



Moray Integration Joint Board

Thursday, 30 July 2020

To be held remotely in various locations

NOTICE IS HEREBY GIVEN that a Meeting of the **Moray Integration Joint Board** is to be held at **To be held remotely in various locations**, on **Thursday, 30 July 2020** at **11:30** to consider the business noted below.

AGENDA

- | | |
|--|----------|
| 1. Welcome and Apologies | |
| 2. Declaration of Member's Interests | |
| 3. Minute of Meeting dated 25 June 2020 | 5 - 10 |
| 4. Action Log of Meeting of the Integration Joint Board dated 25 June 2020 | 11 - 12 |
| 5. Chief Officer Report | 13 - 18 |
| 6. Unaudited Annual Accounts Report | 19 - 72 |
| 7. Annual Performance Report | 73 - 148 |

8. Specialist Housing for People with a Learning Disability Report

- Information relating to any particular applicant for, or recipient or former recipient of, any service provided by the Authority;

MORAY INTEGRATION JOINT BOARD

MEMBERSHIP

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

NON-VOTING MEMBERS

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

Clerk Name:

Clerk Telephone: 01343 563014

Clerk Email: committee.services@moray.gov.uk



MINUTE OF MEETING OF THE INTEGRATION JOINT BOARD

Thursday, 25 June 2020

Remote Locations via Video Conference

PRESENT

VOTING MEMBERS

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

NON-VOTING MEMBERS

Ms Tracey Abdy	Chief Financial Officer
Ms Elidh Brown	tsiMORAY
Mr Sean Coady	Head of Primary Care, Specialist Health Improvement and NHS Community Children's Services, Health and Social Care Moray
Mr Simon Bokor-Ingram	Chief Officer, Moray Health and Social Care
Dr June Brown	Nurse Director, Health and Social Care Partnerships
Mr Steven Lindsay	NHS Grampian Staff Partnership Representative
Ms Jane Mackie	Head of Adult Health and Social Care
Dr Graham Taylor	Registered Medical Practitioner, Primary Medical Services
Dr Lewis Walker	Registered Medical Practitioner, Primary Medical Services

IN ATTENDANCE

Lesley Attridge	Locality Manager
Pamela Cremin	Integrated Service Manager, Mental Health and Substance Misuse Service
Iain Macdonald	Locality Manager- Forres & Lossiemouth, HSCM
Jeanette Netherwood	Corporate Manager, Moray Integration Joint

Laura Sutherland
Heidi Tweedie
Susan Webb
Isla Whyte
Moira Patrick

Board
Health & Wellbeing Lead, HSCM
tsiMORAY (Substitute Member)
Director of Public Health for NHS Grampian
Interim Support Manager
Democratic Services Manager as Clerk to the
meeting

APOLOGIES

Dr Malcolm Metcalfe

Secondary Care Advisor, Moray Integration Joint
Board

Ms Karen Donaldson

UNISON, Moray Council

Mr Ivan Augustus

Carer Representative

Mr Christopher Littlejohn

Depute Director of Public Health

Mrs Val Thatcher

Public Partnership Forum Representative

1 Chair of Meeting

Mr Jonathan Passmore, being chair of the Moray Integration Joint Board, chaired the meeting.

2 Welcome and Apologies

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

3 Declaration of Member's Interests

Mr Riddell declared a personal interest in item 7 'Revenue Budget Outturn for 2019-20' and item 9 'Quarter 4 (January - March 2020) Performance Cover Report'.

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

4 Minute of Meeting of the Integration Joint Board dated 28 May 2020

The Minute of the meeting dated 28 May 2020 was submitted for approval.

The Board noted that the list of those in attendance was incomplete and it was agreed that the Chair would forward a copy of the list of attendees to the Clerk for inclusion into the Minute.

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

5 Action Log of Meeting of the Integration Joint Board dated 28 May 2020.

The Action Log of the meeting dated 28 May 2020 was discussed and updated accordingly at the meeting.

6 Department of Public Health Annual Report 18-19 and a Healthier and more Active Future for the North East of Scotland 2019-22 Strategy

A report by the Director of Public Health, NHS Grampian informed the Board of the publication of the Director of Public Health annual report for 2018/19 and accompanying associated public health strategy and sought the Board's support for the strategic direction as set out in 'A healthier and active future for the North East of Scotland strategic plan 2019-2022', and commit to work in partnership to develop a system-wide response to tackling obesity.

The Chair welcomed Susan Webb, Director of Public Health, NHS Grampian to the meeting. Thereafter she introduced the report to the meeting stating that the report places particular emphasis on obesity and the importance of creating a culture that supports eating well, staying active and being healthy.

Following lengthy discussion during which the Director of Public Health answered many queries from the Board in relation to the current situation regarding the development of a system-wide response to tackling obesity and in particular as to how this would be approached in Moray, the Board agreed to:

- i. note the impact of rising levels of obesity on the health of our population;
- ii. note the complex nature of obesity and the need for whole systems working which requires a long-term commitment, with actions across the short-, medium- and long-term, and
- iii. that a report with a detailed plan of approach be provided to the MIJB in 6 months' time.

Thereafter the Board joined the Chair in commending the work of the Health and Wellbeing Team and their recent achievements in winning several national awards and being asked to share their success with other Health Boards in Scotland.

Mr Robertson left the meeting during discussion of the above item.

7 Chief Officer Report

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

Following consideration, the Board agreed to:

- i) note the activities that support the delivery against the MIJB strategic priorities articulated in the Strategic Plan, and the delivery against the 9 Health and Wellbeing outcomes as outlined in Sections 3.1 through to 3.10 of the report, and

- ii) support the strategic planning arrangements as set out in sections 3.11 and that the post of Strategic Planning and Performance Lead be advertised, and the post will report directly to the Chief Officer and will be part of the HSCM senior management team.

8 Revenue Budget Outturn For 2019/20

A report by the Chief Financial Officer informed the Board of the financial outturn for 2019/20 for the core budgets and the impact this outturn will have on the 2020/21 budget and asked the Board to approve for issue, the Directions shown in Appendices 4 and 5 of the report, to NHS Grampian and Moray Council respectively.

Following consideration, the Board agreed to:

- i) note the unaudited revenue outturn position for the financial year 2019/20,
- ii) note the impact of the 2019/20 outturn on the 2020/21 revenue budget, and
- iii) approve for issue, the Directions shown in Appendices 4 and 5 of the report to NHS Grampian and Moray Council respectively.

9 Strategic Risk Register – June 2020

A report by the Chief Financial Officer provided an overview of the current strategic risks, along with a summary of actions which are in place to mitigate those risks, updated June 2020 and asked the Board to approve the draft risk appetite statements outlined in Appendix 2 of the report.

Following discussion the Board agreed to:

- i) note the updated Strategic Risk Register included in APPENDIX 1 of the report;
- ii) approve the draft risk appetite statements outlined in APPENDIX 2 of the report, and
- iii) note the Strategic Risk Register will be further refined to align with the transformation plans as they evolve.

10 Quarter 4 (January – March 2020) Performance Cover Report

A report by the Chief Financial Officer updated the Moray Integration Joint Board (MIJB) on its performance as at Quarter 4 (January – March 2020).

Following consideration, the Board agreed to note the performance of local indicators for Quarter 4 (January – March 2020) as presented in the Performance Report, the analysis of the local indicators that have been highlighted and actions being undertaken to address

performance that is outside of acceptable target ranges, both as detailed in APPENDIX 1 of the report. The revised format of the report was agreed in principle but will be discussed further at the development session on 30 July 2020.

11 Drug Related Deaths

A report by the Chief Officer provided an update to the Moray Integration Joint Board (MIJB) in relation to Drug Related Deaths in Moray 2019 and into 2020 and the approach being taken to review all drug and alcohol related deaths in Moray.

Following consideration, the Board agreed to note:

- i) the Drug Related Death figures for Moray for 2019 and up to 31 May 2020 (2017 and 2018 data added for context); and
- ii) the approach to be taken to review all drug and alcohol related deaths in Moray; the newly implemented Multi Agency Risk System to anticipate and mitigate high risks for individuals receiving a service from Moray Integrated Substance Misuse Service; and the impact these approaches anticipate in reducing harm and drug related deaths going forward.

12 Jubilee Cottages, Elgin – Pilot Project

A report by the Locality Manager outlined the options appraisal undertaken in relation to the future use of Jubilee Cottages, Elgin as detailed in Appendix 1 of the report, for the Board's consideration.

Following lengthy discussion during which the Locality Manager responded to questions raised in regard to the continued use of the cottages, the Board agreed to defer consideration in order for a further report to be brought to the meeting of the Board in September with an assumption of the end of use of Jubilee Cottages unless an ongoing need is identified to continue the role in a broader estate context.

13 AOCB

The Chair gave the opportunity for members to raise any other competent business. There was no other business raised.



MEETING OF MORAY INTEGRATION JOINT BOARD

THURSDAY 25 JUNE 2020

ACTION LOG

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
1.	Action Log Dated 26 May 2020	<p>MSG Improvement Action Plan – has not currently been prioritised, this will be taken forward through discussion at a MIJB development session</p> <p>Chief Officers Report – a briefing for Elected Members in respect of the Integration Scheme Review will be progressing through workshops.</p> <p>Chief Officers Report - An update on the work being progressed through the NHSG Recovery Cell to be presented to MIJB in the summer workshop.</p> <p>Finance Update - items which would normally be considered at Audit, Performance and Risk Committee scheduled for 25 June be considered by the MIJB where appropriate.</p> <p>Performance Update Report and Proposed Future Reporting Arrangements - The MIJB agreed that the proposed performance indicators and format be considered at a future development session.</p>	<p>tba</p> <p>July 2020</p> <p>July 2020</p> <p>July 2020</p> <p>July 2020</p>	<p>Chief Officer</p> <p>Chief Officer</p> <p>Chief Officer</p> <p>Chief Officer</p> <p>Chief Officer</p>

ITEM NO.	TITLE OF REPORT	ACTION REQUIRED	DUE DATE	ACTION BY
		Forres Locality Pathfinder Project – Interim Progress Report – Update to be provided later in the year by Iain MacDonald, Locality Manager	tba	Iain Macdonald
2.	Department of Public Health Annual Report 18-19 & A Healthier and More Active Future for The North East of Scotland 2019-2022 Strategy	Report with a detailed plan of approach be provided to the MIJB in 6 months time.	Dec 2020	Chris Littlejohn
3.	Jubilee Cottages, Elgin - Pilot Project	Report to be brought to the meeting in September with an assumption of the end of use of Jubilee Cottages unless an ongoing need is indentified to continue role in a broader estate context.	Sep 2020	Chief Officer



REPORT TO: SPECIAL MEETING OF THE MORAY INTEGRATION JOINT BOARD ON 30 JULY 2020

SUBJECT: CHIEF OFFICER REPORT

BY: INTERIM CHIEF OFFICER

1. REASON FOR REPORT

- 1.1** To inform the Board of the Interim Chief Officer activities that support the delivery against the Moray Integration Joint Board's strategic priorities articulated in the Strategic Plan, and the delivery against the 9 Health and Wellbeing outcomes. Two key areas of work are being undertaken: Contributing to the Re-mobilisation planning led through NHS Grampian; and the localisation of Operation Home First.

2. RECOMMENDATION

- 2.1. It is recommended that the Moray Integration Joint Board (MIJB) agree to:**
- i) consider and note the content of the report; and**
 - ii) support the continued efforts to create capacity and meet the aims of the Strategic Plan through the Operation Home First programme.**

3. BACKGROUND

Re-mobilisation Plan

- 3.1** In response to the requirement from the Interim Scottish Government (SG) Health and Social Care Directorate Chief Executive for re-mobilisation plans for the next phase (covering the period to the end of July 2020) NHS Grampian developed and submitted their plan. The Health and Social Care Partnership is in the process of contributing to the next plan that will extend to the year end (March 2021) and will forward look to 2021/22.
- 3.2** The SG anticipate the need to continue to maintain a COVID-19 response in line with national planning assumptions and informed by the clinical prioritisation of services and national guidance/policy frameworks, including those relating to testing and PPE.

- 3.3 In the guidance issued to Boards the following points were highlighted:
- In terms of acute provision there will be a need to maintain sufficient capacity within ICU and general acute beds to meet any change in the transmission of COVID-19 in the planning period to the end of July.
 - To ensure that there is sufficient capacity within our health and social care systems to accommodate the expected increase in activity in those urgent areas that were protected as part of the initial COVID-19 response (e.g. emergency care and cardiac/stroke/cancer services).
 - The need to continue to carefully consider the configuration of emergency care services: ensuring effective provision of both a regular and COVID-19 response. This may mean that we pursue a strategy of making more emergency care scheduled.
 - Significant support will continue to be required for the care home sector; not least on infection prevention and control, testing, and to support staff who are self-isolating.
- 3.4 The Plan is a live document and will continue to be further developed in response to further intelligence/modelling, local and international learning, lived experience from our population, changes in national guidance, evidence based practice and the ongoing engagement and collaborative approach with clinical and non-clinical staff, advisory and partnership colleagues, and partners in the North East and North of Scotland.
- 3.5 The focus of the Plan is predominantly phase 2 and 3.
- Pre-Phase: Establishing Structures and COVID-19 Pandemic Response
 - Phase 1: Operation Rainbow (Response to COVID-19 Pandemic)
 - **Phase 2: Living with COVID-19 – Stabilisation & Resilience**
 - **Phase 3: Post COVID-19 – Scaling Up Transformation to New Normal**
 - Delivery of New Normal/Normalisation
- 3.6 The overall aim and objectives for the Plan, which will continue into future phases, was informed through engagement with a significant number of staff across NHS Grampian and the three Health and Social Partnerships. Health and Social Care Moray (HSCM) contributed to the re-mobilisation plan, including for primary care services which are hosted.
- 3.7 The work to embed positive changes as a result of covid-19 planning, the “Home First” approach, will help to create the capacity and pathways that sustain care delivery through winter, including any further waves of COVID-19.

Operation Home First

- 3.8 Responding to COVID-19 has brought about rapid change, fast tracking many of the plans that had been under development in line with our Strategic Plan. The reduction of delayed discharges and the increased use of technology for

consultations are two examples, where we had aspirations but the pace was slow.

- 3.9 The strong relationships that exist in North East Scotland between key partners has enabled a swift and cohesive set of responses to how services have been delivered, and challenges met. Whole system leadership has built the common approach, with rapid and decisive decision making within the limits of delegated authority.
- 3.10 As we approach the recovery and renewal phase, it was really important that the gains from the previous response phase were not lost, and Operation Home First encapsulates the joint working between the 3 health and social care partnerships and acute services.
- 3.11 The Home First principles include:
- Building on the initial response
 - Maintaining agile thinking and decision making
 - Retaining our ability to respond to Covid related demand, and winter surges in demand
 - Using a home first approach for all care where that is safe to do so
 - Utilising available technology to widen and ease access to services
 - Avoidance of admission
 - Removing delays for discharge from hospital
 - Maintaining safe services for those shielding
 - Removing barriers between primary and secondary care, with as much care as possible in communities
- 3.12 Work is being co-ordinated and driven by the 3 health and social care partnerships and acute services, with a local programme of work in Moray sitting within that framework, supported by local clinicians, practitioners and managers. We were keen that locally Children's Social Work Services were included in the Home First approach, with the framework supporting the efforts to improve outcomes particularly for looked after children.
- 3.13 Key performance indicators and data rich story boards will be developed and used to demonstrate progress in all the areas of work. The programme needs to be enduring, and Operation Home First is a 3 month kick-start to embed change and set a direction for further work. The indicators that will be trackable include:
- Reduced A&E attendances
 - Reduced emergency bed days
 - Reduction in delayed discharge bed days
 - Improvement in the balance of care
 - Increase in %age of adults supported at home who agree that their health and social care services are well co-ordinated
 - Increase in looked after children remaining within Moray
 - Improving outcomes for care leavers

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 We continue to be in a pandemic response phase, with the timeframe for the emergency being extended. There are a number of additional pieces of work that have arisen during this time, and staff have responded to the challenge. The Recovery and Renewal phase is work that will happen in parallel to the response, and is important as that will create the conditions conducive to operating in a “new normal”, where the response to the pandemic will be over a long timeframe. Operation Home First encompasses the work to embed positive change.

5. SUMMARY OF IMPLICATIONS

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

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

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

(b) Policy and Legal

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

(c) Financial implications

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

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

(d) Risk Implications and Mitigation

The risk of not redesigning services will mean that HSCM cannot respond adequately to future demands.

(e) Staffing Implications

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

(f) Property

There are no issues arising directly from this report.

(g) Equalities/Socio Economic Impact

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

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

(h) Consultations

Consultation on this report has taken place with the Senior Management Team (SMT).

6. CONCLUSION

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

Author of Report: Simon Bokor-Ingram, Interim Chief Officer
Background Papers: with author
Ref:



REPORT TO: SPECIAL MEETING OF THE MORAY INTEGRATION JOINT BOARD ON 30 JULY 2020

SUBJECT: UNAUDITED ANNUAL ACCOUNTS 2019-20

BY: 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 2020.

2. RECOMMENDATION

2.1. It is recommended that the MIJB agrees to :

- i) **consider 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 39 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 Accounts (Scotland) Regulations 1985 (as amended) ('the Regulations'), places a statutory obligation on the MIJB to submit draft Annual Accounts for the year ended 31 March 2020 to its external auditors by 30 June 2020 and the audited annual accounts are required to be approved by the MIJB and published by the 30 September each year. The Coronavirus (Scotland) Act 2020 provides opportunity for an Integration Authority to extend this timescale and relates mainly to the timing of the audit. Audited accounts, under the Act are required to be published by 30 November 2020.
- 3.3 A copy of the unaudited accounts is attached at **APPENDIX 1**

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 In relation to the Coronavirus (Scotland) Act 2020, Audit Scotland have assessed the resources they have available to conduct the audit and have made a decision to exercise the powers to extend the timescales as set out in the legislation. The Chief Financial Officer has had regular contact with the external auditor to ensure reporting and inspections periods are appropriate and has 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 2 – 16/17 (the Code) which is underpinned by the International Financial Reporting Standards (IFRS) .
- 4.3 Audit Scotland, under the Coronavirus (Scotland) Act 2020 are required to complete their audit by 30 November 2020. The audited accounts and the External Auditor's report will be submitted to the MIJB at its meeting of 26 November 2020 prior to publication.
- 4.4 The Comprehensive Income and Expenditure Statement shows a deficit of £0.070m on the provision of services for the year. At the start of the financial year £0.257m of reserves had been brought forward. £0.070m has been utilised through the general fund reserve leaving a reserve to be carried forward to 1 April 2020 of £0.187m. This only remaining reserve held by the MIJB is earmarked to fund the Scottish Government commitments of the Primary Care Transformation Programme.
- 4.5 The out-turn position for the 2019/20 financial year resulted in an overspend of £2.073m. In accordance with the MIJB Integration Scheme, in the event of an overspend, the partners are required to make one-off payments in order to meet this. The proportionate split of this payment had been agreed earlier in the financial year with the respective finance leads, following identification that an overspend would be likely at the end of the year. The resulting funding increase to address the £2.073m was £1.306m NHS Grampian and £0.767m Moray Council.
- 4.6 As at 31 March 2020 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 2019/20*'. 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 Commissioning Plan 2019 – 2029 'Moray Partners in Care'

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 2016/17 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 2020. 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, Audit Scotland, which will provide assurance that the Accounts for 2019/20 give a true and fair view of the financial position and expenditure and income of the MIJB for the year ended 31 March 2020.

(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) 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 unaudited Annual Accounts, subject to audit, show an overspend on the provision of services of £0.070m for MIJB for the year ending 31 March 2020. At the beginning of the year the MIJB, held in its general reserve £0.257m. The closing balance on the general fund reserve as at 31 March 2020 is £0.187m and has been earmarked for specific purposes as detailed in the unaudited annual accounts 2019/20.**

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

MORAY INTEGRATION JOINT BOARD



**UNAUDITED ANNUAL ACCOUNTS
FOR THE YEAR ENDED 31 MARCH 2020**

If you need information from 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 įrašu 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:



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	1
MANAGEMENT COMMENTARY	2
STATEMENT OF RESPONSIBILITIES	16
REMUNERATION REPORT	18
ANNUAL GOVERNANCE STATEMENT	21
INDEPENDENT AUDITORS REPORT	33
COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT	35
MOVEMENT IN RESERVES STATEMENT	36
BALANCE SHEET	37
NOTES TO THE FINANCIAL STATEMENTS	38
Note 1 Significant Accounting Policies	38
Note 2 Critical Judgements and Estimation Uncertainty	39
Note 3 Events after the Reporting Period	40
Note 4 Expenditure and Income Analysis by Nature	40
Note 5 Taxation and Non-Specific Grant Income	41
Note 6 Debtors	41
Note 7 Usable Reserve: General Fund	42
Note 8 Agency Income and Expenditure	43
Note 9 Related Party Transactions	44
Note 10 VAT	46
Note 11 Accounting Standards That Have Been Issued but Have Yet To Be Adopted	46

MORAY INTEGRATION JOINT BOARD MEMBERS

Voting Members

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

Non-Voting Members

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

Co-Opted Members

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

MANAGEMENT COMMENTARY

The Role and Remit of the Moray Integration Joint Board

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

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

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

Key Purpose and Strategy

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

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

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

MANAGEMENT COMMENTARY (continued)



©The Northern Scot

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

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

BUILDING RESILIENCE – Taking greater responsibility for our health and wellbeing

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

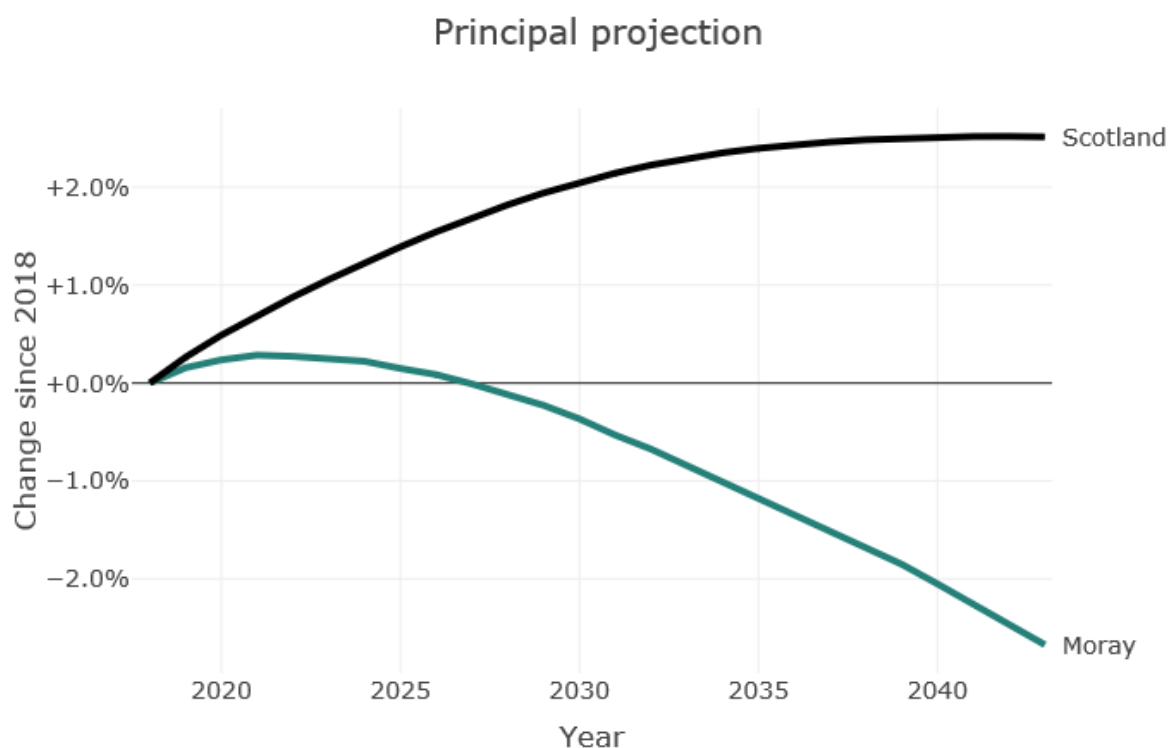
PARTNERS IN CARE – Making choices and taking control over decisions

MANAGEMENT COMMENTARY (continued)

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

Population

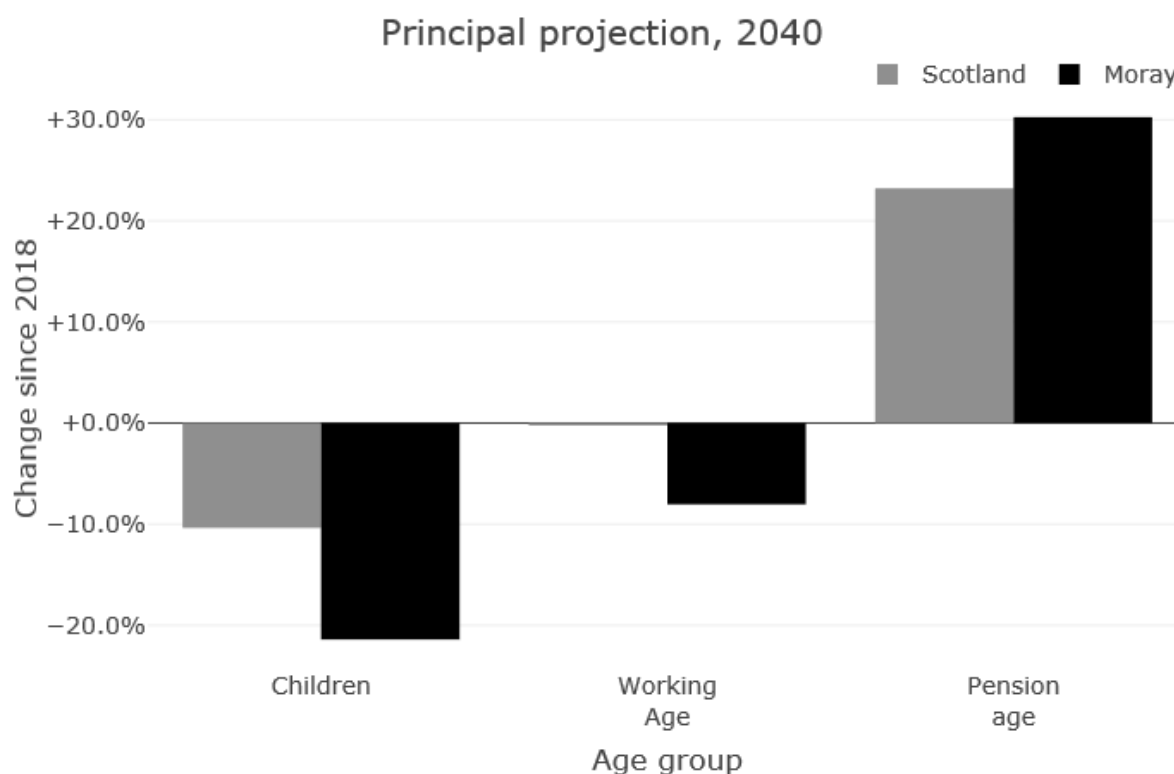
Moray’s population has grown significantly in recent years from 87,160 in 1997 to 95,820 in 2019. This is an increase of 0.3% from 2018. The population growth in Moray is slowing and it is projected that against the 2018 baseline¹ Moray will be one of the 14 councils in Scotland who will have had a population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



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

MANAGEMENT COMMENTARY (continued)

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



Life Expectancy

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

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

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

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

MANAGEMENT COMMENTARY (continued)

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

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

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

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

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

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

MANAGEMENT COMMENTARY (continued)

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

Celebrating Success

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

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

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



© The Northern Scot

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

Health and Social Care Alliance Scotland

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

MANAGEMENT COMMENTARY (continued)

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



BABY STEPS

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



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

MANAGEMENT COMMENTARY (continued)

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

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



Financial Review and Performance

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

MANAGEMENT COMMENTARY (continued)

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

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

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

MANAGEMENT COMMENTARY (continued)

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

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

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

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

Note 4 Older People Services and Physical & Sensory Disability – This budget is overspent by £1,847m at the end of the year. The year-end position includes an over spend for domiciliary care in the area teams, which includes the Hanover complexes for the new sheltered housing at Forres and Elgin. Income recovery also contributed to the significant overspend. There has been a reduction in spend in relation to permanent care which reflects the MIJB's aims to shift the balance of care and support people to remain in their homes for longer. The overspend is also representative of the true cost of care and the growth in demand.

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

MANAGEMENT COMMENTARY (continued)

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

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

Set Aside services include:

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

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

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

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

MANAGEMENT COMMENTARY (continued)

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 1 - 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. Financial information is reported regularly to both the MIJB, Senior Management Team and System Leadership Group.

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

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

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

HIGH

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

Mitigating Actions - System re-design and transformation. Support has been provided from NHSG with transformation and our co-ordinated working with Dr Gray's in a one system – one budget approach through the Moray Alliance. The Organisational Development Plan and Workforce plan have been updated and approved by the MIJB in November 2019. All Locality Managers are now in post with effect from January 2020. Joint Workforce Planning is being undertaken albeit currently suspended due to the Covid-19 Pandemic present and the joint workforce forum which was re-established in September 2019 was suspended in March but will meet again later this month. 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.

MANAGEMENT COMMENTARY (continued)

HIGH (continued)

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

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

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

Risk 4 - 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 with their teams and escalate any issues to the Performance Management Group for further discussion to provide wider support, developing shared ownership and a greater understanding across the whole system.

Risk 5 - Requirements for support services are not prioritised by NHS Grampian and Moray Council.

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

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

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

MANAGEMENT COMMENTARY (continued)

Development Aims for 2020/21

In October 2019, the MIJB approved its second iteration of its Strategic Plan which provides the direction of the MIJB for the next ten years through its three key aims. This has been an extensive piece of work involving all key stakeholders to ensure we have a plan that will support us to deliver on our long term ambitions. The Plan was formally launched in December 2019 and is supported by a Transformation Plan, Medium Term Financial Framework, Performance Management Framework and Organisational Development & Workforce Plan. The impact of the Covid-19 pandemic has meant a temporary suspension of various functions including the meeting of the Strategic Planning & Commissioning Board which has created a delay in embedding the transformation processes designed to support the delivery of the overarching Strategic Plan 2019-29 'Partners in Care'. However, the planning and delivery to meet the threat of Covid-19 has led to some rapid change, which with the threat of Covid-19 remaining, has created a new starting point. Home First is now the over-arching project to embed change going forwards, to ensure that in a new environment we can continue to meet health and care needs safely, and can react to further waves of Covid-19; winter pressures; and future unknown events.

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

In addition we will seek to:

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

.....
Jonathan Passmore

Chair of Moray IJB

30 July 2020

.....
Simon Bokor-Ingram

Interim Chief Officer

.....
Tracey Abdy

**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 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 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.

Jonathan Passmore

Chair of Moray IJB

30 July 2020

STATEMENT OF RESPONSIBILITIES (continued)

Responsibilities of the Chief Financial Officer

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

In preparing the Annual Accounts the Chief Financial Officer has:

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

The Chief Financial Officer has also:

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

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

Tracey Abdy CPFA
Chief Financial Officer
30 July 2020

REMUNERATION REPORT

Introduction

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

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

Moray Integration Joint Board

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

MIJB Chair and Vice-Chair

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

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

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

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

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.

REMUNERATION REPORT (continued)

Chief Officer

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

Other Officers

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

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

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

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

REMUNERATION REPORT (continued)

	In Year Pension Contributions		Accrued Pension Benefits		
	Year to 31/03/19	Year to 31/03/20		As at 31/03/2020	Difference from 31/03/2019
	£	£		£ 000's	£ 000's
Pamela Dudek Chief Officer	13,915	21,660	Pension	37	3
			Lump Sum	81	3
Tracey Abdy Chief Financial Officer	8,946	13,318	Pension	16	1
			Lump Sum	18	-

Disclosure by Pay bands

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

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

Exit Packages

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

.....
Jonathan Passmore
Chair of Moray IJB

.....
Simon Bokor-Ingram
Interim Chief Officer

30 July 2020

ANNUAL GOVERNANCE STATEMENT

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

Scope of Responsibility

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

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

The Governance Framework

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

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

This Code outlines the seven governance principles from the CIPFA/SOLACE guidance and provides the sources of assurance for assessing compliance relative to the MIJB, Moray Council and NHS Grampian. These assurances include referencing the governance arrangements of NHS Grampian and Moray Council which are summarised annually and published in their respective Annual Governance Statements which form part of the annual accounts of each organisation. Extracts from the respective governance statements have been included as part of this statement.

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

ANNUAL GOVERNANCE STATEMENT (continued)

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

Assessment of Effectiveness

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

Governance Principle 2 – Ensuring openness and comprehensive stakeholder engagement

Assessment of Effectiveness

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

ANNUAL GOVERNANCE STATEMENT (continued)

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

Assessment of Effectiveness

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

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

Assessment of Effectiveness

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

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

Assessment of Effectiveness

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

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. Risk appetite is an important consideration for the MIJB and a development session was held to create a better understanding of risk tolerance and the trade-offs necessary when dealing with finite resources.
- Performance reporting also fall within the scope of the Audit, Performance and Risk Committee.
- The internal control system links closely with those of the Partners, given their operational remit for delivery of services under direction of the MIJB. The Audit, Performance and Risk committee through its consideration of reports monitors the effectiveness of internal control procedures. The MIJB Chief Internal Auditor undertakes an annual review of the adequacy of internal controls and the opinion is included within this statement.
- The MIJB has an independent S95 Officer who is a member of the MIJB, providing advice on all financial matters and ensure timely production and reporting of budget estimates, budget monitoring reports and annual accounts.

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

Assessment of Effectiveness

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

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

Internal Audit for the MIJB is delivered by Moray Council's internal audit team and the council's internal audit manager holds the Chief Internal Auditor appointment to the MIJB until 31 March 2022. The Council's internal audit function has adopted the Public Sector Internal Audit Standards, (PSIAS) which require the Chief Internal Auditor to deliver an annual internal audit opinion and report that has been used to inform this governance statement.

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

The opinion is based on a number of sources:

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

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

ANNUAL GOVERNANCE STATEMENT (continued)

The NHS Grampian Governance Framework

NHS Grampian is required to operate within the aspects of the Scottish Public Finance Manual (SPFM) which are set out within the guidance issued to Chief Executives and more generally to all Board members by the Scottish Government Health and Social Care Directorates as being applicable to NHS Boards. The SPFM is issued by Scottish Ministers to provide guidance to the Scottish Government and other relevant bodies on the proper handling and reporting of public funds. The SPFM sets out the relevant statutory, parliamentary and administrative requirements, emphasises the need for efficiency, effectiveness and economy, and promotes good practice and high standards of propriety.

As Accountable Officer, the Chief Executive is responsible for maintaining an adequate and effective system of internal control that identifies, prioritises and manages the principal risks facing the organisation, promotes achievement of the organisation's aims and objectives and supports compliance with the organisation's policies and safeguarding public funds.

The Board continually monitors and reviews the effectiveness of the system of internal control with a specific focus on the delivery of safe and effective patient care, achievement of national and local targets and demonstrating best value and the efficient use of resources. Key elements of the system of internal control include:

- A Board which meets regularly to discharge its governance responsibilities, set the strategic direction for the organisation and approve decisions in line with the Scheme of Delegation. The Board comprises the Executive Directors and Non-Executive members. The Board activity is open to public scrutiny with minutes of meetings publicly available;
- The Board receives regular reports on Healthcare Associated Infection and reducing infection as well as ensuring that health and safety, cleanliness and good clinical practice are high priorities;
- Scheme of Delegation, Standing Orders and Standing Financial Instructions approved by the Board are subject to regular review to assess whether they are relevant and fully reflective of both best practice and mandatory requirements;
- Mature and organisation wide risk management arrangements built on localised risk registers and processes which ensure, as appropriate, escalation of significant instances of non-compliance with applicable laws and regulations;
- Dedicated full time members of staff for key statutory compliance functions including Information Governance, Health and Safety, fire and asbestos, tasked with ensuring they are up to date with all relevant legislation and are responsible for co-ordinating management action in these areas;
- A focus on best value and commitment to ensuring that resources are used efficiently, effectively and economically taking into consideration equal opportunities and sustainable development requirements;
- Consideration by the Board of regular reports from the chairs of the performance governance, patient focus and public involvement, staff governance, clinical governance, endowment and audit committees concerning any significant matters on governance, risk and internal controls;

ANNUAL GOVERNANCE STATEMENT (continued)

The NHS Grampian Governance Framework (continued)

- Each key governance committee is supported by a designated lead Executive Director who has the delegated management accountability for statutory and regulatory matters;
- Regular review of financial performance, risk management arrangements and non-financial performance against key service measures and standards by the Performance Governance Committee;
- Regular review of service quality against recognised professional clinical standards by the Clinical Governance Committee;
- Regular review of workforce arrangements and implementation of the NHS Scotland Staff Governance standards by the Staff Governance Committee;
- An active joint management and staff partnership forum with staff side representation embedded in all key management teams and a dedicated full time Employee Director who is a member of the Board;
- Regular review of priorities for infrastructure investment and progress against the agreed Asset Management Plan by an Asset Management Group chaired by a Board Executive Director and including management representatives from all operational sectors and representation from the clinical advisory structure;
- Clear allocation of responsibilities to ensure we review and develop our organisational arrangements and services in line with national standards and guidance;
- Consultation on service change proposals is undertaken with stakeholders and used to inform decision making;
- Promotion of effective cross sector governance arrangements through participation by the IJB Board members and the Chief Executives of each of the partner organisations in the North East Partnership forum, regular meetings between the Chief Executives of all Public Sector organisations in Grampian and performance review meetings with each IJB Chief Officer to further develop and drive improvement through integrated service delivery;
- A patient feedback service to record and investigate complaints and policies to protect employees who raise concerns in relation to suspected wrongdoing such as clinical malpractice, fraud and health and safety breaches; and
- An annual general meeting of all Trustees of the NHS Grampian Endowment Funds to approve the accounts and review investment policy and strategy.

Based on the evidence considered during the review of the effectiveness of the internal control environment operating within NHS Grampian, the Chief Executive has confirmed that she is not aware of any outstanding significant control weaknesses or other failures to achieve the standards set out in the guidance that applies to NHS Boards in relation to governance, risk management and internal control.

ANNUAL GOVERNANCE STATEMENT (continued)

Moray Council Governance Framework

The council's governance framework, like that of the MIJB, has regard to the seven principles outlined in the CIPFA code, and includes:

- Standing orders, a scheme of administration, scheme of delegation and financial regulations govern the conduct of council business;
- Codes of conduct for elected members and senior officials, which require them to exercise leadership through exemplary standards of behaviour;
- A monitoring officer who has a statutory responsibility to ensure established procedures are followed and that all legislative and other regulatory processes are complied with;
- Well established decision making processes with major decisions being taken by council or one of a number of service committees. Council business is discussed in public (unless exempt under statutory provision) and available on the internet by webcast;
- A framework of planning for the community (the Local Outcomes Improvement Plan) and the council (Corporate Plan) outlining priorities and expected outcomes is in place;
- Policy development centred on preventative policies, leading to reduced interventions by partners, and enhanced community engagement and involvement, recognising the ongoing financial challenges facing councils and the wider public sector;
- Arrangements in place covering risk, performance management, internal control and financial management;
- A Corporate Risk Register providing summary information on the principal risks facing the Council and how these are managed and controlled. Risk implications also feature in committee reports to inform decision making where required;
- A system of internal control based on a framework of financial regulations, regular management information, administrative procedures, and management supervision; and
- Assurance and accountability oversight by an Audit and Scrutiny Committee which is chaired by a member of the political opposition.

Prior Year Governance Issues

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

ANNUAL GOVERNANCE STATEMENT (continued)

Area for Improvement Identified in 2018/19	Action Undertaken / Progress Made in 2019/20
<p>The key development for 2019/20 will be the production of the Strategic Plan 2019-22. This will continue to be a collaborative process involving all key stakeholders to ensure commitment to the success and delivery. The Plan will set out clear priorities which can be measured effectively.</p> <p>Sustainability and Transformation Plan to be developed and aligned to the Strategic Plan. This will set out a 3-5 year programme of change that will support the redesign of services in response to the Strategic Plan.</p> <p>The Medium Term Financial Strategy will be developed and aligned to the Strategic Plan 2019-22</p> <p>Workforce Plan will be developed in response to the Strategic Plan, setting out the key workforce actions required for future service delivery.</p> <p>The Performance Framework will be further developed in response to the Strategic Plan, supporting the reporting process around the delivery of the Plan.</p> <p>Management structure implementation during the course of 2019/20.</p>	<p>The second iteration of the Strategic Plan was developed over an extended period of time following a decision taken by the MIJB. It was considered key to take the time required to ensure the quality of the MIJB's primary strategic document. Workshops were held throughout 2018 and early 2019 covering a variety of themes and discussions, all of which demonstrated positive engagement. The Plan became a 10 year strategy to guide the principles and aims of the MIJB over the medium term. The Plan was formally launched in December 2019 at an event where key stakeholders and members of the press were invited.</p> <p>Following a period of consultation, the Strategic Plan with supporting documents including the Transformation plan was approved for publication by the MIJB at its meeting of 31 October 2019.</p> <p>In October 2019, the MIJB approved the Medium Term Financial Framework 2019/20 – 2023/24 as a supporting document to the Strategic Plan 2019-29.</p> <p>Following the approval of the Strategic Plan in October 2019, a subsequent suite of supporting documents were presented and approved by the MIJB in November 2019 which included the Workforce Plan and the Performance Management Framework.</p> <p>The MIJB approved a revised management structure at its meeting of 28 March 2019. Since the time, progress has been made to ensure the structure is embedded. As of January 2020, the 4 newly created Locality Manager posts had been recruited to and work is in progress to develop locality planning.</p>

ANNUAL GOVERNANCE STATEMENT (continued)

Other – Significant Governance Issues

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

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

Key Governance challenges going forward will involve:

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

Further Developments

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

Areas of focus for 2020/21	
1.	<p>Following the Cabinet Secretary's announcement of 2 June 2020 in relation to health services remaining on an emergency footing for a further 100 days. Three core tasks have been set out nationally that we need to respond to, these being :</p> <ul style="list-style-type: none">• Commence work toward delivery of as many of our normal services as possible, in a safe manner, with an immediate focus on the most urgent care requirements• Ensure capacity remains available to deal with Covid-19• Begin preparation of our health and care system for the challenges of the next 9 months and particularly the winter season

--	--

ANNUAL GOVERNANCE STATEMENT (continued)

2.	Recovery and Renewal - As we progress through this critical phase of the Covid-19 pandemic, it is essential that whilst the priority remains to deliver services safely and effectively in what is clearly a constantly changing landscape, it is recognised that there is need to consider the recovery phase and what our services may look like in the future.
3.	A key development for 2020/21 will be to enhance strategic planning processes to drive and support the delivery of the Strategic Plan in order to strengthen our ability to be agile in a complex and changing landscape and to develop a range of ambitious plans that drive quality, safety, and efficiency.
4.	Financial Planning – the Covid 19 Pandemic has effectively placed a significant risk on the recovery and transformation plan supporting the 2020/21 budget. Urgent attention is required across the whole system to consider both the high risk areas from a financial perspective and the opportunities to draw positively on the experiences arising from our response to the pandemic
5.	A review of commissioning practice will be required to ensure procurement and contractual considerations and need of service users can be developed at an increased pace given the operational and financial challenges facing the MIJB. Resourcing this will be a key consideration to ensure satisfactory progress is achieved.

COVID 19

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

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

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

.....
Jonathan Passmore
Chair of Moray IJB

30 July 2020

.....
Simon Bokor-Ingram
Interim Chief Officer

INDEPENDENT AUDITORS REPORT

INDEPENDENT AUDITORS REPORT (continued)

COMPREHENSIVE INCOME AND EXPENDITURE STATEMENT

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

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

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

MOVEMENT IN RESERVES STATEMENT

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

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

Movement of Reserves During 2018/19	General Fund Balance £000
Opening Balance at 1 April 2018	(847)
Total Comprehensive Income and Expenditure	590
<hr/>	
(Increase) or Decrease in 2018/19	590
<hr/>	
Closing Balance at 31 March 2019	(257)

BALANCE SHEET

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

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

The unaudited annual accounts were issued on 30 July 2020

Tracey Abdy CPFA

Chief Financial Officer

30 July 2020

NOTES TO THE FINANCIAL STATEMENTS

Note 1 Significant Accounting Policies

General Principles

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

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

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

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

Accruals of Income and Expenditure

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

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

Funding

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

Cash and Cash Equivalents

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

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 and the note below relates to uncertainty about future events:

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

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 3 Events after the Reporting Period

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

Note 4 Expenditure and Income Analysis by Nature

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

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 5 Taxation and Non-Specific Grant Income

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

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

Note 6 Debtors

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

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

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

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

Action 15

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

Primary Care Improvement Fund (PCIF)

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

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:

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

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

2018/19		2019/20
£000		£000
(88,453)	Funding Contributions received from the NHS Board	(92,870)
75,662	Expenditure on Services Provided by the NHS Board	80,366
139	Key Management Personnel: Non-Voting Board Members	153
(12,652)	Net Transactions with The Grampian Health Board	(12,351)

Key Management Personnel: The Chief Officer and Chief Financial Officer, are non-voting Board members and are both employed by The Grampian Health Board and recharged to the MIJB. Details of the remuneration of both officers are provided in the Remuneration Report.

Balances with The Grampian Health Board

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

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 9 Related Party Transactions (continued)

Transactions with Moray Council

2018/19		2019/20
£000		£000
(40,990)	Funding Contributions received from the Council	(43,949)
54,170	Expenditure on Services Provided by the Council	56,302
62	Key Management Personnel: Non-Voting Board Members	68
13,242	Net Transactions with Moray Council	12,421

Balances with Moray Council

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

NOTES TO THE FINANCIAL STATEMENTS (continued)

Note 10 VAT

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

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

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

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

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



REPORT TO: SPECIAL MEETING OF THE MORAY INTEGRATION JOINT BOARD ON 30 JULY 2020

SUBJECT: ANNUAL PERFORMANCE REPORT 2019/20

BY: INTERIM CHIEF OFFICER

1. REASON FOR REPORT

- 1.1 To request the Board considers and approves the draft Annual Performance Report 2019/20

2. RECOMMENDATION

- 2.1 It is recommended that the Moray Integration Joint Board (MIJB) agree to:
- i) note the approach taken to produce the 2019/20 Annual Performance Report;
 - ii) consider any feedback arising from the consultation process; and
 - iii) approve the report at APPENDIX 1 to be formatted for publication by 31 July 2020.

3. BACKGROUND

- 3.1 Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014 specifies that Integration Authorities must produce annual performance reports and publish by 31 July each year. Under the Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014 (Scottish Statutory Instruments 2014, No. 326) and associated guidance, the performance report must cover a number of specific matters. These requirements are set out below and are included within the 2018/19 report.
- 3.2 The MIJB are required to demonstrate how Health and Social Care Moray (HSCM) has performed against the National Health and Wellbeing Outcomes, within the context of the Strategic Plan and Financial Statement as presented within the report. 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. The report is expected to include a comparison of performance in the last 5 years, where possible, or if the time period is less include all years since establishment. The MIJB Annual Performance Report includes a comparison during the period since establishment, that being 1 April 2016.
- 3.3 A summary of financial performance for the current reporting year, along with comparisons for the same time period as above, that should include the total

spend by service, details of any underspend/overspends and the reasons for these.

- 3.4 An assessment of performance in relation to best value.
- 3.5 Description of the arrangements which have been put in place to involve and consult with localities and an assessment of how they have contributed to the provision of services.
- 3.6 Details of any inspections carried out by Healthcare Improvement Scotland and The Care Inspectorate relating to the functions delegated by Moray Council and Grampian Health Board.
- 3.7 The previous Annual Performance Report can be viewed at the following link:
http://hscmoray.co.uk/uploads/1/0/8/1/108104703/annual_performance_report_2018-19.pdf

4. KEY MATTERS RELEVANT TO RECOMMENDATION

- 4.1 This report covers performance across HSCM and highlights specific pieces of work to demonstrate positive performance against a variety of objectives and performance indicators. These include:-
 - HSCM Strategic Priorities,
 - National Core Indicators
 - Local indicators
- 4.2 Due to completeness issues in other areas in Scotland, the Information Services Division (ISD) who are responsible for the publication of data for Scotland have advised that data for the following national indicators cannot be used to report on full year performance:

- NI - 12 Emergency admission rate (per 100,000 population)
- NI - 13 Emergency bed day rate (per 100,000 population)
- NI - 14 Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)
- NI - 15 Proportion of last 6 months of life spent at home or in a community setting
- NI - 16 Falls rate per 1,000 population aged 65+
- NI - 20 Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency

5. SUMMARY OF IMPLICATIONS

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



As defined within the Moray Integration Scheme values and meeting the strategic aims contained within the MIJB Strategic Plan; Moray Partners in Care 2019-2029

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

Over and above the prescribed information, it is open to the Board to include any additional information within its annual report as it thinks appropriate.

(c) Financial implications

None directly associated with this report.

(d) Risk Implications and Mitigation

None directly associated with this report.

(e) Staffing Implications

None directly associated with this report.

(f) Property

None directly associated with this report.

(g) Equalities/Socio Economic Impact

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.

(h) Consultations

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

- Chief Financial Officer, MIJB
- The Senior Leadership Group of Health and Social Care Moray HSCM
- Tracey Sutherland, Committee Services Officer, Moray Council

6. CONCLUSION

6.1. This report recommends the Board approves the Annual Performance Report 19/20 for publication by 31 July 2020.

Author of Report: Trish Morgan, Service Manager, Performance and workforce
Background papers: with author
Ref:



Annual Performance Report

2019-20



Contents

Welcome from Chair and Chief Officer, Moray Integration Joint Board	3
Introduction	5
Our Vision	6
People are able to look after and improve their own health and well being and live in good health for longer	12
People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	24
People who use health and social care services have positive experiences of those services and have their dignity respected	30
Health and social care services are centred on helping maintain or improve the quality of life of people who use those services	32
Health and social care services contribute to reducing health inequalities	40
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	44
People using health and social care Services are safe from harm	48
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	54
Resources are used effectively and efficiently in the provision of health and social care	68

Welcome to the 4th Annual Performance Report 2019 -20 for Health and Social care Moray. We have continued to demonstrate significant developments in services across the partnership in an environment of increasing demand and of significant resource challenges.

We have launched our new Strategic Plan (Moray Partners in Care) for 2019-29, which outlines a strong emphasis on prevention and early intervention with the aim of building resilience for individuals within communities, supporting people to stay well and maintain independence and a clear intention to work to a Home First model of care. The emerging lessons from the ongoing covid-19 pandemic are reinforcing the aspirations of that plan and potentially accelerating implementation in some areas.

The Strategic Plan is underpinned by the Transformation Plan and other related plans that will allow us to work towards our shared Vision and support us through the decisions that are required to deliver on that Vision. The Moray Partners in Care Strategic Plan was approved in October 2019 and the Plan was then formally launched in December 2019.

This is the IJB's second strategic plan which has been developed collaboratively with our partners in care, following engagement and consultation.

The Strategic Plan will drive everything we do as a health and social care partnership in line with the aspirations and priorities of people living and working in Moray.

The Plan sets out the vision of the IJB and the key themes we will focus on over the coming years to deliver integrated health and social care services which ensure people get the best possible experience and which enable them to achieve improved outcomes.

We continue to place immense importance on building relationships and working alongside our workforce, our partners in the Local Authority, NHS Grampian, the Third Sector, and Independent sectors. We are committed to supporting our workforce and their teams in working together to deliver high quality services within the Moray community.

The people of Moray continue to be our partners in the development of services, holding us accountable for the range and quality of services we provide.

This Annual Performance Report outlines progress made in many of our services, building on the work undertaken throughout the previous 4 years since the inception of the Partnership, and is set out in the context of the nine national health and wellbeing measures. We have lived beyond our means in 2019/20, and the mis-match between expenditure and available resources is now a significant concern. This will need addressing during 2020/21 and future years. We also know that high quality can be achieved by efficient services, and quality and safety will continue to be a primary focus as we commission services into the future.

The response to covid-19 in the latter part of the year used a significant portion of our capacity, but nonetheless teams planned on how best to meet the needs of those most at risk, and that should be commended.

Welcome from Chair and Chief Officer, Moray Integration Joint Board



Jonathan Passmore

Chair, Moray Integration Joint Board



Simon Bokor-Ingram

Interim Chief Officer, Moray Integration
Joint Board

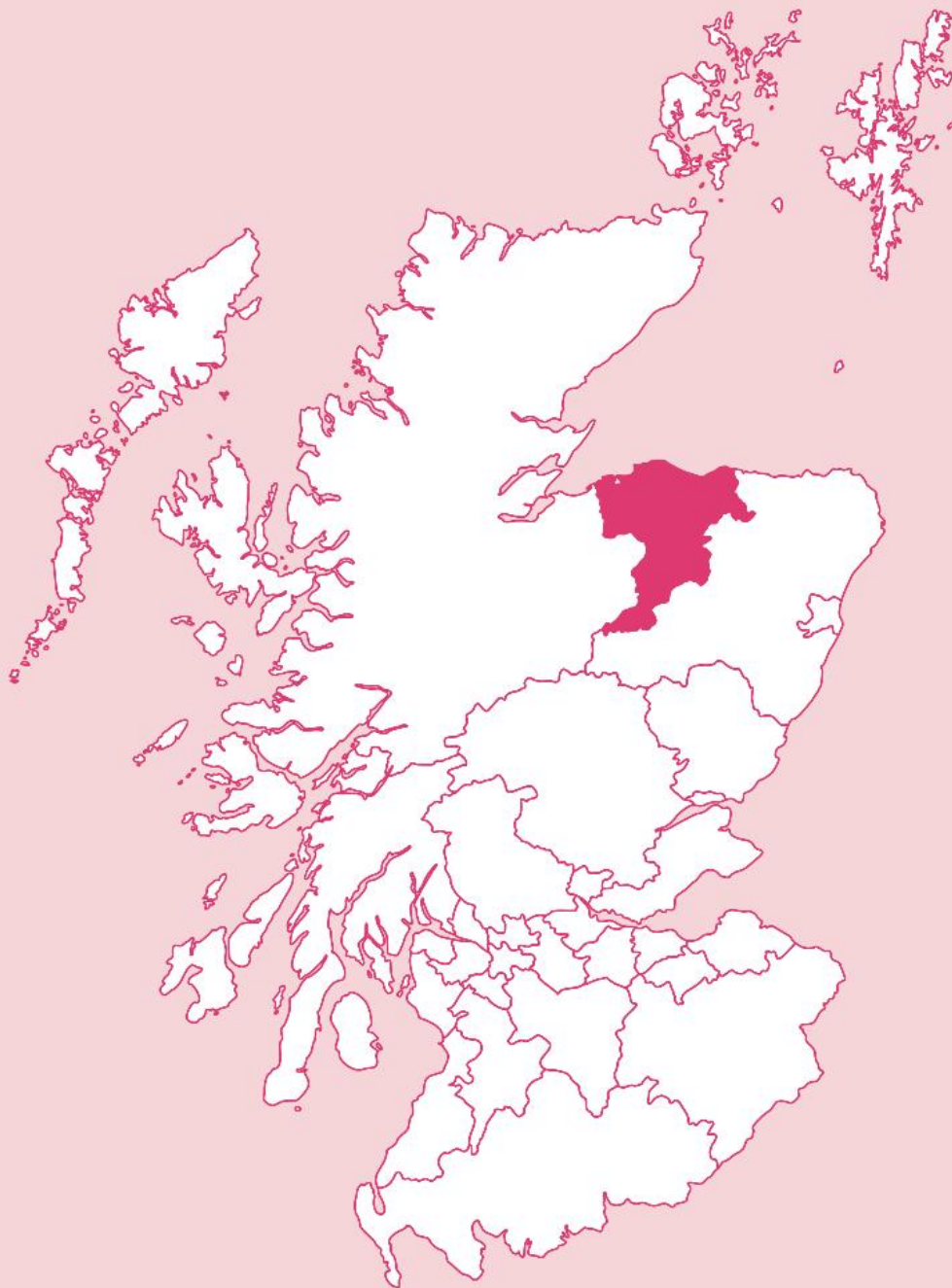
Introduction

This is the fourth annual performance report for Moray Integration Joint Board (MIJB), which completes the 3 year period of the first Strategic Plan

Moray Integration Joint Board (MIJB) was established in February 2016 and became operational as of 1 April 2016. It has responsibility for the planning and delivery of all community based adult health, and social care services within Moray. In addition MIJB has strategic planning responsibilities in respect of emergency care and it also hosts those pan Grampian services relating to the out of hours, Grampian Medical Emergency Services (GMED) and Primary Care Contracts who are responsible for all contractual arrangements for the 4 Contracted Services (General Practice, Community Pharmacy, Optometrists and Dentists).

As required by the Act, MIJB has a Strategic Plan. In October 2019, the IJB approved a revised Strategic Plan 2019-29 'Partners in Care' which was formally launched in December 2019. The MIJB strategic plan 2019 – 2029 builds on the first 3 year plan foundations and successes since the Board came into existence and has been developed through close cooperation with our partners in the Local Authority, NHS Grampian, the third and independent sectors and of course our staff and the population of Moray.

In this report, we will highlight the progress of Health & Social Care Moray (HSCM) regarding those commitments made within the Strategic Plan and against the 9 national health and wellbeing outcomes. We will look back on the progress we have made, share some of our successes and reflect on some areas that have proved challenging.



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.’

This vision and all that we undertake as a Partnership underpinned by our values of:

- I. Dignity and respect
- II. Person Centered
- III. Care and compassion
- IV. Safe, effective and responsive

With our Vision, we strive to achieve our outcomes of:

- Lives are healthier
- People live more independently
- Experience 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 Context

Scottish Government’s strategic vision “*by 2020 everyone is able to live longer healthier, lives at home, or in a homely setting*” and that we will have a healthcare system where:

- We have integrated health and social care.
- There is a focus on prevention, anticipation and supported self- management.
- Hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm.
- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions.
- There will be a focus on ensuring that people get back to their home or community environment as soon as appropriate with minimal risk of re-admission.

The MIJB Strategic Plan(Moray Partners in Care) 2019-2029,sets out the local context in response to the national strategic direction, with a vision seeking to enable the people of Moray to lead independent,healthy and fulfilling lives in active and inclusive communities where everyone is valued,respected and supported to achieve their own goals.

To enable the Partnership to fulfill this Vision we have built on what we know, and as such have identified three strategic themes where we will direct effort; in effect, we wish to major on health and wellbeing by;

I. Building resilience

taking greater responsibility for our health and wellbeing

II. Homefirst

being supported at home or in a homely setting as far as possible

III. Partners in Care

making choices and taking control over decisions affecting our care and support

The Moray Integration Joint Board Transformation Plan 2019-2024 evidences the links between our intended outcomes and related themes, and the national health & wellbeing outcome (1-9)

[hscmoray.co.uk/
uploads/1/0/8/1/108104703/
HSCM_transformation_plan.pdf](https://hscmoray.co.uk/uploads/1/0/8/1/108104703/HSCM_transformation_plan.pdf)

This strategic approach is supported by an ambition to encourage a more mutual relationship between those who deliver services and those in receipt of services as well as working with local communities. We are keen to ensure a better integration with those assets and activities in neighborhoods that can support positive health and well being. We have also set up a mechanism referred to as the Moray Alliance; this planning mechanism will have a focus on improvement and redesign of services, bringing together key stakeholders in the pathways of care to do so. The aim here is for an ethos of collaboration, planning together to ensure best fit for the people of Moray

What do we know about the Moray population in relation to health and wellbeing?

Historically Moray tends to have a health and wellbeing profile that is better than the Scottish national average.

Overall Moray has:

- average school leavers with 1 or more qualification at SCQF level 4
- above average levels of employment, less of the population who are income deprived and less children in low income families
- below average levels of violent crime, domestic abuse and drug and alcohol-related hospital admissions
- significantly better health condition admission rates than the average across Scotland regarding – emergency admissions, over 65s multiple emergency admissions, admissions for Chronic obstructive pulmonary disease (COPD), Coronary heart disease (CHD) and asthma hospitalisations
- average smoking rates and alcohol specific deaths and above average road traffic accident casualties and people living in the 15% most access deprived areas
- the population of Moray is ageing with a significant increase in the proportion of over 50 year olds and a reduction in 29 to 40 year olds predicted in the next 10 years

What have we achieved so far?

Moray Partners in Care worked to develop the new Strategic Plan. They shared their experiences of challenges facing today's system and ideas for what a better future system could look like. We found many examples of great practice and good progress that we can build on as well as a range of things we need to do better or differently. We recognise that to move forward we need to:

- Help people understand the need for change and provide opportunities to become involved in defining the change and making it happen.
- Strengthen relationships through trust, value and equality to make best use of our collective assets and resources.
- Embrace new ways of integrated working.
- Build on existing good practice and ensure services are safe, effective and sustainable.
- Balance what is achievable with what is affordable.

www.yourmoray.org.uk/downloads/file118306.pdf

We reviewed our performance in delivering our first strategic plan, launched in 2016; financial services and workforce pressures; national legislation and policy; and directions from the Moray Community Planning Partnership as set out in the Local Outcomes Improvement Plan (LOIP).

We work as part of the wider group of partners who make up the Community Planning Partnership (CPP) in Moray ensuring alignment to the LOIP, which has four main priorities:

- Growing diverse and sustainable economy
- Building a better future for our children and young people in Moray
- Empowering and connecting communities
- Changing our relationship with alcohol.

All of these areas of priority have significant impact on outcome for people, families and communities.

The Strategic Plan outlines the key strategic outcomes to achieve the shared vision for change.

This report is a summary of progress during 2019/20 in achieving the principles outlined above. It also reviews and analyses performance in relation to the 9 National Outcomes for health and social care whilst highlighting some of the specific project work undertaken.

Celebrating success

There was widespread recognition of a progressive housing partnership project that supported four men with learning disabilities to move into their own homes in the heart of their community.

The men, aged from 31 to 60, had previously been living in shared homes in Fochabers with communal dining and living areas. It was identified that this was no longer fit for purpose, with the buildings needing extensive work in order to provide an environment in which the men would flourish.

Through our collaboration and partnership with Community Integrated Care, Osprey Housing, the individuals and their families, it was agreed to move to a progression focused model of supported living which offers greater choice, control, privacy and independence over how care and support needs are met.

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

During Volunteer Week in June 2019, we formally recognised the invaluable contribution of our army of health and social care volunteers with a tea part in Elgin Town Hall.

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

Key areas of focus during 2019/20:

- Implementation of Moray Partners in Care Strategic Plan and HSCM Transformation Plan (2019-2024).
- Continuation of Transforming Primary Care including the implementation of the General Medical Contract 2018 and Out of Hours care.
- Sustained focus on Health Improvement and active communities.
- Seeking to progress implementation of our Good Mental Health for All strategy.
- Continual development of housing based initiatives supporting people to live independently with a range of personal challenges or health and care needs.
- We continue to progress the Transformation Programme in Learning Disabilities Services through the application of the progression mode.
- Constant improvement in the proportion of care services graded 'good' or above

Progress

Across the outcomes of well being there are areas of notable progress in the provisional figures for 2019/20:

- The number of total emergency acute hospital admissions remain well below the Scottish rate. Readmission rates although slightly increasing are below Scottish rates.
- The Falls rate (per 1,000 population) has been maintained despite an increase in 65+ population for Moray, and remains below the Scottish rate.

Challenges

As partners in care, we face a range of challenges, which make the current model of service provision unsustainable. These include:

Increasing demand for health and care is growing at an unsustainable rate as people are living longer and with multiple chronic conditions and spending longer in poor health. This puts growing challenge on families communities, public, third sector and independent sector services.

Growing pressure on limited resources the rise in demand puts pressure on our limited resources at a time of rising costs and restricted budgets. We struggle to recruit and retain staff in some sectors.

- Historically we predominantly find it difficult to recruit Social Care Assistants (Carers) in Speyside, Buckand Forres.
- We also find it difficult to recruit experienced Support Workers for Complex and Challenging care packages.
- We have experienced challenges in recruiting to the School Nursing Service, in particular Band School Nurse Posts.;contingency includes advertising and recruiting Band 5 school Nurse Posts.
- If we are in a position to recruit to the five posts this will be a positive for the School Nursing Service, but given that these will be trainees, their skillset and caseload will be limited, and that will not qualify them until 2022 and that they will require significant supervision and support.

Improving experiences and outcomes people who use services, rightly, have increasing expectations of better experiences and outcomes from high quality services and more joined up ways of working, services and systems driven by continuous improvement.

HSCM are ambitious for transformational change to meet these challenges, bring about advances and drive towards achieving the Vision for Moray. We will do this with our workforce and the public to understand what is possible and develop new relationships that emphasis personal choice and responsibility.

In line with our Strategic Plan (Moray Partners in Care) we are committed to continuous review of services and ways of working with the aim being to be able to identify what is working well, and, how we can continue to make improvements. This will require thinking in a different way for the future.

National Outcomes




The National Health and Well being Outcomes are the Scottish Government's high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care.

These outcomes provide a strategic framework for the planning and delivery of health and social care services and they focus on the experiences and quality of services for people using these services, carers and their families. We have used this framework as the basis for our performance report and further detail is provided in [page Numbers]

Health and Well being Outcomes

1. People are able to look after and improve their own health and well being and live in good health for longer.
2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and well being, including to reduce any negative impact of their caring role on their own health and well-being.
7. People using health and social care services are 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.
9. Resources are used effectively and efficiently in the provision of health and social care

National Indicators are identified for each of the National Outcomes

-  Green performance is better than Scottish average,
-  Amber performance is worse than Scottish average but within 5% tolerance,
-  Red performance is worse than Scottish average by 5%. Arrows indicate the direction of the current trend.



People are able to look after and improve their own health and well being and live in good health for longer

This national outcome is truly incorporated in our vision ‘to enable the people of Moray to lead independent healthy and fulfilling lives...’

We are working together with partners to facilitate people being independent and leading the lives they choose maintaining good health and well-being.

No.	National Indicator	2016/17	2017/18	2018/19	Scotland 2019/20	2019/20	RAG*
1	Percentage of adults able to look after their health very well or quite well	N/A	93%	N/A	93%	Not Yet Available	●
11	Premature mortality rate (reported by calendar year)	(2016) 360	(2017) 372	(2018) 394	(2018) 432	Not Yet Available	●
12	Emergency Admission Rate per 100,000 population for adults	8,802	9,276	8,974	11,313	9,249	●

How did we do?

The premature mortality rates remains significantly lower than the Scottish average.

The emergency admission rate is among the lowest rates for Scotland and is well below the Scottish average.

Reducing drug related harms through training and promotion of Naloxone has been a continued focus in 2019/20. 120 people were trained in use of Naloxone kits in 2019/18 and as at the end of September 2019 there were 109.

What did we do?

The Scottish Services Directory (SSD) is all about connecting communities and sharing information.

NHS 24, Macmillan Cancer Support and the Health and Social Care Alliance Scotland have been working together to develop the new online SSD.

The SSD aims to improve individual and community health outcomes and will have an important role in supporting integrated and prevention-focused approaches to service planning and delivery.

The SSD brings together information about local health and well being services gathered from two sources:

- Community health and social care services, that are provided or commissioned by individual Health & Social Care Partnerships, NHS Boards or Local Authorities.
- Information about the wider range of community services and resources using the Local Information System for Scotland (ALISS), managed by the ALLIANCE, on behalf of the Scottish Government.

The community and Health and Social Care professionals have told us they would value a central information point they can turn to where they can find information about what's available and what activities they can join in.

In collaboration with Moray existing databases including ALISS have been merged and embedded within the NHS inform SSD platform.

The SSD will support us to improve our health and well being, as information will be easy to find and access, supporting communities to self-care, self-manage, and make the most of what's available.

SSD was launched in Scotland on March 19th 2020. Within Moray 243 health and well-being services are now listed; since the launch visits to the Moray page show an increase of 87.6%

Throughout 2019 the new merged health point service continues to maximise opportunities, increase reach and provide a flexible, holistic, person centred approach. In addition to the main health point situated within Dr Grays Hospital, the service has expanded to provide a locally based service embedded within GP practices across Moray and community settings.

The specialist health point team can offer bespoke 1:1 support, either face-to-face, telephone support and in some instances via email, – whichever suits the client's needs. Clients have been supported whilst working in the North Sea on trawler boats, oil platforms and long distance lorry drivers.

Impact of the merged services shows that the average smoking cessation 12 week quit rate for those accessing the specialist smoking cessation service is 30%; the overall quit rate for Moray is 22% (this includes quits recorded via the Pharmacy service); which is above the overall Grampian 12 week quit rates.

The new merged service provides access to;

- Practical ways to improve health and well being and health concerns
- Self care/self management, including promotion of National Campaigns
- Support groups and organisations; an example of which is the
- Power of Attorney information day, which generated a great response from the public.
- Long term conditions e.g. Diabetes & Asthma
- NHS services
- Free condoms

www.nhsinform.scot/scotlands-service-directory

[Please include:
NHS 24 Logo; the
alliance logo and H
& SC Moray logo]

[power of attorney photo]

Health Point works within the community to continue to increase our visibility; delivering support and services within communities to all population groups across Moray including; schools, Men's Sheds, BALL groups, local workplaces as well as supporting strategic priorities such as locality planning and community learning and development.

Maximising on resources such as the Mobile Information Bus and in collaboration with partners from a range of local services; The Moray Council Income Maximisation Team, Penumbra Service, Rural Environmental Action Project (REAP) and Social Security Scotland delivered a 3 day health and well being event to a local workforce.

Feedback includes:

Outreach delivery of our community service during 2019 has increased by 27% reaching local communities, GP practices and workplaces; with over 50% of those accessing the service being of working age and the older population.

Case Study 1

John who has high blood pressure was referred to the health point outreach service, by his practice nurse, for support with smoking cessation. John had smoked for many years, but supported by his advisor disclosed he had a history of depression, loneliness and isolation. John was provided information on local groups/activities and, with support, joined a local Men's Shed. John continued to make good progress stopping smoking, which lowered his blood pressure. His mood also improved due to his increased connectivity within the community.

Case Study 2

Marie is accessing the health point service for smoking cessation support. Having successfully stopped smoking Marie was concerned about her weight and wanted to increase her activity levels. Marie continued to receive motivational support from her advisor and information on the 'eat well guide', physical activity and weekly weight checks. Marie gradually started losing weight, which inspired and motivated a family member to access the health point service and together they attend, supporting and motivating each other.

Moray Health Walks

To help support and encourage active lifestyles and promote the wide-ranging benefits of walking for mental and physical health, external funding supported the development of a Health Walk Co-ordinator Post in 2019.

Over an 11-month timescale the following outcomes were achieved;

- 13 Moray wide health walks supported and actively promoted
- established five new health walks: three new buggy walks, a GP Practice walk, Cullen walk
- developed links with CLAN Cancer Elgin and supported them to set up their own Cancer friendly health walk
- approximately 100 new walkers attended health walks
- 31 Moray residents receiving Walk Leader training to either support existing or set up new health walks
- promotion of walking for health on social media pages and in local press
- walking for health talks delivered to Men's Shed and BALL groups

Further funding has been secured for 2020/21 from Paths for All to develop dementia friendly walking in Moray.



Feedback includes:

"I had lost some confidence and attending the Health Walk has been the best thing for me. Walking has really helped to alleviate the pain associated with my condition and I've also been inspired to walk more on my own. I now walk the Health Walk routes in between the Friday sessions because I know they are safe and local to me. It's also given me the motivation to try other things like joining the Ladies Fellowship in Lossiemouth."

— Jane, living with Osteoporosis

"Joining the walking group has brought me valuable friendship at a crucial time and made me motivated to get up and out once more."

— Margaret, coping with Bereavement

Moray Wellbeing Hub CIC activity in partnership with HSCM

In 2019-20 Moray Wellbeing Hub Community Interest Company (CIC), worked as a resource to support local services delivering health and social care and a key strategic partner in ensuring the voice of lived experience is at the heart of decision-making.

The organisation is a Moray based unique combination of social movement and enterprise that looks to harness lived experience of life challenges to create change. Empowering community members as active citizens and connecting partners in health and social care, and wider, for values focused collaboration to make Moray more mentally wealthy.

Notably in 2019, building on a Moray ADP grant of £50k, they secured Moray LEADER match funding for their 'Wellbeing Connected Moray' project which scaled up many of their previous partnership activities. This £180k project completing in July 2020 has reached over 300 vulnerable and disadvantaged people in Moray with peer-led self-management courses, support for group start up and 1-2-1 support through Community Connectors.

Since C19 pandemic onset MWH has moved all its in-person activity to online and has been able to continue to provide a vital wellbeing support for those in need as well as become a driving force in the third sector around mental health collaboration by hosting the Making Recovery Real partnership in lieu of statutory partners redirected to other services.

Projects co-designed and delivered in partnership include:

www.discoverpathwaysmoray.org.uk

Discover Pathways to Wellbeing in Moray:

Since creation in 2018 of the first pathway tool, MWH has worked with partners including young people, to create a families, children and young people mental health version. Aiming to encourage a reflective conversation with self or supporters rather than replicate any signposting websites, there are a further two in development around Connecting Families and Harmful or Helpful Behaviors which should be launched summer 2020.

'Wellness College' brand:

Peer-led self-management courses continue with evidence-based tools such as 'Living Life to the Full' proving popular. In house created courses such as 'Being a good supporter', "Supporting your child with resilience and calm' and 'SIPP: Suicide intervention principles' founded on an NHS Angus tool, are delivered alongside courses such as Scottish Metal Health First Aid. In 2019 SMHFA was delivered to GMed team members and further mental health awareness sessions to ambulance crew members proved popular. This work was supported by See Me Scotland funds in challenging stigma within HSC settings.

Training for Trainers:

Peer2Peer, a course developed in part by the Scottish Recovery Network, continues to be core to MWH quality assurance for their peer-support delivery. They have delivered a further three 24h courses to ensure team members and partners have the knowledge and confidence to use lived experience in action.

Social movement:

With 270 Champions to date the social movement for change has grown by over a third in the last year with a large surge during C19 lockdown. This includes members under 16 with the youngest at 10 years old and a wide range of life challenges represented from neurodiversity to trauma, long-term condition management to carers, addiction to LGBTQI+. All members are now supported to interact online using Slack tool to encourage ideas and projects to form and with an expanded delivery team have increased mentoring opportunities to initiate action at a local level.

Collective voice:

Support from transformation funds through mental health services in Moray has enabled a stronger relationship between commissioned service Circles Advocacy and MWH Champions. Aiming to increase a collective voice to have input and work alongside partners, the work as seen promising strengthening of relationships around Ward 4 at Dr Grays where skilled champions visited monthly to chat to patients and staff over a cake and cuppa. This has led to trialing some creative taster sessions with a view to encouraging connection to MWH wellness college courses on discharge and the community connector opportunity of 1-2-1 recovery support. Additionally, supported by small participatory budgeting funds, the young people Champion strand has been developed with a young Champion leading this work in the community and in-reach to Ward 4. This work has led to stronger links to development of the Moray Children Services plan and future strategic activity from this.

Adding value to HSCM services and events:

Supporting the delivery of events such as the NHS Grampian self-management conference in September 2019, Champions have shared appropriate testimony, used facilitation skills to support inclusion at events and brokered between other groups to increase an integrated approach.

Moray IJB 3rd sector and lived-experience liaison:

MWH has supported one of their Directors to take up this key role in supporting strategic planning in Moray. Working alongside a worker hosted from tsiMORAY this has proved to be a key conduit to supporting conversation for voting members decision making.

Partnerships:

Acting in a brokerage role to enable stronger links between HSCM and other groups and services, MWH has brought opportunities such as the 'For Enjoyment' creative brand to Moray. This successful approach to accessible creative sessions which started in Dumfries and Galloway is working in close partnership to deliver weekly accessible creative sessions for all ages in Moray.

New Mental Health Recovery and Outreach Service

The new contract was launched with the adult mental health service as of the 1st of April 2019 integrating SAMH as third sector partners with the Secondary Care Integrated Mental Health Service. This service provides mental health care to people in their own homes, supporting and enabling them to manage their mental health and engage with resources in their local community. The service has 3 components:

- Recovery Service
- High Level Community Support
- Recovery Outreach Service

Initial feedback is very positive and the service is facilitating more timely discharge and helping prevent admissions to inpatient care by providing alternative options of intensive support.

Distress Brief Intervention

Joint work with Penumbra continues to further roll out and embed the National Distress Brief Intervention (DBI) Programme.

This nationally award winning approach has provided access to mental health services and collaboration with other front line services – Primary Care, Scottish Ambulance and Police Scotland to people in Moray who are in acute mental health distress, including suicide intent and self harm. The service provides a rapid response to people in distress, and improves improved coordination across agencies and quicker access to support with an emphasis on more consistency in the compassion they receive



Boogie in the Bar – Successful Partnership

The glitter ball has been shining brightly again during 2019 for the award winning day time Boogie in the Bar. To date there have been 5 discos with 640 participants with £1,100 funds raised being reinvested into local community groups.

Boogie in the Bar has been recognised nationally through the 'Age Scotland Patrick Brooks Award for the Best Partnership Work 2019'

This award is for partnership working that has made an outstanding contribution to addressing the needs of older people.

Partners included: Moray Council, NHS Grampian, Scottish Ambulance, Scottish Fire and Rescue, Joanna's Night club, Quarriers, Alzheimer's Scotland, Brivicipc, Moray Care Homes, community groups.

These events continue to support the older people in Moray to increase their physical activity whilst enjoying a 'boogie'. Health and Wellbeing campaigns are promoted at each disco and featured topics have ranged from Falls Prevention, Dementia awareness, role of the unpaid carers, sexual health and Making Every Opportunity Count (MEOC).

Community Capacity Building

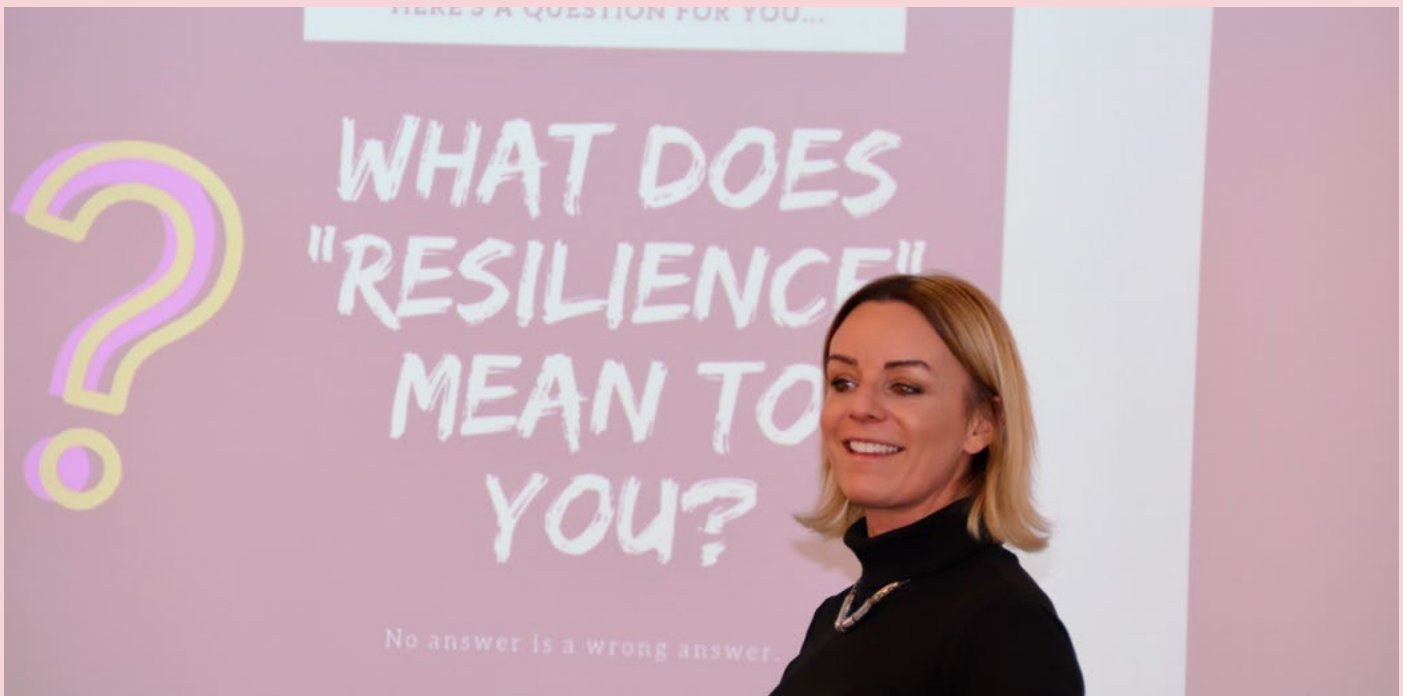
The Community Wellbeing Development (CWDT) Team use the asset-based community development approach focusing on people as their biggest assets as community connectors.

Building community capacity through partnership working is a strength of the CWDT by influencing, enabling and training individuals and groups to develop their confidence, understanding and skills required to lead, develop and support the delivery of third sector Health and Social Care community groups across Moray. These include Be Active Life Long (BALL) groups, Men's' Sheds, University of Third Age, lunch groups and social groups.

Year	No. Of Groups	No. Of people
2015-16	41	820
2016-17	49	1160
2017-18	52	1230
2018-19	36	1178
2019-20	34	1203

Increase in membership in existing groups is growing, however most BALL groups are at capacity due to hall size restrictions.

[www.youtube.com/
watch?v=pbk_6NlrBv4](https://www.youtube.com/watch?v=pbk_6NlrBv4)



BALL Groups

CWDT have developed a mechanism to support Community Capacity building for BALL members through offering learning sessions known as 'pow wow' workshops.

The aims of the Resilience workshop was to increase personal resilience as well as group resilience. With over 800 people accessing BALL groups weekly, capacity building can reach many members. This was achieved through working in partnership with Scottish Southern Electric Network (SSEN). SSEN offered learnings on the 'priority service' and also explained the need for personal resilience with reference to a Household Emergency Plan.

BALL group resilience was discussed through participation from all attendees sharing their views on how resilient they think their groups are. Learnings were shared with Duffus and Buckie BALL groups offering a new activity for others to use, along with practical examples lead by the CWDT. BALL representatives then relay the information to their BALL groups to share learnings and increase understanding.

Shona from SSEN was delighted with the response and feedback she got from the members: "One of our goals is to continually look at new ways to engage with our customers, and in particular those who could benefit from the free help that is on offer with our Priority Services Register.

"we need to be resilient to bounce back quickly if we have a problem, now we know what we have to do in our groups and how to look after ourselves"

– Ball Group participant

Men Sheds

Men's shed in Moray continues to grow.

Building stronger connections and being free to express ourselves are key ingredients for health and wellbeing. It's not just about men, the shed provides many avenues for connecting with the wide community (Cullen Men's Shed)

Moray have 6 sheds with more communities ready to embark on the development journey. Through parentship working Shed Members have received training in first aid, mental well-being, cooking, healthy eating and dementia training to mention but a few. Self care self-management is a focus of the sheds with support from the NHS public health team to share information and guidance.

Elgin Shed has secured a workshop premises, as well as Findochety securing their Scottish Charitable status. All Sheds have increased capacity to secure funding and regularly support community initiative within their community, building capacity within their locality. Keith Men's Shed support the annual flu clinic whilst Elgin Sheddens are trained drivers to support the Mobile Information Bus belonging as voluntary driver for the NHS.



Self Management Awards

Shortlisted Nominees

Self Management Project of the Year: Be Active Life Long Groups (BALL) Moray

At the Self Management Award ceremony hosted by Alex Neil MSP at the Scottish Parliament, Jeane Freeman MSP, Cabinet Secretary for Health and Sport, announce that the Moray BALL groups were winners of the Self Management Awards Project of the Year 2019.

BALL groups are recognised as innovated, cost effective and sustainable model to support people with long term conditions in communities, which can make a real difference in people lives.

BALL groups offer a mechanism for general healthy living as a key part of one's own Self Care Self Management programme whilst being based in their local community, led by local people.

Every BALL group is structured to provide physical activity as well as mental stimulation so can include anything from laughing yoga, Scottish dancing, or curling to quizzes, crafts, lectures or talks.

Annie Cole Chair of the BALL management Committee accepts the award and is a member of the Buckie BALL group.

Social Return On Investment (SROI)

Increasing Men's sheds has been a key focus for 2018-19 for the CWDT.

A study has proven that a community Men's Shed project yields a 10:1 return on investment. For every £1 spent, an equivalent £10 is saved. It is fair to say that the outcome of a Men's shed mirrors the community groups developed throughout Moray.

Additional savings occur as the CWDT support those who require community transport (Dial M) and collaborate with third sector organisations to support individuals through befriending and volunteering, incurring no additional transport costs.

The CWDT works differently across boundaries and is currently collaborating with a third sector organisation to secure funds to increase growth of groups across Moray.

A recent report in the Press & Journal identified that there was a boogie in the bar in Buckie, this demonstrates community capacity building and self-care self-management in practice!

Singing Exercise & Tea Group

Working in partnership with Dance North has allowed the 3 SET groups to continue to grow in Moray. With funding being awarded from the NHS Grampian Endowment Fund the partnership allows trained dance facilitators to deliver gentle seated exercise to music for 34 people weekly.

The 3 groups offer a safe place to develop new friends whilst exercising and sharing memories, reducing social isolation and creating connected communities.

SET Group

Sing – Exercise – Tea

Gentle seated exercise with music for older people, Led by a trained facilitator from Dance North.

Meet people and share memories over a cuppa. Every one is welcome. Bring a friend or carer to join in!

"This group is better than any medicine."

– SET group participant

B.A.L.L. (Be Active Life Long) Group

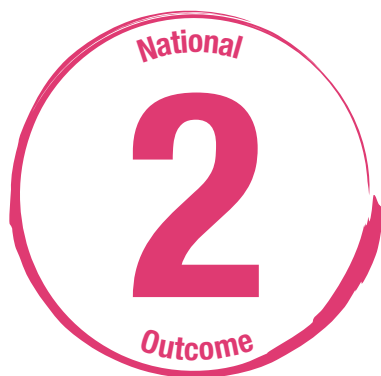
BALL Groups are unique to Moray and originated in 2005. They were created out of the need to improve mental and physical activity amongst the over 60s in order to keep them connected to their communities and to prevent, reduce or significantly delay the need for formal care services. The number of participants in Moray continues to increase year on year with over 780 people attending BALL groups through Moray on a weekly basis.

The Institute for Research and Innovation in Social Services (IRISS) documented the value of the BALL group's by studying the methodology, interviewing BALL groups participants and providers as well as showcasing Moray as a positive example of community Social Work.

As a result of the report, Kirkwall now has 3 BALL groups established due to shared learning and telephone support from the CWDT to Voluntary Action Orkney.

"It's just wonderful—you see them coming in kind of timid and shrunken and after three or four weeks they're striding along. You wouldn't believe the difference it makes and it can spread into all areas of their life. It's as though someone has lit a light inside them."

— BALL Group participant



People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

Strategic Housing Implementation Plan (SHIP)

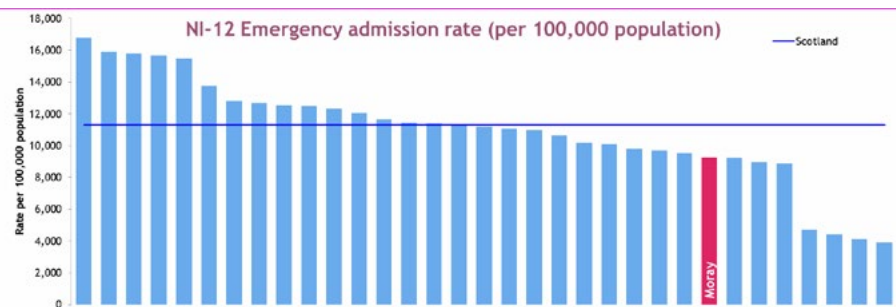
One of our strategic outcomes is 'Supporting people to live independently at home or in a homely setting for as long as possible will always be our default position.'

In the event of people finding themselves in hospital, our aim is to get them back home as soon as they are medically fit, particularly for the older population. The evidence is clear that extended hospital stays often lead to people losing their confidence, mobility and as such their independence. Preventing delays in discharge remains a focus in Moray and new initiatives are showing encouraging signs of positive impact for future.

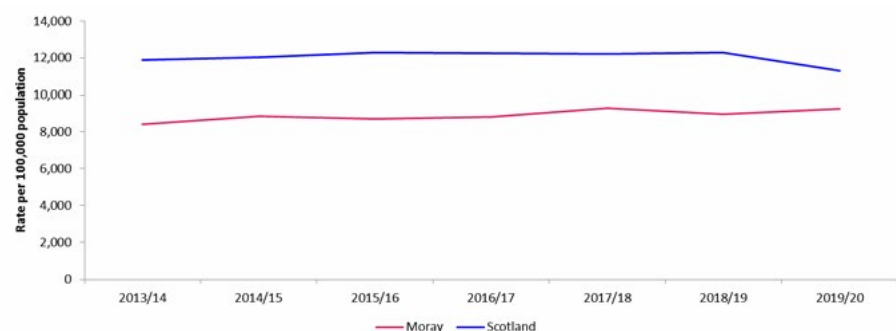
No.	National Indicator	2016/17	2017/18	2018/19	Scotland 2019/20	2019/20	RAG*
2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	74%	N/A	83%	(17/18) 81%	Not yet available	●
3	Percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided	73%	N/A	75%	(17/18) 76%	Not yet available	●
5	Total % of adults receiving any care or support who rated it as excellent or good	79%	N/A	80%	(17/18) 80%	Not yet available	●
12	Emergency admission rate (per 100,000 population)	8,802	9,276	8,974	11,313	9,249	●
13	Emergency Bed day rate (per 100,000 population)	97,696	96,453	92,230	104,406	87,206	●
14	Readmission to hospital within 28 days (per 1,000 population)	75	84	77	99	75	●
15	Proportion of last 6 months of life spent at home or in a community setting	90%	89%	90%	89%	91%	●
19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	1,095	936	1,063	793	788	●

How did we do?

Survey results have shown that more people who are supported at home in Moray feel that they live as independently as possible (higher than the national average), but they would like more say in how that care is provided.

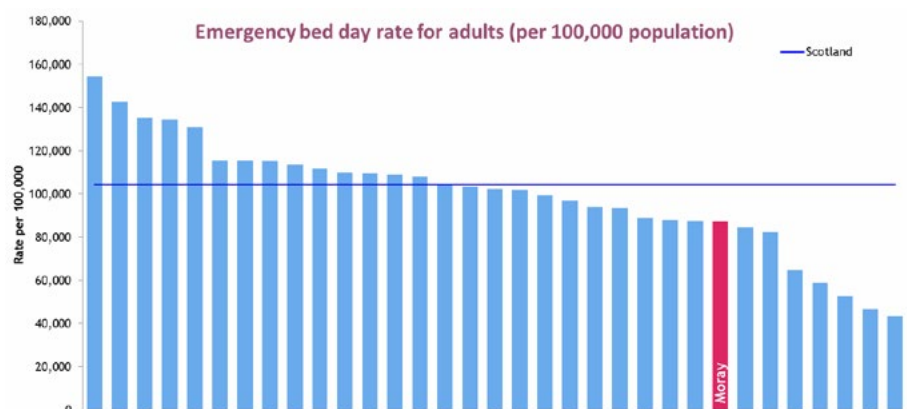


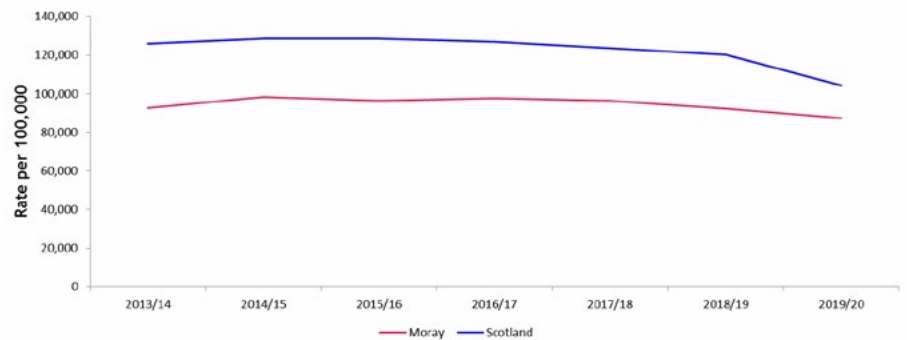
Whilst there was an increase in the provisional figures for 2019/20, Moray remains well below the National average.



This is an area of work that is monitored closely by Moray IJB and HSCM as an indication of the progress in preventing unscheduled admissions to hospital.

In addition the length of time emergency admissions stay in hospital is monitored via the Emergency bed day rate. As shown below Moray has continued to maintain its position nationally and 2019/20 provisional figures indicate a continuing decrease.





The rate of emergency occupied bed days for over 65's per 1000 population continues to reduce from previous years as shown below:

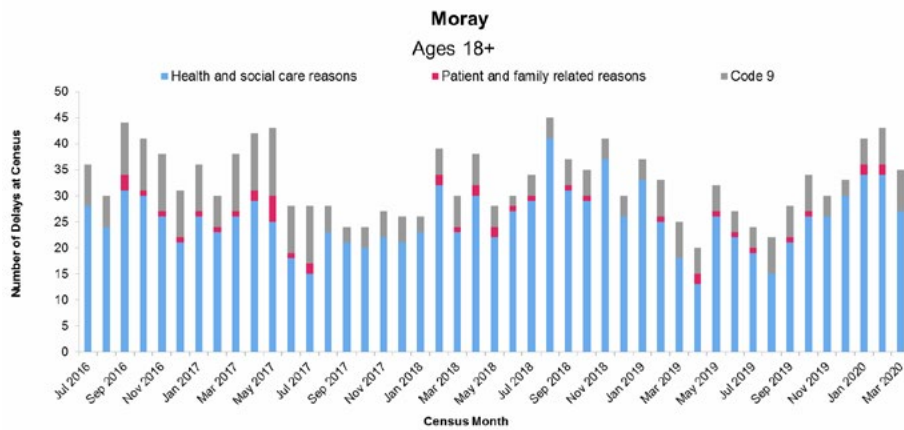
Year	Apr-Jun	Jul-Sept	Oct-Dec	Jan-Mar
2017-18	2,211	2,294	2,412	2,360
2018-19	2,338	2,248	2,204	2,184
2019-20	2,375	2,293	2,430	2,151

Delayed discharges

Prior to COVID-19 HSCM were already committed to reducing the time patients spent delayed in hospital who do not require to be in hospital whilst also increasing the accessibility of systems delivering safe, legal and person-centred discharge. There is unnecessary risk to health and wellbeing for people delayed when medically fit for discharge and also serious questions in regards people's liberty. Reducing delays also brings benefits such as; more efficient use of hospital and community-based resources; reducing costs and increasing service capacity.

- Following a whole system workshop held in July 2019 it was agreed a whole system approach is required. A prioritised action plan was taken forward from the outcomes of this session and ongoing actions included:
- Social Workers prioritising the assessment of those in hospital and extra resource directed to the Hospital Discharge Team. The Team Manager is also carrying out assessments.
- Care homes have been engaged in providing interim care. The Commissioning Team were in talks with providers as they were able to refuse to take on new residents even when they might have space.
- An alternative to keeping guardianships in hospital is to have an NHS contract with care homes. The commissioning process was being applied to investigate and source this extra resource.
- Extra focus was being put on ensuring that minor adaptations are carried out for those in hospital.
- Despite this, the numbers of delayed discharges has been increasing over the last 6 months with a reported peak of 43 being reached in February 2020. At the last available census date in March 2020 Moray had 35 delayed discharges where five of those were coded as Code-9 (Adults With Incapacity and Awaiting Specialist/Complex Care reasons).

Delayed Discharge Census by Delay Reason



Caring delivered at home, or homely environment

One of our strategic priorities is to facilitate people being able to remain in their own homes and be supported in the community. When people are supported at home, this increases the potential for their satisfaction and reduces the use of care home places.

Across Moray the HOMEFIRST approach is being put in place. The Aim of HOMEFIRST in Moray is to ensure that we focus on care being provided to the highest standard of quality and safety, whatever the setting. We aim to ensure that people return to home or community environment as soon as appropriate with minimum risk

Customer satisfaction surveys are issued to service users annually and any areas for improvement are identified and acted upon. Of the 497 questionnaires issued, 180 were received giving a response rate of 36%.

99% of people had confidence in the staff that support and care for them, with 97% rating the quality of care and 95% rating the experience of the service as excellent or good. These results show maintenance of the high standards established in previous years.

Feed back showed that support to enable people to meet their health and wellbeing outcomes, such as being able to live at home as independently as possible and improving their quality of life was valued.

Technology Enabled Care (TEC)

Progress continued on development of Attend Anywhere in General Practice continued in a small number of GP practices.

The wider NHS Grampian Scale Up programme for NHS Near Me (the umbrella service for all Attend Anywhere appointments) continued and included services in Moray. Medical Paediatrics and Diabetes Specialist Nurses were some of the early adopters in Dr Grays. The project team delivered drop-in awareness sessions at DGH in autumn 2019. As more Aberdeen based services adopted Near Me, patients in Moray were able to avoid travel to Aberdeen by opting to have their appointment by video.

At the start of March 2019, in response to the Covid-19 outbreak, and the resulting reduction in physical attendances at healthcare sites, rapid implementation was needed. All GP practices were supported both locally and by Healthcare Improvement Scotland to provide NHS Near Me appointments. There was additional focus on ensuring cancer care, mental health and maternity services continued remotely where appropriate but all acute and community services were supported with implementation by the NHSG project team on request. This work will continue at pace into the new financial year.

Near Me appointments delivered by Moray H&SCP services Apr 2019-Mar 2020 (excluding GP practices):

Loxa Court

Commissioned by Health & Social Care Moray Loxa Court is a purpose built housing development providing housing with care facilities for those, including those with age impaired frailty. There are 30 properties in total for use; predominantly for those over 60; five of these are designed for wheelchair users, with another five for those with dementia.

Loxa Court was designed by Hanover House, in partnership with Health & Social Care Moray, to support older people.

Loxa Court build was finished in Autumn 2019 and the first tenancies commenced in November 2019.

Allied Health Care was awarded the contract to provide care and support and had no problem recruiting staff for Loxa Court

Forres Locality Pathfinder Project

The purpose of the Forres Locality Pathfinder Project is to reshape services within Forres locality to best meet the health & social care needs of the population..More recently, further scrutiny has been applied to determine whether the current model meets the needs of the identified population and whether it is having the necessary impact on sustainability of future services required to deliver high quality, person centred, effective care and demonstrating best value.

The Locality Manager will undertake a service review in partnership with key stakeholders. This review will outline a detailed plan for moving forward and will include capturing information from staff, patients and focus groups including staff from a range of services (locality partners, and secondary care/acute services)



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

We work in partnership with service users, carers, providers and a wide range of other Stakeholders to develop and improve the services we provide. We listen to the feedback from community engagement, surveys and planning groups when planning our services and the following table highlights what people think about our services.

No.	National Indicator	2016/17	2017/18	2018/19	Scotland 2019/20	2019/20	RAG*
4	Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated	N/A	73%	N/A	(18/19) 74%	N/A	●
5	Total % of adults receiving any care or support who rated it as excellent or good	N/A	80%	N/A	(18/19) 80%	N/A	●
6	Percentage of people with positive experience of accessing their GP practice	N/A	80%	N/A	(18/19) 83%	N/A	●
15	Proportion of last 6 months of life spent at home or in a community setting	90%	89%	90%	89%	91%	●
17	Proportion of care services graded 'good' or above in Care inspectorate inspections	71%	85%	82%	82%	75%	●

How did we do?

The latest GP survey results have been delayed due to the COVID-19 pandemic. These are to be released later in 2020 but to date no definite timeline has been communicated.

Commissioning Services

The Commissioning Team collates information from various areas and uses a range of tools to assess the quality and effectiveness of the services Health and Social Care commission. Examples of information collated and tools used are as follows:

- Monthly collection of comments, complaints and incidents
- Quarterly contract returns – staffing levels, training, client numbers etc.
- Annual formal contract meetings (including budget discussion)
- Quarterly provider group meetings (Care Home Owners, Care Home Managers etc.)
- On-site monitoring visits (at least annually)
- Outcome monitoring – personal outcomes for clients (via collection of evidence, on- site visits, meeting with stakeholders, meeting with clients)

- Collection of Care Inspectorate grades, complaints and enforcements (in area and out of area)
- Attendance at Care Inspectorate inspection feedback sessions with providers
- Development and continual monitoring of improvement action plans with the providers
- Working with Adult Support and Protection Team on protection issues and investigations
- Full reviews and audits of contracts prior to contract end

In Moray we now have 44 services registered with the Care Inspectorate on the commissioning database. Care Inspectorate score these services from 1 (lowest) to 6 (excellent). Comparisons with previous year's scores is not possible due to a change in the scoring mechanism last year. There is only one commissioned service in Moray sitting lower than 3 (satisfactory) across the inspection areas. An improvement action plan is in place with the provider and regular progress updates are received. The majority of services are graded 4 and above.

Overall there were no enforcement actions received but there were some recommendations for improvements, so working in partnership with providers, action plans are established and performance and improvements are monitored by the commissioning team

Complaints & Compliments

ID	Indicator Descriptor	Source	Q3 (Oct-Dec19)	Q4 (Jan-Apr)
L19A	Number of complaints received and % responded to within 20 working days – NHS	NHS	36% (11)	38% (21)
L19B	Number of complaints received and % responded to within 20 working days – Council	SW	100% (3)	Not available at this time

Adverse events and complaints reported on Datix continue to be monitored through the Clinical Risk Management Group escalated and actioned appropriately.

On review of those taking longer than 20 days, delays could be attributed to the complexity of the complaint, requiring investigation and liaison with multi-disciplinary and multi-agency staff. In some instances the complaint had been allocated incorrectly, which added to a delay in responding. Complainants had been notified of the extended time required for the investigation.

A delay in sending final response letters was being experienced. This was escalated by the HSCM Clinical Governance Group, and a new way of working has been implemented which has resulted in a more efficient process allowing responses to be sent to complainants in a more timely manner. This will continue to be monitored to ensure efficacy. Adverse events and complaints reported on Datix continue to be monitored through the Clinical Risk Management Group escalated and actioned appropriately.



Health and social care services are centred on helping maintain or improve the quality of life of people who use those services

Evidence shows that by reducing social isolation and connecting people to their communities, there is a positive impact on mental well being and people's health overall. We are supporting those with long term conditions, by developing variety of approaches to self-care and self-management, ensuring people and their families/carers are able to develop confidence in managing their conditions. This can result in people not having unnecessary admissions to hospital and importantly being able to live their life to the full regardless of their condition.

No.	National Indicator	2016/17	2017/18	2018/19	Scotland 2019/20	2019/20	RAG*
6	Percentage of people with positive experience of the care provided by their GP practice	N/A	80%	N/A	(18/19) 83%	N/A	●
7	Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	N/A	79%	N/A	80%	N/A	●
12	Emergency admission rate (per 100,000 population)	8,775	9,269	8,974	11,313	9,249	●
14	Readmission to hospital within 28 days (per 1,000 population)	74	84	77	99	75	●
19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	1,095	936	1,063	793	788	●

How did we do?

Urgent and Unscheduled Care

These redesigned services will focus on urgent and unscheduled care, and the developing roles of clinical and non-clinical professions, working in practice, to support physical and mental health. We have practice based Advanced Nurse Practitioner's (ANP's) across the majority of GP practices and the scope of the urgent and unscheduled care plan would be to support the ANP's with the development of an Acute Response Team, which supports Home First and Community MDT.

This team could comprise of a range of clinical and non-clinical professionals including ANP's, OT and supporting staff that help with acute assessment and to keep people safely at home.

What did we do?

New GP Contract and the Primary Care Improvement Plan (PCIP)

Implementation of the new GP contract is now at the half way point of the 3 year plan. Considerable progress has been made to establish the framework and governance requirements to deliver on the key objectives set out in the Health and Social Care Primary Care Improvement Plan (PCIP) allowing for flexibility whilst ensuring adherence to the core aims and principles of the new contract.

The Health and Social Care Moray PCIP described the high-level actions and initial proposals for service delivery models for each of the 6 priority areas agreed nationally.

Vaccination Transformation Programme

All pre-school immunisations including flu are now carried out by the Immunisation Team. Pharmacotherapy

All practices have input from a Pharmacotherapy Team and recruitment is ongoing to expand these teams.

Community Treatment and Care Services

Clinician Level Indicator Programme (CLiP): Facilitated workshops have taken place and a phased approach, to implementation is currently being rolled out across Moray, with recruitment underway for additional Band 3 Health Care Assistant (HCA) and Band 5 treatment room nurses to work as integral members of practice clinical teams, working with GPs and practice staff as part of a multi-disciplinary team

Urgent and Unscheduled Care

These redesigned services will focus on urgent and unscheduled care, and the developing roles of clinical and non-clinical professions, working in practice, to support physical and mental health. We have practice based Advanced Nurse Practitioner's (ANP's) across the majority of GP practices and the scope of the urgent and unscheduled care plan would be to support the ANP's with the development of an Acute Response Team, which supports Home First and Community MDT.

This team could comprise of a range of clinical and non-clinical professionals including ANP's, OT and supporting staff that help with acute assessment and to keep people safely at home.

Additional Professional Roles

Current evidence demonstrates that musculoskeletal (MSK) health issues are the most common cause of repeat GP appointments and account for 20-30% of demand in general practice. We have recruited First Contact Practitioners who provide input to all practices across Moray. They will develop and scale up to Moray wide of the overall MSK service to ensure fully streamlined pathways for patients with additional physiotherapist capacity per locality.

National Mental Health Strategy

Mental Health Development Workers recruited across Moray.

Action 15 of the National Mental Health strategy has enabled funding of the Distress Brief Intervention Service run by Penumbra, extra mental health workers in A&E and new roles of Dementia / Frailty Co- coordinators, in place in 2 GP practices, to be rolled out across all GP practices in Moray.

Over the last year multi-disciplinary short-life working groups (SLWG) have been developed to lead on each priority area, linking with NHS Grampian and national groups. These SLWG's have collated information around existing workload, current skill mix, any skill gaps and potential models of delivery. This has produced options appraisal proposals on the future models of delivery.

Health & Social Care Moray Senior Management Team, comprising clinical, managerial, and professional leads, has provided governance and accountability with respect to decision-making and allocation of resource aligned to the PCIP. The HSC Moray has engaged with and updated the Integration Joint Board and GP Sub Committee as implementation has progressed.

The PCIP group has always and continues to have representation from GP Clinical Leads and GP Practice Managers. This working relationship is enhanced through a variety of methods including practice visits, update events and involvement in development workshops for key priority projects. Moray has GP Practice Manager Representatives on each PCIP work stream.

The Moray GP Cluster group continues to focus on Quality Improvement agenda and has strong links with Moray Alliance working towards a whole system approach. The PCIP group also contributes to Locality Planning Groups and to public engagement sessions to develop significant dialogue with all our stakeholders as we develop our plans and services.

Health & Social Care Moray has sought to maintain a whole system approach rather than the development of isolated services. This includes maintaining and further developing the well-established relationships and arrangements within our existing multiple disciplinary teams.

Our approach has sought to build on the many strengths within primary care in Health & Social Care Moray whilst being aware of potential risks, recognising the existing good outcomes for patients, and the need to ensure that outcomes must be maintained or improved through delivery of new services.

Moray's Primary Care sector has embraced new technological developments, including virtual consultation opportunities offered via NHS NearMe and Technology Enabled Care (TEC) e.g. remote blood pressure monitoring for patients.

Transformational Change in Learning Disabilities Transformational

The Moray Learning Disability Service continues to work through a series of five themes relating to the Transformation of Learning Disability, which was begun in 2017 based on identifying emerging best practice from England and Wales. Health & Social Care Moray realised that adopting new ways of working and delivering support in different ways could help people with a learning disability to achieve greater levels of independence. The five themes are based around the Progression Model, which is that with structured support over an extended period, people can increase their independence and decrease their reliance on support for health and social care services. This means that better outcomes for people with a learning disability can be achieved with less health & social care intervention.

- A higher quality of life occurs when services deliver better outcomes for people with a learning disability.
- Better outcomes result in an eventual reduced demand for services.
- Need is a driver of services, and therefore cost.
- By focusing on improved outcomes, and so reducing need, we have the opportunity to reduce the level of expenditure and develop a more sustainable financial model.

Themes

The Financial Impact

The Learning Disability Transformation Project seeks to provide services in a way, which is more sustainable. People with a learning disability will always need a level of support and there will always be financial pressures on the system. Typically, people with aging parents who have been very well supported by their families in their family home will require significantly more support when they move into their own homes. Conversely, efficiencies can be achieved when people who have been placed out of area as children return to Moray as young adults to their own tenancies with support. The progression model acts over the medium to long term to ensure that the level of support is delivered in the most cost effective way. The other themes support us to deliver our service in the most sustainable way both in terms of our financial and staff resources.

Implementing the Market Shaping Strategy

In 2018, the Learning Disability Project Board approved a Market Shaping Strategy designed to provide an opportunity to have ongoing conversations with providers to ensure that the right type of accommodation and support is available to assist people at different stages of their personal development and their path to greater independence. This has resulted in important developments in housing noted below.

The Learning Disability Housing Development Project

One of the immediate outcomes of the Market Shaping Strategy conversations is The Learning Disability Housing Development Project. This is a 4 to 5 year project in collaboration with the Moray Council Housing Department. At time of writing there are thirteen houses under construction based on environmental needs assessments developed by the Learning Disability Team. A further thirty houses are under negotiation to be built over the next two years, including houses for those who present most as most challenging and those who are currently out of area with the highest financial impact to the Moray Health and Social Care Partnership.

CareCubed Implementation

CareCubed is an internet based software tool designed to ensure that the correct level of care is being commissioned to support each service user. It is also designed to support a move away from a block purchasing model and will help to achieve the personal outcomes for service users. The output from the tool can be used in negotiations with provider agencies to ensure that the most sustainable level of care is commissioned for each person.

A two year project plan has been established to test and then mainstream the use of this tool and the tool has proved its worth in designing care for the new builds noted above as well as in the recommissioning of existing services.

Establishing a Learning Disability Forum

Following the principles of co-production and of learning together, the Learning Disability Forum held an event in early March 2020, attended by over 40 family members of people with a learning disability. Four themes were discussed including; overnight Provision; Homes for the future; Responsive Support and the Future Model. The workshop suggested that whilst the use of technology would be appropriate for future accommodation, the change for those people who are currently in receipt of services would be too much of a challenge and would be problematic. The workshop attendees were in support of the development of future models of housing where technology would be incorporated as part of the build process and would be used from the beginning of a person's tenancy.

The Learning Disability Forum is a key means of engaging with people with a learning disability in Moray and further meetings are planned.

Learning Disability Services in Moray are on an exciting journey through the work done by the Transformation project. We want people in Moray who have a learning disability to be provided with the right level of support that helps them to be as independent as possible. To this end we are focusing on the outcomes that are important to people and their lives.

We have achieved some notable successes so far by helping several people move from residential care into their own homes where they are the tenant and where they can make real choices about how they live. We have supported our service providers to work in different and much more

flexible ways with people and we have noticed that the amount and level of challenging behaviour has reduced as people feel more independent and more in control of their lives.

The next phase of the project will focus on getting the care and support right for the many people who are waiting for the right type of accommodation. Our goal is to have houses and flats built to a high standard which are adaptable for people with different needs. The new housing will be combined with the right level of on-site care and support which is flexible and responsive and which makes full use of technology to support independence and to ensure that people are supported safely both day and night.



Self-Directed Support

The Self-Directed Support (SDS) legislation was enacted in April 2014, mid-way through the Scottish Government's 10 year national implementation plan for embedding the ethos of SDS. We are now working towards the 2019-2021 national strategy for Scotland, which sits alongside our local SDS implementation plan focusing on the recommendations from the previous SDS Thematic Review undertaken by the Care Inspectorate. Current developments have been focussing on the development of Option 2 of SDS to ensure that the choice, control and flexibility afforded with Option 1 of SDS was mirrored for those individuals who wanted their care and support to be arranged through Option 2.

Moray is working alongside Health and Social Care Alliance Scotland (the Alliance) on the My Support My Choice project, obtaining independent feedback from service users about their experience of SDS in Moray. The feedback was obtained by the Alliance in a variety of formats including paper questionnaires and face to face interviews. The outcomes are currently being evaluated by the Alliance and a report will be produced, which will be used to further develop the local SDS implementation plan. The SDS team continues to provide dedicated support and advice both internally and externally as to the functions of SDS in line with the legislation. This includes the delivery of training, information and advice to frontline staff, other internal staff; including Integrated Children's Services (ICS) and advice to external organisations. Information and briefing sessions are delivered to local community and user groups on the key aspects of SDS.

The number of Direct Payment recipients has seen a gradual increase again this year, along with a steady increase in the number of unpaid carers who have been eligible for SDS to support them in their caring role.

To support the Personal Assistant(PA) workforce in Moray, the SDS team works in close partnership with PA Network Scotland, where quarterly meetings are held for Personal Assistants in Moray to attend. In addition to

this, the network hosts a closed private Facebook site for PA's to join and currently has 130 members, this is the second largest PA network page in Scotland, and is currently the most active.

We continue to work closely with Quarriers to implement the Carers Act, ensuring that the powers and duties in the Act are embedded in our daily practice, recognising the vital role of unpaid carers in Moray. This partnership is reflected in the significant increase in unpaid carers who are in receipt of SDS in their own right, ensuring that they feel support in their caring role. Further developments are underway in the form of an implementation plan to allow us to further embed the Act into our practice.

Financial Year	Total Number of DP recipients Supported by SDS team
2015/16	171
2016/17	199
2017/18	212
2018/2019	219 + 6 unpaid carers
2019/2020	221 + 31 unpaid carers

The Care Inspectorate published its findings in June from a 'Thematic review of self-directed support in Scotland' that included the release of the Moray local partnership report in which supported people were engaged.

The inspectors found the partnership had made significant progress implementing self-directed support and that this was making a difference to people's lives. Most supported people experienced choice and control in how they used personalised budgets and were achieving positive personal outcomes as a result.

For some people, relationships they had developed with their personal assistants had been transformative in delivering positive outcomes. The provision and impact of short-term focused interventions for supported people with moderate levels of need was particularly noteworthy. The self-directed support team was a valued and important source of support and advice for staff across the partnership. Members of the team were highly motivated and knowledgeable about self-directed support.

The partnership had worked hard to develop assessment and support plan templates that could effectively reflect self-directed support principles and practice. We saw good evidence of these working in practice, including a high proportion of good quality assessments and outcome focused support plans.

For the seven quality indicators assessed, the scrutiny body found Moray to be 'good' on six and 'adequate' on one.

Moray Shared Lives



Shared Lives

Providing individual tailored support, to meet assessed needs, in a home environment setting is the aim of our Moray Shared Lives Service.

The service supports adults over the age of 18 years with:

- Dementia
- Physical Disabilities
- Mental Health Learning
- Disabilities & Social Isolation

The service provides:

- Day Support
- Respite & Short Breaks
- Long Term Placements

Moray has a well-developed bespoke Day Care service where Shared Lives carers support one or two people and will tailor activities according to their interests both in the carer's own home and within the local community.

A small respite service is offered to unpaid carers or family members for periods of 24hrs and developments continue to grow the Long Term Placement area of the service. Long Term Placements involve people living in the Shared Lives carer's home and being considered a family member.

Prior to the temporary suspension of the service due to the COVID 19 outbreak, 130 service users were supported in a Shared Lives setting each week and a waiting list was in place to track any outstanding referrals who are awaiting suitable placements. Waiting times can vary as they depend on various elements such as individual client's needs, carer availability, geography, carer skills and home setting.

The service has membership with Shared Lives Plus, who support partnerships to implement or develop Shared Lives. Shared Lives Plus undertook an audit during 2018 and determined that Shared Lives provided a positive impact for people living with dementia in Moray. Ongoing feedback from those who access the service and their families continue to support these findings.

This is an area for future development over the next 5 years with the aim to redirect resources from traditional Day Care services and enable the provision of more bespoke services.



Health and social care services contribute to reducing health inequalities

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

Over a quarter of the women attending for a dating scan were eligible to attend the Baby Steps programme. 99.6% of those who were eligible were invited to Baby Steps with 15.4% of them attending the programme.

Impact of the programme on the women's and their families' health and wellbeing is captured through the use of a Wellbeing Wheel, which the women complete on weeks 1, 4, 8 of the programme and in the postnatal period.



The data collated [Scottish health awards photo and caption] demonstrates an improvement in the knowledge and skills of those who attended:

- 85% of the women are more aware of how to reduce the risks associated with BMI ≥ 30
- 82% felt healthier and more active
- 75% were more aware of support available to them in the community
- 61% are more confident that they can take steps to improve their health and wellbeing and have a greater understanding of food labels
- Over half of the women attending felt more confident cooking from scratch
- Over a quarter of the women felt more supported by family and friends

The women attending Baby Steps are invited to meet postnatally when their babies are approximately 6 months old; the number of women returning to meet has increased by over 400% since the programme began in 2017. Evaluation shows the longer term impact of the programme and demonstrates sustained positive lifestyle changes made to their diet, activity levels and meal preparation during and after pregnancy. Women's knowledge and confidence scored more highly than before attending Baby steps and as well as the physical changes, the women have benefited both mentally and emotionally; remaining in contact with each other providing essential peer support.

Feedback includes: 'Baby Steps gave me the confidence to cook from scratch', 'I'm taking longer walks', 'I'm adding extra vegetables to meals', 'I'm now checking food labels'.

Data demonstrates that women are more aware of support within the local community and accessing services including; baby massage, BRAG (Breastfeeding, Reassurance, Awareness Group), Baby and Toddler groups, Step by Step and swimming.

BABY STEPS

Baby Steps highlights include:

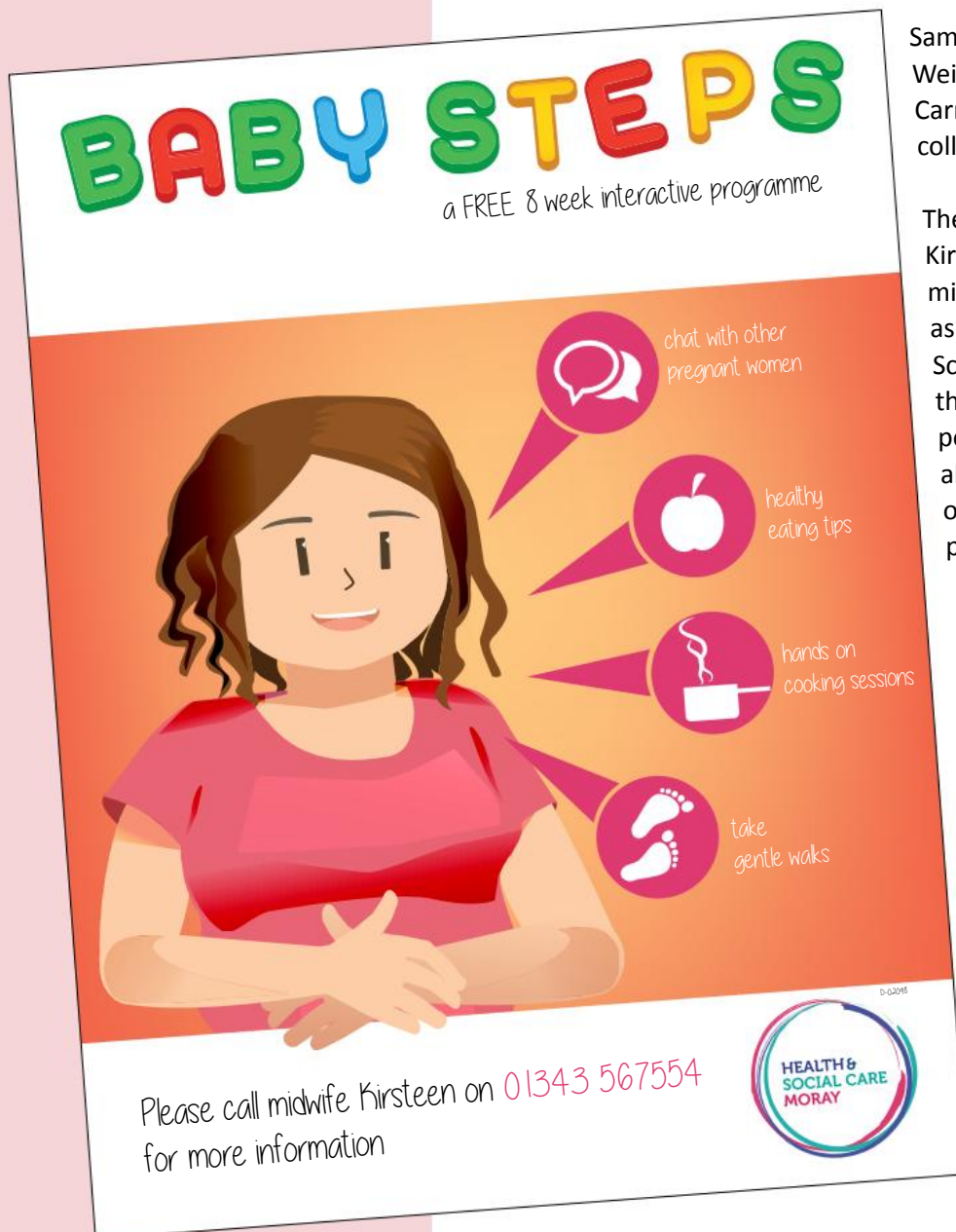
National recognition: The Baby Steps team were invited to share their learning and lead a session at the Scottish Government's, Strategic Leads Improving Outcomes for Children and Young People Networking Event. Feedback from attendees was extremely positive.

Baby Steps received a site visit from Roseanne Macqueen (Policy Advisor, Services Reform Division, Scottish Government). The visit was to harness and identify ideas, concepts and innovative ways of working that could be considered for scale and spread across Scotland and inform 'Finding a way Forward'.

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

Sammy Morrison (Child Healthy Weight Coach) and Kirsteen Carmichael (Baby Steps Midwife) collecting the Inkwell Choice Award.

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





#YOUCHOOSE4 – BEHEALTHY:

A Collaborative Approach to Participatory Budgeting

Building on the success and impact of #YOUCHOOSE3 and the collaboration with tsi MORAY. This year #YOUCHOOSE4 aimed to address all six of Scotland's National Public Health Priorities which include; vibrant, healthy and safe places and communities.

#YOUCHOOSE4 exceeded expectations, with a record number of people taking part in deliberation and voting and over 50 projects across both themes; Be Healthy and Connecting Communities through CHIME. Be Healthy received over 30 applications (an increase of 30% from the previous year); 28 of those received award offers, others were considered within the other theme as they fitted criteria for both. This helped to maximise award offers

Be Healthy has given the opportunity for the local communities to have an active say and to play an active part in decisions affecting their health but also has resulted in projects that are meaningful. Moreover these projects have been community led, promoting local connections, skills development and peer learning. Votes have increased year on year (on line and in person voting) from 695 in year 2 to 1136 this year.

This innovative approach was recognised nationally reaching the final 3 in the Scottish Health Awards 2019 in the Innovation category.

Projects and applicants this year include: Moray School gardens; growing, cooking skills in schools – Rural Environmental Action Project; Dads groups; including practical food skills; Digital Capacity Building – Elgin Street Pastors; No worries Moray; family based activities; Informing the community – Archiestown Community Council.



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 key theme in the Moray Partners In Care Strategy 2019-2029 is the Home First approach with people being supported at home, or in a homely setting, as it is acknowledged it is better for people, particularly older people, to be cared for at home where possible. Health and Social Care Moray (HSCM) recognise the very significant role that unpaid carers have in achieving the aim of this theme.

As the proportion of older people increases across the region there will be a continuing need to support unpaid carers. Health and Social Care Moray together with our commissioned carer service, Quarriers, continue to work with unpaid carers to understand what they need to look after their own health and wellbeing, and help them achieve their identified outcomes.

The beginning of May saw Quarriers reach a 10 year milestone, supporting unpaid carers in Moray for a decade! “The last ten years have flown by with much success. A greater move towards care at home means the next are going to be very busy”.

How did we do?

Locally in Moray, the percentage of carers who felt supported in their caring role in Moray in 2018/ 19 increased slightly on the previous year to 39.5% up from 39% in 2017/18. Figures for 2019/20 are not yet available. Local figures are slightly higher on national figures for Scotland, where in comparison, 36.6% of carers felt supported to continue in their caring role for the same period.

Local statistics from Quarriers carer service show a 12% decrease in the number of registered adult carers from 1526 last year. Of new referrals 113 were self-referrals and 114 were referred through health and social care.

Headlines from Quarriers Carer Service

Number of adults registered	1342
Number of young carers registered	63
Adults and young carers supported	1136
Number of new adult referrals	240
Number of new young carer referrals	39
Total amount of respite awards	£12,260
Learning opportunity participants	237
Peer support sessions	54
Carer counselling hours	256

Quarriers conduct an annual survey of adult carers; of the 55 respondents, 93% rated the overall service good/excellent, down slightly on last year's 94%. 95% rated the service good/excellent in relation to the Adult Carer Support Plan process. The advice and information service was rated good/excellent by 91%. Overwhelmingly, respondents stated that service responds quickly, communicates relevant information in the right way, and staff are helpful, knowledgeable, supportive, and respectful.

Throughout 2019/20 Quarriers have been supporting our unpaid carers in Moray through a variety of ways, including holding regular carer café's throughout Moray. For Carers Week in June, over 1,000 unpaid carers were invited to attend, with the event being used to facilitate a table top exercise to get the views of unpaid carers as to where they felt connected to their communities throughout Moray, and where they felt they needed to be better connected. The event also saw the launch of 'Through My Eyes', where carers of all ages throughout Moray were challenged to photograph what the lives of carers looked like. This challenge ended with Carers Rights Day in November with reflection, with the images being on display in various locations throughout Moray.

The reporting period also saw another successful Short Breaks programme, with a total of 50 breaks awarded. Following on from the short breaks:

- 84% of carers reported that they had improved health and wellbeing as a result of the break
- 72% of carers felt like they had more opportunities to enjoy life outside of caring
- 78% of carers reported that they were more likely to ask for help when they needed it

Development of our duties in line with the Carers Act is still ongoing, recognising the support carers need in their own right, ensuring all carers in Moray have access to an Adult Carers Support Plan, or a Young Carers Statement. There is a steady increase in the number of carers who have been eligible for Self-Directed Support in their own right, to support them to maintain their own health and wellbeing.

"Quarriers provided the safety net when things were not so great. They helped me through some difficult periods"

Service User

No.	National Indicator	2016/17	2017/18	2018/19	Scotland 2017/18	2018/19	RAG*
8	Percentage of carers who feel supported to continue in their caring role	N/A	39%	N/A	(17/18) 37%	N/A	●
18	Percentage of adults with intensive care needs receiving care at home	65%	68%	N/A	62%	Not yet available	●

Volunteer Development

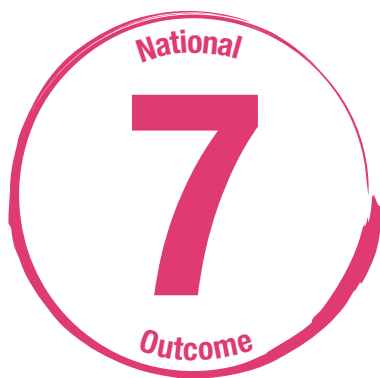
The Scottish Government's vision for Scotland is one where everyone of its people can contribute towards, and benefit from, making Scotland a better place to live and work; where volunteering is an integral element of this and is valued and recognised across all sectors as an expression of an empowered people and a force for change; and where anyone who wants to volunteer can do so readily.

Volunteering has never been so integral to supporting people in our local communities as it is now. There have been many challenges to face but staying connected and finding different ways of working has been met with an acceptance and willingness to follow guidance necessary to keep everyone safe. We have been extremely fortunate that the 90 buddies have all remained on board and are phoning their clients every week, sometimes more than once a week and some are doing shopping. Most of our 50 alarm responders are still able to attend call outs and have PPE supplied. Our weekly Moray Callers service has been extended to include clients who do not yet have a buddy 25 clients are receiving this service.

We have been keeping in touch with all our volunteers on a regular basis checking on their well-being and hearing about all the activities and other volunteering some have been involved with e.g. making scrubs and masks, UBER volunteer with NHS, food deliveries through COVID 19 local groups, making meals to be delivered to local group for distribution. Many volunteers have taken up new or past hobbies and we have been sharing photos on our Hands Up to Volunteering facebook page. We have kept clients up to date re our service and passed on any concerns to Health and Social care staff and giving out details of local COVID groups so that no one goes without the help they need. The volunteers in Days Services and Projects have also been keeping themselves busy. Many volunteers have been keeping up to date with on line training through Learnpro council.

Celebrating Volunteers Week took place 1 -7 June 2020 and although we could not hold our planned celebration event our 170 volunteers have all received their certificates expressing our thanks and appreciation for the support and commitment they give to our service and the people of Moray.

We are currently developing our service plans for the transition stages of our services as restrictions start to lifted



People using health and social care Services are safe from harm

We aim to ensure that people are protected, safe and secure in whichever environment they are, be it at home, hospital or other care accommodation. We develop and carry out our working practices to support this aim, often referred to as our governance arrangements.

No.	National Indicator	2016/17	2017/18	2018/19	Scotland 2019/20	2019/20	RAG*
9	Percentage of adults supported at home who agree they felt safe	N/A	84%	N/A	83%	N/A	●
11	Premature mortality rate per 100,000 persons (people aged under 75)	(2017) 360	(2018) 372	Not yet available	(2018) 432		●
14	Readmission to hospital within 28 days (per 1,000 population)	74	84	77	99	75	●
16	Falls (rate per 1,000 population aged 65+)	15.7	15.3	15.2	20.5	15.1	●

How did we do?

Moray has one of the lowest 28 day re-admission rates in Scotland and has consistently recorded lower than average Premature Mortality rates and Falls for those over 65 despite having an increasing elderly population.

Locally we monitor three measures around Emergency Admissions:

- EA-01: Rate of emergency occupied bed days for over 65s per 1000 population
- EA-02: Emergency Admissions rate per 1000 population for over 65s
- EA-03: Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population which are an indicator of how safe those in the community are and how secure they are in their community settings. In 2019/20 all of these measures had decreasing trends from previous years to a degree in which local targets have now been revised downwards to accommodate this good performance.

Further to this close monitoring of those who have had assessments carried out and who are awaiting care (Unmet Need) will be monitored more closely to ensure those with needs are kept safe.

What did we do?

Clinical Care & Governance Committee.

The Clinical and Care Governance Committee (C&CGC) of the HSCM is responsible for quality assurance of care, demonstrating compliance with statutory requirements and providing the mechanism of assurance that systems are safe.

The HSCM Clinical Governance Group and The Social Care Practice Governance Group have been convened to provide assurance through surveillance of the operational system, informing the C&CGC of any issues or are of concern. Risks, adverse events, complaints and compliments are reviewed at the weekly Clinical Risk Management Group to ensure risks are identified and appropriate processes are implemented accurately and consistently and opportunities for shared learning are identified. Significant reviews are undertaken for any Adverse Events and Duty of Candour incidents and published in a separate annual report.

hscmoray.co.uk/our-staff.html

Adult support and protection

Effective partnership and collaborative working is essential in protecting adults at risk of harm. Work in this area is overseen by the Moray Adult Protection Committee (MAPC). The MAPC is a multi-agency committee, chaired by an independent Convener. The agencies represented on the MAPC are; Moray Council (including the Lead Officer for Adult Support and Protection; the chief Social Work Officer and Elected Members/Councillors; Police Scotland, NHS Grampian, Scottish Ambulance Service; Scottish Fire and rescue Service; advocacy services and the HSCM.

The work of the MAPC is regularly reported to the Moray Chief Officers Group, which is chaired by the Chief Executive of Moray Council. Following a self-evaluation exercise, which was undertaken in April 2019, an Adult Support and Protection Improvement project has been underway in Moray with the aim of improving processes and service provision

Occupational therapy

Attached the latest version of the poster we were to be presenting at the Quality and Safety in Healthcare International Forum in Copenhagen at the end of April which was postponed

Early Occupational Therapy & Physiotherapy Intervention & The Lifecurve – The Maryhill Practice Frailty Pilot – see below for the Poster Abstract which was for the NHS Scotland event at the end of June in Glasgow which has been postponed.

Descriptor

Unscheduled Care has primarily focused on the Emergency Department (ED) 'front door' of hospitals and hospital interventions. There is growing evidence of the need to consider how early frailty intervention can impact upon the population who attend at the 'front door' and how their frailty journey is influenced.



The aim of this pilot was to provide early Occupational Therapy and Physiotherapy intervention focusing on function and wellbeing with patients identified as having frailty indicators to improve their personal outcomes.

Methodology

A GP Practice was identified as a pilot site.

A driver diagram was produced

Methodology included:

- Running an electronic Frailty index (eFi) report from Scottish Primary Care Information Resource (SPIRE)
- Reviewing records for 6 patients with moderate but increasing frailty and 16 records for patients escalating into severe frailty
- Choosing 5 patients from moderate but increasing frailty and 5 from escalating into severe frailty
- Joint Occupational Therapy and Physiotherapy assessment and focused treatment
- Implementing the Active and Independent Living Programme (AILP) Lifecurve™ Survey at initial and final assessment
- Implementing the Canadian Occupational Performance Measure (COPM) as a person centred outcome at initial and final assessment
- A letter from the Maryhill Practice inviting patients to take part in the project
- A patient satisfaction questionnaire on completion

Aims/Objectives

To improve the personal outcomes for patients identified as having escalating frailty indicators within a GP practice in Moray through the provision of Occupational Therapy and Physiotherapy assessment and treatment.

To establish where these patients were on their Lifecurve™ in order to measure the impact of this treatment.

Results/Outcomes

- 7 out of 8 patients completed the final assessment (one patient passed away)
- Patients showed improvement in 10 out of 14 activities identified by them in the Lifecurve™ Survey
- Using COPM to score their perception of their performance in activities, 4 patients perceived they had improved and 3 perceived they had stayed the same

- Using COPM to score their perception of their satisfaction of their performance of activities, 6 patients perceived they had improved and one perceived they had stayed the same
- Early intervention in the upper half of the Lifecurve™ assists patients to self-manage to improve their engagement in activities of daily living.
- Patients who are considered moderately or severely frail on eFi can be re-enabled through Occupational Therapy and Physiotherapy.

The Innovation of a Moray Posture & Movement Multidisciplinary Clinic

– please see the poster abstract below which we submitted for the NHS Scotland event as above.

The Innovation of a Moray Posture & Movement Multidisciplinary Clinic

Descriptor

Patients with complex, long term neurological conditions previously required to travel to a specialist Posture and Movement Clinic in Aberdeen from Moray with a journey of up to 200 miles for some patients. This long journey results in fatigue and pain for patients and assessment is consequently more difficult. One patient reported deterioration in spasm and pain to the extent it took 3 days to recover from her clinic appointments. The journey is also a contributory factor for non attendance.

Our aim was to provide an accessible local clinic for Moray patients with a visiting specialist nurse practitioner and local multidisciplinary input to meet the complex requirements of these patients at a “one stop shop”. Whilst the primary aim was continued provision of the specialist assessment and treatments (i.e intrathecal baclofen, botulinum toxin, antispasmodic medications) to support posture and movement; the patient’s functional activities of daily living and any care or treatment issues are also to be addressed with input of a local occupational therapist and physiotherapist. These clinic appointments are conducted with a Making Every Opportunity Count and Healthworks approach.

Methodology

Monthly clinics were introduced in Dec 2018 at Dr Grays Hospital, Elgin with the visiting specialist nurse practitioner and a Moray occupational therapist and physiotherapist.

Patients were identified from the Aberdeen clinic and offered appointments at the Moray clinic as an alternative to travelling to Aberdeen.

No additional resource has been required however, therapists have been reallocated and the visiting specialist nurse practitioner commutes from Aberdeen to attend clinic.

Aims/Objectives

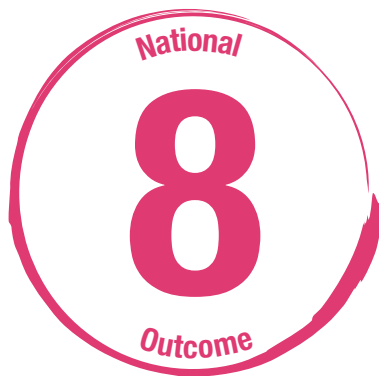
Our aim is to improve service access by providing locally delivered specialist care.

Additionally through a multidisciplinary approach, for patients to receive increased support to manage their long-term conditions with any issues immediately addressed through support to self-manage and referral to local services. This project supports Realistic Medicine where our patients are informed partners in choosing appropriate anticipatory care and treatment planning. It has potential to reduce inpatient requirements for these patients through anticipatory management in their own community.

Results/Outcomes

All patients attending the Elgin clinic are sent a postal feedback questionnaire to help determine impact of the new clinic. Feedback to date indicates that the local clinic has greatly enhanced their experience related to ease of access.

Additionally the multidisciplinary approach has resulted in a variety of interventions with 100% of patient feedback rating this as very useful.



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 Social care services are continually developing in line with the strategic vision of the IJB. Staff are required to maintain existing services whilst implementing significant changes, which presents real challenges that need to be recognised and supported. We aim to actively support the wellbeing of our staff to ensure they feel confident competent and be professional whilst performing the job they care about.

ID.	Indicator Description	Source	Q4 (Jan-Mar 19)	Q1 (Apr-Jun 19)	Q2 (Jul-Sep 19)	Q3 (Oct-Dec 19)	Q4 (Jan – Mar 19)	Target	RAG Status
L20	NHS Sickness absence % hours lost	NHS	3.8%	3.9%	3.8%	4.7%	Not available	4.0%	●
L21	Council sickness absence(% cal days lost)	SW	7.4%	7.7%	8.8%	8.0%	Not available	4.0%	●

How did we do?

HSCM are committed to building an effective and motivated workforce delivering a quality service and are aware that effective management of absence levels is a key element of this.

NHS G Sickness Absence

Across NHS Scotland there is a Local Delivery Plan (LDP) target for NHS Boards to achieve a sickness absence rate of 4% or less. Across the whole of 2018/19 Scotland had an average absence rate of 5.39% and has been increasing year on year since 2011/12

NHS Grampian recorded one of the lowest rates of 4.53% (Second Board only to Shetland) for the full year of 2018/19. The latest single month where data is available nationally and a comparison can be made (March 2019), NHS Grampian had a rate of 4.4%, the lowest of the mainland boards

Other than an outlier month in Jan 18 sickness absence rates in Grampian have not increased and the seasonal peak in January 2019 was under 5%. The overall Grampian sickness absence rate has not exceeded 4.6% otherwise from April 2018 to December 2019.

Regular monitoring and reviewing sickness absence rates, staff turnover, levels of redeployment and the number of terminated contracts and ill-health referrals continue to be undertaken as part of the overarching NHS performance management programme and should continue to have a positive impact on this measure.

Whilst it is recognised that failing to meet the target consistently is a potential indication that absences are not being managed effectively, it is important to note the context of the Scotland and Grampian wide figures and trends when assessing overall performance. This serves to illustrate that the LDP target of 4% is a challenging one

Moray Council Sickness Absence

Staff sickness rates across comparator Partnership council services in Scotland in the health and social care sector appear to be high, initial investigations show rates between 5% and 7%. This indicates that HSCM Council employees are most likely above the average

The current sickness absence rate for Council contracted employees that fall under the HSCM umbrella is 8.01 and the trend over the last seven quarters is increasing.

These figures will continue to be monitored closely with the aim of reducing the rate over the coming year. Absence indicator performance is discussed at System Leadership Group and managers are taking action within their own services to ensure that policies and processes are being followed effectively

What did we do?

Building Staff Capacity

Throughout 2019 we have supported Community Planning Partners to build capacity through the provision of training that addresses key strategic objectives:

Alcohol Brief Intervention (ABI):

An alcohol brief intervention (ABI) is a short, evidence-based, structured conversation about alcohol consumption with a service user that seeks in a non-confrontational way, to motivate and support the individual to think about and/or plan a change in their drinking behaviour. National guidance from the Scottish Government (2018) seeks to embed ABI delivery into routine practice.

The Health improvement team deliver alcohol brief Intervention training to staff working within healthcare and wider community settings to promote changes in drinking behaviour and reduce alcohol related harm.

2019 has seen the number professionals trained in ABI increasing to 49 an increase of 45% in the last year. This year the majority of ABI training has been undertaken within healthcare settings,

Feedback from this year's training included 'very interesting', 'very helpful', 'interactive and informative'.

Helping People Change for Health (HPCH):

HPCH training has been developed by an NHS Grampian health psychologist. The training is delivered on a bi-annual basis. The courses evaluated extremely well with participants demonstrating how they embed the training in their day to day practice – enhancing their skills.

Making Every Opportunity Count (MeOC):

MeOC principles and practice have been embedded within Health&SocialCare as part of core business since 2017. The transformative 3-tiered approach is designed to support a shared way of preventative working. Through this simple flexible approach, practitioners can use the tools available; such as the DIY MOT self-check and sign-posting to services booklet which provide a structure for practitioners to offer support to clients to identify any health and wellbeing concerns they may have. Once identified, practitioners can signpost clients to the most appropriate support service. Working in partnership we have built on our success to date and now offer the MeOC Managers Toolbox to show staff that their own health and wellbeing is equally as important.

The MeOC Managers Toolbox is fully adaptable and provides managers/ organisations a mechanism to provide staff with support and to value them in the workplace and can be used as:

A person centred approach during 'return to work one to one interview'.

DIY self-checks issued to support colleagues identify any health and wellbeing concerns and where to access support.

The managers toolkit is a new initiative implemented by 4 partner organisations (Public Dental Service, Community Justice Team, Community Learning Disability Team, Health Care Support Team)

Since embedding MeOC data demonstrates:

	2019-2020	% increase
Number of recorded conversations	1571	50%
Number of staff trained	466	50%
Services embedding MeOC principles	12	75%
Awareness sessions delivered	62	50%

Healthy Working Lives

Health and Social Care Moray continued to maintain the Gold Healthy Working Lives (HWL) award for the 9th consecutive year. Moray HSC Moray, was the first sector within NHS Grampian to achieve Gold status in 2010 and is seen as an exemplar HWL client. In recognition of this achievement, Moray has been awarded gold plus status since 2013.

The accolade from Health Scotland recognises Health and Social Care Moray as an employer who strives to improve the health, well-being and safety of employees.

This year's Healthy Working Lives activities included the annual quiz, pedometer challenge, Christmas Safety campaigns, information events and training.



Healthy Working Lives Moray: Clean Air Day

Moray Health and Social Care Healthy Working Lives, Moray Council and Home Energy Scotland joined forces to promote Clean Air day 2019 at Dr Grays Hospital. The event showcased simple, but effective steps we can all take to reduce pollution and recognise the health benefits of smarter travel choices. Staff and visitors to Dr Gray's Hospital got the opportunity to find out more information, make Clean Air Day pledges and pick up some free resources. General Manager of the hospital, Alasdair Pattinson lent his support to the event and stressed the benefits that increased physical activity and active travel can have for staff and visitors to the hospital.

The Health Improvement team, Moray Council, Home Energy Scotland and Earthtime for all promoted Clean Air day 2019 on the High Street, Elgin. The event was a great opportunity to promote Clean Air Day messages and to try a variety of fun transport options. The Moray Council Sustainable Travel team brought an electric scooter, KMX bike, and elliptical bike among others. Home Energy Scotland brought along an electric bike and were on hand to provide information about ebike loans available through the organisation. Earthtime for All also showcased innovative ways to reduce and recycle everyday items and gave away plants to help keep the air that bit cleaner. Other Clean Air Day events took place in Speyside and in local schools.

The Clean Air Day promotional events represent a good example of partnership working to promote the holistic nature of health, travel and the wider environment

Healthy Working Lives Moray: Scotland Cycling Friendly Employer Award

Scotland Cycling Friendly Employer Award is a nationally recognised programme provides an award scheme and funding to help organisations make it easier for their staff to cycle. Cycling eases congestion, improves the local environment and enhances corporate social responsibility by reducing the carbon footprint, as well as supporting good physical and mental health for staff. Health and Social Care Moray is committed to increasing and supporting cycling provision across the organisation. Over the last 18 months, Health and Social Care Moray has worked to increase availability of pool ebike trials, pool bike and staff cycling proficiency training as well as looking at infrastructure on Moray Health and Social Care sites. There has also been promotion of community bike initiatives and competitions.

This year Dr Grays Hospital site was awarded a cycling friendly award, and the organisation hope to increase these awards to other sites in the coming year and beyond.

Healthy Working Lives: Menopause

Although it is rarely discussed at work, the menopause is a natural stage of life that high numbers of staff are either going through now or will experience in the future. For many women, menopause causes a great deal of stress, and being at work can make it worse. Through Healthy Working Lives, Health and Social Care Moray have promoted greater awareness of menopause, and tips for managing symptoms in the workplace. Information and support can be found through the NHS Grampian My Healthy Workplace website.

iMatter

iMatter is a continuous improvement tool created with NHS Scotland staff, managers and staff side representatives to understand the experience of NHS at work.

If experience of work can be understood at individual, team and organizational level then we can work towards improving our experiences and the experience of others at work.

At HSCM we are in the third year of using iMatter and we have seen some exiting new ways of working as a result

Engaging with staff as partners in care

The Care at Home Service 2019 staff survey shows some significant area of improvement compared to the 2017 results as well as areas where there is more work to do both by management and staff.

The survey – which gathered feedback from 86 staff members – highlighted that the twice-yearly supervision rate has risen from 76% to 91% and quality assurance visits have improved from 64% to 84%.

Financial Performance

Financial Governance

The Moray Integration Joint Board (MIJB) has a responsibility under the Public Bodies (Joint Working) (Scotland) Act 2014 to set a revenue budget each financial year. The funding of the MIJB revenue budget in support of the delivery of the Strategic Plan is delegated from NHS Grampian and Moray Council. The total level of funding delegated to the MIJB at the start of the 2019/20 financial year was £129 million. In addition, the MIJB had a remaining reserve at the start of the year of £0.257m which is earmarked for the Primary Care Improvement Plan. This reserve is held in line with the Scottish Government Transformation Programme. Funding can be analysed as follows:

Financial 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 necessary to ensure delivery of services within the designated financial framework. From the mid-point in the financial year, the Board are presented with financial information that includes a forecast on the likely financial outturn at the end of the financial year.

In March 2019a balanced revenue budget for the 2019/20 financial year was presented to the MIJB supported by a financial recovery plan to align service delivery with the approved level of funding. The progress against the recovery plan is reported at quarterly intervals throughout the year as part of the regular financial monitoring process.

After consideration of the application of slippage on Strategic Funds, the MIJB financial position resulted in an overspend of £2.073m which, in accordance with the Integration Scheme was to be met by additional funding from the NHS Grampian and Moray Council proportionate to the original investment, regardless of which arm of the budget the overspend occurred. This translates to £1.306m NHS Grampian and £0.767m Moray Council. An expenditure summary is provided below:

Service Area	2017/18 Actual	2018/19 Actual	2019/20 Budget	2019/20 Actual	Variance Fav/ (Adverse)
Community Hospitals	5,475	5,383	5,092	5,466	(374)
Community Nursing	3,555	3,689	4,778	4,738	40
Learning Disabilities	6,025	6,749	7,062	7,481	(419)
Mental Health	7,447	7,720	8,372	8,568	(196)
Addictions	1,003	1,066	1,116	1,048	68
Adult Protection & Health Improvement	144	142	148	151	(3)
Care Provided In-House	13,427	14,427	15,959	15,514	445
Older People's Services	16,945	18,038	16,789	18,636	(1,847)
Intermediate Care & Occupational Therapy	1,508	2,197	1,555	1,736	(181)
Externally Provided Care	11,024	9,597	8,972	9,060	(88)
Community Services	7,143	7,110	7,860	7,712	148
Administration and Management	2,569	2,467	3,296	2,933	363
Primary Care Prescribing	17,844	17,354	16,905	17,573	(668)
Primary Care Services	15,085	15,498	16,757	16,555	202
Hosted Services	4,061	4,175	4,291	4,671	(380)
Out of Area Placements	658	650	669	807	(138)
Improvement Grants	787	795	925	933	(8)
Total Core Services	114,700	117,057	120,546	123,582	(3,036)
Strategic Funds	1,526	1,211	2,018	1,055	963
Set Aside	10,593	11,765	12,252	12,252	0
Total Net Expenditure	126,819	130,033	134,816	36,889	(2,073)

Main Reasons for Variances Against Budget 2019/20

Overall, the MIJB core services resulted in an overspend of £2.073m. Explanations of the major variances have been provided:

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

Learning Disabilities – The Learning Disability (LD) service is overspent by £419k at the end of 2019/20. The overspend primarily relates to day services and the purchase of care for people with complex needs, which includes young people transitioning from children's services. The increasing use of day service provision is to ensure that all service users with a level

of need have structured day time activity. The LD team are aware that without appropriate structure and routine, many of our service users will exhibit challenging behaviours which are costly to manage and are not desirable from the perspective of people's life experiences and human rights. Such behaviour has a big impact on carers, both family and the LD team experience indicates that the management of such behaviour is almost inevitably more expensive than a proactive approach.

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

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

Older People Services and Physical & Sensory Disability – This budget is overspent by £1,847m at the end of the year. The year-end position includes an over spend for domiciliary care in the area teams, which includes the Hanover complexes for the new sheltered housing at Forres and Elgin. Income recovery also contributed to the significant overspend. There has been a reduction in spend in relation to permanent care which reflects the MIJB's aims to shift the balance of care and support people to remain in their homes for longer. The overspend is also representative of the true cost of care and the growth in demand.

Primary Care Prescribing – The primary care prescribing budget is reporting an over spend of £668k for the twelve months to March 2020. The budget to March includes an in-year uplift of £556k identified from within Moray IJB 19/20 funding resources and now allocated to prescribing. This seeks to address the recommendations made by the Grampian Medicines Management group to the MIJB based on rising costs and demand. This out turn includes a volume increase of 2.1% which reflects the national prescribing pattern after a period of two years where volume increase has been negligible. In addition, a further adjustment of 2.1% increase has been made to address the Impact of Covid-19 in March where volume increase in Month was estimated at 20%. Additional funding allocation was received from the Scottish Government to offset this impact in March although this is planned to be recovered in 20/21 as offsetting decrease in volume is anticipated. Other national factors include, variance in prices arising from shortage in supply and the timing and impact of generic medicines introduction following national negotiations also impact on the position. Locally, medicines management practices continue to be applied on an ongoing basis to mitigate the impact of external factors as far as possible and to improve efficiency of prescribing both from clinical and financial perspective.

Financial Outlook and Best Value

One of the major risks facing the MIJB and its ability to deliver the services delegated to it within the context of the Strategic Plan is the uncertainty around the funding being made available from the partners and the Scottish Government. This is set against a back-drop of a changing demography which increases the demand and complexity for our health and social care services. The reduced funding levels, combined with the demographic challenges we are facing in a period of ambitious reform present defined risks and uncertainties that require monitoring and managing on an ongoing basis. The ageing population and increasing numbers of people living with long term conditions and complex needs will generate demands which cannot be met unless alternative service delivery models are generated. There is an on-going commitment to provide care to those in the greatest need while providing those services within the resource available.

The MIJB governance framework comprises the systems of internal control and the processes, culture and values, by which the MIJB is directed and controlled. It demonstrates how the MIJB conducts its affairs and enables the MIJB to monitor progress towards the achievement of its strategic priorities and to consider whether those priorities have led to the delivery of cost-effective services.

The MIJB ensures proper administration of its financial affairs through the appointment to the Board of a Chief Financial Officer, in line with Section 95 of the Local Government (Scotland) Act 1973.

For the 2020/21 financial year there will be an increased and continuous focus on financial recovery. The presentation of Covid-19 is already impacting on the recovery and transformation plan of the MIJB. It is therefore key to ensure consideration of opportunities at every juncture to ensure the MIJB can remain within the limits of the funding being made available through NHS Grampian and Moray Council.

Financial Reporting on Localities

The financial reporting for 2019/20 is not currently reported at locality level. This continues to be a work in progress and remains a priority for development. A recently implemented management structure has secured 4 Locality Managers who are all now in post and work is underway to align budget responsibility to locality areas.

Localities and working with communities

Engaging with locality partners in care

In January, Health and Social Care Moray (HSCM) welcomed into post the four Locality Managers who will lead the development of locality planning, working in partnership with communities and local providers to ensure service development, continuous improvement and integration in all aspects of service delivery effectively meet local needs as set out in locality plans and improved outcomes.

Forres and Lossiemouth Locality – The journey of transforming health and social care services in the locality has been directed by the Forres Professional Group which has wide partner engagement including GPs, third sector, patient and staff. The Pathfinder Project is taking forward the development, implementation and review of initiatives including the Varis augmented care unit and Forres Neighbourhood Care Team.

In September the wealth of local support helping people draw on their own personal resources to keep well and live independently was celebrated at a community event in Forres Town Hall which also offered the opportunity to learn more about the pathfinder health and care interventions helping people at times of crisis.

Keith and Speyside Locality – The Keith & East Locality Project is planning for a purpose-built health ‘village’ in Keith that can offer patients, from the locality, access to a wide range of more joined-up community health and social care services brought together under one roof for the first time. A Project Board and Working Group have been set up to gather the information required for the Initial Agreement, which is the first stage of the Scottish Government’s business case process towards getting the funding needed.

A broad range of stakeholders including GPs, patients, members of the community, the Third Sector and staff involved in health and care services are represented and are leading on the engagement needed to explore opportunities for improvement.

During the year patients, their families, unpaid carers and the wider community have been involved in meetings, surveys, focus groups and workshops to share their experiences, views and ideas, which will influence the direction of the project and evidence the case for change in the Initial Agreement document.

We hosted a Big Health and Care Conversation for Speyside in February to inform and engage the community in conversations around health and social care in the area. The evening event at Speyside High School provided an update on the temporary closure of Aberlour’s Fleming Hospital to in-patients while a range of health and care services and initiatives were showcased.

It was preceded in December with a Know Who to Turn To awareness campaign to raise highlight the local services people can access when they are ill or injured to ensure they get help quickly.

Elgin Locality – Health & Social Care Moray (HSCM) established a tri-party project with Hanover Scotland and Allied Healthcare focused on the delivery of a new independent living scheme in the north west of Elgin.

Loxa Court, which opened in the autumn, is a purpose built housing development providing housing with care facilities for individuals and couples to maximise independent living. It also incorporates an unscheduled short stay assessment and intermediate care facility to meet the health and care needs of individuals from the community and prevent unnecessary acute hospital admission.

Hosted Services

Moray IJB host Grampian Medical Emergency Services (GMED) and Primary Care Contracts on behalf of the 3 IJBs in NHs Grampian.

GMED

The Service got through the Festive period 19 – 20 and delivered safe, sustainable, effective and person-centered patient care; without fail.

Between 23/12/19 and 06/01/20 we dealt with:

Advice Calls	843
Advice calls to Minor Injury Units (MIU)	3
Centre Consults	3421
CPN	52
D Nurse/Marie Curie	679
Home Visit	1119
MIU	330
NHS24 Advice	1590
No Action	746
Total Contacts	8783

- Twelve new vehicles were delivered in January and were brought into fleet operations..
- Chief Officers of the three IJBs approved the Framework Commissioning Brief which had been submitted to initiate a complete Service Review of Primary Care OOH Services. This was a major step forward in our journey as a Service. The anticipation was that this would be of huge benefit as a vehicle for change for our Service and that very exciting times lay ahead. Unfortunately at this point the Coronavirus Pandemic broke and developments planned were put on hold.

Primary Care Contracts

Primary Care Contracts develop and manage the shared administrative function for contractor services for NHS Grampian to support and enable the planning and delivery of integrated services within Health & Social Care Partnerships and governance processes, whilst adhering to legislation and national and local guidance.

PCCT provide the partnerships and, as appropriate, the Professional Leads with timely, accurate and relevant information on contract performance, to develop knowledge and expertise in all aspects of the legislative and regulatory framework that underpins the contractual process and to ensure the efficient operation of contract administration and governance processes including maintenance and distribution of all contract documentation.

There is a contractual relationship between each of the contractor groups (Dental, GMS, Optometry and Pharmacy) and NHS Grampian. There are a significant number of specific contracts for GMS which are detailed in that they specify volume, cost and quality. There are specifications for some of the locally delivered Pharmacy services, and as part of a NHS Scotland initiative, nationally agreed specifications have recently been finalised

for some pharmacy services. The relationship for Dental and Optometry services is one of a “licence to practice” with payment for ‘items of service’.

To ensure financial governance NHS Grampian manages compliance with the requirements of CEL DL (2018) 19 through four separate groups established with a specific remit to implement and oversee the management arrangements covering pre and post verification of payments across all Independent Medical, Dental, Pharmaceutical and Ophthalmic primary care practitioners.

The groups are all chaired by the Service Manager, Primary Care Contracts and membership includes Health & Social Care Partnerships (HSCP) Primary Care Leads, Finance Manager, Clinical and Planning Leads for the specific primary care service, representatives from the Primary Care Contracts Team and National Services Scotland (NSS) Practitioners Services Department. Links are also maintained with NHS Counter Fraud Services and the Assistant Director of Finance, who is also NHS Grampian’s Fraud Liaison Officer as appropriate. Formal PV Assurance Meetings are held quarterly by each of the groups to agree the programme of practice visits and to ensure appropriate management oversight of the process. PV issues are dealt with on an ongoing basis, as they arise during the course of the year, and are fed through a number of performance and management groups across all contractor areas and within local HSCP performance management structures as appropriate.

Developing the new Strategic Plan: Moray Partners in Care 2019-2029

With our Strategic Planning and Commissioning Group, we reviewed our first Strategic Plan 2015-18, considering the progress we had made towards the outcomes and strategic priorities we set for ourselves.

As with all health and social care systems Moray is facing increasing demand for services at the same time as resources – both funding and workforce availability – are under pressure. These challenges will intensify in the coming years as our population ages and more people with increasing complex needs require support to meet their health and care needs.

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

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

Engaging with staff as partners in care The Care at Home Service 2019 staff survey shows some significant area of improvement compared to the 2017 results as well as areas where there is more work to do both by management and staff.

The survey – which gathered feedback from 86 staff members – highlighted that the twice-yearly supervision rate has risen from 76% to 91% and quality assurance visits have improved from 64% to 84%.

Engaging with sector partners in care

tsiMORAY work with key partners to ensure the third sector is an equal partner in the delivery of integrated health and social care in Moray. It facilitates a regular Health & Wellbeing Forum to provide a coordinated response to development in Moray.

We worked with tsiMORAY to offer small grant funding for communities through the fourth round of #YouChoose participatory budgeting programme. This year's themes were Be Healthy based around Scotland's public health priorities and connecting communities through CHIME (connectedness, hope and optimism, identify, meaning and empowerment).

Stakeholders involved in the commissioning and delivery of social care provision work closely together through contract monitoring processes to outline service development and improvements and to share good practice and innovations.

Engaging with experts by experience partners in care

Moray stakeholders were involved in the development in a series of pan-Grampian strategic frameworks for palliative care, care of the elderly and mental health and learning disability services over the summer.

The frameworks set out local and regional delivery requirements for integrated, future-proofed services to optimise outcomes and meet population needs.

Mental health – Aiming to reflect on the changes to mental health services and projects over the last couple of years driven forward by the strategy Good Mental Health for All in Moray, the Making Recovery Real celebration took place in May.

It brought together local practitioners, community groups and many who identified as community members with living experience of challenge and recovery in mental health to understand the journey we have been on. The event also engaged people in identifying gaps in service provision and support and opportunities to meet local needs in new and innovative ways.

Mental health, drug and alcohol – People who use services, deliver services and commission services took part in a self-evaluation workshop in June highlighting how people with co-existing issues can fall through the gaps if services are not joined up. The 'no wrong door' event considered opportunities to break down barriers and improve supports and services so that individuals can get the right help, at the right time and in the right place.

Learning disability – The Learning Disability Transformation Programme has continued to successfully work with individuals, families and providers to rebalance the long-term and paid-for support that often follows people with learning disabilities which not only risks escalating expenditure but increasing social exclusion of those individuals.

The progression approach with its greater focus on longer term life planning has enabled people to become more independent and develop community relationships which mean that paid support can be reduced to a minimum, improving outcomes and the sustainability of the model.

A review was undertaken of residential overnight support to ensure the services the IJB plans continue to meet the needs of service users and are consistent with strategic principles. It was recognised that this review and subsequent test of change pilot proposal for an overnight responder service had not sufficiently engaged families.

All families of adults with a learning disability were invited All families of adults with a learning disability were invited to a Learning Disability Matters workshop in February to discuss the provision of current and future care and support.

Self-directed Support – The Care Inspectorate published its findings in June from a ‘Thematic review of self-directed support in Scotland’ that included the release of the Moray local partnership report in which supported people were engaged.

The inspectors found the partnership had made significant progress implementing self-directed support and that this was making a difference to people’s lives. Most supported people experienced choice and control in how they used personalised budgets and were achieving positive personal outcomes as a result.

For some people, relationships they had developed with their personal assistants had been transformative in delivering positive outcomes. The provision and impact of short-term focused interventions for supported people with moderate levels of need was particularly noteworthy. The self-directed support team was a valued and important source of support and advice for staff across the partnership. Members of the team were highly motivated and knowledgeable about self-directed support.

The partnership had worked hard to develop assessment and support plan templates that could effectively reflect self-directed support principles and practice. We saw good evidence of these working in practice, including a high proportion of good quality assessments and outcome focused support plans.

For the seven quality indicators assessed, the scrutiny body found Moray to be ‘good’ on six and ‘adequate’ on one.



Resources are used effectively and efficiently in the provision of health and social care

Given the financial pressures that are being experienced in the public sector, it is imperative that every effort is made to ensure that within HSCM resources are targeted appropriately.

It must be acknowledged the resource challenges we face in the availability of money and workforce. There will as a result be some hard decisions to make as we move forward. As a Board, we understand that it is time to think differently and work and work with the diversity of views and experiences to understand the art of the possible whilst generating a system of health and care in Moray that is fit for the future and delivers clear priorities.

