedback recorded periodically.		Oct – 2023	50%
Review the role of the Third Sector and Community Groups in the Forres and Lossiemouth Locality Planning model.	Increased involvement of Third Sector and Community Groups.		Jun – 2023	100%
Plan a community engagement event for Forres and Lossiemouth which promotes positive messaging, gathers views of public and other stakeholders, and contributes towards locality planning and HSCM Strategic Plan.	Event completed, evaluated and information shared with the oversight group. Information utilised to form next reiteration of the Forres and Lossiemouth Locality Plan.		Sept – 2023	0%

Local Priority 7				
Improve timescales for the completion of social care assessments and reviews.				
Action	Measure of Success	Desired Outcome	Timeline	Progress %
Explore Forres and Lossiemouth locality options to support social work staff in completion of assessments.	Focused discussion completed and actions identified.	Improve time for completion of social care assessments and reviews.	Jun – 2023	50%
Monitor 'test of change' in relation to referrals coming straight to the 'long term team' from 'access team.	Information collated and shared.		Jun – 2023	100%

Local Priority 8				
Improve transport provision between Lossiemouth and coastal villages.				
Action	Measure of Success	Desired Outcome	Timeline	Progress %
Increase publicity relating to the Dial a Bus service within the Lossiemouth and coastal areas.	Increased public awareness of the service.	Improve the transport provision between Lossiemouth and the coastal villages.	April – 2023	100%
Gather data to evidence or otherwise the need for an enhanced transport provision.	Use of Dial a Bus and the local Community Mini Bus recorded and shared.		April – 2023	60%
Facilitate further discussions with key transport providers and local community.	Meetings undertaken with key transport providers and actions noted.		April – 2023	100%
Support local community based transport initiatives.	Regular meetings, and sharing of information and resources with the local Community Mini Bus Committee.		March – 2024	20%
Promote active travel	Promotion of active travel undertaken through social media and webpages.		March – 2024	0%

Local Priority 9				
Support access to appropriate health and social care services.				
Action	Measure of Success	Desired Outcome	Timeline	Progress %
Review public information regarding contacting local GP, and health and social care professionals.	Review of current information undertaken and shared with the Locality Oversight Group.	Increase in public satisfaction in accessing health and social care appointments.	April - 2023	80%
Promote and inform the public in regards to the current models of practice.	Public promotion campaign completed.	Improve access to health and social care services via the use of digital technology.	April – 2023	50%
Establish a small group to focus specifically on access to digital technology within local communities.	Group established and plan in place.		April – 2023	100%
Support individuals within localities to access health care support through digital technology.	Individuals identified and support provided.		Sept – 2023	30%
Provide specific digital technology training to local residents who require support.	Training provided and evaluated.		Sept – 2023	20%
Research, and equip specific sites within the locality to house digital technology to access health and social care professionals.	Sites identified, funding sought and work undertaken. Usage evaluated and shared with the Locality Oversight Group.		March – 2024	0%

Local Priority 10				
To increase support for unpaid carers and recruitment of paid carers				
Action	Measure of Success	Desired Outcome	Timeline	Progress %
To identify support for unpaid carers within the locality and how they can access this.	Information collated and shared.	Increased support for unpaid carers.	Sept – 2023	10%
To work alongside the Digital Health Institute and Quarriers to develop a digital Person Held File prototype.	Digital Person Held File prototype is developed and tested.	Unpaid carers have access to all appropriate information regards the person they are caring for.	April – 2024	50%
To support recruitment of care at home workers within the locality	Increased care at home staffing numbers.	Increased care at home availability.	April – 2024	30%



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 29 JUNE 2023

SUBJECT: MORAY GROWTH DEAL

BY: INTERIM STRATEGY AND PLANNING LEAD

1. REASON FOR REPORT

- 1.1. To inform the Board of the progress from the Moray Growth Deal investment on Health and Social Care (HSCM) Transformation in Moray.

2. RECOMMENDATION

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

3. BACKGROUND

- 3.1 The Moray Growth Deal (MGD) is a regional deal designed to boost economic growth across Moray. It aims to bring together Scottish and UK governments, Moray Council, Health and Social Care and other partners across the public and third sectors to transform the economy whilst addressing concerns around recruitment and gender inequality in employment.
- 3.2 The Rural Centre of excellence for Digital Health and Care Innovation is one of eight programmes within the MGD, led by the Scottish Digital Health and Care Innovation Centre (DHI).
- 3.3 DHI will focus on developing innovative digital health and care pathways in Moray, through co-design with various partners, including Moray citizens. The objective of this project is to invest £5million from the UK government, funding to create a Demonstration Simulation Environment (DSE) and five Living Labs (LL) of digital health and care innovation in Moray.
- 3.4 Services, including those delivered by the NHS and Local Authorities (LAs) across Scotland, are experiencing increasing demand and service capacity challenges. This creates increasing pressure on budgets, further exaggerated by the challenges of securing equity of access across rural environments. In tandem, digital technology, if applied correctly, bring unprecedented opportunities. This is highlighted in Scotland's Digital Health and Care Strategy, where "Enabling, Connecting and Empowering" is of paramount importance.

- 3.5 Health, care and wellbeing services are a key component in improving community resilience and empowerment, which are a key theme in Moray Health and Social Care's strategic plan. The Digital Health and Care Market is growing at over 30% per annum globally, therefore Moray has a real opportunity to position the region as a 'Rural Centre of Excellence for digital health and care innovation' where rural service, technical and business innovation can be tested and harnessed to create growth, acting as an internationally recognised rural reference site.
- 3.6 By investing £5m from the Moray Growth Deal, the creation of a Demonstration and Simulation Environment (DSE) within University of Highlands and Islands and Living Lab testbeds, with support by the Digital Health and Care Innovation Centre (DHI), supports the transformation of the Moray region into a rural and remote living lab. This will enable HSCM to create a dynamic and creative digital health and care cluster that will secure the provision of sustainable public services whilst creating inclusive growth through the creation of new jobs, future skills and equitable access.
- 3.7 In working in partnership with DHI it offers Moray a recognised network, knowledge and experience along with tried and tested innovation models that connects the right groups, methods and tools needed to accelerate the evidence required to transform health and care services. DHI has developed a key tool, an Urban 'Demonstration and Simulation Environment' based in Glasgow and now replicated in Moray, which is designed to offer assets, skills and expertise.
- 3.8 The Digital tools, services and innovations produced in this rural DSE and the Living labs aim to have application out with the Health and Care environment and has the potential to address existing needs in Scotland which will be transferable to many other industries and rural regions elsewhere in the world. This proposition will be designed to nurture growth and diversification of the existing ecosystem of businesses and communities in Moray and thus will attract inward investment the creation of high impact jobs, the provision of new skills and better more inclusive services in the region. All living labs projects would be built on the premise of improving its readiness to be adopted and scaled, and must have transferable properties out with the region, and for industry this may be global/international markets.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

Living Labs

- 4.1 When referring to Living Labs, DHI use the definition used by the European Network of Living Labs (ENOLL): 'Living Labs are defined as user-centred, open innovation ecosystems based on a systematic user co-creation approach integrating research and innovation processes in real life communities and settings'. There are five living labs covering the following areas which were decided through extensive conversation with citizens and Morays health and social care workforce:

Living Lab 1 – Supported self-management

Living Lab 2 – Long term condition management

Living Lab 3 – Care in place

Living Lab 4 – Smarter homes/smarter communities

Living Lab 5 – Mental wellbeing

- 4.2. Recognition of the need to increase and upskill the workforce and citizens, there is also a skills and workforce development group to address the skills gap from digital literacy to digital innovation. A summary of the digital innovation can be found in **Appendix 1**.

Next Step

- 4.3. To achieve our strategic outcomes, collaboration on the five living labs is essential as they are designed to have a significant impact on increasing the choices for citizens, whilst supporting the ambition of Scotland's Digital Health and Care Strategic aims:

Aim 1 – Citizens have access to and greater control over their own health and care data – as well as access to the digital information, tools and services they need to help maintain and improve their health and wellbeing.

Aim 2 – Health and Care services are built on people-centred, safe secure and ethical digital foundations which allow staff to record, access and share relevant information across the health and care system, and feel confident in their use of digital technology, in order to improve the delivery of care.

Aim 3 – Health and care planners, researchers and innovators have secure access to the data they need in order to increase the efficiency of our health and care systems, and develop new and improved ways of working.

- 4.4. In summary, the five living labs are the key transformation focus for Moray Health and Social Care partnership. Embracing the use of digital technologies in the design and delivery of services, aids to improve the care and wellbeing of the citizens of Moray.
- 4.5. Updates to this workstream will be provided regularly as they develop.

5 SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Partners in Care 2022 – 2032”

The five living labs are essential transformation projects to achieve the outcomes in the strategic plans for Moray Council, NHS Grampian and Health and Social Care Moray, along with Scotland's Digital Health and Care Strategy.

(b) Policy and Legal

Digital Scotland Service Standards is a set of 14 criteria that all organisations delivering public services should work towards. These standards are supported as the living labs develop.

(c) Financial implications

Staff involvement is through existing resources. The adoption of digital transformation may require organisational change in order to deliver services differently.

(d) Risk Implications and Mitigation

As the ageing population increases, the shift towards long-term, complex and multi layered conditions will continue as will demand on our Health and Social Care services and workforce. Digital approaches to supporting Health and Social Care needs must continue to be complemented by place-based action at local and community levels. We must ensure that our workforce and citizens have the digital skills to support and care for each other. As the living labs continue to develop, the need to tackle digital exclusion and provide digital choice for those who need is discussed through the Skills and workforce development group. Digital exclusion is wider than this project, a community planning approach is required to support service redesign across all organisations.

(e) Staffing Implications

Work is undertaken through existing funding resources.

(f) Property

Not applicable

(g) Equalities/Socio Economic Impact

Choice for citizens means digital and non-digital options should be offered in parallel, on an equal footing. Citizens should not be forced to use digital services if it is not right for them, but it should be made available to those who want it.

(h) Climate Change and Biodiversity Impacts

Through optimising the use of digital devices, this may reduce the need for travel for our citizens and staff, and a reduction in overall transportation usage.

(i) Directions

None

(j) Consultations

Members of Senior Management Team, Members of Strategic Planning and Commissioning Group, DHI Leadership Team.

6. CONCLUSION

- 6.1. HSCM acknowledge the considerable potential of the investment from the Moray Growth Deal to redesign the Health and Social Care System. Digital technologies remains critical to how we embed and sustain health and social care integration, ensuring technology enables people to interact seamlessly across health and care services, in turn achieving better personal outcomes.**

Author of Report: Carmen Gillies, Interim Strategy and Planning Lead

Background Papers: with author

Ref:

Appendix 1

This paper is presented to the IJB to give an update on the progress of the MGD Rural Centre of Excellence for Digital Health and Care and its Strategic Alignment to the Region

Moray Growth Deal overview

The Moray Growth Deal (MGD) is a regional deal designed to boost economic growth across Moray - http://www.moray.gov.uk/moray_standard/page_114144.html. It is a long-term plan centred around specific projects designed to transform the economy, address concerns around encouraging young people to live and work in the area and address gender inequality in employment. It brings together Scottish and UK governments, Moray Council, partners from across the public and third sectors and private businesses. Each of these partners will be investing in a better future for Moray.

The Rural Centre of Excellence for Digital Health and Care Innovation

The Rural Centre of Excellence (RCE) is one of eight programmes within the MGD, led by the Scottish Digital Health and Care Innovation Centre (DHI). It focuses on developing innovative digital health and care assets and pathways in Moray through codesign with local stakeholders from health, social care, third sector and citizens, with a focus on the additional challenges experienced by those providing and receiving services within rural communities. The objective of this project is to invest £5m from UK government funding to create an anchored and mobile Demonstration Simulation Environment (DSE) and five Living Labs (LL) of digital health and care innovation testbeds in Moray, programme managed by DHI and supported by civic academic and industry partners (see fig 1 below for summary).

The key objectives of the Rural Centre of Excellence include:



Fig 1 – Summary of main RCE objectives

The realisation of this will mean that by June 2025, the Moray region will have a range of key assets, infrastructures and capabilities which will position it as a world leading Rural Centre for Excellence (RCE); where partners co-create, test and commercialise digital health and care innovations at scale to address global challenges.

The DSE is a physical immersive facility anchored in the Alexander Graham Bell building in Elgin along with technical assets with which simulations can be developed at pace, leading to a range of demand-led Living Labs built-in real-world environments tested by the Moray community across the region. In addition, a workforce development, future skills and research support programme is planned to build capacity and capability to continue to develop, implement and scale up digital innovations that can be transferred across Scotland and the rest of the UK (see fig 2 – Innovation focus and key themes).

DHI's Data Exchange layer provides a neutral and well-principled mechanism for data sharing across health and care providers and importantly, out with statutory healthcare systems into care services and third sector organisations such as charities. By providing underlying infrastructure, the RCE DSE will enable smaller businesses, without the power to sell and deploy large-scale platforms into health organisations to build services that are more readily procurable and deployable.

DHI Approach to Service Transformation

- Demand for solutions that reduce pressures on staff and improve the experience for service users
- Digital solutions and commercially available products can respond to these needs
- DHI through MGD contributes by identifying issues, solutions and creating rural centre of excellence which fosters an ecosystem in Moray to develop, test and innovate

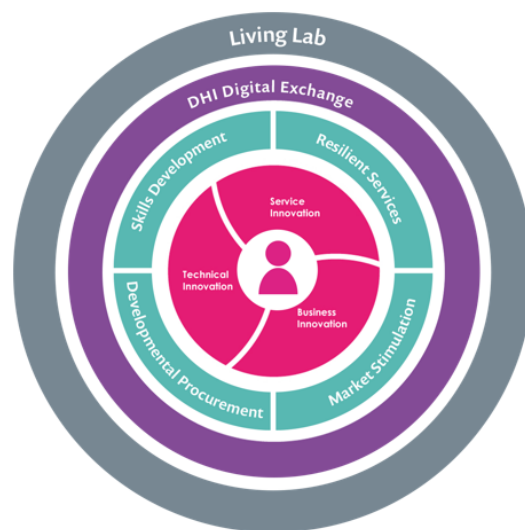


Fig 2 – Innovation focus and key themes

How we work - Living Labs and DHI's Innovation Process

When referring to Living Labs DHI use the definition used by the European Network of Living Labs (ENOLL);

'Living Labs are defined as user-centred, open innovation ecosystems based on a systematic user co-creation approach integrating research and innovation processes in real life communities and settings'

Please note DHI and RCE have reactivated their membership of ENOLL to ensure the Moray RCE activities are amplified and good practise and transferability is fully activated to position the RCE as a region of 'High opportunity' on a global stage.



Fig 3 – RCE Innovation model

The DHI RCE Innovation model (see fig 3) includes engagement with senior Moray Health and Social Care stakeholders in the define stage identified the key issues and needs, and aligned with evolving local and national strategies these continue to inform the priorities and focus of the programme. This needs-led approach ensures that solutions developed meet a significant need within the partnership and increase the likelihood of the new assets being adopted into business as usual in the Moray area and beyond. By co-designing innovations closely with those delivering and receiving the services, a fit for purpose solution that is user friendly and welcomed, can more easily be achieved.

The Role of Co-design

Design approaches are embedding in the RCE with Co-design being a key collaborative approach that involves the active participation of various stakeholders, including designers, experts, end-users, and other relevant individuals or groups, in the design and development process of products, services, or systems. It aims to foster inclusive and user-centred solutions by incorporating diverse perspectives, knowledge, and experiences.

In the context of digital health and care innovation in Scotland, co-design plays a crucial role in driving the development and improvement of healthcare technologies, systems, and services. Here's how co-design helps in this domain:

1. User-Centred Solutions
2. Enhanced Engagement
3. Iterative Development
4. Innovation and Creativity
5. Sustainability and Scalability

Following these co-design principles and methodologies, the Glasgow School of Art's service innovation team of design experts work collaboratively with stakeholders across Moray to address complex challenges in health and care to support the Moray Growth Deal. This approach ensures that the DHI RCE develop solutions that are user-centred, inclusive, and responsive to the specific needs of Moray's citizens. Ultimately, co-design helps to enhance ensure we invest in the wellbeing of individuals, while supporting the growth and success of health and care services and businesses in Scotland.

Defining the Problem

Key strategic documents all indicate the necessity to urgently transform health and care services at a national level, to ensure their survival and sustainability. With an emphasis on **‘shifting the balance of care’** (see Fig 4 below), a major cultural shift and re-design is required to meet current and future challenges. Fueled by a substantial demographic change, a cost-of-living crisis and recovery from the pandemic, demand for services will continue to outstrip capacity. If additional personnel resources are not an option, a significant responsibility falls to the development of innovative digital solutions.

It is essential that we move away from a reactive and fragmented H&C service and move towards more efficient integrated services, shifting the balance of care away from the door of the GP and hospital as the primary point of contact, and look to develop a more proactive, preventative and predictive approach that tackles lifestyle choices in early years. A shift in the population where citizens become a more active participant in maintaining and managing their own health and wellbeing through enabling better health choice. Supported by easier access to self-management opportunities through access to the right information at the right time, with more reliance on the community and its assets to become an integral part of a health care system, to include third sector organisations, community groups leisure centres and libraries. When people require statutory services, ensuring that digital technology can bring the best efficiencies for timely diagnosis and treatment, and utilising technology and data to adopt a predictive and preventive approach using smart technology and monitoring.

Through early engagement with service deliverers and citizens the following issues and needs were highlighted

- Specific areas of concern for citizens and their families - waiting lists for assessment and provision of packages of care.
- Creating capacity in the workforce – reduction in duplication of effort - one collection of data used by all – facilitate citizen contribution. Self-assessment and direct access to key services – support access to SDS. Streamline assessment /discharge from hospital and prevent admission. supporting Home First, Hospital without walls model. Improved management of long-term conditions including dementia.
- Prevention of Crisis – LTC management (Home Health monitoring) – Prevention of Falls – support growth in Telecare/Telehealth Service
- Support unpaid carers – more imaginative /flexible approach /improve access



Fig 4 – Shifting the balance of care from treatment to prevention/community support

How the RCE Contributes

The RCE will contribute to shifting the balance of care in the following ways:

Infrastructure

- Developing a platform linking local and national health and wellbeing information and services in one updateable location to support early self-management, problem solution and wellbeing, delaying the need for statutory intervention and promoting a healthier and more responsible population.
- Creation of a Personal Data Store (PDS – see fig 5) as the government supported approach to data collection and sharing through a national ID service. A PDS will allow the citizen to document their journey, priorities and preferences and will enable them to both share and receive intervention information from the services they engage with. This will reduce the need to repeat their story, allowing them to share data at their discretion and while digitally connecting them and their formal and informal circle of care, helping them to manage their holistic health and care needs. By establishing a PDS early, the data gathered through their life course will become richer and will create insights into changes in their baseline condition and functional levels, leading to earlier intervention, prevention, and maintenance of independence for as long as possible.
- Linking of the PDS to the early access platform will allow smart suggestions of services which may be of benefit, based on the information stored as it is updated.

A Personal Data Store (PDS) enables cloud-based, citizen-controlled storage and exchange of personal data across people, organisations and sectors.



Fig 5 – Personal Data Store links all Living Lab activities

The Living Labs



Fig 6 – Summary of RCE Living Labs (x5)

Living Lab 1: Supported Self-Management

Research has shown that early intervention for health indicators can delay or prevent the development of long term conditions putting certain conditions into remission. This LL looks to tackle those early indicators by creating innovative digital tools which combines health and lifestyle data transfer from patient direct to the clinical dashboard with secure asynchronous messaging between patient and clinician. This allows the clinician to efficiently and effectively support the patient remotely to manage their diet and lifestyle with the end goal of reducing the risk of disease progression. Prototype development is nearing completion and subject to information governance requirements being met, this will move to real work evidence stage in the autumn.

The first phase of testing and evaluation will focus on Connect + patients with type 2 diabetes, prediabetes, obesity and non-alcoholic fatty liver disease (NAFLD) under the care of a Moray dietician.

Ongoing consultation and development locally and nationally have highlighted a further two opportunities areas:

Prevention and Remission of Type 2 Diabetes

- Development and testing of a prevention and remission tool for type 2 diabetes in high-risk groups to be delivered using the national Decision Support Platform within the Right Decision Service which is currently transitioning from DHI to Healthcare Improvement Scotland. Supported by the team developing the new SIGN guidelines for this clinical group, the tool will facilitate their implementation into practice and fill existing gaps identified. The development of the innovation through the RCE is expected to form the basis for national scale up.

Menopause Management Tool

- Increased local demand for menopause support and treatment – Early scoping has identified clinical interest and commitment from GP's and prescribing pharmacists for tools with similar capability as those being currently developed. Further research and co-design

scoping will be carried out with citizen and professionals May-Oct 23. Simulation funding has been held to develop prototype this winter if taken forward.

Living Lab 2: Long Term Condition Management

NHS pathway

The main purpose of this Living Lab is to identify opportunities to develop innovative digital solutions to create efficiencies when diagnosing and managing long term conditions across acute and primary care services. Scoping workshops will be run in May and June 23 to identify the key challenges faced by Dr Grays and the broader NHS Grampian and GP practices in Moray. Preliminary discussions suggest support in the direction of a generic virtual diagnostic hub rather than a single clinical pathway with access deprivation being a key national issue increased in complexity by Moray's additional rural challenges. It is anticipated the at the creation of new digital tools and pathways will allow diagnosis and medication titration to be achieved with fewer clinical points of contact and in a shorter time period. This may include services such as dermatology, diabetes and cardiology

Following problem definition and service mapping it is likely that a competition will be run to find innovative solutions taking the preferred solution through simulation and RWE over a 12- 18-month period commencing summer 2023.

Community pathway:

This element of the programme, currently being scoped, will focus on the ongoing and person centred, holistic management of long-term conditions in the community post diagnosis with the following key aims identified to date:

- Supported self-management - access to the right information at the right time – this will build on the collated services platform already under development and will take this further as an early link to clinical services to give the citizen enhanced tools and information to maintain function and independence and the ability to make informed decisions about their changing needs.
- Chronology – Putting the citizen at the heart of owning, developing and sharing their data and story to manage their health and care needs via a PDS. This will also facilitate inter disciplinary sharing of interventions at the discretion of the individual.
- Scoping of digital solutions to support the triage and management low to medium level Occupations Therapy referral to reduce waiting times and maintain function independence.
- Supporting hospital at home - Exploring innovative telehealth monitoring approaches to support hospital at home pathways, facilitate earlier discharge and develop a more predictive/preventative approach through monitoring of key indicators of long term conditions personalised to the individual.

It is likely that these will progress to simulation stage later this year following a period of scoping and co-design.

Living Lab 3: Care in Place

Care in place seeks to identify and develop digital tools and pathways to assist with the entry point to social care and in particular social work assessment when care services are required. Early engagement highlighted the need to support frail older people and their informal carers, through access to resources, improved communication and information sharing between all involved in supporting the citizen.

Commenced in April 22 and following a series of stakeholder, citizen and informal carer consultation the assets shown below were agreed for development and include the setup of key shared assets that the other living labs will utilise. It is the collation of the PDS data prior to the point of assessment that will enable digital population of much of a social care assessment without the service user or their carers having to recall and repeat their journey. Allowing intervention to be user-centred and take into account their story, priorities and preferences.

A PDS will also be developed for the informal carer to allow them to access the help and support they need to stay well and maintain their role including digital referral using their stored data to refer to carers support services and assessment. The Carer PDS will have the capability to linking to the cared for person's PDS with the appropriate consent. This linked circle of care will allow improved communication between the service user and their key supports /services.

This Living Lab is nearing the end of the simulation phase with a DPIA approved for integration into social care systems. It is expected to move to the real-world evidence stage for testing and evaluation at the end of summer 2023.



Fig 7 – RCE key assets and infrastructure



Fig 8 – LL3 – Timeline as per Innovation model

Living Lab 4: Smart Housing/Smart Communities

Scoping work will be carried out between June and December 23 to identify opportunities to work collaboratively with the MGD Housing Mix project, which will see the creation of new smart enabled homes within a new community in Moray. Interest has been shown in the development of a community hub which would support digital health and care monitoring, responding and support, but would also provide a place-based asset for social and skills development activities. It is envisaged that a hub would be able to support the community to have equitable access to all the living lab assets.

It is likely that simulation activities to develop innovative solutions to incorporate telehealth, next generation telecare and activity monitoring into a working prototype to demonstrate the art of the possible will be activated prior to the new builds commencing.

Living Lab 5: Mental Wellbeing

Mental wellbeing covers a broad subject matter and is relevant to many for different reasons at several points in their lives, whether that's a young person with anxiety, a parent with a new medical diagnosis, or an older person feeling lonely and isolated. This living lab has had broad stakeholder engagement in the early scoping stages with many competing priorities areas and age groups that would benefit from digital intervention.

The pandemic has had a significant impact on the mental health of the population, with isolation, loss of routine, health anxiety or financial stresses contributing to a rise in referral rate to both wellbeing and mental health services. As a result, many are having to wait for long periods for assessment, support or treatment and a substantial, with a rise in suicide rates noted in Scotland.

Two workshops are planned for July 2023 with service provider's and citizens to explore the challenges to identify and prioritise where greatest impact and benefit can be made.

Early intervention and self-management are important to protecting mental health, so it is likely that MWB will be incorporated into codesign, tools and assets of all the living labs, whether that is sign posting to useful services or websites through the self-management platform being developed, digital support to diagnose, titrate medication or long term support to live well with an enduring mental illness, the potential application is widespread.

Definition work will be progressed within each problem area agreed to be in scope of this phase of the RCE and may include:

- Self-help resources to stay well
- Social prescribing

- Young person's services
- Neurodiversity
- Enduring mental illness

Moray Wellbeing Hub are a close partner to this work in Moray and have been supported by the RCE team to secure external grant funding for their service.

Skills and Workforce Development

This work package addresses digital skills shortages and digital skills gaps in Moray to support the simulation work and activities relating to the RCE Living Labs and service changes

This being delivered through:

- Raising awareness of jobs and career opportunities associated with the digital health and care sector
- Funding of curriculum development research
- Supporting the upskilling and reskilling of the workforce and citizens in Moray
- Supporting change management and design innovation skills development relating to digital transformation of health and care services in collaboration with our GSA Innovation School colleagues
- Working with local and national education providers to ensure that skills development provision is responsive to the changing needs of a digitally enabled health and care service

Engagement is directed to:

- Local and national stakeholders (including teaching staff at school, college and university level, policy makers, health and social care practitioners, and third sector organisations)

Connectivity and inclusion

In addition to upskilling the workforce and the potential for development of new digital technologist/support roles, the RCE are also seeking to understand and facilitate a reduction in the inequity of broadband and mobile signal in a rural community such as Moray. We are working with the 5G innovation Centre and will be testing a 5G mast within the DSE. There will also be the opportunity for small grant funding for local telecommunication companies to work with us to innovate and test solutions.

The RCE understand that there can be many barriers for people accessing digital services, and we seek to find ways of making the asset we develop accessible to everyone. We are therefore exploring options for device use or loan services and the practical support that may be required to setup or use these and the right environments to foster confidence through third sector services and Moray libraries.

Upscaling

DHI have significant experience, of scaling up digital assets both nationally and internationally. As one of Scottish Governments Innovation Centres, insights and assets from DHI projects are frequently used by Scottish Government to influence policy, strategic development and are often used as pathfinders and use case examples for scaling up. It is the aim of RCE, that the most appropriate and promising assets developed (backed by evaluation and evidence) can be transferred to other areas, particularly those which face similar challenges to Moray of rural living.

DHI have partnered with Highland and Grampian on a number of successful projects over the last 10 years. As Moray citizens do on occasion receive services from NHS Highland, the RCE are keen to work with neighbouring partnerships for knowledge exchange, co-design input to our developments and to explore any digital innovation collaborative opportunities that may present.

To be kept up to date with RCE activities please sign up to our Citizen Panel at:

<https://www.dhi-scotland.com/projects/rce-moray/>



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 29 JUNE 2023

SUBJECT: STRATEGIC TRANSFORMATION PLAN

BY: INTERIM STRATEGY AND PLANNING LEAD

1. REASON FOR REPORT

- 1.1. To inform the Board on the developments of the Strategic Delivery Plan 2023-2025

2. RECOMMENDATION

- 2.1. **It is recommended that the Moray Integration Joint Board (MIJB) approve the MIJB Strategic Priorities and the plan for developing a Joint Strategic Needs Assessment.**

3. BACKGROUND

- 3.1. The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Integrated Authorities to develop a Strategic Plan for delegated functions under their direction.
- 3.2. As reported to MIJB on 24 November 2023 (paragraph 13 of the minute refers) the revised strategic plan was approved, recognising that the health and social care landscape is complex and challenging but also offers great opportunity to innovate. The Plan continues to purposefully place an emphasis on prevention and early intervention with the aim of building resilience for individuals and communities. The Plan identifies key aims of the MIJB and directed Health and Social Care Moray (HSCM) to work closely with communities and key partners to reform the system of health and social care in Moray. In order to continue to forecast the future need and work with communities, MIJB Joint Strategic Needs Assessment (JSNA) is to be updated.
- 3.3. In order to deliver on the Plan, the creation of a delivery plan alongside the JSNA is under development to ascertain key areas of focus. The strategic delivery plan will be categorised into three areas:
 - Transformation Projects
 - Improvement Projects
 - Business as Usual Projects

This report presents the strategic transformation priorities for MIJB, whilst showcasing key Improvement priorities.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

Joint Strategic Needs Assessment (JSNA)

- 4.1. The purpose of a JSNA is to ensure that plans are based on robust understanding of the current and predicted future needs of local populations. The JSNA inform and guide the commissioning and delivery of health, wellbeing and social care services in order to live well for longer, and be as community led/focussed as possible. Morays JSNA aims to be completed by December 2023, with a steering group being established to take this work forward.

Transformation Priorities

- 4.2. Services have struggled to keep pace with the demographic pressures, the changing burden of disease, and rising patient and public expectations. To achieve the balance of “enabling wellness” whilst “responding to illness”, transformation of our health and care system is vital. Traditional models of care appear to be outdated at a time when society and technologies are evolving rapidly and are changing the way citizens interact with service providers. Care still relies heavily on individual expertise and expensive professional input, when we know that citizens want to play a much more active role in their care and treatment.
- 4.3. A bold approach is needed to bring innovative models that are appropriate to the needs of the population and are high quality, sustainable and offer value for money. Therefore, with support from the Strategic Planning and Commissioning Group, the following five transformation priorities have been identified as a focus for Health and Social Care Moray (HSCM) and the wider Moray Portfolio: These include the five living labs as part of the Moray Growth Deal.

Improvement Priorities

- 4.4. This is an area still under development. However, it is worth highlighting that the frailty pathway was identified as an improvement priority for HSCM with the aim to better identify frailty, with a proactive move to upstream care. This programme is a 18-month project with the expectation of:
- Learning sessions to share and spread learning.
 - Quality improvement coaching to support services with improvement plans.
 - Data and measurement coaching to support services track whether changes lead to improvements.
 - Support to engage people with lived experience, their families, carers in service improvements.
 - Develop evidence-based tools and resources.
- 4.5. Additional to this the Primary Care Improvement Plan continues to be delivered with dedicated support. These improvement priorities will contribute to the aims of Moray Council, The NHS Grampian Plan for the Future, and the Community Planning Partnership, and aims to provide an integrated health and social care service, setting out digital transformation and improvements for the Partnership. This in turn becomes a driver in the way we allocate resources effectively, to fully integrate services, in pursuit of national and local outcomes.

4.6. Given the timing of the development of the JSNA and in turn delivery plan, alongside each transformation and improvement priority will be an action plan with defined indicators to measure impact along with the voices of Moray's citizens.

4.7. In summary the priorities for HSCM are:

- Transformation priority 1 - Supported self-management
- Transformation priority 2 - Long term condition management
- Transformation priority 3 - Care in place
- Transformation priority 4 - Smarter Homes/ Smarter Communities
- Transformation priority 5 - Mental wellbeing
- Improvement priority 1 – Primary Care Improvement Plan
- Improvement priority 2 – Frailty Pathway

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 2022 - 2032”

The Plan underpins the named plans and replaces the MIJB 2019-2029 Partners in Care Plan.

(b) Policy and Legal

The implementation of recommendations made in this report will ensure that the MIJB complies with legal requirements.

(c) Financial implications

Pivotal to the effective delivery of the Strategic Plan are the financial resources available to the MIJB. To assist with the planning process, a medium term Financial Framework was approved at the MIJB meeting on 31 March 2022 (para 8 of the Minutes refers)

(d) Risk Implications and Mitigation

Risk will be highlighted through the Strategic Risk register and monitored through the Audit Performance and Risk Committee.

(e) Staffing Implications

As with any transformation and change plan there are implications for staff in how they go about their work and how supported they are within a pressured and changing picture. Staff Side, Unions and Human Resources will be working alongside the Senior Management Team in delivering change observing the associated policy and procedures of the Council and NHS.

(f) Property

There are no direct property implications however, through the innovative work by DHI, this may produce digital assets which may need to be considered as the projects develop.

(g) Equalities/Socio Economic Impact

An EIA will be completed for each project.

(h) Climate Change and Biodiversity Impacts

Climate change is recognised within the Plan and is supported through the partners' plans, NHS Grampian Plan for the Future.

(i) Directions

None

(j) Consultations

The following have been consulted and agreed with the report where it relates to their area of responsibility: Senior Management Team.

6. CONCLUSION

6.1. HSCM transformation priorities seek to radically change the delivery system and demonstrates HSCM's serious attention to implementing change.

6.2. Attitudes towards risk-taking need to change to support the transformation of the system and to actively encourage tests of change. The transformation priorities have a significant focus of moving digital transformation into practice.

6.3. Further updates will be provided as the development of the delivery plan continues at pace.

Author of Report: Carmen Gillies

Background Papers:

Ref:



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 29 JUNE 2023

SUBJECT: MORAY DAYTIME UNSCHEDULED CARE SERVICES (MORAY DUCS)

BY: HEAD OF SERVICE

1. REASON FOR REPORT

- 1.1. To inform the Board of progress made in relation to a Moray Daytime Unscheduled Care Service 10 week test of change, which took place during January 2023 – March 2023.

2. RECOMMENDATION

- 2.1 **It is recommended that the Moray Integration Joint Board (MIJB) consider and note the findings of the test of change and the recommendations regarding a sustainable model solution, that will potentially meet the needs of patients requiring unscheduled medical treatment within daytime hours.**

3. BACKGROUND

- 3.1 This test of change was in response to considerable pressure across the health and care system in Grampian. This pressure is particularly felt within General Practice, with acknowledgment both nationally and locally that sustainability is under threat. After a successful application for Winter Funding a steering group was set up to drive the test of change for 3 months to support Primary Care capacity and the front door of Dr Gray's Hospital.

Service model

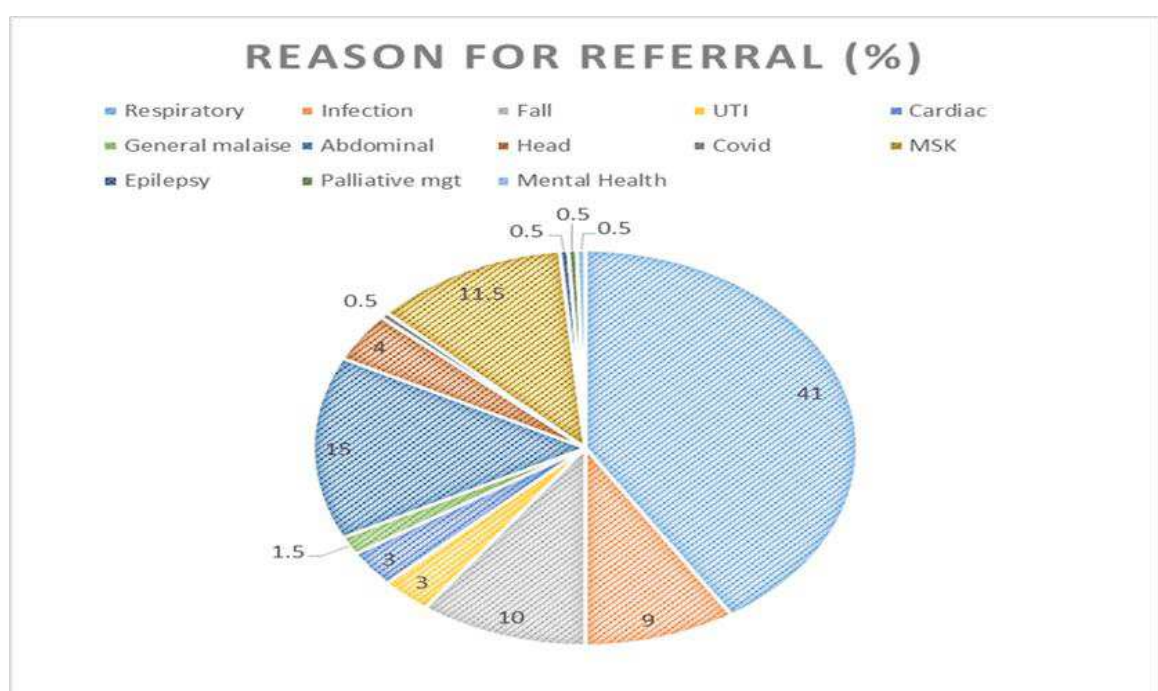
- 3.2 The Moray Daytime Unscheduled Care Service (DUCS) was a test of change that comprised of an in-hours urgent care team (1 x GP and 2 x Advanced Nurse Practitioner (ANP)), operating from a Monday-Friday, for a period of three months. Posts were employed by the Out Of Hours Primary Care service (GMED). Referrals were professional to professional with Practices calling a dedicated number: the GP/ANP would then triage the call deciding on a one-, two-, or four-hour urgency in discussion with the requesting Practice clinician. The call would then be dispatched via the Ad Astra operating system to the peripatetic clinicians.

- 3.3 Inclusion criteria were: patient unable to attend the surgery; patient home-visit request was between 1300-1700 hours; patient's clinical condition was suitable to be managed by an advanced practitioner and the patient agreed to being seen by an advanced practitioner. Exclusion criteria included patients with illness related to pregnancy; psychiatric symptoms and other complex patients that may be more effectively handled by GPs.
- 3.4 Evaluation approach – Data collected included demography of patients; reason for referral and outcome of visits. Staff running the DUCS service and Practices who referred into the service were invited to engage in focus groups to share their experience of both delivering and receiving the service.
- 3.5 The full evaluation report is still awaiting ratification and thus subject to some amendment.

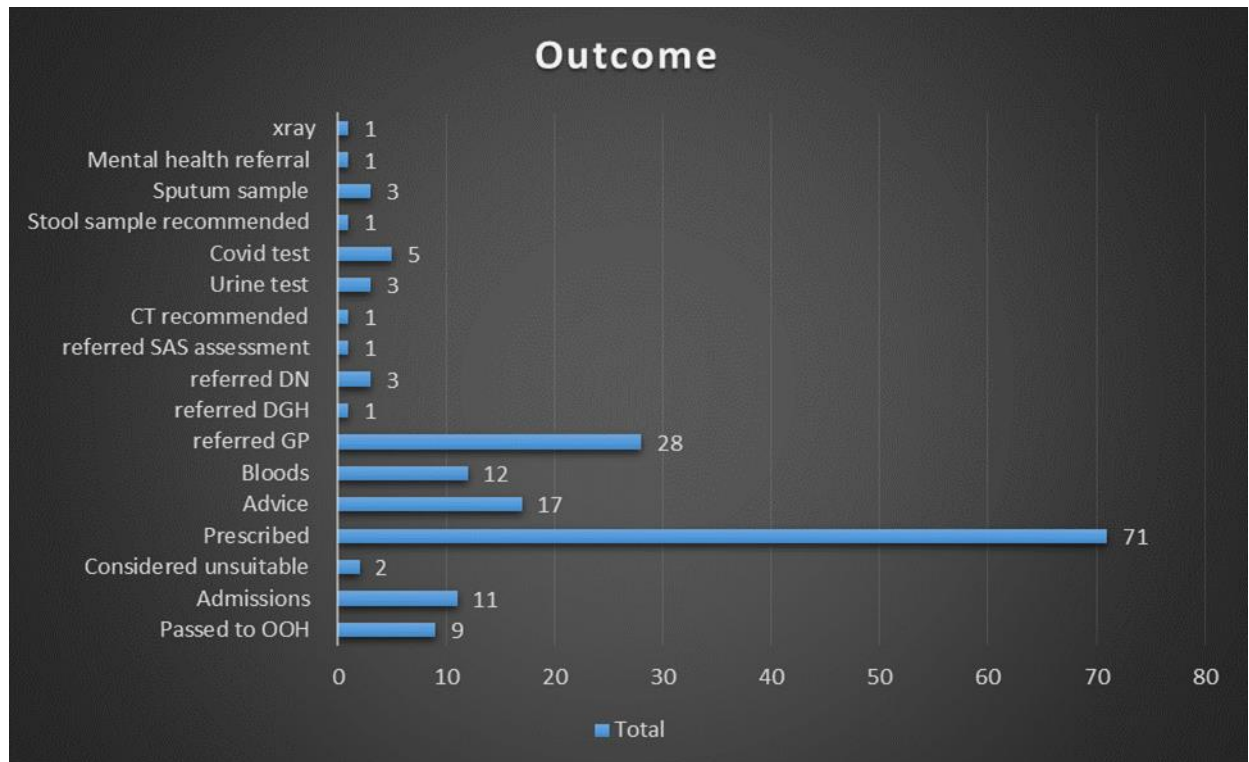
4 **KEY MATTERS RELEVANT TO RECOMMENDATION**

Visits overview

- 4.1. Aberlour, Fochabers and Glenlivet Practices did not refer into the service. Elgin referred the largest proportion of calls and is representative of their larger practice populations. The west therefore had a higher percentage of overall calls, although Buckie did use the service.
- 4.2. Average calls per week were 15, approximately three per day. From the referrals indicated, 57% had a chronic or long term condition exacerbating their symptoms.
- 4.3. The most common reason for referral was respiratory symptoms, then abdominal: this was mirrored by Out of Hours activity during the period. Post-Falls complications were the third most common factor.



- 4.4. Outcome was measured in both clinical activity and also an expected as well as actual outcome was recorded.
- 4.5. Outcome was predominantly prescription based: this was expected. There was evidence of admission avoidance.



- 4.6. Costs were kept minimal by using ANP rather than GP as GP capacity became limited as time went on and shifts were shorter than expected as was the duration. Medication costs were also relatively low. There were six days in total that the service could not run due to sickness and annual leave.

5. INITIAL RESULTS

- 5.1 The feedback from the practices was generally positive however there was an overall message from practices that a minor illness service would be more appropriate and that the project needed to be run over a much longer period of time, with a much more sustainable workforce to enable the full service to be evaluated. The duration length did not allow for the embedding of the service, and so impact on GP workload was minimal, however it was acknowledged that the Practices felt the treatment received by their patients was helpful and appropriate.
- 5.2 It was thought that the service would be better integrated within the practices rather than stand alone and would benefit from a multi-disciplinary team approach.

- 5.3 The data presented allowed for identification of complex patients that were known in a hospital, community and out of hours environment: there is potential for early identification allowing for early or crisis intervention.
- 5.4 Face to face appointments were preferred by some, particularly parents of sick children who were willing to travel.
- 5.5 The service was set up quickly with the use of volunteer existing GMED staff offering to cover the shifts. As the test of change progressed, the staffing became more difficult, exacerbated by annual leave (end of leave year), long term sickness and phased retirement. GP cover became particularly difficult.

6. FUTURE MODELLING

6.1 Future models would need to incorporate:

- i) A sustainable workforce – dedicated sustainable staff of a multi-disciplinary nature to ensure early intervention was applied where appropriate.
- ii) A Pan Grampian model would be preferable with face to face hubs established, particularly for minor illness. This would allow for centralisation of dispatch and data collation facility and reduce overall staffing costs.
- iii) The model would need to be Nurse led rather than GP led- this would be economically sustainable.
- iv) Robust systems communication would need to be in place to allow NHS 24/Acute/Primary care and Out of Hours information to be collated: this would allow for identification of vulnerable or failing patients allowing for early identification and prevention facilitation at the earliest opportunity.

7. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Partners in Care 2022 – 2032”

The policy and approach set out in this report is consistent with the ambitions of the MIJB Strategic Plan in providing care at home or close to home. This locality approach is also consistent with the ambitions of the Moray Council Corporate Plan and the Moray Community Planning Partnership LOIP. The NHSG Unscheduled Care Strategy – *right care, right place, right time*.

(b) Policy and Legal

A number of policy and legal implications require to be considered, particularly regarding clinical pathways and data sharing.

(c) Financial implications

Financial implications relating to building, systems, resourcing and staffing costs.

(d) Risk Implications and Mitigation

Risks and mitigating factors are outlined within the report

(e) Staffing Implications

There are implications on staffing provision and on staff terms and conditions.

(f) Property

Implications relating to the Practice surgery premises across Grampian as well as face to face hub facility needed during the day.

(g) Equalities/Socio Economic Impact

Pan Grampian needs analysis would need to be carried out prior to establishment of service to ensure hubs were centralised and rural areas were considered.

(h) Climate Change and Biodiversity Impacts

Potential increase in carbon emissions due to peripatetic nature of service.

(i) Directions

None arising directly from this report.

(j) Consultations

- Head of Service, Health and Social Care Moray
- Primary Care Clinical Lead, Health and Social Care Moray
- GMED service manager
- Aberdeen City Evaluation Lead
- Moray GP practices
- Moray DUCS staff
- Democratic Services Manager, Moray Council

8. CONCLUSION

8.1 The MIJB are asked to note the full evaluation report is due at the end of June 2023 and contains recommendations and points for discussion.

Author of Report: Natalie Jeffery - Business Support Manager

Background Papers:

Ref:



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 29 JUNE 2023

SUBJECT: CHILDRENS SERVICES SOCIAL WORK, SELF DIRECTED SUPPORT BUDGET OVERSPEND

BY: HEAD OF SERVICE AND CHIEF SOCIAL WORK OFFICER

1. REASON FOR REPORT

- 1.1. The report is to inform the Board of the overspend to the Children's Services Self Directed Support budget in 2022/23.

2. RECOMMENDATION

- 2.1 It is recommended that the Moray Integration Joint Board (MIJB) consider and note the explanation for the overspend in the Children's Services Self Directed Support budget**

3. BACKGROUND

- 3.1. Self Directed Support was introduced to Children's Services in 2013/14.
- 3.2. The legislative framework for Self Directed Support is the Social Care (Self-directed Support) (Scotland) Act 2013. It is also supported by the Self-directed Support Framework of Standards introduced in March 2021. The statutory guidance was updated in October 2022 to encompass the Framework of Standards. Other legislation includes the Self-directed Support (Direct Payments) (Scotland) Regulations 2014 and Carers (Scotland) Act 2016.
- 3.3. Since 2014 the Self Directed Support budget in Children's Services has been steadily increasing. In 2022/23 the budget was overspent by £106,020.20 on a budget of £208,233 with an increase in packages from 165 in 2021/22 to 310 in 2022/23.
- 3.4. The assessment process for Self Directed Support is clear and follows the local authority's duty to assess under section 23 of the Children (Scotland) Act 1995. That is, for those where there is a disability or additional support need and where assessments are designed to identify unmet need and outcomes for children, young people with a disability and their families where there are young carers or parent carers.

4. KEY MATTERS RELEVANT TO THE RECOMMENDATIONS

- 4.1. The tool supporting the appropriate level of Self Directed Support is the Resource Allocation System. The price point has recently been marginally reduced as a response to the overspend. A price point review is due which will require Accountancy support.
- 4.2. The nature of the Self Directed Support budget in Children's Services makes accurate projecting and forecasting a challenging task. This is as a result of the changing needs of individuals and variable provision of services (including targeted services) to meet these assessed needs.
- 4.3. There are a number of stable packages which can be reasonably predicted with an associated financial projection. However, there are a number where assessed need can change significantly which could then have an impact on the care package and the Self Directed Support budget. We commit to offering the flexibility that families need.
- 4.4. Through the course of 2022/23 there have been a number of factors which are considered to have contributed to the recent increase in the Self Directed Support spend.
- 4.5. The Social Work Management Team is working with Accountancy to ensure that there is clear line between Self Directed Support and other spend which is additional resource to commissioned services. As part of this, there are processes in place to highlight any escalating spend at an early stage.
- 4.6. There is a limit to the range of targeted services available in Moray for our neurodivergent children and young people. As such, the use of the Self Directed Support budget has been a route to meet these assessed needs.
- 4.7. There was an increase of 206% in 2022/23 for neurodivergent children and young people accessing services to ensure positive outcomes. Linked to this, there was an increase in Self Directed Support payments.
- 4.8. The Scottish Government summer funding in 2021 distorted the use of some services as funding was provided to support children and young people to access play schemes and 1:1 support over the summer of 2021 through this fund. As such, further support has been requested by some from some of these families via the Self Directed Support budget.
- 4.9. For the reasons identified previously, there was an overspend in 2022/23 to the Self Directed Support budget. This increase was linked to an increase in assessed need and the limits to the range of support provided by targeted services. The Social Work Management Team is exploring opportunities to provide commissioned services to meet the needs of neurodivergent young people.
- 4.10. The Social Work Management has identified the following mitigations:
 - Close working relationship between the Social Work Management Team and Accountancy; including oversight and escalation processes

- Increased monitoring and support in response to the establishment of the Disability Pod
- Review of policies and procedures alongside the Policy and Procedure Team
- Ongoing review of price points and eligibility criteria for Self Directed Support
- Ongoing work to explore the development of commissioned and cost effective services in Moray

4.11. The Children Services Plan 2023-26 has a priority of supporting children and families who experience challenges due to disability and neurodiversity. This supports the planning in relation to the Self Directed Support budget.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Partners in Care 2022 – 2032”

The Corporate Plan 2024 makes a commitment to improving outcomes for Moray’s most vulnerable young people and families and that more children will live with their families, being cared for in strong safe, communities across Moray.

(b) Policy and Legal

The legislative framework for Self Directed Support is the Social Care (Self-directed Support) (Scotland) Act 2013. It is also supported by the Self-directed Support Framework of Standards introduced in March 2021. The statutory guidance was updated in October 2022 to encompass the Framework of Standards. Other legislation includes the Self-directed Support (Direct Payments) (Scotland) Regulations 2014 and Carers (Scotland) Act 2016.

(c) Financial implications

The Self Directed Support budget in 2022/23 was overspent by £106,020.20.

(d) Risk Implications and Mitigation

There is a risk that given the increase in needs the budget continues to increase year on year with no allowance for this.

The identified mitigations are outlined in 4.10.

(e) Staffing Implications

There are no staffing implications.

(f) Property

There are no property implications.

(g) Equalities/Socio Economic Impact

A Child Right Impact Assessment will be completed as part of a review of the price point.

(h) Climate Change and Biodiversity Impacts

There are no climate change or biodiversity impacts.

(i) Directions

None.

(j) Consultations

Chief Officer, Health and Social Care Moray, Chief Social Work Officer and Head of Service, Social Work; Democratic Services Manager, the Equal Opportunities Officer have been consulted in the preparation of this report and are in agreement with the content relating to their areas of responsibility.

6. CONCLUSION

- 6.1 It is recommended that the Moray Integration Joint Board consider and note the explanation for the overspend in the Children's Services Self Directed Support budget.**

Author of Report: Carl Campbell, Service Manager
Background Papers:
Ref:



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 29 JUNE 2023

SUBJECT: OLDER ADULT PSYCHIATRY UPDATE

BY: HEAD OF SERVICE AND CHIEF SOCIAL WORK OFFICER

1. REASON FOR REPORT

- 1.1 To provide an update to the Board with regards to the Older Adult Consultant Psychiatrist post which has remained vacant for a number of years.

2. RECOMMENDATION

- 2.1 **It is recommended that the Moray Integration Joint Board (MIJB) consider and note the update related to older adult psychiatry/mental health services**

3. BACKGROUND

- 3.1 For a number of years there has been difficulty in recruiting to one of the two consultant posts within older adult mental health. This is due to a national shortage of suitably qualified staff. Numerous rounds of advertising have proven to be unsuccessful.
- 3.2 The Royal College of Psychiatrists recommendation is that based on population numbers Moray should have two Consultant Psychiatrists within the older adult service.
- 3.3 The integrated mental health management team based at Pluscarden Clinic have been working with the existing staffing resource to explore options to mitigate the challenges in light of the financial risk of continued locum consultant costs. However mitigations would need to be in place if pursuing a one consultant model.
- 3.4 It has been identified that there is a potential gap in leadership within the operational team to facilitate and progress transformational changes to the service delivery model. As such a proposal has been drawn up by the outgoing Integrated Service Manager to instigate an 8a Clinical Team Lead role. This post will be progressed (or otherwise) by the incoming Integrated Service Manager.
- 3.5 There is a national shortage of psychiatrists particularly in the area of older adults.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 The Interim Integrated Service Manager post is currently vacant and the new post holder will commence on the 1 of August 2023. The expectation is that the new Service Manager will progress the move away from the use of locums and shift from this model of working.
- 4.2 The previous Service Manager was a temporary secondment for 1 year only from May 2022 – May 2023.
- 4.3 There have been significant competing demands on the time of the Integrated Service Manager and Moray integrated mental health management team arising out of the MRI scanner and ligature works project. This has impacted on the team's ability to progress with transformational change in this area.
- 4.4 Future developments will explore using the financial resource currently aligned to the vacant consultant post to appoint to lower banded posts and reallocating clinical tasks accordingly. This will involve all specialties working to the top of their licence and sharing the workload of the service more equitably across the broader range of staff. In doing so it offers a degree of protected time for the most specialist and most finite resource (consultant expertise) to be targeted at the most complex tasks that can only be undertaken within that skill set. Medical posts at a lower banding could therefore support progression in developing a more sustainable model to deliver essential care and support in the future.

5. SUMMARY OF IMPLICATIONS

- (a) **Moray 2026: A Plan for the Future, Moray Corporate Plan 2015 – 2017 and Moray Integration Joint Board Strategic Commissioning Plan 20 “Partners in Care 2022 – 2032”**
- (b) **Policy and Legal**
Consultations would be held with the Royal College of Psychiatrists with whichever model is followed to ensure compliance with policy, legislation and good practice.
- (c) **Financial implications**
Locum cover is a significant risk and contributing factor to overall budget pressures. Therefore an alternative service model will need to be progressed.
- (d) **Risk Implications and Mitigation**
Due to the inability to recruit to the substantive consultant vacancy the service have had to continue to use high cost agency locums to support the existing service model. The mitigation is that proposals have been drawn up to strengthen leadership to progress service redesign and the new service manager will progress these. Staff will be supported with the journey of change.

(e) Staffing Implications

Current staffing within the Older Adult Service is as follows –

Consultant Psychiatrist – 1.0 whole time equivalent (wte) plus 1.0 wte Locum

Specialty Doctor – 0.5 wte

Consultant Psychologist – 1.0 wte

Occupational Therapist – 1.0 wte

Nursing – Band 7 – 1.8 wte

Band 6 – 2.0 wte

Band 5 – 3.86 wte

Band 3 – 4.87 wte

(f) Property

Further challenges arise out of the need to vacate Pluscarden Clinic whilst MRI scanner and ligature works are done. It will be important for staff support and cohesion to have access to work space where the team can be co-located. This would also be essential for embedding new system processes and ways of working.

(g) Equalities / Socio Economic Impact

It is not felt that the proposed change is prejudicial to staff or population needs.

(h) Climate Change and Biodiversity Impacts

There are no direct climate change and biodiversity implications.

(i) Directions

None arising directly from this report.

(j) Consultations

Staff team require to be consulted further on this.

6. CONCLUSION

6.1 It is accepted that there is a limit to the number of times vacant consultant post can be advertised with no prospect of successful recruitment.

6.2 There is a pressing need to develop an alternative service model that is clinically fit for purpose and ensures safe treatment and support for the older adult population of Moray with mental health needs.

Author of Report: Kirsteen Pyett, Team Manager, HSCM

Background Papers:

Ref:



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 29 JUNE 2023

SUBJECT: ANNUAL PERFORMANCE REPORT 2022/23

BY: CHIEF OFFICER

1. REASON FOR REPORT

1.1. To present the Board with the draft Annual Performance Report 2022/23.

2. RECOMMENDATION

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

- i) consider and note the draft Annual Performance Report 2022/23 at APPENDIX 1; and**
- ii) approve the publication of the Annual Performance Report 2022/23 by 31 July 2023.**

3. BACKGROUND

- 3.1. The Public Bodies (Joint Working) (Scotland) Act 2014 specifies that a performance report must be produced by an Integration Authority (IA) to ensure that performance is open and accountable, and sets out an assessment of performance in planning and carrying out the integration functions for which they are responsible. This is to be produced for the benefit of Partnerships and their communities.
- 3.2. The Act obliges the IA to prepare a Performance Report for the previous reporting year and for this to be published by the end of July each year.
- 3.3. The required content of the Annual Performance Report (APR) is set out in the Public Bodies (Joint Working) (Content of Performance Report) (Scotland) Regulations 2014.
- 3.4. APRs should demonstrate how the partnership has performed against the National Health and Wellbeing Outcomes, within the context of the Strategic Plan and Financial Statement. To support this, a set of Core Integration Indicators have been developed by the Scottish Government and the Board is expected to report upon performance using these and other locally specified indicators.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1. The APR provides an opportunity to present the story of the partnership's overall performance over the 12 month period, including progress against the nine National Health and Wellbeing Outcomes and the commitments contained within the 2022-32 Strategic Plan.
- 4.2. The report represents the challenges services face as we continue to recover from the impact of the Covid-19 pandemic. This highlights the pressures on our services, the exceptional work of our staff and the ways in which we worked collaboratively with our partners to continue to provide care and support to the citizens of Moray.
- 4.3. The items for focus were identified by staff and managers following a call for submissions. There is a continued effort to strengthen the links between the Strategic Plan, service delivery plans and related performance monitoring reports, to facilitate production of future APRs. This will be taken forward as part of the process for the Strategic Delivery Plan.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Partners in Care 2022-2032"

As defined within the Moray Integration Scheme values and meeting the strategic aims contained within the MIJB Strategic Plan; Moray Partners in Care 2022-32. Annual performance reports will be of interest to Grampian Health Board and Moray Council in monitoring the success of the integrated arrangements that they have put in place and in considering whether or not there is a need to review the Integration Scheme.

(b) Policy and Legal

IJBs have a legal obligation to produce an annual performance report in line with The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014 and the Scottish Government Guidance: Health and Social Care Integration Partnerships: reporting guidance. This includes reporting on the national Core Suite of Integration Indicators provided by Public Health Scotland, using these to support reporting on how well we are progressing the nine National Health and Wellbeing Outcomes which apply to integrated health and social care. The Moray APR complies with all the requirements with the exception of a breakdown of spend per locality. Systems to facilitate a robust report on this are not yet in place.

(c) Financial implications

None directly associated with this report.

(d) Risk Implications and Mitigation

IJBs have a legal obligation to produce an annual performance report which meets the requirements set by Scottish Government. Not complying will pose legislative risks and it will be more difficult for the

Moray IJB to undertake its duties related to accountability and good governance

(e) Staffing Implications

None directly associated with this report.

(f) Property

None directly associated with this report.

(g) Equalities/Socio Economic Impact

An Equality Impact Assessment is not required as there are no changes to policy arising from this report and therefore there will be no differential impact on people with protected characteristics. However, individual strategies will comply with the need for an Equalities Impact Assessment and is considered as part of our service planning process.

(h) Climate Change and Biodiversity Impacts

None directly associated with this report.

(i) Directions

None directly associated with this report.

(j) Consultations

Chief Officer; Heads of Services; Chief Financial Officer and the Democratic Services Manager, have been consulted in the drafting of this report.

6. CONCLUSION

6.1 The Partnership's Annual Performance Report is an opportunity to reflect on the varied activities and improvements that have been achieved over the year and consider how well the Partnership is delivering the Strategic Plan.

6.2 The draft report is presented to the Board for comment and approval to publish by 31 July 2023.

Author of Report: Sonya Duncan, Corporate Manager, HSCM

Background Papers:

Ref:



Annual Performance Report 2022-23

DRAFT (v 0.3)

CONTENTS

Foreword

Purpose of the report

Introduction

Board and Partnership Overview

Strategic Plan – Vision and Priorities

Measuring Performance

Ministerial Strategic Group Indicators

Our Performance in 2022-23

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer.

- Changing focus to preventative public health
- Managing waiting lists

Outcome 2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently or in a homely setting in their community.

- Community based services
- Care Homes
- Delivering services differently

Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected

- Learning from complaints and feedback

Outcome 4: Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services

- Discharge to Assess
- Self-Directed Support
- Continuous Quality Improvement
- Day of Care Survey
- Care at Home
- Technology enabled care

Outcome 5: Health and social care services contributor to reducing health inequalities

- Reducing health inequalities
- Alcohol and Drug Partnership
- Digital Inequality – using tech?
- Screening

Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.

- Carers Strategy
- Volunteering
- Employers awareness of Carer needs

Outcome 7: People who use health and social care services are safe from harm.

- Adult support and protection
- Keeping urgent services open/redesign?
- Vaccination programme

Outcome 8: People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

- Health and Wellbeing
- Hybrid Working
- Third Sector organisations
- Staffing challenges in independent sector?

Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services

- Single Access Point
- Other improvements/primary care etc.
- Reshaping urgent care – DUCS
- Health Point

Localities

Finance and Best Value

- Summary
- Financial performance 2022/23
- Past financial Performance
- Key challenges and risks
- The future
- Best Value

Inspection of Services

Looking Forward – Priorities for 2023-24 strategy

Significant Decisions and Directions

Appendix A: Moray Area Profile

Appendix B: Core Suite of National Integration Indicators

Appendix C: National Health and Wellbeing Outcomes

Appendix D: National Indicators

Appendix E: MIJB Decisions

1. FOREWORD

Welcome to the seventh Annual Performance Report (APR) by Moray Integration Joint Board (MIJB) on the performance of integrated health and social care provision within Moray.

During 2022-23, we have started to recover from the many challenges created by the coronavirus (COVID-19) pandemic. Service models and methods of delivery have continued to flex and adapt rapidly during this period of transition. Once again, we would like to take this opportunity to recognise and celebrate our workforce, unpaid carers and community volunteers for their unwavering commitment, professionalism and resilience.

This report reflects some of the significant work and continued efforts of our work to recover from the pandemic, with a focus on how we have been taking forward the Health and Social Care Partnership's (HSCP) Strategic Priorities aligned to the nine National Health and Wellbeing Outcomes.

This reports evidences some of our key achievements but also acknowledges the challenges Health and Social Care Moray (HSCM) continues to face. Moray still faces the challenge of an increasing older population, and a decline in the working age population, staff recruitment challenges and a lack of available accommodation against a backdrop of significant financial challenge.

We also review our performance in relation to our key strategic performance indicators and highlight areas of success, as well as where we seek to do better over the next 12 months. Performance in relation to the Scottish Government's core suite of national integration indicators, which allows comparisons to be made over time and with Scotland as a whole, is also presented.

This APR can only ever provide a snapshot of our continuing ambition to work with all partners to transform the planning, design and delivery of health and social care services in Moray so that together we can improve the health and wellbeing of the citizens. It provides the opportunity however, to highlight the progress made, set out the challenges we face, and demonstrate some of our work to tackle the issues that matter to the people we serve.

Dennis Robertson

Chair, Moray Integration
Joint Board

Cllr Tracy Colyer

Vice Chair, Moray Integration
Joint Board

Simon Bokor-Ingram

Chief Officer, Health & Social
Care Moray

2. PURPOSE OF REPORT

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to publish an Annual Performance Report, setting out an assessment of performance in planning and carrying out those functions for which they are responsible, as set out in the National [Guidance](#). This is the sixth report for the Health and Social Care Moray Integration Joint Board (MIJB) and within it we look back upon the last year (2022/23). We consider progress in delivering the priorities set out in our Strategic Plan, which was approved *****add date (Partners in Care 2022-32), with key service developments

and achievements from the last twelve months highlighted. Therefore, this report will relate to both Moray Partners in Care 2019-2029 and Partners in Care 2022-32. Within this report, we review our performance against agreed local Key Performance Indicators, as well as in relation to the Core Suite of National Integration Indicators (Appendix B) which have been published by the Scottish Government to measure progress in relation to the National Health and Wellbeing Outcomes (Appendix C).

3. INTRODUCTION

4. Board and Partnership overview

Moray Health and Social Care Partnership (“the Partnership” / “HSCM”) formed as the Integrated Authority in April 2015, formally bringing together health and care services in Moray. The Partnership includes the full range of community health and care services. The Partnership is a large and complex organization, bringing together a range of partners, services and significant financial resources. It is responsible for achieving local and national objectives, therefore it is important to publicly report on how we are performing against the agreed outcomes we aspire to. The Partnership’s work and ambitions align with strategic plan, Partners in Care 2022-32.

Moray Integration Joint Board (MIJB) is a distinct legal entity created by Scottish Ministers and became operational in April 2016. Under the Public Bodies (Joint Working) (Scotland) Act 2014, Moray Council and Grampian NHS Board are legally required to delegate some of their functions to the Integration Joint Board.

These services include:

- Social care services;
- Primary care services, including GPs and community nursing
- Allied health professionals such as occupational therapists, psychologists and physiotherapists
- Community hospitals
- Public health
- Community dental, ophthalmic and pharmaceutical services
- Unscheduled care services;
- Support for unpaid carers.
- Children and Families Social Work and Justice Services are delegated from April 2023 and will be included in this report for the year 2023-2024.

Services hosted by Moray for all of Grampian:

- Primary Care Contractors
- GMED

Children and Families Health Services ‘hosted’ within the Board’s Scheme of Integration include: Health Visiting; School Nursing; and Allied Health Professions, i.e. Occupational Therapy, Physiotherapy and Speech and Language Therapy.

The board also has delegated responsibility for the strategic planning of unscheduled care delivered in emergency situations such as A&E, acute medicine and geriatric medicine at Dr Gray’s Hospital and Aberdeen Royal Infirmary (ARI). Further information on the health and social care services and functions delegated to the Moray MIJB are set out within the Scheme of Integration.

The MIJB's role is to set the strategic direction for functions delegated to it and to deliver the priorities set out in its Strategic Plan. Moray Council and Grampian Health Board contribute a defined level of financial resource, which together forms the Moray Integration Joint Board's budget to enable delivery of local strategic outcomes for health and social care. The Board gives directions to the council and health board as to how they must carry out their business to secure delivery of the Strategic Plan. The legislation requires the MIJB to appoint a Chief Officer who is responsible for the strategic planning, budgetary management, performance, and governance arrangements for all integrated services. The Chief Officer works collaboratively with the Senior Management Teams of Moray Council and NHS Grampian and provides a single senior point of overall strategic leadership for the employees in the Moray Health and Social Care Partnership. The Chief Officer is supported by the partnership's Senior Management Team and System Leadership Group.

In addition to directly providing services, the Partnership also contracts for health and social care services from a range of partners, including Third and Independent sector organisations. Within primary care services, a range of independent contractors, including GPs, Dentists, Optometrists and Pharmacists, are also contracted for by the Health Board, within the context of a national framework.

5. The Moray area profile is included at Appendix A.

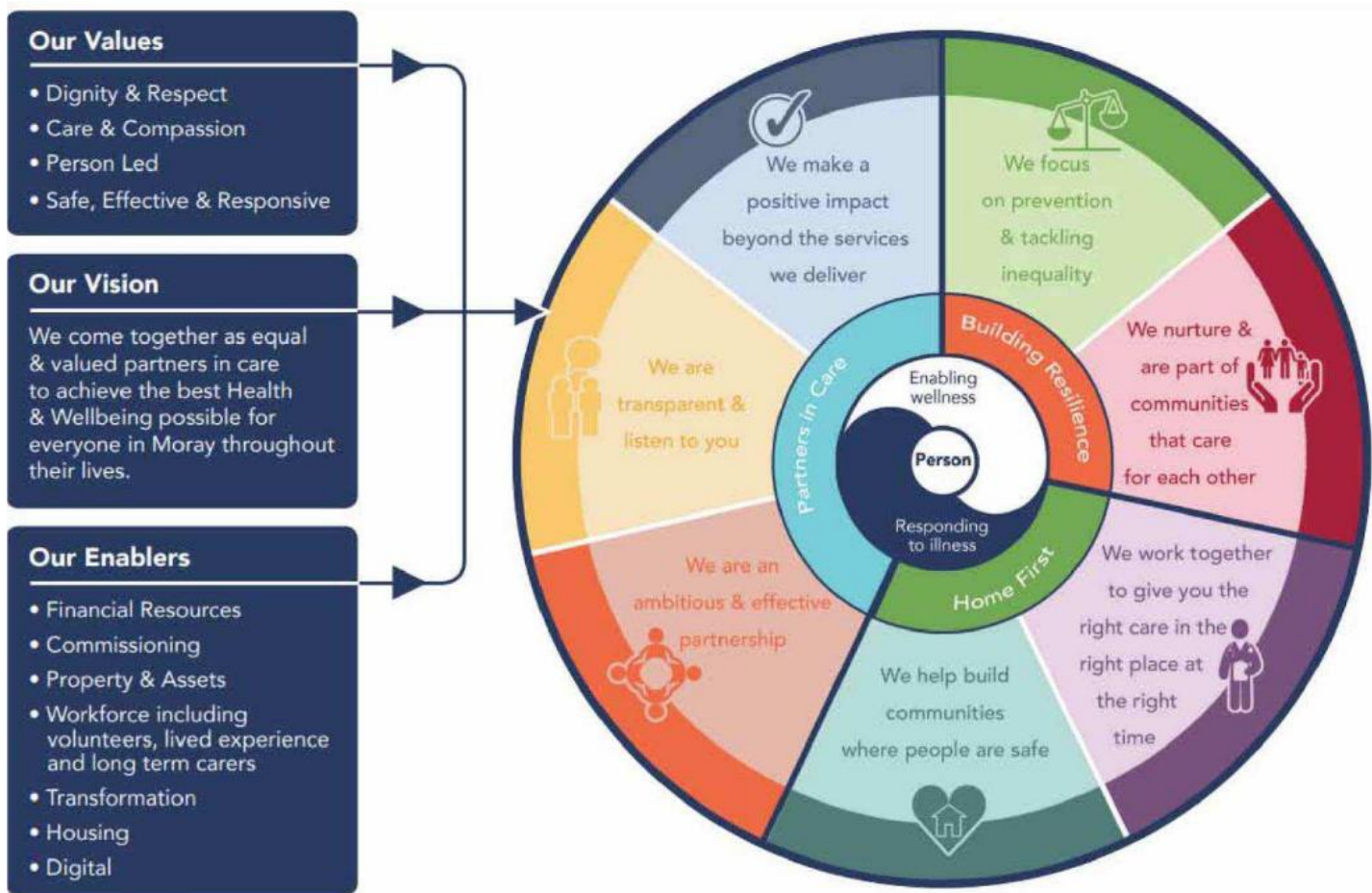
6. Strategic Plan – vision and priorities

The MIJB is required to review their Strategic Plan every three years as per the legislation, with a decision taken on whether to replace the existing Plan. The Strategic Plan 2019-2029 was widely consulted to create an ambitious 10-year Plan for Moray. In preparing to refresh MIJB Strategic Plan, it should be noted that engagement activities have helped inform and gain an understanding of Moray citizen's aspirations. This has been through engagement with citizens as part of locality network events, the development of the NHS Grampian Plan for the Future, Dr Gray's Hospital Strategy. This is in addition to informal citizen feedback from existing networks including the Carers Network and Older People groups.

It was recognised that the health and social care landscape has changed but the 2019 Plan purposefully placed an emphasis on prevention and early intervention with the aim of building resilience for individuals and communities. The Plan identified key aims of the MIJB and directed HSCM to work closely with communities and key partners to reform the system of health and social care in Moray. It was also recognised that progress has been made against the three strategic themes and the review of the Plan focused on what already has been achieved.

Therefore, the MIJB Strategic Plan 2022-2032 is a continuation of the 2019 Plan and the long-term strategic objectives make room for adapting to challenges and developments in health and social care over the coming years. To deliver on these objectives a 12-month Delivery Plan is under development.

Health and social care services are delivered by Health & Social Care Moray and partners as directed by the Board to deliver the ambitions set out in the Strategic Plan. The current [Strategic Plan](#) sets out the following vision and priorities for health and social care services in Moray.



Health and Social Care Moray's strategic plan sets out the 3 key themes and the objectives;

- Building Resilience** – supporting people to take greater responsibility for their health and wellbeing
- focusing on prevention and tackling inequality
 - nurturing and an integral part of communities that care for each other.

- Home First;** supporting people at home or in a homely setting as far as possible.
- working to give citizens of Moray the right care in the right place at the right time
 - building communities where people are safe.

- Partners in Care** – supporting citizens to make choices and take control of their care and support.
- to work in partnership with all.
 - listen to what citizens are telling us and be transparent in our decision making and communications.
 - ensuring we make a positive impact beyond the services being delivered.

A number of strategic commissioning plans are in place to improve outcomes for supported people who experience additional challenges to their health and wellbeing. These are:

- People who are unpaid carers
- Older people

- People with dementia
- People with autism
- People with physical and sensory disabilities
- People with mental health issues
- People with a learning disability
- People with alcohol and drug issues

MEASURING PERFORMANCE UNDER INTEGRATION

National Indicators are included in APPENDIX B

Since January 2018, HSCM has been working to local objectives and trajectories set out by the Ministerial Strategic Group for Health and Community Care (MSG), for improvement in relation to key performance indicators which aim to provide a whole system overview of performance. Analysis and interpretation regarding our performance against the MSG measures are included within this report. The MSG information incorporates a range of activities under the umbrella of 'unscheduled care', that support people to remain in their own homes, return to their own homes as quickly as possible when hospital treatment is required, prevention of related re-admission to hospital and end-of-life care. Unscheduled care is a core element of the health and social care system and as such, our services require to be responsive to need whilst being transformative in that, where appropriate.

Reports aligned with the MSG indicators are presented quarterly. The reports are scrutinized by HSCM's Performance Management Group, Senior Management Team and Senior Leadership Group before being presented to the MIJB and Audit, Performance and Risk Committee.

The MIJB, its committees and Senior Management Team also receive regular assurance reports and updates on how the Strategic Plan commitments are being progressed through work streams and individual service plans, as well as detailed financial updates.

The strategic risk register is reviewed regularly by the Senior Management Team as part of a robust risk monitoring framework in order to identify, assess and prioritise risks related to the delivery of services, particularly any which are likely to affect the delivery of the Strategic Plan.

The inherent risks being faced by the Moray MIJB, together with a current assessment on the level of the risks and mitigating actions being taken to reduce the impact of the risks, is reported to each meeting of the Audit Performance and Risk Committee for oversight and assurance.

Management teams and the Care and Clinical Governance Group also review and respond to any reports produced by Audit Scotland, Healthcare Improvement Scotland, the Care Inspectorate, and the Mental Welfare Commission for Scotland and the Ministerial Strategic Group for Health and Care.

Performance within Health and Social Care Moray is reported quarterly to the Moray Integration Joint Board. The table below presents the status of the indicators at year-end for the past 3 years.

It should also be noted that the figures presented below continue to reflect the recovery from the impact of the Covid-19 pandemic. This is also reflected in the performance of other areas throughout Scotland during this period.

<i>RAG scoring based on the following criteria:</i>	
GREEN	If Moray is performing better than target.
AMBER	If Moray is performing worse than target but within agreed tolerance.
RED	If Moray is performing worse than target by more than agreed tolerance.

Indicator	2020/21 (Q4)	2021/22 (Q4)	2022/23 (Q4)	Target
A&E Attendance rate per 1000 population (all ages)	17.8	20.2	20.6	21.7
The number of people presented at A&E in quarter 4 had only slightly increased from the previous year. The trend over the past 6 months has shown a slight decrease and hopefully this downward trend will continue to pre-pandemic levels.				
Number of delayed discharges (Inc. code 9) at census point	17	46	26	10
The number of people waiting to be discharged from hospital has reduced again in quarter 4 to 26. This is the lowest since August 2021 and indications are that this will continue to improve into 2023/24.				
Number of bed days occupied by delayed discharges (incl. code 9) at census point	496	1294	751	304
The number of bed days occupied has reduced again in quarter 4 to 751. This is the lowest since August 2021 and indications are that this will continue to improve into 2023/24.				
Rate of emergency occupied bed days for over 65s per 1000 population	1773	2140	2749	2037
The steady monthly increase in the rate of emergency occupied bed days for over 65s. Since 2021/22 the rate has increased from 2,140 to 2,749, exceeding the target of 2,037 per 1,000 population.				
Emergency admission rate per 1000 population for over 65's	174.8	183.0	185.8	179.9
The emergency admission rate per 1000 population for over 65s has increased slightly from 183 to 185.8, also slightly above the target of 179.9.				
Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population	119.3	125.2	129.2	123.4
The number of people over 65 admitted to hospital in an emergency increased slightly from 125.2 to 129.2, slightly above the target figure.				
% Emergency readmissions to hospital within 7 days of discharge	5.0%	3.4%	3.6%	4.2%
The readmissions have increased slightly from 2021/22, however, they still remain less than the target.				

% Emergency readmissions to hospital within 28 days of discharge	9.8%	8.0%	7.5	8.4%
The 28 day readmissions remain improved at 7.5%, and better than target set.				
% of patients commencing Psychological Therapy Treatment within 18 weeks of referral	100%	33%	73%	90%
The number of patients being referred within 18 weeks continues to improve, albeit not yet back to target rates of 90%				
NHS Sickness Absence (%of hours lost)	3.1%	4.7%	5.9%	4%
Staff sickness levels have increased above the target of 4%. It is hoped that with the various staff wellbeing programmes now being in place and as the pandemic recovery continues, that this will now begin to improve.				
Council Sickness Absence (% of calendar days lost)	-	8.9%	9.7%	4%
Staff sickness levels have doubled above the target of 4%. It is hoped that with the various staff wellbeing programmes now being in place and as the pandemic recovery continues, that this will now being to improve.				

Delayed discharges and unmet need for residents requiring support living at home, or residential care, still remain significant challenges for the partnership. The number of people who are clinically safe to leave hospital but are delayed in leaving while appropriate care arrangements are put in place rose to over 50 at the start of the year, but since then the number affected has steadily reduced, although there were still more than double the target of 10 people waiting to be discharged at the end of 2022/23.

Whilst the number of delayed discharge bed days still remains more than double the pre-pandemic period, significant improvement can be recognised. This is due to the significant effort and resource that has been focused on this issue. The [Home First](#) and [Discharge to Assess](#) plans have played a significant role in this continued improvement.

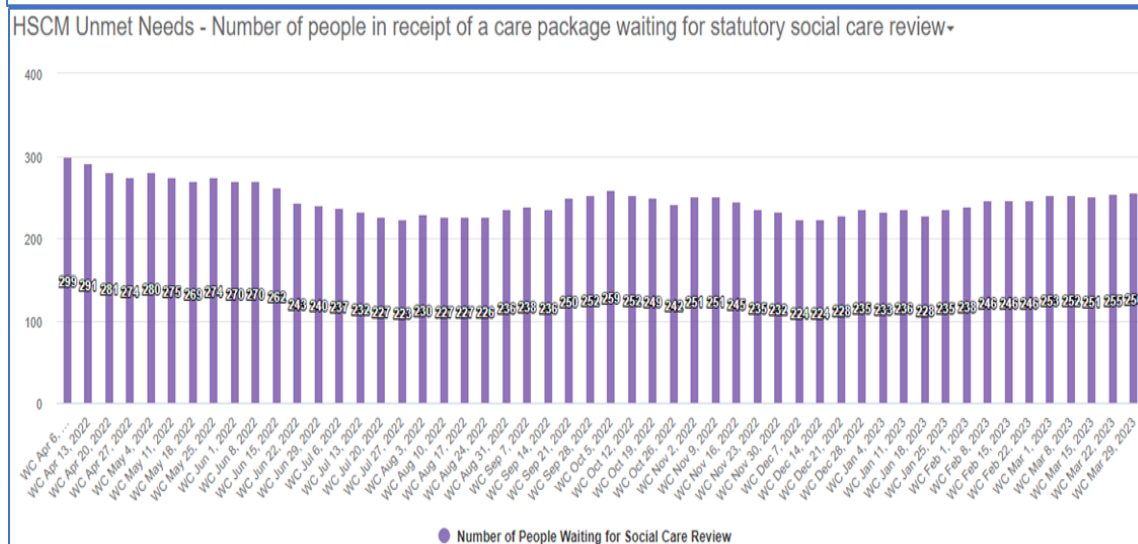
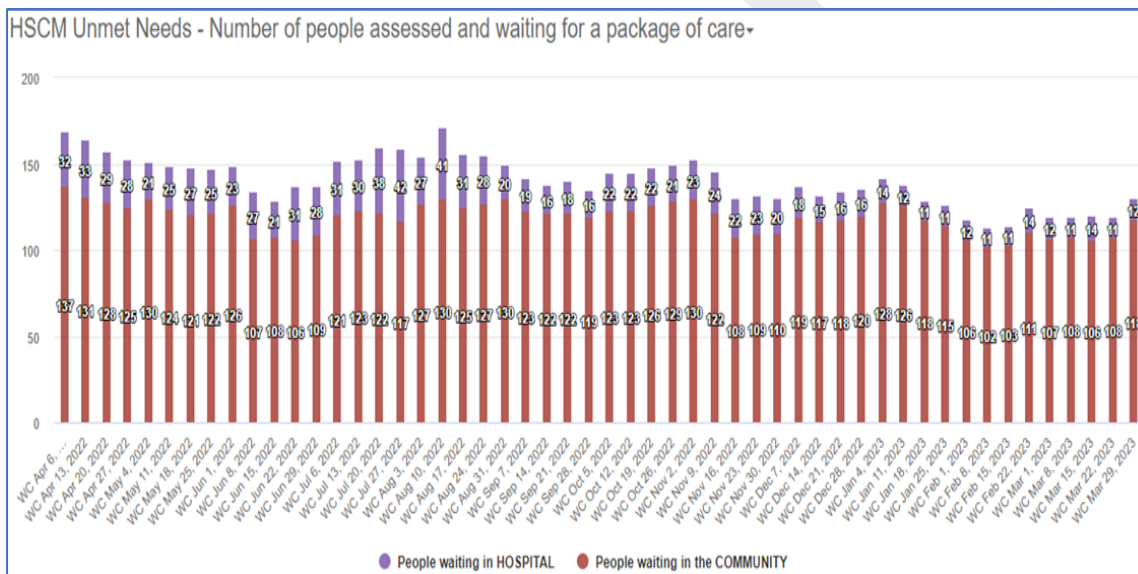
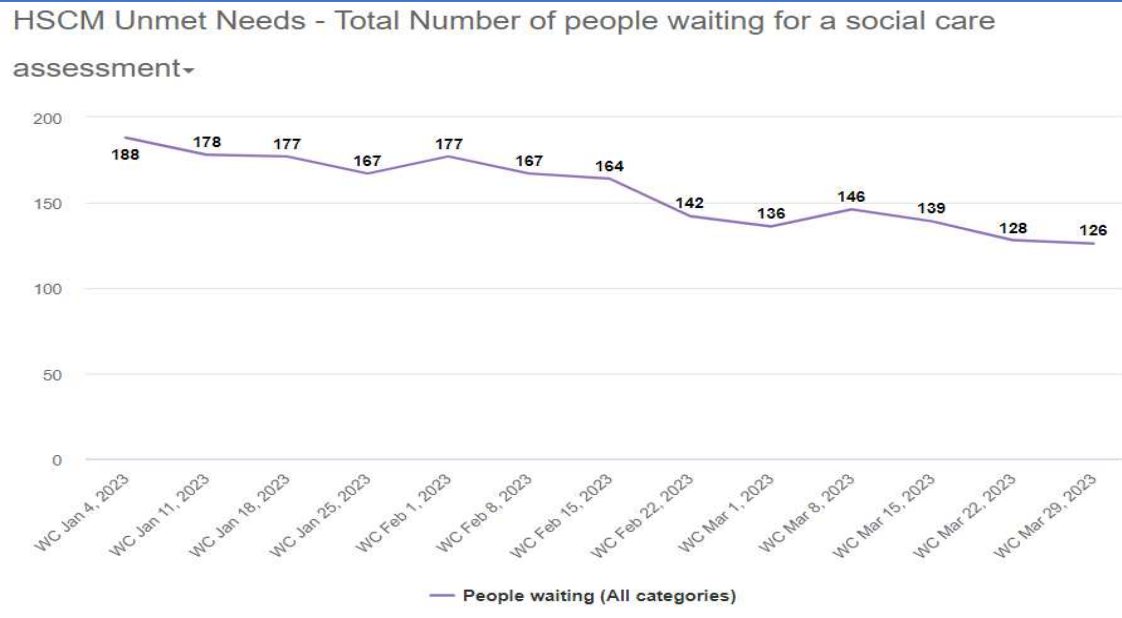
Our performance in 2022-23

We continue to work with our partners across Moray and Grampian to improve services, promote health and wellbeing and prevent ill-health and increase healthy life expectancy.

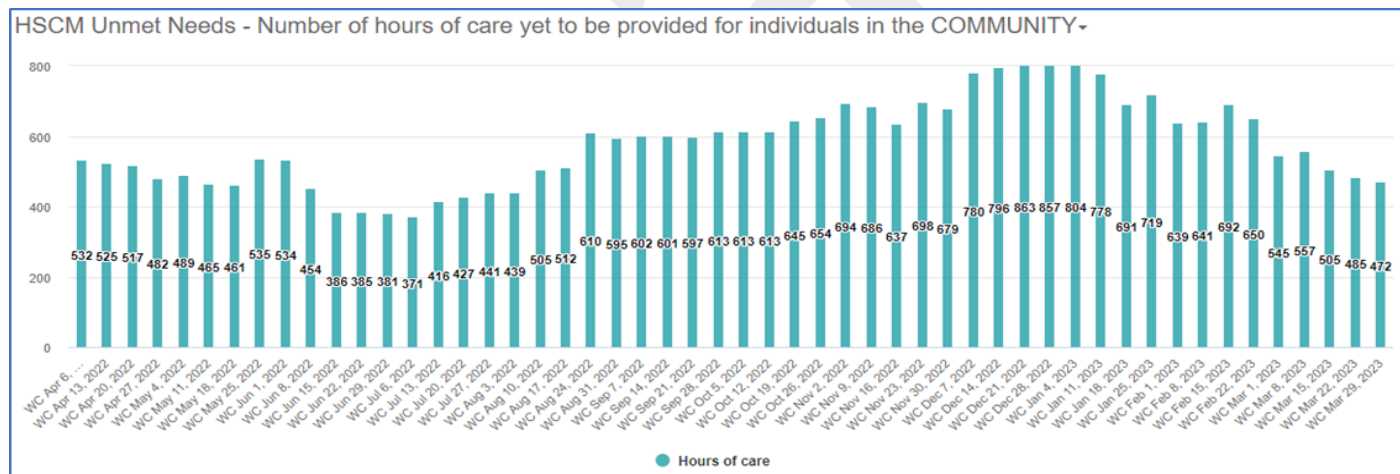
Key development and achievements

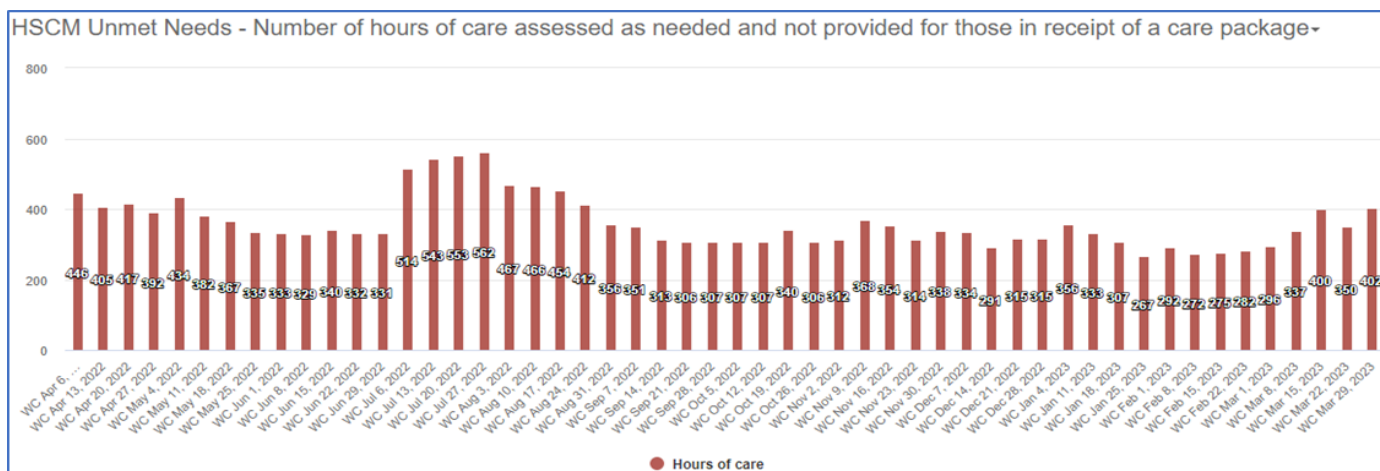
Care home occupancy rates are typically above 99% in Moray, with typically 3 to 5 free beds available on any day, providing few options for people awaiting to be discharged from hospital. This situation is compounded by the lack of care service provision, which has consistently struggled to match demand, even before the impact of the COVID-19 pandemic.

Since January 2023, the number of people waiting for a social care assessment has reduced from 188 to 126 at the end of March 2023. The figures before this date are unreliable, as there was a change in process that resulted in assessments being recorded separately. This has now been resolved and the figures have been corrected back to the start of 2023.



Unmet needs have a human context. The numbers being reported represent real people whose quality of life is being diminished either through remaining in hospital longer than necessary, or from not receiving the care that they require. The data suggests that at the year-end 126 people were waiting for a social care assessment and around 118 people in the community and 12 people in hospital had been assessed and were waiting for a package of care. Those people who are in receipt of a care package are waiting for a statutory social care review in any week remains constant at 256. For both of these indicators, performance appears to have stabilised at these levels with little sign of improvement or significant worsening.





Since the end of the previous reporting year, there has been a significant reduction in the hours of unmet need for people in hospitals waiting from over 450 hours to 148. The unmet hours have been relatively steady during quarter 4 at between 99 and 189, which is the most consistent, and promising performance since August 2021. Care provision for people living in their communities was difficult to source this winter due to staff shortages and higher than normal absences due to illness. Since then, the hours not provided has almost halved from over 800 to 472 at the end of the reporting period.

For those in receipt of a care package, apart from a problem last summer, there are between 300 and 400 hours not provided each week. This figure was at the higher end of the range towards the end of the year, which may be an indication of the future trend.

WOMEN

Life expectancy 82.4 years
(Scotland 80.8 years)

Healthy Life Expectance 62.1
years (Scotland 62.2 years)

76% of life spent in good
health (Scotland 76.7%)

MEN

Life expectancy 78.3 years
(Scotland 76.5 years)

Healthy life expectancy 62.1
years (Scotland 61.9 years)

78.7% of life spent in good
health (Scotland 80.3%)

Over the period between 2001 and 2021 (the most recent published data), female life expectancy at birth in Moray has risen by 2.8%. This is the joint 13th highest percentage change out of all 32 council areas in Scotland and this is higher than the Scotland overall data (+2.4%).

Over the period between 2001 and 2021, male life expectancy at birth in Moray has risen by 5.4%. This is the 6th highest percentage change out of all 32 council areas in Scotland and this is higher than the percentage change for Scotland overall (+4.1%).

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer.

Early intervention and prevention are key to enabling people to maintain good health and wellbeing and in supporting people to manage existing long term conditions. There is a wide range of initiatives across the Partnership intended to help people improve their own health and wellbeing. These initiatives aim to bring a holistic approach to improving wellbeing, supporting people to improve many aspects of their lifestyles and building their level of personal

93% of people in Moray felt they were able to look after their health “very well” or “quite well”, compared to the Scotland average of 91%. However, this is slightly less than reported in previous years.
38.97 per 100,000 people in Moray dies prematurely due to coronary heart disease (<75 years), this is lower than the Scottish figure of 52.59 per 100,000.
97% of people referred for alcohol treatment were seen within 3 weeks, compared to 91.7% in Scotland.
Over a 3 year rolling period, an average of 69.92% of the people invited in Moray participated in the bowel screening programme, compared to the Scottish average of 64.17%
The premature death rate in Moray is 401 per 100, 00 compared to the Scottish average of 466 per 100,000.

Health and Social Care Moray continues to work with its partners across Grampian to improve health and wellbeing, prevent ill-health and increase life expectancy. One of the most significant challenges is reducing the time people have to wait for access to services. This is a driving factor in all of our service planning and we will continue to keep this a priority.

Additional resource was allocated to the local authority Occupational Therapy (OT) waiting list. This has resulted in a continued reduction in the number of people waiting for assessment for major home adaptations. The post has been extended until March 2024 and the expectation is that the improving trend will continue, improving the quality of life of those currently waiting. This test of change has also offered opportunities for a hub approach to community OT, allowing a collaborative approach to getting the right OT to the person reducing delay in assessment and meeting outcomes.

Health Improvement Team

The Health Improvement Team have launched a new Facebook page; a further platform to share health and wellbeing information, page followers are gradually increasing each month. The Health Improvement Team support local partners to access the free Confidence 2 Cook course, aiming to have trainers within each Moray locality. It is a training programme which aims to promote healthy eating messages through practical hands-on cookery sessions, particularly in low-income communities with vulnerable groups.

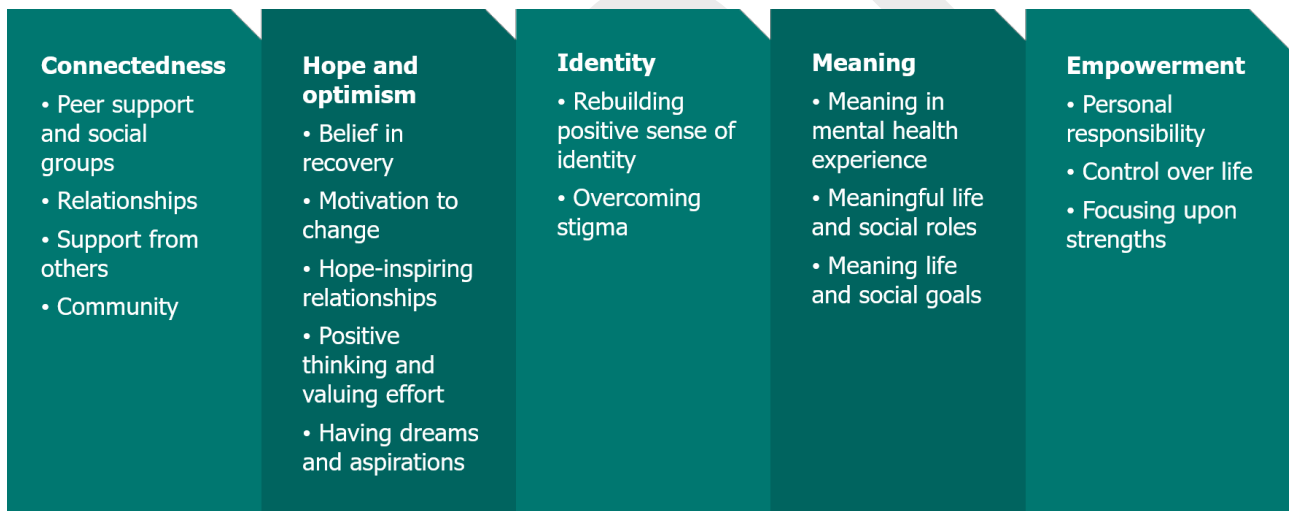
Baby Steps is a multi-agency, midwife led, interactive programme run in Moray. The sessions provide women with the knowledge and skills to improve their Health and Wellbeing. Baby Steps actively supports women to take small steps towards a healthier pregnancy. The programme has supported 14 women since restarting in July 2022.

All care homes in Moray were given the opportunity for supporting services to visit the care home site, using the Mobile Information Bus (MIB) to show case range of services available locally and nationally that staff can access to enable themselves to support their health and wellbeing. The team attended 4 care homes; Parklands, Netherha, Andersons and The Grove. Over 60 staff visited the MIB and are actively engaged with teams. Each session was positively evaluated and interest has now been expressed from other care homes across Moray.

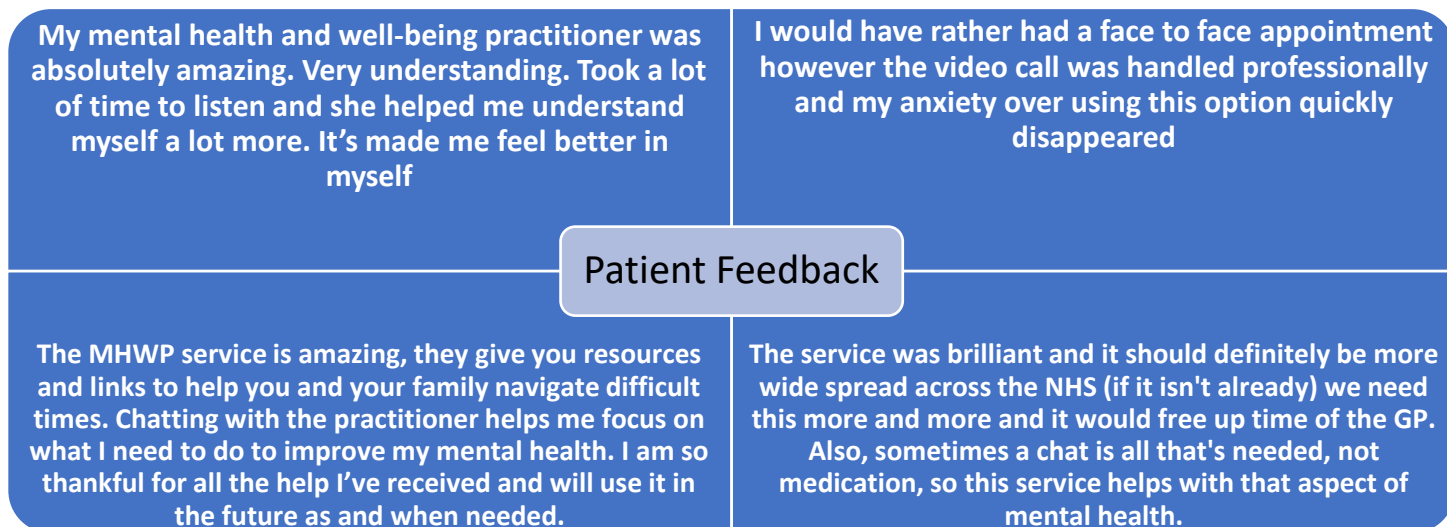
Making every Opportunity Count (MEOC) is a simple approach encouraging service staff to engage in light touch, opportunistic conversations on lifestyle and life circumstances. The brief conversation approach also supports and enables self-management. Twenty seven partner organizations across Moray have attended awareness sessions and embedded the approach within their practice. On average, 100 light touch conversations, signposting people to appropriate support, are recorded each month.

Mental Health and Wellbeing Practitioner Service

At Maryhill surgery there is a new Mental Health and Wellbeing Practitioner. The service has been used to work with individuals suffering with a number of mental health issues, from mood depression, addiction to chronic health conditions. The aim is to use a range of interventions such as reflective listening, mindfulness and teaching coping skills to empower people to meet their needs.



Referrals can be made from a range of people and if a referral is not suited to this service contact will still be made with the patient to connect them with a suitable resource.



Case Study 1 Jane had been seeing her GP for low mood and problems for 30 years, and she was given medication. After talking to the Mental Health and Wellbeing Practitioner and being given coping strategies and tools to recovery she felt that she had gained so much insight into herself and her mental health. Jane was signposted to primary care who have triaged her and she is getting therapy for the first time in her life. She feels like her whole life has changed since using the service.

Case Study 2 Jane is a survivor of domestic abuse. She was referred to the Mental Health and Wellbeing Service as she was experiencing anxiety and was afraid to go outside, meaning she couldn't get a job to support her family.

One session explored what she might like her recovery to look like; how her life could be. A plan was agreed to reduce her anxiety and relaxation techniques, coupled with on line support for self-compassion and women who were survivors too, so that she didn't feel alone. She also consented for referral to Women's Aid and Rape Crisis so that she could get some specific counselling and support around violence against women and girls. They would also be able to support her family, as well as helping her to access financial, housing, school and food bank support too. She had a new goal for her to eventually get a job so that her self-esteem could recover, too.

3 months later she got back in touch with the service to say she had gone to the Job Centre and was applying for jobs. She was feeling less isolated, more confident and able to get support for her and her family which was helping her to feel like a good mum, a good person, resilient and capable.

This is an example of how the Mental Health and Wellbeing Practitioner service can help patients; we connect the different elements of a person's challenges, and support a journey to recovery.

Current System

Bob contacted his GP because he realised that he was not able to lift himself from the low mood that had been intensifying over the last six months. He now had regular thoughts of suicide and was frightened by these. Bob phoned the GP surgery and an appointment was made for him in 3 weeks' time. In the interim the Receptionist asked if he would like the MH and Wellbeing Practitioner to make contact. He said yes, as he was feeling desperate. The Practitioner contacted Bob 3 days later and offered him a cancellation the following week. Bob attended and with the Practitioner he worked up a plan

- Talk to his wife and adult children about how he was feeling
- With his wife download and populate the StayAlive app
- Talk to his supervisor at work as he had a good relationship with him

- Read and watch self-help materials that the Practitioner emailed him on the day of his appointment - this built on recommendations that he takes time to get outside and exercise in daylight
- Keep GP appointment and discuss medication
- Consider using mental health support helplines if he was struggling, details of which were emailed to him
- Follow-up appointment in 3 weeks.

Bob found the appointment incredibly helpful. He felt listened to and equipped with some tools to help him understand how he was feeling and feel more in control and, most importantly, safe. Bob had been dreading the upcoming holiday period but he found that getting out each day to walk the dog made a big difference in lifting his mood and providing structure. Although very skeptical about taking antidepressant medication, after talking to the Practitioner and his GP, Bob started on medication. He experienced no side effects and felt his mood lifting.

Bob attended three more appointments with the Practitioner in the GP surgery until he felt he could cope. His knowledge and understanding of himself and how to stay well improved markedly through his own hard work. He was aware of the talking therapies available to him but at this stage felt that the support of his wife and family was all that he needed.

Future System

Bob had an awareness of low mood and anxiety because his friend had been talking about it six months ago after recently being trained to talk about men's mental health. Bob had been given a leaflet before which he had kept and was able to find when he first realised his mood was declining. The leaflet directed Bob to the Moray Pathways website where he was able to complete an interactive self-assessment which guided him to make a self-referral to the Mental Health and Wellbeing Practitioner in his GP surgery and also a local Men's Group. Bob sent a message via Facebook and got an instant reply from Mick, one of the Group facilitators. Mick communicated with Bob for a couple of weeks, encouraging him to talk to his family and make the appointment. He also met him for a walk in the local park. Bob found the informal support on offer really helpful and, as it was connected closely to NHS services, the two together provided an integrated approach to his recovery. Bob plucked up the courage to attend the Men's Group closest to him, which was held in the leisure centre. The Mental Health practitioner and a counsellor worked with the group at the sessions. Men attending the group could also access the gym, pool and sauna as well as participating in the group. Bob felt the experience of being with peers incredibly helpful and through this support, and that of his family and the Mental Health Practitioner he was able to make changes to his life and his low mood lifted. Bob signed up as a volunteer with the Men's Group and became an advocate for mental health and wellbeing in his company and local football club. He had re-joined a local football club with his son, and was training to be a referee to support the junior division. He also took up fishing, which he hadn't done since being a teenager, finding solace in quiet time by the river. Bob's wife attended a Men's Group family event too and found it invaluable to learn more about mental health and wellbeing as well as services on offer. Through this she was able to support Bob even more and help him make and sustain the changes that were keeping him well.



Outcome 2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently or in a homely setting in their community.

People's care needs are increasingly being met in the home or in a homely setting in the community. This continues to be at the forefront of service planning and delivery. There are a number of ways that the Partnership is working towards enabling people to live as independently, for as long as possible in a homely setting. This includes providing services that are based in our communities where possible. Moray Council is a Disability Confident employer and holds the Carer Positive award at an engaged level.

4% of respondents don't work due to illness or disability, this is slightly lower than the Scottish average of 5%

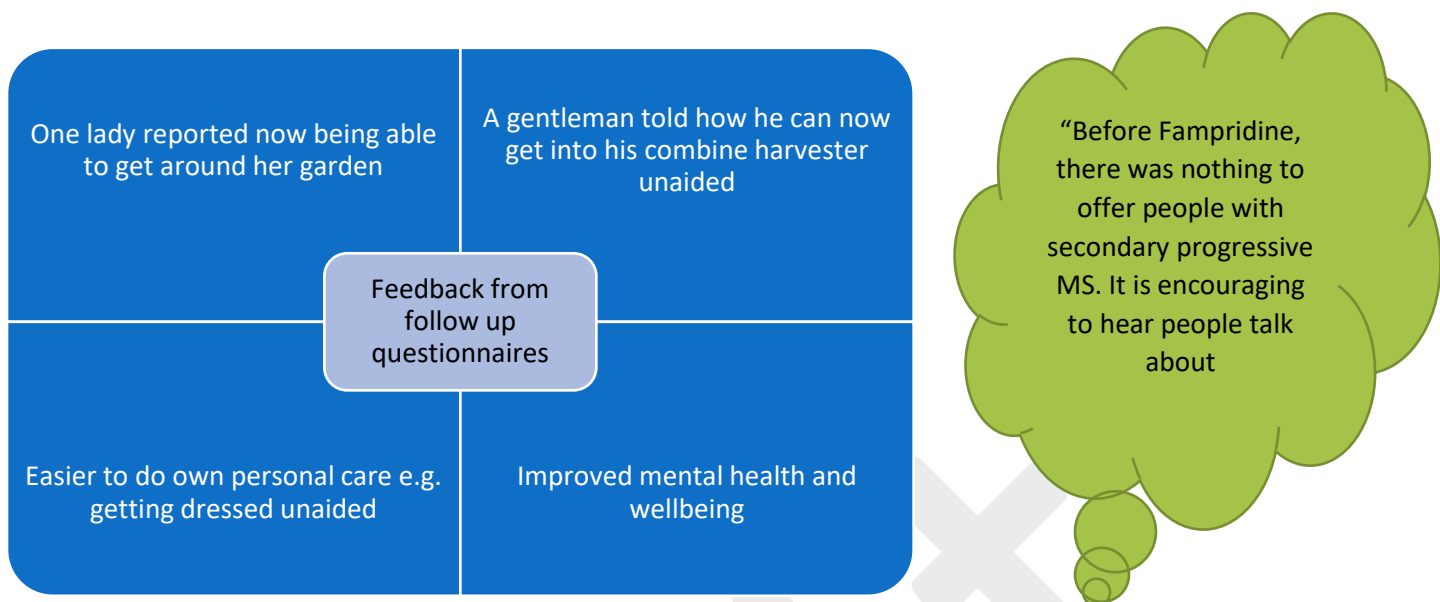
The Learning Disability Service had plans to develop two housing projects. However, due to the increased costs post pandemic, these did not progress as planned. Work is ongoing to try and identify a feasible plan to continue with the project. This remains an important element of service transformation and will allow people to be returned to Moray as per the recent 'Coming Home' report guidance.

A further plan to develop a group of 12 flats in Elgin for adults with a learning disability has also stalled due to similar pressures mentioned above.

Highland Way, Buckie and Greenfield Circle in Elgin both utilised the Just Roaming telecare system. The system permits real time monitoring of service user behaviour and alerts staff to potential risks that require staff support. This has been greatly beneficial in allowing the service users to live with a greater range of independence, with carer support only being provided when required. This system allows for elements of shared care between the people living closely together, resulting in savings due to economies of scale. It also helps to mitigate risks as they can clearly identify patterns of activity within the homes.

Moray Fampridine Clinic – Multiple Sclerosis (MS)

People in Moray with Multiple Sclerosis (MS) are being supported to access a life-changing therapeutic treatment. Following approval of the drug Fampridine, for people with MS with a walking disturbance by the Scottish Medicine Consortium. Gill Alexander, a MS Specialist Nurse for Moray, and her fellow MS Nurses in Grampian began looking at how best to support people to access the treatment. The initiative was to set up a local clinic for those interested in starting the treatment and continues to support them on their journey living with the progressive illness. Since the patients began taking Fampridine, many have reported an improved quality of life, with positive changes in their walking and energy levels leading to greater independence in daily activities with less reliance on others. This involves a multi-disciplinary approach, from the initial referral and pre-assessment, to a timed walk over a measured distance and the issuing of prescriptions. The staff work collaboratively with physiotherapy, neurology and pharmacy colleagues at Dr Gray's Hospital and Aberdeen Royal Infirmary.



Care at Home Teams

Care at Home teams work collaboratively with colleagues across HSCM. The main aim is always to assess individuals and aim to support them in their own homes, where possible. This includes monitoring the situation and reviewing the care needs as appropriate.

ADD AYLSA GOOD STORIES HERE

Community based services based in Fleming Hospital



Following the decision to close Fleming Hospital in Aberlour in 2020 as an inpatient facility, HSCM recognised the need to replace this with community led services. Using the strategic themes as the driver, this identified that repurposing the site could address all three themes; delivering more services locally, enabling collaborative working to support people at or near their own homes and working with partners across health, care and the Third sector. This also resulted in more choice and awareness for communities. The site is now used as a base for a variety of services listed below, and also a number of ad hoc services.

This not only means people in the locality more likely to seek support, but provides services that our teams can signpost into and eventually provide a wider social prescribing facility for patients.

District Nurse Team (DN)	Community Response Team (CRT)	Administration Staff	Leg Clinic (DN Led)	Podiatry
Health Visitor Clinics incl. Baby Massage	Immunisation Clinics	Retinal Screening Clinics	Occupational Therapy (OT)	Tissue Viability Nurse
Aberlour Practice (ad hoc)	Healthpoint - walk in services	NHS Volunteer offices	Community Treatment and Care (CTAC) Hub	Care at Home

The Oaks' in Elgin is undertaking a test of change for Daytime Unscheduled Care. It offers services Monday to Thursday delivered by nursing staff. The range of services provided has been done in collaboration with the people attending, focusing on being person centred through either group or 1:1 provision. Consultant clinics and Multiple Sclerosis and Parkinson's clinics are delivered also from the Oaks. It is developing into a centre of excellence where those on a palliative care journey can access several services and supports during their visits and not having to be "referred on". There is an action plan for the longer term and is being supported by the Clinical Lead for Palliative Care.

Two 'End of Life' (EOL) beds have been commissioned at Spynie care home. The beds are supported through the Community Nursing service. The beds are commissioned to support applicable patents from an acute hospital who cannot, or do not, wish to return home for end-of-life care. Also, patients in the community who require a period of symptom management control, or do not wish to remain at home, for EOL care. It is acknowledged that the use of the beds within the first 3 months was limited, but following the review and actions taken, it is expected that this will increase.

A Social Prescribing test of change is ongoing within the Forres Locality at Forres Health Centre, supported by the Prevention and Self-Management working group. A process is in place which enables all health and social care practitioners to signpost patients to local community supports. Health point, Citizens Advice Bureau, Mental Health & Wellbeing Practitioner and the Listening Service are the main referral services for the test of change, signposting individuals on to local opportunities. A total of 424 referrals have been made to a broad range of community programmes.

Jubilee Cottages continue to provide interim accommodation. There have been developments to allow a further cottage to be made available, giving a total of 6 cottages for interim support. One previously operated as a hub. There have been some notable successes for individuals who have used the cottages to reach independent living as a result. Work is underway to capture these stories and feed back into the system, demonstrating the effectiveness of the resource.

Delivering services differently

Digital

NHS Near Me is a secure web-based service which allows people to have health and social care appointments by video, without having to leave their home and often travel to Aberdeen or Elgin. Many services adopted new ways of working during the pandemic by offering virtual consultations alongside telephone triage and those developments will continue as part of our longer-term planning. This reduces the time and costs associated with attending hospital appointments, whilst also considering the impact on climate change in our planning.

Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected.

It is important that we understand our citizens' experiences of our services. All feedback or complaints are logged and processed to ensure we understand and learn from that information. There are a range of ways that people give feedback about their experiences; HSCM facebook page, email, phone, post, as well as face to face.

Learning from complaints and feedback

Complaints received by the Moray MIJB are reported in line with recommendations from the Complaints Standards Authority and the MIJB's Complaints Handling Procedure. There were no complaints received in 2022-23 relating to the dissatisfaction with the Moray MIJB's policies, decisions or administrative or decision-making processes followed by the Board.

Within Health and Social Care Moray, complaints received by NHS Grampian and Moray Council are corded on two separate systems. Reports for the systems are submitted quarterly to the Clinical and Care Governance Group and Committee annually.

The complaints handling procedure enables us to identify opportunities to improve quality and services across Moray. We record and interrogate the information gathered to identify any learning and share it across the partnership and wider professional groups, if relevant. Learning from complaints is a key part of the Scottish Public Service Ombudsman's (SPSO) criteria in relation to complaints handling

	Total Received Q1	Total Closed Q1	Total Received Q2	Total Closed Q2	Total Received Q3	Total Closed Q3	Total Received Q4	Total Closed Q4
LA	9	4	7	5	4	6	9	8
NHS	17	17	25	16	20	30	16	21
	26	21	32	21	24	35	25	29

There was a total of 91 complaints received last financial year. In 2022/23 the number of complaints rose to 107. The slight increase in complaints might be attributed to the increase in use of services. During the pandemic many services were reduced but some services increased in activity, for example GMED activity continues to increase with 2022 being the busiest year on record. This increase in clinical demand could reflect pressures and subsequent complaints. We continue to discuss any learning from each complaint that is received, and we will continue to monitor the increase in 2023/24. The annual [report](#) will be published on Health and Social Care Moray's website.

Day Care Services

Artiquins Day Services continually promote life skills to their service users. They held a Health Week in May 2022. Artiquins promoted a wide variety of ways that we service users can improve their Health and Wellbeing. This included, healthy eating, food tasting, cooking sessions and even a fun smoothie making with the use of a smoothie making bike, which also promoted exercise. Different methods of movement and exercise were demonstrated to suit the service user's abilities; Yoga, Bikeability and Cycling Sessions.

Cedarwood and Burnie Learning Disability Day Services

The staff at Cedarwood and Burnie strive to deliver the 9 Health and Wellbeing outcomes for their service users:

- Staff support service users to maintain their health and well-being
- Staff support some of their service users who continue to live at home with family

- Service users who attend day services are supported by trained staff who follow the guidance in place from SSSC and Health and Social Care standards to ensure that dignity and respect is at the forefront of everything we do.
- Service users have individual care plans to ensure that their service remains outcome focused, relevant to their needs
- Good communication with family, residential support and all other agencies involved with the individual is a key element in ensuring reduction in health inequalities
- Day services allow parents who provide care the opportunity from their caring role under the "Carers Scotland Act 2016).
- People who use health and social care services are kept safe from harm and staff are trained in all the relevant requirements.
- Staff that work in health and social care are supported to continuously improve their information, support, care and treatment provided by regular supervisions
- Resources are used effectively and efficiently as the building and equipment are maintained on a regular basis

Keith Resource Centre is part of the older people's day services /Linburn in Rothes



Greenfingers – Day Services



Service users enjoying Cedarwood Day Services, Elgin



Love to see how happy he is getting on the bus when he knows he is going to Cedarwood. (Residential staff comment)



Cedarwood is such a happy place to come into and you sense it as soon as you walk through the door. (Parent comment)



Enjoying some of the outdoor activities.

Outcome 4: Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services

Quality improvement is the main focus of all services within Health and Social Care. As we look to a different landscape following the pandemic, we are mindful that we need to be innovative with our ideas and listening to our citizen's needs.

73% of adults supported at home agree that their services and support had an impact on improving or maintaining their quality of life. This is lower than the Scottish average of 78%

People spent 755 days in hospital (per 1,000 population) when they are ready to be discharged versus the Scottish average of 748 days. This is slightly higher than the national average.

80% of services were graded 'good' or better compared to the Scottish average of 75.8%

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

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

D2A aims to impact on the following:

- Avoiding unnecessary admission

- Reducing length of hospital stay
- Lowering re-admission rates
- Reducing the requirement for care packages

The average length of treatment once discharged home with support from the D2A team was 11 days, calculating into a cost per day, per patient of £169, compared with £262-570 a day for a hospital bed.

This shows an increase in early supported discharge from hospital to D2A, resulting in improved flow and capacity of the hospitals. Data collated also shows that over 50% discharged to the D2A team are also less likely to be readmitted at 7 and 28 days.

Prior to D2A the only response to patients requiring support with activities of daily living was a referral to Social Care. By introducing D2A, in 2021, 161 patients had swapped a potentially lengthy wait for a social care package. Since launching, only 4% of D2A patients required assessment for care. More work is being done to analyse this benefit and cost saving.

- Avoiding unnecessary admission: 64 patients were discharged to D2A directly from the Emergency Department at DGH thus avoiding an unnecessary admission.
- Reducing length of hospital stay: D2A continues to provide early supported discharge and therefore reduce length of stay in DGH by an average of one day - this is increased for Moray Community Hospitals and also for those patients from ARI, Woodend etc who would historically have gone to a Moray Community Hospital on discharge.
- Lowering readmission rates: Readmission figures for DGH remain the same i.e. patients who have D2A intervention are 50% less likely to be readmitted at 7 and 28 days.
- Reducing the requirement for care: In the absence of D2A prior to August 2021, 92% of patients seen by D2A would have required a care package for discharge and would therefore require a longer length of hospital stay to await that care. Currently only 6% of D2A patient require onward referral for care.

Patient Outcomes:

- 93% of D2A patients showed an increase in their functional performance in Activities of Daily Living (ADL)
- 89% of patients rated an improvement in their own ADL performance
- 83% of patients rated an improvement in their satisfaction with their activities of daily living (ADL) performance
- 92% of patients improved their functional mobility and gait this reducing their risk of falls and improving their overall ability to maintain ADL
- 87% of patient were rated with improved score for balance, gait and mobility

The success of the D2A programme will likely bring unintended challenges, in that the increase in acuity of the patients being referred, often requiring more input and are slightly more likely to require care now than during the pilot. This is due to the increased complexity and multimorbidities of the patients we are now seeing post pandemic.

79% of people surveyed said they are supported to live independently at home, this is in line with the Scottish average figure (Pentana)
2.9 per 1,000 people are choosing to arrange their own care at home through Self Directed Support (SDS) compared to the Scottish average of 1.9
Only 86 per 100,000 people are readmitted to hospital as an emergency within 28 days of discharge. This is significantly lower than the Scottish figure of 107 per 100,000
65% of people asked stated that their experience of social care made them feel safe. This is slightly lower than the Scottish average of 67%
We'll need to include something around NI-17 (Although 18 on our Pentana dashboard Bruce?) - percentage of adults with intensive care needs receiving care at home, which I can't see mentioned on the draft, but maybe I'm missing it. This has already been published by PHS in the balance of care tables, which I have attached. This also would come under MSG indicator 6.

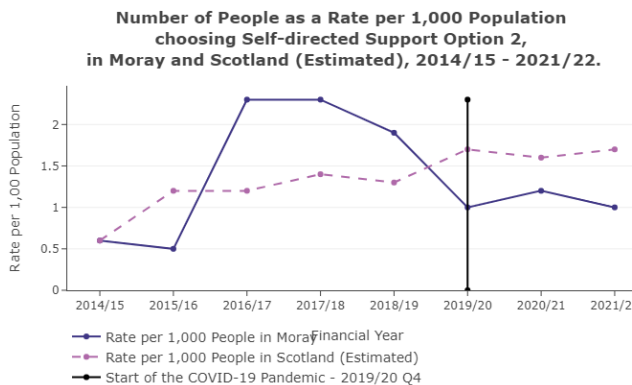
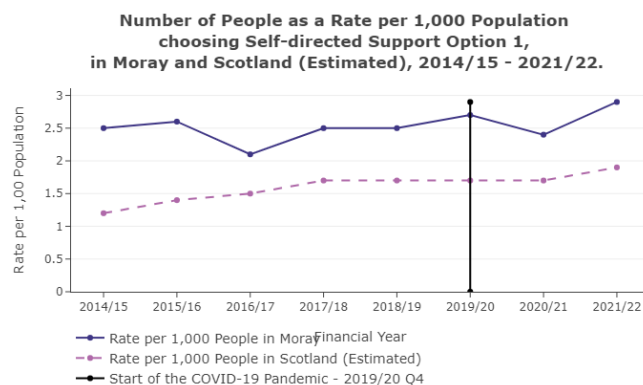
Self-Directed Support

Self-directed Support Options

The chart below shows the trend in the rate per 1,000 population choosing self-directed support options from 2014/15 to 2021/22. The most popular option in Moray is Option 3, choosing Moray Council to provide care.

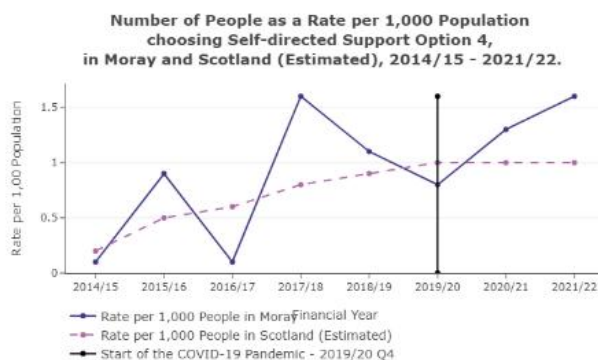
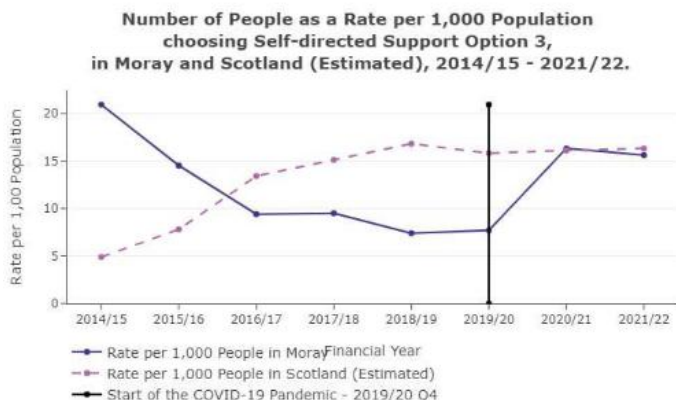
Option 1: Taken as a Direct Payment.

Option 2: Allocated to an organisation that the person chooses and the person chooses how it is spent.



Option 3: The person chooses to allow the council to arrange and determine their services

Option 4: The person can choose a mix of these options for different types of support.



The most commonly assessed need in Moray is for Personal Care, it represents 88% of support required (2021/22)

The Self-Directed Support (SDS) team within Health and Social Care Moray currently support 288 individuals who are in receipt of a Direct Payment (Option 1) to meet their care and support needs. The majority of those in receipt of a Direct Payment opt to use their budget to employ their own team of carers (Personal Assistants). Currently there are approximately 380 Personal Assistants (PA's) working in Moray. In order for the PA profession to be more visible, work is underway at a national level through a PA Programme Board.

Day Opportunities

Health and Social Care Moray embarked on a journey of transformational change due to the challenges presented by the COVID -19 pandemic. The Day Opportunities team implemented an innovative approach to delivering care and short breaks to both the cared for person and their unpaid carer through thinking differently to achieve good outcomes for them. During the test of change which ran for 6 months, the SDS Enablers supported over 100 carers and cared for people to access the right support for them. Just over half of the referrals undertaken by the team were to support unpaid carers in their role. The test of change became embedded into mainstream practice in July 2022 allowing for a team of five SDS Enablers to be recruited on a permanent basis.

The team have been recognised for their innovative approach with an Impact [story](#) being developed by Health Improvement Scotland.

The ethos of the team is to take a strength and asset based approach when exploring personal outcomes: *"Committed to delivering supports that strengthen communities and empower individuals"*

Continuous Quality Improvement

Maryhill and Linkwood GP Practices have established Multi-Disciplinary Teams (MDT's). This has improved team communication and allowed the sharing of concerns for certain patients. This has proved a valuable outcome for these MDT's. It is also noted that the engagement of an Old Age Psychiatrist within the MDT has also further enhanced positive outcomes for both staff who feel more supported with the level of expertise brought to the discussions and outcomes for patients. Co-

location has also enhanced the MDT's. Planning is underway to host its first Oversight group, which will focus on the key priorities for the locality and further populating the action plan.

Day of Care Survey

As part of the System Pressures "two-week challenge" as a Scottish Government Initiative, Health and Social Care Moray undertook the Day of Care Survey for all in-patients in Moray. As well as performing the Day of Care Survey, the team took the opportunity to carry out qualitative interviews with staff to understand from an operational perspective, the pressure teams are under and to understand barriers and possible solutions to the flow of patients through our systems in Moray and Grampian wide.

The Day of Care Survey is a National Tool which is usually completed once a year throughout Scotland. The tool can be used at any time by teams who feel it would be beneficial to know their in-patient profile. The tool pays particular attention to those who could be discharged but there is a delay in their journey. This allows understanding of issues preventing discharge and provides data to support change.

A senior team of auditors spent two days carrying out the Day of Care Survey and Qualitative Interviewing in both Moray Community Hospitals (25 January 2023) and Dr Gray's Hospital (26 January 2023). Further work is now being progressed to identify and implement learning from the results.

Woodview Development

Woodview was developed in partnership with Grampian Housing Association. These properties were built to accommodate those with the most complex and challenging behaviours. Many of the residents were supported out of area, this enabled them to be rehoused in Moray.

Testimonial from David Hurst about the difference Woodview has made to his son Michael's life.



"My son's life has improved beyond recognition from where we were when he was in his 20's and I'm so proud to say that we all contributed to making that happen. To me, this photo shows determination, drive and teamwork and sums up everything we've dealt with throughout Michael's life."

After many challenging years living hundreds of miles away from family, Michael now has his own home in Woodview.

David tells us how he feels the staff at Woodview meets some of Michael's needs:

- Michael has freshly prepared healthy option meals provided for him daily.
- Michael's house is his home. Staff support him in his home.
- Michael is constantly offered new experiences. Positive experiences are reinforced when possible.
- Michael's team are "willing to go the extra mile" both personally and as a group. As a family we are offered the opportunity to do the things we would like, from a pub lunch to a family holiday

We appreciate beyond words that the team will help us meet what we want to do but are also willing to state this is “not a good idea – at the moment” we know this is always said with Michael at the heart of a decision. The care team feels like an extension of the family.

Outcome 5: Health and social care services contribute to reducing health inequalities.

As we recover from the pandemic, it is essential that we keep a focus on reducing health inequalities. These inequalities often arise from circumstances in an individual's daily life. As we have seen recently, broader social issues can also affect us e.g., increased food prices, increased fuel prices. HSCM continues to understand and strive to reduce how these broader social issues can affect a person's health and wellbeing, including education, housing, loneliness and isolation, employment, income and poverty. People from minority communities or with protected characteristics (such as religion or belief, race or disability) are known to be more likely to experience health inequalities. We will continue to prioritise those who are most vulnerable in our society, to ensure that we stop the level of inequality from increasing.

The Moray Health Improvement Team works in partnership with the Moray Community Justice teams to enhance health and wellbeing. The National Strategy recognizes that health needs should be supported to ensure successful reintegration, where people do not experience stigma and discrimination upon accessing services. The team has successfully delivered interactive workshops on a range of health and wellbeing topics including cancer screening, utilizing interactive resources, sexual health as well as offering mini lifestyle checks. These drop-in sessions were delivered in a Polytunnel within an industrial estate demonstrating innovation to overcome the challenges this unconventional environment can bring. The workshops supported 12 service users and evaluated positively. The next steps will be to plan and support a sustainable, holistic program of health and wellbeing to encourage access to services.

Let's talk 'Health, Wellbeing and Communities' event in Keith

HSCM hosted a 'Let's talk Health, Wellbeing and Community' event in Keith in August 2022, it was attended by over 40 exhibitors from across the HSCM services, local and national charities, community groups and public sector including the Police, Scottish Fire Service and the Department of Work and Pensions (DWP).

The aim of the event was to raise awareness of the services and support available in and around the Keith area, offer advice and signpost members of the community and to gather feedback to support plans in the Keith area and for the Keith and East Locality Planning (KELP) project.

The Community Learning and Development (CLD) team played an important role in planning the event, including a joint questionnaire that was produced to try and capture everything around what matters to the people living in and around Keith, from health through to the place itself.

The feedback from the event has been tremendous, with new opportunities created for services to work together and refer into one another, people from in and around the Keith area being more aware of services and support available and requests coming in from across Moray for similar events to be run elsewhere.



A massive thank you to Tesco in Keith who provided refreshments and a member of their team to support the day!

Digital Access

Moray was reported as having 59.7% of households with access to broadband at minimum speed of 30mb/second, this is considerably higher than the national average figure of 43.1%

Screening

Women over 70 are once again being offered the opportunity to self-refer for breast cancer screening. This service was suspended during the early stages of the COVID-19 pandemic. However, [data](#) suggests that screening has now recovered, and 53% of breast cancers diagnosed via screening has recovered to its pre-pandemic detection rate.

Outcome 6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.

A Carer is generally defined as someone, irrespective of age, who provides unpaid help and support to someone who cannot live independently without the help. This can be due to frailty, illness, disability or addiction. Unpaid Carers are the largest group of care providers in Scotland, providing more care than health and social care services combined. HSCM understands that supporting Carers must to be a priority for HSCM, and have invested in the Carers Strategy ([ADD LINK](#)) and we will now focus on the delivery plan to continue to ensure the sustainability of the Carers role.

Moray Carers Strategy 2023-2026 – ([add hyperlink](#))

32% of people surveyed in Moray felt supported to continue caring compared to 30% of people across Scotland. However 31% gave a negative response compared to the Scottish figure of 28%.
60% reported having a good balance between caring and other things in their lives, this was slightly lower than the Scottish figure of 63%
44% of people surveyed felt that they had a say in the services provided for the person they looked after, compared to 39% across Scotland
NHS Grampian were recognised with a Carer Positive award for supporting staff in the workplace who are also carers.
Source: ScotPHO profiles (shinyapps.io) HACE survey

Health and Social Care Moray recognise the vital support unpaid carers provide to the person they care for. It is vital that unpaid carers have a life outside of their caring role and are supported to carry

on caring as long as they wish to do so. In recognition of his Health and Social Care Moray has recently published the new local Moray Carers Strategy, Recognised, Valued and Supported following engagement with unpaid carers. A local implementation plan has recently been developed to deliver on the key themes and objectives of the strategy with the three strategic priorities being:

Health and Social Care Moray commission Quarriers; our carer support service.

- As of 31st March 2023, there were 1220 adult carers registered.
- There are 171 young carers, of which 156 are being directly supported by Quarriers during the reporting period January to March 2023.
- Of the 171 carers registered with Quarriers, 17 are classed as very young carers (under the age of 8).



At the most recent Carers United meeting, young carers in Moray had the opportunity speak with the Young Carers Scottish Youth Parliament representative. Members of Carers Unite, the young carers focus group in Moray, produced a video for Young Carers Action Day which can be widely shared throughout Moray. [Quarriers 2023.mp4](#)

Extract from Carer Representative, MIJB: *Our new strategy, Recognised, Valued and Supported, is grounded in the lived experience of unpaid carers and my thanks goes to everyone who has been involved. It reflects what carers say matters to them. It recognises where we are now and where we want to get to over the next three years to improve the experiences of carers. The strategy and supporting implementation plan will guide the work of health, social care and community partners towards a better Moray, where carers of all ages are recognised, valued and supported to enjoy healthier and more fulfilled lives.*

Communities & Volunteering Team (Moray)

During the previous year, the Volunteer Team underwent some positive changes that resulted in a rebranding and restructuring of the service. By collaborating with the Community Wellbeing and Development Team, the service was renamed as the Communities and Volunteering Team.

The Community Wellbeing and Development Team continues to support older people to move from crisis to confidence with the facilitation of all the Be Active Life Long BALL groups.

The joint objectives of the teams are to prevent, reduce and delay the need for formal care services by enabling everyone to maintain their independence and lead healthy, active lives in their own community, for as long as possible.

- The volunteer team continue to expand one of their services (Moray Caller) to reach rising demand in referrals.
- Launched a new initiative in collaboration with The British Lions for providing ICE (in case of emergency) boxes, where essential information can be accessed if needed by the emergency services, bringing peace of mind to those who access their service and added support for the volunteers
- Launched a new Facebook page to promote volunteer opportunities and celebrate the positive impact of volunteering.

The team's aim is to ensure that no one is left behind in our community and they are committed to reducing social isolation and re- connecting people back into their communities. The team continues to develop and now offers a wide range of roles and support.

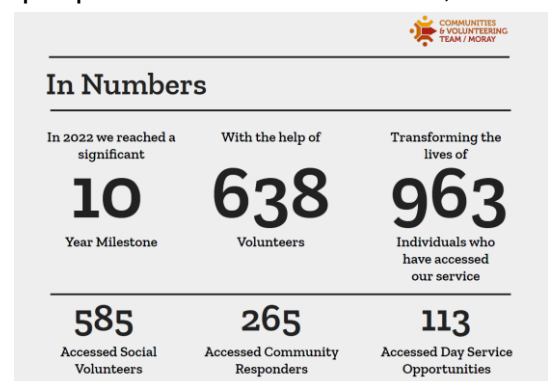
Volunteer Roles

Community Responder	Volunteers connect to people who are socially isolated in their home setting (Community Alarm / Telecare). Community Responders are dedicated volunteers who offer initial support to people at risk of falls or illness, especially those who may not have nearby family or friends. By offering comfort and reassurance, volunteers can help individuals stay safe, secure, and independent in their own homes.
Social Volunteer	Volunteers offering friendship to social isolate people supporting reengagement back into their communities (befriender). Social Volunteers play a vital role in connecting with people who may be socially isolated in their communities. By being matched with someone and making regular home visits, volunteers provide companionship, shared interests, stories, and experiences.
Moray Caller	Volunteers who connect to people who are socially isolated in their home setting (Telephone Befriender). Moray Calls volunteers play a vital role in reaching out to individuals who may be socially isolated in their community. By making regular phone calls, volunteers can share interests, stories, and experiences, helping to brighten someone's day and foster connections.
Flexible Volunteer	Being available to call upon if there is an urgent need in and around the local community Finding time for volunteering can be a daunting task, given the many commitments people face, such as work, family, or studies. Flexible volunteering offers a diverse range of roles, giving volunteers the freedom to choose activities they enjoy in the time they have available

This invaluable volunteer service supports services delivered by the Health and Social Care Partnership, improves patients discharge pathway, connects people with their communities, builds personal and community resilience and provides clear signposting and supports those connections.

This can also be very rewarding for the Volunteers; they are also connected with their communities, and this promotes improvement in their own health and wellbeing. Volunteering also provides opportunities for people to develop a range of skills and experiences than can be transferred into a workplace setting.

We are committed to ensuring that service users and their carers are supported and empowered to make their own choices about how they will live their lives and what outcomes they want to achieve.



Case Study

After retiring and then moving away from the area Terri suffered a double bereavement. Her husband was still working, and even after returning to the area she felt lonely and isolated. She started to lose my confidence and self-worth. She decided to join the group. Terri is now a Social Volunteer (befriender) and has dedicated 1 year of her time to visiting her client, a 99-year-old individual who has dementia. On a weekly basis, Terri spends one hour and spends time with her client, talking about their shared interests in sewing and knitting.

Benefits	Benefits
Volunteer	Gained confidence Met new people Improved her health and wellbeing Helped recovery from bereavement – renewed sense of purpose
Client	Companion and social interaction Supported ability to remain at home and independent with support network
Feedback from Terri “I look forward to my visits, I think I get as much out of it as the client gets from me. I know I am making a difference to someone else. A family member recently told me that her parent had said how much she enjoys my visits. Volunteering means a lot to me, volunteering has given me a social life and I have met new people and get out the house more”	

NHS Grampian are working towards achieving the Engaged level of the Carers Positive Award for supporting carers in the workplace. Carers Scotland, on behalf of the Scottish Government, operates an award scheme to recognise employers in Scotland who support carers in their workforce. It aims to raise awareness of the growing numbers of people who juggle work and caring responsibilities.

Outcome 7: People who use health and social care services are safe from harm.

The Adult Support and Protection (Scotland) Act 2007, states that public sector staff have a duty to report concerns relating to adults at risk and the local authority must take action to find out about and, where necessary, intervene to make sure vulnerable adults are protected.

This duty also includes ensuring services are maintaining safe, high-quality care and protecting vulnerable people.

During the pandemic, and specifically during lockdown, vulnerable people had limited access to their support networks. This reinforced the importance of child and adult protection, and HSCM has prioritised resources to ensure this remains a priority. New teams and processes have been introduced to allow us to identify and protect those identified as most vulnerable in our communities.

Adult Support and Protection

The joint [inspection](#) of HSCM took place between March and May 2022. The Care Inspectorate reported that there were ‘some clear strengths in ensuring adults at risk of harm were safe, protected and supported’.

The Care Inspectorate asked the partnership to develop an improvement [plan](#) to address the priority areas for improvement identified. The Care Inspectorate will monitor progress implementing the

plan. The Multi-agency Improvement Plan builds upon Moray's original improvement action plan formulated in 2019 following a series of engagement and consultation events and multi-agency workshops with the purpose of giving a clear foundation and oversight to Adult Support and Protection activities in Moray.

This plan is a multi-agency plan and is the tool used within the Moray Adult Protection Committee to provide assurance to all partners of progression and development in the work carried out. Updates on the delivery of the plan are presented to the Clinical and Care Governance Group and the MIJB Clinical and Care Governance Committee. It is also presented at a multi-agency committee which has an independent chair.

The Moray Health Improvement Team has delivered alcohol brief intervention (ABI) training to 85 colleagues, Local Authority and Third Sector partners.

The Health Improvement Team supported Operation Protector: 2 days covering Elgin, Buckie and Keith. Engagement with over 100 people sharing information on how to protect vulnerable people in the community and report any concerns of organised crime activity

Resettlement and Refugee Team - Ukraine Displaced Persons Scheme

The Resettlement and Refugee Team have provided support to a total of 133 people (84 adults and 49 children) from Ukraine across Moray. The families were helped to integrate into their communities and also supported into education and employment, with 58% currently employed or in college education.

The support received from the Department of Work and Pensions (DWP) Employability Team, Income Maximization Team, NHS, Education and Social Security Team at the Drop-in Sessions when families arrived was instrumental to the resettlement success. Support from wider partners has also been exceptional; the University of Highlands and Islands for English for Speakers of Other Languages (ESOL), Moray Food bank, Moray Clothing Bank, and Tesco's significantly contributed towards the successful integration of the Ukrainian citizens into the wider Moray community.

PREVENTION

Vaccination programme in Moray

The Vaccination team continue to work hard to ensure the safe and effective delivery of the Vaccination Transformation Programme across Moray. The Spring Booster campaign commenced in March 2023 with a good uptake across Care Home residents and with the lowered age of 75+ from 80+, increased outreach clinics have been implemented across Moray, delivering vaccines closer to the communities resulting in positive feedback.

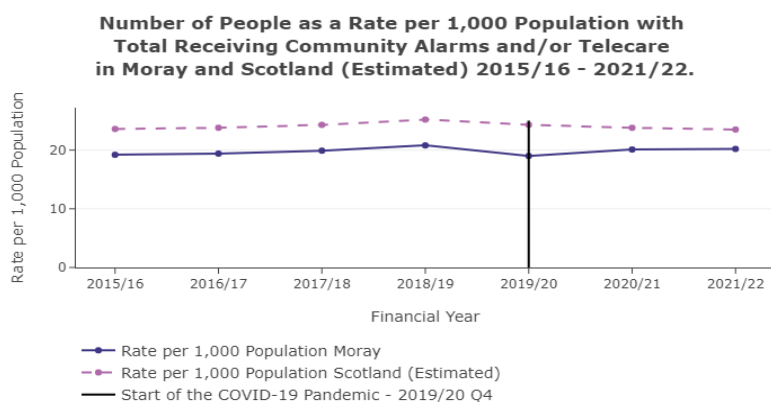
Pre School-Vaccination (below data shows Moray update is above the Grampian rates)

CHILDHOOD VACCINATIONS UPTAKE 2022	% MORAY	% GRAMPIAN
Immunisation	Year ended 31/12/22	Year ended 31/12/22
Uptake by 12 months		
6-in-1 primary course	97	95.4

PCV primary course	96.8	95.5
Rotavirus primary course	95.5	92.5
MenB primary course	96.4	93.7
Uptake by 24 months		
Hib/MenC	95.3	92.9
PCV Booster	95.2	91.4
MenB Booster	95.6	92.5
MMR1 (first dose of MMR)	95.3	93.6
Uptake by 5 years		
DTaP/IPV	92.1	89.0
MMR2 (second dose of MMR)	91.2	88.2

Technology enabled care

We are continually working with partners to identify where technology can be used to improve care and allow people to live independently and safely. Telecare is a system that includes alarms and sensors that can be placed in a citizen's home, linked to a response centre using the telephone line.



29.7% of people using Telecare also receive Care at Home in Moray (2021/22).

Outcome 8: People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

Although MIJB does not directly employ people who deliver health and social care services, the MIJB influences the services which are commissioned and therefore has a role in influencing the workplace culture. This includes influencing how well services are integrated and approving strategies that set the direction of travel.

Health and wellbeing initiatives

We Care is a staff health and wellbeing programme established to deliver, coordinate and enhance staff wellbeing across NHS Grampian and Health and Social Care Partnerships. The 'We Care'

website is a hub where staff can access information, help and advice related to individuals and their teams' wellbeing.

Specific examples of support that has been provided:

- Values based reflective practice has been taken up by a number of front-line teams across Moray as has the opportunity for team resilience training.
- Trauma risk management support has been provided to staff who have faced a significant traumatic event in their day-to-day work.
- Moray staff have participated in mindfulness courses and online yoga for menopause is available



Sports classes have been identified to promote free healthy exercise classes a week are run by the Moray Sports Centre. These classes are exclusively for Moray HSCP staff and funded by the NHS Grampian Charity.

- Staff sessions run by Horseback UK to relieve stress and anxiety
- Staff have linked into many activities run by Moray Health and wellbeing Hub including managing their own mental health and wellbeing
- A 12-week programme was run by the health improvement team to support staff through a variety of initiatives such as weight loss, smoking cessation, safe drinking and financial crisis support.

Menopause Tea and Talk

Wellbeing in the workplace

Guided
Journaling

Keeping warm
in winter

Staff Equalities
Network

Psychological
Safety

Health Apps

The Health Improvement Team also leads on a number of staff wellbeing initiatives, such as healthy weight, mental health and smoking cessation. They also provide onsite and outreach sessions to staff teams on request.

Moray Council became a Living Wage Accredited employer in September 2022. Additionally, the council holds the Armed Forces Covenant Silver award and are awaiting the outcome of their gold award application. Additionally, to support the age profile and in line with good practice, a Menopause Policy was introduced in April 2023.

Hybrid working

The pandemic required HSCM to rapidly embrace new ways of working. This resulted in some staff suddenly working from home on a full-time basis. HSCM faced a huge challenge to ensure all staff had the appropriate equipment to allow this to happen, whilst still supporting staff remotely. A huge benefit from this is the progress we have made in digital technology and skills in a very short time. However, we appreciate the staff can feel isolated and less supported working from home, so we are now concentrating on how we work towards a true hybrid model, where appropriate. With an ageing building estate and higher specifications for patient spaces, this will be planned by the newly formed Moray Transformation Board with a wider lens of the health and social care partnership and Dr Grays Hospital.

Moray Council updated their Flexible Working policy in 2022 to reflect the new ways of working and promotes a high number of flexible working options to help employees balance their work life commitments which supports health and wellbeing

iMatter (Data to be added)

iMatter is an annual survey tool that allows for staff feedback across the system. It is used across health and social care teams. iMatter also includes the development of team action plans to reinforce the importance of feedback and creating a positive workplace.

The response rate in 2022 was (add data) overall, compared to (data)

The employee engagement index has gone up from %% to %%

The overall experience of working within the partnership has risen from &&& in 2021 to &&& in 2022.

'Trickle' is an online ideas platform that allows everyone in NHS Grampian a place to be heard. People can make suggestions, challenges and highlight hot topics. This then allows leaders to understand what matters most to staff and encourages the sharing of ideas which may improve patient experiences or even drive financial savings.

Development and Training

Turas is the NHS system for annual appraisals. This includes planning for staff to identify growth areas and goal setting. In 2022/23 *** appraisals were completed on Turas. This is approximately **% of people employed by NHS Grampian. The number of annual appraisals is discussed at various staff and partnership forums and is monitored by the NHS Staff Governance Committee.

Recruitment

It is widely recognized that there is a significant challenge in recruiting too many roles within the health and social care partnership. This is not isolated to Moray. However, Moray has the added issue of lack of affordable housing. We continue to work across professional organizations to attract people to work in Moray. Furthermore, there are significant numbers of people leaving the organization or taking early retirement, leaving a vacuum in knowledge and skills to be passed on.

Third sector organisations

The pandemic and adverse weather events have contributed to the creation of Community Resilience Groups, some of which grew from existing organisations such as community councils, others were completely new. HSCM recognizes the value these groups bring, not only to their communities but as vital links between their communities, local authority and health and social care partnerships. It is hoped that this collaborative relationship will continue to grow and develop even stronger links in the future.

Staffing

Moray Resource Centre Staff – finalists at Moray & Banffshire Heroes 2023 Award Ceremony



Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services

HSCM continuously seeks to ensure that resources are used effectively and efficiently. We continue to focus on improving quality and efficiency by making the best use of technology and new ways of working, improving consistency and removing duplication. The Partnership is also committed to using its buildings and land in the most efficient and effective way.

The 'Health Point' based within Dr Grays Hospital, offers free information, support and advice on a range of health and wellbeing concerns, including smoking cessation, weight management. A total of 2028 enquires were received by the team. Health point also offers an outreach service, in both clinical and non-clinical settings, within each locality in Moray providing an accessible health and wellbeing support service. Staff have also attended several events alongside partners, such as Moray Pride, DWP Job Fairs and community lunches, offering health and wellbeing advice and guidance in a range of settings.

Moray Daytime Unscheduled Care Service (DUCS)

There is considerable pressure across the health and care system in Grampian. This pressure is particularly felt within General Practice. The unpredictability of the demand for unscheduled home visits during the day is becoming increasingly disruptive on an already stretched workforce. Therefore, it was felt there is a need to find further initiatives that supports Practices with this demand, and as such the DUCS test of change was developed.

The Moray Daytime Unscheduled Care Service (DUCS) was a test of change that comprised of an in-hours urgent care team (1 x GP and 2 x Advanced Nurse Practitioners (ANP), operating from a Monday-Friday. Referrals were professional to professional with Practices calling a dedicated number. The GP/ANP would then triage the call and the call would then be assigned appropriately.

The service provided 131 visits to patients during the 9-week period. A full evaluation process has now been completed and the information will be presented, and any recommendations will be considered by the senior management team.

Localities

While the Strategic Plan is a Moray-wide document, Moray has been divided into four areas, known as localities, to enable planning to be responsive to local needs and to support operational service delivery. These localities are:

- Buckie, Cullen and Fochabers
- Elgin
- Forres and Lossiemouth
- Keith and Speyside

Each locality has a locality manager who leads on putting locality oversight arrangements in place and taking forward engagement with partners, including the third sector, service users, and carers, to develop locality plans to improve health and wellbeing. Locality [plans](#) can be found on our website.

Community Planning

Links with Community Planning partners are maintained at a strategic level through the Chief Officers Group and the Community Planning Partnership Board. This supports joint working on multi-agency plans such as the Children's Services Plan, Drug and Alcohol Strategy and Public Protection Plans.




The health board area for NHS Grampian covers not only the health and social care partnership for Moray but also Aberdeenshire and Aberdeen City. We work closely with colleagues across Grampian to support the delivery of NHS Grampian's Plan for the Future.

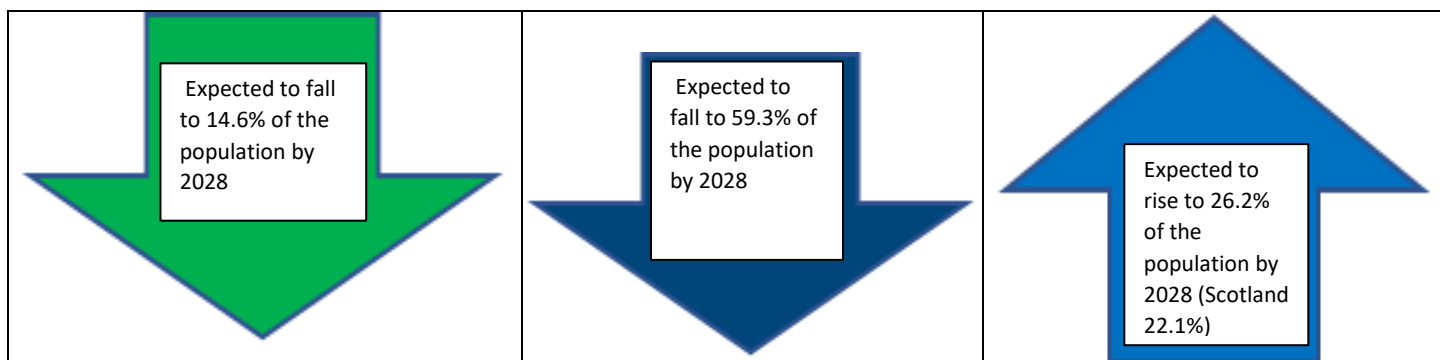
APPENDIX A

Moray Area Profile

- Moray spans 864 square miles in North East Scotland
- Comprising mainly coastal and rural communities
- Population 96,410 (2021 estimate) - 1.76% of Scotland's total population
- Population predicted to fall by 1.04% by 2028





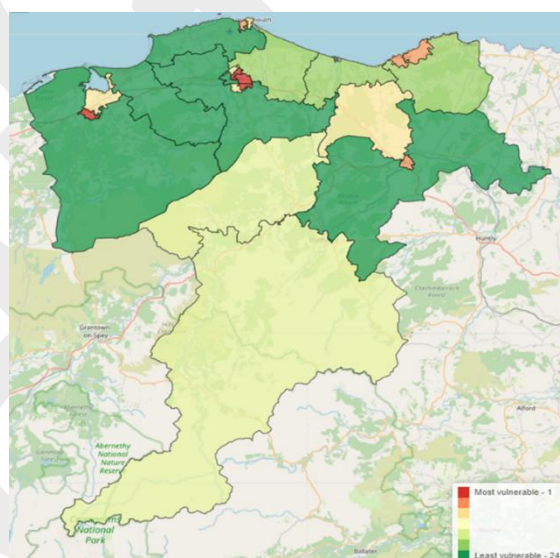
Moray Age Profile		
(latest NRS data based on mid-year estimates 2021, used for population projections using 2018 as baseline)		
		
0-15 year olds	16-64 year olds	People aged 65+
16,173	58,924	20,423
16.9% of population	61.7% of population	22.3% of population
(Scotland 16.9%)	(Scotland 64.2%)	(Scotland 19.6%)
Males: 487,733, Females: 48,677 which is comparable to Scottish average		



Deprivation

2.7% of Moray population live within the most deprived quintile, whilst 13.3% live in the least deprived quintile (SIMD2020 & NRS)



Economic status sources:

<https://www.gov.scot/publications/scottish-index-multiple-deprivation-2020/pages/5/>

<https://www.nomisweb.co.uk/reports/lmp/la/1946157424/report.aspx#workless>

<https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2022>

<https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2022>

APPENDIX B

The 9 National Health and Wellbeing Outcomes

The Scottish Government has set out 9 national health and wellbeing outcomes for the people of Scotland. The 9 national health and wellbeing outcomes set the direction of travel for all partnerships services in the Health and Social Care Partnership, and are the benchmark against which progress is measured.

	Outcome	What people can expect
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	<ul style="list-style-type: none"> • I am supported to look after my own health and wellbeing • I am able to live a healthy life for as long as possible • I am able to access information
2	People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently at home or in a homely setting in their community.	<ul style="list-style-type: none"> • I am able to live as independently as possible for as long as I wish • Community based services are available to me • I can engage and participate in my community
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	<ul style="list-style-type: none"> • I have my privacy respected • I have positive experiences of services • I feel that my views are listened to • I feel that I am treated as a person by the people doing the work – we develop a relationship that helps us to work well together • Services and support are reliable and respond to what I say
4	Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services	<ul style="list-style-type: none"> • I'm supported to do the things that matter most to me • Services and support help me to reduce the symptoms that I am concerned about • I feel that the services I am using are continuously improving • The services I use improve my quality-of-life Health and social care services contribute to reducing health inequalities
5	Health and social care services contribute to reducing health inequalities.	<ul style="list-style-type: none"> • My local community gets the support and information it needs to be a safe and healthy place to be Annual Performance Report 2021-22 48 Health & Social Care Moray Outcome What people can expect • Support and services are available to me • My individual circumstances are taken into account
6	People who provide unpaid care are supported to look after their own health and well-being, including to reduce any	<ul style="list-style-type: none"> • I feel I get the support I need to keep on with my caring role for as long as I want to do that • I am happy with the quality of my life and the life of the person I care for

	negative impact of their caring role on their own health and well-being.	<ul style="list-style-type: none"> • I can look after my own health and wellbeing
7	People using health and social care services are safe from harm	<ul style="list-style-type: none"> • I feel safe and am protected from abuse and harm • Support and services I use protect me from harm • My choices are respected in making decisions about keeping me safe from harm
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide. decisions	<ul style="list-style-type: none"> • I feel that the outcomes that matter to me are taken account of in my work • I feel that I get the support and resources I need to do my job well • I feel my views are taken into account in decisions
9	Resources are used effectively and efficiently in the provision of health and social care services.	<ul style="list-style-type: none"> • I feel resources are used appropriately • Services and support are available to me when I need them • The right care for me is delivered at the right time

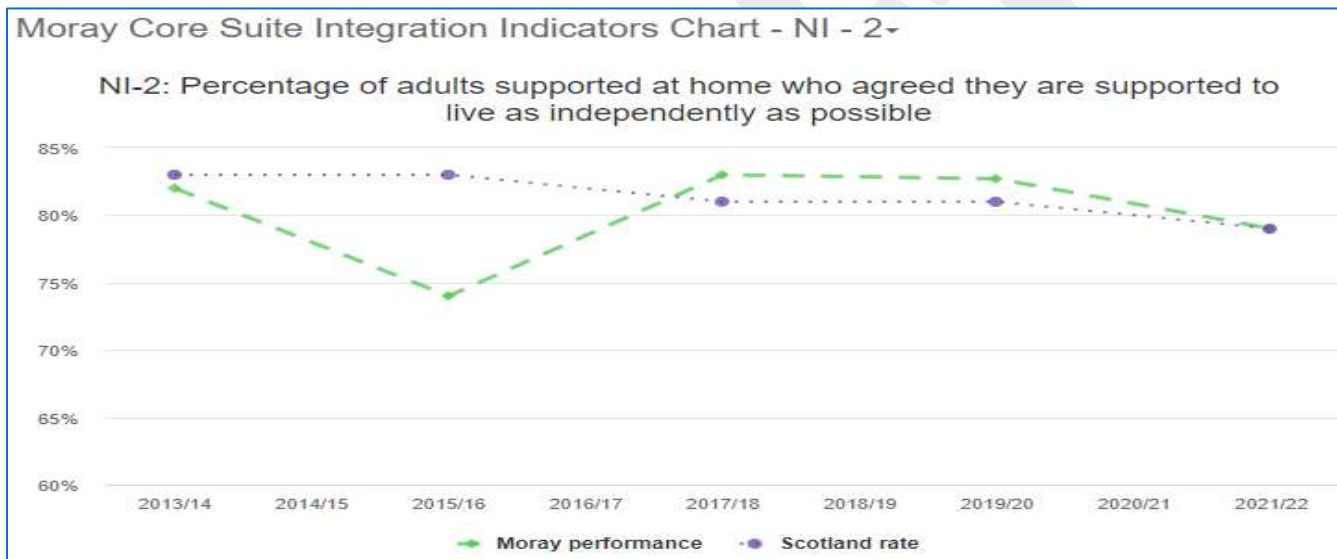
APPENDIX C

National Indicators (DATA TO BE UPDATED WITH JUNE FIGURES)

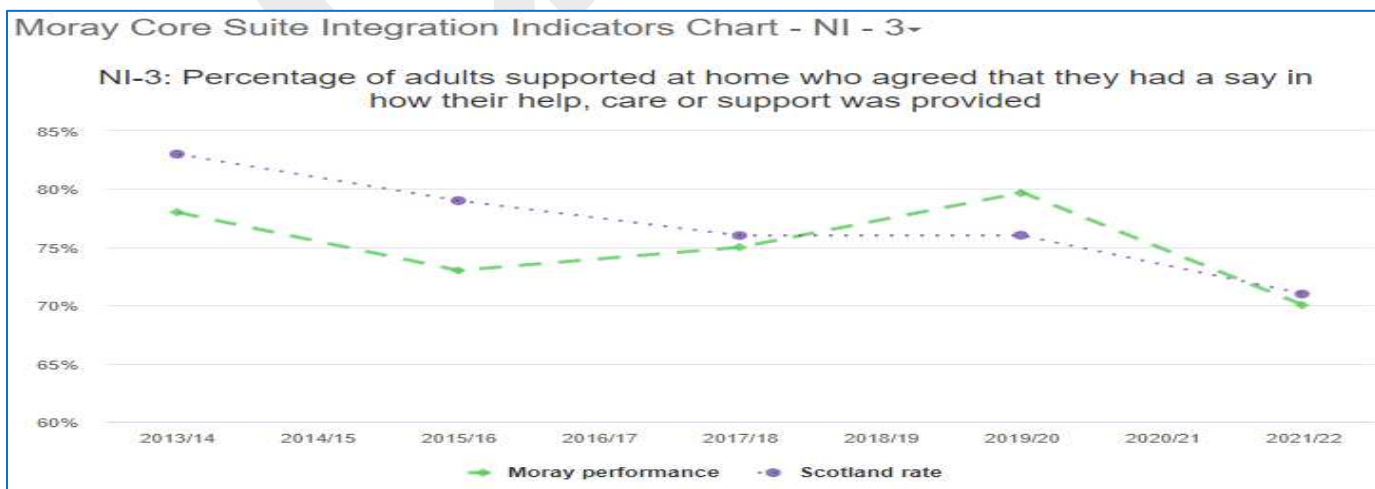
Performance issues and actions to improve performance

The measures in the survey that are used to track the performance of the person-centered approach to independent living all show reducing trend since 2013/14. In addition, there hasn't been a noticeable reduction in health inequality between the least and most deprived areas in Moray since 2010 for early mortality and emergency hospital admissions. However, Moray has lower levels of inequality compared to Scotland as a whole.

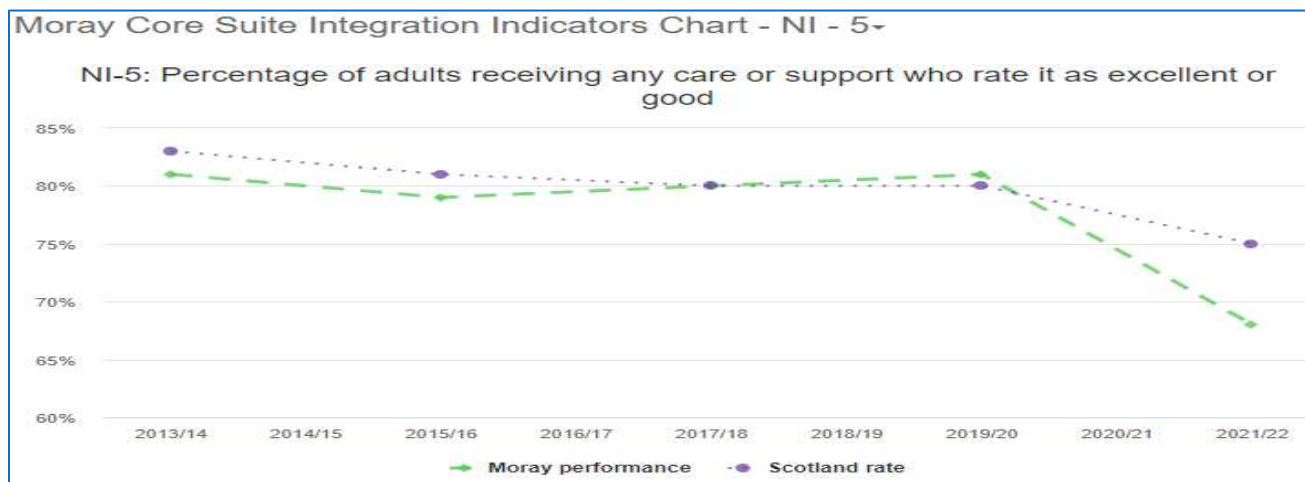
The trend in the proportion of people who agree they are being supported to live as independently as possible has reduced marginally for both Scotland and Moray in the past 3 year. However, around four-fifths (79%) of respondents agreed with this statement in the most recent survey.



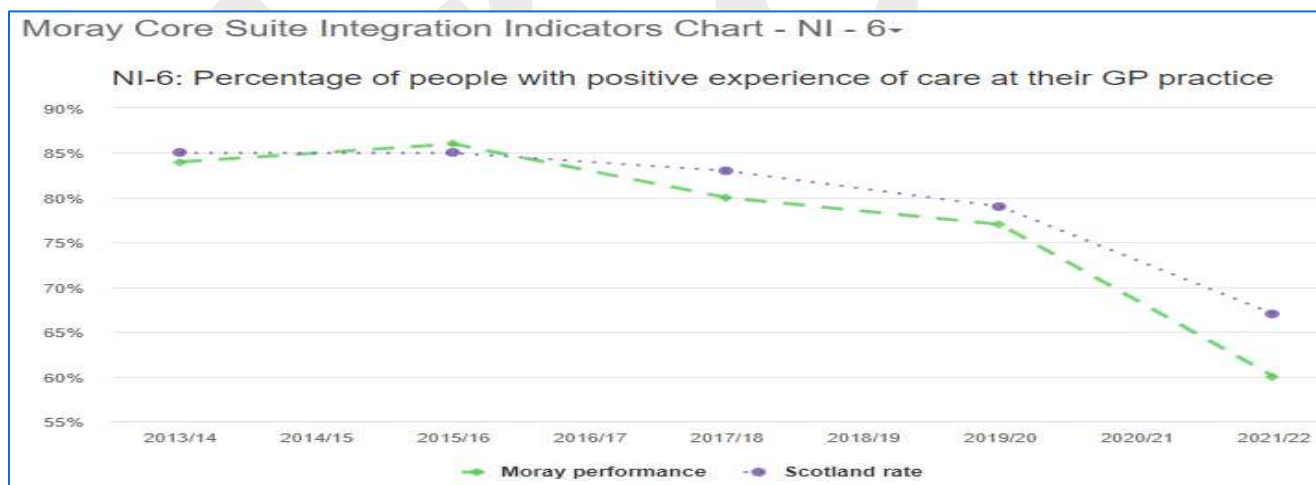
A smaller proportion of Moray respondents agreed they had a say in their care provision in the latest survey compared to previous years. With a positive response of 70%, Moray is similar to the Scottish average of 71%, but is down 10% from the previous survey.



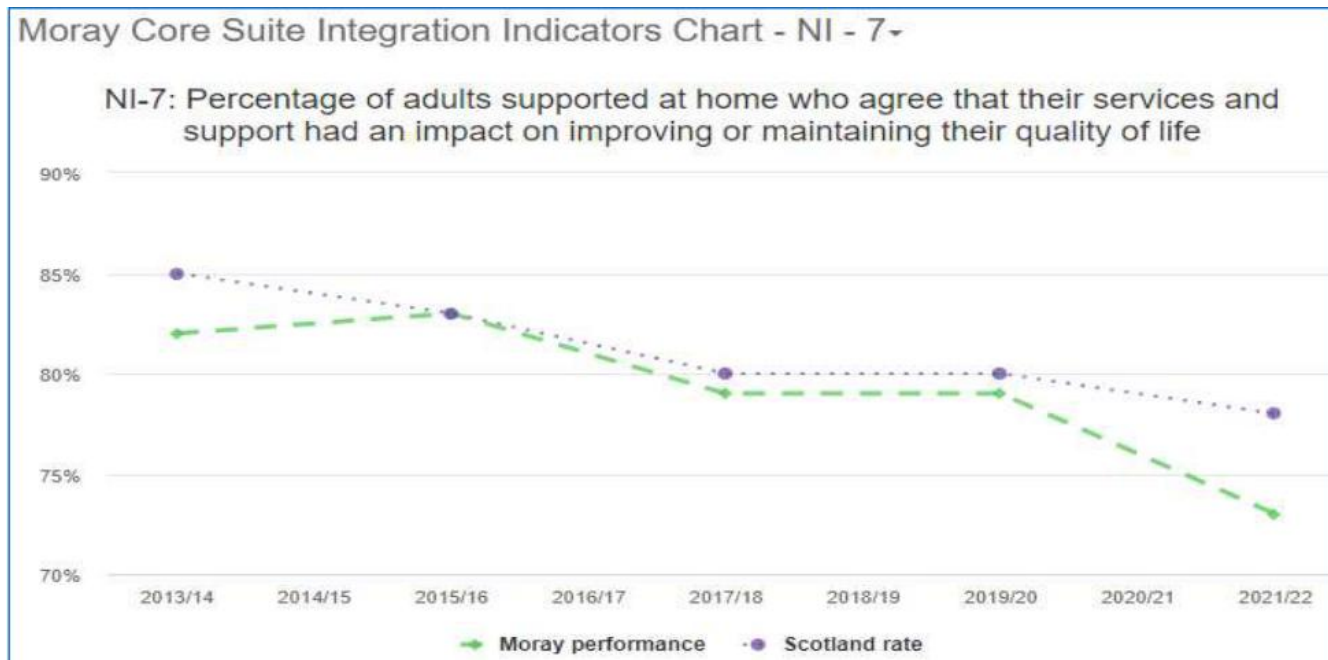
In previous surveys around 80% of Moray respondents have rated their care as excellent or good. That proportion reduced to 68%, below the Scottish average of 75%, in the latest survey.



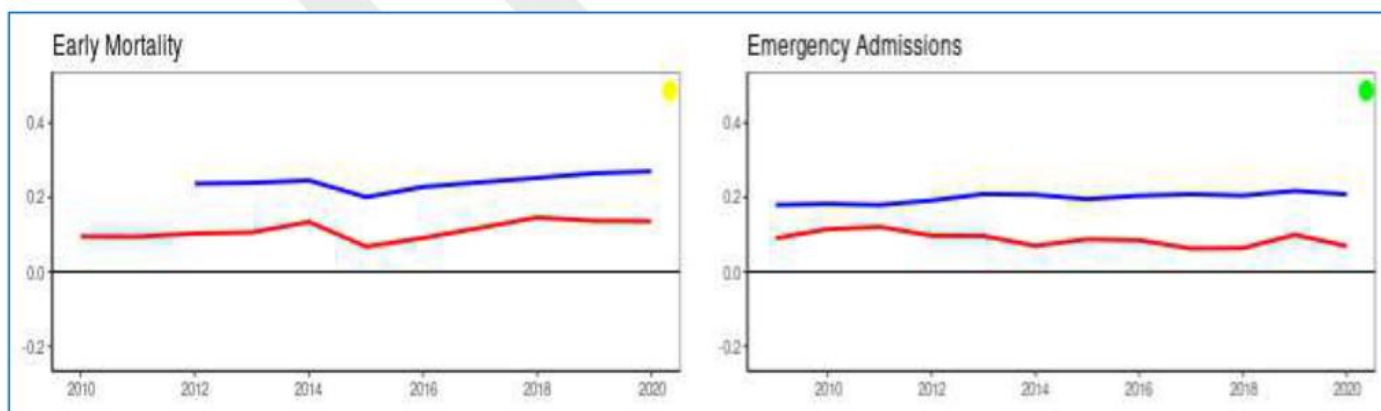
Just 6 out of 10 respondents in the latest survey had a positive experience of care at their GP practice, down from 85% in previous surveys. This deterioration in experience mirrors the decline across Scotland.



Similarly, a smaller proportion of Moray respondents agree that the care they received has had an impact on improving or maintaining their quality of life than in previous years. In the latest survey the proportion agreeing with this statement was 73%, below the Scottish proportion of 78%.



The Improvement Service's Community Planning Outcomes Profile tool¹ contains 2 measures that indicate the level of inequality between the least deprived and most deprived areas in Moray (the most recent data is for 2020). Inequality in the early mortality rate has consistently been below the Scottish level since 2012. The figure has remained stable over the past 2 years after 3 years of gradually rising, indicating that inequality has stopped widening, but is not reducing. Similarly, the inequality in emergency hospital admissions has been less than the Scottish level since 2010 and showed an improvement in 2020.

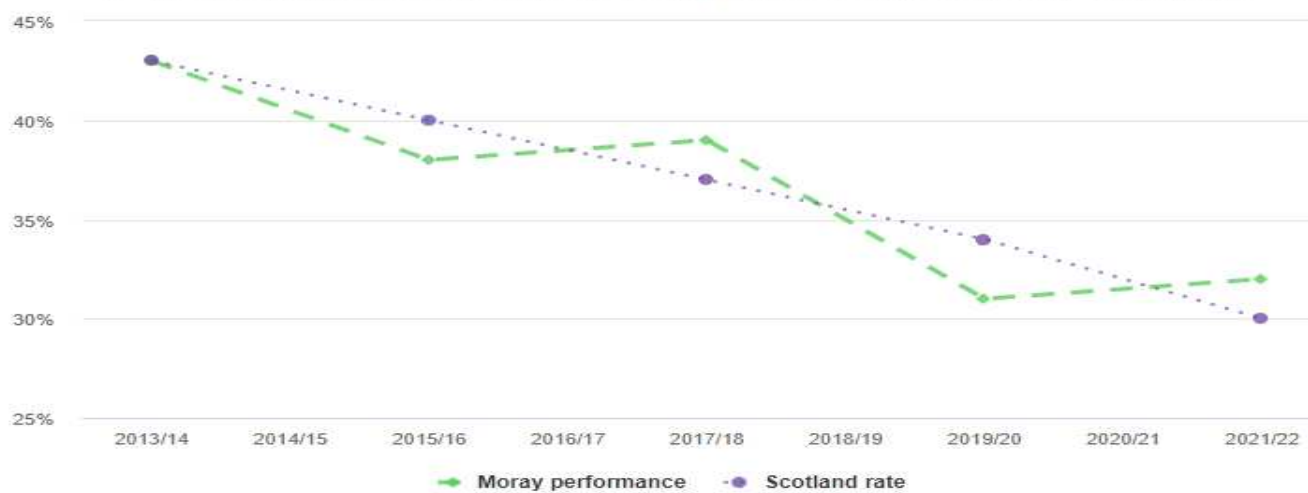


The percentage of carers in both Moray and across Scotland who feel supported has never been high, but has gradually reduced over the years from 43% to fewer than one in three (32% in Moray and 30% in Scotland).

¹ Scottish Government Improvement Service – Community Planning Outcomes Profile Tool - <https://scotland.shinyapps.io/is-community-planning-outcomes-profile/>

Moray Core Suite Integration Indicators Chart - NI - 8

NI-8: Percentage of carers who feel supported to continue in their caring role



APPENDIX D Operational Indicators –(updates not available till mid June REPORT TO COMMITTEE WILL NEED TO SHOW OLD INDICATORS FOR REFERENCE ONLY, TO BE UPDATED PRIOR TO PUBLISHING.)



APPENDIX E – MORAY INTEGRATION JOINT BOARD SIGNIFICANT DECISIONS

Annual Performance Report 2022/23

Decisions taken by the Board during the year included:

May 2022	<ul style="list-style-type: none">• Approved the continued closure of the Burghead and Hopeman branch surgery buildings and noted the continuation of interim measure to support patients in vulnerable groupings to travel to the Lossiemouth surgery.• Approved a formal consultation with patients of Moray Coast on the future model.• Agreed future meetings of the Moray Integration Joint Board would be held as hybrid meetings.
June 2022	<ul style="list-style-type: none">• Approved the Business Case for delegation of Children's and Families and Justice Social Work Services to MIJB and noted that the Business Case has been submitted to Moray Council and NHS Grampian for their respective approvals. The Board also noted that financial accountability for the service remains with the Council for a period of 18 months up to 31 March 2024.
September 2022	<ul style="list-style-type: none">• Agreed to make an application to the various national performance bodies so that future data sets are provided on a locality level where possible.• Approved the expenditure of £63,854 for the provision of initial health assessment for Ukrainian Refugees (as part of a pan Grampian response) and noted current spend to date circa £43,000, with Moray's proportion to be £8,649.87.• Approved in principle the Draft Integrated Workforce Plan content and structure.
November 2022	<ul style="list-style-type: none">• Approved the publication of the Draft HSCM Carers Strategy 2023-26 for consultation in January 2023.• Approved the draft submission to Sustainable Scotland Network for the reporting year 2021/22 in line with Public Sectors Climate Change Duties Reporting.• Agreed the revised MIJB Strategic Plan 2022-32.• Approved for publication the HSCM Annual Complaints Report for 2021/22.
January 2023	<ul style="list-style-type: none">• Approved reports to those charged with governance from the Board's External Auditor for the year ended 31 March 2022.

	<ul style="list-style-type: none"> • Approved the Audited Annual Accounts for the financial year 2021/22. • Approved the amendments to the Integration Scheme, which reflect the decision to delegate Children and Families and Justice Social Work Services to Moray Integration Joint Board and agreed its submission to the Scottish Government for final approval subject to approval by Moray Council and NHS Grampian at their meetings on 2 February 2023. • Approved a model of health and care provision that maintains a local focus on Burghead and Hopeman and ensures that services respond to local need, utilising the opportunities of a multi-disciplinary community team, supported by primary care. Use of existing and emerging technology must be promoted within the locality, using the opportunity afforded by the Digital Health Innovation strand of the Moray Growth Deal.
March 2023	<ul style="list-style-type: none"> • Approved the 2023/24 proposed savings plan • Approved the uplift to social care providers as part of the continued policy commitment made by Scottish Government in November 2021 • Approved the updated medium term financial framework, noting a full review will be carried out and presented to the MIJB before 30 September 2023. • Approved the revenue budget for 2023/24. • Approved the launch of Unpaid Carers strategy in April 2023.

